Maternal and Child Health Services Title V Block Grant

Palau

FY 2022 Application/ FY 2020 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

Republic of Palau
Ministry of Health & Human Services
P.O. Box 6027 Koror, Republic of Palau 96940
Phone: (680)488-2552/3 Fax: (680)488-1211
E-mail: administration@palauhealth.org
Website: www.palauhealth.org

August 31, 2021
DBPHss: 2021-127

HRSA Grants Application Center
Attn: Maternal and Child Health Title V Block Grant
901 Russell Avenue
Suite 450
Gaithersburg, Maryland 20879

Dear Sir/Madam:

The Republic of Palau is submitting the enclosed Grant Application for Title V MCH Services. The requested financial assistance under this program will provide the much needed support to enhance and improve health services for mothers, infants, children and adolescents, children with special health care needs and their families and women within the reproductive age group.

The Republic of Palau extends its gratitude to the grantor agency for the continued assistance in ensuring that Palau continues to provide critical support and delivery of healthcare services to its MCH population.

Should you require additional information, please do not hesitate to contact the Office of the Director of Public Health, Republic of Palau at (680) 488-4772/3 or by email to sherilynn.madraisau@palauhealth.org / shermadraisau@gmail.com.

Sincerely,

Sherilynn Madraisau
Director, Bureau of Public Health Ministry of Health
Republic of Palau
P.O. Box 6027, Koror, Palau 96940 Tel: (680) 488-4772/3

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Title V Maternal and Child Health block grant is administered by the Family Health Unit under the Division of Primary & Preventive Health within the Bureau of Public Health, one of four bureaus under the Ministry of Health. The vision of the Family Health Unit is 'Palau's Families are Healthy and Leading Quality Lives: Allowing them to be productive members of their families, their communities and the nation'. Our mission is 'To improve the health of families through provision of quality and comprehensive public health and medical services'. It is through this vision and mission that the program aims to provide services to ensure success in preconception and inter-conception care through improved birth outcomes that support healthier women, mothers, infants, children and adolescents.

The Maternal and Child Health Program is the only program in the Republic of Palau that provides promotive, primary and preventive services especially to children 0-5 years of age. Tertiary health care services for children 0-5 years of age are referred to visiting specialist physicians and off island medical centers. A majority of Palau's population fall below the 100% federal poverty guideline and by US standards, the entire nation of Palau is a rural area. With the limited medical capabilities and resources, Palau remains a medically underserved area. Health services in Palau continue to be heavily subsidized by the Government with a great proportion of this budget spent on funding of secondary and tertiary medical services. Almost all funding that goes into supporting MCH basic services are derived from U.S. Federal and other bi-lateral and multi-lateral sources. These services are provided through the Bureau of Public Health within the Family Health Unit and the Community Health centers. In proactively responding to limited faculties, the program provides mass education through public radios, television, community education, school talks and interest group discussions to further encourage primary and preventive health care among the MCH population.

https://chindits.files.wordpress.com/2011/06/palau-map.jpg

The program completed a needs assessment in 2019 to assess the health status of women, infants and children in Palau and to identify priority needs for Title V block grant. The information from this needs assessment was presented to our stakeholders and partners for their comments and input.

Each year following the development and reporting of the five-year Needs Assessment, the program completes mini assessments on program activities that provides us direction on activities that are developed for the following year. These assessments provide an opportunity for the program to measure success of activities that were planned and implemented and plan for new activities to respond to changing needs. These also provides the program the opportunity to look at our own capacity resources and gaps in our operations and develop contingency response plans. From these needs assessments the following priorities were identified for the MCH Program.

Women's/Maternal Health
Priority - increase the percentage of pregnant women accessing prenatal care

Accomplishments
Palau continues its effort to promote and educate mothers on the importance of early prenatal care. In 2018, 38% of females delivering a live birth received prenatal care beginning in the first trimester. About 40% received prenatal care in the second trimester. However, through community partnerships and awareness efforts other pregnant women access early prenatal care through private clinics. These women are then referred by the private clinics to public health for subsequent prenatal care and booking (2nd and 3rd trimesters). Availability of Family Planning Services are offered to all women within the reproductive age group to include postpartum women during their 6 weeks visit.

Challenges
Access to care is still an issue for women in Palau. This encompasses a wide array of access from entry into prenatal care, seeking education for health improvement in terms of tobacco cessation, weight management, chronic disease management to name a few. It is believed to be that women are taking on too many roles that they seldom take time to consider to manage their own health status as they are busy taking care of others.

Plans
- Continue to maintain and align reproductive health community outreach with other public health programs to maximize availability of resources and improve birth outcomes
- Strengthen efforts to ensure traditionally and culturally competent services reflective to the needs of women and men of reproductive age in Palau (i.e. Clinic hours, clinic locations, and identifying providers who better address client needs)
- Maintain strategic collaborations with community partners (such as the Civic Action Team) in providing a diverse workforce to provide services to Palauan's who are not comfortable speaking to a Palauan provider.
- Advocate for increased male participation in seeking preventive health so that they can support and encourage women to access available health care services

Perinatal/Infant Health
Priority - reduce the number of infant mortality

Accomplishments
Through strong community partnerships with the "Breastfeeding Community Workgroup", a designated area within the health facility was established to provide health education and promote safe sleep and breastfeeding as a

protective factor and a strategy to prevent infant mortality. Exclusive breastfeeding up to 3 months has remained the same in the last 5 years. In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. Furthermore, the Palau Non-Communicable Disease prevention and control included in their action plan (2015-2020) under “Improving Nutrition” to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners.

Challenges

An emerging challenge that the program is facing is the lack of adequately trained and certified service providers within the public health and clinical services. Reluctance of policy makers to enact legislation on maternity leave and breastfeeding policies.

Plans

- Continue to advocate and encourage parents on the importance of bringing their infants in for their scheduled immunization.
- Support breastfeeding initiative through public health partners to increase education and awareness of the importance of exclusive breastfeeding up to six months
- Strengthen safe sleep campaign and first embrace participations with men and women, clinic providers, particularly the OB/GYN and pediatrician
- Reduce tobacco use of women in collaboration with partner public health programs, such as the Prevention Unit

Child/Adolescent Health

Priority - increase percentage of children and adolescents who participate in the annual school health screening, decrease prevalence of childhood obesity, reduce the burden of adolescent injury and improve immunization rates

Accomplishments

The school health program continues to provide comprehensive health screening services annually to all schools in the Republic of Palau, including both public and private schools. All children are offered immunization based on the national immunization schedule. The Ministries of Health and Education are working together to ensure that children who miss their age appropriate immunizations receive their needed vaccinations by reaching out to the parents for consent.

Challenges

Parental consent for participation in the annual school health screening remains a challenge that we are dealing with. An added challenge is COVID-19 fears and uncertainty of availability of services available on island to respond to positive cases.

Plans

- Increase the number of children that participate in the annual school screening
- Reduce the obesity rate
- Reduce the rate of adolescent suicide ideation
- Increase immunization coverage rate for school age children

Children with Special Health Care Needs

Priority – improve systems of care for children with special health care needs

Accomplishments

The program works with interagency partners to strengthen collaborations and to also refine referral process for children who are diagnosed with special conditions. The program works with the Family Health Unit's 'Family Based Organization' to identify, educate and provide services for children and their families that have difficulties in accessing services. Case conferencing is provided on a monthly basis for updates and follow ups and trainings are provided on case management and entry into available early intervention services.

Challenges

With the limited medical capabilities and resources, Palau remains a medically underserved area and this creates challenges for families with children with special health care needs they are reliant on visiting specialist physicians. This coupled with the costs of seeking specialized care outside of Palau places added burden to families. There remains a lack of transition services and programs, community based rehabilitation services for those in the outlying states and especially for those children that age out of our care.

Plans

- Expanding the membership of the interagency collaborative
- Strengthen partnership with our family support organization and disseminate information to educate parents about the concept of a medical home
- Increase care coordination with partner agencies

The Title V program works in tandem with public health programs, partner ministries and community organizations to provide comprehensive care and services to our MCH population. The program, through a holistic lens, strives to work with partners in the community and within the government and through our Family Support Organization - Palau Parents Empowered. Within the public health spectrum, program offices that work around areas of non-communicable diseases, communicable diseases, immunization and the community health centers partner with each other's activities to address common identified needs. The program relies on these partnerships to provide comprehensive services such as health screenings for children, adolescents as well as women (and men) and immunization for children. Current funding is limited and so the program relies heavily on these partnerships (public health and non-public health programs) to enable provision of preventive care and health maintenance for our MCH population.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

How does Title V funds support State MCH Efforts?

1. Children with Special Needs Case Conference reviews
    a. This is conducted on a monthly basis with members of our Family Partnerships. Through these monthly case conferencing clients are assessed for availability of response services and plans
2. FIMR/MMR Review
    a. This committee is sponsored by the MCH program to assist the FIMR team in identifying mechanisms that need to be put in place to prevent fetal and infant mortality
3. Male Health Awareness
    a. This activity responds to enabling men to become role models for young male children and healthy male relationships with women is necessary for healthy families
4. Early Childhood Development
    a. Program partners with the Ministry of Education to increase efforts investing in early childhood development, especially in enabling early childhood development in the 3-5 years old.
    b. Program partners with Palau Community Civic Action team for continuous improvement in their early childcare services and expanding it to 2 years and older.
5. Annual Health & PE Workshop
    a. This is a 3 day workshop with Health and PE teachers from all the schools in Palau. During this 3 day workshop, information and sessions are provided on healthy eating, physical activity, social/emotional needs of students and staff, opportunities to provide feedback on how the results of our annual school health screening activity

III.A.3. MCH Success Story

An unexpected surprise …

When COVID-19 showed its evil face around the globe, families were scared for their loved ones, young and old, and our program was ready to accept devastating numbers of people reducing clinic visits as fear of the unknown raged through the community. Parents kept their children at home as in person classes came to a halt, some of our working moms and dads lost their jobs, businesses that relied on tourism started to close one by one and people out of work were starting to feel depressed about the impending doom that COVID-19 was about to bring to our tiny community. For a tiny community to endure such big losses of family income, family home and even the unspeakable, loss of life – how can we continue to move forward?

The Family Health Unit Male Health team regrouped, revisited practices and added some new practices to the way we recruited clients to our Male Health Clinic. It is well known that our society follows a matrilineal culture but in these modern times, we look to the male figure to provide support in times of crisis. Armed with that stance we reached out again to our partners to encourage men to access our services but with an even more urgent calling that in times of crisis, we need them to be at their best health – and what a surprise that was!

Our once a month clinic from 5pm-9pm, specially designed to make our clients feel more at ease when accessing health services like being offered at a convenient time and location and led by a visiting military doctor on loan from the US Civic Action Team, provides services that ranges from chronic disease management, alcohol and tobacco prevention to family planning needs. Our clinics have been consistently seeing 20+ clients each month and sometimes 30 and over, where before we would have been lucky to have received 10 on a good month.

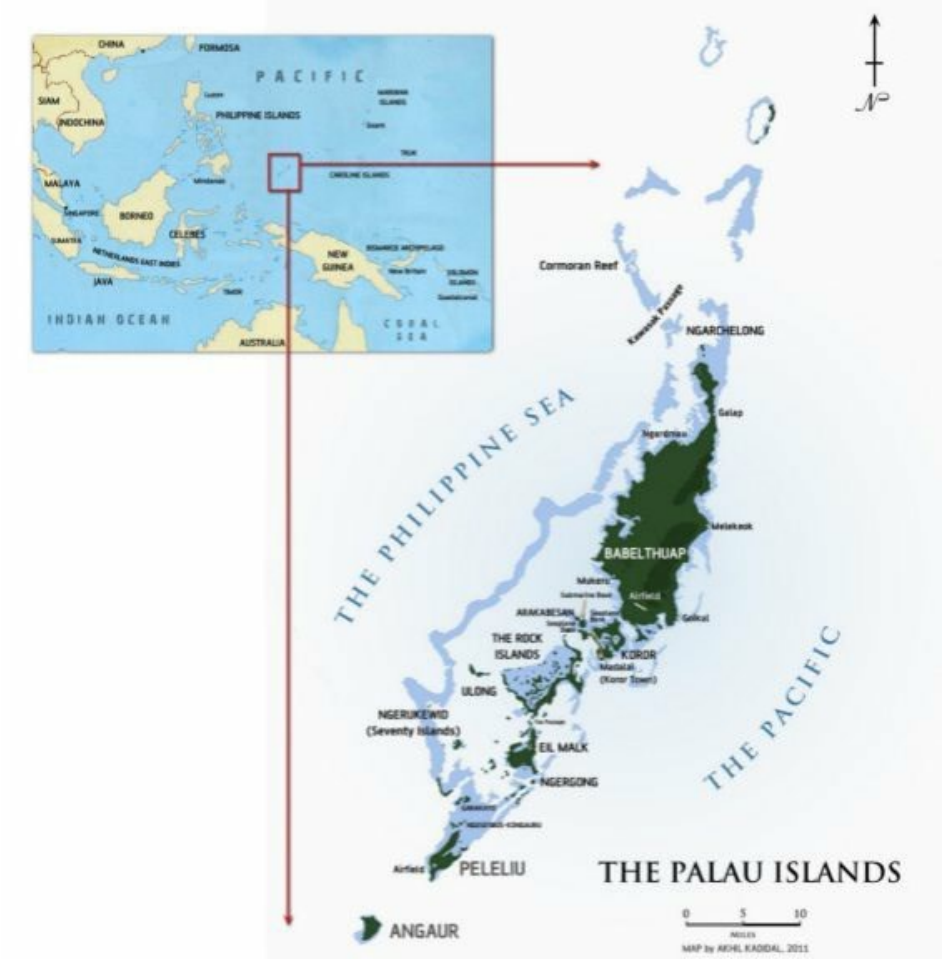
So, even in the midst of a pandemic, something positive has come out of it. Needless to say, we have been running our clinics until 1030PM now, even with a skeleton crew.

III.B. Overview of the State

The Republic of Palau is situated 814 miles southwest of Guam on the western rim of what was once known as The Caroline Islands, which later became the U.S. Trust Territory of the Pacific Islands under the U.N. Trusteeship Agreement. Palau maintains a close relationship with the United States under the Compact of Free Association. The Island is an archipelago consisting of high volcanic islands, raised limestone island, classic atolls and barrier reefs extending nearly 700 miles on a northeast to southwest axis. Palau has a total land mass of 188 square miles, which is roughly equivalent to the island of Guam or 2.5 times the size of Washing D.C. The main island group, which lies 7 degrees above the equator consists of 14 of the States of Palau. The island of Koror and Babeldaob are connected via roadways and bridges, while the island-states of Kayangel, Peleliu and Angaur are accessible by boat or plane (Peleliu and Angaur only). A small group of island 200-380 miles southwest of the main islands of Palau make up the states of Sonsorol and Hatohobei and are only accessible by larger ships. The grouping extends from Kayangel, the northern most atoll, to Babeldaob, Koror, and over a hundred uninhabited island enclosed in a barrier reef, and ends with the small islands of Peleliu and Angaur to the South and Sonsorol and Hatohobei to the Southwest.

The 7.1 square mile island of Koror is the island's administrative and economic capital, with 70% of the population residing either there or the neighboring state of Airai, located on the island of Babeldaob. Babeldaob itself is the single largest island, second in Micronesia only to Guam, and it is connected to Koror via a bridge. Five states (Kayangel, Angaur, Peleliu, Sonsorol and Tobi) are accessible by either boat or a small plane (Angaur and Peleliu only) or via ship only (Sonsorol and Tobi).

Traditionally, Palau was comprised of several competing chiefdoms. The society was characterized by a system of strong, ascribed hierarchical social ranking where the matrilineal descent determined social position, inheritance, kinship structure, residence, and land tenure. Since western contact, dramatic societal changes have occurred, perhaps the great contributing factor being depopulation due to the introduction of western diseases. Only a tenth of the estimated original pre-contact population of 40,000 remained at the turn of the century. Regardless, traditional society continues to play an important function in the daily lives throughout the entire strata of the contemporary Palauan society. While Palauan and English are the official languages, many persons 70 years and older still speak Japanese, having been educated during the Japanese administration of these islands from 1914 to 1945.



https://chindits.files.wordpress.com/2011/06/palau-map.jpg

Given the geographic nature of the island, several significant geographic barriers to health care access exist in Palau. With the main island (babeldaob) having a paved road that provides motorized access to residents the high cost of fuel is a factor that prevents people from visiting the main Community Health Center. Most travel in Palau is by automobile and there are still a few states that do not have fully paved roads. The states within babeldaob are all connected by roads that have either partial completed roads or currently in progress for completion (contingent on the ability of the states to secure funding for completion), some of which are impassable during rainy seasons. Palau receives nearly 200 inches of rainfall a year. This emphasizes that while almost 80% of the population has reasonable access to health care, the remainder must undertake lengthy and expensive automobile or boat trips to reach services.

The economic and population capital is Koror, home to 66% of Palau's residents. Koror is also the location of Palau's only hospital (Belau National Hospital), the Central Community Health Center (Central CHC) and three private medical clinics (and one dental clinic). The neighboring state of Airai, with 14% of the population, is also home to Airai CHC.

Table 1: Population, Distance from Main Health Facility by State, Republic of Palau, 2015. Source: 2015 Census Data; Office of Planning and Statistics, ROP

State	Population	Distance to Koror in miles	Island(s) (% population)	Medical Facilities
Koror	11,444	0	Koror, Ngerkebesang, Malakal (64%)	Belau National Hospital; Central CHC; 3 private medical clinics; on private dental clinic
Aimeliik	334	9	Babeldaob (29%)	Eastern CHC (Melekeok), North CHC (Ngarchelong CHC), West CHC (Ngaremlengui), CHC (Airai)
Airai	2,455	5		
Melekeok	277	14		
Ngaraard	413	23		
Ngardmau	185	18		
Ngaremlengui	350	13		
Ngatpang	282	10		
Ngchesar	291	9		
Ngarchelong	316	23-31		
Ngiwal	282	18		
Angaur	119	29	2%	Satellite dispensary
Kayangel	54	39-46	1%	Satellite dispensary
Peleliu	484	20	4%	South CHC
Southwest Islands	65	250-350	Sonsorol, Pulo Anna, Merir, Tobi Island (1%)	Satellite dispensary (Tobi, Sonsorol)

The geographic isolation noted earlier as a barrier to health care is compounded by the relatively high cost of transportation. There is no public transportation in Palau and private taxi rates are standardized at a level which is quite excessive particularly in relation to the income level of those forced to use them. The low socio-economic status and rural living conditions have other effects on standards of living. Even though 92% of the people in Koror have access to public water, it frequently requires boiling to ensure complete safety from parasitic and bacterial contamination. The sanitation and hygienic conditions are below US standards, with only 71% of the houses having adequate sewage disposal, 81% lacking complete plumbing (32% utilize outdoor privies and 2% have no toilet facilities at all). Nearly three fourths (73.6%) have only cold water available and 6% have no piped water.

Socio Economic Characteristic

Palauan culture is centered on our connection to the land and sea. Traditionally, men develop skills and understanding of our waters and phases of the moon to be able to provide for household consumption and for supplemental income. The women tend to the land for subsistence farming and for some it is also to supplement household income. Familial obligations and traditions are still practiced in matters of birth and death. A woman that

has her first born child goes through a ritual of a 'hot bath' where it is believed to help heal and strengthen a woman's body from the effects of childbirth. It is through this belief that some feel that there is no need to seek appropriate women's health services, especially during pregnancy. During pregnancy, family members provide the expectant mother with healthy meals, take on roles that she plays, to help reduce undue stress and put in extra effort to eliminate opportunities of illness as well. A death in the family requires the collaboration of an entire clan to plan and take care of all costs associated with the funeral, financial obligations for the family of the deceased, including medical costs if any. This places an extra burden on families, because now they also have to plan on contributions to care for those that are in their clan. In the face of modernism, residents are increasingly seeking employment opportunities that take them out of our traditional practices and into opportunities where income can be guaranteed rather than being dependent on the seasons and the climate to provide for their families.

During the economic downturn in Palau in years 2008 and 2009, Palau's GDP fell by 3% and 12%, respectively, reflecting the world financial recession. In 2010, the economy grew by 1.3% and gathered momentum in 2011 and 2012 with a surge in tourist arrivals. In 2013, the economy contracted by 1.6%, with a significant drop-off in construction activity and declining tourist arrivals. The economy's estimated growth for 2014 was 5.4%, reflecting strong growth in tourism and related activities. However, the current level of economic activity is below that attained in the mid-2000s when large infrastructure projects and a vibrant tourism industry led to a record GDP. The estimated real GDP per capita grew by USD 1,028 since the 2006 HIES, from USD 9,500 to USD 10,528 between 2006 and 2014, respectively. (2014, ROP Household Income and Expenditure survey).

Socio-economic characteristics play an important role in determining the quality and accessibility of preventive screening and medical services. Since gaining independence in 1994, Palau's economy has grown steadily fueled by steady growth in tourism and aid-funded infrastructure development.

Despite economic growth, inflation has undermined the well-being of many families. Sharply escalating fuel prices triggered a 200% increase in consumer prices and a 300% increase in food prices. Given the high level of dependence of Palauan families, especially lower income families, on imported foods, this highly inflationary period undermined the well-being of everyone, but especially the most economically vulnerable.

Over the past 15 years, employment has nearly doubled for both men and women, however, women only account for approximately 40% of the workforce. This is likely due to a higher proportion of foreign male workers, coming to Palau to fill labor positions. These foreign workers also have a lower minimum wage than native Palauans, likely contributing to higher unemployment among Palauans.

The 2006 Household Income & Expenditures Survey (two weeks of field work) estimated the Basic Needs Poverty Line (BNPL) for Palau to be US $244.67 per household per week. With this index, it was estimated that approximately 24.9% of the nation was living at or below the BNPL with a slightly higher proportion of rural-dwellers living in poverty than urban-dwellers. Subsistence living, defined as producing goods for one's own family's use and needs (e.g. growing or gathering food; fishing; cutting copra for home use; raising livestock; making handicrafts for home use), is still commonly practiced especially in the rural areas of Palau and not counted as 'Employed'. According to the 2014 HIES survey (took place over 12 months) revealed that real household income had not changed since 2006 and only had slightly increased by 0.1% increase per year.

The highest proportions of poor households were Kayangel, Angaur, and West Babeldoab. For Kayangel and Angaur, their remoteness from Koror is likely a major factor in their relative level of disadvantage. For those in West Babeldoab the situation is more complex; it appears that there is considerably more movement to and from Koror with many families living in the urban center during the week and returning to their villages on the weekends. According to the HIES report, there is anecdotal evidence to suggest that many working couples may leave children

in West Babeldoab villages to be looked after by grandparents and that unrecorded gifts of food and other essentials mitigate the low expenditure recorded by these households in the survey.

In 2020, the impact of the pandemic affected Palau's economy, education and health services and overall health and wellness of every man, woman and child. The closure of our borders occurred in April and followed through the end of the year and through very strict guidelines, planes were allowed entry to bring in stranded residents and emergency supplies. Shipments of goods via air and sea had many delays as many international ports were working on their own procedures to ensure human safety. Palau being heavily reliant on tourism dollars as a driving force for commerce, the economy saw a sharp reduction in earned income, sales of commodities and eventual job loss. This job loss extended outwards to include small businesses, fishing/farming to market business, hospitality industry and general merchandise sales.

Organizational Information

The Title V MCH Block Grant implemented by the Family Health Unit. The direction of the Program is under Sherilynn Madraisau who is the Director of the Bureau of Public Health and Edolem Ikerdeu, Chief of the Division of Primary & Preventive Health. This is seen as a practical administrative structure for the Project as it crosses public health into the hospital. Other Divisions under the direction of the Public Health are the Division of Behavioral Health, Division of Environmental Health and the Division of Oral Health. These divisions work collaboratively to ensure that general public health initiatives work together to improve the lives of those that live in Palau.

III.C. Needs Assessment
FY 2022 Application/FY 2020 Annual Report Update

The Palau MCH Title V Needs Assessment was conducted by the MCH Program, Family Health Unit within the Bureau of Public Health. The needs assessment provided the program with an opportunity to reassess its MCH services and provided a cornerstone for strategic planning and development of activities to improve the health status of Palau's MCH population. The overall goal of this needs assessment was to identify the health needs of Palau's MCH population to determine priorities for the next five years, set performance measures and establish measures to track progress, and develop strategies to address the identified priority needs. This has been a process used in previous assessments and was again utilized with minor adjustments for this assessment.

A conceptual framework was developed to guide the needs assessment process to acquire a realistic view of the state's MCH public health system in order to develop a five-year plan based on key MCH priorities. The needs assessment process used a variety of data collection strategies to garner a better understanding of the current health related issues of women, infants, children, adolescents, and children with special health care needs. A state wide stakeholders' engagement was a key element used in the needs assessment process. The input of Palau's community members, health care providers, and quantitative data, provides a sound basis for MCH planning and future directions.

PreCOVID-19
The MCH Epi completed a five-year program report of the MCH population (2014-18) and this was shared with external and internal partners for initial reactions, comments and feedback in April 2019. This report utilizes data that is collected by the program and other existing reports. These are then shared through a variety of ways. A workshop/meeting with partner public health programs to do an annual review of program activities and solicit comments for program improvement and alignment with similar partner program activities was completed in December 2019. Community visits were done in collaboration with the public health outreach promotion team (to maximize available resources) and the health status report of the MCH population was shared - through 'talks' and distributed on paper. At the end of these 'visits' an evaluation form was shared to collect their comments and feedback. Specific topics relating to a particular community (village, age group, gender) is shared and comments/feedback is encouraged to address the issue, folks tend not to air their 'dirty' laundry in public. We also attempted to utilize social media, and so the FHU social media page was created. This is a subset of the Ministry's social media page and provides additional health messaging regarding the MCH population. There were 'hits' to the page, but no comments or feedback were received. Mostly queries were received on where to go and who to contact for a particular issue. The public health convention, has not been convened for the past several years and the last one was 2017-18. The convention evaluation provides additional feedbacks to the data/information shared that the program reviews for relevance and action. The program also conducts continuous surveillance and monitoring of its services through self-reported surveys and face to face surveys and these feed into the 2014-18 report that was shared.

COVID-19
Scheduled opportunities to meet with stakeholders to convene, review and develop measures for 2020-25 were unable to take place. Alternatively, we opted to contact external stakeholders via email and phone calls to send in their comments/rankings of identified areas so that we could collect comments, evaluate rankings and prioritize to include in the needs assessment. We were fortunate to be able to meet with providers to review our 2014-2018 data and hear back from them issues and challenges that are being encountered at the clinic during this pandemic. The same 'areas of need' information that our stakeholders received was shared to get their input and to consider how we have been affected by this pandemic and other possible public health threats.

Three categories of data collection activities were conducted to obtain insights for the MCH populations.

Secondary Data Source Analysis - collection and analysis of the health status of women and children in Palau was conducted through a review of the most recent information by population domain. The programs gathered data source related to demographics of women, children, adolescents, and children and youth with special health care needs and other relevant data through existing reports. Information from the Palau Pregnancy Risk Assessment Surveillance System, Behavioral Risk Factor Surveillance System, Vital Statistics, School Health Screening Surveillance System, Youth Risk Behavioral Surveillance, SLAIT-Like CSHN Surveillance, Hospital Discharge Data, Family Planning Annual Report, Uniform Data System, Population Survey, Newborn Screening Programs, HIV/STD Surveillance, STEPS Survey, and Cancer Registry were utilized. Information gathered from these sources include data on well woman visit, immunization, injuries, low birth weight and preterm births, obesity, substance use, among others. Health indicators were compiled and presented to community members in a variety of settings.

Community Input - A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented to the various communities in the Republic of Palau. This presentation encompasses common health issues that are present in the six health domains. The MCH Program along with the state ECCS team (members of the health promotion outreach team) conducted community outreach to a variety of communities within Palau to conduct the presentations and solicit input from community members. The presentations were complimented by a tri-fold brochure which highlights data and findings from the secondary data source analysis.

Providers Input - MCH Providers and other public health partners were partners in the needs assessment process. The MCH program through the annual FHU, Division of Primary End of year Conference provided an opportunity for providers to meet and share and exchange ideas on areas of greatest needs. This forum also provided an opportunity for staff to access and examine the program's capacity to meet the needs of the MCH population. Staff indicated top needs based on the data reports and then a consensus was developed across all members. They were asked to primarily to consider whether the data indicated an area of need and whether the program had the capacity to address the need. A SWOT analysis was conducted to determine capacity issues that were common in all service areas of MCH.

The public input process for the Palau MCH/Family Health Unit is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. From the community presentations and discussions, comments and recommendations relating to service improvements are collected, analyzed and strategies are developed to amend changes to reflect community needs. This engagement with our various communities has provided and improved our ability to capture, analyze and report health status information back to the public has greatly improved our relationship with various communities and stakeholders. The format of the "Community Engagement" is similarly used in all communities that are visited. Because of the program's ability that has been built in the past, we are now able to feature "community-specific" information in our presentation. Program presented the findings from the data analysis and facilitated discussions on potential priority need. Input from other community members were also collected during the 2017/18 Public Health Convention where participants were asked to identify priority needs and potential strategies to address the needs. MCH program reviewed all data from the secondary data analysis and findings from the stakeholders input to select the priority needs for the population domains.

Needs Assessments Reports are provided as attachments

Five-Year Needs Assessment Summary
(as submitted with the FY 2021 Application/FY 2019 Annual Report)

III.C.2.a. Process Description

The Palau MCH Title V Needs Assessment was conducted by the MCH Program, Family Health Unit within the Bureau of Public Health. The needs assessment provided the program with an opportunity to reassess its MCH services and provided a cornerstone for strategic planning and development of activities to improve the health status of Palau's MCH population. The overall goal of this needs assessment was to identify the health needs of Palau's MCH population to determine priorities for the next five years, set performance measures and establish measures to track progress, and develop strategies to address the identified priority needs. This has been a process used in previous assessments and was again utilized with minor adjustments for this assessment.

A conceptual framework was developed to guide the needs assessment process to acquire a realistic view of the state's MCH public health system in order to develop a five-year plan based on key MCH priorities. The needs assessment process used a variety of data collection strategies to garner a better understanding of the current health related issues of women, infants, children, adolescents, and children with special health care needs. A state wide stakeholders' engagement was a key element used in the needs assessment process. The input of Palau's community members, health care providers, and quantitative data, provides a sound basis for MCH planning and future directions.

PreCOVID-19
The MCH Epi completed a five-year program report of the MCH population (2014-18) and this was shared with external and internal partners for initial reactions, comments and feedback in April 2019. This report utilizes data that is collected by the program and other existing reports. These are then shared through a variety of ways. A workshop/meeting with partner public health programs to do an annual review of program activities and solicit comments for program improvement and alignment with similar partner program activities was completed in December 2019. Community visits were done in collaboration with the public health outreach promotion team (to maximize available resources) and the health status report of the MCH population was shared - through 'talks' and distributed on paper. At the end of these 'visits' an evaluation form was shared to collect their comments and feedback. Specific topics relating to a particular community (village, age group, gender) is shared and comments/feedback is encouraged to address the issue, folks tend not to air their 'dirty' laundry in public. We also attempted to utilize social media, and so the FHU social media page was created. This is a subset of the Ministry's social media page and provides additional health messaging regarding the MCH population. There were 'hits' to the page, but no comments or feedback were received. Mostly queries were received on where to go and who to contact for a particular issue. The public health convention, has not been convened for the past several years and the last one was 2017-18. The convention evaluation provides additional feedbacks to the data/information shared that the program reviews for relevance and action. The program also conducts continuous surveillance and monitoring of its services through self-reported surveys and face to face surveys and these feed into the 2014-18 report that was shared.

COVID-19
Scheduled opportunities to meet with stakeholders to convene, review and develop measures for 2020-25 were unable to take place. Alternatively, we opted to contact external stakeholders via email and phone calls to send in their comments/rankings of identified areas so that we could collect comments, evaluate rankings and prioritize to include in the needs assessment. We were fortunate to be able to meet with providers to review our 2014-2018 data and hear back from them issues and challenges that are being encountered at the clinic during this pandemic. The same 'areas of need' information that our stakeholders received was shared to get their input and to consider how we have been affected by this pandemic and other possible public health threats.

