Maternal and Child Health Services Title V Block Grant

Palau

FY 2025 Application/ FY 2023 Annual Report

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Title V and complementary funds are allocated to areas such as home	

visitation, clinic monitoring for quality assurance and improvement, and personnel costs for services like newborn screening, pregnancy monitoring, and general education and outreach efforts. This funding allows for activities to be carried out by trained and certified personnel. It also facilitates home visits for children with special needs and high-risk pregnant women. Well-women care services, including pre/postnatal care, are provided by a network of providers, counselors, and program staff, including partner organizations dedicated to the program's success. When permanent staffing is unavailable, the program provides necessary support. The program complements state funds by supporting services from pediatricians, counselors, and coordinators. While private clinics offer some pre/postnatal care services, the MCH program delivers most services, including immunizations for children aged 0-5 years. **31**

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I. General Requirements

I.A. Letter of Transmittal

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

July 15, 2024
DBPHHSei: 2024-188

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

Dear Sir/Madam:

The Republic of Palau (Palau) is submitting the enclosed Grant Application for the Title V Maternal and Child Health Services. The requested financial assistance under this program will provide much-needed support to continue to improve services for mothers, infants, children and adolescents, as well as the entire family unit.

Palau extends its gratitude to HRSA for the continued assistance in ensuring that we continue to provide the critical support and delivery of quality healthcare services to the MCH population.

Should you require additional information, please do not hesitate to contact the Division of Primary and Preventive Health Services, Bureau of Public Health and Human Services at (680) 488-4070 or email to mindy.sugiyama@palauhealth.org or Edolem.Ikerdeu@palauhealth.org.

Sincerely,

Sherilynn Madraisau
Authorized Official
Ministry of Health and Human Services

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 2 of the 2026 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 2021 Title V application/Annual Report guidance.

II. MCH Block Grant Workflow

Please refer to figure 3 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms", OMB NO: 0915-0172; Expires: December 31, 2026.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

PROGRAM OVERVIEW

The Republic of Palau's Maternal and Child Health (MCH) program, housed within the Family Health Unit of the Bureau of Public Health, is committed to improving the health and well-being of women, infants, children, adolescents, and children with special health care needs (CSHCN). Guided by a life course approach and health equity lens, the program provides a continuum of preventive, primary, and specialty care services to support optimal perinatal health, child development, and family well-being.

Key program components include:

- Prenatal care and education
- Postpartum and newborn care
- Breastfeeding support
- Immunizations
- Child health screenings and anticipatory guidance
- School health services
- Adolescent health and youth development programs
- Early intervention and services for CSHCN
- Oral health promotion and dental services
- Nutrition counseling and food assistance
- Family planning and reproductive health services

The MCH program serves a diverse population, with particular attention to addressing the needs of vulnerable groups such as low-income families, residents of outlying states, and non-Palauan communities. Services are delivered through a network of community health centers, with the main MCH clinic located in Koror.

The program is funded through a combination of federal grants, including the Title V MCH Services Block Grant, as well as local revenue and partnerships. Key collaborators include the Ministry of Education, Behavioral Health Division, Division of Oral Health, Palau Parent Empowered, Faith-Based organizations and other community-based organizations.

Recognizing the importance of primary prevention and cross-sector collaboration, the MCH program also invests in community outreach, health education, and efforts to address social determinants of health such as poverty, food insecurity, and intimate partner violence. Recent initiatives have focused on engaging fathers, promoting oral health in schools, and integrating behavioral health into perinatal care.

The 2023 MCH Needs Assessment identified several priority areas for strengthening MCH services and systems in Palau. These include:

- Enhancing access to and quality of care, particularly in rural areas
- Addressing disparities by socioeconomic status, education, and race/ethnicity
- Reducing the prevalence of non-communicable diseases like obesity and diabetes
- Preventing substance use and promoting mental well-being across the life course

- Building capacity to support children and youth with special health care needs
- Investing in MCH workforce development and retention
- Strengthening data systems and performance monitoring

To drive progress in these priority areas, the program will employ the following key strategies:

1. Increase the availability and accessibility of preventive services across the life course through mobile clinics, telehealth, and community partnerships.
2. Integrate behavioral health promotion and substance use prevention into routine MCH services through provider training, screening and brief intervention, and care coordination.
3. Enhance services for CSHCN through family navigation, respite care, transition support, and access to off-island specialty care.
4. Implement evidence-based programs to promote healthy nutrition, physical activity, and oral health habits starting from early childhood.
5. Engage fathers and support co-parenting through targeted outreach, education, and services that promote men's health and involvement.
6. Identify training opportunities to build a pipeline of skilled and culturally responsive providers.
7. Develop a MCH data dashboard to monitor population health trends, track performance measures, and drive quality improvement.

By implementing these strategies in partnership with families, communities, and cross-sector stakeholders, the Palau MCH program aims to build a more equitable and responsive system of care that enables all mothers, children, and families to thrive. The program is committed to ongoing needs assessment, evidence-based practice, and quality improvement to ensure that services are effectively meeting the evolving needs of Palau's MCH population. Through sustained investment and innovation, Palau can become a model for family-centered, community-driven, and culturally grounded MCH services that advance health equity and family well-being.

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

Title V federal funds are allocated to enhance maternal and child health initiatives in the Republic of Palau. Managed by the Family Health Unit (FHU) under the Ministry of Health and Human Services (MHHS), these funds primarily bolster Enabling Services aimed at improving healthcare access and outcomes. These services encompass prenatal, postnatal, well-baby, high-risk, family planning, and male health clinics held at community centers year-round. They ensure that our providers maintain certification and proficiency in managing the health of pregnant women, new mothers, and children.

The FHU's School Health Program conducts annual school screenings, crucial for data collection and identifying at-risk individuals. Title V funding supports education, screening, and referrals for children and adolescents to necessary services. Additionally, Title V funds support the FHU's Children and Youth with Special Health Care Needs (CYSHCN) program, facilitating monitoring through home visits, data collection and stakeholder training.

Beyond Enabling Services, Title V funds also bolster Palau's Public Health Services and Systems. The Maternal and Child Health (MCH) Block Grant aids in policy development, assessments, program planning, implementation, workforce development, and health campaigns. FHU collaborates with internal and external partners to establish committees and councils that enhance service delivery mechanisms.

This partnership with Title V extends beyond financial support, fostering relationships with other states and jurisdictions. This exchange of experience enriches our program's capacity to serve families comprehensively and with a unified vision.

III.A.3. MCH Success Story

Advancing Child Rights and Healthcare Access: Collaborative Achievements in Palau

In 2023, Palau's Maternal and Child Health (MCH) Program achieved a significant milestone through extensive collaboration with both internal and external partners, particularly in addressing the needs of children and youth with special health care requirements. A pivotal achievement was the program's new responsibility for submitting Palau's Third Periodical Report on the Convention on the Rights of the Child (CRC Report) to the United Nations. This task required substantial partnership and was made possible with the support of Title V Funds and UNICEF.

The program worked closely with various departments within the Ministry of Health and Human Services (MHHS) to convene stakeholders, gather feedback, and share findings. Of particular note was the active engagement of youth, who were solicited for direct feedback on the report. The insights of high school student representatives and officials significantly influenced discussions around child rights, contributing to advancements in the Child Protection Act and bolstering political will to enhance support for vulnerable populations.

Looking ahead to 2024, the outcomes of our efforts in 2023 include a notable 100% increase in financial assistance to individuals with disabilities, encompassing our population of children and youth with special health care needs (CYSHCN). Additionally, the Palau MCH Program conducted its biennial CSN Survey for the first time since the COVID-19 pandemic. This survey data has initiated an internal assessment of data management, collection practices, and patient care services, aligning with recent administrative adjustments within the ministries.

These collaborations underscore a promising future trajectory for our initiatives.

III.B. Overview of the State

OVERVIEW OF THE STATE

The Republic of Palau is an archipelago located in the western Pacific Ocean, about 800 miles southwest of Guam. It has a total land area of just 188 square miles and has a strong connection to the United States through the Compact of Free Association.

As of the 2020 census, Palau's population is 17,614, with the majority (64%) living in the capital city of Koror. Koror is the economic and healthcare center of the nation, housing the main hospital, community health center, and various private medical facilities. The neighboring island of Babeldaob, connected to Koror by a bridge, is home to a significant portion of the population, while the more distant islands of Peleliu and Angaur also have small communities.

In recent decades, Palau has experienced economic growth driven by its thriving tourism industry and infrastructure development projects. However, the nation still faces challenges such as inflation, poverty, and geographical barriers to healthcare access. According to the 2014 Household Income and Expenditure Survey, about 24.9% of the population lived below the Basic Needs Poverty Line, with higher poverty rates observed in remote areas.

The year 2020 brought unprecedented challenges to Palau due to the COVID-19 pandemic, which forced border closures and significantly impacted the nation's economy and health services.

Health disparities among the Palauan population are a concern, with high rates of chronic diseases such as diabetes, heart disease, and cancer. These issues are attributed, in part, to the gradual adoption of Western lifestyles and diets. The nation's geographical isolation also poses challenges in providing routine preventive care and acute medical services, particularly in areas far from Koror. Pregnant women often need to travel to Koror for childbirth, as community health centers lack the necessary facilities and equipment.

The Family Health Unit, under the Bureau of Public Health, implements the Title V MCH Block Grant to address maternal and child health needs. This initiative involves collaboration with other divisions and the hospital to ensure comprehensive care for mothers and children throughout the islands.

Despite the challenges faced by Palau, the nation continues to work towards improving healthcare access, economic stability, and the well-being of its population while preserving its unique cultural identity and the natural beauty of its islands.

DEMOGRAPHIC PROFILE

Palau's population has experienced a slight decline in recent years, decreasing from 17,661 in 2015 to 17,614 in 2020, mainly due to outmigration. This trend has important implications for maternal and child health (MCH) services, as it may affect the demand for and availability of resources. The gender distribution skews slightly male in most age

groups, with 42% of the population in the reproductive age range of 15-44 years. Children and infants under 18 make up 24% of the population. Racially and ethnically, 72% identify as Pacific Islander and 26% as Asian.

Maternal Age Distribution:

The median age at first birth in Palau is 23.5 years, with 15% of births occurring to teenage mothers aged 15-19. Advanced maternal age (35+ years) accounts for 8% of births. Both adolescent pregnancy and advanced maternal age are associated with increased risks for maternal and infant health outcomes, underscoring the importance of tailored prenatal care and support services.

Fertility Rate:

The total fertility rate in Palau has declined from 2.6 children per woman in 2000 to 2.2 in 2020. This trend reflects changing social norms and increasing access to family planning services. However, the unmet need for family planning remains a concern, particularly among unmarried and adolescent women, highlighting the need for expanded access to reproductive health education and services.

Household characteristics:

The average household size in Palau is 3.7 people, with 27% of households headed by women. Multigenerational households are typical, with 35% of households including at least one grandparent. These extended family structures can provide critical support for mothers and children and increase caregiving responsibilities and stress, particularly for women. MCH programs should consider the role of family and household dynamics in shaping maternal and child well-being.

Racial and ethnic composition:

Palau's population is predominantly Palauan (73%), followed by Filipino (15%), Chinese (4%), and other Asian and Pacific Islander groups. This diversity requires culturally responsive approaches to MCH services, including language access, cultural competency training for providers, and engagement of community health workers and traditional healers.

Education:

Maternal education is a key determinant of child health outcomes. In Palau, 92% of women aged 25-34 have completed secondary education, and 28% have completed tertiary education. However, disparities persist, with lower educational attainment among women in rural areas and those from lower-income households. Strategies to promote girls' education and support women's health literacy are critical for MCH.

Employment:

The labor force participation rate for women in Palau is 59%, compared to 77% for men. Mothers, particularly those with young children, face challenges balancing work and caregiving responsibilities, which can affect their health and that of their children. Policies and programs to support working mothers, such as paid parental leave, flexible work arrangements, and quality childcare, are important for MCH.

Income and poverty:

Poverty and economic insecurity significantly impact MCH outcomes. In Palau, 24% of the population lives below the national poverty line, with higher rates among households headed by women and those in rural areas. Addressing health's social and economic determinants through programs such as conditional cash transfers, nutrition assistance, and housing support is critical for promoting MCH equity.

Child demographics:

Children under 15 comprise 21% of Palau's population, with a child-sex ratio of 1.05 males per 1 female. The child population is expected to decline in the coming years due to the decreasing fertility rate, which may affect the allocation of resources for child health services. Ensuring that all children, regardless of geographic location or socioeconomic status, have access to quality healthcare, nutrition, early childhood development, and education services is a crucial priority for MCH.

Adolescent demographics:

Adolescents aged 15-19 comprise 7% of Palau's population, with a slightly higher proportion of males (52%) than females (48%). Adolescence is a critical period for physical, cognitive, and social-emotional development, with long-term implications for health and well-being. Addressing the unique needs of adolescents, including mental health, substance use prevention, sexual and reproductive health, and injury prevention, is essential for promoting healthy trajectories into adulthood.

Special populations:

Certain population groups in Palau face increased risks and barriers to accessing MCH services. These include persons with disabilities, who comprise an estimated 3% of the population; migrants and non-citizens, who may face language and cultural barriers; and LGBTQI+ individuals, who may experience discrimination and stigma in healthcare settings. Ensuring that MCH programs are inclusive, non-discriminatory, and responsive to the needs of these populations is critical for health equity.

This MCH-focused demographic profile highlights the key population characteristics and trends that shape maternal and child health needs and outcomes in Palau. It underscores the importance of a life-course approach to MCH, recognizing the distinct needs and challenges faced by women, children, and families at different stages of development. It also emphasizes the social and structural determinants of health, including education, employment, income, and access to resources, that influence MCH outcomes and inequities. By using this demographic lens to inform needs assessment, priority-setting, and program design, Palau can work towards a more equitable and responsive MCH system that leaves no one behind.

ACCESS TO CARE

The Bureau of Public Health, Maternal and Child Health Program, managed by the Division of Primary and Preventive Health Services Chief, provides primary and preventive services. These services include care for children with special health care needs, high-risk prenatal mothers, prenatal/postnatal care, childhood immunization, family planning, gynecological and cancer screening services, well-child services, male health services, and school health screening and intervention services. Funding for these services comes from both the Ministry of Health and Human Services and external sources such as US Federal Grants and WHO funding. However, the Bureau receives the least revenue from the annual health budget and often competes for local resources against hospitals and tertiary medical services.

In Palau, children with special healthcare needs face challenges in accessing healthcare due to factors like provider shortages, lack of access to specialists, lack of transportation, healthcare infrastructure, and long-term financial support. Additionally, limited specialty services on the island mean that many children must be sent off-island for evaluation and treatment, stressing state budgets and exacerbating service gaps.

Hospital Based Services
Delivery
Neonatal Services
Universal Newborn Hearing Screening
Pediatric Services - Hospital Based
Audiology/ENT Services
Specialty Clinics
Emergency Medical Services
Urgent Care Services
Infrastructure and Capacity Building
Medical Records
Finance Management
Tertiary Medical Care (Medical Referral)
Pediatric/CSHCN/Pregnant Women/Adolescents

Family Health Unit Available Primary & Preventive Services
Preventive/Promotive Services
Childhood Immunization
Prenatal Services
Postpartum Services
Birthing/Parenting
Women's Health Services
Male Health Services
Family Planning
Well-Baby Services
CSHCN Services
Home Health Services
Behavioral Health Services
School Health Services
Oral Health Services

Moreover, geographic barriers to care are significant, as residents of outlying states have to make lengthy and costly trips to reach Palau's main health facilities in Koror and Airai. Many women are uninsured pre-pregnancy, which may lead to delays in seeking needed services. Workforce shortages, particularly in specialty and mental health care, limit access to services even when covered. Telehealth is a promising way to expand access to healthcare, especially for children and youth with special healthcare needs and behavioral health concerns. Cultural and linguistic factors influencing care-seeking are essential and warrant further exploration.

SOCIAL DETERMINANTS OF HEALTH

Health outcomes are intricately tied to underlying social and environmental conditions. Inadequate sanitation, hygiene, and safe water access persist in some areas of Palau. Food insecurity affects 26% of pregnant women, while the high cost and limited availability of nutritious foods constrain healthy eating. Lack of public transportation and high fuel costs impede access to services, particularly for low-income families. Overcrowding and substandard housing conditions elevate the risk of infectious diseases and injuries. While Palau boasts a high literacy rate of 96.6%, health literacy levels and their impact on MCH outcomes are unknown. The strong cultural traditions of family and clan support may bolster health, but data on their influence and ways to effectively engage these informal networks are needed.

PALAU MCH NEEDS ASSESSMENT UPDATE

Introduction

The Republic of Palau, an archipelago of over 300 islands in the western Pacific Ocean, is home to a diverse population of 17,614 individuals as of the 2020 census. The ongoing needs assessment aims to identify the health needs of Palau's Maternal and Child Health (MCH) population, determine priorities, set performance measures, and develop strategies to address the identified priority needs. By understanding the unique challenges faced by women, infants, children, adolescents, and children with special health care needs (CSHCN), Palau can build a more equitable and responsive system of care.

Methodology

This needs assessment utilized a mixed-methods approach to gather insights from diverse stakeholders. Secondary data analysis used existing reports on demographics, health status, and service utilization. Community input was solicited through presentations, report sharing, and outreach activities, engaging residents in dialogues about their experiences and priorities. Healthcare providers and public health partners shared their perspectives through the Family Health Unit's meetings and conferences, identifying priority needs and program capacity through consensus-building and SWOT analysis.

DEMOGRPAHIC PROFILE

Palau's population has slightly decreased in recent years to 17,614 in 2020 due to outmigration. This has implications for maternal and child health services, affecting resource demand and availability. The gender distribution skews slightly male, with 42% in the 15-44 age range. Children and infants make up 24% of the population, with 72% identifying as Pacific Islander and 26% as Asian.

Maternal Age Distribution:

The median age at first birth in Palau is 23.5 years, with 15% of births occurring to teenage mothers aged 15-19. Advanced maternal age (35+ years) accounts for 8% of births. Both adolescent pregnancy and advanced maternal age are associated with increased risks for maternal and infant health outcomes, underscoring the importance of tailored prenatal care and support services.

Fertility Rate:

The total fertility rate in Palau has declined from 2.6 children per woman in 2000 to 2.2 in 2020. This trend reflects changing social norms and increasing access to family planning services. However, the unmet need for family planning remains a concern, particularly among unmarried and adolescent women, highlighting the need for expanded access to reproductive health education and services.

Household characteristics:

The average household size in Palau is 3.7 people, with 27% of households headed by women. Multigenerational

households are typical, with 35% of households including at least one grandparent. These extended family structures can provide critical support for mothers and children and increase caregiving responsibilities and stress, particularly for women. MCH programs should consider the role of family and household dynamics in shaping maternal and child well-being.

Racial and ethnic composition:

Palau's population is predominantly Palauan (73%), followed by Filipino (15%), Chinese (4%), and other Asian and Pacific Islander groups. This diversity requires culturally responsive approaches to MCH services, including language access, cultural competency training for providers, and engagement of community health workers and traditional healers.

Education:

Maternal education is a key determinant of child health outcomes. In Palau, 92% of women aged 25-34 have completed secondary education, and 28% have completed tertiary education. However, disparities persist, with lower educational attainment among women in rural areas and those from lower-income households. Strategies to promote girls' education and support women's health literacy are critical for MCH.

Employment:

The labor force participation rate for women in Palau is 59%, compared to 77% for men. Mothers, particularly those with young children, face challenges balancing work and caregiving responsibilities, which can affect their health and that of their children. Policies and programs to support working mothers, such as paid parental leave, flexible work arrangements, and quality childcare, are important for MCH.

Income and poverty:

Poverty and economic insecurity significantly impact MCH outcomes. In Palau, 24% of the population lives below the national poverty line, with higher rates among households headed by women and those in rural areas. Addressing health's social and economic determinants through programs such as conditional cash transfers, nutrition assistance, and housing support is critical for promoting MCH equity.

