

The State of Children's Dental Health: Making Coverage Matter

Hawaii

F

2011 GRADE

Hawaii meets only one of the eight policy benchmarks aimed at improving children's dental health, making it the worst overall performer among the 50 states and the District of Columbia. Hawaii does not fully use proven preventive strategies: It lacks a school sealant program and has the lowest rate of fluoridation of any state. Residents living on military bases are the only ones who receive fluoridated water.¹

The Aloha State's silver lining is Medicaid utilization—over 45 percent of enrolled children received dental services in 2009.

HOW WELL IS HAWAII RESPONDING?

2011: **F**

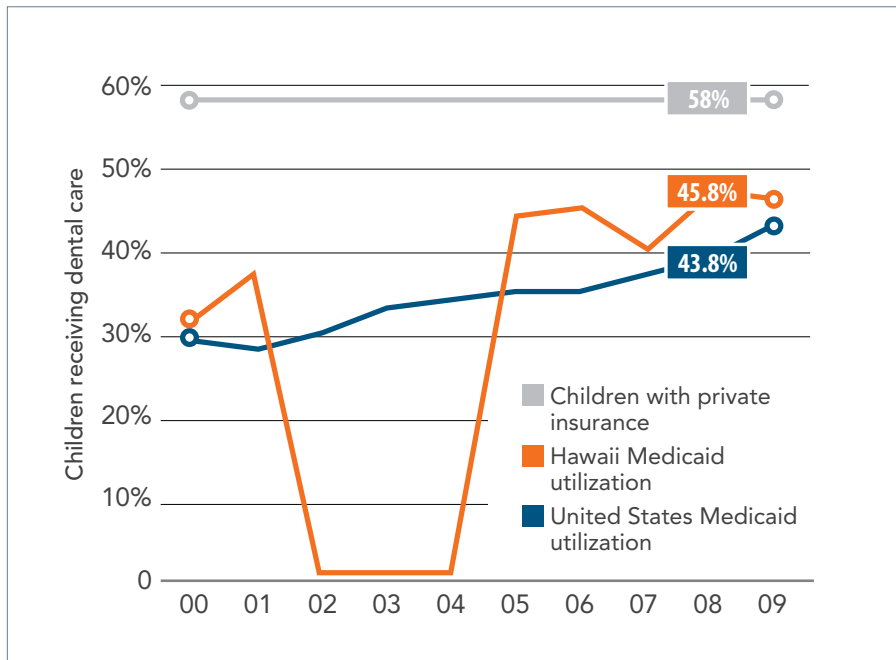
2010: **F**

DATA YEAR	MEASURED AGAINST THE NATIONAL BENCHMARKS FOR EIGHT POLICY APPROACHES	STATE	NATIONAL	MEETS OR EXCEEDS	MET OR EXCEEDED
2010	Share of high-risk schools with sealant programs	0%	25%		
2010	Hygienists can place sealants without dentist's prior exam	NO	YES		✓
2008	Share of residents on fluoridated community water supplies	10.8%	75%		
2009	Share of Medicaid-enrolled children getting dental care	45.8%	38.1%	✓	✓
2010	Share of dentists' median retail fees reimbursed by Medicaid	37.7%	60.5%		
2010	Pays medical providers for early preventive dental health care	NO	YES		
2010	Authorizes new primary care dental providers	NO	YES		
2010	Tracks data on children's dental health	NO	YES		
Total score				1 of 8	2 of 8

Grading: A = 6-8 points B = 5 points C = 4 points D = 3 points F = 0-2 points

HOW BAD IS THE PROBLEM?

Too many children lack access to dental care, with severe outcomes. One measure of the problem: more than half of the children on Medicaid received no dental service in 2009.



SOURCE: Centers for Medicare and Medicaid Services, CMS-416. Hawaii submitted data in 2002, 2003 and 2004 that appear to be abnormally low, indicating possible problems with the submission. Please, use caution when interpreting the data in question for these years.

SOURCES FOR BENCHMARKS: (1, 2, 7) Pew Center on the States survey of states; (3) Centers for Disease Control and Prevention; (4) Centers for Medicare and Medicaid Services, CMS-416; (5, 6) Medicaid/SCHIP Dental Association and American Academy of Pediatrics; (8) National Oral Health Surveillance System.

1. D. Easa, et al., "Addressing Oral Health Disparities in Settings Without a Research-Intensive Dental School: Collaborative Strategies," *Ethnicity and Disease* 15, (2005): 187-190. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1371063/>, (accessed February 24, 2011).