

Components and Characteristics of the Oral Health Environment – Republic of Palau (2019)

Components of Oral Health Environment	Strengths	Weaknesses/Challenges/Gaps	Opportunities
<p>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.</p>	<p>Oral Health Screenings in Schools done annually on 3-5 yo’s and K-8 grades; data collected with manual on-site form.</p> <p>Waiting list for non-urgent care (1month)</p> <p>Emergency care: based on first come first served</p>	<p>Serious oral health problems: high caries prevalence among children, high prevalence of oral cancer (related to betel nut use), diabetes, cardiovascular disease, tobacco and alcohol use, and poor diets.</p> <p>No standardized data collection and surveillance: Manual data counting and incomplete data</p>	<p>Standardized data collection system: Need to explore ways to develop, maintain and effectively utilize such a system and the information generated, including data on chronic disease conditions and behavioral health issues.</p>
<p>Delivery sites & programs >Portable (e.g. in schools, community centers, libraries, etc.) >Community Health Centers (CHC) > Non-communicable Disease (NCD) >Hospital</p>	<p>CHC: dental outreach done twice a month at sites on Babeldaob</p> <p>NCD: NCD collaboration program done at outpatient department and appointments for services done at clinic</p> <p>Head Start: dental screenings done at all HS centers; health education given to parents</p>	<p>CHC: No portable units at CHC sites, thus, no restorative treatment provided.</p> <p>NCD: Significant waiting list for NCD patients waiting to be seen at the dental clinic</p> <p>Continuing backlog: patients continue to await care, e.g. for prophylaxes, due to shortage of clinical staff</p>	<p>Federal funding: Need to seek grants, e.g., from HRSA and CDC, to purchase dental equipment to enhance CHC capacity and for mobile dental units for extramural care delivery</p>
<p>Funding for Oral Health Program and Services, including impact of Compact status (if</p>	<p>School programs: Dental services are free for all students (elementary and Head Start only)</p> <p>MSA insurance: Available for all</p>	<p>Local funding: Current funding is insufficient to support needed oral health services</p> <p>MSA insurance: At times there</p>	<p>Federal funding: Need to seek outside support, e.g., grants from HRSA and CDC.</p>

<p>appropriate):</p> <ul style="list-style-type: none"> ➤ General/local 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 	<p>private sector and government employees; there is private insurance for some employees, e.g., calvos and netcare</p> <p>CHC: There is a sliding fee schedule for all services</p>	<p>are administrative delays in payments. Also, not all Palauans have insurance coverage.</p> <p>CHC: This facility is not yet fully equipped to provide comprehensive dental services.</p>	<p>MSA: Oral health screenings available to all regardless of economic status.</p> <p>CHC: In response to the HRSA NOFO, the CHC applied for funding to more fully equip the dental clinic.</p>
<p>Workforce, including types of staffing (ages/soon to retire, vacancies, etc.), onsite training and those in pipeline (e.g., at FNU)</p>	<p>Current staffing:</p> <ul style="list-style-type: none"> • 3 local dentists and 1 expatriate • 3 newly hired dental assistants (on-site training) • 2 local and 1 Japanese volunteer lab technicians (2yrs) • 9 dental hygienists (locally trained by FNU dentist) • 2 administrative assistants • 1 oral health educator • 1 – non-clinical dental chief administrator 	<p>Pipeline: No students currently in any dental training programs</p> <p>Current dental budget: No funding to support more trainees or additional staff dentists</p>	<p>Dental Training: Need to increase funding for enhancing and training dental workforce.</p>
<p>Policy-mandate</p> <ul style="list-style-type: none"> ➤ HRSA:CHC dental component, MCH-NPM13; local school oral health mandate for children ➤ Oral health care 	<p>Head Start: Requires oral health exams and treatment of identified problems</p> <p>School programs: Dental services are free for all students (elementary and Head Start only)</p>	<p>Head Start: Not all parents give permission for children to receive care.</p> <p>High School students have to pay for dental services, which is a barrier to highly prevalent needed care.</p>	<p>CHC: As mentioned above, the CHC project applied for supplemental funding to more fully equip the dental clinic.</p>

<p>guidelines and protocols, e.g., for pregnant women, for diabetic patients, etc.</p>			
<p>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)</p>	<p>MOU: There is an MOU between the Ministries of Health and Education</p> <p>Family Health Unit: Support the salary of one dental hygienist</p> <p>CHC: The CHC provides supports some dental supplies, e.g., sealant materials and fluoride</p> <p>Collaborations/Partnerships</p> <ul style="list-style-type: none"> • Head Start Health Services Advisory Committee • NCD Collaboration • Geriatric Program • Behavioral Health Program • Belau Medical Society 	<p>Collaborations with other health programs: These frequently are informal and vary. They are challenging to maintain and enhance, e.g., many times providing patient care in “silos”.</p>	<p>Collaborations with other health programs: Need to explore ways to enhance collaborations with other health programs.</p> <p>Health Fairs/Career Days for high school students</p> <p>Head Start: Supports oral health staffing, supplies and materials.</p>