Components and Characteristics of the Oral Health Environment – American Samoa (2019)

Components of Oral Health Environment	Strengths	Weaknesses/Challenges/Gaps	Opportunities
Oral health needs/demands & how measured Example: DMFT, Basic Screening Survey; waiting lists for non-urgent care, including citing some available data, e.g., XX# of DMFT for 8-9 year olds.	**Data Collection:** Data (dmft, DMFT, MHx, Tx plan, Tx, Rx, etc.) are collected at various care delivery sites, e.g., schools, LBJ Hospital, CHCs). Electronic health records, log books and reporting spreadsheets maintained. **Noncommunicable Disease Program**: NCD related indicators are available at CHC dental clinics, e.g., BMI, tobacco use, etc.	**No standardized population-based oral health data collection and surveillance system amongst delivery sites.** Current data are not regularly analyzed. **Serious oral health problems**: high caries prevalence among children, high prevalence of diabetes, cardiovascular disease, and obesity/poor diets.	**Moving Forward:** AS MCH Title V manager, on behalf of all other oral health programs, requested TA from ASTDD for training on BSS. It was anticipated that common oral health data could be collected, aggregated, analyzed, reported and disseminated. Oral health staff from LBJ Hospital, CHCs, public health (including MCH) received on site training in May 2019from ASTDD consultants. This included TA on setting up a system to collect and report data. In addition, respective staffs from LBJ and CHC were presented with oral health seminars. Explore the possibility of using the data collected to make a more compelling case for more dental

			providers, and for other non-dental providers, e.g., nurses, to deliver preventive care to children, such as fluoride varnish and silver diamine fluoride.
Delivery sites & programs **>Portable** (e.g. in schools, community centers, libraries, etc.) **>CHC** **>Hospital**	**Dental Clinics on Tutuila:** • LBJ Hospital Dental Clinic • CHC Dental Clinics at Tafuna CHC, Leone CHC, Amouli CHC • Early Childhood Education/Head Start • Private dental clinic **LBJ Mobile School Teams:** Using portable dental units provides services in child care centers, Head Start centers, schools, church grounds, youth camps, Boys and Girls Club of American Samoa (BGCAS), AS community college, Health Occupation for Students of America (HOSA), and AS Drug Free Program (including Aunu'u Island). **Well-baby Clinics**: Fluoride varnish funded by MCH provided at well baby clinics in each CHC **Ta'u and Ofu Islands:** Ta'u dental clinics, staffed by CHC dentists, are open every other month. Currently, these are using	**Challenges in Purchasing Equipment and Supplies:** Due to the great distances there is a high cost in importing equipment and supplies. Also, there are challenges in the off-island deliveries. **Maintenance of equipment:** There is only one specialized dental equipment maintenance individual available. This is an issue especially as the clinic equipment ages. **Lack of Resources** for adequate "outreach/field trips" to provide needed care to populations on outer islands/communities. For example, dental staff may need to join health care teams in travelling to the Manu'a Islands: 60 miles east of main island, 30 minutes by plane and 10 hour by boat.	**Moving Forward:** **Enhance Collaborations:** • **LBJ and DOH:** Consider formal agreements for data collection, analyses, and reporting, and service delivery. • **CHC and DOH:** Consider joint outreach teams to provide care to school children at outlying dispensaries. **CHC NOFO:** AS CHCs submitted an application to HRSA to enhance and expand access to dental care. The proposal represents a collaboration amongst the CHC, MCH and the School Based programs. AS will continue to seek support from HRSA and other funding sources to address the significant oral health needs.

	portable dental equipment funded by MCH. Ofu dental clinic is also staffed by CHC dentists and open for 1-2 weeks every other month. **Special Programs from off-island:** In collaboration with LBJ Dental these programs partner to provide care: RHD Team, Orthopedics Team (Shriners Hospital), and Religious Medical Teams (Amen Clinics)		
Funding for Oral Health Program and Services, including impact of Compact status (if appropriate): ➢ General/local funding ➢ Medicaid and other health insurance ➢ Patient fees & co-pays, by age-group, e.g., free for young children, co-pay for prostheses ➢ Other sources of program funding or income, e.g., grants	**Medicaid Reimbursements**: All residents are eligible for Medicaid. At LBJ there is a $10 facility fee per visit, which goes into the general fund. Children (0-19 yrs) treated outside of the hospital are covered by SCHIP. The School Based Dental Program provides sealants to ALL students at schools participating in the program. **Department of Health:** • HRSA CHC funding • Local appropriations (local match) • Medicaid reimbursement $150 per visit, per clinic, per day **Department of Human and Social Services:** Local funds/program income come from local government appropriations, facility fees and	**Limited Resources Dedicated to Oral Health:** The current DOH dental services expenditures is supported to a large degree by the CHC program. The DOH has a limited dental outreach program, e.g., preventive services at schools and well-baby clinics.	**US Territory status:** This affords opportunities for US federal aid. Increase awareness and consideration of funding opportunities, e.g., CDC and HRSA NOFOs. **DOH Oral Health Focal Point:** Work with DOH leadership and policy makers to establish a coordinated Territorial oral health program with a defined mandate, appropriation/funding and relationships with programs across the DOH, e.g., MCH, CHC, NCD, Medicaid. The data collected/reported from the proposed BSS