Three categories of data collection activities were conducted to obtain insights for the MCH populations.

Secondary Data Source Analysis - collection and analysis of the health status of women and children in Palau was conducted through a review of the most recent information by population domain. The programs gathered data source related to demographics of women, children, adolescents, and children and youth with special health care needs and other relevant data through existing reports. Information from the Palau Pregnancy Risk Assessment Surveillance System, Behavioral Risk Factor

Surveillance System, Vital Statistics, School Health Screening Surveillance System, Youth Risk Behavioral Surveillance, SLAIT-Like CSHN Surveillance, Hospital Discharge Data, Family Planning Annual Report, Uniform Data System, Population Survey, Newborn Screening Programs, HIV/STD Surveillance, STEPS Survey, and Cancer Registry were utilized. Information gathered from these sources include data on well woman visit, immunization, injuries, low birth weight and preterm births, obesity, substance use, among others. Health indicators were compiled and presented to community members in a variety of settings.

Community Input - A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented to the various communities in the Republic of Palau. This presentation encompasses common health issues that are present in the six health domains. The MCH Program along with the state ECCS team (members of the health promotion outreach team) conducted community outreach to a variety of communities within Palau to conduct the presentations and solicit input from community members. The presentations were complimented by a tri-fold brochure which highlights data and findings from the secondary data source analysis.

Providers Input - MCH Providers and other public health partners were partners in the needs assessment process. The MCH program through the annual FHU, Division of Primary End of year Conference provided an opportunity for providers to meet and share and exchange ideas on areas of greatest needs. This forum also provided an opportunity for staff to access and examine the program's capacity to meet the needs of the MCH population. Staff indicated top needs based on the data reports and then a consensus was developed across all members. They were asked to primarily to consider whether the data indicated an area of need and whether the program had the capacity to address the need. A SWOT analysis was conducted to determine capacity issues that were common in all service areas of MCH.

The public input process for the Palau MCH/Family Health Unit is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. From the community presentations and discussions, comments and recommendations relating to service improvements are collected, analyzed and strategies are developed to amend changes to reflect community needs. This engagement with our various communities has provided and improved our ability to capture, analyze and report health status information back to the public has greatly improved our relationship with various communities and stakeholders. The format of the "Community Engagement" is similarly used in all communities that are visited. Because of the program's ability that has been built in the past, we are now able to feature "community-specific" information in our presentation. Program presented the findings from the data analysis and facilitated discussions on potential priority need. Input from other community members were also collected during the 2017/18 Public Health Convention where participants were asked to identify priority needs and potential strategies to address the needs. MCH program reviewed all data from the secondary data analysis and findings from the stakeholders input to select the priority needs for the population domains.

III.C.2.b. Findings

III.C.2.b.i. MCH Population Health Status

Linkages Between Priority Needs and National Performance Measures

PRIORITY NEED	POPULATION DOMAIN	NATIONAL PERFORMANCE MEASURE
WOMAN PREVENTIVE VISITS	Maternal/Women's Health	**WELL WOMAN CARE**
PREVENT INFANT MORTALITY	Perinatal Health	**SAFE SLEEP**
CHILD AND ADOLESCENT HEALTH SCREENING	Adolescent health	**ADOLESCENT WELL VISIT**
CHILDHOOD SCREENING (0-5)	Child	**DEVELOPMENT SCREENING**
CHILD/ADOLESCENT PHYSICAL ACTIVITY **IMPROVE SYSTEM OF CARE FOR CYSHCN**	Child/Adolescent CYSHCN	**PHYSCIAL ACTIVITY** **MEDICAL HOME**
DENTAL SCREENING FOR PREGNANT WOMEN	Cross cutting	**PREVENTIVE DENTAL VISIT**

Methodology

Birth registry data are collected from medical records or charts by a nurse from the Family Health Unit (FHU) and entered into the birth registry database. Data for this report were derived from matched files of 2014-2018 birth registry records and BNH HIS.

Pre and postnatal psychosocial needs assessment and pregnancy risk assessment surveillance surveys are administered and collected from women who access prenatal and postnatal services. PPRASS or Palau Pregnancy Risk Assessment Surveillance was modeled after the U.S. PRAMS but tailored to include questionnaires relevant to Palau and its population. Data are collected annually from mothers who delivered a live birth dating back to 2003. Data contains information on maternal behaviors and experiences that may influence pregnancy outcomes.

Descriptive calculations of data collected from the birth registry, surveys, and surveillance tools are cleaned and analyzed using excel and SPSS 21. Results are summarized throughout this report in graphs and tables with brief interpretations of key demographic and maternal and infant health indicators.

Projected Population

Palau's projected population, based on the 2015 census is 18,089 for 2018. Gender difference indicates more male than female in all age groups except for ages 65 and above. Approximately 45% are within the reproductive age group (15-44) while children and infants 0 through 19 comprise about 27%.

Number of Births

The number of registered births in Palau for 2018 was 256. There were 250 singleton births and 6 multiple births. More than half of the births from 2014-2017 were male except for 2018 where 51% of the births were female.

Fertility Rate

The overall fertility rate for Palau in 2018 was 2.2 per 1,000 women. Fertility rates of women within the high risk group of < 20 years old has doubled in 2018 at 50.8 as compared to 2014 at 24.9 respectively. This indicates a drastic increase of teen pregnancies in the past 5 years.

Palau's total fertility rate (TFR) in 2014 was at 1.6 as compared to Guam at 2.4 and the US at 2.01 and has steadily

increased to 2.2 in 2018. Overall, the 5-year average remains a little lower than the global average of 2.3 children per women.

Birth Rate

The annual crude birth rate for 2018 was 14.0 per 1,000 population. The 3 years moving average is at 12.7. In 2014, the birth rate for Palau was 11.1 per 1,000 persons in the population as compared to Guam at 17.0.

Live Birth by Maternal Age, Ethnicity, and Marital Status

Of all live births in Palau from 2014 to 2018, about 12% were women under the age of 20, 48% were women ages 20-29, 36% were to women ages 30-39, and 4% were to women ages 40 or older. Babies delivered to younger and older women are often at increased risk of poor birth outcomes, including prematurity, low birthweight, and infant mortality.

Among the women giving birth in Palau during 2014-2018, 78% were Palauans, 16% were Asians mainly from the Philippines, 5% were other Pacific Islanders, and only 1% were White.

The largest proportion of foreign residents are from the Philippines who are either employed or a dependent.

According to birth registry records from 2014-2018, about 56% of women indicated they were single during the time of delivery as opposed to 43% who were either married or with a partner.

Cesarean Delivery

Cesarean delivery (CS) rate in Palau has been slowly decreasing every year from 2014 to 2018, the rate declined in 2018 to 29% as compared to 2014 at 39%.

Of the total CS deliveries (n=395), about 28% had no indication of complications. 72% had the following complications: breech, transverse lie, incompetent cervix (CPD), fetal distress, twin pregnancy, chronic condition, or have had previous CS.

Preterm Birth

In 2018, there were 22 preterm births of <37 weeks gestation in Palau representing 11.3% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy.

Birth Interval

Among the 253 live births in 2018, 68% were multigravida deliveries. The average birth to pregnancy interval was 3.7 years. The shortest birth interval is at 7 months and the longest is 18 years.

Of the total births from 2014 to 2018, 44% had inter-birth interval of less than 1 year. The World Health Organization (WHO) recommends inter-birth interval of 33 months (24 months for not conceiving + 9 months period of pregnancy) between two consecutive live births. This reduces the risk of adverse maternal and child health outcomes.

Birth Weight

The percentage of infants born at low birth weight (LBW) of <2,500 grams has slightly decreased in 2018 at 11% as compared with 15% in 2014. Birth weight distribution has moved toward more normal birth weight of 3,000 grams (6 lbs.) or more. Average birth weight of infants born in 2018 was 3,081 grams (6.79 lbs. or 7 lbs.).

Infant & Fetal Mortality Rate

Based on preliminary data for 2018, the infant mortality rate for Palau was 11.9 per 1,000 live births. The 5 year average of infant mortality is at 12.9 per 1, 000 live birth from 2009 to 2018. With Palau's small population, the rate tends to fluctuate with small number of infant deaths.

2018 fetal mortality rate at 28 or more weeks' gestation was 11.9 per 1,000 live births plus fetal deaths. The five year running average from 2009 – 2018 was 16.2. Fetal mortality is often under reported since data on spontaneous abortions are not collected.

Intended & Unintended Pregnancies

From 2014 to 2018, more than half of the pregnant women who participated in the Palau Prenatal Risk Assessment Surveillance System (PPRASS) survey said they wanted to be pregnant. On average, about 33% of women wanted to be pregnant later or they did not want to be pregnant.

Reasons for Unprotected Sex

As part of the PPRASS Survey, women who had an unintended pregnancy were asked why they did not use birth control. Overall, majority of pregnant women stated "they wanted to get pregnant." Furthermore, 38% said "they didn't think they could get pregnant."

Access to Prenatal Care

While most women receive at least one antenatal care (ANC) checkup, the percentage of women who accessed prenatal care services varied by maternal education, where they live, parity, and by race/ethnicity.

Women with less education and who lived outside of Koror, whom have had babies before were less likely to access prenatal care early. Additionally, higher proportion of Palauan women accessed prenatal care late in their second or third trimester as compared to Non-Palauan women.

Tobacco Use

Tobacco use among pregnant women in Palau has remained the same in 2018 as compared to 2014. Tobacco is commonly used with betelnut.

On average, about half of pregnant women who used tobacco during pregnancy said they decreased use, about 34% said it remained the same, 6% increased tobacco use and only about 10% said they quit using tobacco.

Breastfeeding and Safe Sleep

Exclusive breastfeeding up to 3 months has remained the same from 55% in 2014 to 52% in 2018. About 40% of mothers' said they stopped breastfeeding exclusively because they did not have enough breast milk. 35% said they had to go back to school or work. 19.4% said they had other reasons for not exclusively breastfeeding and about 6% said the baby was adopted.

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for up to the first 6 months. Even though solid foods are introduced at 6 months, it is recommended to continue breastfeeding to at least 12 months. Human milk can help lower risk of asthma, ear infections, and sudden infant death syndrome. Additionally, breastfeeding has equal health benefits for mothers, as it reduces the risk of ovarian and breast cancers.

In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. In 2018, about 83% of women placed their infant to sleep on their backs. 13% said they either placed them on their back or side. And

about 5% said they placed them on their stomach or chest.

In order to reduce the risk of sleep-related infant deaths, AAP recommends the following: 1. placing the infant on his or her back on a firm sleep surface such as a mattress in a safety-approved crib or bassinet, 2. having the infant and caregivers share a room, but not the same sleeping surface, and 3. avoiding the use of soft bedding (e.g., blankets, pillows, and soft objects) in the infant sleep environment. Additional recommendations to reduce the risk for sleep-related infant deaths include breastfeeding, providing routinely recommended immunizations, and avoiding prenatal and postnatal exposure to tobacco smoke, alcohol, and illicit drugs.

Methodology

The school health program provides comprehensive health screening services annually to all schools in the Republic of Palau, to include public and private schools. A team coordinated by the School Health Program consisting of pediatrician, nurses, hearing technicians, dentist, dental nurses, counselors and health educators work together to promote the effective and integrated provision of targeted services for children and adolescents. Students in odd grades of 1^{st}, 3^{rd}, 5^{th}, 7^{th}, 9^{th}, and 11^{th} are screened for common health problems and psychosocial experiences. The program screens students individually for any general and reproductive health, substance use, psychosocial, weight, physical activity, and behaviors that lead to unintentional injuries and diet issues to minimize the adverse impact of the selected health conditions.
Conditions such as:

- Cardiovascular conditions for obesity;
- Depression and suicide for psychosocial problems;
- Medical and social complications of substance abuse; and
- Health and social problems that go with teenage pregnancy and Sexually Transmitted Infections.
- Identifies those needing counseling or medical treatment.

Descriptive calculations of data collected from the school health screening database are cleaned and analyzed using Excel and SPSS 21. Results are summarized throughout this report in graphs and tables with brief interpretations of key demographic and children and adolescent health indicators.

Demographics

According to the Ministry of Education's enrollment for school year 2018-2019 there were a total of 3,521 students enrolled in both public and private schools in Palau. Of the 3,521 students, about 1,568 or 44% fall within the school health screening criteria.

Approximately 74% (1158/1568) of the students in odd grades participated in the school health screening indicating an 8% increase

2014-2018 is 10 year old, the youngest is a 5 year old, and the oldest is a 19 year old. About 90% of the students are Palauans, followed by 7% Asians, leaving the remaining 3% other Pacific Islanders and Others.

Furthermore, nearly 80% of the students are elementary students in the 1^{st}, 3^{rd}, 5^{th}, and 7^{th} grade. The least proportion of students who participate in the screening are high school students in the 9^{th} and 11^{th} grade.

Chronic Health Conditions and Common Ailments

The School Health program screens for chronic health conditions and or ailments such as diabetes, obesity, high blood pressure/hypertension, eye sight, and hearing that might affect the students' physical and emotional well-being, school attendance, and academic performance. Students who are identified with any of the health conditions, are referred to specific clinics for further evaluation and/or treatment.

Blood pressure in children and adolescents are based on age, sex, and height. The majority of students who were identified with prehypertension, HTN 1 and 2 were male students who were either overweight and or obese. Prehypertension is defined as blood pressure in at least the 90th percentile, but less than the 95th percentile, for age, sex, and height, or a measurement of 120/80 mm Hg or greater. Hypertension is defined as blood pressure in the 95th percentile or greater. A secondary etiology of hypertension is much more likely in children than in adults, with renal parenchymal disease and renovascular disease being the most common. Children with hypertension should also be screened for other risk factors for cardiovascular disease, including diabetes mellitus and hyperlipidemia. Hypertension in children is treated with lifestyle changes, including weight loss for those who are overweight or obese; a healthy, low-sodium diet; regular physical activity; and avoidance of tobacco and alcohol.

Additionally, students who fail the vision screening are also referred for further evaluation to see if the child requires eye glasses. About 15% of the students failed the vision screening in 2018. Students are also screened for hearing problems such as the collection of fluid in the ear (otitis media), wax, or foreign bodies blocking the ear canal. Students in the 1^{st} or 3^{rd} grades are screened with an Otoacoustic Emissions (OAE) equipment to test their inner ear for signs of hearing loss. In 2018, about 30% of the 1^{st} and 3^{rd} grades failed the OAE screening in their left ear and 36% failed in their right ear. Students who failed the OAE are referred for further re-testing and evaluation.

Further blood test are administered to identify students who are positive for glucose and protein spill as well as occult blood in the stool. In 2018, less than 1% of the students had elevated blood glucose, and about 22% of the students were positive for protein spill (excess protein in urine). Early stages of proteinuria have no symptoms but the child may experience the following signs or symptoms: difficulty breathing, fatigue, high blood pressure, and swelling (especially around the eyes and in the hands, feet, and belly), or urine may appear foamy or bubbly.

The Body Mass Index (BMI) is used to assess the weight status of children and adolescents to determine the cut points that define obesity and overweight. BMI is calculated using the child's age or date of birth, sex, weight, and height and varies in growing children. A BMI of $< 5^{th}$ percentile indicates an eating disorder or poor nutrition. Overweight and obese children with the BMI between $\geq 85^{th}$ percentiles can face chronic health conditions and diseases, such as asthma, sleep apnea, bone and joint problems, and type 2 diabetes. Furthermore, children who are obese are more at risk for heart diseases.

In the past 5 years, there is a noticeable increase by 1 to 2 percent in BMI of $\geq 85^{th}$ percentile for both male and female students. Male students were more likely to be overweight and or obese than female students. Early intervention is necessary to address problems of overweight and obesity by recommending changes to diet, more physical activity, and less sedentary activities, such as watching TV, playing video games, and etc.

Physical Activity

During school year 2015-2016, new physical activity questionnaires were introduced to adequately capture data on physical activity. The following questions replaced screening for physical activity level of light, moderate, vigorous:

1. During the past 7 days, on how many days were you physically active for a total of at least 60 minutes per day?
2. During the past 5 days, on how many days did you walk or ride a bicycle to or from school?
3. During this school year, on how many days did you go to physical education (PE) class each week?
4. How much time do you spend during a typical or usual day sitting and watching television, playing computer games, talking with friends, or doing other sitting activities?

During the screening, students are often encouraged to participate in PE classes as well as be physically active for at least 60 minutes per day. Additionally, students are advised to participate in vigorous physical activities, muscle and bone strengthening for at least three days per week as well as the importance of physical activity in their growth and overall health.

From 2015 to 2018, an average of 52% of the students said they did not participate in any physical activity for at least 60

minutes in the past 7 days. About 90% spent less than 5 days in any physical activity and only 8 to 11% said they were physically active in all 7 days. Many of the students said they spent at least 1 day being physically active for at least 60 minutes.

Additionally, students are asked if they walk or ride a bicycle to or from school. Nearly 20% of the students said they walked or rode a bike to school every day. About 10% said they either walked or rode a bike one or two times out of the week.

Moreover, majority of the students participated in at least 1 day of PE class. Less than 5% participated in PE class in all 5 days. And an average of 14% of the students did notparticipate in PE class at all.

It is recommended by the American Academy of Pediatrics (AAP), that in order to prevent childhood obesity, children should be active daily and to spend less time in sedentary pursuits
such as watching TV, playing video and computer games, etc. And that children should be limited to less than two hours of screen time daily. According to the 2018 school health screening, 43% of the students said they spend 3 or more hours per day watching TV, playing video or computer games, and/or doing other sedentary activities such as browsing the internet or on social media. Overall, from 2015 to 2018, an average of 55% of the students spend 3 or more hours engaged in sedentary activities.

Dietary Behaviors

Like physical activity questionnaires, diet questions were also revised to ask the following questions listed below instead of diet recall where students were asked what they ate in the past 24hrs in order for the providers to determine contents of the food they ate.

1. During the past 24 hours, how many times did you eat fruit?
2. During the past 24 hours, how many times did you eat vegetables?
3. During the past 24 hours, how many times did you drink carbonated soft drinks?
4. During the past 7 days, how many times did you eat from a fast food restaurant (prepackaged food i.e. bento?

Children and adolescents require food rich in nutrients that may have lasting effects on growth potential and developmental achievement. Food such as fruits and vegetables, home cooked meals, more water intake and less carbonated drinks have nutritional values that are essential for children and adolescent growth and development.

From 2015 to 2018, there were more students who reported eating at least 1 or more fruit or vegetables in the past 24 hours. More than half of the students from 2015-2018 said they drank carbonated soft drink in the past 24 hours except for 2018 where 52% of the students said they did not drink any carbonated soft drink in the past 24 hours. About half of the students said they ate pre-packed food i.e. bento (store bought food) 1 or more times in the past 7 days. Majority of the students who reported eating pre-packed food attended private schools.

Students are often advised on choosing healthful foods, food safety, and behaviors that contribute to maintaining healthy weight.

Oral Health

Dental caries (tooth decay) is still a major oral health problem among children and adolescent in Palau, affecting more than half of the students screened in 2018. The prevention of dental caries can be approached in three ways: the use of fluorides, reduce frequent consumption of sugars, and the application of pit and fissure sealants. Furthermore, children and adolescents should brush twice a day, in the morning and at night just before bedtime with toothpaste that contain fluorides.

Moreover, 82% of the students screened in 2018 needed sealant, and 70% needed restoration to repair missing parts of the tooth structure caused by tooth decay.

Psychosocial Issues and Concerns

Psychosocial issues and concerns often develop when a child reaches adolescent age at a stage when they start experiencing rapid physical and emotional changes. Students are screened for various psychosocial issues and concerns and are provided counseling or are referred for further evaluation. Majority of the psychosocial issues experienced by the students are largely due to issues with family, a friend, and being bullied in school or at home.

From 2014 to 2018, there was a noticeable increase in the number of students who experienced depression as well as the thought of harming oneself. Additionally, there is an increase in the number of students who are bullied in school or at home or have experienced strong fears. Many of the students that experienced strong fears attribute them to insects, dogs, ghost, darkness, and heights. Moreover, 15% of the students in 2018 said they needed help with their psychosocial issues or concerns. In 2018, about 3.7% of the students screened said they been told to have special learning problems and 15.2% had problems with their grades.

Further to assessing psychosocial issues and concerns, students are asked if they have had any problems with the law, school, family or relationships and whether the problem was associated with drugs or alcohol use.

In 2018, 5% (n=61) of the students said they recently had problems with the law, school, family or relationships and about 20% (n=12) said it was associated with drugs or alcohol use. There is a slight increase from 2014 to 2018 in the number of students who have experienced problems with the law, school, family or relationships.

In 2018, about 4% of the students screened said they were hurt or abused. Of the students that reported abuse, majority of them said they were either neglected or physically abused. 9 of the students did not indicate the type of abuse. About 12% said they were sexually abused and 12% said they were verbally abused (harsh scolding by family member). 15% said they were emotionally abused by being associated with their biological parents.

Violence and Unintentional Injury

In addition to bullying, students are asked how they were often bullied in the past 30 days. In 2018, about 46% said they were bullied some other way (food or items taken away by others). 23% said they were made fun of because of how their body or face looks, 18% said they were hit, kicked, pushed, shoved around, or locked indoors, and about 13% said they were made fun of because of their race, nationality, or color.

Alcohol, Tobacco, and Other Drug Use

The school health program screens students for alcohol, tobacco, marijuana, and other drug use to identify students who have tried or are current users of any ATOD to reduce the prevalence and intensity of ATOD use among children and adolescents. Additionally, students are educated on the short-term and long-term negative consequences of any ATOD use to include social influences and refusal skills.

Students who are current users, and are willing to quit any ATOD use, are often referred for further evaluation and cessation services. Screening for ATOD use is conducted in a face to face interview with a nurse asking the students about their recent ATOD use. Results are often biased or under reported as responses from the students are not always truthful. The screening section of the ATOD use is currently been enhanced to allow the student to respond to the questions anonymously.

Among the students, the average age of initiation for alcohol use was 13 years old, the youngest to try alcohol was 11 years old and the oldest was 17. Some of the students said they tried a sip of alcohol out of curiosity, while others said they had a glass of liquor or 1 can of beer. The maximum number of alcohol consumed in a month was 6 cans of beer. In 2018, about 43% (n=15) of the students who said they tried alcohol were 13 years old or were elementary students.

Additionally, there was an increase in smoking cigarette among the students from 43% in 2014 to 58% in 2018. There were more female students who smoked cigarette as opposed to male students.

Overall, there was a 6% increase in tobacco use among the students in 2018 as compared to 2014 at 7%. About 72% said they use less than a stick of cigarette per day and 28% use more than a stick to close to a pack a day.

In addition to smoking cigarettes, 6% of the students said they tried marijuana in 2018. The youngest to try marijuana was 12 years old. Majority of the students who tried marijuana said they had a single puff. About 10% (n=7) use more than 2 joints of marijuana per day. There is also an increasing use of marijuana use among the students from 1% in 2014 to 6% in 2018.

Furthermore, less than 1% of the students said they tried other drugs such as tramadol, Tylenol 3, and methamphetamine (ice).

Sexual History

In 2018, about 2% (n=26) of the students ages 12 to 19 said they were sexually active. Nearly all of them (85%; n=22) reported contraceptive use during their recent sexual intercourse. Similar to ATOD use, screening for sexual history is often biased or under reported. Enhancement to this section is also been modified to allow the student to respond anonymously. From 2014-2018 there were more male than female students who reported been sexually active. The average age of the students was 15 years old, the youngest was 12 years old.

III.C.2.b.ii. Title V Program Capacity

III.C.2.b.ii.a. Organizational Structure

The Title V MCH Block Grant implemented by the Family Health Unit. The direction of the Program is under Sherilynn Madraisau who is the Director of the Bureau of Public Health and Edolem Ikerdeu, Chief of the Division of Primary & Preventive Health. This is seen as a practical administrative structure for the Project as it crosses public health into the hospital. Kliu Basilius, Acting Program Manager for the Family Health Unit works with Sherilynn Madraisau and Edolem Ikerdeu to assure that the project attains what it was set out to do, but also to assure that activities are integrated as routine services in the on-going neonatal and well-baby services and women and maternal services that are available in Palau. Other Divisions under the direction of the Public Health are the Division of Behavioral Health, Division of Environmental Health and the Division of Oral Health. These divisions work collaboratively to ensure that general public health initiatives work together to improve the lives of those that live in Palau.

At present, the Family Health Unit is a service component of the Division of Primary Health Care, one of four divisions within the Bureau of Public Health. This division also oversees the services of the Communicable Disease Unit, the Non-Communicable Disease Unit and the Immunization Program. The Family Health Unit Acting Program Manager oversees all managerial activities of the Unit including grant writing, data analysis and reporting of important factors influencing the health of the MCH population. Within the Unit, a Clinic Nurse Supervisor oversees all clinic activities. An OB/GYN and a Pediatrician are on schedule to the Unit to provide services to the Unit's clients. Other specialists also provide services to clients through referral process. From time to time, specialty clinics are sought out to provide services for that are outside of the capacity of the Belau National Hospital and Public Health. The FHU Acting Program Manager works closely with the FHU Clinic Nurse Supervisor and the Primary Health Care Division to ensure that activities undertaken are in conjunction with the planned Goals and Objectives set forth by the Maternal & Child Health Program and the Primary Health Care Division.

The MCH program complements and works with other public health programs to respond to the needs of the MCH population through partnerships with the following:

State System Development Initiative- The purpose of the SSDI projects is to assure that the Title V agencies have access to policy and program relevant information and data. SSDI assists State Agency Maternal and Child Health and Children with Special Health Care Needs programs in the building of State and community infrastructure

Family Planning improves the health of women and men of reproductive age group and infants by enabling families to plan and space pregnancies and prevents unplanned pregnancy.

Universal Newborn Hearing Screening and Intervention (UNHSI) screens for hearing loss in newborn babies and links infants to appropriate intervention.

Emergency Medical Services for Children-- supports the entire spectrum of emergency services, including primary prevention of illness and injury, acute care, and rehabilitation, is provided to children and adolescents as well as adults, no matter where they live, attend school or travel.

MCH Data/Epi- supports data collection and analysis for all MCH programs and Family Health Unit Programs.

III.C.2.b.ii.b. Agency Capacity

MCH currently has the capacity (structural resources, data systems, partnerships and competencies) to provide Title V services to the following domains: maternal/women's health, perinatal health, child health, and CYSHCN . The MCH program also oversees the Adolescent Health Program that oversees services relating to adolescent needs. In each domain, MCH initiates partnerships with external organizations to ensure a statewide system of services that are comprehensive, community-based, coordinated and family centered.

Maternal/Women's Health

MCH uses Title V funds to provide services for women of reproductive age. Family planning clinics supported by Title X funding also provide preventive services for all women and men of reproductive age group. MCH has an epidemiology staff that support programmatic efforts. Data sources used are PRAMS, Vital Records, BRFSS and Family Planning program data. MCH has active partnerships with the hospital, private practice physicians, academic institutions, Cancer and HIV screening programs, Behavioral Health, Oral Health, Environmental Health and the Public Health Emergency Preparedness Program to ensure a comprehensive system of services for women and men of reproductive age in Palau. The program also have strong partnership with external partners and various community organizations such as UAK, PPE, and Omekesang Associations among others.

Perinatal Health
Title V staff supports newborn screening, breastfeeding initiatives, preterm birth initiatives, perinatal regionalization and the Safe to Sleep campaign to promote perinatal health. MCH also participates in the. MCH also provides financial support towards the Breastfeeding Community Work Group Initiatives and other projects that target high-risk pregnancies. Title V supports epidemiology staff to collect and analyze data on perinatal health. The primary data sources used are Vital Records and PRAMS.

Child Health
MCH promotes child health through promoting developmental screenings among children, prevent injury and promoting physical activity. MCH also supports the "Dewill to Live " Initiative that supports activities targeting childhood injuries specifically underage drinking. Program also supports UAK which promotes and supports physical activity.
Title V supports the work of these programs, however they rely on additional funding sources as well. MCH has an epidemiologist specialist to support data collection efforts . To ensure a comprehensive system of services among children, MCH has active partnerships with Head Start , Ministry of Education, private day care facilities and faith base schools that provide early care and education services.

Adolescent Health
The Adolescent health program is located in Adolescent and School Health Clinic which is managed by the MCH program. MCH works in collaboration with the Division of Behavioral Health and Bureau of Nursing and hospital physicians to provide primary and preventive health services for the adolescent health population.

CYSHCN
MCH supports several programs to provide services to Palau's CYSHCN. The Interagency/CYSHN initiative acts as the point of entry for children with an identified special need. The program provides services for children from birth to twenty one years of age. MCH through the Inter agency initiative continues to provide on-going, comprehensive medical care for CYSHCN. Since Palau does not have SCHIP and Medicaid, MCH program is the lead agency and provider of services for CYSHN. Epidemiologists support data collections for CYSHN. MCH has a data system that captures all children and youth with special health care needs.

Oral Health
MCH has Title and state provides funding support for oral health initiatives targeting children, adolescents and pregnant mothers. MCH also support the school oral health screening initiative that provides preventive oral health services to all school age children.

III.C.2.b.ii.c. MCH Workforce Capacity

Recently we have had a number of staff and service providers that have retired. Almost half of the workforce that provides Title V services have been with in MCH for less than five years. this is a double edged sword as staff/providers are learning on the job but also, it provides a great opportunity for program innovation and improvement. Although the workforce of the Family Health Unit (FHU) is at an equilibrium of staff tenure of greater than or less than five years, we also have the support of the Director of Public Health who has been with the program for many years. Staff are actively looking for opportunities of growth, and are enrolled in the substance abuse counseling and enrolling in Community and Public Health courses at the local college to further enrich the outreach efforts that the program provides.

Title V program staff along with providers in the clinic and nursery have received refresher trainings on first embrace, nursery care and education, these trainings included safe sleep and breastfeeding. These are annual refresher trainings for providers and educators. In response to providing and promoting our services to clients that are not accessing our services and in providing information to those that have not heard of our program, all the programs under the Division of Primary and Preventive Health (Title V included) have established a collaborative outreach team that provides health education, screening, recruitment and counseling to individuals that are unable to access services at the various health centers. This arrangement provides services and activities, eliminate duplication of efforts and ensures that those seeking information receive them effectively and efficiently. Recognizing limitations in funding, staff, expertise and reach, this arrangement aims to reduce the gap in the areas of service utilization, education, recruitment and community engagement participation.

The program currently faces the challenge of filling roles as three staff have since retired and they provided essential clinic services. The program was also able to hire a health counselor to join the school health team, however, we are still in need staff to cover the areas of prenatal nutrition/education, home visitation and case coordination. These are key roles in the delivery of service and coordination of efforts. For a quick fix to the current situation while we look at possible avenues to respond to this, current staff are being tasked to undertake these roles while a long term solution is sought. The program has been actively looking for possible replacements but have been largely unsuccessful.

III.C.2.b.iii. Title V Program Partnerships, Collaboration, and Coordination

Family partnerships are essential to the success of the MCH program for insights and issues raised that are not reiterated to the program directly. Family partnership participation is recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit organizations and committees. Several parents of special needs children are members of the ECCS state team and the Inter agency initiatives. MCH also partners with the Palau Parents Empowered, a non-profit organization that supports parents of children with disabilities. Information and education are being developed for families of CYSHCN to empower them to provide input on policies and program activities and to assist in disseminating program information to families in their network. It is through this partnership that the program develops and strengthens the interagency committee so that services and care coordination can be fully utilized by those that need it. The program also partners with Ulekereuil a Klengar for continued growth of the breastfeeding initiative in the private sectors. The Title V program works with OMUB (community advisory council for cancer in Palau) to promote cancer prevention efforts through education and behavioral change strategies.

The Title V program is a member of various organizations that promote family centered services, community based and coordinated care for all of our clients. These are essential 'family health' partnerships that have been developed through the years.

1. Family Planning, Information & Education Committee. This committee advises the family planning program on appropriate information and education materials for the various ethnic backgrounds on the island. This group also discusses key issues that are happening/impacting users and potential users right now. Topics range from teen

pregnancy, contraception, religion, finances and culture to name a few. This committee assists plays an important role to the program office as they provide an entry point into their community and peers.

