



**Statewide Oral Health Strategic Planning
Hilo Town Hall Highlights
Thursday, November 30, 2017**

(Note: This summary is not a comprehensive discussion, a full report will be included in the strategic plan.)

Attendees (20): Kaiulani Kamau (HIPHI Intern), Gracie Flores (CHW, United HealthCare) Randi Tatsuno (DOH PHN), Maylyn Tallett (HDHO), Scott Daniels (DOH), Dani Wong Tomiyasu (DOH), Sally Anchetta (HIPHI), Rachel Pedro (Social Worker, DOE), Joy Hiro (Chuukese Interpreter, DOH) Tulde Day (COH), Terera Molfino (Family RED Resident, HIFHC), Cecilia Adams (DDD Supervisor, DOH) Byron Yogii, Tammy Arguero (WIC), Aaron Ueno (HDHO), Patrick Donnelly (PACT Head Start), Jeanne Hernandez (DOH), Jesse Floyd (DD Council), Warren Yamashita (Hawaii Island Family Residency), Leanne Kihara (PHN), John Ornellas (community member)



Vulnerable Populations

Reaching vulnerable populations was a chief concern. Participants in the Head Start program and the Women, Infants and Children (WIC) program were identified as being among the populations that could benefit from more access to oral health care. Special needs populations (such as those with behavioral health needs) also have oral health problems that often lead to hospitalization and general anesthesia. Individuals with intellectual and developmental disabilities are provided care management services that include oral health, but a recent survey revealed some of these children are not receiving oral health care. There is no incentive for dentists to treat special needs populations. Parents find that they often

worry about other matters and dental preventive care for themselves and their children are low priorities.

Fluoridation

The Hilo group also felt there is a need to revisit water fluoridation and acknowledged a need for more community education to increase public awareness and support for fluoridation. Community support was identified as a critical first step to influence policymakers. It was brought up that existing support for water fluoridation needs to be better captured, and that the loud voices in opposition to fluoride can include individuals “planted” and flown in from mainland. A number of Hawaii Island communities rely on water catchment systems, which may require special considerations for fluoridation. The community perceives that among pediatricians there is lack of consensus on the recommendation for fluoride supplements.

Health Messaging

The group recommended increased health-related messaging to the public and had a number of suggestions for messaging mechanisms. These involved distributing information where children and adults gather. For example, the group suggested churches as a venue for oral health messages. Door-to-door outreach, although costly and time-consuming, was another idea. The group also felt schools provide ideal opportunities to engage families at parent engagement nights but noted that it is difficult to measure outcomes. Public housing used to require residents to attend educational workshops or presentations.

Community health workers share health messages as part of their responsibilities. CHWs understand the pulse of the community and are great connectors. The group said that every community has a “mayor” or champion, and it is necessary to identify these individuals first before proceeding.

Oral health also needs to be addressed as part of primary care and that it should be valued as much as any other measurement of physical health. Oral exams must be treated as important as other preventive checks. Patients don’t often recognize that the mouth is part of the body. Programs to encourage the public’s perception of VALUE for oral health is very important, because otherwise they won’t access oral health services even if it is available, free, and at a convenient location.



Post-meeting Evaluation Results

| | 1 = Poor | 2 = Below Average | 3 = Average | 4 = Above Average | 5 = Excellent | NA |
|---|----------|-------------------|-------------|-------------------|---------------|-----|
| Format/Structure | | | | | | |
| Overall Meeting | (0) | (0) | (0) | (4)33% | (8)67% | (0) |
| Length of Meeting | (0) | (0) | (3)25% | (3)25% | (6)50% | (0) |
| | | | | | | |
| Amenities | | | | | | |
| Meeting Room | (0) | (0) | (0) | (2)16% | (10)83% | (0) |
| Catering | (0) | (0) | (0) | (1)8% | (11)92% | (0) |
| | | | | | | |
| Meeting Sections | | | | | | |
| Hawaii State Oral Health Program Update | (0) | (0) | (1)9% | (3)27% | (7)64% | (0) |
| Discussion | (0) | (0) | (1)8 | (3)25% | (8)67% | (0) |
| Planning & Prioritization | (0) | (0) | (1)8% | (6)50% | (5)42% | (0) |

Comments and/or suggestions:

- ID all stakeholders, bring to table to advocate
- We need dental insurance reform! Folks need to value good oral health
- Great to hear what's going on and network and share ideas