

**REPORT TO THE TWENTY-EIGHTH LEGISLATURE**

**STATE OF HAWAII  
2016**

**PURSUANT TO SECTION 321-63  
HAWAII REVISED STATUTES**

**REQUIRING THE DEPARTMENT OF HEALTH  
TO SUBMIT AN ANNUAL REPORT ON DENTAL HEALTH ACTIVITIES,  
EXPENDITURES, AND RECOMMENDATIONS**



**PREPARED BY:**

**STATE OF HAWAII  
DEPARTMENT OF HEALTH**

**DECEMBER 2015**

**2016 ANNUAL REPORT**

**DEVELOPMENTAL DISABILITIES DIVISION**  
**HOSPITAL & COMMUNITY DENTAL SERVICES BRANCH**

***Executive Summary:***

*The Hospital & Community Dental Services Branch (HCDSB) is the only state dental public health agency that provides direct dental treatment services. The HCDSB provides dental treatment services primarily for individuals with disabilities and other special needs who lack access to private sector services. The HCDSB is a Branch under the Department of Health, Developmental Disabilities Division (DDD).*

**Program Objective:**

To help ensure access to basic dental care services for persons with disabilities which limit their access to dental treatment. This includes persons with severe chronic mental illness, frail elderly, persons who are medically fragile, and individuals with intellectual or developmental disabilities.

**Program Activities:**

**Direct Dental Services**

Dental care services are provided by the HCDSB personnel to patients who reside at Hawaii State institutions, including Hawaii State Hospital, Leahi Hospital, and Kalaupapa Settlement, as well as to patients who reside in the community. The HCDSB has five (5) dental clinics located at the Department's Health Centers on Oahu (Diamond Head, Lanakila, Leeward, and Windward), and the Hawaii State Hospital. Currently there are no dental clinics located on the neighbor islands.

Over the past year, the HCDSB provided clinical services for 1,422 individuals who otherwise do not have access to private sector dental services. Patients seen by the HCDSB clinics include:

42.4%	Persons with a mental health disability
32.1 %	Persons with intellectual or developmental disabilities
19.1%	Hawaii State Hospital patients

**Community Collaboration**

The HCDSB staff works with State and private agency personnel in the coordination of programs to enhance the community dental infrastructure for access to dental treatment in the state. The collaborative focus is primarily on the neighbor islands where the geography of Hawaii exacerbates problems in accessing dental health services and promotes an uneven distribution of oral health resources.

The HCDSB collaborates with the following programs: the University of Hawaii School of Nursing & Dental Hygiene; the University of Pacific, Dental School, Pacific Center for Special Care; Queen's Medical Center General Practice Dental Residency program; Hawaii Dental

Association; Hawaii Dental Hygiene Association, Hawaii Special Olympics; Department of Commerce and Consumer Affairs; the Department of Human Services; and the Community Health Centers.

Over the past year, the HCDSB staff partnered with the oral health stakeholders to address the following dental areas:

- 1) State oral health disparities (especially issues with care for the neighbor islands);
- 2) Access to oral health care;
- 3) Medicaid adult dental coverage;
- 4) Developmental Disabilities Waiver Renewal; and
- 5) Statewide oral health survey and assessment for individuals with intellectual/developmental disabilities.

### **Oral Health Trainings**

The HCDSB is aware of the need for oral health training for families, caregivers and oral health professionals who care and treat persons with intellectual/developmental disabilities. Therefore, the HCDSB developed two training presentations addressing the following areas: 1) oral health awareness and oral hygiene practices for care providers and families of persons with intellectual/developmental disabilities, and 2) dental treatment considerations for oral health professionals when treating persons with intellectual/developmental disabilities.

HCDSB has developed plans to conduct annual oral health training presentations statewide. In addition, HCDSB will post the oral health training presentations on the DDD website as a dental resource for the public.

In August 2015, the training presentations were conducted on the Big Island (Hilo and Kona). Training is planned on Maui, Kauai and Oahu for early 2016.

### **Teledentistry Pilot**

The HCDSB has identified significant disparities in access to oral health services that have been well-documented in Hawaii. While these disparities are common in many states, they are magnified in Hawaii by the following areas of concern:

- 1) The geography of Hawaii exacerbates access problems and there is an uneven distribution of oral health resources.
- 2) General dentists, dental specialists, and resources for sedation and anesthesia for dental care are concentrated on Oahu.
- 3) The community water supply in Hawaii does not contain fluoride.
- 4) A limited number of dentists participate and accept patients eligible for the State Medicaid Dental Program.

As a consequence, Hawaii has a history of being among the worst states for dental health problems in the country for many groups including children and adults with complex medical problems and disabilities.

Over the last several years, the Department has expressed interest in the Virtual Dental Home (VDH) system developed by the Pacific Center for Special Care at the University of the Pacific School of Dentistry in San Francisco (Pacific). The HCDSB has concluded that this system could be an effective way to address Hawaii's oral health disparities for the underserved and vulnerable populations.

In consultation with Pacific, the HCDSB is pursuing establishing a teledentistry pilot project in Hawaii. Currently, the HCDSB and Pacific are seeking funding resources including grants to fund this pilot project.

**Problems and Issues Encountered by the Program:**

Access to dental services continues to be the primary issue for statewide oral health. Medicaid recipients, other low income residents and medically compromised individuals have poor access to dental care from private sector dental care providers. Patients are referred to the HCDSB by other State public health and social service agencies and private sector health care providers for dental treatment. Presently, the Department does not operate dental clinics on the neighbor islands where access to even emergency dental care (to relieve pain and infection) is limited. The capacity of Hawaii's system of community health center dental clinics is limited and individuals with intellectual/developmental disabilities have limited access and barriers to care at these community health centers.