2. Community Advocacy Program and Early Childhood & Comprehensive Committee. This program develops radio talk shows, community engagements and outreach to schools to deal with issues around areas of sexual and reproductive health.
3. Adolescent Health Program & School Principals: Each year this team meets to discuss issues and ideas on how to equip teachers with the necessary tools to enable our children to be more active and lead healthier lives.
4. Health Advisory Committee. This committee discusses health and safety in the head start centers. The program participates in parent trainings, stakeholder meetings and also participation of inspections before school starts to ensure they follow guidelines. Parent trainings are provided based on the head start needs assessment that is completed every year as well as specific requests made by individual schools.
5. Nutrition Committee: This committee adopted breastfeeding as one of its goals to further promote the effectiveness and benefits or breastfeeding, especially exclusive breastfeeding through six months. This committee as part of the NCD Mechanism provides education and community awareness on the benefits of breastfeeding.
6. Chronic Disease Self-Management program: this program provides CE sessions for identified people with chronic disease on how to improve their current health status and promote healthy lifestyle choices. As some of our clients are children who are obese or have pre-hypertension, through this course, parents are invited to attend these sessions to learn attitudinal and behavioral techniques to help assist their children to improve their calorie intake whether at school or home. Program encourages clients to attend these self-management courses to obtain educational information and awareness of chronic health problems as well as hear success stories from their peers.
7. Head Start Policy Council– to ensure that all centers follow policies that cover hiring, personnel receive appropriate training and centers follow safety protocols for all children that are enrolled in the centers.
8. CSN Committee, review CSN cases (home visits, transportation services) – this committee meet to discuss current children with special health care needs that have been identified by a Pediatrician or Psychiatrist. Every month, clinical providers, head start, special education, partner family NGO meet to discuss progress of children and update on specialty clinics that will be available.
9. UNHSI Advisory Committee – strategic and program planning. This committee advises the program on how to improve service coordination for children that have been identified with a hearing loss or is suspected of a hearing loss.
10. Health Promotion and Outreach Team – program outreach and awareness. This is a team that comprises of clinicians, educators and program staff from programs under the division of primary and preventive health. These programs include immunization, NCD, CDU as well as the health centers to enable access to care to those that would normally not be able to travel to the clinics to access services.
11. Health & PE Planning Committee – this committee works with the Ministry of Education in upskilling the current workforce (teachers/curriculum development personnel) in the areas of health and physical education. It also provides an annual venue for all schools to convene and share/discuss good practices that have been implemented and delve further on how to improve on current ones.
12. Division of Primary & Preventive Health Conference Committee – this conference brings all the programs under the division to look at how we can improve on services that are offered back to the community. Each program share their goals, report on accomplishments and provide continuing education opportunities for clinical and non-clinical staff.
13. Public Health Convention Committee – this conference brings all the programs under the Bureau of Public Health to report out to the community. Through this forum we gather feedback from the community on we can best serve them through the provision of our current services and how to improve/bring in new services. Each program share their goals, report on accomplishments.
14. Health Care Coalition – this is a coalition of various agencies that assist the National Emergency Management Office and Public Health Emergency Health in response to disasters and emergencies. The Unit is a partner in this coalition in ensuring that the MCH population, including children and youth with special health care needs, are protected in times of emergencies.

Palau does not have and is not eligible for Medicaid and SCHIP. Family/Consumer Partnerships

III.C.2.c. Identifying Priority Needs and Linking to Performance Measures

A conceptual framework was developed to guide the needs assessment process to acquire a realistic view of the state's MCH

public health system in order to develop a five-year plan based on key MCH priorities. The needs assessment process used a variety of data collection strategies to garner a better understanding of the current health related issues of women, infants, children, adolescents, and children with special health care needs. A state wide stakeholders' engagement was a key element used in the needs assessment process. The input of Palau's community members, health care providers, and quantitative data, provides a sound basis for MCH planning and future directions.

PreCOVID-19
The MCH Epi completed a five-year program report of the MCH population (2014-18) and this was shared with external and internal partners for initial reactions, comments and feedback in April 2019. This report utilizes data that is collected by the program and other existing reports. These are then shared through a variety of ways. A workshop/meeting with partner public health programs to do an annual review of program activities and solicit comments for program improvement and alignment with similar partner program activities was completed in December 2019. Community visits were done in collaboration with the public health outreach promotion team (to maximize available resources) and the health status report of the MCH population was shared - through 'talks' and distributed on paper. At the end of these 'visits' an evaluation form was shared to collect their comments and feedback. Specific topics relating to a particular community (village, age group, gender) is shared and comments/feedback is encouraged to address the issue, folks tend not to air their 'dirty' laundry in public. We also attempted to utilize social media, and so the FHU social media page was created. This is a subset of the Ministry's social media page and provides additional health messaging regarding the MCH population. There were 'hits' to the page, but no comments or feedback were received. Mostly queries were received on where to go and who to contact for a particular issue. The public health convention, has not been convened for the past several years and the last one was 2017-18. The convention evaluation provides additional feedbacks to the data/information shared that the program reviews for relevance and action. The program also conducts continuous surveillance and monitoring of its services through self-reported surveys and face to face surveys and these feed into the 2014-18 report that was shared.

COVID-19
Scheduled opportunities to meet with stakeholders to convene, review and develop measures for 2020-25 were unable to take place. Alternatively, we opted to contact external stakeholders via email and phone calls to send in their comments/rankings of identified areas so that we could collect comments, evaluate rankings and prioritize to include in the needs assessment.

We were fortunate to be able to meet with providers to review our 2014-2018 data and hear back from them issues and challenges that are being encountered at the clinic during this pandemic. The same 'areas of need' information that our stakeholders received was shared to get their input and to consider how we have been affected by this pandemic and other possible public health threats.

A scoring matrix of issues through ranking of importance, feasibility and impact of the issues was developed to gather further feedback from our partners and providers and these responses were ranked and categorized to assist the program in developing the state action plan. Program also looked at its own internal capacities and partnerships on how we can strengthen existing partnerships and explore innovative options to implement to address issues and achieve objectives. Considerations on technological capacity at its current stage, available infrastructure at the Belau National Hospital, School Health office, Community Health Centers, existing partnerships and expertise available to the program were considered for program's ability to reach identified objectives. This guided the program in the selection of the performance measures and strategies.

III.D. Financial Narrative

	2018		2019	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$145,746	$145,466	$145,746	$147,214
State Funds	$120,000	$120,000	$120,000	$120,000
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$265,746	$265,466	$265,746	$267,214
Other Federal Funds	$300,000	$281,368	$300,000	$288,277
Total	$565,746	$546,834	$565,746	$555,491

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$146,000	$147,073	$147,000	
State Funds	$120,000	$120,000	$120,000	
Local Funds	$0	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$266,000	$267,073	$267,000	
Other Federal Funds	$450,000	$316,186	$435,000	
Total	$716,000	$583,259	$702,000	

	2022	
	Budgeted	Expended
Federal Allocation	$147,000	
State Funds	$120,000	
Local Funds	$0	
Other Funds	$0	
Program Funds	$0	
SubTotal	$267,000	
Other Federal Funds	$435,000	
Total	$702,000	

III.D.1. Expenditures

Title V funds complements non-federal monies where the state funds experience shortfalls. These areas include funding of personnel that are not included under the state financing scheme. The program works with the state to enable preventive services for all pregnant women, well baby clinic and overall well woman care. It also provides preventive screening services for men so that they can be an active participant in the overall well-being of the maternal and child health population.

Services for well-women care (including pre/postnatal care) are provided by providers, counselors and program staff, including partner organizations that have a vested interest in the overall success of the program. In areas where permanent staffing is not available to fill the need, the program steps in to provide the necessary support. The program complements the state funds in the services of a pediatrician, dental hygienist, a counselor and coordinators that ensure delivery of services. While private clinics provide some services for pre/postnatal care, the MCH program provides the bulk of these services, including immunization services for children 0-5 years old. Title V dollars provide crucial medical supplies and drugs as local funds are stretched thin and used to respond to more urgent/emergency care and services.

Partners who benefit from the program's services include programs such as special education and head start services. As there is no other agency that provides services for children under the age of three, the Title V program steps in to fill that void. This reciprocal partnership ensures that children who require specialized services have accessed and received all available services to ensure smooth transition into their care and services when needed. This is especially important for children with special health care needs as no other entity serves this population until that age. And even after they have enrolled into the services of special education or head start, the MCH program continues to provide clinical services, home visitation and continues to work with the Ministry of Health to source specialty services that are not available on island.

Title V funds enables the continued learning for service providers, public health educators and school educators on an annual basis. These funds allow for service providers and program staff to participate in trainings, continuing education efforts and meetings. Being responsive and adaptive to changing needs of the MCH population is critical and being equipped with the best care, having the appropriate tools and acquiring information from experts in the field, is made possible through Title V funds. Case management of children with special health care needs is supported by Title V through monthly meetings, home visitations and linking them to services outside of the local public health scheme. When the pandemic struck, MCH strived to ensure that services were not cut and provided under strict measures so that children and families needing services were not affected. The program stepped up efforts in providing families with preventive measures information through all available forms of media.

The state dollars are allocated at a set amount, to cover the costs of service providers, office space and pharmaceuticals that the program cannot cover.

III.D.2. Budget

Title V funds complements non-federal monies where the state funds experience shortfalls. These areas include funding of personnel that are not included under the state financing scheme. The program works with the state to enable preventive services for all pregnant women, well baby clinic and overall well woman care. It also provides preventive screening services for men so that they can be an active participant in the overall well-being of the maternal and child health population.

Title V funds and complementary funds are appropriated to areas such as home visitation, clinic monitoring for quality assurance and improvement, personnel costs for additional services such as newborn screening, pregnancy monitoring and general education and outreach efforts. These generally enable activities to take place with qualified personnel that have been trained and certified to provide the services that MCH is tasked with. It also enables the home visitations to occur for children with special needs, at risk and/or high-risk pregnant women. Services for well-women care (including pre/postnatal care) and infants under the age of 1, are provided by providers, counselors and program staff, including partner organizations that have a vested interest in the overall success of the program. In areas where permanent staffing is not available to fill the need, the program steps in to provide the necessary support. The program complements the state funds in the services of a pediatrician, dental hygienist, a counselor and coordinators that ensure delivery of services. While private clinics provide some services for pre/postnatal care, the MCH program provides the bulk of these services, including immunization services for children 0-5 years old.

Title V dollars enables the program to deliver services such as those mentioned above, develop and promote intervention efforts in response to changing needs as well as equip the workforce with needed trainings and meetings to address emerging issues such as COVID-19. The program in consultation with the Ministry of Health's Finance Department developed a tracking and monitoring system to more accurately report on financial obligations and have improved oversight of funds that are allocated according to the 30-30-10 requirements.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Palau

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

The Palau Title V program is the only program within the Bureau of Public Health that covers the entire spectrum of the MCH population, including men. Within the Bureau of Public Health, there are programs that deal with specific diseases, specific genders and even specific populations. The program partners with various public health programs to deliver a comprehensive approach to service delivery to include disease prevention and intervention, holistic and community approaches to preventive health and disease management including case management and coordination of services for children with special health care needs.

The Palau MCH program collects the data, provision of data analysis/interpretation is done through the epidemiology unit under the direction of the Director of the Bureau of Public Health and disseminates the information to program partners, agency partners and community partners. Through these reports, the program distributes to our partners for their comments and input. Recognizing that the program does not have the capacity to respond to all needs, we rely on collaborative partnerships to develop strategies to address needs that have been prioritized. These priorities are then shared with our community partners for inclusion in their program strategies for a more streamlined service delivery to the various MCH populations.

Under the Family Health Unit, which houses the MCH program, the unit is part of a collaborative team of public health educators and screeners that conducts community visits and provides education and awareness and basic health screenings. The program also conducts its own clinic surveillance for monitoring and evaluation of the program.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

In 2020, the program was able to have two staff members undergo a course for substance abuse counseling, one for our school health program and the other to provide counseling services during outreach and at appropriate clinics. There are currently 4 medical interns who are completing their rotations within the Belau National Hospital and two of them have expressed interest in the FHU/MCH program – OB/GYN services and Pediatrics. The program is very fortunate to have these young locals express their interests in our service population. The two interns are shadowing our resident OB/GYN and Pediatrician.

The program also encourages current staff to enroll in the community college for public health education and enhancement. Most program and clinic staff have been provided in house refresher courses on breastfeeding initiatives, first embrace, one key question, newborn hearing screening and safe sleep. Program and clinic staff wear multiple hats and sometimes coordination for successful trainings and discussions is affected.

The program is further challenged with staff departures and introduction of new staff who need guided training to effectively respond and deliver program objectives. Institutional knowledge of the program has been further impacted with the departure of staff that have more than five years of experience within the program. Clinic staff, as with all other public health clinics, wear multiple hats, furthering the difficulty of providing on time and on demand training and updates. Program relies on the clinic supervisor to ensure that all service providers are equipped with the right tools and information to support their efforts. The program is currently under the direction of the Chief of Primary & Preventive Services while they are actively seeking for a replacement of the Program Manager.

III.E.2.b.ii. Family Partnership

Family partnerships are essential to the success of the MCH program for insights and issues raised that are not reiterated to the program directly. Family partnership participation is recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit organizations and committees. Several parents of special needs children are members of the ECCS state team and the Inter agency initiatives. MCH also partners with the Palau Parents Empowered, a non-profit organization that supports parents of children with disabilities. Information and education are being developed for families of CYSHCN to empower them to provide input on policies and program activities and to assist in disseminating program information to families in their network. It is through this partnership that the program develops and strengthens the interagency committee so that services and care coordination can be fully utilized by those that need it. The program also partners with Ulekereuil a Klengar for continued growth of the breastfeeding initiative in the private sectors. The Title V program works with OMUB (community advisory council for cancer in Palau) to promote cancer prevention efforts through education and behavioral change strategies.

The Title V program is a member of various organizations that promote family centered services, community based and coordinated care for all of our clients. These are essential 'family health' partnerships that have been developed through the years.

1. Family Planning, Information & Education Committee. This committee advises the family planning program on appropriate information and education materials for the various ethnic backgrounds on the island. This group also discusses key issues that are happening/impacting users and potential users right now. Topics range from teen pregnancy, contraception, religion, finances and culture to name a few. This committee assists plays an important role to the program office as they provide an entry point into their community and peers.
2. Community Advocacy Program and Early Childhood & Comprehensive Committee. This program develops radio talk shows, community engagements and outreach to schools to deal with issues around areas of sexual and reproductive health.
3. Adolescent Health Program & School Principals: Each year this team meets to discuss issues and ideas on how to equip teachers with the necessary tools to enable our children to be more active and lead healthier lives.
4. Health Advisory Committee. This committee discusses health and safety in the head start centers. The program participates in parent trainings, stakeholder meetings and also participation of inspections before school starts to ensure they follow guidelines. Parent trainings are provided based on the head start needs assessment that is completed every year as well as specific requests made by individual schools.
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6. Chronic Disease Self-Management program: this program provides CE sessions for identified people with chronic disease on how to improve their current health status and promote healthy lifestyle choices. As some of our clients are children who are obese or have pre-hypertension, through this course, parents are invited to attend these sessions to learn attitudinal and behavioral techniques to help assist their children to improve their calorie intake whether at school or home. Program encourages clients to attend these self-management courses to obtain educational information and awareness of chronic health problems as well as hear success stories from their peers.
7. Head Start Policy Council– to ensure that all centers follow policies that cover hiring, personnel receive appropriate training and centers follow safety protocols for all children that are enrolled in the centers.
8. CSN Committee, review CSN cases (home visits, transportation services) – this committee meet to discuss current children with special health care needs that have been identified by a Pediatrician or Psychiatrist. Every

month, clinical providers, head start, special education, partner family NGO meet to discuss progress of children and update on specialty clinics that will be available.

9. UNHSI Advisory Committee – strategic and program planning. This committee advises the program on how to improve service coordination for children that have been identified with a hearing loss or is suspected of a hearing loss.
0. Health Promotion and Outreach Team – program outreach and awareness. This is a team that comprises of clinicians, educators and program staff from programs under the division of primary and preventive health. These programs include immunization, NCD, CDU as well as the health centers to enable access to care to those that would normally not be able to travel to the clinics to access services.
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2. Division of Primary & Preventive Health Conference Committee – this conference brings all the programs under the division to look at how we can improve on services that are offered back to the community. Each program share their goals, report on accomplishments and provide continuing education opportunities for clinical and non-clinical staff.
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4. Health Care Coalition – this is a coalition of various agencies that assist the National Emergency Management Office and Public Health Emergency Health in response to disasters and emergencies. The Unit is a partner in this coalition in ensuring that the MCH population, including children and youth with special health care needs, are protected in times of emergencies.

Palau does not have and is not eligible for Medicaid and SCHIP. Family/Consumer Partnerships

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

The program utilizes a Public Health Epidemiologist Specialist to support the program's data enhancement activities. Recognizing that this is one individual responding not only to MCH but also to other data needs that are assigned to her. The program has identified in house staff that will be shadowing the PH Epi Specialist in smaller data management schemes to help alleviate and expand MCH data capacity. As noted in our MCH Data Capacity Efforts, the MCH program relies on many data sources to complete and respond to program mandates, and it acknowledges that at this time, efforts to increase epidemiology staff within the Bureau of Public Health or the Ministry of Health is unknown.

The Epi Specialist that is being utilized to collect, analyze and produce reports for the program has gone through trainings, certifications and workshops that have been made available by HRSA and PIHOA and is producing reports for program reporting to HRSA, reporting to stakeholders and reporting for the Director of the Bureau of Public Health's reports to our policy makers.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

State Systems Development Initiative

Palau, with its current capacity, continues to enhance and improve data collection, reporting capacity, evaluation, and needs assessment for accuracy and effectiveness to ensure that critical information about Palau's MCH population are captured. Additionally, the program utilizes SSDI funds to support system linkages on the various MCH surveillance systems as well as for data and epidemiological training to further develop skillsets in literature searches, evidence evaluation, and research.

Furthermore, SSDI funds are used to support culturally appropriate training specifically designed to increase awareness, knowledge, and skills of front-line data collection staff. Workshops are conducted annually where the program presents data and report on various MCH issues to give attendees a better understanding of issues related to Palau's MCH population. The workshops also provide the opportunity for MCH staff and collaborative programs to provide feedback on how services could be improved.

Moreover, Palau actively seeks training to develop capacity in the areas of tobacco use prevention, physical activity promotion, obesity reduction, and prevention by supporting trainings, conference attendance, and workshops that provide continued education for nurses and health education coordinators.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

The program utilizes a Public Health Epidemiologist Specialist to support the program's data enhancement activities. Recognizing that this is one individual responding not only to MCH but also to other data needs that are assigned to her. The program has identified in house staff that will be shadowing the PH Epi Specialist in smaller data management schemes to help alleviate and expand MCH data capacity. As noted below, the MCH program relies on many data sources to complete and respond to program mandates, and it acknowledges that at this time, efforts to increase epidemiology staff is unknown.

Data Sources

MCH Birth Registry

Palau Maternal and Child Health program utilizes its own birth registry to record all birth events. Vital records often takes years to complete and therefore the program had to develop its own database to capture birth events. Data are often reported as interim data until verified and finalized with the medical records. MCH birth registry data dates back to 2007 for each birth event and contains birth outcomes for both baby and the mother to include mothers tobacco use, BMI, and breastfeeding.

PPRASS

PPRASS or Palau Pregnancy Risk Assessment Surveillance was modeled after the U.S. PRAMS but tailored to include questionnaires relevant to Palau and its population. Data are collected annually from mothers who delivered a live birth dating back to 2003. Data contains information on maternal behaviors and experiences that may influence pregnancy outcomes.

Prenatal and Postnatal Psychosocial Needs Assessment Survey

Prenatal Psychosocial Needs Assessment Survey inquires about maternal psychosocial health that may be associated with unfavorable postpartum outcomes. Concerning issues identified during the survey are often followed-up or referred if additional support or services are needed. Data on maternal factors: reason for not starting prenatal care sooner, depression, emotional problems; family factors: social support, stressful events, relationships; Substance use: Alcohol, tobacco use to include chewing betel nut with tobacco and other drug use; family violence, financial support and transportation, etc. are collected for analysis and program use. Postnatal Psychosocial Needs Assessment Survey contains the same questionnaires but inquires about post pregnancy psychosocial health.

School Health Screening

School health screening if often conducted annually for students in odd grades of 1st, 3rd, 5th, 7th, 9th and 11th grades in all public and private schools in Palau. The in-school screening identifies children with common health problems and psycho-social experiences and refer those with problems to appropriate agencies and determine the health and psychosocial status of students as bases for monitoring and designing early health and health-related interventions. Screening covers children and adolescent health needing counseling or medical treatment, health and social problems to include bullying and injury, BMI, hypertension, depression and suicide, teen pregnancy, STI and substance use and abuse, etc. The screening also enables public health specifically the Family Health Unit to design programs and monitor progress.

EHDI Surveillance System

EHDI surveillance system captures important data on newborn hearing screening to include metabolic screening for infants. Screening complies with the JCIH 1-3-6 timeline recommendations. Infants identified with possible hearing loss are monitored and referred for further assessment, treatment and diagnosis.

Other surveillance and Registries

Other surveillance and registries commonly shared with the Palau MCH program are data from the communicable disease registry for assessing STI's/HIV and tuberculosis relevant to the MCH population, Immunization registry, cancer registry, and family planning registry for the reproductive age group. Reports and data systems were consulted for the needs assessment.

CSHCN Survey

The CSHCN Survey is conducted every two years to provide estimates of the health needs and issues of children and youth with special health care needs. The survey was modeled after the US State and Local Area Integrated Telephone Survey "SLAITS" draft 5. It was first conducted in 2008 and again in 2011. The survey covers health and functional status, access to care: utilization of unmet needs, care coordination, satisfaction with care, and impact on the family, availability and accessibility of community support systems. To keep the survey operations manageable, cost-effective, and timely, the family health unit uses the list of currently identified children with special health care needs as the sampling population. Data was collected by staff from the Family Health Unit and was conducted in a face-to-face interview format.

2014 CHL Survey

The children healthy living survey was conducted in 2014 for children 2 to 8 years old that involved data collection on body size, functional outcomes of obesity, food intake, physical activity, lifestyle behavior which included screen time and demographics. Results of the study were also considered.

2015 Palau Census

The updates from the 2015 Republic of Palau Census provided the bases for socio-demographics data including population estimates by race/ethnicity for the MCH population.

BRFSS

The 2013 BRFSS or Behavior Risk Factor Surveillance System provided measures on behavioral risk factors for the adult population (18 and over) in Palau. Results were consulted for the needs assessment.

STEPS Survey

The STEPS survey provided baseline data on a portion of women of reproductive age group between the ages of 25-44 years old. Behavioral risk factors, including demographic information, education level, ethnicity, marital status, and work status, number of people in a household and household income were collected to include substance use, physical and biochemical measures.

YRBS

YRBS or Youth Risk Behavior Survey was also utilized to supplement the school health screening data. YRBS collects data from a single, most populated public high school in Palau (grades 9-12). Data on unintentional injuries and violence, substance use, sexual behaviors, dietary behaviors, physical activity, obesity and other health topics were collected. Results were also considered for the needs assessment.

UDS

UDS or Uniform Data Systems report for the community health centers provides the overview of clinical performance as well the number of visits for the different services offered in the CHC's. UDS report is shared with Public Health Programs annually. Most of the services for MCH are provided at the community health centers.

ASQ

Implementation and training of the ASQ or ages and stages questionnaires was conducted in 2016 for local pediatricians and health care providers to detect developmental delays in children 0-5 years old. The tool will assist health care professionals gauge developmental progress and refer them to early childhood servicing agencies.

Data are currently being collected by the program for analysis and for the identification of future needs assessment of children ages 0-5 years old.

Data Gaps and Needs

Aside from the above mentioned surveillance and monitoring tools, there are some substantial data gaps to monitor the health of Palau's MCH population.

Women/Maternal Health

- There are gaps in existing surveillance tools to capture information on preconception counseling and education. Preconception counseling and referral services are currently being documented in medical charts. The program selected this as one of its evidenced based strategy but existing tools lack relevant information for this measure.
- There is a need to develop monitoring tools to effectively collect data on well-women visits to include tracking of women seen at private clinics.

Perinatal/Infant health

- There is a need to improve data collection from PPRASS to ensure that at least 70% or more mothers participate in the survey to get a better representation of the data on safe sleep and breastfeeding.
- Enhance the PPRASS survey to include monitoring of breastfeeding education and counseling.

Child and Adolescent Health

- There is very little information collected from children ages 2-5 years old. There is a need to conduct or enhance existing surveillance tools to capture data on early childhood. Mainly to monitor childhood obesity as well as childhood injuries.
- Enhance existing school health screening surveillance system to accurately track referrals, follow-up and interventions.

Cross-Cutting

- Improve data sharing between Behavioral Health and Palau MCH on students and pregnant women who receive cessation services.
- Propose the use of de-identified survey tool to capture alcohol, tobacco and substance use amongst the adolescent group.

Other Improvements

With Palau's recent internet access upgrade to include the use of a fiber optic cable and the subsequent increase in the use of electronic devices, the program has converted its paper-based survey to a digital/web-based interface to eliminate the need for manual data entry. This will also alleviate staff work load. School health screening, client satisfaction survey, pre & post-natal psychosocial needs assessment surveys, as well as the pregnancy risk assessment survey are currently piloted at the clinic.

In addition to the improvements, a plan has been put in place to review and enhance existing surveillance tools to ensure that the program improves its ability to monitor the health needs and status of the MCH population, and identify areas for improvements in services and quality of care.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

The Unit is a partner in the Health Care Coalition (HCC)in ensuring that the MCH population, including children and youth with special health care needs, are protected in times of emergencies. This is a coalition of various agencies that assist the National Emergency Management Office and Public Health Emergency Health in response to disasters and emergencies.

The program does not have a program Emergency Operations Plan (EOP) but follows the EOP that was developed by the Emergency Health Program, most recently the plan in response for COVID-19. As a member of the HCC the program does ensure that the MCH population and especially children with special health care needs are identified via location and status of health care condition so that response teams can be prepared for rescue, evacuation or provision of medical services.

Staff have gone through introductory incident command systems trainings to participate in emergency efforts. The programs pediatrician is a member of the Emergency Medical Services program and ensure s that clinical and public health service providers are kept up to date changes to the current management plans on evacuation and clinical care during emergencies.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

Family partnerships are essential to the success of the MCH program for insights and issues raised that are not reiterated to the program directly. Family partnership participation is recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit organizations and committees. Several parents of special needs children are members of the ECCS state team and the Inter agency initiatives. MCH also partners with the Palau Parents Empowered, a non-profit organization that supports parents of children with disabilities. Information and education are being developed for families of CYSHCN to empower them to provide input on policies and program activities and to assist in disseminating program information to families in their network. It is through this partnership that the program develops and strengthens the interagency committee so that services and care coordination can be fully utilized by those that need it. The program also partners with Ulekereuil a Klengar for continued growth of the breastfeeding initiative in the private sectors. The Title V program works with OMUB (community advisory council for cancer in Palau) to promote cancer prevention efforts through education and behavioral change strategies.

The Title V program is a member of various organizations that promote family centered services, community based and coordinated care for all of our clients. These are essential 'family health' partnerships that have been developed through the years.

1. Family Planning, Information & Education Committee. This committee advises the family planning program on appropriate information and education materials for the various ethnic backgrounds on the island. This group also discusses key issues that are happening/impacting users and potential users right now. Topics range from teen pregnancy, contraception, religion, finances and culture to name a few. This committee assists plays an important role to the program office as they provide an entry point into their community and peers.
2. Community Advocacy Program and Early Childhood & Comprehensive Committee. This program develops radio talk shows, community engagements and outreach to schools to deal with issues around areas of sexual and reproductive health.
3. Adolescent Health Program & School Principals: Each year this team meets to discuss issues and ideas on how to equip teachers with the necessary tools to enable our children to be more active and lead healthier lives.
4. Health Advisory Committee. This committee discusses health and safety in the head start centers. The program participates in parent trainings, stakeholder meetings and also participation of inspections before school starts to ensure they follow guidelines. Parent trainings are provided based on the head start needs assessment that is completed every year as well as specific requests made by individual schools.
5. Nutrition Committee: This committee adopted breastfeeding as one of its goals to further promote the effectiveness and benefits or breastfeeding, especially exclusive breastfeeding through six months. This committee as part of the NCD Mechanism provides education and community awareness on the benefits of breastfeeding.
6. Chronic Disease Self-Management program: this program provides CE sessions for identified people with chronic disease on how to improve their current health status and promote healthy lifestyle choices. As some of our clients are children who are obese or have pre-hypertension, through this course, parents are invited to attend these sessions to learn attitudinal and behavioral techniques to help assist their children to improve their calorie intake whether at school or home. Program encourages clients to attend these self-management courses to obtain educational information and awareness of chronic health problems as well as hear success stories from their peers.
7. Head Start Policy Council– to ensure that all centers follow policies that cover hiring, personnel receive appropriate training and centers follow safety protocols for all children that are enrolled in the centers.
8. CSN Committee, review CSN cases (home visits, transportation services) – this committee meet to discuss

current children with special health care needs that have been identified by a Pediatrician or Psychiatrist. Every month, clinical providers, head start, special education, partner family NGO meet to discuss progress of children and update on specialty clinics that will be available.

9. UNHSI Advisory Committee – strategic and program planning. This committee advises the program on how to improve service coordination for children that have been identified with a hearing loss or is suspected of a hearing loss.
0. Health Promotion and Outreach Team – program outreach and awareness. This is a team that comprises of clinicians, educators and program staff from programs under the division of primary and preventive health. These programs include immunization, NCD, CDU as well as the health centers to enable access to care to those that would normally not be able to travel to the clinics to access services.
1. Health & PE Planning Committee – this committee works with the Ministry of Education in upskilling the current workforce (teachers/curriculum development personnel) in the areas of health and physical education. It also provides an annual venue for all schools to convene and share/discuss good practices that have been implemented and delve further on how to improve on current ones.
2. Division of Primary & Preventive Health Conference Committee – this conference brings all the programs under the division to look at how we can improve on services that are offered back to the community. Each program share their goals, report on accomplishments and provide continuing education opportunities for clinical and non-clinical staff.
3. Public Health Convention Committee – this conference brings all the programs under the Bureau of Public Health to report out to the community. Through this forum we gather feedback from the community on we can best serve them through the provision of our current services and how to improve/bring in new services. Each program share their goals, report on accomplishments.
4. Health Care Coalition – this is a coalition of various agencies that assist the National Emergency Management Office and Public Health Emergency Health in response to disasters and emergencies. The Unit is a partner in this coalition in ensuring that the MCH population, including children and youth with special health care needs, are protected in times of emergencies.

Palau does not have and is not eligible for Medicaid and SCHIP. Family/Consumer Partnerships

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

Palau does not qualify for Medicaid

III.E.2.c State Action Plan Narrative by Domain

State Action Plan Introduction

The vision and mission of the Palau Title V program is to improve families' health through the provision of quality and comprehensive public health and medical services so that they are healthy leading quality lives, allowing them to productive members in their families, their communities and the nation. This is the only program within the Bureau of Public Health that covers the entire spectrum of the MCH population, including men. Within the Bureau of Public Health, there are programs that deal with specific diseases, specific genders and even specific populations. The program partners with various public health programs to deliver a comprehensive approach to service delivery to include disease prevention and intervention, holistic and community approaches to preventive health and disease management including case management and coordination of services for children with special health care needs.

The Palau MCH program collects the data, provision of data analysis/interpretation is done through the epidemiology unit under the direction of the Director of the Bureau of Public Health and disseminates the information to program partners, agency partners and community partners. Through these reports, the program distributes to our partners for their comments and input. Recognizing that the program does not have the capacity to respond to all needs, we rely on collaborative partnerships to develop strategies to address needs that have been prioritized. These priorities are then shared with our community partners for inclusion in their program strategies for a more streamlined service delivery to the various MCH populations.

With the ability to provide partner programs, stakeholders and policy makers reliable and accurate data, the program works in partnership to develop programs, services and/or interventions that respond to changes within the MCH population. These activities include talk shows, community events, program reports and program collaborations to raise awareness of issues such obesity among children and adolescents, teen pregnancies, family planning, pregnancy goals and well man visits.

