

# ORAL HEALTH

## THE WINDOW TO OVERALL HEALTH

*“Your health begins with you and ends with you”*

# Oral Health Workforce in the USAPI

## A Critical Shortage



The United States Affiliated Pacific Islands (USAPI) are islands scattered across the vast Pacific Ocean spanning several million square miles; sharing similarity in socio-economic environment, culture, history and dependence on outside financial sources. However, they each have unique needs and challenges specific to their island.

The limited education, human resource development, physical isolation of the islands contributes to the large health disparity among the USAPI. The political affiliation of these islands to the United States allows for economic support and dependency on the United States to narrow the health disparities.



# USAPI Workforce



Oral health workforce in the USAPI consists predominately of public health dentists, dental hygienists, dental nurses, dental therapists, expanded duty dental assistants, dental assistants and lab technicians.

In some islands like American Samoa, the public health dental clinic is situated in 2 distinct areas: the hospital and community health center and the workforce work independently of each other to help provide dental care to the whole community. However, this scenario causes the lack of unified data collection and surveillance.

# Oral Health Workforce Shortage— A large factor in the health disparity in the USAPI

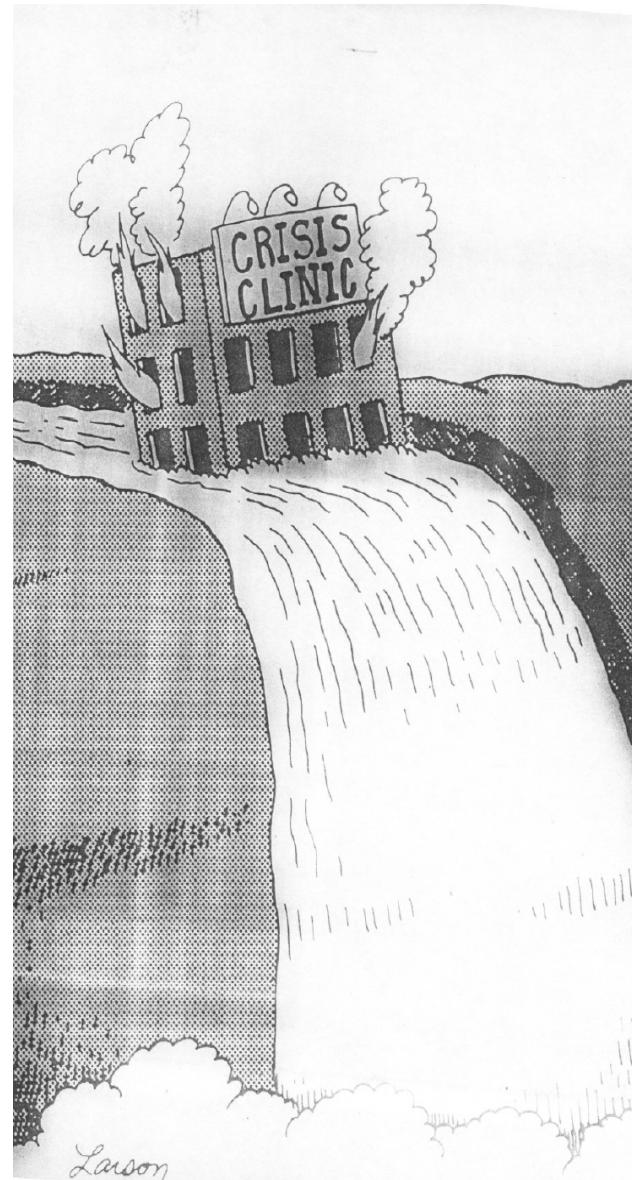
1. Number of workforce needed to care for a vast number of islands
  - a. Islands scattered across the Pacific Ocean
    - i. Usage of motorized boats
    - ii. Usage of small propelled aircrafts
2. Education limitation to create a healthy workforce
  - a. In CNMI – board licensure requirements for a US educated dentist and hygienist.
3. Economic limitation to educate a workforce
  - a. Scholarships needed to educate abroad
    - i. US for CNMI
4. Increase in socio-economically poor population demands a larger public health workforce
5. Low wages for oral health workforce in economically poor island nations

