
<table>
<thead>
<tr>
<th>Components of Oral Health Environment</th>
<th>Strengths</th>
<th>Weaknesses/Challenges/Gaps</th>
<th>Opportunities</th>
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<tr>
<td><strong>Oral health needs/demands &amp; how measured</strong>&lt;br&gt;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.</td>
<td>Reported Data:&lt;br&gt;• 30% of children 1-5 years receive fluoride varnish every three months&lt;br&gt;• 40% of children grades 1-7 receive an oral exam and sealants on all permanent molars and premolars.</td>
<td>No standardized data collection and surveillance:&lt;br&gt;Need to adopt a standard oral health survey method to establish a baseline for the oral health status of children.</td>
<td>Standardized data collection system for children:&lt;br&gt;Need to explore ways to develop, maintain and effectively utilize such a system and the information generated.</td>
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<td><strong>Delivery sites &amp; programs</strong>&lt;br&gt;&amp;&gt;Portable (e.g. in schools, community centers, libraries, etc.)&lt;br&gt;&amp;&gt;CHC&lt;br&gt;&amp;&gt;Hospital</td>
<td>Clinical Sites:&lt;br&gt;• Yap State Hospital Dental Clinic&lt;br&gt;• CHC Dental Clinic&lt;br&gt;• Outer Island Dispensaries</td>
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<td><strong>Funding for Oral Health Program and Services, including impact of Compact status (if appropriate):</strong>&lt;br&gt;➢ General/local funding&lt;br&gt;➢ Medicaid and other health insurance&lt;br&gt;➢ Patient fees &amp; copays, by age-group, e.g., free for</td>
<td>Compact Funding: Covers most dental operations and staffing&lt;br&gt;CHC: Grant funds support CHC employees, and some equipment and supplies for the dental school program.&lt;br&gt;MiCare: This is FSM’s health insurance that all National and State government employees are encouraged to enroll in. In turn, MiCare sends quarterly payments</td>
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**young children, co-pay for prostheses**
- Other sources of program funding or income, e.g., grants
- (capitation) for all services provided to enrolled individuals including dental services.

**Workforce, including types of staffing (ages/soon to retire, vacancies, etc.), onsite training and those in pipeline (e.g., at FNU)**
- **Current staffing**
  - **Yap State Hospital:**
    - 1 dentist
    - 1 dental nurse
    - 3 dental assistants
  - **CHC Dental Clinic:**
    - 1 EDDA
    - 1 dental assistant
  - **Outer Island Dispensaries:**
    - Only one has a dental assistant

**STILL LACKING ADEQUATE WORKFORCE**

**Policy-mandate**
- HRSA:CHC dental component, MCH-NPM13; local school oral health mandate for children
- Oral health care guidelines and protocols, e.g., for pregnant women, for diabetic patients, etc.
- **MCH Title V NPM13:** 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).

**Betel Nut and Tobacco Policies:** These laws have been in place since 2017 for all FSM states. It is unclear how and the extent to which these laws are enforced.

**Moving Forward:** Need to strategically and effectively advocate for the appointment of an FSM National Dental Director.

**Lack of a National Dental Director:** Currently, although there are a national FSM Medical Director and national FSM NCD Director, there is no national FSM Dental Director.

**Partnerships-collaborations**
- **Non-communicable Diseases:**
  - All NCD patients attending the NCD
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)

| clinic for the first time, receive oral health education. |
| MCH Perinatal Program: Every pregnant woman, on her first prenatal visit, receives dental care and health education. |
| High Schools: Oral health promotion and education is provided in all high schools |