A holistic approach is practiced to utilize availability of human resources. Under the Family Health Unit, which houses the MCH program, the unit is part of a collaborative team of public health educators and screeners that conducts community visits and provides education and awareness and basic health screenings. The program also conducts its own clinic surveillance for monitoring and evaluation of the program. Understanding the limitations and availability (or lack thereof) the program's staff and expertise in the areas of need that need to be addressed, we rely on our partnerships and cultural practices of community cohesiveness to deliver services.

Women/Maternal Health

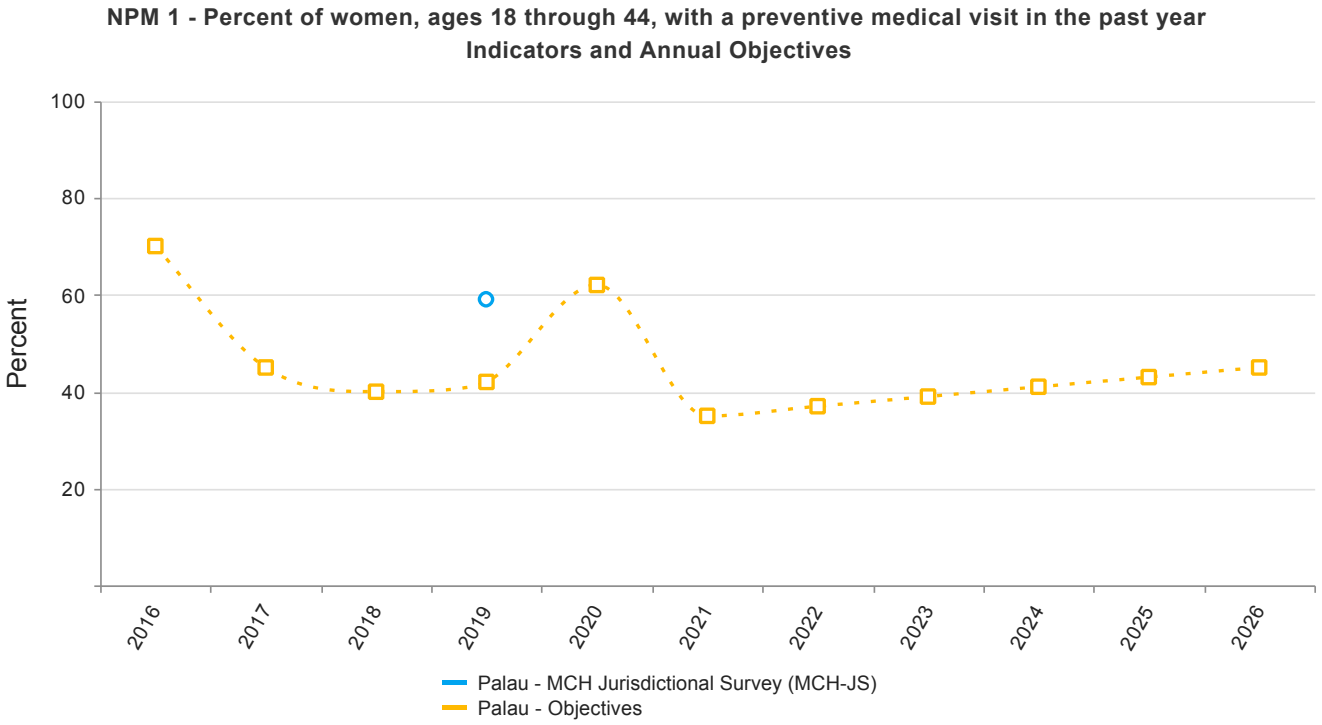
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID	Data Not Available or Not Reportable	NPM 1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	MCH-JS-2019	17.3 %	NPM 1

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 5 - Percent of preterm births (<37 weeks)	MCH-JS-2019	23.4 %	NPM 1
NOM 5 - Percent of preterm births (<37 weeks)	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2019	15.8	NPM 1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2019	9.4	NPM 1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy	PRAMS	Data Not Available or Not Reportable	NPM 1
NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations	SID	Data Not Available or Not Reportable	NPM 1
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	MCH-JS-2019	21.3 %	NPM 13.1
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	NSCH	Data Not Available or Not Reportable	NPM 13.1
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	MCH-JS-2019	1.7 %	NPM 13.1
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 13.1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	76.3 %	NPM 13.1

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 13.1
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	MCH-JS	Data Not Available or Not Reportable	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	PRAMS	Data Not Available or Not Reportable	NPM 1

National Performance Measures



Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		62
Annual Indicator	59.1	59.1
Numerator	1,318	1,318
Denominator	2,229	2,229
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	70	45	40	42	62
Annual Indicator	38.8	38.1	42.4		35.8
Numerator	1,199	1,195	1,342		1,513
Denominator	3,087	3,137	3,163		4,229
Data Source	Public Health Information System	Public Health Information System	Public Health Information System		PHIS
Data Source Year	2016	2017	2018		2020
Provisional or Final ?	Final	Final	Final		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	37.0	39.0	41.0	43.0	45.0

Evidence-Based or –Informed Strategy Measures

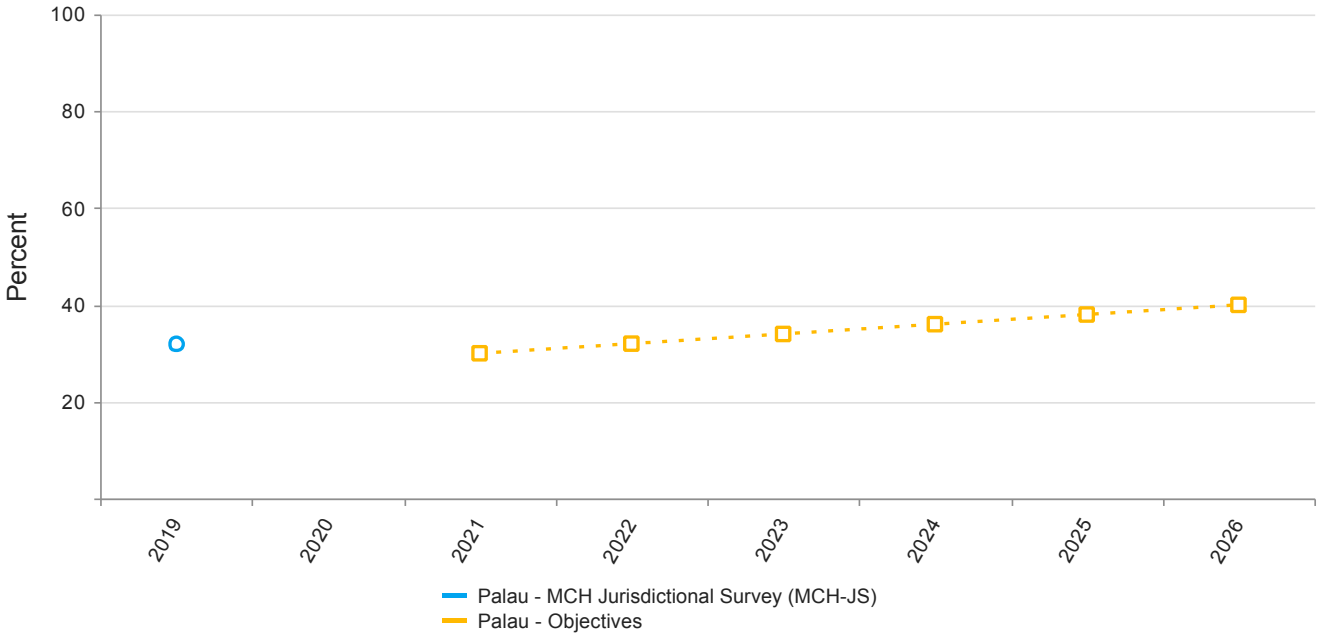
ESM 1.1 - Percent of women who receive preventive medical services through community outreach activities

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	24.7	23.7
Numerator	874	847
Denominator	3,545	3,574
Data Source	MCH/FP Registry	MCH/FP Registry
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	30.0	35.0	40.0	45.0	50.0	50.0

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy
Indicators and Annual Objectives



Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	31.8	31.8
Numerator	974	974
Denominator	3,062	3,062
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	30.0	32.0	34.0	36.0	38.0	40.0

Evidence-Based or –Informed Strategy Measures

ESM 13.1.1 - Increase the number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	20	36
Numerator	11	9
Denominator	55	25
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	20.0	25.0	25.0	30.0	30.0	30.0

State Outcome Measures

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		32.9
Numerator		70
Denominator		213
Data Source		2020
Data Source Year		PPRASS
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	40.0	45.0	50.0	55.0	60.0

State Action Plan Table

State Action Plan Table (Palau) - Women/Maternal Health - Entry 1	
Priority Need	
Prenatal Care	
NPM	
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Objectives	
Increase by 5% the number of pregnant women receiving prenatal care during first trimester by 2025	
Strategies	
Improve collaborations with private clinics and other public health programs, (Family Planning, CHC, NCD, Cancer Clinic, HIV/STI Behavioral Health) , to improve womens health – preconception and interconception, -reproductive health planning, -well woman preventive visits, - Cancer Screening.	
Develop and implement community & outreach plan to increase awareness on the importance of and access to early prenatal care, especially at the community health centers in Babeldaob and Peleliu	
Collaborate with healthcare providers to develop and implement standards of care for a well woman visit.	
Work to improve data collection process to accurately track women's visit at other private clinics.	
Strengthen case management and home visitation activities for at risk pregnant women.	
ESMs	**Status**
ESM 1.1 - Percent of women who receive preventive medical services through community outreach activities	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Palau) - Women/Maternal Health - Entry 2	
Priority Need	
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	
NPM	
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Objectives	
increase number of women receiving a preventive screen	
Strategies	
increase health promotion and prevention with the partner programs and with the health promotion outreach team	
ESMs	Status
ESM 1.1 - Percent of women who receive preventive medical services through community outreach activities	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Palau) - Women/Maternal Health - Entry 3

Priority Need

Oral Health for Pregnant Women and Children

NPM

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Objectives

increase dental screening for those that chew betelnut

Strategies

integrate, schedule and/or promote scaling services during prenatal visits

ESMs	Status
ESM 13.1.1 - Increase the number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy	Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Birth registry data are collected from medical records or charts by a nurse from the Family Health Unit (FHU) and entered into the birth registry database. Data for this report were derived from matched files of 2020 birth registry records and BNH HIS.

Pre and postnatal psychosocial needs assessment and pregnancy risk assessment surveillance surveys are administered and collected from women who access prenatal and postnatal services. PPRASS or Palau Pregnancy Risk Assessment Surveillance was modeled after the U.S. PRAMS but tailored to include questionnaires relevant to Palau and its population. Data are collected annually from mothers who delivered a live birth dating back to 2003. Data contains information on maternal behaviors and experiences that may influence pregnancy outcomes.

2020 Projected Population
Palau's projected population, based on the 2015 census is 18,379 for 2020. Gender difference indicates more male than female in all age groups except for ages 65 and above. Approximately 45% are within the reproductive age group (15-44) while children and infants 0 through 19 comprise about 27%.

Fertility
Palau continues to see low fertility levels below replacement fertility in the past 5 years. The overall fertility rate for Palau in 2020 was 1.8 per 1,000 women.
Fertility rates of women within the high-risk group of <20 years old was 25.0, a slight decline from 30.9 per 1,000 women in 2016. Furthermore, the fertility rate of women ≥35 years old was at 37.8 in 2020.

Crude Birth Rate
The annual crude birth rate in 2020 was 11.6 and the 3-year moving average is 12.4 per 1,000 live births.

Fetal and Infant Mortality Rate
In the past 10 years, Palau continues to see increase in both infant and fetal mortality rates. The infant mortality rate was 18.8 in 2020 as compared to 4.0 per 1,000 live births in 2011.
The 2020 fetal mortality rate at 28 or more weeks' gestation was 23.5 per 1,000 live births plus fetal deaths. The 5-year funning average from 2016-2020 was 17.9.

Births
Average number of births annually in Palau is 224 in the past 5 years. In 2020, there were 218 deliveries of which 213 were live births. There were more male than female births in the past 5 years except for 2018 were more than half of the births were female.

About 70% of live births in 2020 were to women who lived in Koror; about 3% reside in Peleliu, and the remaining 27% live in Babeldaob.

When asked if they had regular transportation to the clinic, 9% said "No," and about 11% said they did not have any means of transportation anywhere.

Maternal Age and Race/Ethnicity
Of all live births in Palau in 2020, about 72% were Palauan, 25% were Asian mainly from the Philippines [n=45], China [n=5], Japan [2], and India [1]. Other Pacific Islander [n=4] are all from FSM.

Babies delivered to younger and older women are often at increased risk of poor birth outcomes, including

prematurity, low birthweight, and infant mortality. About 7% of live births were to women under the age of 20 and 5% were to women 40 years or older.

Maternal Marital Status and Education
Among the women that gave birth in 2020, 53% said they were single at the time of delivery.

Additionally, 2 out of 5 women who gave birth in 2020 had either a high school diploma or less. About 50% attended some college/technical school or earned a college associate degree.

C-Section and Birth Interval
Cesarean delivery rate in Palau has remained the same in the past 5 years. 33% of women who gave birth in 2020 had a cesarean delivery. 46% had no indication of complications, and15% were repeated CS.
Furthermore, 56% of women had inter-birth interval of 1 year and maximum of 25 years.

Preterm and Low Birth Weight
The percentage of infants born at low birth weight (LBW) of <2,500 grams has slightly increased in 2020 at 11% as compared with 8% in 2016. Average birth weight of infants born in 2020 was 3,073 grams (6.77 lbs).

In 2020, there were 13 preterm births of <37 weeks gestation in Palau representing 6% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy.

Early Prenatal Care
In 2020, about 25% of women said they did not get prenatal care as early as desired. 38% said they had too many things to do; 25% said did not know she was pregnant; 25% said other reason and 13% said they could not get an appointment.

Unintended Pregnancy
In 2020, about 67% of pregnant women who participated in the Prenatal Psychosocial Needs Assessment Survey (PPNAS) said they did not plan pregnancy. About 4% said they did not accept the pregnancy and 4% were not happy with the pregnancy.

Reasons for Unprotected Sex
As part of the PPRASS Survey, women who had an unintended pregnancy were asked why they did not use birth control. Overall, majority of pregnant women or 48% said, “they did not think they could get pregnant.” Furthermore, 36% said “they wanted to get pregnant.”

Tobacco Use
Tobacco use among pregnant women in Palau increased in 2020 at 62% as compared to 48% in 2016. About 33% said they decreased tobacco use during pregnancy, 54% said it remained the same, and none (0%) quit tobacco use.

Prenatal Oral Health
In 2020, 26% of pregnant women who participated in the PPRASS survey said they had a dental exam and or cleaned their teeth 12 month prior to pregnancy; 82% received dental exam as part of their first prenatal care and 18% received dental care as a result of prenatal care dental exam.

Mental Health
In 2020, 11% of pregnant women who completed the prenatal psychosocial needs assessment survey said they felt

depressed for 2 or more weeks at a time. 13% said they needed help with their emotional problems; 10% said they did not have a friend or a relative that they could talk to about their emotional problem.

When asked if these issues make them constantly worry, 14% said yes; more than half said they lose sleep over it.

Breastfeeding
Exclusive breastfeeding up to 3 months has remained the same in the past 5 years. About 64% said they had to go back to school or work. 27% said they had other reasons for not exclusively breastfeeding and 9% of mothers said they stopped breastfeeding exclusively because they did not have enough breast milk.

Safe Sleep
In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. In 2020, about 82% of women placed their infant to sleep on their backs. 15% said they either placed them on their back or side. And about 3% said they placed them on their stomach or chest.

Infant Oral Health
Although it is important to care for child's teeth and dental health from birth, about 24% of mothers who completed the 2020 PPRASS survey said they rarely clean their infant's gums and nearly 27% put their baby to bed with a bottle prop in their mouth.

Women/Maternal Health - Application Year

Maternal/Women's health

Priority Need	Objective	Strategies
Increase percentage of pregnant women accessing prenatal care	Increase the number of pregnant women receiving prenatal care during first trimester in the next five years	Collaborations • Improve collaborations with private clinics and other public health programs, (Family Planning, CHC, NCD, Cancer Clinic, HIV/STI Behavioral Health), to improve women's health in preconception and inter-conception, reproductive health planning, well woman preventive visits and Cancer Screening • Increase education • Develop and implement community & outreach plan to increase awareness and access to early prenatal care • Home visitation • Collaborate with healthcare providers to develop and implement standards of care for a well woman visit. • Strengthen case management and home visitation activities for at risk pregnant women. Refine referral process • Improve data collection process to accurately track women's visit at private clinics.

Plan for the Application Year

Program plans for the year remain the same with the addition of implementing preventive measures in response to COVID-19. Physical distancing measures, hand washing/sanitizing and coughing/sneezing etiquettes will be practiced in all outreach and home visit activities, including how we conduct trainings and meetings.

Program's participation in the Divisional Health Promotion and Outreach Team continues as there has been some positive reception from the community visits that have been taking place this past year. In the onset, these include healthy eating, incorporating physical activities into their daily routines, accessing services that are available within our program and through the Community Health Centers (CHC). The program plans to include in our education and outreach efforts messaging that does not contain medical jargon and invite service providers from the behavioral health division and non-government partners in community outreach efforts/activities, talk shows and public awareness campaigns that coincide with health awareness days/month in connection to women and women's health. It is through these collaborations with our partners that we plan to increase awareness of health lifestyle through our clinics, our outreach efforts/activities and through the use of social media so that information shared with the community is not oversaturated with multiple visits/messaging.

While it is beneficial to the program to maintain these collaborations it is also imperative that we also include men in the discussion of the importance of well women visits. In partnership with the Family Planning program, the male health clinic and outreach activities are planned to encourage male participation in the overall care and importance of preconception health and accessing early prenatal care. These activities encourage all men, to take ownership of the health in support of the women and children in their lives. In Palauan culture, although women ultimately hold

power and influence in familial decisions, there is still great emphasis on the role of men in the upbringing of their nieces. It is through this general knowledge that the program plans to integrate male involvement in the decision making for improved care.

Partnering with other public health programs, we extend the reach of our clients to access services such as cancer screening/prevention efforts, nutritional education for women who are considered high risk clients in areas of obesity and hypertension, STI/HIV prevention and also immunization against preventable diseases. These efforts are further supported through the community health centers that are strategically located across the islands to allow for access to services.

MCH Program will continue to work with other Public Health Programs to strengthen collaborations and referral process to prenatal clinic. Prenatal care services can be accessed through our clinics and one of the three private clinics on island. Although all births are completed at the hospital, at this time we cannot adequately identify when and what kind of services did our pregnant women receive from the private clinics. This discussion has not reached any consensus, however the program continues to reach out to management to consider this in their prioritization of needs.

Program continues to work with community partners/NGO to reach out to the female population to address this priority need. The Mechesil Belau, a local women's group that comprises of women who are held in high regard in their respective communities, clans and families, can be a strategic partner for the program to raise awareness in the importance of women's health and early prenatal care and can be influential in getting women to access our clinics in general. We continue to maintain the working relationship that has been established with Head Start in conducting community outreach targeting families in the Babeldaob areas of Palau. Plans on the expansion of the current MCH 'Womb to Two' brochure to 'Womb to School' was put on hold in 2020 as public health diverted efforts into COVID-19 response plan. It is hoped that in 2021 the program will be able to source other funds/partners to enable this publication. This is to provide more information for families on what to do and expect as their child nears school entry age.

Continued trainings to maintain skills and update on new practices and issues will be provided to clinic staff on healthy lifestyle, preconception and pregnancy counseling and referral. The program will continue to support Oral Health initiatives in providing oral health education and preventive services for pregnant women and children/adolescents.

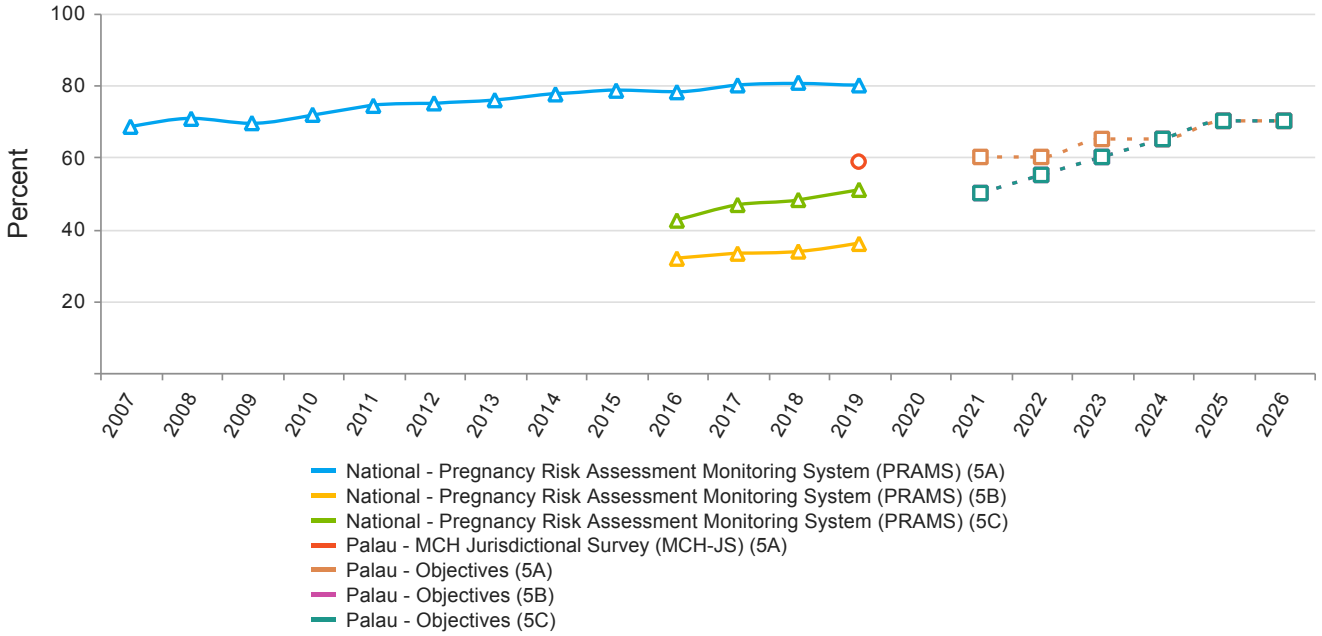
Perinatal/Infant Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2019	15.8	NPM 4 NPM 5
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS	Data Not Available or Not Reportable	NPM 4 NPM 5
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 4 NPM 5

National Performance Measures

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding
Indicators and Annual Objectives



NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	58.6	58.6
Numerator	120	120
Denominator	204	204
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	60.0	60.0	65.0	65.0	70.0	70.0

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	0	47.9
Numerator	0	102
Denominator	213	213
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	50.0	55.0	60.0	65.0	70.0	70.0

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	0	47.9
Numerator	0	102
Denominator	213	213
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	50.0	55.0	60.0	65.0	70.0	70.0

Evidence-Based or –Informed Strategy Measures

ESM 5.1 - Increase education and awareness on the "ABC's" of safe-sleep

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	35.2	39.9
Numerator	74	87
Denominator	210	218
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	40.0	45.0	50.0	55.0	55.0

State Performance Measures

SPM 2 - Percent of safe sleep and breastfeeding training provided to pregnant women

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	50.0	50.0	50.0	50.0	50.0	50.0

State Outcome Measures

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		32.9
Numerator		70
Denominator		213
Data Source		2020
Data Source Year		PPRASS
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	40.0	45.0	50.0	55.0	60.0

State Action Plan Table

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 1	
Priority Need	
Breastfeeding and Safe-Sleep	
NPM	
NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	
Objectives	
increase number of education given to parents on safe sleep	
Strategies	
train service providers to educate parents on proper safe sleep practices	
ESMs	**Status**
ESM 5.1 - Increase education and awareness on the "ABC's" of safe-sleep	Active
NOMs	
NOM 9.1 - Infant mortality rate per 1,000 live births	
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 2

Priority Need

Breastfeeding and Safe-Sleep

SPM

SPM 2 - Percent of safe sleep and breastfeeding training provided to pregnant women

Objectives

By 2025, decrease the rate of infant death by 10%.

Strategies

Support Breastfeeding initiative through education and counseling for young mothers on the importance of exclusive breastfeeding up to six months.

First embrace: (1) Promote family members participation during labor and delivery stages; (2) Social media campaigns; (3) Develop and implement health promotion plan with community breast feeding peer support group.

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 3

Priority Need

Breastfeeding and Safe-Sleep

SOM

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months

Objectives

By 2025, decrease the rate of infant death by 10%.

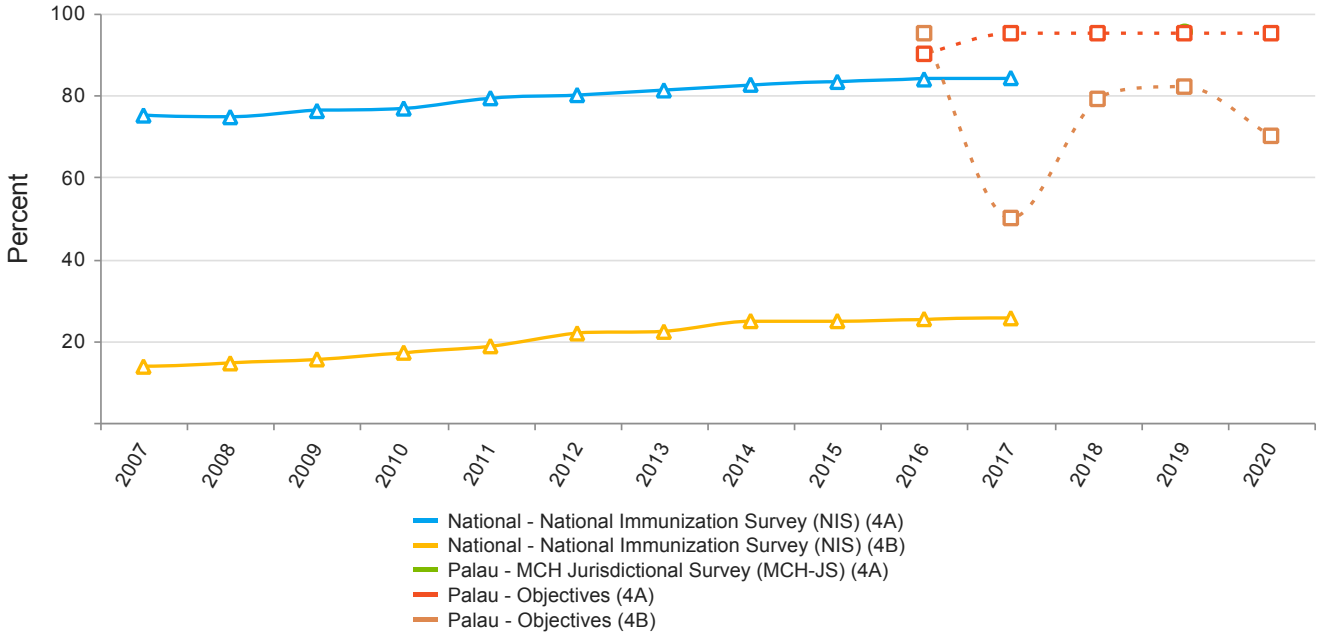
Strategies

Support Breastfeeding initiative through education and counseling for young mothers on the importance of exclusive breastfeeding up to six months.

First embrace: (1) Promote family members participation during labor and delivery stages; (2) Social media campaigns; (3) Develop and implement health promotion plan with community breast feeding peer support group.

2016-2020: National Performance Measures

2016-2020: NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
Indicators and Annual Objectives



2016-2020: NPM 4A - Percent of infants who are ever breastfed

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	95	95
Annual Indicator	95.5	95.5
Numerator	1,399	1,399
Denominator	1,464	1,464
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	90	95	95	95	95
Annual Indicator	100	100	97.7		
Numerator	212	221	250		
Denominator	212	221	256		
Data Source	Prenatal/Ob Registry	Prenatal/Ob Registry	Prenatal/Ob Registry		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

2016-2020: NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	95	50	79	82	70
Annual Indicator	46.7	78.4	52.4	65.5	
Numerator	35	76	75	36	
Denominator	75	97	143	55	
Data Source	Palau Prenatal Risk Assessment Survey	Palau Prenatal Risk Assessment Survey	Palau Prenatal Risk Assessment Survey	Palau Prenatal Risk Assessment Survey	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Final	Final	Final	Final	

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 4.1 - Increase by 5% annually the number of pregnant women provided with breastfeeding education and counseling.

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		60	60	90	90
Annual Indicator	100	100	98.8	98.1	94.8
Numerator	212	219	253	206	202
Denominator	212	219	256	210	213
Data Source	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

2016-2020: State Performance Measures

2016-2020: SPM 2 - Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		45	70	75	80
Annual Indicator	0	80	78.6	78.6	4.7
Numerator	0	20	33	11	2
Denominator	3	25	42	14	43
Data Source	ROP Statistics	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Provisional	Provisional	Final

2016-2020: State Outcome Measures

2016-2020: SOM 1 - Percent of children screened and enrolled in early intervention

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	5	10	12
Annual Indicator	0	4.8	6.1	3.9	1.9
Numerator	0	10	12	8	4
Denominator	1,456	207	198	205	210
Data Source	ASQ Database	ASQ Database	ASQ Database	ASQ Database	ASQ Database
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Provisional	Final	Final

2016-2020: SOM 2 - Percent of child maltreatment cases receiving care

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	55	60	65
Annual Indicator	0	100	100	75	50
Numerator	0	1	2	3	2
Denominator	3	1	2	4	4
Data Source	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

2016-2020: SOM 3 - Percent of children ages 0-5 who received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertusis, Haemophilius Influenza, and Hepatitis B

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		30	60	65	70
Annual Indicator	25.2	67.1	67.4	65.9	63.1
Numerator	367	1,246	997	983	948
Denominator	1,456	1,856	1,479	1,491	1,503
Data Source	Immunization Registry	WebIZ	WebIZ	WebIZ	WebIZ
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Provisional	Provisional

Birth registry data are collected from medical records or charts by a nurse from the Family Health Unit (FHU) and entered into the birth registry database. Data for this report were derived from matched files of 2020 birth registry records and BNH HIS.

Pre and postnatal psychosocial needs assessment and pregnancy risk assessment surveillance surveys are administered and collected from women who access prenatal and postnatal services. PPRASS or Palau Pregnancy Risk Assessment Surveillance was modeled after the U.S. PRAMS but tailored to include questionnaires relevant to Palau and its population. Data are collected annually from mothers who delivered a live birth dating back to 2003. Data contains information on maternal behaviors and experiences that may influence pregnancy outcomes.

2020 Projected Population
Palau's projected population, based on the 2015 census is 18,379 for 2020. Gender difference indicates more male than female in all age groups except for ages 65 and above. Approximately 45% are within the reproductive age group (15-44) while children and infants 0 through 19 comprise about 27%.

Fertility
Palau continues to see low fertility levels below replacement fertility in the past 5 years. The overall fertility rate for Palau in 2020 was 1.8 per 1,000 women.
Fertility rates of women within the high-risk group of <20 years old was 25.0, a slight decline from 30.9 per 1,000 women in 2016. Furthermore, the fertility rate of women ≥35 years old was at 37.8 in 2020.

Crude Birth Rate
The annual crude birth rate in 2020 was 11.6 and the 3-year moving average is 12.4 per 1,000 live births.

Fetal and Infant Mortality Rate
In the past 10 years, Palau continues to see increase in both infant and fetal mortality rates. The infant mortality rate was 18.8 in 2020 as compared to 4.0 per 1,000 live births in 2011.
The 2020 fetal mortality rate at 28 or more weeks' gestation was 23.5 per 1,000 live births plus fetal deaths. The 5-year funning average from 2016-2020 was 17.9.

Births
Average number of births annually in Palau is 224 in the past 5 years. In 2020, there were 218 deliveries of which 213 were live births. There were more male than female births in the past 5 years except for 2018 were more than half of the births were female.

About 70% of live births in 2020 were to women who lived in Koror; about 3% reside in Peleliu, and the remaining 27% live in Babeldaob.

When asked if they had regular transportation to the clinic, 9% said "No," and about 11% said they did not have any means of transportation anywhere.