Child demographics:

Palau's population comprises 21% children under 15, with a male-to-female ratio of 1.05. The declining fertility rate is expected to decrease the child population, impacting resources for child health services. MCH prioritizes providing all children with access to quality healthcare, nutrition, early childhood development, and education services.

Adolescent demographics:

Adolescents aged 15-19 comprise 7% of Palau's population, with a slightly higher proportion of males (52%) than females (48%). Adolescence is a critical period for physical, cognitive, and social-emotional development, with long-term implications for health and well-being. Addressing the unique needs of adolescents, including mental health, substance use prevention, sexual and reproductive health, and injury prevention, is essential for promoting healthy trajectories into adulthood.

Special populations:

Certain population groups in Palau, including people with disabilities (3% of the population), migrants and non-citizens facing language and cultural barriers, and LGBTQI+ individuals experiencing discrimination in healthcare, encounter difficulties in accessing MCH services. It is crucial to ensure that MCH programs are inclusive and responsive to the needs of these populations for health equity.

This demographic profile emphasizes the importance of a life-course approach to MCH, recognizing the distinct needs and challenges faced by women, children, and families at different stages of development. It also underscores the social and structural determinants of health, such as education, employment, income, and access to resources, that influence MCH outcomes and inequities.

By using this demographic lens to inform needs assessment, priority-setting, and program design, Palau can work towards a more equitable and responsive MCH system.

ACCESS TO CARE

Geographic barriers to care are substantial, with lengthy and costly trips required for residents of outlying states to reach Palau's main health facilities concentrated in Koror and Airai. One-third of women are uninsured pre-pregnancy, likely delaying or forgoing needed services. Workforce shortages, particularly in specialty and mental health care, limit access even when services are covered. Telehealth offers a promising avenue to expand reach and maximize scarce provider resources, especially for CYSHCN and behavioral health needs—cultural and linguistic factors influencing care-seeking warrant further exploration.

SOCIAL DETERMINANTS OF HEALTH

Health outcomes are intricately tied to underlying social and environmental conditions. Inadequate sanitation, hygiene, and safe water access persist in some areas of Palau. Food insecurity affects 26% of pregnant women, while the high cost and limited availability of nutritious foods constrain healthy eating. Lack of public transportation and high fuel costs impede access to services, particularly for low-income families. Overcrowding and substandard housing conditions elevate the risk of infectious diseases and injuries. While Palau boasts a high literacy rate of 96.6%, health literacy levels and their impact on MCH outcomes are unknown. The strong cultural traditions of family and clan support may bolster health, but data on their influence and ways to effectively engage these informal networks are needed.

SUMMARY OF STRENGTHS AND NEEDS BY DOMAIN

Women and Maternal Health (Strengths):

- High rates of health insurance coverage during pregnancy (66%)
- Most women receive some prenatal care, with 56% starting in the 1st trimester
- Widespread receipt of prenatal education on key topics like breastfeeding and safe sleep
- Decline in tobacco use during pregnancy for some women (36%)

Women and Maternal Health (Needs):

- Significant disparities in health care access and outcomes by socioeconomic status
- High rates of unintended pregnancy (57%) and lack of contraceptive use (81%) before pregnancy
- Prevalent mental health issues, including prenatal/postpartum depression and anxiety
- Ongoing tobacco and alcohol use during pregnancy for many women
- Gaps in preventive care, such as dental cleanings and screenings prior to pregnancy

- Socioeconomic barriers to care, including lack of paid leave, childcare, and transportation

Perinatal and Infant Health (Strengths):

- Near universal breastfeeding initiation (99%)
- Relatively low rates of very low birth weight (2%)
- Widespread newborn hearing and critical congenital heart defect screening
- High rates of infants placed on their back to sleep (80%)

Perinatal and Infant Health (Needs):

- The infant mortality rate (11.0 per 1,000 live births) is twice as high as the Healthy People 2030 goal
- About 1 in 11 infants are born preterm (9%) or low birth weight (9%)
- Suboptimal rates of exclusive breastfeeding (63%) and use of human milk at 6 months (64%)
- Unsafe sleep practices are prevalent, including soft bedding and bed-sharing
- Late entry to prenatal care for some women, with 9% starting in 3rd trimester and 3% receiving no care
- Need for improved maternal health and preconception care to reduce preterm births and low birth weight

Child and Adolescent Health (Strengths):

- Routine child health screenings and immunizations widely available
- Robust data collected on youth health behaviors and experiences through YRBSS and Annual School Health Screening
- Some infrastructure in place for school-based health services
- Engaged network of youth-serving community organizations and programs

Child and Adolescent Health (Needs):

- High rates of overweight (29%) and obesity (36%) among children and adolescents
- Prevalent mental health concerns, including persistent sadness (42%) and suicidal ideation (23%)
- Widespread substance use, including alcohol (61%), e-cigarettes (54%), and marijuana (42%)
- Exposure to violence, with 32% experiencing sexual violence and 14% dating violence
- Barriers to accessing confidential reproductive health services for adolescents
- Physical inactivity and excessive screen time are common among youth
- High rates of dental caries (55%)

CYSHCN (Strengths):

- Most families report being able to access needed health services (73%) and care coordination (78%)
- Effective partnerships with Early Intervention and special education programs
- Active family organizations advocating for CYSHCN, like Palau Parents Empowered
- Palau Disability Fund and National Health Insurance support for specialty services

CYSHCN (Needs):

- 1 in 4 families face challenges accessing specialty and mental health services for their child
- Lack of on-island access to certain therapies and medical supplies/equipment
- Socioeconomic strain, with 50% of families earning below $15,000 annually yet facing high out-of-pocket costs

- Significant school absenteeism due to chronic conditions or acute illness
- Difficulties with self-care and behavior for many children
- Respite care and other family supports limited

WOMEN/MATERNAL HEALTH UPDATE

The data from the 2023 Palau Pregnancy Risk Assessment Survey and 2023 Palau Hybrid Survey paint a picture of the complex challenges women in Palau face on their journey to motherhood. Even before conception, many women lack the foundation of health insurance, family planning services, and preventive care that can help them prepare for a healthy pregnancy. Over a third are uninsured, leaving them without access to vital preconception counseling and screenings. A staggering 81% aren't using contraception when they conceive, suggesting an unmet need for quality family planning education and services that the hybrid survey confirms affects 35% of reproductive-age women.

As women embark on pregnancy, mental health concerns like anxiety and depression emerge for a significant proportion, compounded by physical complications like gestational diabetes and hypertension. Postpartum, the struggle continues as nearly a third of new mothers grapple with frequent feelings of depression and hopelessness.

The challenges extend beyond medical issues. Nearly half of households earn less than $10,000 a year, and many struggle with food and utility bills. Pregnant women face job-related challenges, and affordable childcare is scarce. Health issues like high blood pressure and diabetes add to the risks women face. Preventive measures, such as cervical cancer screening and HPV vaccination, are underutilized. The data underscores the need for a comprehensive maternal health approach in Palau, including access to health coverage, contraception, and mental health support and addressing socioeconomic barriers through paid leave, affordable childcare, and food and housing security programs.

MEN'S HEALTH: A CALL TO ACTION

The state of men's health in Palau has a significant impact on the well-being of men and also affects maternal and child health. By addressing men's health issues and encouraging their involvement in family health, Palau can create a positive ripple effect that enhances the health outcomes of women and children.

Health Issues

- Limited knowledge about family planning and reproductive health among men can lead to unintended pregnancies and inadequate support for their partners during pregnancy and childrearing.
- Poor mental health and substance abuse among fathers can create an unstable home environment, negatively impacting the emotional and developmental well-being of their children.
- Lack of male involvement in prenatal care and child health appointments can result in missed opportunities for education and shared decision-making.

Implications

Maternal health: When men are not actively involved in family planning and prenatal care, it can lead to increased stress and reduced emotional support for expectant mothers, potentially affecting maternal mental health and pregnancy outcomes.

Child development: Children who grow up in households where fathers have untreated mental health issues or

substance abuse problems are at higher risk for developmental delays, behavioral problems, and adverse childhood experiences (ACEs).

Family dynamics: Poor male health can strain family relationships, lead to financial instability, and create an unhealthy family environment that hinders the growth and development of children.

Recommendations

Integrate men's health into maternal and child health programs: Incorporate men's health education and services into existing maternal and child health initiatives to promote a holistic approach to family well-being.

Encourage active fatherhood: Develop programs that encourage and support active fatherhood, such as parenting classes, father-child bonding activities, and peer support groups for fathers.

Provide couples' education: Offer educational sessions for couples on topics such as family planning, reproductive health, and effective communication to foster shared responsibility and decision-making.

Screen for paternal mental health and substance abuse: Implement screening protocols for mental health and substance abuse among fathers during prenatal and pediatric visits to identify and address potential risks to family well-being.

Promote work-life balance: Advocate for policies and workplace cultures that support work-life balance, allowing fathers to be more involved in their children's lives and share caregiving responsibilities.

Recognizing the connection between men's health and maternal and child health, Palau can create a comprehensive approach to strengthen families and promote community well-being. Involving men in family health improves outcomes and creates a positive environment for women and children to thrive. Integrated services and support can foster healthier families and build a stronger foundation for future generations.

PERINATAL AND INFANT HEALTH UPDATE:

The 2023 Maternal and Infant Health data provides insights into the challenges facing Palau's youngest citizens. While there were 181 live births, 2 infant deaths occurred, resulting in an infant mortality rate of 11.0 per 1,000 live births. This rate is higher than the Healthy People 2030 target of 5.0 infant deaths per 1,000 live births, indicating a need for enhanced efforts to protect infants' lives.

Preterm births and low birth weight are key risk factors for infant health complications. In Palau, 9% of infants were born preterm, and 9% had low birth weight (under 2,500 grams). These rates suggest a need for interventions to improve maternal health and access to high-quality prenatal care to prevent these adverse birth outcomes.

Breastfeeding is known to provide numerous health benefits for infants. While breastfeeding initiation was nearly universal at 99%, only 63% of infants were exclusively breastfed at the time of the survey. This points to a need for strategies to support mothers in continuing exclusive breastfeeding, particularly as they return to work or school.

Creating a safe sleep environment is critical for preventing sudden, unexpected infant deaths (SUIDs). While 80% of parents placed their infants to sleep on their backs as recommended, many used potentially hazardous items such as blankets (50%), comforters or quilts (30%), pillows or cushions (10%), or crib bumper pads (14%). Ongoing education on safe sleep practices is needed to ensure all infants have a safe sleeping space.

Prenatal care is crucial for monitoring maternal and fetal health. Efforts are needed to encourage early access to care and address barriers. High rates of primary cesareans need to be reduced to lower risks for future pregnancies. Screening and timely treatment of STIs during pregnancy are critical for preventing congenital infections.

CHILD & ADOLESCENT HEALTH UPDATE

The data from the 2023 school health screenings and the 2021 Youth Risk Behavior Survey in Palau reveals significant concerns regarding obesity, mental health, and substance use among children and adolescents. High rates of excess weight pose risks for chronic diseases, while mental health issues such as persistent feelings of sadness and suicide ideation are prevalent. Substance use, including alcohol, e-cigarettes, and marijuana, is also widespread among high school students. Additionally, potential unmet needs for vision and hearing services have been identified. It is crucial to address these issues through accessible mental health services, comprehensive prevention strategies, and timely diagnosis and treatment for vision and hearing abnormalities to ensure the well-being and educational success of young people in Palau.

School Health Screening data from 2023 in Palau showed a high incidence of dental caries among school-aged children. In the screening, 55% of the students screened in 2023 had dental caries, a significant increase from 48% in 2021. On average, each child had between three and four caries, with as few as one and as many as nineteen cavities.

The survey in Palau revealed significant oral health issues among children. Many require dental sealants, extractions, and fillings due to cavities. Additionally, a Youth Risk Behavior Survey showed that 11.7% of high school students did not receive dental check-ups in the past year. There are also potential gender disparities in oral health service use among teenagers.

Only 12% of high school students met the daily recommended 60 minutes of exercise, highlighting the need to promote physical activity for healthy development.

The YRBS also showed high rates of violence victimization, with 32% experiencing sexual violence and 14% experiencing physical dating violence. Prevention and trauma-informed support services are essential.

A study on adolescent SRH service utilization identified confidentiality concerns as a major barrier to access in Palau. Strategies to increase utilization included using digital education and communication tools, offering youth-specific clinic hours, and equipping parents to discuss SRH with their children.

CHILDREN & YOUTH WITH SPECIAL HEATLH CARE NEEDS UPDATE

The 2023 survey of 143 families of children and youth with special health care needs in Palau provides valuable insights into the unique challenges these children and their caregivers face in accessing services and support.

The survey revealed that the most common causes of disability among CYSHCN were neurodevelopmental disorders (43%), congenital anomalies (18%), neurological disorders (15%), and multiple disabilities (15%). These conditions necessitate a well-coordinated care system that addresses each child's unique needs.

While 73% of families reported being able to access necessary services for their children, significant gaps in care persist. Notably, only 79% received specialized services, such as specialty care, and only 68% received physical, occupational, or speech therapy. Additionally, 29% of children who needed counseling were unable to access mental

health services.

Although 78% of families expressed satisfaction with coordinating their child's care across multiple providers and systems, there is still room for improvement to ensure that all families receive the support needed to navigate complex care systems.

Access to assistive devices is crucial for many CYSHCNs. For instance, 83% of children had no difficulty seeing, while 16% had some vision difficulties and 10% experienced hearing difficulties. Ensuring timely access to vision and hearing services and equipment is essential for optimal development and learning.

The survey also highlighted the extensive caregiving needs of many CYSHCNs. Nearly half (47%) had difficulties with self-care tasks, emphasizing the importance of parent education and respite services. Behavioral health needs were also noted, with 45% of children exhibiting problems like acting out, fighting, or bullying. Integrating behavioral health supports into the care plan for CYSHCN can help address these challenges.

Educational outcomes were also impacted, with over three-quarters (77%) of CYSHCN having missed at least one day of school due to illness, with 16% missing a month of classes. Collaboration between health services and schools is essential to support attendance and academic success for these students.

Finally, the financial impact of caring for CYSHCN must be considered. Half of the families surveyed had annual incomes under $15,000, yet 16% paid over $300 monthly in out-of-pocket medical costs. While the Palau Disability Stipend Program provided vital assistance to 64% of families, more support is needed to alleviate the financial strain of accessing necessary services.

CROSS-CUTTING

The needs assessment data reveals several cross-cutting issues and opportunities for strengthening systems of care for the MCH population in Palau.

Health Equity: Significant disparities emerge across the MCH population based on factors like income, education, and geographic location. For example, 43% of households with a pregnant woman earned under $10,000 annually, and 26% experienced food insecurity. Half of families of CSHCN had incomes below $15,000. Comprehensive strategies are needed to address the root causes of inequities and ensure all families have access to the resources and services they need to thrive.

Male Health: The needs assessment highlights the importance of integrating men's health into maternal and child health (MCH) services. Addressing male health within the MCH framework can involve fathers in care, develop male-friendly health services, and promote policies supporting paternal engagement. This holistic approach aligns with themes like health equity and family engagement, improving MCH outcomes in Palau.

Family and Community Engagement: The data highlights the importance of involving families and communities as partners in promoting Maternal and Child Health (MCH). Focus group participants emphasized the role of parents in promoting adolescent sexual and reproductive health. Providing education and support to families and leveraging the strengths of tight-knit communities can enhance the reach and impact of MCH services.

Behavioral Health Integration: Mental health and substance use are significant concerns across the life course, with high rates of depression, anxiety, and substance use among pregnant women and adolescents. Integrating behavioral health screening and treatment into MCH services can help address these challenges.

Care Coordination and Transition: Ensuring seamless care for CSHCN is critical. While 73% of families accessed needed services, gaps remained in specialty care, therapy, and mental health. Improving care coordination systems and transitioning from pediatric to adult care can enhance outcomes. Implementing Title V Maternal and Child Health Services Block Grant program components can strengthen care coordination infrastructure.

Data and Quality Improvement: The needs assessment process has identified opportunities to strengthen MCH data systems and use data for continuous quality improvement. Regularly collecting and analyzing population health and program data can help identify emerging needs, target interventions, and monitor progress. Initiatives like the State Systems Development Initiative (SSDI) support ongoing needs assessment and quality improvement efforts.

Workforce Development: Building a skilled and diverse MCH workforce is foundational to meeting the needs of Palau's mothers, children, and families. A range of disciplines is needed, from obstetric and pediatric providers to mental health professionals, community health workers, and interpreters. Ongoing training, support, and efforts to recruit and retain providers from the communities served can help build a robust workforce.

Emergency Preparedness: The COVID-19 pandemic underscored the importance of emergency planning and response systems that address the unique needs of the MCH population. Incorporating MCH considerations into emergency operations plans, training providers, and strengthening surveillance systems can improve readiness for future public health threats.

EMERGING NEEDS:

1. ***Mental Health:*** High rates of depression, anxiety, and suicidal thoughts are reported among pregnant women, new mothers, and adolescents. Maternal mental health issues can adversely affect birth outcomes, bonding, and child development. Youth mental health challenges are linked to risky behaviors and poorer educational and health outcomes. Palau will need to expand its behavioral health workforce and integrate mental health care into primary care, prenatal, and postpartum services to adequately address this issue.

2. ***Chronic Diseases:*** Gestational diabetes, hypertension, and obesity are prevalent among pregnant women, which increases risks for adverse birth outcomes and future chronic disease for both mothers and children. High rates of overweight and obesity are also seen in children and adolescents, setting the stage for lifelong health problems. Palau will need to strengthen its health system's capacity for chronic disease prevention, early detection, and ongoing management through provider training, care coordination, and community-based interventions.

3. ***Substance Use:*** Tobacco, alcohol, and marijuana use are common among adolescents and women of reproductive age in Palau. Prenatal substance exposure can lead to birth defects, developmental delays, and behavioral problems in children. Substance use also contributes to unintentional injuries, violence, and chronic disease risk. Palau will need to invest in comprehensive prevention programs, early intervention services, and accessible treatment options to reduce the impact of substance use on the MCH population.

4. ***Socioeconomic Disparities:*** Palauan families face challenges like poverty, food insecurity, housing instability, and lack of transportation, which can limit access to essential resources. Cross-sector collaboration and policy implementation are needed to strengthen economic support, improve living conditions, and connect families to resources. The healthcare system must also adapt to address social needs as part of providing comprehensive maternal and child health care.

5. ***Reproductive Health Access:*** Many women in Palau do not use contraception, leading to high rates of

unplanned pregnancies and concerns about delayed prenatal care and STIs. Limited access to reproductive health services hinders women's ability to plan pregnancies and prevent infections. To address this, Palau will need to improve the availability of family planning services, sexual health education, and prenatal care, especially for hard-to-reach populations.

6. ***Fathers and Fathers-to-Be:*** The maternal and child health field in Palau needs to focus on involving fathers more actively. Our data shows alarming trends in male health that significantly impact family welfare, including high rates of substance use, prevalent chronic diseases, low engagement in preventive care, potential underreporting of mental health issues, and poor nutrition habits. It is important to increase paternal involvement in maternal and child health services and prioritize male health within our framework to improve outcomes for families and communities.

SEE FULL NEEDS ASSESSMENT REPORT ATTACHED IN OTHER SUPPORTING DOCUMENTS.