# *USAPI oral health workforce travel to outlaying islands to provide dental care*



# Human Resources for Health Challenges

- 1. Absolute shortages of trained health oral health professionals**
- 2. Many of the current health workforce are under-trained**
- 3. The educational systems charged with educating students to qualify for science-based health programs share the same problems as problems as the health sector**



# Dental Workforce Freely Associated States

FAS Country / Population	Dentists Total (local)	# of Dentist retiring in the next 10 yrs.	Per UDS:Average Annual Visit Rates^ (2,6,72 visit /yr)	Dental Nurse/ Therapist All local	Dental Hygienists All local	EDDA****	Per UDS:Ideal # of DH (1,338 visits /yr	Dental Assistant	Per UDS:Ideal dentist to DA ratio / Actual ratio	Dental Assistant Trainees	Dental Technician	Dental Tech Assistant***
FSM / 109,600	12(6) 1/9133.3		41 (-29)	3 1/2522.999	5 1/21,920	8 1/2,185	81.9 (-69)	21 1/5219		0	6 1/18,266.6	2 1/54,800
Chuuk State / 56,000	5 (1) 1/11,200	1	20 (-15)	0 0/56,000	0	0	0	9 1/6,222	5 x 3 = 15 -1	0	3 1/2,200	0
Kosrae State / 6,600	2 (2) 1/3,300	0	2 (even)	0	1 1/6,600	0	4.9 (-4)	2 1/3,300	2 x 3 = 6 -2	0	0	1 1/6,600
Pohnpei State / 35,000	4(2) 1/8750	0	13 (-9)	2 1/17,500	4 35,000	6 (Hygienists)	26 (-16)	5 1/7000	4 x 3 = 12 -7	0	2 1/17,500	1 1/35,000
Yap State / 12,000	1(1) 1/12,000	0	4.49 (-3)	1 1/12,000	0	2 (Hygienists)	9 (-7)	5 1/2,400	1 x 3 = 3 +2	0	1 1/12,000	0
RMI / 70,000	7(2) 1/10,999	0	26.19 (19)	2 1/35,000	0	0	52 (-52)	9 7,777.77	7 x 3 = 21 -12	0	4 1/17500	0
ROP / 17,661	7(4) 1/2523	3	6.6 (almost even)	0 0/17661	9* 1/1,962	0	13 (-4)	3* 1/8,830	4x 3 = 12 -9	2** 1/8,820	2 1/8,820	0

\*Originally DA's were trained as DH in 10 week DH training by Oral Health Chair at FNU. Working and licensed as DH but salary at DA level.

\*\*From PCC-MOH Health Assistant Training Program (HATP)