Maternal Age and Race/Ethnicity
Of all live births in Palau in 2020, about 72% were Palauan, 25% were Asian mainly from the Philippines [n=45], China [n=5], Japan [2], and India [1]. Other Pacific Islander [n=4] are all from FSM.

Babies delivered to younger and older women are often at increased risk of poor birth outcomes, including

prematurity, low birthweight, and infant mortality. About 7% of live births were to women under the age of 20 and 5% were to women 40 years or older.

Maternal Marital Status and Education
Among the women that gave birth in 2020, 53% said they were single at the time of delivery.

Additionally, 2 out of 5 women who gave birth in 2020 had either a high school diploma or less. About 50% attended some college/technical school or earned a college associate degree.

C-Section and Birth Interval
Cesarean delivery rate in Palau has remained the same in the past 5 years. 33% of women who gave birth in 2020 had a cesarean delivery. 46% had no indication of complications, and15% were repeated CS.
Furthermore, 56% of women had inter-birth interval of 1 year and maximum of 25 years.

Preterm and Low Birth Weight
The percentage of infants born at low birth weight (LBW) of <2,500 grams has slightly increased in 2020 at 11% as compared with 8% in 2016. Average birth weight of infants born in 2020 was 3,073 grams (6.77 lbs).

In 2020, there were 13 preterm births of <37 weeks gestation in Palau representing 6% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy.

Early Prenatal Care
In 2020, about 25% of women said they did not get prenatal care as early as desired. 38% said they had too many things to do; 25% said did not know she was pregnant; 25% said other reason and 13% said they could not get an appointment.

Unintended Pregnancy
In 2020, about 67% of pregnant women who participated in the Prenatal Psychosocial Needs Assessment Survey (PPNAS) said they did not plan pregnancy. About 4% said they did not accept the pregnancy and 4% were not happy with the pregnancy.

Reasons for Unprotected Sex
As part of the PPRASS Survey, women who had an unintended pregnancy were asked why they did not use birth control. Overall, majority of pregnant women or 48% said, “they did not think they could get pregnant.” Furthermore, 36% said “they wanted to get pregnant.”

Tobacco Use
Tobacco use among pregnant women in Palau increased in 2020 at 62% as compared to 48% in 2016. About 33% said they decreased tobacco use during pregnancy, 54% said it remained the same, and none (0%) quit tobacco use.

Prenatal Oral Health
In 2020, 26% of pregnant women who participated in the PPRASS survey said they had a dental exam and or cleaned their teeth 12 month prior to pregnancy; 82% received dental exam as part of their first prenatal care and 18% received dental care as a result of prenatal care dental exam.

Mental Health
In 2020, 11% of pregnant women who completed the prenatal psychosocial needs assessment survey said they felt

depressed for 2 or more weeks at a time. 13% said they needed help with their emotional problems; 10% said they did not have a friend or a relative that they could talk to about their emotional problem.

When asked if these issues make them constantly worry, 14% said yes; more than half said they lose sleep over it.

Breastfeeding
Exclusive breastfeeding up to 3 months has remained the same in the past 5 years. About 64% said they had to go back to school or work. 27% said they had other reasons for not exclusively breastfeeding and 9% of mothers said they stopped breastfeeding exclusively because they did not have enough breast milk.

Safe Sleep
In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. In 2020, about 82% of women placed their infant to sleep on their backs. 15% said they either placed them on their back or side. And about 3% said they placed them on their stomach or chest.

Infant Oral Health
Although it is important to care for child's teeth and dental health from birth, about 24% of mothers who completed the 2020 PPRASS survey said they rarely clean their infant's gums and nearly 27% put their baby to bed with a bottle prop in their mouth.

Perinatal/Infant Health - Application Year

Perinatal/Infant Health

Priority Need	Objective	Strategies
Reduce number of infant mortality	In the next 5 years decrease the rate of infant death by 10%.	• Maintain and support Breastfeeding initiative through Education and counseling for young mothers on the importance of exclusive breastfeeding up to six months • Safe sleep campaign using social media • Safe sleep education and counseling provided in MCH/FP • Safe sleep education as part of the breastfeeding community group • Provide safe sleep training to child care professionals and first responders. First embrace • Promote family members participation during labor and delivery stages • Social media campaigns • Develop and implement health promotion plan with community breast feeding peer support group..

Plan for Application Year

Strengthen and support the Breastfeeding initiative through education and counseling for young mothers on the importance of exclusive breastfeeding up to six months. This includes becoming the convener and collaborator on how to engage policy makers in enacting legislation that supports breastfeeding for all women who give birth.

The Ministry of Health promotes breastfeeding only and prohibition of formula within the hospital continues to be enforced. The program responds to this initiative by providing opportunities for counseling sessions that encourage mothers to breastfeed exclusively for the first six months of life. In partnership with the UAK, a breastfeeding community workgroup, continues to provide breastfeeding sessions with young mothers. These sessions include the father of the baby, grandparents and aunties. This set up is intended to provide information to individuals that support 1st time young mothers and also support those that have more than one child at home to ease transition back into family responsibilities whether it be caring for the household or back to the workforce. The MCH clinic also provides continued breastfeeding education during pregnancy and continues after postpartum through home visits for at risk and high risk clients. In efforts to increase the incidence of exclusive breastfeeding we have also begun assigning program staff to provide additional awareness and education during high risk clinics and those nearing their due dates (to enforce the education given throughout prenatal care), as well providing one more reminder prior to discharge from the nursery to those who are first time mothers.

Safe sleep

The program continues to provide safe sleep education during pregnancy that is provided at the clinic and through home visits. As part of the discharge plan, safe sleep education and materials are provided to the mother to be used as references while at home. Also, in partnership with EMSC (Emergency Medical Services for Children) continue to provide trainings and develop/incorporate/implement safe sleep education for first responders as part of their response protocol will be planned as soon as the current dengue outbreak is contained. Continuous trainings for providers, first responders, educators and child care centers will also be conducted to have qualified and trained people that can provide safe sleep information.

First embrace

First embrace trainings have been ongoing and refresher courses are planned. The hospital encourages participation of family members during labor and delivery stages as part of first embrace promotion and encourages the father of the baby to practice skin to skin contact when the baby is not nursing. In partnership with the family planning program's male health initiative, the program plans to provide first embrace trainings to young men to support postpartum mothers. Social media campaigns to reach the younger generation will also continue to be our avenue for further promotion for the tech savvy.

Child Health

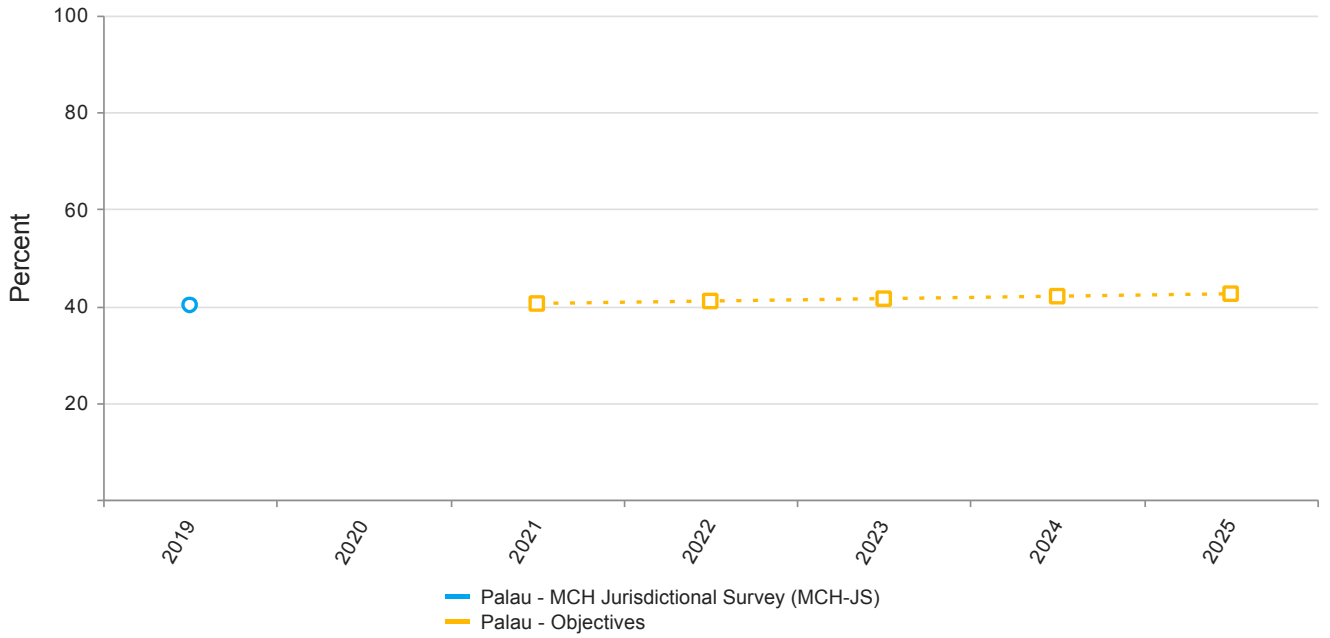
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)	NSCH	Data Not Available or Not Reportable	NPM 6
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	MCH-JS-2019	21.3 %	NPM 13.2
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	NSCH	Data Not Available or Not Reportable	NPM 13.2
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	MCH-JS-2019	1.7 %	NPM 13.2
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 13.2
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	76.3 %	NPM 6 NPM 8.1 NPM 13.2
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 6 NPM 8.1 NPM 13.2
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	MCH-JS-Age 0-2	Data Not Available or Not Reportable	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	MCH-JS-Age 10-17-2019	21.5 %	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH	Data Not Available or Not Reportable	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC	Data Not Available or Not Reportable	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2015	14.1 %	NPM 8.1

National Performance Measures

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Indicators and Annual Objectives



Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	40.3	40.3
Numerator	223	223
Denominator	554	554
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	40.5	41.0	41.5	42.0	42.5	45.0

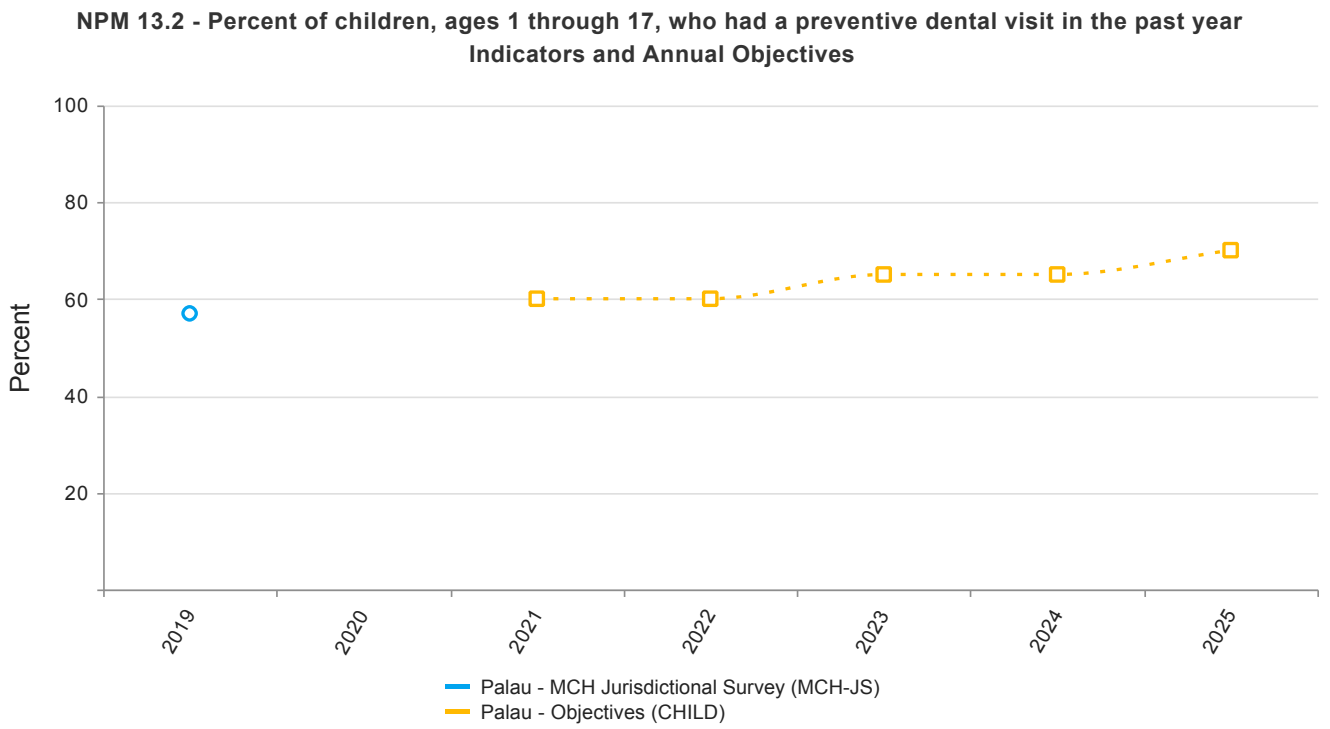
Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Increase the number of parents of children 9-35 months who complete the ASQ developmental screening tool

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	15.0	20.0	25.0	30.0	35.0	35.0



NPM 13.2 - Child Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	57.0	57.0
Numerator	2,369	2,369
Denominator	4,158	4,158
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	60.0	60.0	65.0	65.0	70.0	70.0

Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Increase the percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		77.1
Numerator		1,208
Denominator		1,566
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	80.0	80.0	80.0	80.0	85.0	85.0

State Performance Measures

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	43.1	82.2
Numerator	453	970
Denominator	1,052	1,180
Data Source	School Health Screening	School Health Screening
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	75.0	75.0	75.0	75.0	78.0	78.0

SPM 3 - Percent of children ages 6 through 17, with a preventive medical visit in the past year

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		34.3
Numerator		1,208
Denominator		3,523
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	35.0	40.0	40.0	45.0	45.0

State Outcome Measures

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		12
Numerator		
Denominator		
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	4.0	6.0	8.0	9.0	10.0	10.0

State Action Plan Table

State Action Plan Table (Palau) - Child Health - Entry 1	
Priority Need	
Oral Health for Pregnant Women and Children	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
increase number of children screened at school screening	
Strategies	
collaborate and integrate oral and family health dental screening services	
ESMs	Status
ESM 13.2.1 - Increase the percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	

State Action Plan Table (Palau) - Child Health - Entry 2

Priority Need

Improve systems of care for children with special health care needs

NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

increase number of children who are screened with a development screening tool

Strategies

implement protocol to address screening at sites outside of FHU clinic

ESMs	Status
ESM 6.1 - Increase the number of parents of children 9-35 months who complete the ASQ developmental screening tool	Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Palau) - Child Health - Entry 3

Priority Need

Childhood Immunization

SPM

SPM 3 - Percent of children ages 6 through 17, with a preventive medical visit in the past year

Objectives

Increase the number of children receiving age appropriate vaccine.

Strategies

Provide ongoing training for providers on CDC’s Immunization guideline.

Partner with Headstart in raising awareness on the importance of immunization.

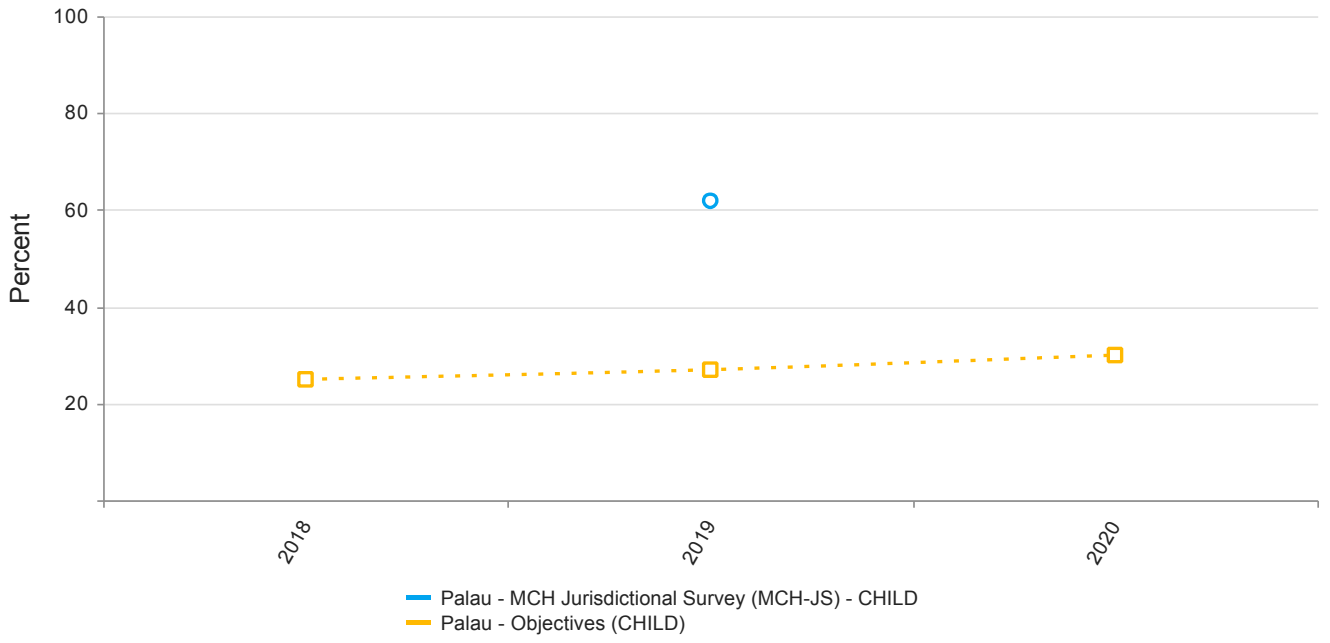
Work with Immunization Program and CHC to develop internal protocols to streamline efforts in outreach services.

Revisit data collection and reporting process.

State Action Plan Table (Palau) - Child Health - Entry 4
Priority Need
Childhood Obesity
SPM
SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)
Objectives
increase physical activity among children at school and the community
Strategies
coordinate activities with MCCA youth affairs to increase/improve opportunities for physical activity at the community level

2016-2020: National Performance Measures

2016-2020: NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day Indicators and Annual Objectives



Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CHILD		
	2019	**2020**
Annual Objective	27	30
Annual Indicator	61.9	61.9
Numerator	942	942
Denominator	1,522	1,522
Data Source	MCH-JS-CHILD	MCH-JS-CHILD
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			25	27	30
Annual Indicator	43	24.1	25.6		
Numerator	288	161	172		
Denominator	670	668	673		
Data Source	Annual School Health Screening	Annual School Health Screening	Annual School Health Screening		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 8.1.1 - Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		55	60	65	67
Annual Indicator	51.4	81.6	80.5	84	88.3
Numerator	569	668	672	605	1,067
Denominator	1,108	819	835	720	1,208
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

2016-2020: State Performance Measures

2016-2020: SPM 2 - Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		45	70	75	80
Annual Indicator	0	80	78.6	78.6	4.7
Numerator	0	20	33	11	2
Denominator	3	25	42	14	43
Data Source	ROP Statistics	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Provisional	Provisional	Final

2016-2020: State Outcome Measures

2016-2020: SOM 1 - Percent of children screened and enrolled in early intervention

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	5	10	12
Annual Indicator	0	4.8	6.1	3.9	1.9
Numerator	0	10	12	8	4
Denominator	1,456	207	198	205	210
Data Source	ASQ Database	ASQ Database	ASQ Database	ASQ Database	ASQ Database
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Provisional	Final	Final

2016-2020: SOM 2 - Percent of child maltreatment cases receiving care

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	55	60	65
Annual Indicator	0	100	100	75	50
Numerator	0	1	2	3	2
Denominator	3	1	2	4	4
Data Source	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

2016-2020: SOM 3 - Percent of children ages 0-5 who received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertusis, Haemophilius Influenza, and Hepatitis B

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		30	60	65	70
Annual Indicator	25.2	67.1	67.4	65.9	63.1
Numerator	367	1,246	997	983	948
Denominator	1,456	1,856	1,479	1,491	1,503
Data Source	Immunization Registry	WebIZ	WebIZ	WebIZ	WebIZ
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Provisional	Provisional

According to the Ministry of Education's enrollment for 2020 there were a total of 3,038 students enrolled in both public and private schools in Palau. Of the 3,038 students, about 1,566 or 52% fall within the school health screening criteria. Approximately 77% (1208/1566) of the students in odd grades participated in the school health screening. Average age of students screened in 2020 was 11-year-old. The youngest was a 5-year-old and the oldest was 20-year-old. About 88% of the students are Palauan, followed by 9% Filipino, and 3% consisting of other nationalities (Other Pacific Islander, White, Japanese, Chinese, and Koreans).

It is important for children to develop quality and reliable relationships with people in their lives, both within and outside of the family. In 2020, a new question was added to the School Health Screening tool to ask the students with whom do they live with (parents, grandparents, uncles or aunties, or others). 86% of students said they live with their parents, 9% live with grandparents, about 4% live with either their uncle or aunty, and 1% live with other (dorm, guardian, siblings, etc.)

About 41% of students assessed for BMI were overweight or obese at ≥85th %ile, 26% were obese at ≥95th %ile. Male students were more likely to be overweight and or obese than female students. Early intervention is necessary to address problems of overweight and obesity by recommending changes to diet, more physical activity, and less sedentary activities, such as watching TV, playing video games, etc.

Blood pressure in children and adolescents is based on age, sex, and height. The majority of students who were identified with prehypertension, HTN 1 and 2 were male students [75%] who were either overweight and or obese. Prehypertension is defined as blood pressure in at least the 90th percentile, but less than the 95th percentile, for age, sex, and height, or a measurement of 120/80 mm Hg or greater. Hypertension is defined as blood pressure in the 95th percentile or greater.

Students are also assessed for other ailments, About 24% failed the vision screening in 2020. There was a noticeable increase of positive protein spill (excess protein in urine) at 52% and 9% with positive occult blood.

Although participation in PE class fluctuated over the past 5 years, there has been a noticeable increase in the percentage of children who are physically active for at least 60 minutes/day.

According to the 2020 school health screening, more than 50% of students said they were engaged in sedentary pursuits such as watching TV, playing video or computer games, and/or doing other sedentary activities (browsing the internet or on social media) for more than 3 hrs. per day. Additionally, about 24% had less than 8hrs of sleep on weeknights.

In 2020 a new question was added to gauge what students do to be physically active. Majority said they play basketball, baseball, and volleyball. Of the 27% who reported none of the three (3), said they enjoyed the following activities to keep them physically active: • Badminton • Biking • Soccer • Doing Chores • Kickball • Judo • Tennis • Jump rope • Tag (onni) • Swimming • Cross-Country (running).

Children and adolescents require food rich in nutrients that may have lasting effects on growth potential and developmental achievement. Food such as fruits and vegetables, home cooked meals, more water intake, and less carbonated drinks have nutritional values that are essential for children and adolescent growth and development. There has been a steady increase in both 24hr. fruit and vegetable intake over the past 5 years. Approximately, 60% of students reported consumption of at least 1 fruit per day and 70% reported at least 2 meals containing vegetables.

About half of the students reported eating prepacked meals in the past 5 years. A new question that was added in 2020 asked the students which meals they ate each day. About 22% of students said they did not have breakfast; majority of the students ate lunch or dinner (>80%). 66% of students said they ate fast foods such as fried food, chips, ice cream or pizza more than once per week.

In 2020, about 63% of students said they drank juice, soda, sports or energy drinks more than once each day. Approximately 37% said they did not consume any sugary drinks. When asked about water intake, 64% said they had less than 8 glasses of water (8oz). Average glass of water consumed was 6 (min. 1 – max >20)

Dental caries (tooth decay) is still a major oral health problem among children and adolescent in Palau, affecting more than half of the students screened in 2020. Furthermore, children and adolescents should brush twice a day, in the morning and at night just before bedtime with toothpaste that contain fluorides. Half of the students said they brushed daily, 42% said they floss, and only about 6% said they see a dentist regularly (2x/yr.). About 30% needed either sealing or filling, and 10% needed extractions.

Overall, 10% [n=121] of the students screened in 2020 said they used tobacco. About 62% of those reporting tobacco use said they smoke cigarette and 43% said they chew betelnut with tobacco. The average age of initiation is 13 with the youngest to try tobacco at age 5. About 31% of users said they use tobacco daily or almost daily.

Just about 5% [n=65] of the students screened in 2020 said they use alcohol. Most of them tried an alcoholic beverage once or twice. 8% [n=5] of those reporting use, consume beer ever week. The average age of initiation is 14 with the youngest to try alcohol at age 5.

Interestingly, 8% [n=90] of the students screening in 2020 reported marijuana use. About 23% reported daily or almost daily use. The average age of initiation is 12 with the youngest to try marijuana at age 6. Moreover, 3 students indicated other drug use as Methamphetamine (ice).

Additional questions were added to screening sexual behavior in 2020. 8% [n=43/556] of students said they have had sexual intercourse and 5% said they were currently sexually active. About 18% said they use contraceptives (i.e., depo, condom, pills). 26% [n=11] had multiple partners; 4 out of 11 said they did not use any protection against STIs. Three (3) female students said they were forced or pressured to have sex. 14 students said they were sexually attracted to the same sex (i.e., male to male and female to female); About 28 students said they were attracted to both sexes (bi-sexual). Recognizing risky sexual behaviors among adolescent population allows Public Health to provide guided interventions to educate and protect students against STD/STIs and teenage pregnancy.

Majority of the psychosocial issues experienced by the students are largely due to issues with family, a friend, and being bullied in school or at home. Many of the students that experienced strong fears attribute them to insects, dogs, ghost, darkness, and heights. Of the 7% [n=80] who thought of self-harm, reported loss of close family member (parents/grandparents), being physically abused many times, relationship issues with boyfriend/girlfriend, and multiple bullying at school or neighborhood. Student indicated self harm from cutting of wrist or thighs, hitting head on the wall, hanging, and attempted to overdose on medications.

In 2020, 4% [n=52] of students assessed said they were hurt or abused. Majority reported physical abuse from being bullied at school, fought with older siblings, discipline, or physically hit by parents or other family members for no reason. Of those who reported verbal/emotional abuse were yelled or cursed at for not doing their chores, scolded for other siblings' fault, and yelled at for no apparent reason. Students who reported neglect said they were left home without adult supervision throughout the night and or they were left to cook and care for themselves or their siblings.

About 43% of students reported being hit, kicked, pushed, shoved around, or locked indoors. 41% reported being bullied some other way (i.e., cursed at, took and or hid their belongings). 18% of students screened in 2020 said they were physically attacked 4 or more times in a year; 22% were involved in a physical fight. About 4% had a serious injury as a result of being physically attacked or in a physical fight. Majority of the serious injuries were cut, or stab wound and broken/dislocated joint.

Child Health - Application Year

Child and Adolescent Health

Priority Need	Objective	Strategies
Child & Adolescent Preventive Screening	Increase the proportion of children who are screened annually through the annual school screening in the next 5 years	• Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening to include RHD screening • Develop packets for parents on information on health screening and school health services. • Improve screening and referral process to early intervention and case management services. • Review screening guideline and facilitate training for all providers involved in the school screening. • Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services. • Work with school nurses to implement outreach schedule for health education in each schools
Reduce Childhood obesity	Reduce childhood obesity rate by 5% in the next 5 years	• Collaborate with NCD program to further strengthen breastfeeding activities. • Provide trainings for staff on BMI measurement (CHOR Training) • Work with schools to implement after school physical activity program. • Continue to work with the School Lunch Program in providing nutrition training. • Promote 'Let's Move' initiatives in all schools • Develop campaign plan targeting childhood obesity. • Work with School Health and Behavioral Health to provide well visits, risk assessments, and appropriate referrals for follow-up care to adolescent patients. • Work to improve and integrate school health information system to accurately track referrals and intervention activities for adolescents referred for further follow up care. • Work with schools in development of an awareness campaign on emotional well-being for adolescents.
Prevent Childhood injuries	Reduce rate of adolescent suicide ideation by 15% in the next 5 years	• Strengthen case management services for adolescents. • Provide parental trainings through PTA's on adolescent emotional wellness • Develop resource directory guide for adolescents.
Increase Childhood Immunization Coverage	Increase HPV and TDAP coverage rates for school age children in the next 5 years	• Immunization: via school screening, opportunity to update children that may have missed immunization updates • Work with the school health program to strengthen

		immunization updates during school health screening. • Partner with CHC's to increase coverage in outlying states. • Work with the school PTA to raise awareness on the importance of HPV vaccine. • Partner with Cancer program and Family Planning to promote HPV vaccine. • Work with immunization program to develop data collection procedure.

Child & Adolescent Preventive Screening and Reducing Childhood obesity

Program plans for the year remain the same with the addition of implementing preventive measures in response to COVID-19. Physical distancing measures, hand washing/sanitizing and coughing/sneezing etiquettes will be practiced in all outreach and home visit activities, including how we conduct trainings and meetings.

The program continues to work with the Ministry of Education and PTA's of all schools (public and private institutions) to raise awareness of the value and importance of the annual school screening. Preventive visits would identify and determine potential health risk that can be immediately addressed to prevent further lifelong threatening issues for children and adolescents. This screening involves a team of doctors, nurses, hearing technicians, dental nurses, counselors and health educators and screens all children that are in odd grades (i.e., 1st, 3rd, 5th, 7th, 9th and 11th grades). This allows the program to screen children every other year so interventions can be tracked for progress on children that necessitated further assistance during their screening year. Last year we incorporated RHD screening into our annual school screening and for the second year, we will continue to screen new incoming students and those that were missed last year.

The school health program will be reviewing and revising as needed referral processes and case management/coordination between schools, other appropriate government agencies and the program office/counselors. This is to streamline the process and identify gaps and how to close the loop with each referral. With the addition of any new health counselors from the Division of Behavioral Health it is imperative that they are involved in this process so that children and families are not left behind and that there is an identified goal that all parties are working towards achieving.

The school health nurse will also be tasked to provide reproductive health education and counseling to adolescents to address the issue of abstinence, safe sex, sexually transmitted infections and teen pregnancy.

Prevent Childhood injuries

Program plans to maintain ongoing work with the Public Health Emergency Program and Behavioral Health to address injury related issues for adolescents. In partnership with these two programs we plan to provide updates on skills building sessions with school professionals on how to recognize potential signs of injuries and the intervening steps to bring services to children. Continue to work with the behavioral division we plan to address and develop cross-sector comprehensive data collection process to accurately track and measure child maltreatment. This will help the program improve case management services for children.

For a little over a decade now, the school screening activity has been reporting the health status of the children of Palau and highlights of the successes of individual schools are shared annually through the annual Health & PE

workshop. This annual workshop provides educators, cooks, school officials and community members with tools that can assist in preventing school campus injuries as well as in the community.

Increase Childhood Immunization Coverage

Program will continue to work with the Immunization program, Head Start and the Schools including PTA's to promote awareness on the importance of immunization. In partnership with the immunization program and the Division Health Promotion and Outreach Team, plans are to expand its outreach efforts to educate and inform parents on the significance of getting their children immunized and provide more education on HPV vaccine for females, in grade 5 and up to age 26, including age appropriate COVID-19 vaccination if and when it becomes available. We will continue to work with the immunization program in preparation of our annual school screening activities in reviewing and updating children whose immunization records warrant updates. Our collaborations with the Community Health Centers further enhances the programs reach in immunizing children to eliminate transportation issues as a potential barrier to receiving services.