Click on the links below to view the previous years' needs assessment narrative content:

2024 Application/2022 Annual Report – Needs Assessment Update

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$147,000	$148,196	$147,000	$144,482
State Funds	$120,000	$120,000	$120,000	$185,124
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$267,000	$268,196	$267,000	$329,606
Other Federal Funds	$435,000	$435,000	$435,000	$459,212
Total	$702,000	$703,196	$702,000	$788,818

	2023		2024	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$149,716	$155,729	$150,340	
State Funds	$120,000	$185,124	$185,124	
Local Funds	$0	$0	$0	
Other Funds	$0	$58,150	$0	
Program Funds	$0	$0	$0	
SubTotal	$269,716	$399,003	$335,464	
Other Federal Funds	$435,000	$514,955	$535,000	
Total	$704,716	$913,958	$870,464	

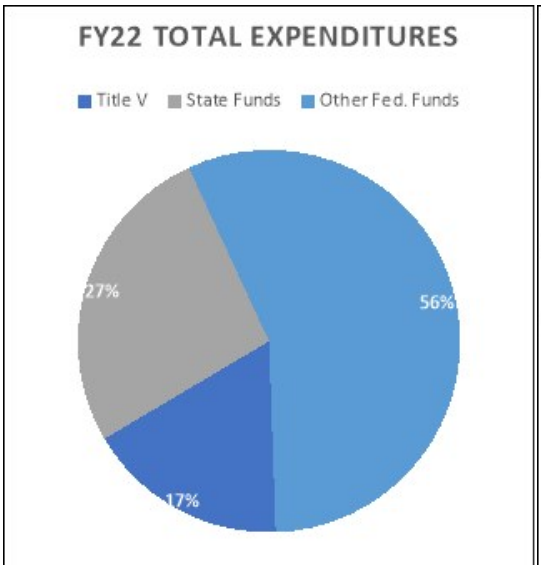
	2025	
	Budgeted	Expended
Federal Allocation	$155,729	
State Funds	$190,000	
Local Funds	$0	
Other Funds	$0	
Program Funds	$0	
SubTotal	$345,729	
Other Federal Funds	$535,000	
Total	$880,729	

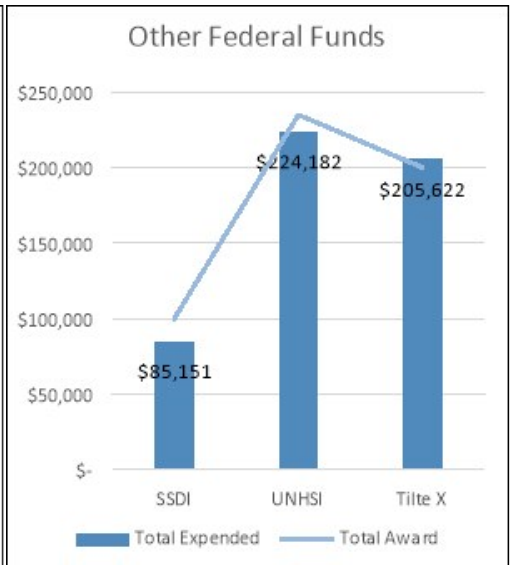
III.D.1. Expenditures

Overview

The Family Health Unit (FHU) aims to enhance the health of families in Palau by providing high-quality and comprehensive public health and medical services. One of the key grants FHU manages is the Title V Maternal and Child Health (MCH) block grant, which significantly contributes to this mission. Palau's MCH Program achieves its wide-ranging objectives through partnerships within the Ministry of Health and Human Services (MHHS) and collaborations with other government and community-based organizations.

For Fiscal Year 2023 (FY23), MCH services have a combined funding value of $869,762, which includes Federal (Title V: $155,729), State ($243,274), and Other Federal Funds ($514,955). As of July 2023, FHU has successfully utilized 100% of the Title V MCH Funds.





Title V Federal Funding

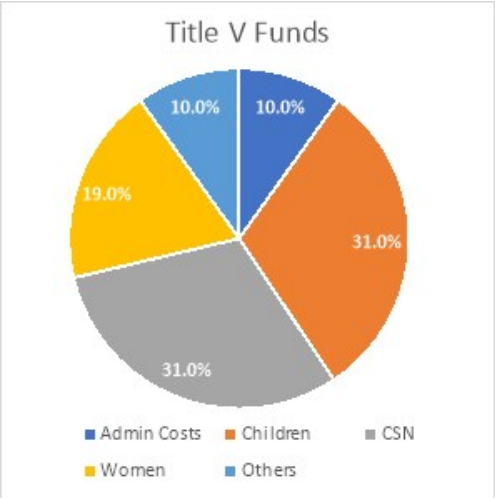
Title V Funds, broken down based on HRSA's budget categories, consist of the following:

- Personnel - 47%
- Travel - 24%
- Others - 18%
- Supplies - 4%
- Fringe - 7%

About half of the Title V funding is allocated to salaries for essential FHU employees, including two coordinators, a counselor, and a pediatrician. In the past year, we have also supported partnering departments by recruiting three providers who interact with clients daily: a midwife, a dental hygienist, and a nurse at the Behavioral Health Out-Patient Clinic. These new recruits help us achieve our goals of improved birthing outcomes, better oral health, and enhanced mental health screening. Travel remains a significant portion of the grant due to necessary travel requirements and the extensive distances involved.

Legislative Requirements

The Palau MCH team continues its work to ensure that the program is compliant with the grant's financial legislative requirement. Palau has spent 31% for Primary and Preventive Care for Children, 31% for Children with Special Health Care Needs (CSHCN), and 10% on Administrative Costs as of July of 2024; Palau Title V Program is compliant with the 30-30-10 legislative requirement.



Type of Services

For FY23, FHU reports that the Title V Fund provided $0 for Direct Services, $68,895 for Enabling Services and $86,834 for Public Health Services and Systems. Careful discussion with Ms. Lauver allowed us to correctly identify funds and determine that Palau does not provide any direct services from the Title V grant.

Type of Individuals Served

Of the Title V dollars that have been expended as of July 20243, 90% were spent on services devoted to five different groups of individuals: Pregnant women, Infants under the age of 1 year old, Children aged 1 to 21 years old, Children with Special Health Care Needs (CSHCN) and others. With receiving technical assistance earlier in 2023, FHU acknowledges that assessment and corrections in finance is required to improve reflections towards data and in reporting.

Total State Match

State Funds

Early in 2023, Palau received technical assistance (TA) from HRSA consulted by Cassie Lauver in finances. The FHU team expresses immense gratitude to Ms. Lauver's assistance; her help has provided guidance in our team's ability to better understand and identify, manage and report finances – especially regarding State/matching funds. Compared to previous years, our state match funds has remained at a constant amount of $120,000, overlooking various resources that have and continue to support MCH priorities. The Palau MCH team, although continuing to work on gathering accurate information for this issue, is pleased to report that State funds for FY22 are currently at $185,124. Much of this increase are mainly the salaries of the nurses and patient care assistants who are the health providers at the Central Community Health Center I (CCHC I) administering the all the FHU clinics. FHU is tightly connected to the Community Health Center (CHC), thus, MCH services are extended throughout the other health centers on island and the OB ward within the hospital. The program will continue to quantify the in-kind resources available at those settings that did not make it to this annual report, for future submissions.

Other Funding

For Fiscal Year 2023, we also realized that the funding we receive from other organizations that support our efforts should not be left out. UNICEF assisted Palau's MCH Program with $25,750 to draft & submit the Nation's Third Periodical Report on the Convention on the Rights of the Child to the United Nations. This funding allowed us to seek the services of a consultant, convene meetings with stakeholders and some administrative work. In addition, towards the end of the year from October to December, FHU finally administered the CSN Survey, which was last conducted prior to COVID-19. Funding from the Health Disparities OT12-1203 ($7,400) had supported this cause by providing compensation for all they surveyors who were willing to conduct it. Lastly, our very long-time partner from Kotel A Deurreng applies for grants and utilizes their funds for MCH purposes as well, especially our breastfeeding initiative; this support amounts to $25,000.

III.D.2. Budget

Overview

Title V funds complement non-federal resources when state funding falls short. These funds support personnel not covered by state financing and enable preventive services for pregnant women, well-baby clinics, and overall well-women care. Additionally, they provide preventive screening services for men, promoting active participation in the well-being of the maternal and child health population.

Title V and complementary funds are allocated to areas such as home visitation, clinic monitoring for quality assurance and improvement, and personnel costs for services like newborn screening, pregnancy monitoring, and general education and outreach efforts. This funding allows for activities to be carried out by trained and certified personnel. It also facilitates home visits for children with special needs and high-risk pregnant women. Well-women care services, including pre/postnatal care, are provided by a network of providers, counselors, and program staff, including partner organizations dedicated to the program's success. When permanent staffing is unavailable, the program provides necessary support. The program complements state funds by supporting services from pediatricians, counselors, and coordinators. While private clinics offer some pre/postnatal care services, the MCH program delivers most services, including immunizations for children aged 0-5 years.

Title V funding enables the program to deliver these services, develop and promote interventions in response to changing needs, and equip the workforce with training to address emerging issues, such as future pandemics.

Assurance of Title V Legislative Requirement

Palau's MCH team is continually improving its financial tracking processes and expense monitoring sheets. The program adheres to Title V requirements and follows the policies set by the Ministry of Finance (MOF). In 2025, the MCH team will seek technical assistance from MOF to better understand these policies and communicate grant requirements, aiming to streamline the process for both parties. This effort ensures compliance with Title V's 30-30-10 legislative requirement. Given that a significant portion of the funding is allocated to personnel, the Budget Officer will also submit monthly payroll reports for accurate tracking. These efforts reflect lessons learned from previous technical assistance from HRSA MCHB on financial reporting.

Other Supportive Funding

State Match Funding

While Palau MCH Funds have consistently met Title V's match requirement (a $3 match in non-federal funds for every $4 of federal MCH Block Grant funds), previous submissions underreported the actual value. The $185,124 state-matching funds reported this fiscal year do not fully capture the value of services provided to women and children nationwide. This figure is expected to rise in the next reporting period as FHU gathers more comprehensive data.

Other Federal Funding

As for other federal funds that support MCH purposes of FHU for Fiscal Year 2025 (FY25), they are as listed below:

1. Universal Newborn Hearing Screening Intervention (UNSHI)
    - Anticipated funding - - $200,000
    - Continues to support hearing screening services, contracts with specialists to provide diagnoses, access to healthcare, workforce capacity and home visitations with Children with Special Needs and their families
2. State Systems Development Initiative
    - Anticipated funding - - $100,000
    - Increased from $50,000 on previous year
    - Continues to support data workforce development and improvements in data collection and reporting. Focus for 2024 will be on digitizing surveillances and provide training/refresher courses to providers in

the clinic to administer them accurately

3. Title X Family Planning
    - Anticipated funding - - $235,000
    - Continues to support contraceptive assistance, fertility services, education and counseling on family planning and birth spacing. Will shift focus on reaching adolescent population on education for reproductive and sexual health.

Upcoming Activities

Palau's MCH program anticipate several sorts of activities that support its cause but for budgeting purposes, the program will begin indicating annual or consistent activities:

1. Travel – Title V requires two mandatory trips for both the Title V Director and Title V CYSHCN Director.
    a. Title V Block Grant Review – this requirement is typically held in Hawaii and the MCH Coordinator typically would accompany the two required MCH members.
    b. Title V State Partnership Meeting – this required travel is typically held in Washington DC and would similarly have at least three members attending
    c. Spring TA for Pacific Basin Jurisdictions – although this travel is not required, it is the most beneficial technical assistance we could attend to gain as much insight that is most relevant to our community.
2. Events
    a. School Health Program has now relaunched its annual "Health & PE Conference" since COVID-19. This is a two-day event of school teachers and staff convening to share data and best practices in addressing latest child and adolescent health priority needs. Approximately $10,000 should be set aside for this event.
    b. School Health Program has also begun its Emotional Support Program for high school students during intercessions we anticipate $5,000 for this event.
    c. World Breastfeeding Weed (Aug. 1 – 7) is also an annual event within the Family Health Unit that several partners help partake in. Another $5,000 is budgeted for this event.

III.E. Five-Year State Action Plan

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

State: Palau

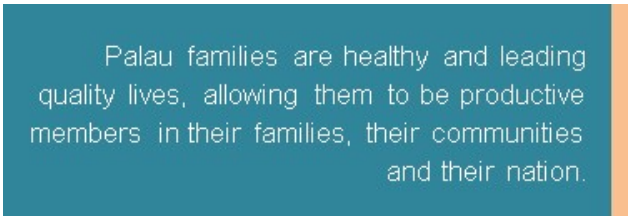
Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

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 system within the Division of Primary and Preventive Health (DPPH) that covers the entire health spectrum of women, infants, children, including children with special health needs, and their families. Because Title V is administered by Family Health Unit (FHU), male health is inclusive to the program as well. Men are contributing factors to the health of women and children – improving the health of this group will impact MCH overall positively. Our mission to improve families' health through quality and comprehensive services compels us to look beyond just the mother and child, and to improve those supporting factors as well. This purpose is the key to FHU's vision of Palau families are healthy and leading quality lives, allowing them to be productive members in their families, their communities and their nation. The goals that guide all of FHU's efforts are as follows:

1. Provide national leadership for family health
2. Promote an environment that supports family health
3. Eliminate health barriers and disparities
4. Improve the health infrastructure and systems of care
5. Assure quality of care

A large aspect of the program has to do with partnerships with other public health departments as well as community organizations and other governmental bodies. It is through these collaborations that the Title V program works to assure a holistic and all-inclusive approach to service delivery. The program works with stakeholders in identifying risks and challenges and convening potential solutions through review meetings, surveillance feedback and community input. Strategies are meant to first and foremost have a preventive approach as well as intervention of existing diseases. Case management and coordination is crucial in this work, which is why acquiring and continued training of capable personnel is of high priority to help this program support the collaborated systems of services in protecting and emphasizing the value of family health. The Palau MCH program collects and analyzes data that are obtained through the epidemiology unit under the direction of the Director of Primary and Preventive Health. In addition to collecting data, Palau MCH Program will disseminate the information back to program, agency, and community partners for their comments and feedback. This process ensures that plans and strategies are dynamic based on the changing needs of the target populations.

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

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

In Fiscal Year 2022 (FY22), Family Health Unit (FHU) welcomed an addition to the MCH workforce, bringing the total number of employees funded by the Title V grant to four. They are listed below with their role as follows:

Title V-Funded Positions:

1. *Project Coordinator* – Summer Rros Saunders
   - FTE – 1.00
   - This person is responsible for overseeing the activities and managing the MCH Program. In addition, this person will provide oversight of all surveillance efforts that the MCH program relies on to provide timely decisions and actions for continued improvement of the health of the MCH population, including reporting that is required from our funding agency.
2. *Adolescent Health Coordinator* **–** Deskim Tutii
   - FTE – 1.00
   - This person is responsible for planning, implementing, coordinating and evaluating programs or care provided to the adolescent population. Provides social intervention and care coordination for children/adolescents and their families who are having social/emotional issues that intervene on the comprehensive well-being of the individual.
3. *Pediatrician* **–** Yuriko Bechesrrak
   - FTE – 0.20
   - This person responsibilities include monitoring and documenting the health and development of children and adolescents, diagnosing and treating common ailments and minor injuries, and administering vaccines.

New Title V-Funded Positions Onboard in the Past Year:

1. *Counselor* – Amanda Shiro
   - FTE – 1.00
   - Responsibilities include helping children and adolescents develop healthy managing and coping skills experiencing a range of emotional and/or psychological problems to help bring about effective change and enhance their wellbeing. This person also evaluates and refers individuals at risk to necessary services.

FHU Workforce members that are not being paid under Title V:

1. *Chief, Division of Primary and Preventive Health* – Edolem Ikerdeu
   - This person is responsible for managing the overall operations, finances and facilities of the Health Center Program (FQHC) in accordance with all Board approved policies, plans, decisions and directives.
   - The division oversees the Family Health Unit (which houses the MCH program), NCD/Chronic Disease Unit, Communicable Diseases Unit (Integrated HIV/STI/TB programs), Immunization Unit, CHC/Health Center Program, and the Home Health Unit.
   - She serves MCH as being the Project Director; responsibilities include supervision of the management of services, data collection, and review of report submissions.
2. *Program Manager* – Irish Tutii
   - This person contributes to the MCH program by providing supervision and guidance with the grant management. She also participates in outreach programs, attends in committee meetings and offers advice to coordinator in planning events and strategies
3. *Administrative Specialist I* – Mlamei Ima Salii
   - This person is responsible for managing and keeping track of MCH funds, in addition to the other grants under FHU. Her work also includes processing requisition orders for all purchases of all medical supplies, equipment, office and pharmaceuticals for all FHU programs and overall Family Health Clinics.
   - This person has also been tasked to assist Community Health Center (CHC) with their finances as well.
   - In training to be the overall budget officer for the Family Health Unit and Health Center program.
4. *Epidemiologist/Evaluator* – Mindy Sugiyama
   - This person is responsible for gathering and analyzing data for the MCH grant, as well as several other programs. She serves as advisor to the program identifying priority needs and suggesting relevant strategies to address them.
5. *Newborn Screening Coordinator* – Clarissa Rdang
   - This person is responsible for planning and implementing programs to strengthen the

Newborn/Genetic Screening Program, maintenance of program monitoring and evaluation data, administrative supervision of program staff
- She also serves as our CSCHN advisor and attends related meetings on behalf of FHU; she also conducts home visits to the population, along with at-risk pregnant women
- She is currently also the only person certified in Palau to administer insertion of the implant contraceptives under the Family Planning program

In addition to these lead MCH-related program staff are administrative assistants, hearing technicians and patient care educator/trainers. Program and clinic staff wear multiple hats which, occasionally as a result, coordination for successful service delivery is affected. FHU collaborates with Behavioral Health Department for counselor(s) to help with school health program and provide counseling services during outreach and at appropriate clinics. Program also relies on the clinic supervisor to ensure that all service providers are equipped with the right tools and information to support their effort.

FHU collaborates with a key partner in delivering breastfeeding and nutritional education and counseling during clinics, which are year-round services. This partner is a non-governmental organization, Kotel A Deurreng, who volunteers their time at the clinics. Ms. Philomena Temengil in

FHU Workforce Development and Planning:

The Family Health Unit is part of the bigger Ministry of Heath and Human Services' (MHHS). At this time, MHHS is in the process of contracting an individual/organization to conduct a comprehensive workforce assessment to identify priorities and strategies in the next three years. FHU and the Division of Primary and Preventive Health Services is engaged in this process, to ensure that its workforce development needs are incorporated into the workforce development plans.

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

Family partnerships remain 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 Inter agency initiatives. MCH also partners with the Palau Parents Empowered (PPE), 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 Kotel A Deurreng for continued growth of the breastfeeding initiative in the clinics, private sectors, policy development and outreaches. The program has a family representative who provides the program with feedback and liaises with other families to promote programs and other health initiatives.

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. **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.
3. **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.
4. **Nutrition Committee**: This committee adopted breastfeeding as one of its goals to further promote the effectiveness and benefits of 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.
5. **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.
6. **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.
7. **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.
8. **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.
9. **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.

0. **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.
1. **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.
2. **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.
3. **Seat belts Are For Everyone (SAFE) Committee** – this is a multilateral partnership of government agencies and civil society organizations focused on educating the community, especially children, the benefits of proper road safety and restraint measures as well as the requirements of the new seatbelt law and the importance of wearing a seatbelt.
4. **National Coordinating Mechanism for NCDs** – This Committee provides oversight and director for nation's plans and policies directed at preventing chronic diseases and promoting health and wellness in the community.
5. **Belau Cancer Society** – This organization leads community-based activities and programs in cancer prevention and control.

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

MCH EPIDEMIOLOGY WORKFORCE

Palau is currently facing challenges in its efforts to strengthen the epidemiology workforce and data systems related to maternal and child health (MCH). These challenges include:

1. ***Shortage of Trained Professionals:*** There is a shortage of trained data staff specifically focused on maternal and child health issues, impeding the effective monitoring and evaluation of MCH programs.

2. ***Limitations of Data Systems:*** The existing data systems have limitations in terms of data quality, timeliness, and completeness, making it difficult to obtain accurate and comprehensive information on maternal and child health.

3. ***Gaps in Data Collection:*** Key MCH indicators, especially those related to social determinants of health, are not being adequately collected and analyzed, leading to incomplete insights into the overall MCH landscape.

4. ***Capacity for Studies and Evaluations:*** The capacity for conducting epidemiological studies and program evaluations related to MCH is limited, hampering the ability to assess the impact of interventions on maternal and child health outcomes.

5. ***Translation of Data into Policies:*** There are challenges in translating data into actionable policies and interventions to improve MCH outcomes, hindering the effective implementation of evidence-based strategies.

