Components and Characteristics of the Oral Health Environment-FSM/Yap State (2019)

Components of Oral Health Environment	Strengths	Weaknesses/Challenges/Gaps	Opportunities
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.	 Reported Data: 30% of children 1-5 years receive fluoride varnish every three months 40% of children grades 1-7 receive an oral exam and sealants on all permanent molars and premolars. 	No standardized data collection and surveillance: Need to adopt a standard oral health survey method to establish a baseline for the oral health status of children.	Standardized data collection system for children: Need to explore ways to develop, maintain and effectively utilize such a system and the information generated.
Delivery sites & programs >Portable (e.g. in schools, community centers, libraries, etc.) >CHC >Hospital	 Clinical Sites: Yap State Hospital Dental Clinic CHC Dental Clinic Outer Island Dispensaries 		
Funding for Oral Health Program and Services, including impact of Compact status (if appropriate): General/local funding Medicaid and other health insurance Patient fees & copays, by age- group, e.g., free for 	 Compact Funding: Covers most dental operations and staffing CHC: Grant funds support CHC employees, and some equipment and supplies for the dental school program. 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 		

young children, co- pay for prostheses	(capitation) for all services provided to enrolled individuals including		
 Other sources of program funding or income, e.g., 	dental services.		
grants			
Workforce, including types of staffing	Current staffing	STILL LACKING ADEQUATE WORKFORCE	
(ages/soon to	Yap State Hospital:	WORRIORCE	
retire, vacancies,	 1 dentist 		
etc.), onsite training	• 1 dental nurse		
and those in	 3 dental assistants 		
pipeline (e.g., at			
FNU)	CHC Dental Clinic:1 EDDA		
	 1 EDDA 1 dental assistant 		
	Outer Island Dispensaries:		
	Only one has a dental assistant		
Policy-mandate	MCH Title V NPM13: This is	Betel Nut and Tobacco	Moving Forward:
HRSA:CHC dental	especially important because NPM 13	Policies: These laws have been	Need to strategically and
component, MCH-	was chosen and the upcoming (in	in place since 2017 for all FSM states. It is unclear how and the	effectively advocate for the
NPM13; local school oral health	FY2020) five-year needs assessment will include oral health. The findings	extent to which these laws are	appointment of an FSM National Dental Director.
mandate for	from this will form a component of	enforced.	National Dental Director.
children	the five year MCH Title V plan		
 Oral health care 	(FY2021-2025).	Lack of a National Dental	
guidelines and		Director: Currently, although	
protocols, e.g., for	Betel Nut and Tobacco Policies:	there are a national FSM Medical	
pregnant women, for diabetic	These laws have been in place since 2017 for all FSM states.	Director and national FSM NCD	
patients, etc.	2017 IUI dii FSM States.	Director, there is no national FSM Dental Director.	
Partnerships-	Non-communicable Diseases:		
collaborations	All NCD patients attending the NCD		

with other disciplines e.g.,	clinic for the first time, receive oral health education.
WIC, NCD, Early Education/Head	MCH Perinatal Program:
Start, including: kind of collaboration, e.g., informal, MOU,	Every pregnant woman, on her first prenatal visit, receives dental care and health education.
co-funding (oral health receives some funding	High Schools:
from other programs or co-located services, like dental hygienist	Oral health promotion and education is provided in all high schools
placed in prenatal clinic)	