Components and Characteristics of the Oral Health Environment – Guam (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.	**Basic Screening Survey (BSS)** is done for the Head Start program students and children in the day care centers as well as seen through the Immunization, WIC outreach programs. For the "Basic Screening Survey" Oral Health Program (OHP) staff use their <u>own</u> method and form. This is done in conjunction with the application of fluoride varnish (FV) on children in the HS centers or schools. The charting includes existing teeth, caries, restorations and infections. Most of the data are for children 3-5 years old of age.	**Insufficient staffing- prevents scheduling appointments for patients:** Previously, with more staff, appointments were made, e.g., for children. Currently, with only 2 dental health specialists, children and adults are seen only on an emergency walk-in basis.	**Hire Dental Health Specialist I (DHS I):** A DHS is the government of Guam's job position for a dental auxiliary. The DHS can perform the functions of an auxiliary, including but not limited to filling prepared teeth, applying sealants and fluoride varnish, charting, taking and developing radiographs and performing oral prophylaxes. **BSS Training:** Guam OH program will receive training on implementing the ASTDD BSS in July 2019.
Delivery sites & programs **>Portable** (e.g. in schools, community centers, libraries, etc.) **>CHC** **>Hospital**	**Population on only one island** **Dental Clinic- Mangilao:** Walk in emergency dental treatment is provided. **Northern Region Community Health Center (NRCHC), Head Start and day care centers-**	**Maintenance of equipment:** Program relies on volunteer services of retired maintenance specialist and maintenance specialist from a private clinic.	

	Fluoride varnish applications provided. OHP staff go out to Head Start Centers (schools,) Day Care centers, NRCHC or outreach programs (use regular tables and chairs and apply the FV). Some years ago, the OHP consisted of 3 clinics, one in each Public Health location (Northern, Central and Southern.) The Northern and Southern dental clinics have since closed due to staff leaving and retiring. There is no hospital dental department. There is a Memorandum of Agreement between the OHP and the CHC's to integrate primary health care and oral health care services. Each refers patients to each other as needed; OHP gets some supplies from the CHC and uses their facility for its fluoride varnish program.		
Funding for Oral Health Program and Services, including impact of Compact status (if appropriate): ➢ General/local	**100% Local funding:** Patients receive treatment and there is no copay, as per law.	**Dental budget has been decreasing over the past few years, including the inability to fill staff vacancies.**	**No copay for treatment services:** The current law is for free basic dental services to children 0-16 yrs and emergency treatment for adults>54 yrs.

funding ➢ Medicaid and other health insurance ➢ Patient fees & copays, by age-group, e.g., free for young children, co-pay for prostheses ➢ Other sources of program funding or income, e.g., grants			Explore how the law might be changed to enable charging. **Billing in the future:** The Oral Health Program will explore billing private and public insurances, e.g., possibly Medicaid reimbursements, for services provided.
Workforce, including types of staffing (ages/soon to retire, vacancies, etc.), onsite training and those in pipeline (e.g., at FNU)	**Dental Officer II (DO II):** The dental chief is the only dentist; there are no staff dental assistants. **DHS II (2): There are two dental health specialists** The DHS performs the duties of dental assistants and auxiliaries. **Vacancies: DHS I, II, and III; Clerk** However, due to lack of funds, these vacancies continue to be unfilled.	**Lack of public health dental staff:** Very limited public oral health workforce. Practice regulations are US state-like, regarding education/licensure requirements, etc. **Public health salaries** are not competitive with the private sector. **Vacancies** are not funded and not filled. **Private dental practices** are numerous.	**Community Health Center (CHC)**: The CHC is funding one GovGuam Dental Program DHS I and will be stationed at the CHC to assist with the OHP sealant project.
Policy-mandate ➢ HRSA:CHC dental component, MCH-NPM13; local school oral health mandate for	**DPHSS:** It is mandated to provide free basic dental care to children 0-16 years old and emergency dental care to adults >54 years of age. **Head Start:** Need oral exam prior to	**Lack of Staff:** Despite the mandate to provide dental care because of severe lack of staff, the OHP is unable to address significant oral health needs or comply with the mandate.	

children ➢ Oral health care guidelines and protocols, e.g., for pregnant women, for diabetic patients, etc.	entrance for the school year. Head Start children who require follow-up treatment receive it either on a walk-in basis from the OHP or from the private sector.		
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)	**Head Start:** The OHP has an MOU to visit the centers to provide fluoride varnish applications. **Immunizations:** The OHP provides fluoride applications at the immunization outreaches once a month at NRCHC. **WIC:** The OHP provides fluoride varnish (FV) applications to young children at the NRCHC WIC clinics once a month. The CHC has a well baby appointment fee which is inclusive for all treatments, including FV applications.		