To address these pressing issues, Palau is actively working on the following initiatives:

1. ***Building Capacity Through Training and Partnerships:*** Palau is focusing on building epidemiology and data analysis capacity through training programs and partnerships with academic institutions. Notably, a number of staff members have completed the Data for Decision Making program, signifying a step towards enhancing local capacity for data analysis and interpretation.

2. ***Strengthening Data Systems:*** Efforts are being made to strengthen MCH data systems and to improve data quality, ensuring that reliable and timely data is available for decision-making.

3. ***Expansion of Data Collection:*** Palau is working towards expanding data collection on social and environmental factors impacting MCH, aiming to provide a more comprehensive understanding of the determinants of maternal and child health.

4. ***Enhancing Capabilities for Program Evaluation and Research:*** There is a concentrated effort to enhance capabilities for MCH program evaluation and epidemiological research, thereby improving the ability to assess the effectiveness of interventions and programs.

5. ***Utilization of Data for Policy Development:*** Palau is placing emphasis on improving the utilization of data for MCH policy development and program planning, with the goal of creating evidence-based policies and strategies aimed at improving maternal and child health outcomes.

In summary, Palau recognizes the critical need to strengthen its MCH epidemiology workforce and data infrastructure to effectively monitor and address the maternal and child health needs in the country. While progress has been made, as demonstrated by the training of MCH staff, it is acknowledged that significant challenges remain, and sustained efforts are required to build a robust MCH epidemiology workforce.

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

STATE SYSTEM DEVELOPMENT INITATIVE (SSDI)

1. Data Collection and Analysis:

- SSDI supports the use of various data sources including PRAMS, YRBSS, School Health Screening, CSHCN Survey, and hospital/clinic records.
- Enhances and implements surveillance tools to capture new and emerging MCH issues, including health disparities.
- Supports the launch of online surveillance tools via Survey Sparrow and Kobo Toolbox to streamline data collection.

2. Workforce Development:

- Supports staff participation in data-related trainings, such as the SHIP-Data for Decision Making cohort.
- Enables staff to attend conferences like the Council of State and Territorial Epidemiologists (CSTE) to enhance epidemiological skills.

3. Technology and Infrastructure:

- Supports the expansion of the Family Health Unit website to include MCH information, reports, and an online resource library for CYSHCN.
- Facilitates the purchase and use of online survey tools and design software (Canva) for MCH-related materials.

4. Data Integration and Sharing:

- Supports participation in the MHHS information exchange and data sharing committee to develop policies for data integration across public health programs.
- Aids in developing data use agreements and policies for information exchange.

5. Health Equity and Social Determinants of Health:

- Enhances data collection and reporting capacity related to health disparities and health equity.
- Supports the revision of surveillance tools to collect and track data on social determinants of health.

6. Needs Assessment and Evaluation:

- Supports ongoing needs assessment activities, including preparations for the upcoming five-year needs assessment cycle.
- Aids in conducting evaluations to assess the effectiveness of community outreach activities and adolescent health services.

7. Data Visualization and Reporting:

- Supports the design of various MCH dashboards accessible online.
- Aids in compiling annual reports for dissemination to key partners and stakeholders.

8. Capacity Building for Emerging Issues:

- Enhances capacity for timely MCH data collection, analysis, reporting, and visualization to inform rapid state program and policy action related to emergencies and emerging issues/threats, such as COVID-19.

Through these activities, SSDI plays a crucial role in strengthening Palau's MCH data capacity, enabling data-driven decision-making, and ultimately improving maternal and child health outcomes in Palau.

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

Data Capacity and Gaps

Data Capacity Strengths:

1. ***Comprehensive data collection efforts:*** The needs assessment drew upon a wide range of data sources, including the enhanced Pregnancy Risk Assessment Monitoring System (PRAMS), Youth Risk Behavior Surveillance System (YRBSS), School Health Screening, Children with Special Health Care Needs Survey, 2023 Palau Hybrid and Community Health Assessment, Client Satisfaction Surveys, and hospital/clinic records. This allowed for a detailed look at the health status and needs of Palauan mothers, infants, children, and adolescents.

2. ***Disaggregated data by key demographics:*** Many indicators were broken down by factors like age, gender, and geographic location. This enables the identification of disparities and the tailoring of interventions to reach the most affected populations.

3. ***Longitudinal and trend data:*** The inclusion of data from prior years for some indicators allows for tracking progress over time and setting benchmarks for improvement.

4. ***Mixed-methods approach:*** The needs assessment incorporated both quantitative data from surveys and qualitative input from focus groups and key informants. This provides a more nuanced understanding of the lived experiences behind the numbers.

5. ***Alignment with national and global benchmarks:*** Several indicators were compared to Healthy People 2030 objectives and WHO standards, providing context for interpreting Palau's performance and setting goals.

Data Gaps and Limitations:

1. ***Limited data on social determinants of health:*** While some socioeconomic data was included, such as poverty and insurance status, there were gaps in capturing the full range of social and environmental factors shaping health outcomes, like housing, education, and transportation access.

2. ***Lack of data on specific sub-populations:*** There was limited disaggregation of data by key sub-groups like individuals with disabilities, LGBTQI+ individuals, and outer island residents. This makes it difficult to assess the unique needs of these potentially underserved populations.

3. ***Limited data on paternal involvement and men's health:*** The focus was primarily on women and children's health, with less attention to fathers' roles and needs in supporting MCH outcomes.

4. ***Lack of detailed workforce and capacity data:*** While some information on provider shortages and training needs was alluded to, a more comprehensive assessment of the MCH workforce, including the epidemiology and data analysis workforce, could help inform capacity-building efforts.

5. ***Need for more granular geographic data:*** With the exception of some indicators broken down by state, much of the data was aggregated at the national level. More granular data by municipality or village could help pinpoint areas of greatest need.

Despite these gaps, the 2023 Palau MCH Needs Assessment provides a solid foundation to guide programmatic

and policy decisions. Strengthening data collection in the identified gap areas, while building capacity to translate data into action, can help accelerate progress for Palau's mothers, children, and families. Ongoing collaboration among researchers, policymakers, providers, and community members will be key to continuously improving the availability, quality, and use of MCH data in Palau.

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

The Family Health Unit and the Emergency Medical Services for Children (EMSC) Program, as partners in the Health Care Coalition (HCC), ensures that the MCH population, including children and youth with special health care needs, are protected in times of emergencies. The HCC is responsible for advising on health-related emergency mitigation, preparedness, response, and recovery services to ensure plans and responses are relevant and effective. This coalition is composed of key stakeholders from various sectors, including health care agencies, government and private entities, and community organizations, working together to improve health-related emergency capabilities. The Ministry of Health serves as the lead agency for the HCC, coordinating closely with the National Emergency Management Office (NEMO). Both the Emergency Medical Services for Children (EMSC) program and the Family Health Unit are integral members of this coalition.

The Ministry of Health and Human Services, which serves as the lead for the HCC and encompasses both public health programs such as EMSC and MCH, as well as clinical services like the Belau National Hospital, has an established Public Health EOP and Belau National Hospital EOP. These EOPs include situation-specific annexes such as pediatric surge plans, burn plans, chemical plans, and radiation plans. These annexes are newly drafted and are in the process for final approval, with plans for further refining when necessary. These EOPs ensure that there is a coordinated response to various emergencies that take into account the health and safety of the MCH population.

The EMSC program, housed within the Emergency Health Program, focuses on improving emergency medical services for children. It aims to ensure that emergency care is well-coordinated and that pediatric needs are met promptly and effectively. One initiative under this program is the quarterly ER Pediatric Dashboard and Report, which is currently in its pilot stage and undergoing further feedback. This dashboard will provide essential data on pediatric emergency visits, helping to identify trends and areas for improvement. For the next work plan year, this initiative will be integrated into the MCH program, utilizing the insights gained to better address the specific needs of children during emergencies.

The EMSC program places a strong emphasis on increasing pediatric readiness in Palau's prehospital EMS agency, the Department of Fire & Rescue, as well as Palau's sole emergency department located at the Belau National Hospital. Improving the quality of pre-hospital care remains a priority, including equipping ambulances with necessary pediatric supplies and upskilling personnel. Continuous training for ER nurses, doctors, and workers in pediatric care is also emphasized, with pediatric supplies and equipment provided to the EMS agency and Emergency Room Department. Training sessions facilitated by the hospital pediatrician are ongoing.

In collaboration with HCC, the program participated in Preparedness Month 2023, facilitating training sessions in PALS, ABCs of Sleep, Child Safety/Seat Belt, Injury Prevention for Children, and evacuation drills (fire, tsunami, earthquake) for all public and private schools in Palau, including elementary, high school, and community college levels. The EMSC program also coordinated events for EMS Week in both 2023 and 2024, which included training, education, awareness campaigns, and appreciation events to honor all emergency responders nationwide.

The upcoming work plan year will focus on further aligning the efforts of the EMSC program with the MCH program's goals. Key activities will include finalizing and implementing the ER Pediatric Dashboard, enhancing pediatric readiness in emergency departments, and increasing the capacity for pediatric disaster readiness. By integrating these initiatives, a cohesive approach to emergency care that prioritizes the health and safety of children and youth with special health care needs will be ensured.

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

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

PUBLIC AND PRIVATE PARTNERSHIPS

The Palau Maternal and Child Health (MCH) program acknowledges that enhancing the health and well-being of mothers, children, and families requires cooperation across different sectors. The program currently has several important partnerships, including:

1. Ministry of Education: The MCH program closely collaborates with the Ministry of Education to provide school health services, conduct health screenings, and offer health education programs. Furthermore, MCH also advises and provides information to MOE on policy and program development. This partnership is vital for reaching children and youth and promoting healthy behaviors from a young age.

2. Behavioral Health Division: Recognizing the significance of mental health for overall well-being, the MCH program partners with the Behavioral Health Division to incorporate behavioral health promotion and substance use prevention into routine MCH services. This includes training for providers, screening and brief interventions, and care coordination to ensure families have access to necessary mental health support.

3. Division of Oral Health: Oral health is a crucial component of MCH. The program works with the Division of Oral Health to promote oral health in schools, provide dental services, and educate families about oral hygiene and healthy habits.

4. Palau Parent Empowered: Engaging parents is crucial to the success of MCH efforts. The program partners with Palau Parent Empowered (community-based organization) to provide education and support services for families of children with special health care needs.

5. Faith-Based Organizations: Faith communities play an important role in shaping norms and providing support to families. The MCH program collaborates with faith-based organizations to reach families with health education and services, as well as to mobilize community support for MCH initiatives.

6. Community-Based Organizations: The program provides support and technical assistance to local nonprofits and grassroots groups working to advance MCH priorities. These partnerships extend the reach of MCH services and ensure programming is responsive to community needs and cultural context. In addition to Palau Parents Empowered, other CBOs include Kotel a Deurreng (provides nutrition and breastfeeding counseling to MCH clients), SAFE Committee (leading efforts in seat belt education and legislation), Coalition for a Tobacco Free Palau (advocates and leaders in tobacco control particularly in the passage of recent law to ban use of vapes/e-cigarettes), and many others.

7. Healthcare Providers: The MCH program collaborates with public and private healthcare providers to deliver comprehensive preventive, primary, and specialty care services to women, children, and families. Partnerships with off-island providers are also essential for ensuring access to specialty care for children with special health care needs (CSHCN).

8. Other Public Health Programs: The MCH program collaborates with other public health programs to provide comprehensive primary and preventive services to the MCH population.

The MCH program is committed to expanding its network of cross-sector collaborators by seeking new partners in areas such as higher education, research, and the private business community. The goal is to maximize resources and expertise to improve MCH outcomes through public-private partnerships, aiming to support the health and well-being of all families in Palau. These include programs such as immunization, chronic disease, communicable disease, tobacco and alcohol, the health center program, social services, environmental health, and others.

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

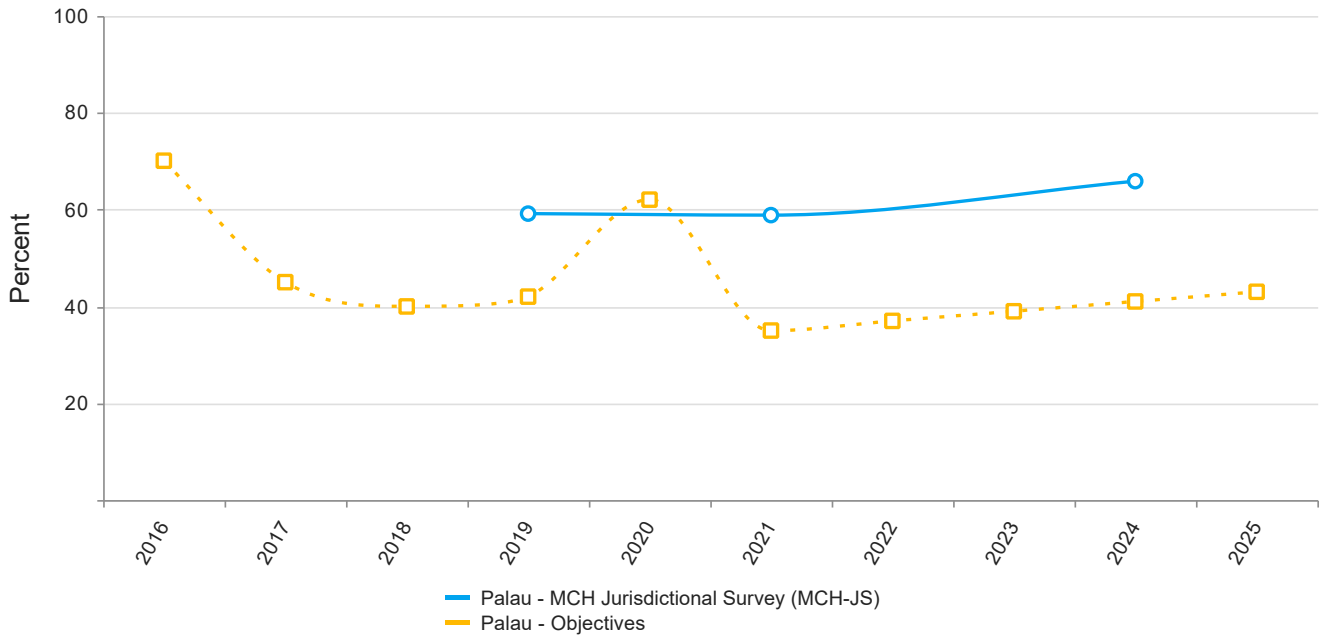
Palau does not qualify for Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

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

Women/Maternal Health

National Performance Measures

NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
Indicators and Annual Objectives



Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective		62	35	37	39
Annual Indicator	59.1	59.1	58.8	58.8	65.8
Numerator	1,318	1,318	1,467	1,467	1,222
Denominator	2,229	2,229	2,496	2,496	1,859
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	42	62	35	37	39
Annual Indicator		35.8	34		40.8
Numerator		1,513	1,479		1,693
Denominator		4,229	4,355		4,151
Data Source		PHIS	PHIS		PHIS
Data Source Year		2020	2021		2023
Provisional or Final ?		Provisional	Final		Final

Annual Objectives		
	2024	2025
Annual Objective	41.0	43.0

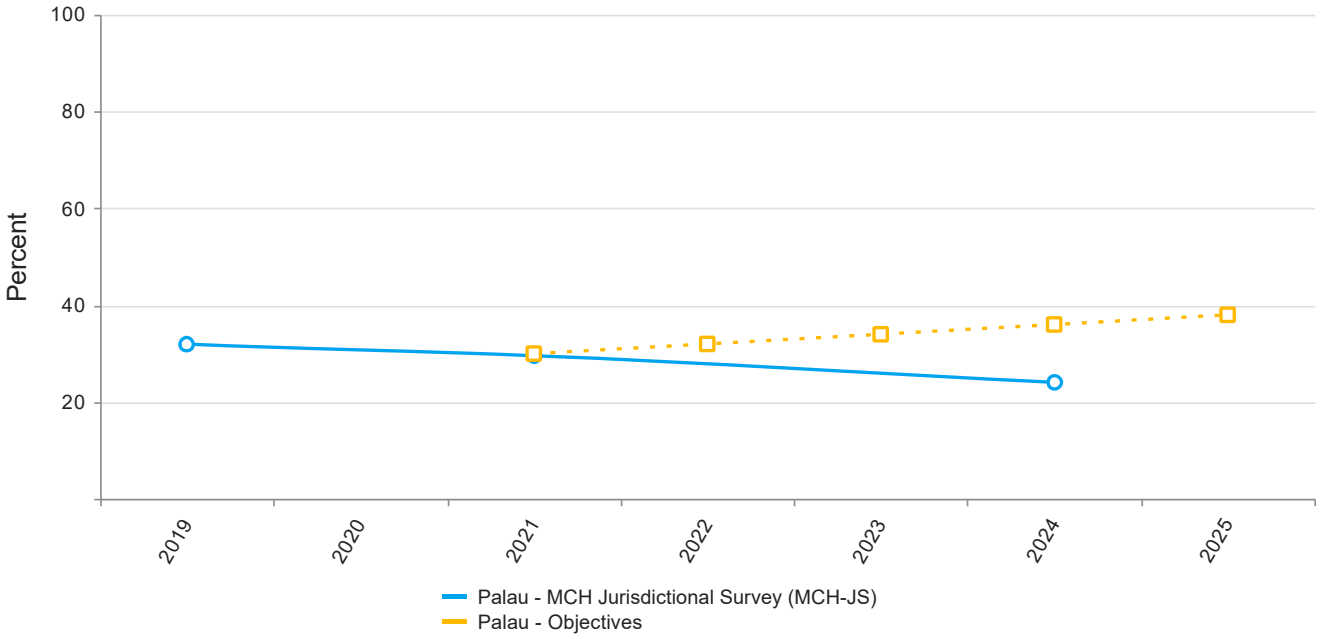
Evidence-Based or –Informed Strategy Measures

ESM WWV.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			30	35	2
Annual Indicator			0	12.5	25
Numerator			0	1	2
Denominator			8	8	8
Data Source			CHCs	CHCs	CHCs
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	4.0	6.0

NPM - Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy
Indicators and Annual Objectives



Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			30	32	34
Annual Indicator	31.8	31.8	29.6	29.6	24.1
Numerator	974	974	931	931	680
Denominator	3,062	3,062	3,142	3,142	2,823
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			30	32	34
Annual Indicator				25.8	
Numerator				16	
Denominator				62	
Data Source				PPRASS	
Data Source Year				2022	
Provisional or Final ?				Final	

Annual Objectives		
	2024	2025
Annual Objective	36.0	38.0

Evidence-Based or –Informed Strategy Measures

ESM PDV-Pregnancy.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			20	25	25
Annual Indicator	20	36	26.4	25.8	45.6
Numerator	11	9	14	16	52
Denominator	55	25	53	62	114
Data Source	PPRASS	PPRASS	PPRASS	PPRASS	PPRAS
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	30.0	30.0

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV
Indicators and Annual Objectives

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

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

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

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

Evidence-Based or –Informed Strategy Measures

None

State Action Plan Table

State Action Plan Table (Palau) - Women/Maternal Health - Entry 1	
Priority Need	
Well-Woman	
NPM	
NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	
Five-Year Objectives	
By 2025, Increase by 10% the number of pregnant women receiving prenatal care during the first trimester	
By 2025, Increase the percentage of women with a past year preventative medical visit to 50%	
Strategies	
Improve collaborations with healthcare providers to improve and expand preventive health services (family planning, breast and cervical cancer screening, sexually transmitted diseases screening, non-communicable diseases screening, mental and oral health screening, etc.)	
Revise and update well-women local health maintenance form based on Women's Preventive Services Initiative (WPSI)	
Work to improve data collection process to accurately track women's visit at other private clinics.	
ESMs	**Status**
ESM WWV.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services	Active

NOMs

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW

NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB

NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP

NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS

NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD

State Action Plan Table (Palau) - Women/Maternal Health - Entry 2

Priority Need

Well-Woman

NPM

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Five-Year Objectives

Increase the number of women who attended a postpartum checkup within 12 weeks after giving birth by 10%.

Strategies

1. Assess to determine baseline. 2. Meet with partners to discuss data and determine strategies. 3. Work with partners to implement strategies to increase baseline by 10%

ESMs	Status

No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.

