

## Components and Characteristics of the Oral Health Environment–FSM/Chuuk State (2019)

Components of Oral Health Environment	Strengths	Weaknesses/Challenges/Gaps	Opportunities
<p><b>Oral health needs/demands &amp; how measured</b>                      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.</p>	<p><b>Basic Oral Health Survey:</b>                      Statewide oral health data are collected from school visits and outreach events and analyzed.</p>	<p><b>Serious oral health problems:</b>                      High prevalence of pre-cancerous and oral cancer lesions (many related to betel nut/tobacco use), diabetes, and poor diet.</p> <ul style="list-style-type: none"> <li>• Lack of manpower</li> <li>• Lack of equipment</li> </ul>	<p><b>Moving forward:</b>                      Need to adopt a standard population based oral health survey method for all age groups to determine oral health status of population. This is especially important since the Dental Program funding is based on reported data.</p> <p>Explore the need for technical assistance and training to plan for and implement above survey methodology.</p>
<p><b>Delivery sites &amp; programs</b>                      &gt;<b>Portable</b> (e.g. in schools, community centers, libraries, etc.)                      &gt;<b>CHC</b>                      &gt;<b>Hospital</b></p>	<p><b>Chuuk State Dental Clinic:</b>                      Dedicated fixed facility</p> <p><b>HRSA CHC (Branch sites at Sapuk and Neuo):</b> CHC has their own dental staff</p> <p><b>School Dental Program:</b> Ongoing and use portable dental units with a dedicated dentist and dental assistant. Focus on sealants for K-3<sup>rd</sup></p>	<p><b>Chuuk State Dental Clinic:</b>                      Equipment needs to be updated</p> <p><b>CHC:</b> Currently, dental equipment not installed; clinic is not operational.</p> <p><b>Outreach/Field Trip Services:</b>                      Continuing challenge to schedule and provide these outreach dental services due to inconsistent field</p>	<p><b>Moving Forward:</b>                      Will explore obtaining training for fluoride varnish application and extractions.</p>

	<p>grades and fluoride varnish for K-4<sup>th</sup> grades.</p> <p><b>Outreach/Field Trip Services:</b> Dental program outreach to neighboring island populations</p> <p><b>Dispensaries:</b> Health aides based in dispensaries across the state provide very limited dental services</p> <p><b>Seventh Day Adventist Dental Clinic:</b> Non-governmental dental services</p>	<p>trip schedules and limited resources.</p>	
<p><b>Funding for Oral Health Program and Services, including impact of Compact status (if appropriate):</b></p> <ul style="list-style-type: none"> <li>➤ General/local funding</li> <li>➤ Medicaid and other health insurance</li> <li>➤ Patient fees &amp; copays, by age-group, e.g., free for young children, co-pay for prostheses</li> <li>➤ Other sources of program funding or income, e.g., grants</li> </ul>	<p><b>Compact Funding:</b> Covers all dental operations and staffing</p> <p><b>MiCare:</b> This is FSM’s health insurance that all National and State government employees are encouraged to enroll in. In turn, MiCare sends quarterly payments (capitation) for all services provided to enrolled individuals including dental services.</p> <p><b>Patient Fees:</b> All care provided to children are free. For adults there is a copay for prostheses, e.g., crowns, dentures, etc.</p>	<p><b>Local funding:</b> Current funding from Compact resources and Federal programs is insufficient to support needed oral health services</p>	<p><b>Moving forward:</b> Need to adopt a standard oral health survey method and reporting system. This is especially important since the Dental Program funding is based on reported data and resultant justification.</p>

<p><b>Workforce, including types of staffing (ages/soon to retire, vacancies, etc.), onsite training and those in pipeline (e.g., at FNU)</b></p>	<p><b>Current staffing</b></p> <p><b>Chuuk State Dental Clinic and CHC:</b></p> <ul style="list-style-type: none"> <li>• 3 local dentists and 3 expatriate (Myanmar, Fiji National University, Phillipines)</li> <li>• 11 dental assistants</li> <li>• 1 dental lab technician</li> </ul> <p><b>Pipeline:</b></p> <ul style="list-style-type: none"> <li>• 1 currently in training</li> <li>• 1 will be sent to FNU for training</li> </ul>	<p><b>Pipeline:</b></p> <p>Recruiting suitable and appropriate candidates for dental training programs continues to be a significant challenge.</p>	<p><b>Moving Forward:</b></p> <p>Explore ways to conduct Preventive Dental trainings and/or follow-up trainings for non-dental health staff</p>
<p><b>Policy-mandate</b></p> <ul style="list-style-type: none"> <li>➤ HRSA:CHC dental component, MCH-NPM13; local school oral health mandate for children</li> <li>➤ Oral health care guidelines and protocols, e.g., for pregnant women, for diabetic patients, etc.</li> </ul>	<p><b>MCH Title V NPM13:</b> This is especially important because NPM 13 was chosen and the upcoming (in FY2020) five-year needs assessment will include oral health. The findings from this will form a component of the five year MCH Title V plan (FY2021-2025). Activities include: providing fluoride varnish, dental sealants, oral prophylaxes, oral hygiene kits and health education to MCH clients.</p> <p><b>Betel Nut and Tobacco Policies:</b></p>	<p><b>Betel Nut and Tobacco Policies:</b> Enforcement of the current betel nut and tobacco laws is weak.</p> <p><b>Lack of a National Dental Director:</b> Currently, although there are a national FSM Medical Director and national FSM NCD Director, there is no national FSM Dental Director.</p>	<p><b>Moving Forward:</b></p> <p>Need to strategically and effectively advocate for the appointment of an FSM National Dental Director.</p>

	<p>These laws have been in place since 2017 for all FSM states. However, although health education and promotion efforts are ongoing, enforcement and penalties by Public Safety are not widely administered.</p>		
<p><b>Partnerships-collaborations with other disciplines e.g., WIC, NCD, Early Education/Head Start, including:</b> 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)</p>	<p><b>Collaborations/Working Partnerships</b></p> <ul style="list-style-type: none"> <li>• Department of Education: School based program for Early Childhood Education and Elementary Schools</li> <li>• Maternal and Child Health: dental services provided to patients at prenatal clinics</li> <li>• NCD: dental services provided to diabetic patients</li> <li>• W.A.S.H.: Water and sanitary hygiene in Chuuk</li> </ul>	<p><b>Coordination and collaborations:</b> Currently, these working partnerships are informal. These need to be strengthened amongst health and education programs, e.g., establish formal and enhanced partnerships and coordination and integration like joint program planning.</p>	<p><b>Moving Forward:</b> Need to explore ways for more effective coordination, communication and collaboration.</p> <p>Need to explore ways to enhance working partnership with W.A.S.H.</p>