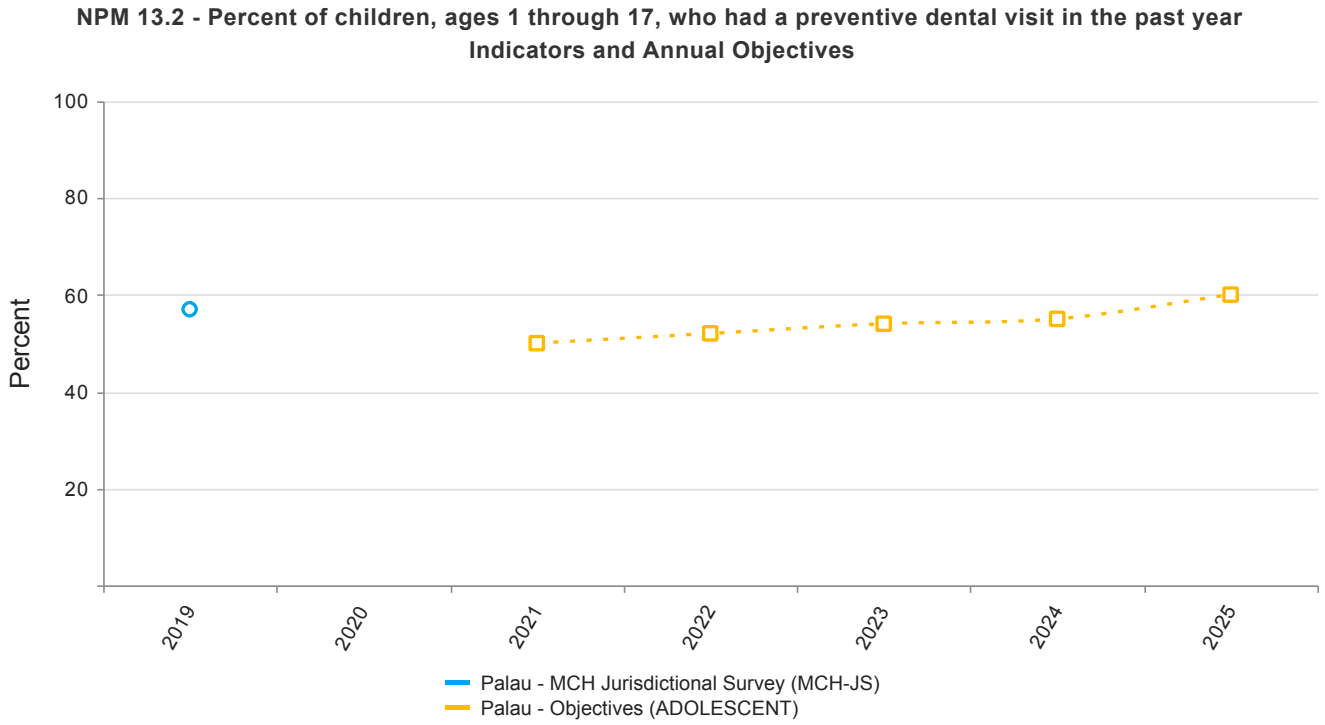
Adolescent Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	MCH-JS-2019	21.3 %	NPM 13.2
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	NSCH	Data Not Available or Not Reportable	NPM 13.2
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS	Data Not Available or Not Reportable	NPM 10
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	NVSS	Data Not Available or Not Reportable	NPM 10
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS	Data Not Available or Not Reportable	NPM 10
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	MCH-JS-2019	1.7 %	NPM 10 NPM 13.2
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 10 NPM 13.2
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	MCH-JS-2019	0 %	NPM 10
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	76.3 %	NPM 8.2 NPM 10 NPM 13.2
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 8.2 NPM 10 NPM 13.2
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	MCH-JS-Age 0-2	Data Not Available or Not Reportable	NPM 8.2 NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	MCH-JS-Age 10-17-2019	21.5 %	NPM 8.2 NPM 10

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH	Data Not Available or Not Reportable	NPM 8.2 NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC	Data Not Available or Not Reportable	NPM 8.2 NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2015	14.1 %	NPM 8.2 NPM 10
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS	Data Not Available or Not Reportable	NPM 10
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS	Data Not Available or Not Reportable	NPM 10
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS	Data Not Available or Not Reportable	NPM 10
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	NIS	Data Not Available or Not Reportable	NPM 10
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS	Data Not Available or Not Reportable	NPM 10

National Performance Measures



NPM 13.2 - Adolescent Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	57.0	57.0
Numerator	2,369	2,369
Denominator	4,158	4,158
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	50.0	52.0	54.0	55.0	60.0	60.0

Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Increase the percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		77.1
Numerator		1,208
Denominator		1,566
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	80.0	80.0	80.0	80.0	85.0	85.0

State Performance Measures

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	43.1	82.2
Numerator	453	970
Denominator	1,052	1,180
Data Source	School Health Screening	School Health Screening
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	75.0	75.0	75.0	75.0	78.0	78.0

SPM 3 - Percent of children ages 6 through 17, with a preventive medical visit in the past year

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		34.3
Numerator		1,208
Denominator		3,523
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	35.0	40.0	40.0	45.0	45.0

State Outcome Measures

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		12
Numerator		
Denominator		
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	4.0	6.0	8.0	9.0	10.0	10.0

State Action Plan Table

State Action Plan Table (Palau) - Adolescent Health - Entry 1	
Priority Need	
Oral Health for Pregnant Women and Children	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
increase number of children screened at school screening	
Strategies	
integrate and coordinate oral health and family health screening services	
ESMs	Status
ESM 13.2.1 - Increase the percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	

State Action Plan Table (Palau) - Adolescent Health - Entry 2

Priority Need

Substance Use Among Youth

SPM

SPM 3 - Percent of children ages 6 through 17, with a preventive medical visit in the past year

Objectives

to decrease substance use among youth

Strategies

coordinate and work with LEEP to encourage and foster peer mentoring integrate substance use/abuse counseling sessions at school health

State Action Plan Table (Palau) - Adolescent Health - Entry 3

Priority Need

Youth sexual health

SPM

SPM 3 - Percent of children ages 6 through 17, with a preventive medical visit in the past year

Objectives

increase prevention efforts in outreach to schools and community

Strategies

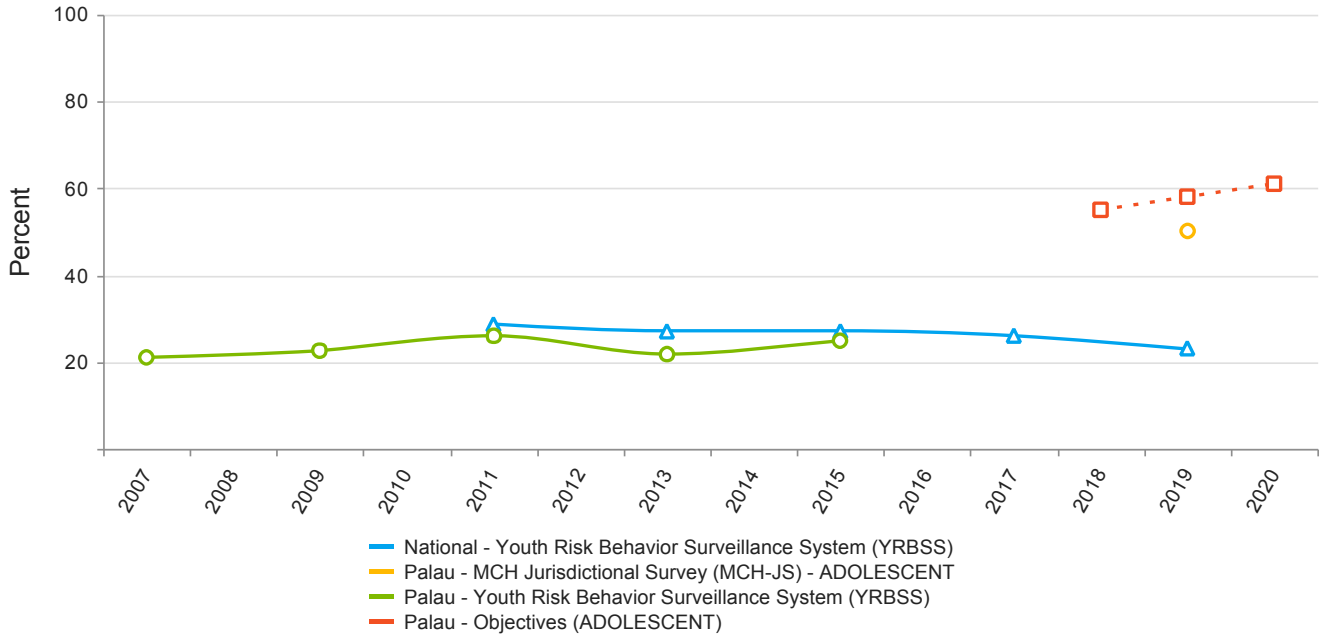
collaborate with non-government stakeholders to increase self awareness among youth

State Action Plan Table (Palau) - Adolescent Health - Entry 4
Priority Need
Childhood Obesity
SOM
SOM 1 - Number of schools with at least three (3) 60min/day of physical activities
Objectives
Increase the proportion of children who are screened annually through the annual school screening by 5% by 2025
Strategies
Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening.
Improve screening and referral process to early intervention and case management services.
Review screening guideline and facilitate training for all providers involved in the school screening.
Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services.
Work with school nurses to implement outreach schedule for health education in each schools.

2016-2020: National Performance Measures

2016-2020: NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Indicators and Annual Objectives



Federally Available Data					
Data Source: Youth Risk Behavior Surveillance System (YRBSS)					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	80	70	55	58	61
Annual Indicator	25.0	25.0	25.0	25.0	25.0
Numerator	140	140	140	140	140
Denominator	559	559	559	559	559
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2015	2015	2015	2015	2015

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - ADOLESCENT		
	2019	**2020**
Annual Objective	58	61
Annual Indicator	50.1	50.1
Numerator	688	688
Denominator	1,375	1,375
Data Source	MCH-JS-ADOLESCENT	MCH-JS-ADOLESCENT
Data Source Year	2019	2019

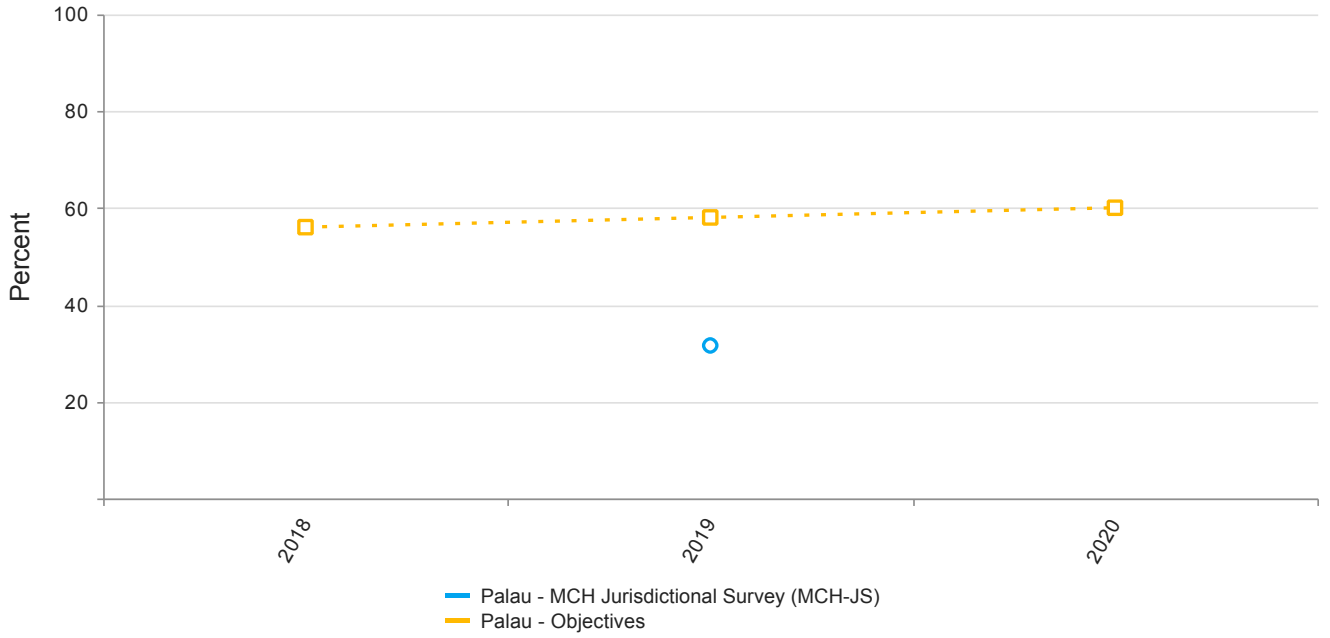
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			55	58	61
Annual Indicator	64.2	52.4	65.8		
Numerator	281	178	319		
Denominator	438	340	485		
Data Source	Annual School Health Screening	Annual School Health Screening	Annual School Health Screening		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 8.2.1 - Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for adolescents, ages 12 through 17

Measure Status:			**Active**	
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective			20	22
Annual Indicator			18.2	54.5
Numerator			4	12
Denominator			22	22
Data Source			PTA Meetings	PTA Meetings
Data Source Year			2019	2020
Provisional or Final ?			Final	Final

2016-2020: NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. Indicators and Annual Objectives



Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	58	60
Annual Indicator	31.6	31.6
Numerator	435	435
Denominator	1,375	1,375
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			56	58	60
Annual Indicator	71.8	54.6	32.7		
Numerator	438	416	485		
Denominator	610	762	1,481		
Data Source	Public Health Information System	Public Health Information System/SHS	Public Health Information System/SHS		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 10.1 - Increase by 5% annually the number of awareness campaigns on the importance and positive impact of annual school health screening provided to Parents and Teachers Association (PTA) meetings

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		60	65	70	75
Annual Indicator	71.8	66.1	73.9	82.7	82
Numerator	438	1,015	1,158	887	990
Denominator	610	1,536	1,568	1,072	1,208
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

2016-2020: State Performance Measures

2016-2020: SPM 2 - Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		45	70	75	80
Annual Indicator	0	80	78.6	78.6	4.7
Numerator	0	20	33	11	2
Denominator	3	25	42	14	43
Data Source	ROP Statistics	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Provisional	Provisional	Final

2016-2020: SPM 3 - Improve immunization coverage for HPV and TDAP for children ages 12 to 17 years old in the next 5 years

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		70	25	50	52
Annual Indicator	67.5	20.1	55	66.7	64.3
Numerator	367	456	702	644	890
Denominator	544	2,273	1,276	965	1,384
Data Source	Immunization Registry	WebIZ	WebIZ	WebIZ	WebIZ
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

2016-2020: State Outcome Measures

2016-2020: SOM 2 - Percent of child maltreatment cases receiving care

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	55	60	65
Annual Indicator	0	100	100	75	50
Numerator	0	1	2	3	2
Denominator	3	1	2	4	4
Data Source	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

According to the Ministry of Education's enrollment for 2020 there were a total of 3,038 students enrolled in both public and private schools in Palau. Of the 3,038 students, about 1,566 or 52% fall within the school health screening criteria. Approximately 77% (1208/1566) of the students in odd grades participated in the school health screening. Average age of students screened in 2020 was 11-year-old. The youngest was a 5-year-old and the oldest was 20-year-old. About 88% of the students are Palauan, followed by 9% Filipino, and 3% consisting of other nationalities (Other Pacific Islander, White, Japanese, Chinese, and Koreans).

It is important for children to develop quality and reliable relationships with people in their lives, both within and outside of the family. In 2020, a new question was added to the School Health Screening tool to ask the students with whom do they live with (parents, grandparents, uncles or aunties, or others). 86% of students said they live with their parents, 9% live with grandparents, about 4% live with either their uncle or aunty, and 1% live with other (dorm, guardian, siblings, etc.)

About 41% of students assessed for BMI were overweight or obese at ≥85th %ile, 26% were obese at ≥95th %ile. Male students were more likely to be overweight and or obese than female students. Early intervention is necessary to address problems of overweight and obesity by recommending changes to diet, more physical activity, and less sedentary activities, such as watching TV, playing video games, etc.

Blood pressure in children and adolescents is based on age, sex, and height. The majority of students who were identified with prehypertension, HTN 1 and 2 were male students [75%] who were either overweight and or obese. Prehypertension is defined as blood pressure in at least the 90th percentile, but less than the 95th percentile, for age, sex, and height, or a measurement of 120/80 mm Hg or greater. Hypertension is defined as blood pressure in the 95th percentile or greater.

Students are also assessed for other ailments, About 24% failed the vision screening in 2020. There was a noticeable increase of positive protein spill (excess protein in urine) at 52% and 9% with positive occult blood.

Although participation in PE class fluctuated over the past 5 years, there has been a noticeable increase in the percentage of children who are physically active for at least 60 minutes/day.

According to the 2020 school health screening, more than 50% of students said they were engaged in sedentary pursuits such as watching TV, playing video or computer games, and/or doing other sedentary activities (browsing the internet or on social media) for more than 3 hrs. per day. Additionally, about 24% had less than 8hrs of sleep on weeknights.

In 2020 a new question was added to gauge what students do to be physically active. Majority said they play basketball, baseball, and volleyball. Of the 27% who reported none of the three (3), said they enjoyed the following activities to keep them physically active: • Badminton • Biking • Soccer • Doing Chores • Kickball • Judo • Tennis • Jump rope • Tag (onni) • Swimming • Cross-Country (running).

Children and adolescents require food rich in nutrients that may have lasting effects on growth potential and developmental achievement. Food such as fruits and vegetables, home cooked meals, more water intake, and less carbonated drinks have nutritional values that are essential for children and adolescent growth and development. There has been a steady increase in both 24hr. fruit and vegetable intake over the past 5 years. Approximately, 60% of students reported consumption of at least 1 fruit per day and 70% reported at least 2 meals containing vegetables.

About half of the students reported eating prepacked meals in the past 5 years. A new question that was added in 2020 asked the students which meals they ate each day. About 22% of students said they did not have breakfast; majority of the students ate lunch or dinner (>80%). 66% of students said they ate fast foods such as fried food, chips, ice cream or pizza more than once per week.

In 2020, about 63% of students said they drank juice, soda, sports or energy drinks more than once each day. Approximately 37% said they did not consume any sugary drinks. When asked about water intake, 64% said they had less than 8 glasses of water (8oz). Average glass of water consumed was 6 (min. 1 – max >20)

Dental caries (tooth decay) is still a major oral health problem among children and adolescent in Palau, affecting more than half of the students screened in 2020. Furthermore, children and adolescents should brush twice a day, in the morning and at night just before bedtime with toothpaste that contain fluorides. Half of the students said they brushed daily, 42% said they floss, and only about 6% said they see a dentist regularly (2x/yr.). About 30% needed either sealing or filling, and 10% needed extractions.

Overall, 10% [n=121] of the students screened in 2020 said they used tobacco. About 62% of those reporting tobacco use said they smoke cigarette and 43% said they chew betelnut with tobacco. The average age of initiation is 13 with the youngest to try tobacco at age 5. About 31% of users said they use tobacco daily or almost daily.

Just about 5% [n=65] of the students screened in 2020 said they use alcohol. Most of them tried an alcoholic beverage once or twice. 8% [n=5] of those reporting use, consume beer ever week. The average age of initiation is 14 with the youngest to try alcohol at age 5.

Interestingly, 8% [n=90] of the students screening in 2020 reported marijuana use. About 23% reported daily or almost daily use. The average age of initiation is 12 with the youngest to try marijuana at age 6. Moreover, 3 students indicated other drug use as Methamphetamine (ice).

Additional questions were added to screening sexual behavior in 2020. 8% [n=43/556] of students said they have had sexual intercourse and 5% said they were currently sexually active. About 18% said they use contraceptives (i.e., depo, condom, pills). 26% [n=11] had multiple partners; 4 out of 11 said they did not use any protection against STIs. Three (3) female students said they were forced or pressured to have sex. 14 students said they were sexually attracted to the same sex (i.e., male to male and female to female); About 28 students said they were attracted to both sexes (bi-sexual). Recognizing risky sexual behaviors among adolescent population allows Public Health to provide guided interventions to educate and protect students against STD/STIs and teenage pregnancy.

Majority of the psychosocial issues experienced by the students are largely due to issues with family, a friend, and being bullied in school or at home. Many of the students that experienced strong fears attribute them to insects, dogs, ghost, darkness, and heights. Of the 7% [n=80] who thought of self-harm, reported loss of close family member (parents/grandparents), being physically abused many times, relationship issues with boyfriend/girlfriend, and multiple bullying at school or neighborhood. Student indicated self harm from cutting of wrist or thighs, hitting head on the wall, hanging, and attempted to overdose on medications.

In 2020, 4% [n=52] of students assessed said they were hurt or abused. Majority reported physical abuse from being bullied at school, fought with older siblings, discipline, or physically hit by parents or other family members for no reason. Of those who reported verbal/emotional abuse were yelled or cursed at for not doing their chores, scolded for other siblings' fault, and yelled at for no apparent reason. Students who reported neglect said they were left home without adult supervision throughout the night and or they were left to cook and care for themselves or their siblings.

About 43% of students reported being hit, kicked, pushed, shoved around, or locked indoors. 41% reported being bullied some other way (i.e., cursed at, took and or hid their belongings). 18% of students screened in 2020 said they were physically attacked 4 or more times in a year; 22% were involved in a physical fight. About 4% had a serious injury as a result of being physically attacked or in a physical fight. Majority of the serious injuries were cut, or stab wound and broken/dislocated joint.

Adolescent Health - Application Year

Child and Adolescent Health

Priority Need	Objective	Strategies
Child & Adolescent Preventive Screening	Increase the proportion of children who are screened annually through the annual school screening in the next 5 years	• Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening to include RHD screening • Develop packets for parents on information on health screening and school health services. • Improve screening and referral process to early intervention and case management services. • Review screening guideline and facilitate training for all providers involved in the school screening. • Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services. • Work with school nurses to implement outreach schedule for health education in each schools
Reduce Childhood obesity	Reduce childhood obesity rate by 5% in the next 5 years	• Collaborate with NCD program to further strengthen breastfeeding activities. • Provide trainings for staff on BMI measurement (CHOR Training) • Work with schools to implement after school physical activity program. • Continue to work with the School Lunch Program in providing nutrition training. • Promote 'Let's Move' initiatives in all schools • Develop campaign plan targeting childhood obesity. • Work with School Health and Behavioral Health to provide well visits, risk assessments, and appropriate referrals for follow-up care to adolescent patients. • Work to improve and integrate school health information system to accurately track referrals and intervention activities for adolescents referred for further follow up care. • Work with schools in development of an awareness campaign on emotional well-being for adolescents.
Prevent Childhood injuries	Reduce rate of adolescent suicide ideation by 15% in the next 5 years	• Strengthen case management services for adolescents. • Provide parental trainings through PTA's on adolescent emotional wellness • Develop resource directory guide for adolescents.
Increase Childhood Immunization Coverage	Increase HPV and TDAP coverage rates for school age children in the next 5 years	• Immunization: via school screening, opportunity to update children that may have missed immunization updates • Work with the school health program to strengthen

		immunization updates during school health screening. • Partner with CHC's to increase coverage in outlying states. • Work with the school PTA to raise awareness on the importance of HPV vaccine. • Partner with Cancer program and Family Planning to promote HPV vaccine. • Work with immunization program to develop data collection procedure.

Child & Adolescent Preventive Screening and Reducing Childhood obesity

Program plans for the year remain the same with the addition of implementing preventive measures in response to COVID-19. Physical distancing measures, hand washing/sanitizing and coughing/sneezing etiquettes will be practiced in all outreach and home visit activities, including how we conduct trainings and meetings.

The program continues to work with the Ministry of Education and PTA's of all schools (public and private institutions) to raise awareness of the value and importance of the annual school screening. Preventive visits would identify and determine potential health risk that can be immediately addressed to prevent further lifelong threatening issues for children and adolescents. This screening involves a team of doctors, nurses, hearing technicians, dental nurses, counselors and health educators and screens all children that are in odd grades (i.e., 1st, 3rd, 5th, 7th, 9th and 11th grades). This allows the program to screen children every other year so interventions can be tracked for progress on children that necessitated further assistance during their screening year. Last year we incorporated RHD screening into our annual school screening and for the second year, we will continue to screen new incoming students and those that were missed last year.

The school health program will be reviewing and revising as needed referral processes and case management/coordination between schools, other appropriate government agencies and the program office/counselors. This is to streamline the process and identify gaps and how to close the loop with each referral. With the addition of any new health counselors from the Division of Behavioral Health it is imperative that they are involved in this process so that children and families are not left behind and that there is an identified goal that all parties are working towards achieving.

The school health nurse will also be tasked to provide reproductive health education and counseling to adolescents to address the issue of abstinence, safe sex, sexually transmitted infections and teen pregnancy.

Prevent Childhood injuries

Program plans to maintain ongoing work with the Public Health Emergency Program and Behavioral Health to address injury related issues for adolescents. In partnership with these two programs we plan to provide updates on skills building sessions with school professionals on how to recognize potential signs of injuries and the intervening steps to bring services to children. Continue to work with the behavioral division we plan to address and develop cross-sector comprehensive data collection process to accurately track and measure child maltreatment. This will help the program improve case management services for children.

For a little over a decade now, the school screening activity has been reporting the health status of the children of Palau and highlights of the successes of individual schools are shared annually through the annual Health & PE

workshop. This annual workshop provides educators, cooks, school officials and community members with tools that can assist in preventing school campus injuries as well as in the community.

Increase Childhood Immunization Coverage

Program will continue to work with the Immunization program, Head Start and the Schools including PTA's to promote awareness on the importance of immunization. In partnership with the immunization program and the Division Health Promotion and Outreach Team, plans are to expand its outreach efforts to educate and inform parents on the significance of getting their children immunized and provide more education on HPV vaccine for females, in grade 5 and up to age 26, including age appropriate COVID-19 vaccination if and when it becomes available. We will continue to work with the immunization program in preparation of our annual school screening activities in reviewing and updating children whose immunization records warrant updates. Our collaborations with the Community Health Centers further enhances the programs reach in immunizing children to eliminate transportation issues as a potential barrier to receiving services.

Children with Special Health Care Needs

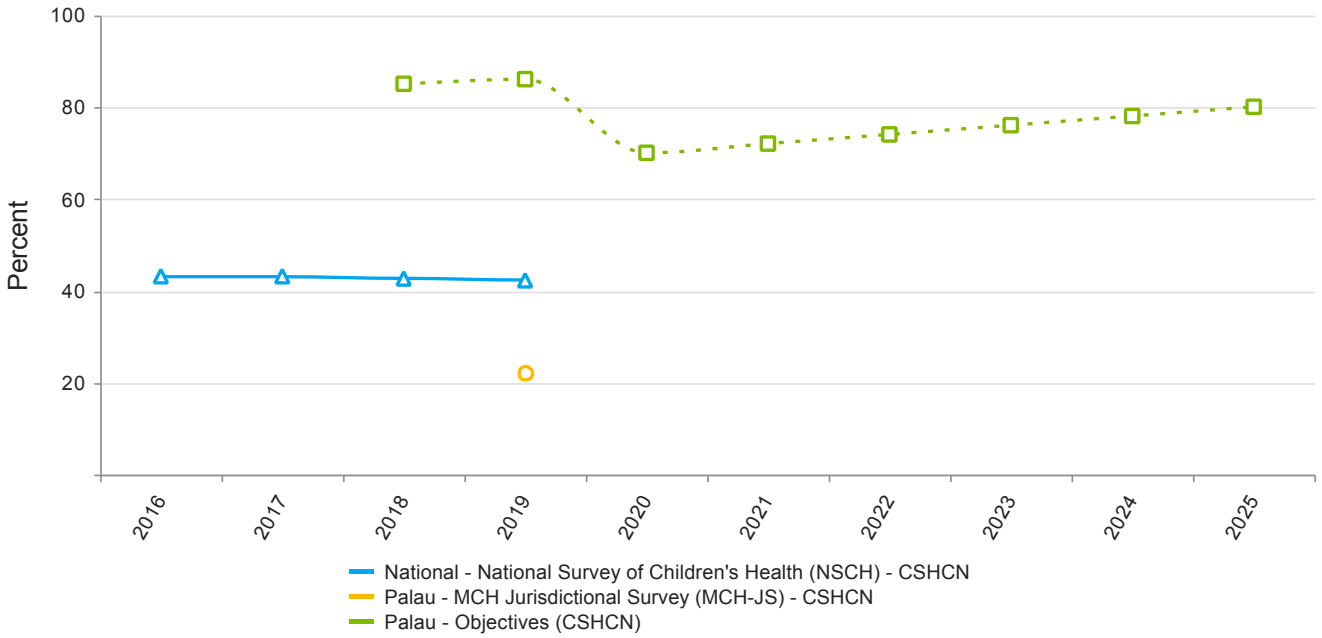
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	MCH-JS-2019	1.7 %	NPM 11
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 11
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	MCH-JS-2019	0 %	NPM 11
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH	Data Not Available or Not Reportable	NPM 11
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	76.3 %	NPM 11
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 11
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	MCH-JS-2019	3.8 %	NPM 11
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	NSCH	Data Not Available or Not Reportable	NPM 11

National Performance Measures

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN		
	2019	**2020**
Annual Objective	86	70
Annual Indicator	22.0	22.0
Numerator	81	81
Denominator	367	367
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			85	86	70
Annual Indicator	72.9	82.1	82.1		
Numerator	113	133	133		
Denominator	155	162	162		
Data Source	Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey		
Data Source Year	2015	2017	2017		
Provisional or Final ?	Final	Final	Final		

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	72.0	74.0	76.0	78.0	80.0	80.0

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		40	45	40	33
Annual Indicator	31.6	33.5	33.5	33.5	39.2
Numerator	49	65	65	65	80
Denominator	155	194	194	194	204
Data Source	CSN Database	CSN	CSN	CSN	CSN
Data Source Year	2015	2017	2018	2019	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	35.0	37.0	39.0	41.0	45.0	45.0

State Action Plan Table

State Action Plan Table (Palau) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Improve systems of care for children with special health care needs	
NPM	
NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	
Objectives	
Increase awareness of services by 5% by 2025	
Strategies	
MCH program to develop and disseminate information to educate parents about the components of a medical home.	
Work with Interagency Collaborative to develop training materials and information for healthcare providers on medical home.	
Support and link children with disabilities and their families to primary healthcare services and available community support systems	
Evaluate and document case management process for children with disabilities	
ESMs	**Status**
ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support	Active
NOMs	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	

Children with Special Health Care Needs - Annual Report

The 2020-21 survey for children with special health care needs identified about 4% of Palau's children and adolescent population require special health care needs. 88% are children 6 years or older who are attending school with 26% of them having education attainment/learning special needs. The survey found that 1 out of 5 children with special needs have on-going and or medical conditions that last more than 12 months. Almost half of the respondents reported that their annual household income was less than $10,000 USD and 30% of them spend more than $100 per month on medical care.

The survey for children with special health care needs (SLAIT-LIKE Survey) surveyed a total of 213 parents, guardians, and care givers of children and adolescents ages 0-21 with special health care needs.

The program works with interagency partners to strengthen collaborations and to also refine referral process for children who are diagnosed with conditions. The program continues to work with the state ECCS team to provide awareness of services and the medical home concept. Trainings have been provided on case management and follow up as well as early intervention services in recent years.

The global pandemic has made it difficult for some families with children with special health care needs to pay for basic services as unemployment reduction of working hours have greatly impacted these families. Services that we rely on from outside experts such as audiologists, cardiovascular clinics and physical therapy to name a few have not been available since border closures. Although the program and our service providers are utilizing telehealth options for case consultation, without the presence of specialists, equipment and tools needed to provide care,

Children with Special Health Care Needs - Application Year

Children with Special Health Care Needs

Priority Need	Objectives	Strategies
Improve System of Care for CSN and Families	Increase awareness of services by 5% in the next 5 years	• Expand membership of Interagency Collaborative • Develop and disseminate information to educate parents about the components of a medical home • Use MOH websites and social media platforms to disseminate information on medical home
	Increase care coordination by 15% in the next SLAIT-LIKE survey	• Work with Interagency Collaborative to develop training materials and information for healthcare providers on medical home.

Plan for Coming Year

Program plans for the year remain the same with the addition of implementing preventive measures in response to COVID-19. Physical distancing measures, hand washing/sanitizing and coughing/sneezing etiquettes will be practiced in all outreach and home visit activities, including how we conduct trainings and meetings.

The program continues to maintain the activities of the previous year with partners to strengthen collaborations and also continue to streamline the referral process for children who are diagnosed with health conditions. Although the ECCs collaborative team does not meet on a regular basis, we continue to reach out to them to get their support and input on how to maintain and improve program services and initiatives. Through our partnership with the male health program, information and education on childhood illnesses and provision of care/services for children with special health care needs is provided.

The program works with local NGO's such as Palau Parents Empowered and Omekesang, these are organizations that assist families who have children with special health care needs to provide trainings, workshops and activities on healthcare provision, and discussions on topics such as basic life support and transitions into adolescence and adult life. These trainings create a venue for information sharing for parents of Children with Special Needs (CSN) on information and tools available to assist families and available services, visiting specialists and family support networks. Program also continues to work with these organizations and partner programs and agencies in developing and promoting health education materials that are culturally appropriate for Palau's children with special health care needs and their families.