NOMs

This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

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

Priority Need

Well-Woman

NPM

NPM - Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy

Five-Year Objectives

By 2025, increase the percentage of women who had a dental visit during pregnancy by 10% from the baseline.

Strategies

Improve collaborations with healthcare providers and partners to improve and expand preventive health services involving oral health, family planning, breast and cervical cancer screening, sexually transmitted diseases screening, etc.)

ESMs	Status
ESM PDV-Pregnancy.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy	Active

NOMs

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC

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

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

Annual Report 2023: Maternal/Women's Health

Grantee was able to meet with the health center program to discuss the possibility of adding comprehensive clinics targeting women to ensure that women of reproductive age are able to get the needed preventive health services. Currently, there is a wellness clinic on Thursday afternoons where community members can come in for screening, or any follow up as needed. We utilized this clinic to target individuals especially those who are screened through worksite wellness initiatives, which includes women in the reproductive age. One of the main health center sites that was the target of this activity is going through renovations and the addition of a women's clinic was postponed until FY 25.

The health center program is also in the process of implementing eCLinicalWorks as its comprehensive EHR system. This will include all the evidence based clinical guidelines including those for women in reproductive age. The new EHR will be able to prompt providers as well as document these preventive health services.

Consolidating our Measures into One Priority Need

For 2025, Palau's MCH program plans to consolidate the objectives and strategies from the last submission into a single priority need. Our focus will remain on establishing a comprehensive women-centered clinic to address the different objectives on women receiving preventive medical visits within a year, receiving postpartum depression screenings after birth and women who decrease tobacco use during pregnancy.

Priority Need	Measures
Well-Woman Visit	• NPM 1 – Percent of women, ages 18-40, with a preventive medical visit in the past year • ESM 1:1- Number of Federally Qualified Health Centers (FQHCs) that provide medical services • NPM 13.1 Percent of women who had a preventive dental visit during pregnancy • ESM 13.1.1 - Number of dental cleanings for pregnant women who chew betelnut with tobacco during pregnancy

Strategy

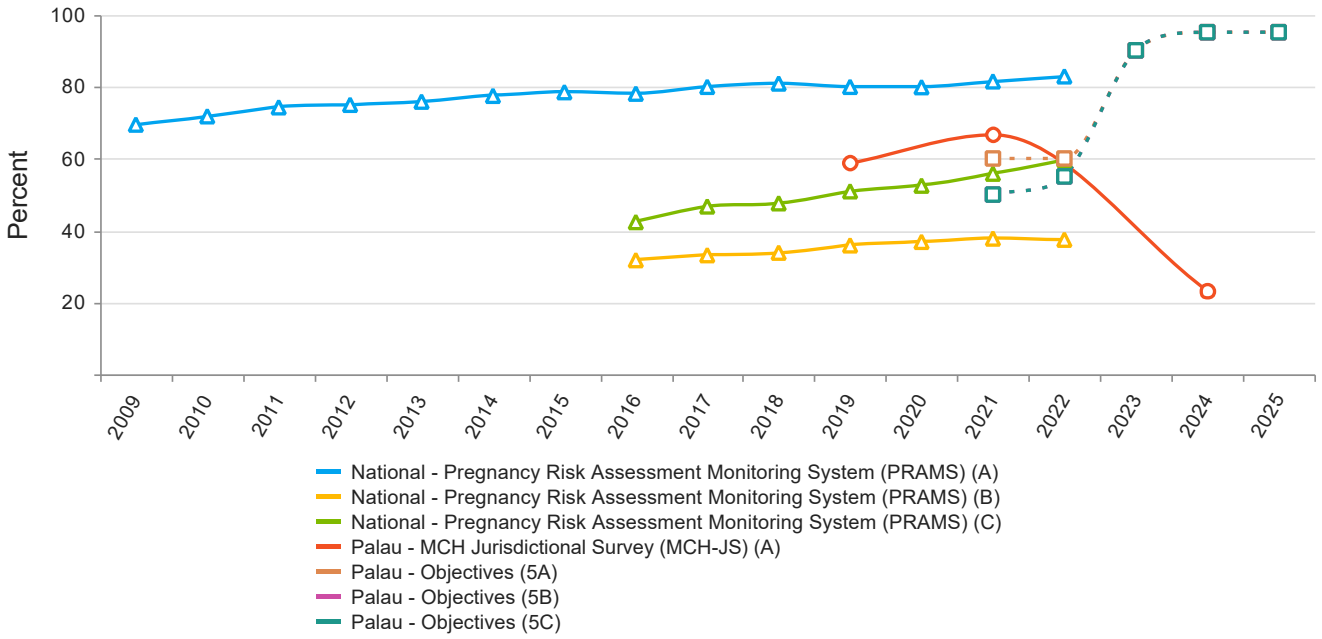
The program continues to collaborate closely with the Community Health Center (CHC) to establish a dedicated clinic for women of reproductive age. Similar to the existing Male Health Clinic under the FHU program, this initiative will involve coordination with all departments within Primary and Preventive Health to offer comprehensive services in a single location.

Meetings will be convened to determine clinic hours, streamline service delivery, and address other logistical needs for program implementation. Currently, the Out-Patient Department at Belau National Hospital is the only available option for such an approach. The program aims to establish this clinic at the Central Community Health Center I (CCHC I). The expansion of Federally Qualified Health Centers (FQHCs) will enhance access to primary services for women of reproductive age, thereby increasing the percentage of women receiving preventive medical visits and increasing dental and postpartum screenings. The program is also working to update well-women local health maintenance form based on Women's Preventive Services Initiative (WPSI) and introduce it to the current clinical flow.

Perinatal/Infant Health

National Performance Measures

NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS
Indicators and Annual Objectives



NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) - SS

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			60	60	90
Annual Indicator	58.6	58.6	66.5	66.5	23.0
Numerator	120	120	169	169	50
Denominator	204	204	254	254	220
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			60	60	90
Annual Indicator				88.9	80
Numerator				56	84
Denominator				63	105
Data Source				PPRASS	PPRAS
Data Source Year				2022	2023
Provisional or Final ?				Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	95.0

NPM - B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) - SS

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

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			50	55	90
Annual Indicator	0	47.9	86.3	88.9	50.4
Numerator	0	102	44	56	58
Denominator	213	213	51	63	115
Data Source	PPRASS	PPRASS	PPRASS	PPRASS	PPRAS
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Provisional	Provisional	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	95.0

NPM - C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) - SS

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

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			50	55	90
Annual Indicator	0	47.9	86.3	88.9	45.2
Numerator	0	102	44	56	52
Denominator	213	213	51	63	115
Data Source	PPRASS	PPRASS	PPRASS	PPRASS	PPRAS
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Provisional	Provisional	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	95.0

NPM - D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS

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

Evidence-Based or –Informed Strategy Measures

ESM SS.1 - Number of child care facilities that received training on safe sleep

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			35	40	1
Annual Indicator			0	0	0
Numerator			0	0	0
Denominator			4	4	4
Data Source			MCH	MCH	MCH
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	2.0	4.0

State Performance Measures

SPM 2 - Percent of live births to resident women who received first trimester prenatal care

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			50	80	50
Annual Indicator			47.8	49.7	48.9
Numerator			107	77	89
Denominator			224	155	182
Data Source			Birth Registry	Birth Registry	Birth Registry
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	52.0	55.0

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	2021	2022	2023
Annual Objective			35	40	45
Annual Indicator		32.9	40.9	41.3	62.5
Numerator		70	90	64	65
Denominator		213	220	155	104
Data Source		2020	2021	2022	2023
Data Source Year		PPRASS	PPRAS/WBC	PPRAS/WBC	PPRAS
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	50.0	55.0

State Action Plan Table

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 1	
Priority Need	
Improved Birth Outcomes and Child/Adolescent Health	
NPM	
NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS	
Five-Year Objectives	
By 2025, Increase the percentage of infants placed to sleep on their backs to 90%	
Strategies	
Provide educational materials/training on safe sleep to childcare facilities (i.e. daycare centers)	
ESMs	**Status**
ESM SS.1 - Number of child care facilities that received training on safe sleep	Active
NOMs	
NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM	
NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal	
NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID	

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

Priority Need

Improved Birth Outcomes and Child/Adolescent Health

SPM

SPM 2 - Percent of live births to resident women who received first trimester prenatal care

Five-Year Objectives

By 2025, Increase by 10% the number of pregnant women receiving prenatal care during the first trimester

Strategies

Expand the number of community health centers that provide preventive care services to women of reproductive age

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

Priority Need

Improved Birth Outcomes and Child/Adolescent Health

SOM

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

Five-Year Objectives

By 2025, increase the percentage of infants breastfed up to 6 months to 70%

By 2025, Increase the percentage of infants breastfed exclusively for up to 6 months from 30% to 50%

Strategies

Provide support to breastfeeding initiative by follow-up survey indicating exclusive breastfeeding at 6 months

Conduct social media campaigns raising awareness on breastfeeding support

Perinatal/Infant Health

The health center program is in the middle of renovating its main health center for MCH services, reconfiguring spaces to allow for more clinics, including a dedicated clinic for women of reproductive age. It is also implementing a new EHR to ensure timely and prompt decision making tools and documentation of evidence based preventive health services.

The program continues to work with Kotel A Deurreng to implement breastfeeding counseling and other public messaging to promote exclusive breastfeeding for six months. A workflow designed to make referrals from the breastfeeding sessions was developed to ensure that women and families attending those classes are also referred to services as needed.

Other educational materials on safe sleep are still pending and will be continued on in FY 2025.

Perinatal/Infant Health

Palau Title V program recognizes that the health of the infant is essentially dependent of the mother during pregnancy. Unplanned and complicated pregnancies often result in pre-term or low birth weigh births. With this the team determines prenatal care during the first trimester as an objective to focus on this year. Revisions were made to the Priority Need to accommodate the comprehensive approach strategy the team is planning to pilot in women's health. Breastfeeding and safe sleep are helpful factors to healthy infants and reducing infant/fetal mortality.

Strategy 1 Expand the number of community health centers that provide preventive care services to women of reproductive age

The program continues this initiative to work closely with Community Health Center (CHC) to assemble a separate clinic dedicated to women of reproductive age only. Similar to the existing FHU program of Male Health Clinic, the teams will collaborate with all departments/units within Primary and Preventive health and arrange for a comprehensive approach of services available in one setting. This association will convene meetings to determine clinic times, manage flow of services, and other necessary aspects to implement the program. With increase of FQHCs, access to primary services to women of reproductive ages is increased, and that will support the percentages of women who receive preventive medical visit and the number of pregnant women who receive prenatal care during their first trimester.

Strategy 2 Provide support to breastfeeding initiative by follow-up survey indicating exclusive breastfeeding at 6 months

Through partnership with non-governmental organization Kotel a Deurreng, efforts in this strategy are currently in progress. All mothers who receive breastfeeding counseling from our partner are confirmed for follow-up call 3 and 6 months after birth inquiring such data. Calls are then conducted data is currently being collected via paper-based surveys; analysis and results should be available soon. Next steps in this strategy for fiscal year 2025 is digitizing this tool for easier collection & analysis.

Strategy 3 Conduct social media campaigns raising awareness on breastfeeding support

FHU continues efforts with Kotel A Deureng in social media campaigns and outreach services in providing awareness for breastfeeding support from community. Additionally, this dual effort has also began preparations in introducing counseling for families whose infants will be transitioning from breastfeeding into complementing with solid foods. Obesity & nutrition remain priority concerns for children and adolescents – education and awareness from the early stages is crucial in developing physical and diet habits in children later on in life.

Strategy 4 Provide educational materials/training on safe sleep to childcare facilities (i.e., daycare centers)

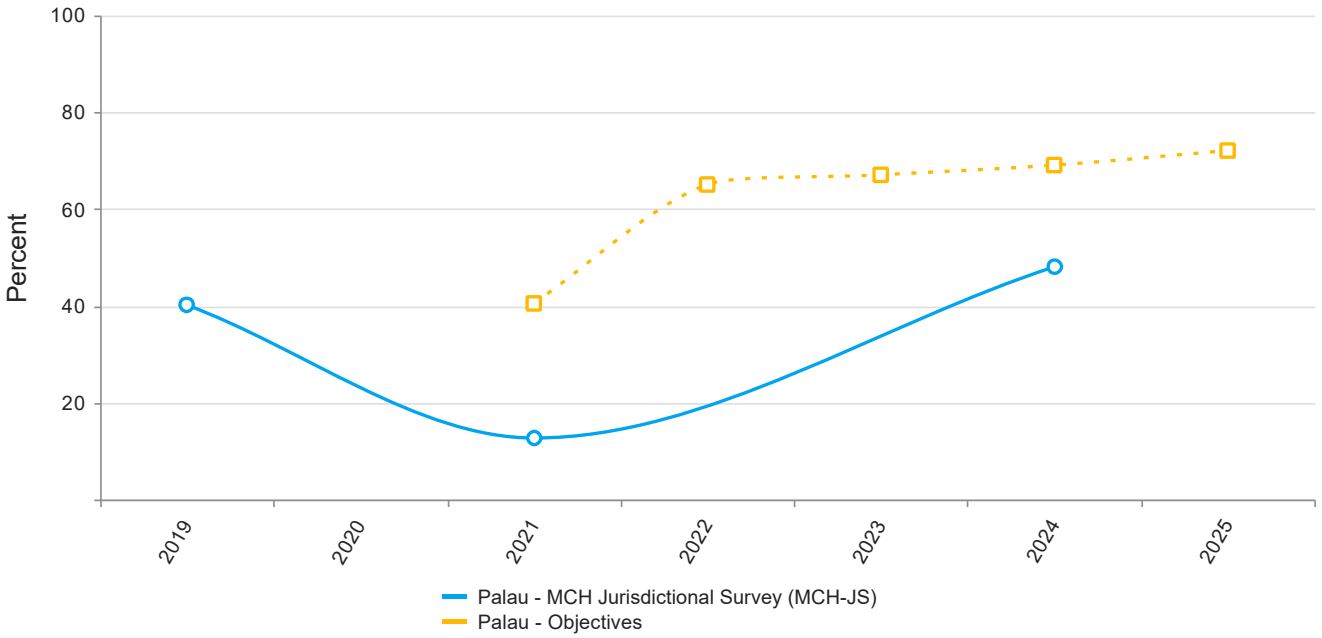
For FY25, the program will maintain and work toward plans in providing safe sleep educational materials and/or training to daycare centers.

Child Health

National Performance Measures

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

Indicators and Annual Objectives



Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			40.5	65	67
Annual Indicator	40.3	40.3	12.8	12.8	48.1
Numerator	223	223	85	85	255
Denominator	554	554	666	666	530
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			40.5	65	67
Annual Indicator			64.2	41.1	
Numerator			485	250	
Denominator			755	609	
Data Source			ASQ Database	ASQ Database	
Data Source Year			2021	2022	
Provisional or Final ?			Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	69.0	72.0

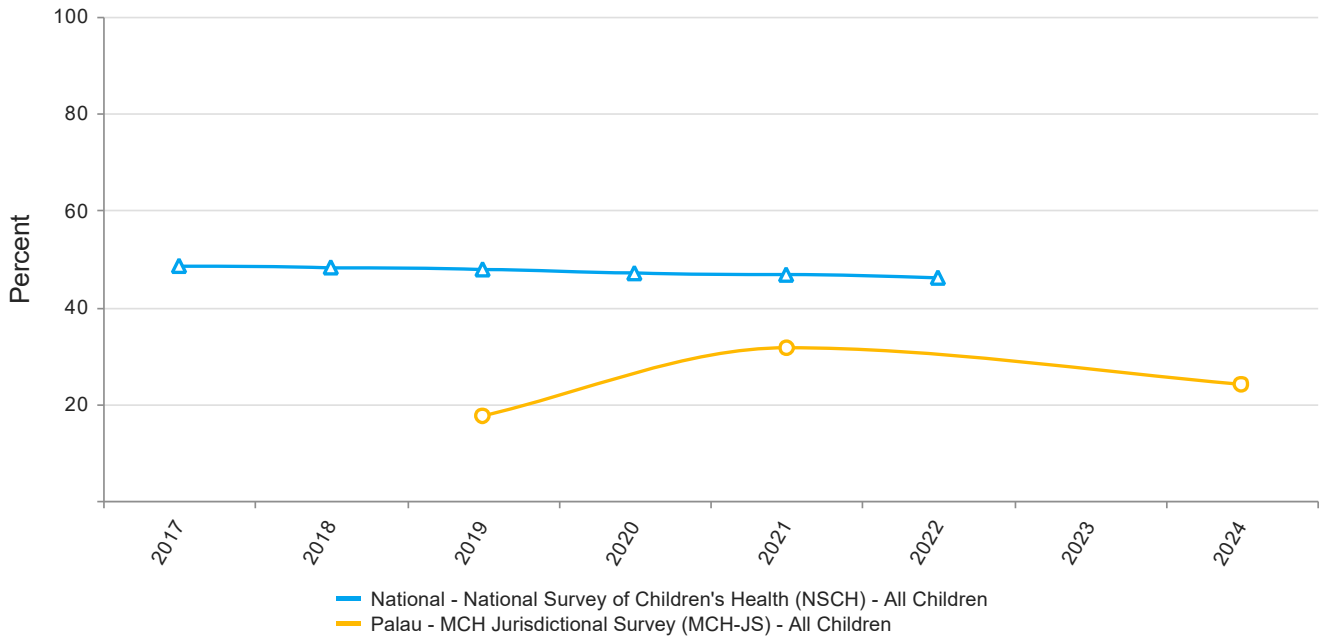
Evidence-Based or –Informed Strategy Measures

ESM DS.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			15	20	25
Annual Indicator			41.4	30.8	37.9
Numerator			353	250	307
Denominator			852	812	809
Data Source			ASQ Database	ASQ Database	ASQ
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	30.0	35.0

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
Indicators and Annual Objectives



NPM MH - Child Health - All Children

Federally Available Data	
Data Source: MCH Jurisdictional Survey (MCH-JS) - All Children	
	2023
Annual Objective	
Annual Indicator	24.2
Numerator	976
Denominator	4,038
Data Source	MCH-JS-All Children
Data Source Year	2024

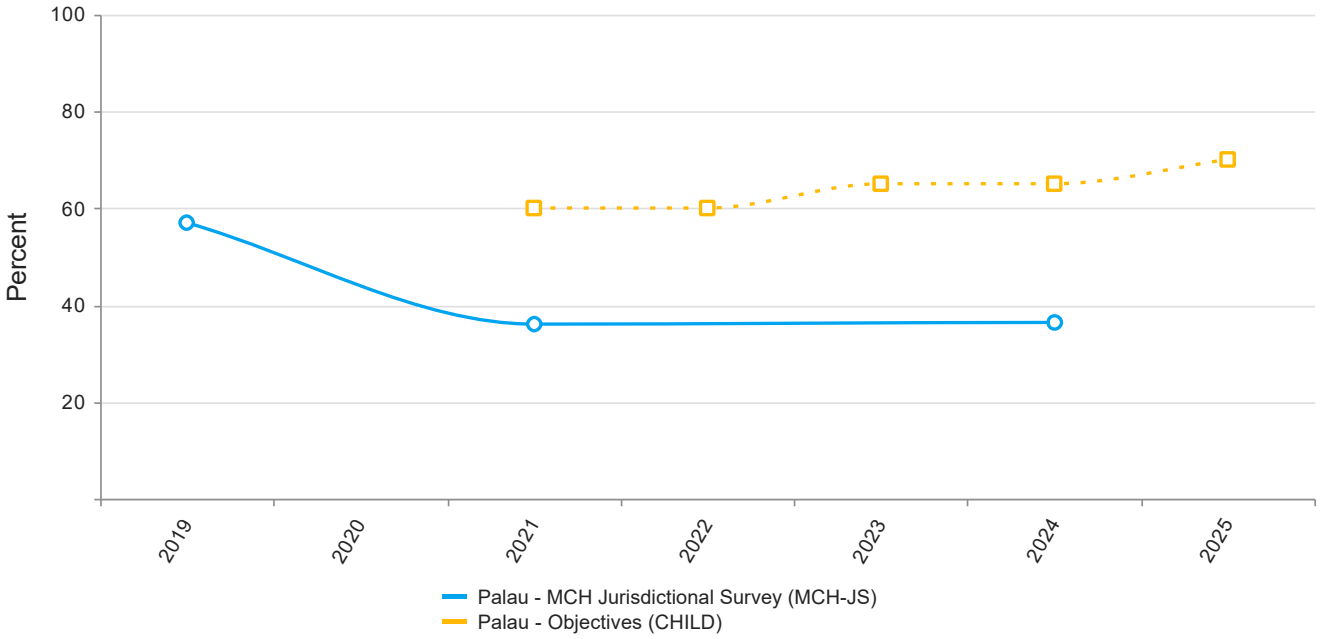
Evidence-Based or –Informed Strategy Measures