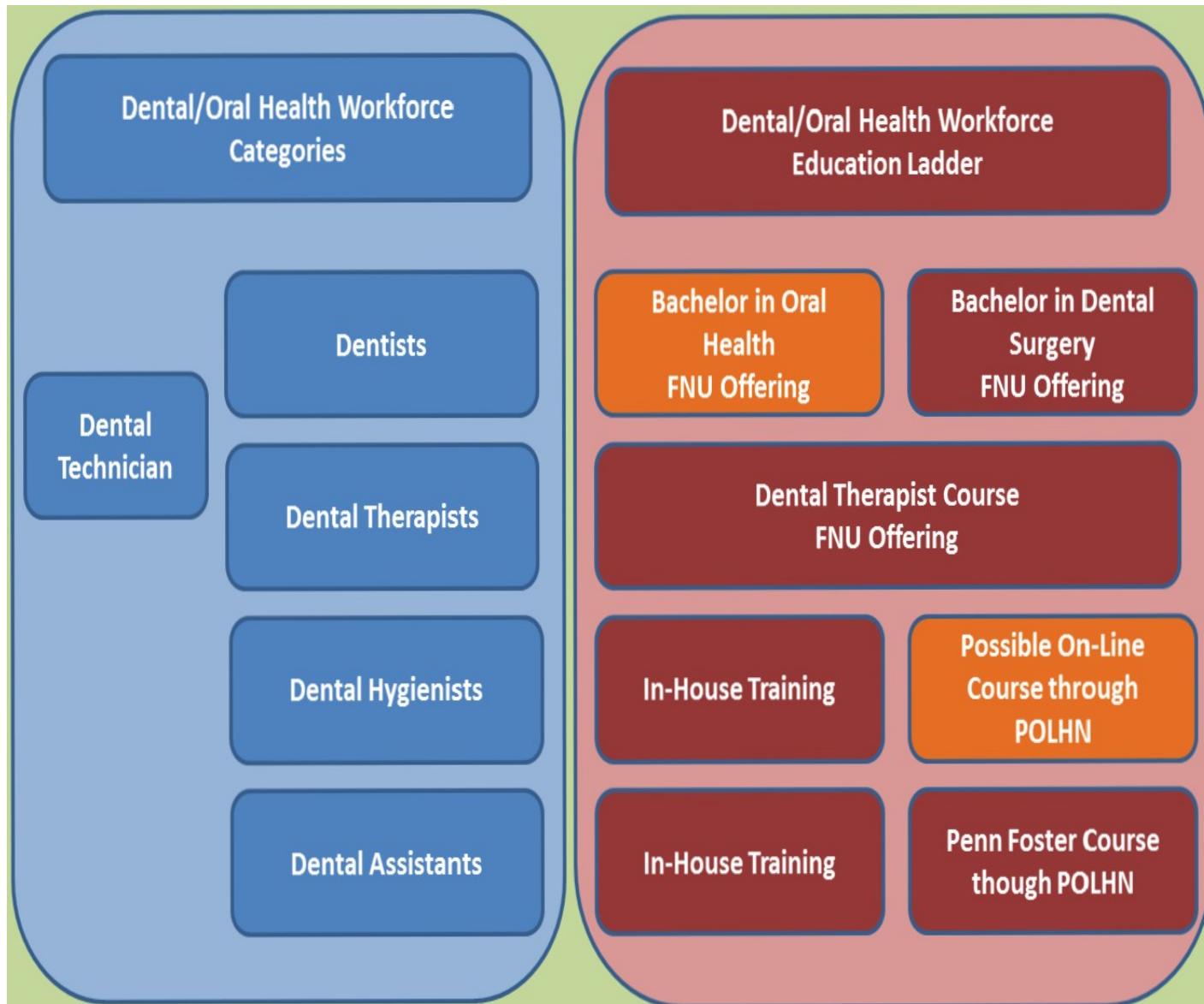
\*\*\*Make dentures, crowns, and bridges from models taken by dentist.

\*\*\*\*Expanded Duties Dental Assistant: Graduates of FSM EDDA Program,

^Average Annual visit rates for U.S. Dentists

^^ 3 DH's in Palau work as DA's on a monthly rotation because there are no DA's

# Dental/Oral HW F CPD Framework





# PACIFIC BASIN DENTAL ASSOCIATION

ESTABLISHED IN 2001



- ❖ Pacific Basin Dental Association established to provide support and advocacy in the field of dentistry for all 9 USAPI jurisdictions.
- ❖ Membership is open to all dental staff and affiliates
- ❖ Current Executive Board of PBDA was elected at the last PBDA meeting on February 4-5, 2019 in Honolulu, Hawaii
- ❖ PBDA Executive Board President: Dr. Louis Santos, Palau
- ❖ PBDA Executive Board Vice President: Dr. Angelica Sabino, CNMI
- ❖ PBDA Executive Board Secretary/Treasurer: Dr. Dustin Bantol, RMI

# PBDA Objectives

- To promote and support continuing education and human resource development in oral health
- To promote and support oral and related health initiatives in the region
- Strengthen capacity and infrastructure of dental programs in the Pacific
- Encourage exchange of information between dental and health care professionals, individuals, groups and supporting organizations in the region and Pacific.