**Program Recommendations:**

The HCDSB will continue to work and collaborate with the private sector providers, community health centers, and other oral health stakeholders by making them aware of the problems faced by the uninsured and under-insured population in accessing dental treatment services. The HCDSB will also further evaluate the various oral health care models implemented by other states to address Hawaii's access of care challenges.

**Total HCDSB Expenditures for FY2015:**

**Position Count:** 12.00 FTE  
**Personnel Services:** \$849,907  
**Other Current Expenses:** \$312,075  
**Total** \$1,161,982

*Expenditure information is based upon the Developmental Disabilities Division Budget for FY 2015*

## **FAMILY HEALTH SERVICES DIVISION**

### **Background:**

In 2009, the Department of Health, Dental Health Division was abolished due to a downturn in the economy. This resulted in the elimination of public health prevention education and school-based screenings and fluoride application for the prevention of cavities. The five remaining state public health dental clinics were transferred to the Developmental Disabilities Division. To begin rebuilding the critical state public oral health infrastructure, in 2013, the Department of Health, Family Health Services Division applied for and was awarded a Center for Disease Control and Prevention cooperative agreement to build basic state capacity. The five-year cooperative agreement will allow the state to rebuild core public health capacity for oral health surveillance, planning and prevention.

- Develop program leadership and staff capacity
- Develop and coordinate partnerships with a focus on prevention interventions; establish and sustain a diverse, statewide, oral health coalition; and collaborate and integrate with disease prevention programs
- Develop or enhance oral health surveillance
- Build evaluation capacity
- Assess facilitators/barriers to advancing oral health
- Develop plans for state oral health programs and activities
- Implement communications activities to promote oral disease prevention

### Current Activities include:

- Recruitment for a state Dental Director
- Establishment/recruitment of an Oral Health Program Specialist position
- Building surveillance system
- 3<sup>rd</sup> grade screenings (completed 2015, report 2016)
- State oral health data report
- Fluoride varnish training for pediatric providers
- Document current Federally Qualified Health Clinic (FQHC) school – based dental sealant programs (2015-16)
- School-based dental sealant pilot with FQHCs (2015-16)
- Sponsor an Oral Health Track at the Hawaii Primary Care Association Annual Conference
- School-based dental sealant pilot with Community Health Centers
- Contract with The Queen’s Medical Center Dental Residency Program for the provision of care for patients with disabilities or conditions that are medically fragile, or both.
- Evaluation/expansion of pilot to integrate oral health exams at Women Infant Children (WIC) clinics (2016)
- Assessment/Planning to integrate oral health promotion/education into WIC services
- Co-facilitate Hawaiian Islands Oral Health Task Force

Expenditures:

- \$200,000 - The Queen's Medical Center Dental Residency Program, state funds from Developmental Disabilities Division
- \$135,566 – Hawaii State Oral Disease Prevention Program Grant, from Center For Disease Control and Prevention for the period 9/1/14 to 8/31/15, second year of a five year grant project period

## DENTAL HEALTH HAWAII REVISED STATUTES

**§321-61 Dental health.** The department of health shall constitute the sole agency of the State for the purposes of carrying out the activities and performing the functions provided in this part. [L 1949, c 208, §2; RL 1955, §46-50; am L Sp 1959 2d, c 1, §19; HRS §321-61]

**§321-62 General duties of department.** The department of health shall study and appraise the State's dental health needs and resources, and shall foster the development and expansion of dental health services to the people of the State. The department may:

- (1) Conduct research, investigations, experiments, demonstrations, and studies relating to the incidence, causes, diagnosis, treatment, and prevention of dental diseases;
- (2) Supervise, provide, and direct clinical dental health services for adults and children in the State;
- (3) Develop and conduct a program of dental health education of the public;
- (4) Provide information and education relating to dental health to public health nurses, teachers, social workers, and others who deal in a professional capacity with the public, through publications, seminars, institutes, and other appropriate means; and
- (5) Provide training for professional personnel to staff state and local dental health programs. [L 1949, c 208, §5; RL 1955, §46-53; am L Sp 1959 2d, c 1, §19; HRS §321-62; am L 1992, c 70, §5]

**§321-63 Director's specific duties and powers.** To carry out the purposes of this part the director of health shall:

- (1) Take such action as may be necessary, and authorized by law, to meet conditions prescribed for participation in all related federal dental health programs and the regulations adopted thereunder; determine qualifications of personnel requiring professional training and licenses and correlate the programs of the department with the profession and related agencies for the proper and efficient functioning of the department;
- (2) Enter into cooperative arrangements with other departments, agencies, and institutions, public or private;
- (3) Submit plans relating to dental health to the United States Public Health Service and make application for such federal funds as will assist in carrying out the purposes of this part;
- (4) Accept on behalf of the State and deposit with the director of finance any grant, gift, or contribution from the federal government or other source made to assist in meeting the cost of carrying out the purposes of this part and expend the same for such purposes;
- (5) Make an annual report on activities and expenditures pursuant to this part, including recommendations for additional plans, measures, or legislation relating to the purposes of this part. [L 1949, c 208, §6; RL 1955, §46-54; am L Sp 1959 2d, c 1, §§14, 19; am L 1963, c 114, §1; HRS §321-63]