ESM MH.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					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	40	33	35	37	39
Annual Indicator	33.5	39.2	39.2	39.2	62.2
Numerator	65	80	80	80	89
Denominator	194	204	204	204	143
Data Source	CSN	CSN	CSN Survey	CSN Survey	CSN Survey
Data Source Year	2019	2020	2020	2020	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	41.0	45.0

NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child
Indicators and Annual Objectives



NPM PDV-Child - Child Health

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			50	52	65
Annual Indicator	57.0	57.0	36.1	36.1	36.5
Numerator	2,369	2,369	1,484	1,484	1,393
Denominator	4,158	4,158	4,108	4,108	3,818
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

Annual Objectives		
	2024	**2025**
Annual Objective	65.0	70.0

Evidence-Based or –Informed Strategy Measures

ESM PDV-Child.1 - 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	2021	2022	2023
Annual Objective			80	80	80
Annual Indicator		77.1	82.4	27.1	62.5
Numerator		1,208	1,241	285	1,037
Denominator		1,566	1,506	1,050	1,660
Data Source		School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022	2023
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	80.0	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**	**2021**	**2022**	**2023**
Annual Objective			75	80	80
Annual Indicator	43.1	82.2	78.7	76.9	78
Numerator	453	970	967	807	809
Denominator	1,052	1,180	1,229	1,049	1,037
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	82.0	82.0

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			35	35	0
Annual Indicator			0	0	61.9
Numerator			0	0	13
Denominator			4	4	21
Data Source			School Health Screening	School Health Screening	School Health Program
Data Source Year			2021	2022	2023
Provisional or Final ?			Provisional	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	2.0	2.0

SPM 4 - Number of schools that implement a new HPV parental consent form

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	10.0	22.0

State Action Plan Table

State Action Plan Table (Palau) - Child Health - Entry 1	
Priority Need	
Oral Health for Children	
NPM	
NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child	
Five-Year Objectives	
By 2025, increase the percentage of children with a dental screen who reported a dental visit in the past year to 20%	
Strategies	
Strengthen coordination with oral health program to improve/expand delivery of oral health services to children	
ESMs	Status
ESM PDV-Child.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program	Active
NOMs	
NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC	
NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC	
NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS	

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

Priority Need

Mental health among children and adolescents including but not limited to suicide prevention

NPM

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

Five-Year Objectives

By 2025, increase the percentage of children, who received a developmental screening using a parent-completed screening tool to 70%

Strategies

Increase developmental screening starting at 4 months, increase tracking and early follow-up and referral for interventions services

ESMs	Status
ESM DS.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool	Active

NOMs

NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

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

Priority Need

Systems improvement for MCH and CSHCN

NPM

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Five-Year Objectives

Increase the number of children with a medical home by 10%.

Strategies

1. Assess to determine components of a medical home. 2. Assess to determine number of children with a medical home 3. Work with partners to identify strategies to increase number of children with a medical home 4. Implement strategies

ESMs	Status
ESM MH.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 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

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)

Five-Year Objectives

By 2025, increase the percentage of students who participate in 60 minutes per day of physical activity to 25%

Strategies

Coordinate activities community-based organizations (i.e., National Swimming Association) and schools to increase/improve opportunities for physical activity at the community level

State Action Plan Table (Palau) - Child Health - Entry 5

Priority Need

Mental health among children and adolescents including but not limited to suicide prevention

SPM

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Five-Year Objectives

By 2025, decrease the percentage of children who reported bullying to 30%

Strategies

Coordinate with the Ministry of Education and Behavioral Health to integrate additional anti-bullying and violence prevention messages.

State Action Plan Table (Palau) - Child Health - Entry 6

Priority Need

Child and Adolescent Immunization

SPM

SPM 4 - Number of schools that implement a new HPV parental consent form

Five-Year Objectives

By 2025, increase the percentage of girls enrolled in 5th grade to receive at least one dose of the HPV vaccine to 50%

Strategies

Strengthen communication and collaboration with schools, especially administration and 5th grade teachers Provide education on the importance of HPV vaccine to school administrators, health teachers, and 5th grade teachers who are responsible for disseminating and collecting consent forms from parents Revise consent form for HPV, to include anti-cancer information and implement in all the elementary schools as separate from the general school health screening consent form

State Action Plan Table (Palau) - Child Health - Entry 7

Priority Need

Child and Adolescent Immunization

Five-Year Objectives

Increase the number of children whose parents give consent to HPV vaccination by 10%

Strategies

1. Work with partners to conduct focus groups to identify barriers to parents consenting to HPV vaccination 2. Use findings of focus groups to develop campaign 3. Implement and evaluate campaign.

Child Health - Annual Report

Child Health

Strategy 1 Strengthen coordination with oral health program to improve/expand delivery of oral health services to children

FY 23 Progress: The oral health division was able to join the school health program in 2023 to screen and provide intervention in the schools. According to the UDS Report (2023), there was a 75% increase in sealants and 30% increase in fluoride treatment. Because dental caries remains and public health issue for children, it is critical to continue this activity.

Strategy 2 Coordinate activities with community-based organizations (i.e., National Swimming Association) and schools to increase/improve opportunities for physical activity at the community level

FY 23 Progress: Both the school screening and YRBS indicate that more than 25% of children in elementary schools are more physically active for 60 minutes on most days of the week. Obesity remains an issue for children, and the program needs to continue to support any work related to increasing physical activity opportunities for school aged children.

Strategy 3 Coordinate with the MOE and Behavioral Health (BH) to integrate additional anti-bullying and violence prevention messages.

FY 23 Progress: The school health counselor has been very active in implementing the SEL program in schools and other community settings. She has done presentations to school teachers, counselors, healthcare providers and other public health staff working with children. In addition, she has conducted numerous group sessions with children and adolescents to given them knowledge, skills and attitudes to help manage emotions, have empathy for each other, and support healthy relationships. The program has received a lot of positive feedback and plans to continue to implement such sessions to reach more children and relevant adults and partners.

Strategy 4 Increase developmental screening starting at 4 months, increase tracking and early follow-up and referral for interventions services.

FY23 Progress: The program delayed this activity until grantee implements its new electronic health records by December 2024. The new EHR would be able to record and generate reports for program planning.

Child Health

Palau Title V program will continue the same activities for children in the upcoming year as oral health, obesity, and mental health remain as priority need areas for this target population.

Priority Need	Objective	Measures
Oral Health for Pregnant Women and Children	By 2025, increase the percentage of children with a dental screen who reported a dental visit in the past year to 20%	• NPM 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year • ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Strategy 1 Strengthen coordination with oral health program to improve/expand delivery of oral health services to children

The program will continue to collaborate with the Oral Health division to implement screening and other activities in the schools. Maintain partnership through continuous meetings and communication to coordinate and support activities.

Priority Need	Objective	Measures
Childhood Obesity	By 2025, increase the percentage of students who participate in 60 minutes per day of physical activity to 25%	• SPM 1 Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Strategy 2 Coordinate activities with community-based organizations (i.e., National Swimming Association) and schools to increase/improve opportunities for physical activity at the community level

The program will continue to support Ministry of Education and community based organizations in increasing physical activity opportunities in the school setting. The program will do this by continuing to collect the necessary data and support schools in terms of facilities, human resources, curricula, and policies to ensure that students achieve the recommended 60 minutes per day of moderate or vigorous physical activity on 5 or more days of the week. This is in line with the national strategy to increase physical activity in the schools.

Priority Need	Objective	Measures
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	By 2025, decrease the percentage of children who reported bullying to 30%	• SPM 3 Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Strategy 3 Coordinate with the MOE and Behavioral Health (BH) to integrate additional anti-bullying and violence prevention messages.

The school health counselor will continue to work with Ministry of Education and other youth-oriented organizations to implement SEL activities. This will include presentations to children in schools and in the community, and adults

working with children. This activity is a continuation from previous year, which has been received with much success and positive feedback.

Priority Need	Objective	Measures
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	By 2025, increase the percentage of children, who received a developmental screening using a parent-completed screening tool to 70%	• 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 • ESM 6.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool

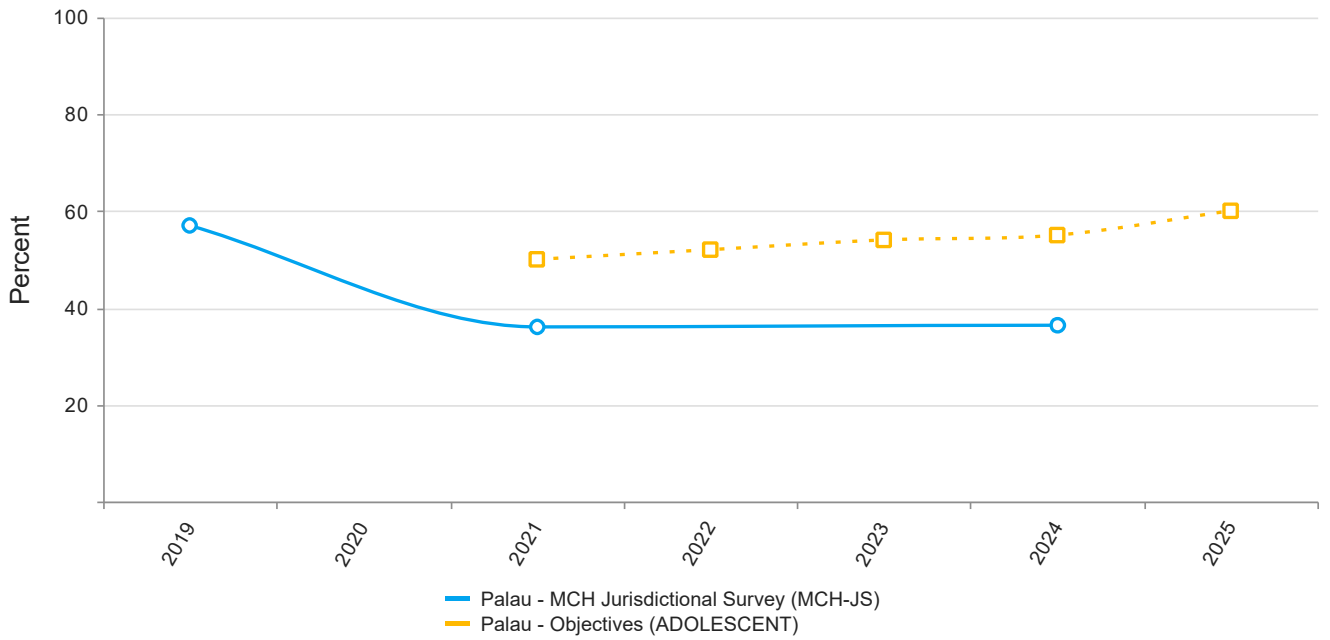
Strategy 4 Increase developmental screening starting at 4 months, increase tracking and early follow-up and referral for interventions services.

The program will work with internal partners to ensure that the ASQ developmental screening is incorporated into the new electronic health records system that is to be implemented by the end of 2024. Epidemiologist/evaluator will work with providers to get trained on the newly incorporated tool in the EHR.

Adolescent Health

National Performance Measures

NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child
Indicators and Annual Objectives



NPM PDV-Child - Adolescent Health

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			50	52	54
Annual Indicator	57.0	57.0	36.1	36.1	36.5
Numerator	2,369	2,369	1,484	1,484	1,393
Denominator	4,158	4,158	4,108	4,108	3,818
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

Annual Objectives		
	2024	**2025**
Annual Objective	55.0	60.0

Evidence-Based or –Informed Strategy Measures

ESM PDV-Child.1 - 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	2021	2022	2023
Annual Objective			80	80	80
Annual Indicator		77.1	82.4	27.1	62.5
Numerator		1,208	1,241	285	1,037
Denominator		1,566	1,506	1,050	1,660
Data Source		School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022	2023
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	80.0	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	2021	2022	2023
Annual Objective			75	80	80
Annual Indicator	43.1	82.2	78.7	76.9	78
Numerator	453	970	967	807	809
Denominator	1,052	1,180	1,229	1,049	1,037
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	82.0	82.0

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			35	35	0
Annual Indicator			0	0	61.9
Numerator			0	0	13
Denominator			4	4	21
Data Source			School Health Screening	School Health Screening	School Health Program
Data Source Year			2021	2022	2023
Provisional or Final ?			Provisional	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	2.0	2.0

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	**2025**
Annual Objective	0.0	0.0

SPM 6 - Number of school-based group educational sessions on alcohol and drug use

Measure Status:	Active

State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		School Health Program
Data Source Year		2023
Provisional or Final ?		Final

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

State Action Plan Table

State Action Plan Table (Palau) - Adolescent Health - Entry 1	
Priority Need	
Oral Health for Children	
NPM	
NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child	
Five-Year Objectives	
Maintain oral health screening, brief intervention and referral through school health screening program	
Strategies	
Continue to work with and support the Oral Health Division to ensure screening and intervention in the schools	
ESMs	Status
ESM PDV-Child.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program	Active
NOMs	
NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC	
NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC	
NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS	

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

Priority Need

Substance Use Among Youth

SPM

SPM 6 - Number of school-based group educational sessions on alcohol and drug use

Five-Year Objectives

Increase the number of school based interventions on alcohol and drug use

Strategies

Collaborate with partners to assess interventions, particularly on group educational sessions (i.e., curriculum used with adolescents)

Adopt or develop educational intervention with partners

Implement and evaluate.

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

Priority Need

Mental health among children and adolescents including but not limited to suicide prevention

SPM

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Five-Year Objectives

Continue to work with partners to expand access to behavioral health and other support services for adolescents

Strategies

Collaborate with Behavioral Health to strengthen: • 24/7 Hotline • Increase suicide ideation training, workshops, and certification of healthcare providers, counselors, and educators • Promote standardized depression, anxiety, and substance use screening

Coordinate and work with LEEP and schools to encourage and foster peer mentoring

Review screening and referral processes and facilitate training for all providers involved in the school health screening

Coordinate and/or provide continuing education and workforce development for providers working with adolescents

State Action Plan Table (Palau) - Adolescent 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)

Five-Year Objectives

Increase the number of adolescents who are physically active per guidelines

Strategies

Work with youth organizations/sports federations discuss innovative ways to promote physical activity amongst youth

Support community-wide campaigns to promote physical activity particularly in adolescents and young people

State Action Plan Table (Palau) - Adolescent Health - Entry 5

Priority Need

Youth sexual health

SPM

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Five-Year Objectives

Increase the number of teens who receive group based counseling on SRH

Strategies

1. Finalize curriculum and communication strategy 2. School health counselor to implement educational sessions. 3. Evaluate to improve

Adolescent Health

In FY23, MCH was able to work with the Family Planning program and others in public health to implement focus groups targeting adolescents, parents and providers. Eight focus groups were conducted all over Palau.

For this activity, we recruited 75 individuals (17 parents of adolescents, 28 adolescents aged 13-17, 28 young adults, and 16 health care providers) and held discussions to explore how to better reach, serve, and retain adolescents in sexual and reproductive health (SRH) services. We believed that this multi-informant approach would allow us to create a shared vision for how to promote adolescent sexual health while also respecting the families and culture of Palau. Confidentiality emerged as a significant and almost insurmountable barrier to reaching, serving, and retaining adolescents in SRH services. Despite concerns around confidentiality, participants offered five strategies for reaching, serving, and retaining adolescents in SRH services. These five strategies include:

- Use digital tools for education, communication
- Flexible hours and youth specific events
- Provide clear information and efficient services
- Foster positive interactions with providers
- Help parents talk about SRH with their children

The program aims to use these strategies to overcome some concerns around confidentiality and to improve services to better reach, serve, and retain more adolescent clients. The program is currently in the dissemination of the focus group results. The program successfully completed this project and submitted an abstract to the Association of Maternal & Child Health Programs (AMCHP) Conference. This project was accepted for a virtual presentation at AMCHP 2024. Additionally, we are planning to meet with all of our partners and discuss ways in which we can help each other implement changes.

The program worked with the Tobacco program to educated youth and parents on the use of vaping, especially as Palau passed legislation banning the sale and use of e-cigarettes.

MCH continued to work with the Division of Behavioral Health Services as well as the Division of Human Services to strengthen the coordination of services to youth and individuals who screen for suicide risk. Meetings were conducted to identify strategies for bridging the gap between screening, and immediate referral from the schools into public health clinics and services to address suicide.

Not too much progress was made on immunization, particularly on the revision of the consent forms. However, the program continues to support public health in promoting the HPV vaccine through education, and working with partners towards changing legislation to mandate HPV to be included in required routine vaccinations.

Adolescent Health

This domain continues to be or utmost priority, and Palau maintains its previous strategies and actions in order to continue to improve outcomes.

Priority Need	Objective	Measures
Substance Use Among Youth	Increase the number of school-based interventions on alcohol and drug use	• SPM 6 Number of school-based group educational sessions on alcohol and drug use

Strategy 1 Collaborate with partners to assess interventions, particularly on group educational sessions (i.e., curriculum used with adolescents)

Adopt or develop educational intervention with partners

Implement and evaluate

In FY25, the FHU will continue to work with partners to implement interventions and activities to address substance use amongst youth. FHU will work actively with the Tobacco and Alcohol program to disseminate public health messages in schools to target adolescents and in the community to target parents.

Priority Need	Objective	Measures
Youth Sexual Health	Increase the number of implemented group-based risk reduction interventions in schools from 0 to 1	• SPM 5 HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Strategy 2 Assessment – Utilize findings from FY24 assessment to develop curriculum

Adopt/adapt curriculum or program and implement in at least 2 schools

In FY 25, FHU will work with partners, particularly with the Family Planning program to finalize curriculum/program on sexual and reproductive health based on the findings from the focus groups and implement in at least 2 settings.

Priority Need	Objective	Measures
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	Continue to work with partners to expand access to behavioral health and other support services for adolescents	• Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Strategy 3 Collaborate with Behavioral Health to strengthen:24/7 Hotline

Increase suicide ideation training, workshops, and certification of healthcare providers, counselors, and educators

Promote standardized depression, anxiety, and substance use screening

Coordinate and work with LEEP and schools to encourage and foster peer mentoring

Review screening and referral processes and facilitate training for all providers involved in the school health screening

Coordinate and/or provide continuing education and workforce development for providers working with adolescents.