# PBDA ACHIEVEMENTS IN ADDRESSING ORAL HEALTH WORKFORCE ISSUES

- Oral Health continuing Education on Dentalcare.com
- Penn Foster training Program (American Samoa)
- Dental Hygienist Training Program (Palau)
- PBDA – member of the Medical Society
- EDDA TRAINING IN FSM (YAP AND POHNPEI)



## **Dental Assistant Training in American Samoa – A Model for the Region**

<http://courses.polhncourses.org/course/category.php?id=39>

Through this pilot program, POLHN is sponsoring 13 dental assistants in American Samoa to take Penn Foster Career School's Dental Assistant Diploma. While the Diploma can be delivered entirely online, through POLHN the dental assistants will also undergo in-country, face-to-face skills validation. The dental assistants will be actively supported through their studies by their supervisors and the POLHN Secretariat. The aim of the pilot is to assess the curriculum's appropriateness and relevance to Pacific contexts. The pilot is also part of POLHN's transition from focusing on online learning to a blended learning approach.

**This pilot commenced in May 2013 and is due to conclude in April 2014.**

# Innovative ways to increase workforce- CNMI

## 1. Incentives

### 1. Travel, Housing and Car allowances

## 2. Federal grants – OHWF

## 3. National Loan Repayment

### 1. CNMI – HPSA score of 26 = \$25K in loan repayment per year

## 4. National Health Service Corps

## 5. Partnership with a higher education entity to provide training and recruitment of interns

### 1. Fiji National University – training program for EDDA, DA and possibly hygienists \*\*

## 6. Teledentistry\*\*

(NOTE \*\* - requires changes in the language for the CNMI professional licensure; changing the scope of work for dental therapists)



# TELEDENTISTRY: an pioneering approach (CNMI – a working plan)

1. Grant application to purchase equipment to support teledentistry in the CNMI
2. Changes to be made within the CNMI Dental Licensing Board as follows:
  1. Dental Therapist – to change the scope of practice. To function similar to the Minnesota model of the scope of practice for Dental Therapists.
  2. Hygienists – to allow to be foreign trained so as to increase # of schools student can attend
  3. Dental Therapists with an expanded scope of work to provide continuous care to outlaying islands of Rota and Tinian and using teledentistry to communicate with dental staff on Saipan.

# PBDA: COLLABORATIVE EFFORTS

- *DECEMBER 10-14, 2012 – FIRST PBDA MEETING IN PALAU*
- *AUGUST 05 – 06, 2013 – EXECUTIVE MEETING IN SUVA*
- *JANUARY 12-14, 2015 – PBDA MEETING IN HAWAII*
- *FEBRUARY 04 – 07, 2019 – PBDA/ASTDD MEETING IN HAWAII*



# PBDA CHALLENGES

- 1. NO FUNDING (specifically PBDA organization)
- 2. DECLINE IN ORAL HEALTH WORKFORCE
- 3. LACK OF CONTINUING EDUCATION
- 4. LACK OF CLOSE COLLABORATION WITH OTHER HEALTH PROGRAMS.
- 5. LACK OF GOOD COMMUNICATIONS WITH MEMBERS OF ASSOCIATION (TOO BUSY W/OWN JURISDICTION)



# RECOMMENDATIONS

1. PRIORITIZE **ORAL HEALTH** IN ALL HEALTH STRATEGIC PLANNING
2. FUND EDUCATION/TRAINING OF NEW ORAL HEALTH WORKFORCE
3. INCREASE EMPLOYMENT OPPORTUNITIES FOR ORAL HEALTH WORKFORCE
4. INCREASE SALARY FOR OH WORKFORCE TO ATTRACT NEW CANDIDATES AND RETAIN CURRENT
5. SUPPORT PBDA's ANNUAL MEETING (PRIMARY SOURCE OF ORAL HEALTH ADVOCACY IN USAPI)



Thank you, Sulang, Si Yu'us Ma'ase, Kamagar,  
Kommooltata, Kinisou, Kalahngan, Kulo, Fa'afetai

*From: Pacific Basin Dental Association*

