

## Components and Characteristics of the Oral Health Environment – Republic of the Marshall Islands (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>DMFT:</b> Currently collecting data on some school-aged children</p> <p><b>Data on Patients Served:</b> Data are collected monthly by site, e.g., numbers of patients treated and specific services provided, etc.</p>	<p><b>Serious oral health problems:</b> high caries prevalence among children (including early childhood caries), high prevalence of oral cancer (related to betel nut use), diabetes, cardiovascular disease, tobacco and alcohol use, and poor diets. This is exacerbated by the population being spread over a large geographic expanse of water, limiting access to care.</p>	<p><b>Moving forward:</b> Explore the possibility for a standard population based oral health survey system for children to determine oral health status of population.</p> <p>Explore the need for technical assistance and training to plan for and implement the above survey system and 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>Primary Dental Clinic Sites:</b></p> <p><b>Majuro Hospital:</b> National capital and main hospital.</p> <p><b>Ebeye CHC:</b> Serves both the public and CHC populations. Also, services are extended to nearby islands increasing access.</p>	<p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• Lack of manpower to implement a needed and sustainable school-based preventive program, e.g., sealants, FV and SDF</li> <li>• Lack of funding for “outreach/field trips” to provide needed care to populations on outer islands/communities</li> </ul>	<p><b>Moving Forward:</b> Explore possible additional CHC funding enhancements for the dental program in Ebeye and an additional CHC site on Majuro.</p> <p>Explore expanding collaborations with other health programs to provide “outreach/field trip” services jointly. This may be enhanced since the dental program recently</p>

			received \$36,000 supplementary funding to provide care to outer islands.
<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>Primary Funding:</b> Dental program receives primary funding from the national government.</p> <p>Patients pay a \$5 fee for any type of dental service. A part of this fee supplements the overall dental budget.</p> <p>Supplementary funding from other health programs help to support the dental program, e.g., MCH.</p>	<p><b>Challenges:</b></p> <ul style="list-style-type: none"> <li>• No consistent level of general/local funding for dental program</li> <li>• No current federal grants for dental program</li> </ul>	<p><b>Moving Forward:</b></p> <p>Explore possible funding opportunities through HRSA, CDC, etc., to address workforce shortages, increase access to care, especially on the outer islands</p> <p>Explore additional funding from MCH Title V to enhance and expand services to pregnant women and young children</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>Majuro Hospital Dental Clinic:</b></p> <ul style="list-style-type: none"> <li>• 5 dentists</li> <li>• 2 dental therapists</li> <li>• 8 dental assistants</li> <li>• 3 dental lab technicians</li> </ul> <p><b>Ebeye CHC Dental Clinic:</b></p> <ul style="list-style-type: none"> <li>• 2 dentists</li> <li>• 2 dental assistants</li> </ul>	<p><b>STILL LACKING ADEQUATE WORKFORCE</b></p> <p><b>Current shortage:</b> Clinical staff insufficient to provide needed preventive services to high need population. Thus, the reservoir of unmet need continues to grow. This is made more critical given the population being spread over a large geographic expanse of</p>	<p><b>Moving Forward:</b></p> <p>A new Ministry of Health initiative may encourage more students to pursue health careers, including in dentistry. Funding is from outside sources, e.g., WHO Fellowship, AusAid, etc.</p> <p>Explore possible increased support from other health</p>

	<ul style="list-style-type: none"> <li>• 1 dental lab technician</li> </ul>	<p>water, limiting access to care.</p> <p><b>Pipeline:</b> No students currently in training programs</p>	<p>care programs. Currently, the MCH program supports one dental assistant.</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>Primary Care Mandate:</b> CHC on Ebeye explores enhancements and expansions that may include dental. Also, should a CHC on Majuro be funded, it will be required to have a dental component.</p> <p>Oral health guidelines recently updated.</p>	<p><b>MCH Title V NPM13:</b> This is especially important because NPM 13 was chosen for FY 2018 but was not retained for FY 2019. This may mean that the upcoming five-year needs assessment will not include oral health and may not be a component of the five-year MCH Title V plan (FY2021-2025).</p>	<p><b>Moving Forward:</b></p> <p>Continue working with policy makers and key stakeholders to increase the capacity of the oral health program to address the dental needs of RMI.</p> <p>Explore ways to include oral health within the upcoming MCH Title V program needs assessment.</p>
<p><b>Partnerships-collaborations with other disciplines e.g., WIC, NCD, Early Education/Head Start, including:</b></p> <p>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 and Partnerships:</b></p> <ul style="list-style-type: none"> <li>• Currently there are MOU’s between the Ministry of Health and Human Services and other RMI ministries, e.g., Education</li> <li>• Maternal and Child Health: dental services provided to patients at prenatal clinics</li> </ul>	<p>There continues to be a need for additional OH workforce and funding to more effectively address the dental needs of partner program clients.</p>	<p><b>Moving Forward:</b></p> <p>Currently, supplementary funding is provided by other programs, e.g., MCH, NCD, etc., which enhances the capacity of the dental program to provide care.</p> <p>Explore ways to expand these partnerships to increase access to dental services to their common patients, e.g., co-located services like imbedding dental staff an NCD clinic.</p> <p>Explore ways to strengthen</p>

			and enhance school based dental programs, e.g., RMI government's newly funded program from the World Bank for early childhood development.
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