Priority Need	Objective	Measures
Child and Adolescent Immunization	By 2025, increase the percentage of adolescents, ages 13 through 17, who receive at least one dose of the HPV vaccine to 50%	• SPM 4 Number of schools that implement a new HPV parental consent form

Strategy 4 Strengthen communication and collaboration with schools, especially administration and 5th grade teachers

Provide education on the importance of HPV vaccine to school administrators, health teachers, and 5th grade teachers who are responsible for disseminating and collecting consent forms from parents

Revise consent form for HPV, to include anti-cancer information and implement in all the elementary schools as separate from the general school health screening consent form

Priority Need	Objective	Measures
Childhood Obesity	Increase the number of adolescents who are physically active per guidelines	• SPM 1 Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Strategy 5 Work with youth organizations/sports federations discuss innovative ways to promote physical activity amongst youth

Support community-wide campaigns to promote physical activity particularly in adolescents and young people

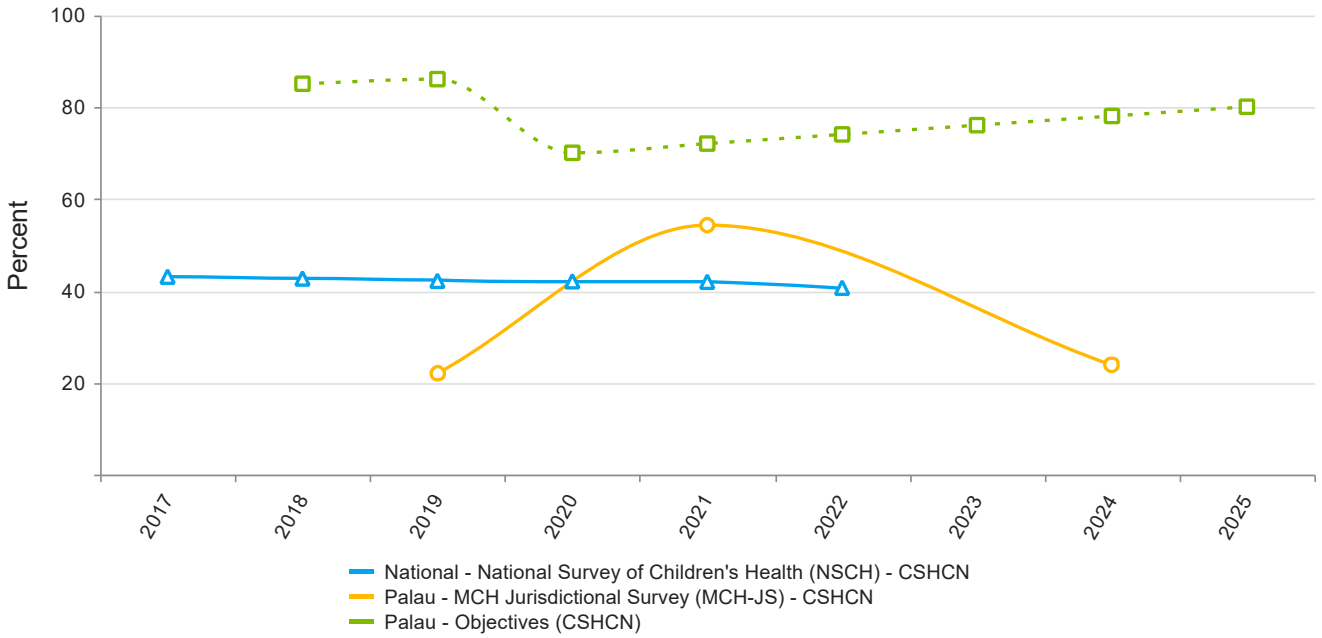
Priority Need	Objective	Measures
Oral Health for Pregnant Women and Children	Maintain oral health screening, brief intervention and referral through school health screening program	• NPM 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year • ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Strategy 6 Continue to work with and support the Oral Health Division to ensure screening and intervention in the schools.

Children with Special Health Care Needs

National Performance Measures

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH
Indicators and Annual Objectives



NPM MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	86	70	72	74	76
Annual Indicator	22.0	22.0	54.2	54.2	24.1
Numerator	81	81	86	86	45
Denominator	367	367	160	160	188
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	86	70	72	74	76
Annual Indicator			76.9	76.9	
Numerator			130	130	
Denominator			169	169	
Data Source			Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey	
Data Source Year			2020	2020	
Provisional or Final ?			Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	78.0	80.0

Evidence-Based or –Informed Strategy Measures

ESM MH.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					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	40	33	35	37	39
Annual Indicator	33.5	39.2	39.2	39.2	62.2
Numerator	65	80	80	80	89
Denominator	194	204	204	204	143
Data Source	CSN	CSN	CSN Survey	CSN Survey	CSN Survey
Data Source Year	2019	2020	2020	2020	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	41.0	45.0

State Action Plan Table

State Action Plan Table (Palau) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Systems improvement for MCH and CSHCN	
NPM	
NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH	
Five-Year Objectives	
Increase awareness of services by 5% in the next 5 years	
Increase care coordination by 15% in the next SLAIT-LIKE survey	
Strategies	
Expand access to specialty care and therapy services	
Strengthen mental health support for CYSHCN and their families	
Enhance care coordination and family support services	
Improve access to assistive technology and medical equipment	
Strengthen collaboration with education and transition services	
Address financial barriers to care:	
ESMs	**Status**
ESM MH.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 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

CSHCN ANNUAL REPORT

Key efforts undertaken by the Palau MCH program to support Children and Youth with Special Health Care Needs (CYSHCN):

1. Funding support for specialty services
   - The Palau Disability Fund and National Health Insurance provide support for specialty services needed by CYSHCN.
2. Partnerships with early intervention and special education programs
   - The MCH program has established effective partnerships with Early Intervention and special education programs to ensure coordinated care and support for CYSHCN across health and education systems.
3. Collaboration with family organizations
   - The MCH program works closely with active family organizations, such as Palau Parents Empowered and Omekesang, to advocate for the needs of CYSHCN and their families.
4. Access to health services and care coordination
   - 73% of families reported being able to access needed health services for their children with special health care needs in the past year.
   - 78% of families were satisfied with how their child's care was coordinated across multiple providers and systems over the past year.
5. Provision of assistive devices and medical equipment
   - The MCH program supports access to assistive devices and medical equipment for CYSHCN, with 83% of children having no difficulty seeing even with glasses and 90% having no difficulty hearing even with aids.
6. School health services
   - The MCH program collaborates with schools to provide health services and accommodations for CYSHCN, recognizing the impact of special health care needs on educational outcomes.
7. Financial assistance
   - The Palau Disability Stipend Program provides financial assistance to 64% of families of CYSHCN surveyed, helping to offset the high costs of medical care.

The needs assessment conducted in 2023 provided valuable insights into the unique challenges faced by CYSHCN and their families in Palau. A survey of 143 families revealed that the most common causes of disability among CYSHCN were neurodevelopmental disorders (43%), congenital anomalies (18%), neurological disorders (15%), and multiple disabilities (15%). This diverse range of conditions requires a comprehensive, coordinated system of care to address each child's individual needs.

Access to Services

According to the survey, 73% of families reported being able to access necessary health services for their children in the past year. However, significant gaps remain. Only 79% of CYSHCN received the specialty care they required, and just 68% of those who needed therapies such as physical, occupational, or speech therapy received these essential interventions. Mental health services emerged as a critical area of unmet need, with 29% of children who needed counseling unable to access it.

Care Coordination and Family Support

Encouragingly, 78% of families were satisfied with how their child's care was coordinated across multiple providers and systems over the past year. However, there is room for improvement to ensure all families receive the support they need to navigate complex care systems. The survey also highlighted the extensive caregiving responsibilities of families, with nearly half (47%) of CYSHCN having at least some difficulty with self-care tasks compared to their peers. This underscores the importance of respite care and family support services to help alleviate caregiver strain.

Assistive Technology and Medical Equipment

Access to assistive devices and medical equipment is another key need for many CYSHCNs. While 83% of children had no difficulty seeing even with glasses, 16% experienced at least some vision difficulties. Similarly, 10% had some degree of hearing difficulty, even with the use of aids. Ensuring timely access to vision and hearing services, as well as essential equipment like wheelchairs, communication devices, and medical supplies, is crucial for maximizing the health, development, and independence of CYSHCN.

Education and Transition

The needs assessment also sheds light on the impact of special health care needs on educational outcomes. Over three-quarters (77%) of CYSHCN missed at least one day of school in the past year due to illness, with 16% missing around a month of classes. Collaboration between health services and schools is essential to support attendance and academic success for these students. As CYSHCN approaches adulthood, transition planning and support services become increasingly important to help them navigate the shift to adult health care and independence. The needs assessment underscores the importance of early transition planning and involving youth and families as active partners.

Financial Burden

Finally, the financial impact of caring for a CYSHCN cannot be overstated. Half of the families surveyed had annual incomes under $15,000, yet 16% were paying over $300 per month in out-of-pocket medical costs for their child's care. While the Palau Disability Stipend Program provided vital assistance to 64% of families, more is needed to address the financial strain of accessing necessary services. Efforts to expand insurance coverage, reduce out-of-pocket costs, and connect families to financial assistance programs are critical to promoting health equity for CYSHCN.

CSHCN APPLICATION REPORT

The 2023 needs assessment provided a comprehensive picture of the challenges faced by Children and Youth with Special Health Care Needs (CYSHCN) and their families in Palau, as well as opportunities for system improvement. In the coming year, the MCH program will prioritize the following strategies to address the identified needs and gaps in services for this population:

1. Expand access to specialty care and therapy services:

- Develop telehealth partnerships with off-island specialty providers to increase access to expertise and consultation for CYSHCN.
- Provide training and support for local providers to enhance their skills in managing complex health conditions and developmental disabilities.
- Explore opportunities to recruit and retain specialists, such as pediatric neurologists, geneticists, and developmental pediatricians, to improve on-island capacity.
- Advocate for increased funding and reimbursement for therapy services, including physical, occupational, and speech therapy.

2. Strengthen mental health support for CYSHCN and their families:

- Integrate mental health screening and referral processes into routine CYSHCN care, using validated tools and protocols.
- Train MCH providers in evidence-based practices for identifying and addressing mental health concerns in CYSHCN and their caregivers.
- Partner with behavioral health providers and community organizations to develop support groups and counseling services tailored to the needs of CYSHCN and their families.
- Implement a family navigator program to help families access mental health services and support.

3. Enhance care coordination and family support services:

- Develop and implement a standardized care coordination protocol and training program for MCH staff serving CYSHCN.
- Establish a dedicated care coordination team to provide intensive support for families of CYSHCN, particularly those with complex medical needs.
- Create a shared plan of care template to facilitate communication and collaboration among providers, families, and community partners.
- Expand respite care services and support groups for families of CYSHCN to reduce caregiver strain and promote family well-being.

4. Improve access to assistive technology and medical equipment:

- Conduct an assessment of assistive technology and medical equipment needs among CYSHCN in Palau.
- Develop an equipment loan program to provide short-term access to essential devices and supplies.
- Advocate for increased funding and insurance coverage for assistive technology and medical equipment.

5. Strengthen collaboration with education and transition services:

- Establish a formal partnership between the MCH program and the Ministry of Education to promote coordinated care and support for CYSHCN in schools.
- Develop and implement a standardized transition planning process for CYSHCN, beginning at age 12 and

continuing through adulthood.

- Provide training and resources for educators on supporting the health and developmental needs of CYSHCN in the classroom.
- Offer transition readiness assessments, skill-building workshops, and resource fairs for youth and families.

6. Address financial barriers to care:

- Advocate for the expansion of health insurance coverage and benefits for CYSHCN, including coverage for specialty care, therapies, and assistive technology.
- Provide education and assistance to families on navigating insurance systems and accessing financial support programs.
- Partner with community organizations and businesses to develop a financial assistance fund for families of CYSHCN facing extraordinary medical expenses.
- Explore opportunities to expand the Palau Disability Stipend Program to provide more comprehensive support for families.

By implementing these strategies, the MCH program aims to create a more seamless, responsive, and family-centered system of care for CYSHCN in Palau. Progress will be monitored through ongoing data collection and analysis, including tracking of service utilization, health outcomes, and family satisfaction. The program will engage CYSHCN and their families as active partners in shaping and evaluating these initiatives to ensure they are meeting the diverse needs of this population.

Collaboration with community partners, including healthcare providers, educators, policymakers, and family organizations, will be essential to achieving the ambitious goals outlined in this plan. The MCH program is committed to leveraging partnerships and resources to maximize the impact of these efforts and drive sustainable improvements in the health and well-being of CYSHCN in Palau.

Through this comprehensive, data-driven approach, Palau can become a leader in providing high-quality, equitable care for children and youth with special health care needs. By investing in the capacity and coordination of the MCH system, Palau can ensure that every child has the opportunity to reach their full potential.

Cross-Cutting/Systems Building

State Performance Measures

SPM 7 - Number of workforce capacity gap analysis report

Measure Status:	Active

State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator	0	1
Numerator		
Denominator		
Data Source	program records	Program Records
Data Source Year	2022	2023
Provisional or Final ?	Provisional	Final

Annual Objectives		
	2024	2025
Annual Objective	1.0	1.0

State Action Plan Table

State Action Plan Table (Palau) - Cross-Cutting/Systems Building - Entry 1
Priority Need
Systems improvement for MCH and CSHCN
SPM
SPM 7 - Number of workforce capacity gap analysis report
Five-Year Objectives
By 2025, conduct at least one situation analysis on MCH workforce capacity
Strategies
1. Conduct a skills assessment survey to evaluate current competencies. 2. Analyze workload distribution and staffing levels across departments. 3. Review organizational goals to determine future capacity needs. 4. Identify high-turnover areas and reasons for attrition. 5. Examine training and development opportunities currently in place.

CROSS-CUTTING ANNUAL REPORT

Objective: To enhance the skills, efficiency, and overall capacity of the workforce to meet current and future organizational demands.

The office was in the process of creating an assessment aimed at evaluating workforce capacity. The assessment's primary goal was to analyze our current workforce capabilities, identify any gaps, and outline areas for development to meet the organization's future needs.

At this stage, notable progress had been made in laying the groundwork for the assessment. However, due to the departure of the individual who was responsible for this initiative, further work on the project has been temporarily halted. As a result, a new lead will need to be assigned to resume and complete the assessment.

The transition process for assigning a new responsible party is currently underway, and efforts will be made to minimize any delays in the project timeline. Once a new lead is identified and onboarded, the assessment will proceed, with updates to be provided as the work progresses.

This situation has been noted, and measures will be taken to ensure a smooth handover and the successful continuation of the workforce capacity evaluation.

Cross-Cutting/Systems Building - Application Year

CROSS-CUTTING APPLICATION REPORT

Objective: To enhance the skills, efficiency, and overall capacity of the workforce to meet current and future organizational demands.

---

1. Situation Analysis
   - Purpose: Assess current workforce capacity, identify gaps, and understand future needs.
     - Action Items:
       1. Conduct a skills assessment survey to evaluate current competencies.
       2. Analyze workload distribution and staffing levels across departments.
       3. Review organizational goals to determine future capacity needs.
       4. Identify high-turnover areas and reasons for attrition.
       5. Examine training and development opportunities currently in place.
   - Timeline: 2-4 weeks
   - Output: Workforce capacity gap analysis report

Revisions made in the cross-cutting domain were made to ensure that the proposed actions and goals are clear and achievable within the next year. This effort focuses on refining objectives to align with current resources and priorities, while also providing a more realistic timeline for implementation. The revisions will help streamline efforts and set the stage for measurable progress over the coming year.

III.F. Public Input

PUBLIC INPUT

The MCH/Family Health Unit in Palau is dedicated to engaging a wide range of stakeholders to shape the direction, design, and assessment of its programs. The 2023 MCH Needs Assessment used a combination of methods to gather input from key stakeholders such as healthcare providers, parents, coalition members, public health staff, government agencies, and non-profit organizations.

We collected quantitative data by analyzing existing health indicators, service usage, and demographic reports. This data was then shared with partner agencies for their input on program needs, quality improvement opportunities, and areas for collaboration.

Qualitative input was gathered through various channels. We hosted presentations and report-sharing sessions to connect with residents and discuss their experiences and priorities. Healthcare providers and public health partners engaged in focused discussions during our meetings and conferences, providing insights on priority needs and program capacity through consensus-building and SWOT analysis.

Our Public Health Convention provides a platform for information sharing and community feedback. We invite a wide range of partners and stakeholders to share updates on program priorities, forge new partnerships, and listen to stakeholders' needs and concerns. Additionally, the Division of Primary and Preventive Health Conference allows partner programs to provide updates and explore opportunities for coordinated service delivery.

We conduct monthly service utilization surveys within our clinics to assess quality and drive continuous improvement. We also hold an Annual Health & PE Workshop for health teachers across the island, which serves as another avenue for input, particularly around school-based health services and health education.

To reach adolescents and young adults, we have established a social media presence to disseminate relevant information and provide a platform for this population to share their opinions and feedback.

Our needs assessment revealed opportunities to strengthen public input, such as conducting key informant interviews with traditional leaders, faith-based organizations, and social service agencies. We also aim to conduct a more detailed analysis of health disparities and community-level data to identify underrepresented voices and establish ongoing mechanisms for youth and consumer participation in program governance and evaluation.

As we address the needs identified in the assessment, we will continue to center the voices and experiences of the women, children, and families we serve. Leveraging our strong network of partnerships and communication channels and exploring new avenues for meaningful community engagement will help ensure that our MCH services and systems are responsive to the needs of all families. The public input gathered through the needs assessment is the starting point for ongoing dialogue and collective action to advance maternal and child health equity in Palau.

III.G. Technical Assistance

Palau primarily receives technical assistance from our national partners to strengthen program capacity, with a focus on enhancing service delivery, policy-making, and implementation. While Palau has adjusted its priority needs and metrics based on previous technical assistance, there is a recognized need for ongoing support, especially following recent recruitment to Palau's MCH team. Additionally, guidance is needed for navigating the EHB site as Palau undergoes role changes within the system, highlighting the necessity for assistance in this area. The Family Health Unit (FHU) has initiated an assessment to identify additional capacity-building requirements and will request further technical assistance accordingly.

While Title V Funds are received through federal collaboration, all funds entering Palau are subject to oversight by the Ministry of Finance and its respective policies and requirements. It has been noted that several members of Palau's core MCH team would benefit from technical assistance in this regard.

IV. Title V-Medicaid IAA/MOU

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

V. Supporting Documents

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

Supporting Document #01 - 2023 Needs Assessment Update_07.11.2024.pdf

Supporting Document #02 - Palau Hybrid_Community Assessmentpdf.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - ORGCHART_FINAL_2024.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Palau

	FY 25 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 155,729	
A. Preventive and Primary Care for Children	$ 46,719	(30%)
B. Children with Special Health Care Needs	$ 46,719	(30%)
C. Title V Administrative Costs	$ 15,572	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 109,010	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 190,000	
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)	$ 190,000	
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)	$ 345,729	
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)	$ 535,000	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 880,729	

OTHER FEDERAL FUNDS	FY 25 Application Budgeted
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	$ 200,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000

	FY 23 Annual Report Budgeted		FY 23 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 149,716 (FY 23 Federal Award: $ 155,729)		$ 155,729	
A. Preventive and Primary Care for Children	$ 45,663	(30.5%)	$ 48,125	(30.9%)
B. Children with Special Health Care Needs	$ 45,663	(30.5%)	$ 48,280	(31%)
C. Title V Administrative Costs	$ 14,971	(10%)	$ 15,128	(9.8%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 106,297		$ 111,533	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 120,000		$ 185,124	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 58,150	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0		$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 120,000		$ 243,274	
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)	$ 269,716		$ 399,003	
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		$ 514,955	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 704,716		$ 913,958	

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 150,000	$ 224,182
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 50,000	$ 85,151
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 235,000	$ 205,622

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2025**
	Column Name:	**Application Budgeted**
	Field Note: Team is in the process of actualizing the amount of funds supported by state funding that have been underreported in previous years. Thus, this amount is an estimated increase from 2023 Annual Report's expenditures	
2.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: Funds were needed for activity implementation.	
3.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: Adjusted to account for actual expenditures. Grantee adjusted projected budget as well.	
4.	**Field Name:**	**5. OTHER FUNDS**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: UN supported programs in filing Convention on the Rights of the Child (CRC) report, NGO funded activities for breastfeeding initiatives, and other funds supporting survey collection for CYSHCN. Majority of these funding were a non-continuous program	

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 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	$ 15,573	$ 14,465
2. Infants < 1 year	$ 15,573	$ 14,465
3. Children 1 through 21 Years	$ 46,719	$ 48,125
4. CSHCN	$ 46,719	$ 48,280
5. All Others	$ 15,573	$ 15,266
Federal Total of Individuals Served	$ 140,157	$ 140,601

IB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	$ 45,600	$ 43,547
2. Infants < 1 year	$ 22,800	$ 21,968
3. Children 1 through 21 Years	$ 22,800	$ 21,968
4. CSHCN	$ 45,600	$ 43,937
5. All Others	$ 53,200	$ 43,547
Non-Federal Total of Individuals Served	$ 190,000	$ 174,967
Federal State MCH Block Grant Partnership Total	$ 330,157	$ 315,568

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 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 68,895	$ 68,895
3. Public Health Services and Systems	$ 86,834	$ 86,834
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		$ 0
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		$ 0
Federal Total	$ 155,729	$ 155,729

IIB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 155,800	$ 198,325
3. Public Health Services and Systems	$ 34,200	$ 44,949
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		$ 0
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		$ 0
Non-Federal Total	$ 190,000	$ 243,274

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: 187 **Data Source Year: 2023**

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	182 (97.3%)	3	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	1,037	477	344	202
Vision Screening for school children	933	247	126	96
Hearing Screening for school children	1,018	210	65	44
OAE Screening for 1st & 3rd Grade Students	345	41	18	12
Bullying screening for school children	1,029	140	52	52
Dental Screening for School Children	1,037	686	575	465
Hypertension screening for school children	1,036	58	18	6
Depression Screening for Pregnant Women	118	8	3	3
Post-Partum Depression Screening	107	35	5	5

4. Long-Term Follow-Up

Infants and children with confirmed diagnoses are often placed on the High-Risk List or the Children with Special Health Care Needs list. They are closely monitored beyond their initial follow-up and referral. MCH providers work to prioritize these children and ensure they receive the specialty services they require.

