NEIL ABERCROMBIE



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In reply, please refer to: File:

## Senate Committees on Health, Education and Commerce and Consumer Protection S.B. 343, RELATING TO DENTAL HEALTH

Testimony of Loretta J. Fuddy, A.C.S.W., M.P.H. Director of Health

## February 4, 2013

Department's Position: The Department of Health appreciates the intent of S.B.343 to improve the 1 oral health of children through an oral health surveillance system; permitting dental hygienists to apply 2 dental sealants in a school-based dental sealant program; and a school-based dental sealant program. 3 Fiscal Implications: The measure appropriates \$100,000 to the Department of Health and may not be 4 sufficient to support the requirements of this measure. The public health dental program of the 5 Department was eliminated as a result of the 2009 budget reductions and there is currently no 6 7 infrastructure to support full implementation. Purpose and Justification: The importance of oral health is often understated; oral disease, primarily 8 dental caries, is the most common pediatric disease and can lead to physical and psychological 9 disabilities as well as significant diseases in adulthood. Tooth decay may result in pain and other 10 problems that affect learning in school-age children including lost school time. The Task Force on 11 Community Preventive Services recommends school sealant programs and issued a "strong 12 endorsement" in 2001. In 2003, the Association of State and Territorial Dental Directors published a 13 Best Practice Report. The report reviews the scientific evidence that school sealant programs work and 14

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2 important for reaching children from low-income families who are less likely to receive dental care. 3 4 5

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The Department recognizes the need to rebuild the infrastructure necessary to provide public health leadership in regards to a comprehensive oral health system and to conduct critical public health surveillance and evaluation. Planning has begun under the Department's Family Health Services Division. The Department has initiated contact with the Centers for Disease Control and Prevention to provide technical assistance to rebuild the State's oral health surveillance system comprised of several data sources. The Department currently collects some of the data elements included in the National Oral

presents specific examples of practices in state programs. School-based sealant programs are especially

9 Health Surveillance System but is lacking others such as some of the children's oral health indicators. 10 The Department co-facilitates the Hawaiian Islands Oral Health Task Force with the Hawaii 11 Primary Care Association. The Task Force is a group of over forty oral health stakeholders who 12 represent private and Community Health Center Dentists, Hawaii Dental Association, Hawaii Dental Hygienists Association, Hawaii Dental Services, Hawaii Medical Services Association Neighbor Island 13 14 oral health task forces and others. One of the Task Force's highest priorities is to address the need for improved oral health data. The Department is currently working with the Data Assessment 15 subcommittee to conduct a data needs assessment. 16

The Department will require staffing to build an oral health surveillance system as well as 17 staffing to establish, implement and evaluate a dental sealant program. Currently, there are at least two 18 community-based dental sealant programs being conducted. Staffing would facilitate a more dedicated 19 effort to partner with the community providers and the Task Force to evaluate best practices that may be 20 21 replicated in other high need schools.

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Thank you for the opportunity to testify.

## SB 343

Dear Senators Baker and Galuteria , and Members of the Senate Commerce and Consumer Protection Committee:

My name is Dan Fujii, and I am the Dental Director at the Waianae Coast Comprehensive Health Center. The Waianae Coast Comprehensive Health Center has been providing preventive dental outreach services in select elementary schools on the Leeward Coast of Oahu since 2006. We can attest to the high dental needs observed in the community that is exacerbated by a multitude of factors. As such , we strongly agree with *the intent* of SB 343 to increase sealant placement in the school setting.

However, there is a requirement mentioned in the current form of the bill that may not be necessary. That being the need for the Department of Health to appropriate funds to establish and administer a sealant program in a demonstration school. Sealants have already been proven to be an effective method to prevent cavities. No further studies are needed demonstrate whether it will work or not. Additionally, there are already Community Health Centers (CHC) in the state which are actively involved in providing oral health services and have established partnerships with schools.

We would also like to emphasize that community health centers such as ours are ideal organizations to implement sealant based school programs for the following reasons: (1) CHC are already strategically located in high need, underserved communities (2) CHCs with existing school programs have already established a trusted relationship with the students, faculty, and administrators of the schools. (3) The equipment necessary to provide these services are already available. (4) Community Health Centers, in general, have the licensed personnel (dentist and hygienist)who can and have already legally placed sealants in school in accordance with the current Dental Practice Act.

We support the intent of the bill, with particular interest in exploring funding avenues for school based prevention programs, but do not believe there is a critical need to expend additional resources on a demonstration project.

Thank you very much for taking the time to listen.

Very respectfully,

Dan Fujii, DDS,MPH Dental Director, Waianae Coast Comprehensive Health Center