	charges for specific services **MCH Program**: Provides some funding for some personnel, equipment, and dental supplies **Early Childhood Education (DOE):** Supports a dental clinic and maintenance; mobile dental units, materials and supplies **Patients Fees:** Patients pay for all prostheses and non-residents pay directly for all care rendered. **Colgate-Palmolive Fiji Division**: Provides support for oral health promotion, e.g., toothbrushes, toothpaste and health education materials		survey (in the 2019-2020 school-year) can help to document the oral health needs among children and can provide evidence in support of the need and justification for an established and coordinated oral health priority across the DOH.
Workforce, including types of staffing (ages/soon to retire, vacancies, etc.), onsite training and those in pipeline (e.g., at FNU)	**Current Staffing** **LBJ Hospital (including School Based Dental Program):** • 7 local dentists • 2 expatriate dentist (1 post grad oral surgery; 1 post grad dental public health) • 1 dental hygienist (US) • 11 dental assistants (1 RDA) • VACANCIES: 3 dental assistant **Department of Health (including CHC):** • 3 local dentists and 3 expatriates	**No long term plan to increase and sustain workforce:** Need to explore strategies to retain and remunerate workforce. **Recruitment and Hiring:** DOH recruitment and hiring process is very challenging, e.g., lengthy administrative processes. Also, salaries are not competitive with the US. **Clinic Constraints:** The physical limitations of the clinical facilities	**Moving Forward:** American Samoa's Dental HPSA score is critical enough for NHSC members to work in the Designated Dental Shortage Area and be eligible for the NHSC Loan Repayment Program. This may be an avenue to recruit US trained dentists.

	(4 general dentists, 1 MPH and 1 administrator) • 6 dental assistants • VACANCIES: 2 dental therapists, 1 dental hygienist, 1 dental assistant.	are an additional constraint in providing needed care, e.g., space, equipment/operatories, etc. **Pipeline:** Currently, there are no AS students in training programs.	
Policy-mandates ➢ HRSA:CHC dental component, MCH-NPM13; local school oral health mandate for children ➢ Oral health care guidelines and protocols, e.g., for pregnant women, for diabetic patients, etc.	**MCH Title V NPM13:** Although the MCH Title V program did not choose to retain NPM 13, it did choose an oral health related State Performance Measure. Thus, the Title V program may include oral health in the upcoming (in FY2020) five-year needs assessment. The findings from this NA will form a component of the five year MCH Title V plan (FY2021-2025). Also, MCH SPM 2/Smoke Free Environment Act, mandates preventive services for children 1- 3 years. **EPSDT, SCHIP and School-based Programs:** All three include dental services to eligible children/grades. **Early Childhood Education (Head Start):** Mandates dental exams, follow-up needed care, oral hygiene and health education; existing MOU with LBJ. **Child Care (Department of**	**Multiple Public Oral Health Components:** Individual oral health resources reside within LBJ Hospital, CHCs and public health. There is a lack of a formal Territorial Oral Health Strategic Plan with common goals and objectives amongst them. **Policy Driven:** Oral health is limited by certain policies, e.g., limited by the scope of the dental practice acts and the board of licensure. For example, it would be good to integrate oral health practices with other healthcare professionals, such as to apply fluoride varnish or have dental assistants imbedded in "sister programs" like WIC to apply FV. The current AS practice acts may not allow these practice models. There is no policy mandate to adopt prenatal and well-baby guidelines to include oral health check-ups during those visit days and monitoring of the prenatal	**Moving Forward: Surveillance System:** An important development is an effort to collect common BSS oral health data and use data to document population based baselines and needs, plan for programs and justify priorities. These can form the foundation for common goals, objectives and program planning. **AS Oral Health Plan:** Convene all oral health programs and "sister programs" and consider developing a 5-year oral health plan for AS, with roles and responsibilities for each individual program and staff, and nature of partnerships between them. **Explore changes in Dental Practice Acts:** In

	Human and Social Services): Mandates oral health services and education; existing MOU with LBJ.	mothers oral health over the course of their pregnancy.	some states, changes to dental practice acts have been obtained by public health entities, e.g., for dental public health personnel (like dental therapists) to deliver care beyond current statutes. This might be in the form of "waivers" or the like.
Partnerships-collaborations with other disciplines e.g., WIC, NCD, Early Education/Head Start, including: kind of collaboration, e.g., informal, MOU, co-funding (oral health receives some funding from other programs or co-located services, like dental hygienist placed in prenatal clinic)	**MOU/MOA's:** These exist with the Departments of Education and Human & Social Services. Funding Agencies: CMS, HRSA, CDC, WHO **NCD coalitions:** Diabetes/Tobacco, CCCP, Cancer, Wellness, school lunch **Community Outreach**: As requested, e.g., church, youth and community/village organizations. **Visiting medical teams:** rheumatic heart disease cardiology clinic, Shriner's patients, and Amen clinic **Other:** Boys and Girls Clubs, Special Olympics	**Formal Collaborations:** Most collaborations are informal; they could be enhanced with negotiated MOU/MOA's. Collaborations among LBJ Hospital with DOH, CHC, MCH, NCD, WIC could be enhanced.	**Partnerships and Collaborations:** These can be formalized and delineated in a territorial Oral Health Plan for American Samoa. This might include integration of oral health within NCD, e.g., tobacco, cancer, diabetes, cardiovascular diseases, MCH/WIC and primary care programs.