To help further our reach, the program continues to refine and develop social media promotions on 'Access to Services' for parents/caregivers of children with special needs. This will include the types of available services within our ministry and from partners that can provide support or general information. It will also include information on visiting specialists, such as general information on the type/kind of service, where to access services and who to contact for questions and further support when they become available.

The Program will also continue to refine data collection capacity on pertinent information for identified children with special health care needs so that the program can respond efficiently and effectively in addressing and implementing intervening activities. This directory, will provide information on services within the program, between partner agencies as well as partner NGO's. Working dialogues between Special Education and the Workforce Investment Act office for transition services of children with special needs who will be ageing out of the program. Presently, there is no focal agency that can provide the needed services to educate and equip children who will be entering

adulthood.

Cross-Cutting/Systems Building

Cross-Cutting/Systems Builiding - Annual Report

MCH provides funding support for oral health initiatives targeting children, adolescents and pregnant mothers. Many people practice a dangerous habit of betelnut chewing in combination with tobacco and other herbs. There have not been many studies to date that have looked at the long-term effects of this activity on pregnant women despite the fact that using this in -combination with tobacco puts women (and all users) at a greater risk of developing oral cancer.

Although the program provides dental services through the school health screening and during pre/postnatal visits it is still lacking in efforts and workforce in providing long term solutions to this issue. To respond to this, the program actively collaborates and supports on-going efforts that the Division of Oral Health in providing preventive efforts during their community and school visitations. The school health nurse works with the school oral health team in ensuring that all children with referrals are scheduled, seen and followed up for their oral health care.

Through this collaboration, a dental hygienist is situated within the MCH clinic to provide these services to pregnant women. These services include oral health check-up, education and referral services to the dental clinic for further follow ups and care.

Cross-Cutting/Systems Building - Application Year

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Although the program provides dental services through the school health screening and during pre/postnatal visits it is still lacking in efforts and workforce in providing long term solutions to this issue. To respond to this, the program actively collaborates and supports on-going efforts that the Division of Oral Health in providing preventive efforts during their community and school visitations. The school health nurse works with the school oral health team in ensuring that all children with referrals are scheduled, seen and followed up for their oral health care.

Through this collaboration, a dental hygienist is situated within the MCH clinic to provide these services to pregnant women. These services include oral health check-up, education and referral services to the dental clinic for further follow ups and care.

The program plans to increase efforts within the clinic in provision of a health counsellor or educator to provide more individualized services to those that use betelnut in combination with tobacco. this is a collaborative effort with the Prevention Unit, a unit that promotes and provides community-based education and efforts in reducing the use and initiation of alcohol, tobacco and other drugs.

III.F. Public Input

The public input process for the Palau MCH/Family Health Unit is a continuous process which allows the program to analyze data, present them to our stakeholders. Through their input the program works to incorporate their input into strengthening available services and seeking opportunities to bring on island those that require more specialized delivery and care. It is through this process that the program tries to respond to service improvement, coordination and delivery. The program also uses this opportunity to reach out to partners with the jurisdiction to collaborate on service delivery that can be provided through pooled resources and expertise.

On a biannual schedule a Public Health Convention is organized where the program extends invitations to partners such as Ulekereuil a Klengar, Breastfeeding Initiative, Omekesang, Palau Parents Empowered, relevant ministries/agencies for information sharing and feedback from the community. Through this process, the program is able to share information on program priorities, aim to develop new partnerships and more importantly hear from our stakeholders what their priorities and needs are. On alternate years of the convention, the Division of Primary and Preventive Health holds its own conference where partner programs have the opportunity to provide an update on their programs. Through this conference, the program evaluates its own priorities and how they can better align with partner programs to provide a more comprehensive service delivery to the individual. This is also an opportunity for the program to provide in service trainings to nurses, counselors and program staff from identified experts within the ministry and partners. The program also conducts monthly service utilization surveys within the various clinics offered by FHU for quality assurance and improvement. Another opportunity for public input is through the Annual Health & PE Workshop for all health teachers from across the island. In efforts to reach the adolescent and young adult population, a social media site was created to bring relevant information to their population and provide a platform where they can express their opinions and provide their feedback to the program in a format that is more favorable to their population.

For this reporting year, a lot of the public input activities that we do were put on hold as public health efforts were directed to the response on COVID-19 response. These included activities where mass gatherings were involved, close contact with program staff and outreach activities to schools and the community.

III.G. Technical Assistance

The Family Health Unit is situated within the Division of Primary & Preventive Health (which consists of the Family Health Unit, Non-Communicable Diseases Unit, Communicable Disease Unit, Immunization Program and Community Health Centers) and the programs within this division all have cross cutting activities that weave in and out of each other. This is an advantage to the program as the Chief of the division can assist in connecting the programs towards a shared common goal. The program, over the years, has placed itself in a position where it collects a wealth of data that can be further looked into to provide direction on where it needs to position itself. However, with a shortage of trained personnel to provide the needed data analysis, all that information is just stored. The following is requested and has been an ongoing request to upper management as well.

1. Providing prevention, care and response for COVID-19 in children, adolescents and for those with special health care needs.
2. Providing prevention, care and response for COVID-19 within the MCH population, special interest for pregnant women.
3. Technical support is requested for program evaluation and data capacity initiatives to assist the program to make program improvements and changes.
4. Nutrition Guidelines for children – our partner program have begun collecting information on guidelines for children, however, they have not been able to put together a cohesive document that can be shared with the Ministry of Education for school lunches and for incorporation into health education in the classroom.
5. Family Health Clinic policy and procedures – the current document has not been revised in years and although we have been incorporating changes and implementing change, the document needs to be revised to include new Bright Future's recommendations.
6. In response to staff departure, technical assistance is requested to devise a robust mechanism on how to track funds, both Title V and Local, within our local financing practices.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Title V-Medicaid IAA_MOU_2021.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Children-adolescent health mini NA.pdf

Supporting Document #02 - CSN Survey_mini NA.pdf

Supporting Document #03 - Maternal-Child Health_mini NA.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - FHU Organizational Chart_2021.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Palau

	FY 22 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 147,000	
A. Preventive and Primary Care for Children	$ 44,100	(30%)
B. Children with Special Health Care Needs	$ 44,100	(30%)
C. Title V Administrative Costs	$ 14,700	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 102,900	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 120,000	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 120,000	
A. Your State's FY 1989 Maintenance of Effort Amount $ 0		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 267,000	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 435,000	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 702,000	

OTHER FEDERAL FUNDS	FY 22 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 50,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 150,000

	FY 20 Annual Report Budgeted		FY 20 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 146,000		$ 147,073	
A. Preventive and Primary Care for Children	$ 43,800	(30%)	$ 45,607	(31%)
B. Children with Special Health Care Needs	$ 43,800	(30%)	$ 44,344	(30.1%)
C. Title V Administrative Costs	$ 14,600	(10%)	$ 14,707	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 102,200		$ 104,658	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 120,000		$ 120,000	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0		$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 120,000		$ 120,000	
A. Your State's FY 1989 Maintenance of Effort Amount $ 0				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 266,000		$ 267,073	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 450,000		$ 316,186	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 716,000		$ 583,259	

OTHER FEDERAL FUNDS	FY 20 Annual Report Budgeted	FY 20 Annual Report Expended
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 150,000	$ 152,359
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 50,000	$ 38,511
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 250,000	$ 125,316

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**1.FEDERAL ALLOCATION**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**
	Field Note: FY 20 annual report budgeted was an estimation	
2.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**
	Field Note: Family Planning monies had an additional supplemental funds of $160,000 that increased the total budget to $310,000	
3.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**
	Field Note: New budget cycle (2020-23) for UNHSI is at $235,000	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Palau

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Pregnant Women	$ 29,400	$ 29,415
2. Infants < 1 year	$ 7,350	$ 5,000
3. Children 1 through 21 Years	$ 44,100	$ 45,607
4. CSHCN	$ 44,100	$ 44,344
5. All Others	$ 7,350	$ 8,000
Federal Total of Individuals Served	$ 132,300	$ 132,366

IB. Non-Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Pregnant Women	$ 36,000	$ 16,050
2. Infants < 1 year	$ 6,000	$ 26,650
3. Children 1 through 21 Years	$ 30,000	$ 26,650
4. CSHCN	$ 36,000	$ 26,650
5. All Others	$ 12,000	$ 24,000
Non-Federal Total of Individuals Served	$ 120,000	$ 120,000
Federal State MCH Block Grant Partnership Total	$ 252,300	$ 252,366

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Palau

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Direct Services	$ 87,600	$ 52,401
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 27,156	$ 15,752
B. Preventive and Primary Care Services for Children	$ 25,404	$ 19,576
C. Services for CSHCN	$ 35,040	$ 17,073
2. Enabling Services	$ 37,400	$ 43,761
3. Public Health Services and Systems	$ 22,000	$ 50,911
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 52,401
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 52,401
Federal Total	$ 147,000	$ 147,073

IIB. Non-Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Direct Services	$ 72,000	$ 69,400
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 21,600	$ 9,000
B. Preventive and Primary Care Services for Children	$ 21,600	$ 30,200
C. Services for CSHCN	$ 28,800	$ 30,200
2. Enabling Services	$ 30,000	$ 27,000
3. Public Health Services and Systems	$ 18,000	$ 23,600
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 69,400
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 69,400
Non-Federal Total	$ 120,000	$ 120,000

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Palau

Total Births by Occurrence: 218 **Data Source Year: 2020**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	209 (95.9%)	38	1	1 (100.0%)

Program Name(s)
Hearing Loss

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
BMI Screening for school children	1,207	535	486	399
Vision Screening for school children	1,182	285	63	57
Hearing Screening for school children	1,192	137	126	82
OAE Screening for 1st & 3rd Grade Students	469	31	11	11
Bullying screening for school children	1,193	134	77	54
Dental Screening for School Children	1,208	628	628	564
Hypertension screening for school children	1,204	49	36	36
Depression Screening for Pregnant Women	238	25	4	3
Post-Partum Depression Screening	128	20	2	2

4. Long-Term Follow-Up

Babies who are identified with conditions that require immediate care are referred off-island or scheduled for a visit by visiting specialists for treatment. MCH High-Risk program follows up on children with confirmed cases. Case management services are provided and linked to early intervention.

Form Notes for Form 4:

- There were no other newborn screening tests conducted in 2020. Due to the unavailability of a laboratory to conduct genetic screening, all other services are pending until a confirmatory lab is identified.

- The school health program provides comprehensive health screening services annually to all schools in the Republic of Palau, including public and private schools. A team coordinated by the School Health Program consisting of pediatricians, nurses, hearing technicians, dentists, dental nurses, counselors, and health educators work together to promote the effective and integrated provision of targeted services for children and adolescents. Students in odd grades of 1st, 3rd, 5th, 7th, 9th, and 11th are screened for common health problems and psychosocial experiences. The program screens students individually for any general and reproductive health, substance use, psychosocial, weight, physical activity, and behaviors that lead to unintentional injuries and diet issues to minimize the adverse impact of the selected health conditions.

- Pre and postnatal psychosocial needs assessment and pregnancy risk assessment surveillance surveys are administered and collected from women who access prenatal and postnatal services to assess and provide immediate intervention to pregnant and postpartum women who suffer from psychosocial and or mental health issues.

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2020**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: The average number of births annually in Palau is 224 in the past 5 years. In 2020, there were 218 deliveries of which 213 were live births.	
2.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2020**
	Column Name:	**Core RUSP Conditions**
	Field Note: A total of 209 infants received newborn hearing screening in 2020. About 84% passed the initial inpatient screening.	
3.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Core RUSP Conditions**
	Field Note: Only 1 infant failed the newborn hearing screening in 2020 and was referred for further evaluation and treatment.	
4.	**Field Name:**	**BMI Screening for school children - Total Number Referred For Treatment**

	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**
	Field Note: About 41% of students assessed for BMI were overweight or obese at ≥85th %ile, 26% were obese at ≥95th %ile. Male students were more likely to be overweight and or obese than female students.	
5.	**Field Name:**	**Vision Screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**
	Field Note: About 22% of students screened in 2020 failed the vision screening. 90% received needed services and treatment.	
6.	**Field Name:**	**Hearing Screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**
	Field Note: Students are screened for hearing problems such as the collection of fluid in the ear (otitis media), wax, or foreign bodies blocking the ear canal. A total of 126 students identified through the school health screening were referred for further evaluation and treatment.	
7.	**Field Name:**	**OAE Screening for 1st & 3rd Grade Students - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**
	Field Note: Students in the 1st or 3rd grades are screened with an Otoacoustic Emissions (OAE) equipment to test their inner ear for signs of hearing loss. In 2020, about 4% of the 1st and 3rd grades failed the OAE screening in their left ear and 7% failed in their right ear. Students who failed the OAE are referred for further re-testing and evaluation.	
8.	**Field Name:**	**Bullying screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**

	Field Note: Being hit, kicked, pushed, shoved around, or locked indoors or being bullied some other way (i.e., cursed at, took, and or hid their belongings) are the most commonly identified bullying methods reported by students through the school health screening program. Students identified are provided counseling and are monitored by teachers and school health counselors.	
9.	**Field Name:**	**Dental Screening for School Children - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**
	Field Note: Dental caries (tooth decay) is still a major oral health problem among children and adolescents in Palau, affecting more than half of the students screened in 2020. Half of the students said they brushed daily, 42% said they floss, and only about 6% said they see a dentist regularly (2x/yr.). About 30% needed either sealing or filling, and 10% needed extractions.	
10.	**Field Name:**	**Hypertension screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**
	Field Note: The majority of students who were identified with prehypertension, HTN 1 and 2 were male students who were either overweight and or obese. Students identified are referred to the Pediatric High-Risk clinic for further evaluation and counseling (i.e. diet and exercise).	
11.	**Field Name:**	**Depression Screening for Pregnant Women - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**
	Field Note: In 2020, 11% of pregnant women who completed the prenatal psychosocial needs assessment survey said they felt depressed for 2 or more weeks at a time. 13% said they needed help with their emotional problems; 10% said they did not have a friend or a relative that they could talk to about their emotional problem. When asked if these issues make them constantly worry, 14% said yes; more than half said they lose sleep over it.	
12.	**Field Name:**	**Post-Partum Depression Screening - Total Number Referred For Treatment**
	Fiscal Year:	**2020**
	Column Name:	**Other Newborn**

Field Note:
Only 2 women identified with postpartum depression in 2020.

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Palau

Annual Report Year 2020

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	174	0.0	0.0	0.0	100.0	0.0
2. Infants < 1 Year of Age	170	0.0	0.0	0.0	100.0	0.0
3. Children 1 through 21 Years of Age	2,457	0.0	0.0	0.0	100.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	204	0.0	0.0	0.0	100.0	0.0
4. Others	4,208	0.0	0.0	0.0	85.0	15.0
Total	7,009					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	25,703	No	326	80.0	261	174
2. Infants < 1 Year of Age	236	No	311	72.0	224	170
3. Children 1 through 21 Years of Age	6,049	No	4,028	61.0	2,457	2,457
3a. Children with Special Health Care Needs 0 through 21 years of age^	528	Yes	528	100.0	528	204
4. Others	15,168	Yes	15,168	45.0	6,826	4,208

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2020**
	Field Note: About 213 pregnant women were seen in 2020. All pregnant women giving birth in Palau are required to complete booking requirements at the MCH clinic.	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2020**
	Field Note: There were a total of 170 infants <1 year of age served in 2020 by the program. Services include immunization, newborn hearing screening, well-baby services, etc.	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2020**
	Field Note: About 2,457 children 1 through 21 years old were served by the program in 2019. Services include immunization, hearing and eye exams, etc.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2020**
	Field Note: About 204 children with special health care needs were served by the program. Children with special health care needs are included in the high-risk registry. Annual appointments are often followed up by nurses with dedicated clinic hours to provide comprehensive services for this population.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2020**
	Field Note: Other services include well-women visits, male health clinics, and family planning services.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women**
	Fiscal Year:	**2020**
	Field Note: 80% of pregnant women in 2020 were served by the Palau MCH program. All pregnant women are required to come to the MCH clinic for booking before delivery to ensure that all required testing and ANC services were provided.	
2.	**Field Name:**	**InfantsLess Than One Year**
	Fiscal Year:	**2020**
	Field Note: About 72% of infants < 1-year-old received services through the MCH program. The immunization program in Palau is the only one that administers vaccines for children, other services are provided at private clinics.	
3.	**Field Name:**	**Children 1 Through 21 Years of Age**
	Fiscal Year:	**2020**
	Field Note: About 61% of children 1 through 21 received were served by the program. Services provided include high-risk clinics.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2020**
	Field Note: About 100% of children with special health care needs were served by the program. Children with special health care needs are included in the high-risk registry. Annual appointments are often followed up by nurses with dedicated clinic hours to provide comprehensive services for this population.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2020**
	Field Note: Other services include well-women visits, male health clinics, and family planning services.	

Data Alerts:

1.	Children 1 through 21 Years of Age, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Palau

Annual Report Year 2020

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	217	2	0	0	0	54	161	0	0
Title V Served	217	2	0	0	0	54	161	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0
2. Total Infants in State	213	2	0	0	0	53	158	0	0
Title V Served	213	2	0	0	0	53	158	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0

Form Notes for Form 6:

A total of 217 women gave birth in 2020. One with multiple births. There were 4 neonatal deaths reported in 2020 resulting in 213 live births.

Field Level Notes for Form 6:

None

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Palau

Toll-Free numbers are not available to all jurisdictions.

A. State MCH Toll-Free Telephone Lines	2022 Application Year	2020 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number		
2. State MCH Toll-Free "Hotline" Name		
3. Name of Contact Person for State MCH "Hotline"		
4. Contact Person's Telephone Number		
5. Number of Calls Received on the State MCH "Hotline"		

B. Other Appropriate Methods	2022 Application Year	2020 Annual Report Year
1. Other Toll-Free "Hotline" Names	680-488-2172	680-488-2172
2. Number of Calls on Other Toll-Free "Hotlines"		0
3. State Title V Program Website Address	None	None
4. Number of Hits to the State Title V Program Website		0
5. State Title V Social Media Websites	facebook@mhhspalau; twitter@mhhspalau; instagram@mhhspalau	facebook@mhhspalau; twitter@mhhspalau; instagram@mhhspalau
6. Number of Hits to the State Title V Program Social Media Websites		0

Form Notes for Form 7:

All program announcements are shared through the Ministry of Health and Human Services social media websites as identified below.

Form 8
State MCH and CSHCN Directors Contact Information

State: Palau

1. Title V Maternal and Child Health (MCH) Director	
Name	Edolem Ikerdeu
Title	Chief, Division of Primary & Preventive Health
Address 1	One Hospital Road
Address 2	Box 6027
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-4804
Extension	
Email	edolem.ikerdeu@palauhealth.org

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Mindy Sugiyama
Title	Senior Epi Specialist
Address 1	One Hospital Road
Address 2	Box 6027
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-6750
Extension	
Email	mindy.sugiyama@palauhealth.org

3. State Family or Youth Leader (Optional)	
Name	Rosalynn Florendo
Title	State Family Leader
Address 1	One Hospital Road
Address 2	Box 6027
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-2434
Extension	
Email	osalynnflorendo@palaumoe.net

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Palau

Application Year 2022

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Prenatal Care	Continued
2.	Childhood Immunization	Continued
3.	Substance Use Among Youth	New
4.	Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	New
5.	Improve systems of care for children with special health care needs	Continued
6.	Youth sexual health	New
7.	Childhood Obesity	Continued
8.	Breastfeeding and Safe-Sleep	Continued
9.	Oral Health for Pregnant Women and Children	New

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Prenatal Care	Continued
2.	Childhood Immunization	Continued
3.	Substance Use Among Youth	New
4.	Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	New
5.	Improve systems of care for children with special health care needs	Continued
6.	Youth sexual health	New
7.	Childhood Obesity	Continued
8.	Breastfeeding and Safe-Sleep	Continued
9.	Oral Health for Pregnant Women and Children	New

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 10
National Outcome Measures (NOMs)

State: Palau

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

Increase the percentage of women, children, and adolescents who receive a preventative dental visit by at least 5% annually by incorporating recommendations for well-women care and recommended bright future guidance at the community health centers.

Develop and implement surveillance for safe sleep and breastfeeding for pregnant women.

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	41.8
Numerator	89
Denominator	213
Data Source	Birth Registry
Data Source Year	2020

NOM 1 - Notes:

42% of females delivering a live birth received prenatal care beginning in the first trimester in 2020. About 41% received prenatal care in the second trimester and 15% received care in the 3rd trimester. only about 2% did not receive any prenatal care.

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

NOM 2 - Notes:

There were no severe maternal hospitalization reported in 2020.

Data Alerts:

1.	Data has not been entered for NOM 2. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.

NOM 3 - Maternal mortality rate per 100,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	HIS
Data Source Year	2020

NOM 3 - Notes:

There was no Maternal Mortality reported in 2020.

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	17.3 %	3.2 %	755	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	11.7
Numerator	25
Denominator	213
Data Source	Birth Registry
Data Source Year	2020

NOM 4 - Notes:

The percentage of infants born at low birth weight (LBW) of <2,500 grams has slightly increased in 2020 at 12% as compared with 8% in 2016. The average birth weight of infants born in 2020 was 3,073 grams (6.77 lbs).

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	23.4 %	3.8 %	1,019	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	6.1
Numerator	13
Denominator	213
Data Source	Birth Registry
Data Source Year	2020

NOM 5 - Notes:

In 2020, there were 13 preterm births of <37 weeks gestation in Palau representing 6% of live births.

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	61.0
Numerator	130
Denominator	213
Data Source	Birth Registry
Data Source Year	2020

NOM 6 - Notes:

Early-term birth of 37-38 weeks' gestation in 2020 accounted for more than half of the total live births.

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	45.7
Numerator	32
Denominator	70
Data Source	Birth registry
Data Source Year	2020

NOM 7 - Notes:

46% of Cesarean deliveries in 2020 were non-medically indicated early elective deliveries.

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	23.5
Numerator	5
Denominator	213
Data Source	Birth Registry/HIS
Data Source Year	2020

NOM 8 - Notes:

The 2020 fetal mortality rate at 28 or more weeks' gestation was 23.5 per 1,000 live births plus fetal deaths. The 5-year funning average from 2016-2020 was 17.9.

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	15.8		4	
2018	16.6		4	
2017	17.1		4	
2016	17.7		4	
2015	18.3		5	
2014	18.9		5	
2013	19.4		5	
2012	20.1		5	
2011	20.7		5	
2010	21.3		5	
2009	21.9		6	

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	18.8
Numerator	4
Denominator	213
Data Source	HIS
Data Source Year	2020

NOM 9.1 - Notes:

In the past 10 years, Palau continues to see an increase in both infant and fetal mortality rates. The infant mortality rate was 18.8 in 2020 as compared to 4.0 per 1,000 live births in 2011.

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019	9.4		2	
2018	9.4		2	
2017	9.7		2	
2016	10.1		2	
2015	10.4		3	
2014	10.8		3	
2013	11.2		3	
2012	11.6		3	
2011	11.9		3	
2010	12.2		3	
2009	12.6		3	

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	18.8
Numerator	4
Denominator	213
Data Source	HIS
Data Source Year	2020

NOM 9.2 - Notes:

There were 4 neonatal deaths of less than 28 days in 2020 related to severe prematurity and other pregnancy complications.

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	HIS/Birth Registry
Data Source Year	2020

NOM 9.3 - Notes:

There were no postneonatal deaths in 2020, all 4 infant deaths were less than 28 days.

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	939.0
Numerator	2
Denominator	213
Data Source	Birth Registry
Data Source Year	2020

NOM 9.4 - Notes:

2 reported infants deaths in 2020 were severe prematurity. Both were less than 1,500 grams.

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	HIS
Data Source Year	2020

NOM 9.5 - Notes:

No SUID-related deaths in 2020.

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	HIS
Data Source Year	2020

NOM 10 - Notes:

No reports of fetal alcohol exposure for infants in Palau in 2020.

Data Alerts: None

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	HIS
Data Source Year	2020

NOM 11 - Notes:

No reports of neonatal abstinence syndrome for infants in Palau in 2020.

Data Alerts: None

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	21.3 %	3.4 %	885	4,158

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	52.0
Numerator	628
Denominator	1,208
Data Source	School Health Screening
Data Source Year	2020

NOM 14 - Notes:

52% of children (ages 1-17) screened in 2020 had decayed teeth or cavities. The average number of caries per child was 4 (mode=1).

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	HIS
Data Source Year	2020

NOM 15 - Notes:

No deaths for children ages 1 through 9 in Palau for 2020.

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	39.9
Numerator	1
Denominator	2,508
Data Source	HIS
Data Source Year	2020

NOM 16.1 - Notes:

There was one (1) adolescent mortality reported in 2020 as accidental-related death.

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	HIS
Data Source Year	2020

NOM 16.2 - Notes:

No motor vehicle deaths for ages 15 through 19 in Palau for 2020.

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	80.0
Numerator	1
Denominator	1,250
Data Source	HIS
Data Source Year	2020

NOM 16.3 - Notes:

There was one adolescent suicide reported in 2020.

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	8.4 %	1.9 %	367	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	1.7 %	1.7 %	6	367

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	0.3 % ϟ	0.3 % ϟ	12 ϟ	3,640 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	1.1 %	0.9 %	39	3,640

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	0 %	0	0	25

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	76.3 %	3.2 %	3,330	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	14.1 %	0.1 %	76	537
2011	12.0 %	0.8 %	75	626
2009	11.6 %	0.6 %	66	563
2007	10.9 %	0.4 %	79	726
2005	10.1 %	0.3 %	62	616

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: MCH Jurisdictional Survey (MCH-JS) - Age 10-17

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	21.5 %	5.1 %	418	1,943

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	41.4
Numerator	486
Denominator	1,173
Data Source	School Health Screening
Data Source Year	2020

NOM 20 - Notes:

According to the results of 2020, School Health Screening for children and youth ages 5 to 17, about 41% of the students were overweight and or obese >=85th %ile and 26% were obese (>=95%ile)

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	8.8 %	2.3 %	385	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	87.6
Numerator	515
Denominator	588
Data Source	WebIZ
Data Source Year	2020

NOM 22.1 - Notes:

About 88% of children ages 19 through 35 months, completed the 4:3:1:3(4):3:1:4 combined series of vaccines.

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	15.6
Numerator	877
Denominator	5,625
Data Source	WebIZ
Data Source Year	2020

NOM 22.2 - Notes:

About 16% of children between the ages of 6 months through 17 years were vaccinated against seasonal influenza in 2020.

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	46.7
Numerator	647
Denominator	1,384
Data Source	WebIZ
Data Source Year	2020

NOM 22.3 - Notes:

About 47% of adolescents between the ages of 13 through 17 received at least 1 dose of HPV vaccine in 2020.

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	95.8
Numerator	2,591
Denominator	2,706
Data Source	WebIZ
Data Source Year	2020

NOM 22.4 - Notes:

About 96% of adolescents between the ages of 13 through 17 received at least 1 dose of the Tdap vaccine in 2020.

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	
Denominator	
Data Source	WebIZ
Data Source Year	2020

NOM 22.5 - Notes:

Palau does not administer meningococcal conjugate vaccines due to transportation issues with maintaining appropriate temperature for the vaccines cold chain requirements.

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	33.3
Numerator	20
Denominator	600
Data Source	Birth Registry
Data Source Year	2020

NOM 23 - Notes:

The teen birth rate in Palau in 2020 was 33.3 per 1,000 women ages 15 to 19 years old.

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.9
Numerator	2
Denominator	213
Data Source	Postnatal Psychosocial Needs Assessment
Data Source Year	2020

NOM 24 - Notes:

According to Palau's postnatal psychosocial needs assessment survey, about 1% of postpartum women experienced depression. Women identified were administered a depression screening tool and referred for further evaluation with the behavioral health unit.

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	3.8 %	1.5 %	168	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Palau

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		62
Annual Indicator	59.1	59.1
Numerator	1,318	1,318
Denominator	2,229	2,229
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	70	45	40	42	62
Annual Indicator	38.8	38.1	42.4		35.8
Numerator	1,199	1,195	1,342		1,513
Denominator	3,087	3,137	3,163		4,229
Data Source	Public Health Information System	Public Health Information System	Public Health Information System		PHIS
Data Source Year	2016	2017	2018		2020
Provisional or Final ?	Final	Final	Final		Provisional

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	35.0	37.0	39.0	41.0	43.0	45.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: About 38% of women between the ages of 18-44 received a preventive medical visit in 2017. Women who accessed preventive medical visit at private clinics are not accounted for by the program. The program proposed activities that will provide comprehensive services for women modeled after the success of Male Health Services to the outlying states and Babledaob areas with the intent of increasing the number of women who receive a preventive medical visit.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 42.4% of women between the ages of 18-44 received a preventive medical visit in 2018. These services include but are not limited to blood pressure and glucose checks; BMI; STI & HIV screening; breast & cervical cancer screening; oral health; ATOD and cessation services.	
3.	**Field Name:**	**2021**
	Column Name:	**Annual Objective**
	Field Note: Palau aims to increase the percentage of women who receive preventive medical visits by 2% annually by providing community outreaches through collaborative efforts with other public health programs.	

NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	58.6	58.6
Numerator	120	120
Denominator	204	204
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	60.0	60.0	65.0	65.0	70.0	70.0

Field Level Notes for Form 10 NPMs:

None

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	0	47.9
Numerator	0	102
Denominator	213	213
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	50.0	55.0	60.0	65.0	70.0	70.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data not available at this time. New surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 48% of infants were placed to sleep on a separate approved sleep surface.	

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	0	47.9
Numerator	0	102
Denominator	213	213
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	50.0	55.0	60.0	65.0	70.0	70.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data not available at this time. New surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 48% of moms said they placed their infant to sleep without soft objects or loose bedding in 2020.	

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	40.3	40.3
Numerator	223	223
Denominator	554	554
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	40.5	41.0	41.5	42.0	42.5	45.0

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN		
	2019	**2020**
Annual Objective	86	70
Annual Indicator	22.0	22.0
Numerator	81	81
Denominator	367	367
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			85	86	70
Annual Indicator	72.9	82.1	82.1		
Numerator	113	133	133		
Denominator	155	162	162		
Data Source	Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey		
Data Source Year	2015	2017	2017		
Provisional or Final ?	Final	Final	Final		

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	72.0	74.0	76.0	78.0	80.0	80.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
About 82% of CSHCN have a medical home based on the 2017 CSHCN survey.

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	31.8	31.8
Numerator	974	974
Denominator	3,062	3,062
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	30.0	32.0	34.0	36.0	38.0	40.0

Field Level Notes for Form 10 NPMs:

None

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Child Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	57.0	57.0
Numerator	2,369	2,369
Denominator	4,158	4,158
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	60.0	60.0	65.0	65.0	70.0	70.0

Field Level Notes for Form 10 NPMs:

None

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Adolescent Health

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	50.0	52.0	54.0	55.0	60.0	60.0

Field Level Notes for Form 10 NPMs:

None

Form 10
National Performance Measures (NPMs) (2016-2020 Needs Assessment Cycle)

State: Palau

2016-2020: NPM 4A - Percent of infants who are ever breastfed

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	95	95
Annual Indicator	95.5	95.5
Numerator	1,399	1,399
Denominator	1,464	1,464
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	90	95	95	95	95
Annual Indicator	100	100	97.7		
Numerator	212	221	250		
Denominator	212	221	256		
Data Source	Prenatal/Ob Registry	Prenatal/Ob Registry	Prenatal/Ob Registry		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: The community partnership program encouraged mothers to breastfeed their infants before discharge. The program is housed within the hospital adjacent to the OB ward and is managed by community members.	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: 100% of infants were ever breastfed in 2017. 3 out of 221 infants were fed breast milk through a nasogastric (NG) tube.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: About 98% of infants born in 2018 were ever breastfed. (3 infant deaths and 3 IV/bottle fed).	

2016-2020: NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	95	50	79	82	70
Annual Indicator	46.7	78.4	52.4	65.5	
Numerator	35	76	75	36	
Denominator	75	97	143	55	
Data Source	Palau Prenatal Risk Assessment Survey	Palau Prenatal Risk Assessment Survey	Palau Prenatal Risk Assessment Survey	Palau Prenatal Risk Assessment Survey	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Final	Final	Final	Final	

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: 46.7% of mother's who completed the Pregnancy Risk Assessment Survey reported exclusive breast feeding through 6 months.	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: 78% of women who took the prenatal risk assessment survey said that they breastfed their infants exclusively through 6 months. 36% of those who did not breastfeed exclusively by 6 months said they were working; 26% said they alternate breast milk and formula. The program continues to promote the use of breast pumps for working moms and will continue to work with community partners in advocating for maternal leave as well as providing a place and a break for working moms to breastfeed.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 52% of mother's who completed the Pregnancy Risk Assessment Survey in 2018 reported exclusive breast feeding through 6 months. About 40% of mothers' said they stopped breastfeeding exclusively because they did not have enough breast milk. 35% said they had to go back to school or work. 19.4% said they had other reasons for not exclusively breastfeeding and about 6% said the baby was adopted.	

2016-2020: NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CHILD		
	2019	**2020**
Annual Objective	27	30
Annual Indicator	61.9	61.9
Numerator	942	942
Denominator	1,522	1,522
Data Source	MCH-JS-CHILD	MCH-JS-CHILD
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			25	27	30
Annual Indicator	43	24.1	25.6		
Numerator	288	161	172		
Denominator	670	668	673		
Data Source	Annual School Health Screening	Annual School Health Screening	Annual School Health Screening		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: Through continuous collaborative efforts with the Ministry of Education, both public and private school incorporated 60 min of physical activity into their daily schedules. A mandatory 1 day of physical education/activity is also practiced by all the schools.	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: In collaboration with the Ministry of Education, a new policy for physical activity as well as healthy eating has been implemented this school year, making physical activity mandatory for all school-aged children unless they have a medical condition that excludes them from participation.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: About 26% of children ages 6 through 11 were physically active at least 60 minutes per day in 2018. Collaborative efforts between the school health program and the ministry of education to promote more days of physical activity as well as to encourage teachers to integrate participatory learning.	

2016-2020: NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Federally Available Data					
Data Source: Youth Risk Behavior Surveillance System (YRBSS)					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	80	70	55	58	61
Annual Indicator	25.0	25.0	25.0	25.0	25.0
Numerator	140	140	140	140	140
Denominator	559	559	559	559	559
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2015	2015	2015	2015	2015

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - ADOLESCENT		
	2019	**2020**
Annual Objective	58	61
Annual Indicator	50.1	50.1
Numerator	688	688
Denominator	1,375	1,375
Data Source	MCH-JS-ADOLESCENT	MCH-JS-ADOLESCENT
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			55	58	61
Annual Indicator	64.2	52.4	65.8		
Numerator	281	178	319		
Denominator	438	340	485		
Data Source	Annual School Health Screening	Annual School Health Screening	Annual School Health Screening		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: In collaboration with the Ministry of Education, a new policy for physical activity as well as healthy eating has been implemented this school year, making physical activity mandatory for all school-aged children unless they have a medical condition that excludes them from participation.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: About 66% of children ages 12 through 17 were physically active at least 60 minutes per day in 2018. Collaborative efforts between the school health program and the ministry of education to promote more days of physical activity as well as to encourage teachers to integrate participatory learning.	

2016-2020: NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	58	60
Annual Indicator	31.6	31.6
Numerator	435	435
Denominator	1,375	1,375
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			56	58	60
Annual Indicator	71.8	54.6	32.7		
Numerator	438	416	485		
Denominator	610	762	1,481		
Data Source	Public Health Information System	Public Health Information System/SHS	Public Health Information System/SHS		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Final	Final	Final		

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: It is a requirement for all students entering a private school to go through an annual medical checkup before registration. Students who access private clinics are not accounted for by the program. Numbers presented are only those who access services at the public health clinic.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: It is a requirement for all students entering a private school to go through an annual medical checkup before registration. Students who access private clinics are not accounted for by the program. Numbers presented are only those who access services at the public health clinic.	

Form 10
State Performance Measures (SPMs)

State: Palau

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	43.1	82.2
Numerator	453	970
Denominator	1,052	1,180
Data Source	School Health Screening	School Health Screening
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	75.0	75.0	75.0	75.0	78.0	78.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
About 73% of children and adolescents reported at least 60 min of physical activity per day for less than 6 days; 9% reported physical activity in all 7 days, and nearly 18% of children and adolescents said they did not participate in any physical activity.

SPM 2 - Percent of safe sleep and breastfeeding training provided to pregnant women

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	50.0	50.0	50.0	50.0	50.0	50.0

Field Level Notes for Form 10 SPMs:

None

SPM 3 - Percent of children ages 6 through 17, with a preventive medical visit in the past year

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		34.3
Numerator		1,208
Denominator		3,523
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	35.0	40.0	40.0	45.0	45.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
About 34% of children 6 to 17 years old received preventative medical visits through the school health screening program.

Form 10
State Performance Measures (SPMs) (2016-2020 Needs Assessment Cycle)

2016-2020: SPM 2 - Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		45	70	75	80
Annual Indicator	0	80	78.6	78.6	4.7
Numerator	0	20	33	11	2
Denominator	3	25	42	14	43
Data Source	ROP Statistics	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Provisional	Provisional	Final

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: Discussions are on-going for ensuring that confidentiality and security of data shared with the program is addressed. Denominator was obtained from Palau's Crime Statistics.	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: About 80% of children identified through the school health screening as well as those are brought in as victims of abuse or neglect received appropriate and comprehensive services. Other clients preferred being seen by a private physician outside of the hospital.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: About 79% of children identified through the school health screening as well as those are brought in as victims of abuse or neglect received appropriate and comprehensive services. Other clients preferred being seen by a private physician outside of the hospital.	
4.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: About 79% of children identified through the school health screening as well as those are brought in as victims of abuse or neglect received appropriate and comprehensive services. Other clients preferred being seen by a private physician outside of the hospital.	
5.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 80% of children identified through the school health screening as well as those are brought in as victims of abuse or neglect received appropriate and comprehensive services. Other clients preferred being seen by a private physician outside of the hospital.	

2016-2020: SPM 3 - Improve immunization coverage for HPV and TDAP for children ages 12 to 17 years old in the next 5 years

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		70	25	50	52
Annual Indicator	67.5	20.1	55	66.7	64.3
Numerator	367	456	702	644	890
Denominator	544	2,273	1,276	965	1,384
Data Source	Immunization Registry	WebIZ	WebIZ	WebIZ	WebIZ
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Overall, 20% of children between the ages of 12-17 received both DTap/Tdap and HPV vaccines. 98.7% received at least 1 dose of Dtap/Tdap and 19% received the HPV Vaccine.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Overall, 55% of children between the ages of 12-17 received both DTap/Tdap and HPV vaccines.	
3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Overall, 67% of children between the ages of 12-17 received both DTap/Tdap and HPV vaccines.	
4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Overall, 64% of children between the ages of 12-17 received both DTap/Tdap and HPV vaccines.	

Form 10
State Outcome Measures (SOMs)

State: Palau

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		12
Numerator		
Denominator		
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	4.0	6.0	8.0	9.0	10.0	10.0

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
2 private high schools and 10 public schools increased the number of physical activity days to at least three (3) 60min/day.

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		32.9
Numerator		70
Denominator		213
Data Source		2020
Data Source Year		PPRASS
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	40.0	45.0	50.0	55.0	60.0

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data are not available at this time. A new surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 33% of mothers exclusively breastfed their infants during 6 months visits at a well-baby clinic.	

Form 10
State Outcome Measures (SOMs) (2016-2020 Needs Assessment Cycle)

2016-2020: SOM 1 - Percent of children screened and enrolled in early intervention

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	5	10	12
Annual Indicator	0	4.8	6.1	3.9	1.9
Numerator	0	10	12	8	4
Denominator	1,456	207	198	205	210
Data Source	ASQ Database	ASQ Database	ASQ Database	ASQ Database	ASQ Database
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Provisional	Final	Final

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: ASQ training was conducted in July of 2016. The tool was piloted in August and September of the same year and official data collection began in October. There were only two months worth of data collected.	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: About 5% of children who were administered with the ASQ were enrolled in early intervention.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: About 6% of children who were administered with the ASQ were enrolled in early intervention.	
4.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: About 4% of children who were administered with the ASQ were enrolled in early intervention.	
5.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 2% of children who were administered with the ASQ were enrolled in early intervention.	

2016-2020: SOM 2 - Percent of child maltreatment cases receiving care

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	55	60	65
Annual Indicator	0	100	100	75	50
Numerator	0	1	2	3	2
Denominator	3	1	2	4	4
Data Source	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics	Palau Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: Discussions are on-going for ensuring that confidentiality and security of data shared with the program is addressed. Denominator was obtained from Palau's Crime Statistics.	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Only one (1) child was abused and received appropriate care in 2017.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Only two (2) children was abused and received appropriate care in 2018.	
4.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Only three (3) children was abused and received appropriate care in 2019.	
5.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Only two (2) children were abused and received appropriate care in 2020.	

2016-2020: SOM 3 - Percent of children ages 0-5 who received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertusis, Haemophilius Influenza, and Hepatitis B

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		30	60	65	70
Annual Indicator	25.2	67.1	67.4	65.9	63.1
Numerator	367	1,246	997	983	948
Denominator	1,456	1,856	1,479	1,491	1,503
Data Source	Immunization Registry	WebIZ	WebIZ	WebIZ	WebIZ
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Provisional	Provisional

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: About 67% children ages 0-5 who received a full schedule of age-appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: About 67% children ages 0-5 who received a full schedule of age-appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B	
3.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 63% children ages 0-5 who received a full schedule of age-appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B	

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Palau

ESM 1.1 - Percent of women who receive preventive medical services through community outreach activities

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	24.7	23.7
Numerator	874	847
Denominator	3,545	3,574
Data Source	MCH/FP Registry	MCH/FP Registry
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	30.0	35.0	40.0	45.0	50.0	50.0

Field Level Notes for Form 10 ESMs:

None

ESM 5.1 - Increase education and awareness on the "ABC's" of safe-sleep

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	35.2	39.9
Numerator	74	87
Denominator	210	218
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	40.0	45.0	50.0	55.0	55.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.1 - Increase the number of parents of children 9-35 months who complete the ASQ developmental screening tool

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	15.0	20.0	25.0	30.0	35.0	35.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data are not available at this time. A new surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data are not available at this time. System enhancement for the new EHR to capture data is still ongoing.	

ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support

Measure Status:	Active

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective		40	45	40	33
Annual Indicator	31.6	33.5	33.5	33.5	39.2
Numerator	49	65	65	65	80
Denominator	155	194	194	194	204
Data Source	CSN Database	CSN	CSN	CSN	CSN
Data Source Year	2015	2017	2018	2019	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	35.0	37.0	39.0	41.0	45.0	45.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**

Field Note:
33.5% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 12% received services from a faith-based organization.

2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
33.5% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 12% received services from a faith-based organization.

3.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
39% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 5% received services from a faith-based organization.

ESM 13.1.1 - Increase the number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	20	36
Numerator	11	9
Denominator	55	25
Data Source	PPRASS	PPRASS
Data Source Year	2019	2020
Provisional or Final ?	Final	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	20.0	25.0	25.0	30.0	30.0	30.0

Field Level Notes for Form 10 ESMs:

None

ESM 13.2.1 - Increase the percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		77.1
Numerator		1,208
Denominator		1,566
Data Source		School Health Screening
Data Source Year		2020
Provisional or Final ?		Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	80.0	80.0	80.0	80.0	85.0	85.0

Field Level Notes for Form 10 ESMs:

None

Form 10
Evidence-Based or -Informed Strategy Measures (ESMs) (2016-2020 Needs Assessment Cycle)

2016-2020: ESM 1.1 - Increase the number of community health centers that provide preventive medical visit for women

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective				4	5
Annual Indicator	0	1	3	3	3
Numerator					
Denominator					
Data Source	CCHC	CCHC	CCHC	CCHC	CCHC
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 4.1 - Increase by 5% annually the number of pregnant women provided with breastfeeding education and counseling.

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		60	60	90	90
Annual Indicator	100	100	98.8	98.1	94.8
Numerator	212	219	253	206	202
Denominator	212	219	256	210	213
Data Source	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2016**
	Column Name:	**State Provided Data**
	Field Note: Ever Breastfed was 100% Exclusive breastfeeding through 6 months - 46.7%	
2.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: 100% of pregnant women were provided with breastfeeding education as well as counseling in 2017.	
3.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Women who deliver at the hospital are encouraged to initiate breastfeeding and are provided with breastfeeding education and counseling.	
4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Women who deliver at the hospital are encouraged to initiate breastfeeding and are provided with breastfeeding education and counseling.	

2016-2020: ESM 8.1.1 - Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		55	60	65	67
Annual Indicator	51.4	81.6	80.5	84	88.3
Numerator	569	668	672	605	1,067
Denominator	1,108	819	835	720	1,208
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: In partnership with the Ministry of Education, the school health screening program was able to promote healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11. The campaign is aligned with the National NCD plan to improve the overall health of children through healthy eating and physical activity.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: In partnership with the Ministry of Education, the school health screening program was able to promote healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11. The campaign is aligned with the National NCD plan to improve the overall health of children through healthy eating and physical activity.	
3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: In partnership with the Ministry of Education, the school health screening program was able to promote healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11. The campaign is aligned with the National NCD plan to improve the overall health of children through healthy eating and physical activity.	
4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: In partnership with the Ministry of Education, the school health screening program was able to promote healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11. The campaign is aligned with the National NCD plan to improve the overall health of children through healthy eating and physical activity.	

2016-2020: ESM 8.2.1 - Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for adolescents, ages 12 through 17

Measure Status:			Active	
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective			20	22
Annual Indicator			18.2	54.5
Numerator			4	12
Denominator			22	22
Data Source			PTA Meetings	PTA Meetings
Data Source Year			2019	2020
Provisional or Final ?			Final	Final

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 10.1 - Increase by 5% annually the number of awareness campaigns on the importance and positive impact of annual school health screening provided to Parents and Teachers Association (PTA) meetings

Measure Status:				Active	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		60	65	70	75
Annual Indicator	71.8	66.1	73.9	82.7	82
Numerator	438	1,015	1,158	887	990
Denominator	610	1,536	1,568	1,072	1,208
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Final	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**

Field Note:
In partnership with the Ministry of Education, the school health screening program often presents positive results of the school screening initiative to educate parents as well as teachers on the importance of the annual school screening. Results of data collected from the school health screening are presented to parents to include the positive outcome of identifying and addressing their children health issues.

2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
In partnership with the Ministry of Education, the school health screening program often presents positive results of the school screening initiative to educate parents as well as teachers on the importance of the annual school screening. Results of data collected from the school health screening are presented to parents to include the positive outcome of identifying and addressing their children health issues.

3.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
In partnership with the Ministry of Education, the school health screening program often presents positive results of the school screening initiative to educate parents as well as teachers on the importance of the annual school screening. Results of data collected from the school health screening are presented to parents to include the positive outcome of identifying and addressing their children health issues.

4.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
In partnership with the Ministry of Education, the school health screening program often presents positive results of the school screening initiative to educate parents as well as teachers on the importance of the annual school screening. Results of data collected from the school health screening are presented to parents to include the positive outcome of identifying and addressing their children's health issues.

Form 10
State Performance Measure (SPM) Detail Sheets

State: Palau

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)
Population Domain(s) – Child Health, Adolescent Health

Measure Status:	Active
Goal:	Increase by 2% percent annually children and adolescent who are physically active at least 60 minutes/day
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children 6-11 who are physically active at least 60 minutes/day Number of adolescents 12-17 who are physically active at least 60 minutes/day **Denominator:** Number of children 6-11 years old based on census data Number of children 12-17 years old based on census data
Data Sources and Data Issues:	Annual school health screening and Palau Census data will be used to calculate this measure. The Palau MCH program conducts annual school health screening and therefore, data is readily available. Palau will utilize YRBS to supplement data on this measure.
Significance:	According to Palau's 2017 Hybrid Report, more than 50% of Palauans have low-level of physical activity. Additionally, 62% of young adults have low HDL prevalence. Efforts to reduce childhood obesity through innovative and culturally appropriate activities is necessary at this stage to ensure that children continue to be physically active through adulthood. School Health Screening data indicates that about 30% of children and adolescents in 2019 were not physically active for 60 minutes/day, in fact, 44% reported that they spent more than 3 hrs per day doing sedentary activities.

SPM 2 - Percent of safe sleep and breastfeeding training provided to pregnant women
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active
Goal:	Increase by 50% the number of pregnant women who participate in safe-sleep and breastfeeding training annually
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of pregnant women within the reporting year who are trained and educated in AAP recommended guidelines on safe-sleep and breastfeeding **Denominator:** Number of pregnant women withing the reporting year
Data Sources and Data Issues:	Sign-up sheets and training certificates
Significance:	Although Palau is doing well in breastfeeding and safe-sleep, we continue to see a decline in the number of babies who are breastfed exclusively for up to 6 months. Furthermore, 40% of women reported that they stopped breastfeeding exclusively because they did not have enough breast milk in 2019.

SPM 3 - Percent of children ages 6 through 17, with a preventive medical visit in the past year
Population Domain(s) – Child Health, Adolescent Health

Measure Status:	Active
Goal:	To increase the percentage of children ages 6 through 17 who have a preventive medical visit.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children, ages 6 through 17, with a preventive medical visit in the past year **Denominator:** Number of children, ages 6 through 17
Data Sources and Data Issues:	School Health Screening and Well-Baby Registry
Significance:	Identify an innovative way to increase the number of annual checkup for children addressing health habits, risky behaviors, substance use, and other critical health issues.

Form 10
State Performance Measure (SPM) Detail Sheets (2016-2020 Needs Assessment Cycle)

2016-2020: SPM 2 - Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.
Population Domain(s) – Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs

Measure Status:	Active
Goal:	Increase number of child maltreatment cases referred intervention
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Children identified and receiving comprehensive care **Denominator:** Number of all children ages 0-18 .
Data Sources and Data Issues:	School Health data base MOH FPA registry
Significance:	Improved health outcome for children and adolescents

2016-2020: SPM 3 - Improve immunization coverage for HPV and TDAP for children ages 12 to 17 years old in the next 5 years
Population Domain(s) – Adolescent Health, Children with Special Health Care Needs

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase HPV and TDAP coverage rates for children, ages 12 to 17 by 5% in the next five (5) years</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of children age 12 to 17 who receive appropriate HPV and TDAP vaccines in the given year</td></tr>
<tr><td>Denominator:</td><td>Number of children ages 12-17</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>WEB IZ, School Health Screening</td></tr>
<tr><td>Significance:</td><td>Improve preventive adolescent health</td></tr>
</table>

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Palau

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities
Population Domain(s) – Child Health, Adolescent Health

Measure Status:	Active
Goal:	Increase the number of school who implement at least three (3) 60min/day of physical activity.
Definition:	**Unit Type:** Count **Unit Number:** 22 **Numerator:** Number of school with at least three (3) 60min/day of physical activity **Denominator:**
Data Sources and Data Issues:	School Health Screening
Significance:	Majority of the school in Palau have only 1 day dedicated for physical activity where students can be physically active for 60 min. In partnership with the Ministry of Education, the School Health Program will provide support in developing a staggered plan to address the limited space and facilities for the school to implement the 3 days of physical activity.

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months
Population Domain(s) – Women/Maternal Health, Perinatal/Infant Health

Measure Status:	Active
Goal:	Increase by 5% annually the percent of infants who are breastfed exclusively for up to 6 months.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of infants who are exclusively breastfed in the first 6 months **Denominator:** Number of live births in the given year
Data Sources and Data Issues:	Palau Pregnancy Risk Assessment Survey
Significance:	Many mothers need additional training for lactating techniques including ways to extract and safely store breast milk to continue breastfeeding. According to the 2019 PPRASS Survey, 40% of mothers stopped breastfeeding because they did not have enough breast milk, and 40% said they had to go back to school or work.

Form 10
State Outcome Measure (SOM) Detail Sheets (2016-2020 Needs Assessment Cycle)

2016-2020: SOM 1 - Percent of children screened and enrolled in early intervention
Population Domain(s) – Perinatal/Infant Health, Child Health, Children with Special Health Care Needs

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Improve developmental screening and early intervention for children</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of children receiving early intervention services</td></tr>
<tr><td>Denominator:</td><td>Number of children age 0-5 who were screened</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>FHU data base</td></tr>
<tr><td>Significance:</td><td>Improved and child health outcome</td></tr>
</table>

2016-2020: SOM 2 - Percent of child maltreatment cases receiving care
Population Domain(s) – Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs

Measure Status:	Active
Goal:	Increase the number of victims children of maltreatment receiving comprehensive services
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children receiving care **Denominator:** Number of child maltreatment cases
Data Sources and Data Issues:	School Health Screening data base , FPA Registry
Significance:	Improve child and adolescent health outcome

2016-2020: SOM 3 - Percent of children ages 0-5 who received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertusis, Haemophilius Influenza, and Hepatitis B Population Domain(s) – Perinatal/Infant Health, Child Health, Children with Special Health Care Needs

Measure Status:	Active
Goal:	Improve age appropriate immunization rate
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children receiving age appropriate vaccine **Denominator:** Number of children ages 0-5
Data Sources and Data Issues:	Web IZ, FHU WIl baby data base
Significance:	Improved immunization coverage

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Palau

ESM 1.1 - Percent of women who receive preventive medical services through community outreach activities
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase by 2% annually the number of women who receive preventive medical services through community outreach activities
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women ages 18-44 who receive preventive medical services through community outreach activities **Denominator:** Number of women ages 18-44
Data Sources and Data Issues:	Family Planning Database
Significance:	In 2019, less than 25% of women between the age of 18-44 received preventive medical services. Palau has continued improve ways to improve education and public awareness on the importance of preventive services as well as innovate approaches to bringing services to the community.

ESM 5.1 - Increase education and awareness on the "ABC's" of safe-sleep
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	Maintain at least 95% of pregnant women who are made aware and educated on the "ABC's" of Safe-Sleep
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of pregnant women who are educated on the "ABC's" of Safe-Sleep **Denominator:** Number of pregnant women in the given year
Data Sources and Data Issues:	PPRASS
Significance:	With Palau's customary practices, Palauan women are taught to sleep with their newborn on the same bed or put their infant to bed on their stomach. It is evident that 8% of women still placed their infant to sleep on their stomach.

ESM 6.1 - Increase the number of parents of children 9-35 months who complete the ASQ developmental screening tool
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Active
Goal:	Increase by 2% annually, the number of parents of children 9-35 months who complete the ASQ developmental screening tool
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of parents of children ages 9 through 35 months who complete the ASQ developmental screening tool **Denominator:** Number of children ages 9 through 35 months
Data Sources and Data Issues:	ASQ Screening Database
Significance:	Family Health Unit (FHU) providers have been trained to administer the ASQ developmental screening tool. With limited specialty services for children in Palau, it is important to assess the children with developmental needs and identify needed services that may require off-island referrals or contracted specialty services.

ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase by 3% annually, the percent of children with special health care needs, ages 0 through 17, with a care coordination plan who are linked to primary healthcare services and community support</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of children with special health care needs, ages 0 through 17 with a care coordination plan who are linked to primary healthcare services and community support</td></tr>
<tr><td>Denominator:</td><td>Number of children with special health care needs in the given year</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>CSN Tracking Database</td></tr>
<tr><td>Significance:</td><td>Comprehensive and coordinated care for CSN population and families. Studies have shown that care coordination, a component of the medical home, can aid families who have children with special health care needs to provide better help and support, as well as specialist utilization when they are well connected and linked to primary healthcare services and community support.</td></tr>
</table>

ESM 13.1.1 - Increase the number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy
NPM 13.1 – Percent of women who had a preventive dental visit during pregnancy

Measure Status:	Active
Goal:	To assist identified pregnant women who chew betelnut with tobacco in having healthy pregnancy to avoid poor birth outcomes by obtaining the dental services needed.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy **Denominator:** Number of pregnant women in the given year
Data Sources and Data Issues:	PPRASS
Significance:	By working collaboratively with the community health centers and oral health program, dental cleaning and oral health education can be promoted to pregnant women who are chewing betelnut with tobacco. Chewing betelnut with tobacco is commonly practiced throughout Palau. More than half of pregnant women in 2019 reported chewing betelnut with tobacco.

ESM 13.2.1 - Increase the percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	Increase the number of children ages 1 through 17 who receive preventive dental services by 5% annually through the school health program
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children who received preventive dental services through the school health screening annually **Denominator:** Number of children who participated in the school health screening annually
Data Sources and Data Issues:	School Heath Screening
Significance:	More than 50% of children screened through the school health screening program in Palau have dental caries with an average of 2 caries. About 70% of children who reported tobacco use, chew betelnut with tobacco. Youngest reported user is a 7 year old.

Form 10
Evidence-Based or -Informed Strategy Measure (ESM) (2016-2020 Needs Assessment Cycle)

2016-2020: ESM 1.1 - Increase the number of community health centers that provide preventive medical visit for women
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Increase to 5 the number of community health centers that provide preventive medical visits for women
Definition:	**Unit Type:** Count **Unit Number:** 8 **Numerator:** Number of health centers that provide preventive medical visits for women **Denominator:**
Data Sources and Data Issues:	FHU data base
Significance:	Through strong collaborative efforts, family planning campaigns and health education to include outreach to outlying communities in the Babeldaob areas, there are more male clients accessing family planning services. To effectively tailor services for males, the male health clinic utilizes male providers to include volunteers from the CAT team. Providing sexual and reproductive health care for men is often challenging as most men in Palau perceive regular check-ups and reproductive health as services for women only. Many Palauan men do not even know they have sexual and reproductive health needs. Additionally, traditional and cultural attitudes create barriers in providing educational information and services to male clients about family planning methods and STDs. This initiative has been proven effective when services are brought out to the community. The program will adopt the same strategy to provide preventive medical visits to women by increasing the number of community health centers that can provide basic preventive medical services to women such as family planning services packaged to include, STI & HIV screening, breast and cervical screening, BMI and BP checks, blood and glucose checks, dental screening, and health education and counseling.

2016-2020: ESM 4.1 - Increase by 5% annually the number of pregnant women provided with breastfeeding education and counseling.
2016-2020: NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase to 100% the percentage of infants who are ever breastfed and by 60% those breastfed exclusively through six months by providing breastfeeding education and counseling</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of prenatal clients receiving breast feeding education and counseling</td></tr>
<tr><td>Denominator:</td><td>Number of pregnant women receiving prenatal services</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>FHU Data Base/Registry</td></tr>
<tr><td>Significance:</td><td>The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for up to the first 6 months. Even though solid foods are introduced at 6 months, it is recommended to continue breastfeeding to at least 12 months. Human milk can help lower the risk of asthma, ear infections, and sudden infant death syndrome. Additionally, breastfeeding has equal health benefits for mothers, as it reduces the risk of ovarian and breast cancers.</td></tr>
</table>

2016-2020: ESM 8.1.1 - Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11
2016-2020: NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase by 2% annually, the percentage of children, ages 6 through 11, who are provided health education on healthy eating and physical activity</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of children, ages 6 through 11, who are provided health education on healthy eating and physical activity</td></tr>
<tr><td>Denominator:</td><td>Number of children ages 6 through 11</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>School Health Screening Data Base</td></tr>
<tr><td>Significance:</td><td>Reduce childhood obesity by promoting healthy eating and physical education. It is recommended by the American Academy of Pediatrics (AAP), that in order to prevent childhood obesity, children should be active daily and to spend less time in sedentary pursuits such as watching TV, playing video and computer games, etc. And that children should be limited to less than two hours of screen time daily. Children and adolescents require food rich in nutrients that may have lasting effects on the growth potential and developmental achievement. Food such as fruits and vegetables, home cooked meals, more water intake, and less carbonated drinks have nutritional values that are essential for children and adolescent growth and development.</td></tr>
</table>

2016-2020: ESM 8.2.1 - Increase the promotion of healthy eating and active lifestyle campaigns in families, schools, and communities for adolescents, ages 12 through 17
2016-2020: NPM 8.2 – Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day

Measure Status:	Active
Goal:	Increase by 2% annually, the percentage of children, ages 12 through 17, who are provided health education on healthy eating and physical activity
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of adolescents, ages 12 through 17, who are provided health education on healthy eating and physical activity **Denominator:** Number of adolescents ages 12 through 17
Data Sources and Data Issues:	School Health Screening and YRBS
Significance:	Reduce childhood obesity by promoting healthy eating and physical education. Reduce childhood obesity by promoting healthy eating and physical education. It is recommended by the American Academy of Pediatrics (AAP), that in order to prevent childhood obesity, children should be active daily and to spend less time in sedentary pursuits such as watching TV, playing video and computer games, etc. And that children should be limited to less than two hours of screen time daily. Children and adolescents require food rich in nutrients that may have lasting effects on the growth potential and developmental achievement. Food such as fruits and vegetables, home cooked meals, more water intake, and less carbonated drinks have nutritional values that are essential for children and adolescent growth and development.

2016-2020: ESM 10.1 - Increase by 5% annually the number of awareness campaigns on the importance and positive impact of annual school health screening provided to Parents and Teachers Association (PTA) meetings
2016-2020: NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase by 5% percent the number of awareness campaigns on the importance and positive impact of annual school health screening provided to 90% Parents and Teachers Association (PTA) meetings annually</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number awareness campaigns provided during parents and teachers association (PTA) meetings in the given year</td></tr>
<tr><td>Denominator:</td><td>Number of Parents and Teachers Association (PTA) meetings in the given year</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Meeting sign-up sheets</td></tr>
<tr><td>Significance:</td><td>Improve Child and adolescent health outcome through preventive medical visits. The School Health program screens for chronic health conditions and or ailments such as diabetes, obesity, high blood pressure/hypertension, eyesight, and hearing that might affect the students' physical and emotional well-being, school attendance, and academic performance. Students who are identified with any of the health conditions are referred to specific clinics for further evaluation and/or treatment. Poor school performance predicts health-compromising behaviors and physical, mental, and emotional problems. Poor nutrition, substance abuse, sedentary behavior, violence, depression, and suicidality compromise school performance. The number of students screened during the annual school health screening is dependent on the number of parental consents. Without proper awareness of the importance of school health screening, parents often dissent the screening.</td></tr>
</table>

Form 11
Other State Data

State: Palau

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Palau

Annual Report Year 2020

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Monthly	2		• Birth Registry
2) Vital Records Death	Yes	Yes	Monthly	6	No	
3) Medicaid	No	No	Never	NA	No	
4) WIC	No	No	Never	NA	No	
5) Newborn Bloodspot Screening	No	No	Never	NA	No	
6) Newborn Hearing Screening	Yes	Yes	Monthly	1	Yes	
7) Hospital Discharge	Yes	Yes	Daily	0	No	
8) PRAMS or PRAMS-like	Yes	Yes	Daily	1	No	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name:	**1) Vital Records Birth**
	Field Note: Palau Maternal and Child Health program utilizes its own birth registry to record all birth events. Vital records often take years to complete and therefore the program had to develop its own database to capture birth events. Data are often reported as interim data until verified and finalized with the medical records.
Data Source Name:	**2) Vital Records Death**
	Field Note: Program have access to death records although data need further clarification through medical records and public health data and statistics.
Data Source Name:	**3) Medicaid**
	Field Note: Not Applicable for Palau
Data Source Name:	**4) WIC**
	Field Note: Not Applicable for Palau
Data Source Name:	**5) Newborn Bloodspot Screening**
	Field Note: Palau is in the process of identifying an off-island laboratory to conduct testing.
Data Source Name:	**6) Newborn Hearing Screening**
	Field Note: Data is collected and maintained by the program.
Data Source Name:	**7) Hospital Discharge**
	Field Note: Program have access to hospital discharge data through (HIS) hospital health information system.
Data Source Name:	**8) PRAMS or PRAMS-like**
	Field Note: PPRASS or Palau Pregnancy Risk Assessment Surveillance was modeled after the U.S. PRAMS but tailored to include questionnaires relevant to Palau and its population. Data are collected annually from mothers who delivered a live birth dating back to 2003. Data contains information on maternal behaviors and experiences that may influence pregnancy outcomes. Data is maintained by the program.