Form Notes for Form 4:

Data not available. Currently, genetic screening is not possible due to the unavailability of a laboratory to conduct testing.

Field Level Notes for Form 4:

1.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**
	Field Note: One infant was diagnosed with ETD (Eustachian Tube Dysfunction) and underwent surgery to have a PE tube inserted in the left ear. Tympanometry was performed after the surgery and was successful for both ears. Follow up with an ENT specialist during their next visit. The next appointment for (WBC) is scheduled for July 2024, and Otoacoustic Emissions (OAE) will be screened at that time.	
2.	**Field Name:**	**BMI Screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: The school health program keeps track of children with health issues and follows up on their referrals. Parents often tell the program that they have chosen to refer their child to a private provider. However, some referred children do not attend their appointments.	
3.	**Field Name:**	**Vision Screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: The school health program keeps track of children with health issues and follows up on their referrals. Parents often tell the program that they have chosen to refer their child to a private provider. However, some referred children do not attend their appointments.	
4.	**Field Name:**	**Hearing Screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: The school health program keeps track of children with health issues and follows up on their referrals. Parents often tell the program that they have chosen to refer their child to a private provider. However, some referred children do not attend their appointments.	

5.	**Field Name:**	**OAE Screening for 1st & 3rd Grade Students - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: Without an audiologist on the island, the program continues to screen, monitor, and ensure that children who fail hearing screening are tracked and scheduled for a follow-up visit with a visiting specialist.	
6.	**Field Name:**	**Bullying screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: Children who are confirmed victims of bullying are referred to the school health program for further evaluation and to receive referrals to behavioral health services.	
7.	**Field Name:**	**Dental Screening for School Children - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: During the school health screening, a list of students identified with oral health conditions is compiled and sent to the oral health team for follow-up and treatment.	
8.	**Field Name:**	**Hypertension screening for school children - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: Children diagnosed with Pre-HTN, Stage 1, and 2 HTN are placed on the high-risk list and monitored by MCH providers.	
9.	**Field Name:**	**Depression Screening for Pregnant Women - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**

	Field Note: A total of 118 pregnant women completed the Prenatal Psychosocial Needs Assessment Survey. Three of them were identified with depression and referred for further assessment, treatment, and counseling by the behavioral health provider.	
10.	**Field Name:**	**Post-Partum Depression Screening - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: 35 out of the 107 women who participated in the Post-Partum Psychosocial Needs Assessment survey said they experienced depression and received counseling. 5 of the 35 women needed further assessment and treatment.	

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 2023

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	198	0.0	0.0	0.0	100.0	0.0
2. Infants < 1 Year of Age	157	0.0	0.0	0.0	100.0	0.0
3. Children 1 through 21 Years of Age	3,907	0.0	0.0	0.0	100.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	143	0.0	0.0	0.0	100.0	0.0
4. Others	5,441	0.0	0.0	0.0	85.0	15.0
Total	9,703					

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	249	Yes	249	96.0	239	198
2. Infants < 1 Year of Age	245	Yes	245	72.0	176	157
3. Children 1 through 21 Years of Age	5,922	Yes	5,922	78.0	4,619	3,907
3a. Children with Special Health Care Needs 0 through 21 years of age^	3,746	Yes	3,746	80.0	2,997	143
4. Others	15,527	Yes	15,527	42.0	6,521	5,441

^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:	**2023**
	Field Note: All pregnant women giving birth in Palau must complete booking requirements at the Maternal and Child Health clinic before delivery. Pregnant women seen at private clinics are referred to the Public Health Clinic before delivery.	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2023**
	Field Note: The program served 157 infants under the age of 1 in 2023. The services provided include immunization, newborn hearing screening, and well-baby care.	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2023**
	Field Note: The program provided services to 3,907 children aged 1 through 21 in 2023, including immunizations, hearing and eye exams. Children and adolescents receive vaccinations only at Public Health Clinics.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2023**
	Field Note: The program served approximately 143 children with special health care needs who are included in the high-risk registry. Nurses frequently follow up on yearly appointments and hold dedicated clinic hours to provide comprehensive services for this population. Additionally, home health visits are offered for children with special health care needs.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2023**
	Field Note: Other services offered include well-women visits, breast and cervical cancer screening, NCD clinics, male health clinics, and family planning services.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2023**
	Field Note: The Palau Maternal and Child Health (MCH) program reached 72% of expectant mothers in 2023. All pregnant women are required to visit the MCH clinic for booking before delivery to ensure the provision of all necessary testing and antenatal care (ANC) services.	
2.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2023**
	Field Note: About 72% of infants under 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 Total % Served**
	Fiscal Year:	**2023**
	Field Note: The program has served about 78% of children aged 1 to 21, offering essential services such as high-risk clinics.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2023**
	Field Note: Children with special health care needs are included in the high-risk registry. Nurses often follow up on annual appointments with dedicated clinic hours to provide comprehensive services for this population. Additionally, other services include home health visits for children with special health care needs. These services include visits with specialists, dental follow-ups and treatments, vaccination updates, and more.	
5.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2023**
	Field Note: Other services include well-women visits, male health clinics, and family planning services.	

Data Alerts: None

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

State: Palau

Annual Report Year 2023

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	186	1	0	0	0	28	157	0	0
Title V Served	186	1	0	0	0	28	157	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0
2. Total Infants in State	182	1	0	0	0	28	153	0	0
Title V Served	182	1	0	0	0	28	153	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0

Form Notes for Form 6:

None

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2023**
	Column Name:	**Total**

Field Note:
In 2023, there were a total of 186 deliveries in Palau, during which 5 fetal deaths and 2 infant deaths were reported. Palau has only one hospital, and it is mandatory for all pregnant women to make a booking at the Maternal and Child Health (MCH) clinic before going into labor. While some women receive prenatal services from a private clinic, the MCH clinic ensures that all pregnant women have completed all necessary tests before giving birth.

Form 7
Title V Program Workforce

State: Palau

Reporting on Form 7 in the 2025 Application/2023 Annual Report is optional. The state has opted-out of providing Form 7 data. Reporting on Form 7 is mandatory for 2026 Application/2024 Annual Report.

Form Notes for Form 7:

None

Field Level Notes for Form 7:

None

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 and Preventive Health
Address 1	One Hospital Road, PO Box 6027
Address 2	
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-4805
Extension	
Email	edolem.ikerdeu@palauhealth.org

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Mindy Sugiyama
Title	Epidemiologist/Evaluator
Address 1	One Hospital Road, PO Box 6027
Address 2	
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-4804
Extension	
Email	ssugiyama79@gmail.com

3. State Family Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

5. SSDI Project Director	
Name	Edolem Ikerdeu
Title	Chief, Division of Primary and Preventive Health
Address 1	One Hospital Road, PO Box 6027
Address 2	
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-4805
Extension	
Email	edolem.ikerdeu@palauhealth.org

6. State MCH Toll-Free Telephone Line
Our State does not have a toll-free hotline

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Palau

Application Year 2025

No.	Priority Need
1.	Well-Woman
2.	Child and Adolescent Immunization
3.	Substance Use Among Youth
4.	Mental health among children and adolescents including but not limited to suicide prevention
5.	Systems improvement for MCH and CSHCN
6.	Youth sexual health
7.	Childhood Obesity
8.	Improved Birth Outcomes and Child/Adolescent Health
9.	Oral Health for Children

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 10
National Outcome Measures (NOMs)

State: Palau

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

None

NOM - Percent of pregnant women who receive prenatal care beginning in the first trimester (Early Prenatal Care, Formerly NOM 1) - PNC

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

State Provided Data	
	2023
Annual Indicator	48.9
Numerator	89
Denominator	182
Data Source	Birth Registry
Data Source Year	2023

NOM PNC - Notes:

In 2023, 49% of women giving birth received prenatal care during the first trimester, 39% received care during the second trimester, and 9% received care during the third trimester. However, 3% did not receive any prenatal care.

Data Alerts: None

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

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

State Provided Data	
	2023
Annual Indicator	2,000.0
Numerator	3
Denominator	15
Data Source	Tamanu
Data Source Year	2023

NOM SMM - Notes:

In 2023, there were 3 delivery hospitalizations due to hemorrhage and preeclampsia.

Data Alerts: None

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

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

State Provided Data	
	2023
Annual Indicator	0.0
Numerator	0
Denominator	182
Data Source	HIS/Death Registry
Data Source Year	2023

NOM MM - Notes:

The last maternal mortality reported in Palau was in 2019.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 3. Please review your data to ensure this is correct.

NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2024	6.9 %	1.9 %	280	4,038
2021	8.5 %	1.9 %	373	4,362
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	
	2023
Annual Indicator	11.0
Numerator	20
Denominator	182
Data Source	Birth Registry/Tamanu
Data Source Year	2023

NOM LBW - Notes:

The percentage of infants born at low birth weight (LBW) of <2,500 grams 2023 was 11%.

Data Alerts: None

NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	28.3 %	3.7 %	1,142	4,038
2021	16.5 %	2.6 %	722	4,362
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	
	2023
Annual Indicator	9.3
Numerator	17
Denominator	182
Data Source	Birth Registry/Tamanu
Data Source Year	2023

NOM PTB - Notes:

In 2023, there were 17 preterm births of <37 weeks gestation in Palau, representing 9% of live births.

Data Alerts: None

NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB

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

State Provided Data	
	2023
Annual Indicator	54.4
Numerator	99
Denominator	182
Data Source	Birth Registry/Tamanu
Data Source Year	2023

NOM ETB - Notes:

In 2023, early term births of 37-38 weeks' gestation accounted for more than half of the total live births.

Data Alerts: None

NOM - Percent of non-medically indicated early elective deliveries (Early Elective Delivery, Formerly NOM 7) - EED

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

State Provided Data	
	2023
Annual Indicator	14.3
Numerator	7
Denominator	49
Data Source	Birth Registry/Tamanu
Data Source Year	2023

NOM EED - Notes:

27% of women who gave birth in 2023 had a cesarean delivery, and 14% of deliveries at 37 or 38 weeks' gestation were non-medically indicated early elective deliveries.

Data Alerts: None

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

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

State Provided Data	
	2023
Annual Indicator	26.7
Numerator	5
Denominator	187
Data Source	Birth Registry/HIS
Data Source Year	2023

NOM PNM - Notes:

The fetal mortality rate in 2023 for pregnancies of 28 or more weeks' gestation was 26.7 per 1,000 live births and fetal deaths.

Data Alerts: None

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2022	22.1		6	
2021	22.5		6	
2020	22.8		6	
2019	22.9		6	
2018	22.7		6	
2017	22.3		5	
2016	21.7		5	
2015	21.0		5	
2014	20.3		5	
2013	19.8		5	
2012	19.5		5	
2011	19.3		5	
2010	19.3		5	
2009	19.4		5	

Legends:

Indicator has a numerator <10 and is not reportable

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

State Provided Data	
	2023
Annual Indicator	11.0
Numerator	2
Denominator	182
Data Source	Birth Registry/HIS
Data Source Year	2023

NOM IM - Notes:

In the past 10 years, Palau has continued to see an increase in infant and fetal mortality rates. The infant mortality rate was 11.0 in 2023.

Data Alerts: None

NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	11.8		3	
2021	12.0		3	
2020	12.2		3	
2019	12.2		3	
2018	12.2		3	
2017	12.0		3	
2016	11.6		3	
2015	11.3		3	
2014	10.9		3	
2013	10.7		3	
2012	10.5		3	
2011	10.4		3	
2010	10.4		3	
2009	10.5		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	
	2023
Annual Indicator	11.0
Numerator	2
Denominator	182
Data Source	Birth Registry/HIS
Data Source Year	2023

NOM IM-Neonatal - Notes:

In the past 10 years, Palau has continued to see an increase in both infant and fetal mortality rates. With a small population, the rate fluctuates throughout the years. The five-year average is still significantly high at 15.2 per 1,000 live births.

Data Alerts: None

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

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

State Provided Data	
	2023
Annual Indicator	0.0
Numerator	0
Denominator	182
Data Source	Birth Registry/HIS
Data Source Year	2023

NOM IM-Postneonatal - Notes:

In 2023, there were no post-neonatal deaths.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.3. Please review your data to ensure this is correct.

NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

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

State Provided Data	
	2023
Annual Indicator	1,098.9
Numerator	2
Denominator	182
Data Source	Birth Registry/HIS
Data Source Year	2023

NOM IM-Preterm Related - Notes:

In 2023, there were two reported infant deaths due to severe prematurity.

Data Alerts: None

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

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

State Provided Data	
	2023
Annual Indicator	0.0
Numerator	0
Denominator	182
Data Source	Death Registry/HIS
Data Source Year	2023

NOM IM-SUID - Notes:

No SUID-related deaths in 2023.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.5. Please review your data to ensure this is correct.

NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP

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

State Provided Data	
	2023
Annual Indicator	0.0
Numerator	0
Denominator	115
Data Source	PPRAS
Data Source Year	2023

NOM DP - Notes:

There were no reports of women who drank alcohol in the last 3 months of pregnancy.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 10. Please review your data to ensure this is correct.

NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS

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

State Provided Data	
	2023
Annual Indicator	0.0
Numerator	0
Denominator	181
Data Source	HIS/Tamanu
Data Source Year	2023

NOM NAS - Notes:

There were no reports of Neonatal Abstinence Syndrome in 2023.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 11. Please review your data to ensure this is correct.

NOM - 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) (Newborn Screening Timely Follow-Up, Formerly NOM 12) - NBS

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

NOM NBS - Notes:

None

Data Alerts: None

NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR

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

NOM SR - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	19.0 %	3.4 %	725	3,818
2021	5.5 %	1.6 %	228	4,108
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

	2023
Annual Indicator	55.4
Numerator	575
Denominator	1,037
Data Source	School Health Screening
Data Source Year	2023

NOM TDC - Notes:

School Health Screening data from 2023 in Palau showed a high incidence of dental caries among school-aged children. In the screening, 55% of the students screened in 2023 had dental caries, a significant increase from 48% in 2021. On average, each child had between three and four caries, with as few as one and as many as nineteen cavities.

The survey revealed that many children in Palau are facing serious oral health issues. More than a quarter need dental sealants, 21% require extractions, and 60% have fillings due to cavities. Data from the 2021 Youth Risk Behavior Survey shows that approximately 11.7% of high school students did not receive dental check-ups or other oral examinations in the past year. There are also potential gender disparities in the use of oral health services among teenagers.

Data Alerts: None

NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM

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

State Provided Data	
	2023
Annual Indicator	50.5
Numerator	1
Denominator	1,981
Data Source	HIS/Tamanu
Data Source Year	2023

NOM CM - Notes:

There was only one child mortality between the ages of 1 to 9 reported in 2023.

Data Alerts: None

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

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

State Provided Data	
	2023
Annual Indicator	133.2
Numerator	3
Denominator	2,252
Data Source	HIS/Tamanu
Data Source Year	2023

NOM AM - Notes:

There were 3 reported deaths of children ages 10 through 19 in 2023.

Data Alerts: None

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

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

State Provided Data	
	2023
Annual Indicator	95.6
Numerator	1
Denominator	1,046
Data Source	HIS/Tamanu
Data Source Year	2023

NOM AM-Motor Vehicle - Notes:

There was 1 motor vehicle related mortality reported in 2023.

Data Alerts: None

NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

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

State Provided Data	
	2023
Annual Indicator	95.6
Numerator	1
Denominator	1,046
Data Source	HIS/Tamanu
Data Source Year	2023

NOM AM-Suicide - Notes:

1 suicide death for ages 15 through 19 in Palau for 2023.

Data Alerts: None

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

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	4.6 %	1.3 %	188	4,038
2021	3.7 % ϟ	1.2 % ϟ	160 ϟ	4,362 ϟ
2019	8.4 %	1.9 %	367	4,362

Legends:

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

State Provided Data	
	2023
Annual Indicator	61.1
Numerator	143
Denominator	234
Data Source	CYSHCN Survey
Data Source Year	2023

NOM CSHCN - Notes:

In 2023, the program collaborated with healthcare providers to compile a comprehensive list of all children with special healthcare needs. The initial list included 234 children. During the screening process, the surveyors used the "children with special health care needs screener" to identify CSHCN on the list. The children who met the criteria were then surveyed. Out of the 234 children, surveys were completed by 143 parents, guardians, and caregivers.

Data Alerts: None

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

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	4.9 %	4.7 %	9	188
2021	3.9 %	3.9 %	6	160
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

State Provided Data

	2023
Annual Indicator	67.8
Numerator	97
Denominator	143
Data Source	CYSHCN Survey
Data Source Year	2023

NOM SOC - Notes:

About 68% of parents, guardians, and caregivers said their child received care in a well-functioning system. When asked to rate their experiences on a scale from 1 (very dissatisfied) to 5 (very satisfied), a solid majority (78%) expressed being "satisfied" or "very satisfied" with how their child's care was coordinated over the past year. Similarly, three-quarters (75%) gave high marks to the assistance they received in navigating the complex web of services and providers.

Data Alerts: None

NOM - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder (Autism, Formerly NOM 17.3) - ASD

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	3.7 %	1.5 %	126	3,394
2021	0.2 %	0.2 %	7	3,565
2019	0.3 %	0.3 %	12	3,640

Legends:

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

NOM ASD - Notes:

None

Data Alerts: None

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

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	1.6 %	1.2 %	55	3,394
2021	0.5 %	0.5 %	19	3,565
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 ADHD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	7.8 %	8.0 %	8	108
2021	0 %	0	0	93
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 MHTX - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	77.5 %	3.4 %	3,130	4,038
2021	77.2 %	2.9 %	3,367	4,362
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 CHS - Notes:

None

Data Alerts: None

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

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	15.8 %	0.9 %	82	521
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
2024	15.8 %	3.7 %	295	1,861
2021	14.3 %	3.6 %	277	1,943
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	
	2023
Annual Indicator	42.0
Numerator	436
Denominator	1,037
Data Source	School Health Screening
Data Source Year	2023

NOM OBS - Notes:

Obesity emerges as a significant concern, with 42% of students found to be overweight or obese (≥85th%ile) in the school screenings. The YRBS data shows similar rates, with 29% of high school students being overweight and 27% having obesity. These high rates of excess weight increase the risks for chronic diseases.

Data Alerts: None

NOM - Percent of children, ages 0 through 17, without health insurance (Uninsured, Formerly NOM 21) - UI

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	10.0 %	2.5 %	406	4,038
2021	3.4 % ϟ	1.3 % ϟ	147 ϟ	4,362 ϟ
2019	8.8 %	2.3 %	385	4,362

Legends:

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

NOM UI - Notes:

None

Data Alerts: None

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

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

State Provided Data	
	2023
Annual Indicator	85.2
Numerator	419
Denominator	492
Data Source	WebIZ
Data Source Year	2023

NOM VAX-Child - Notes:

About 85% 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 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu

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

State Provided Data	
	2023
Annual Indicator	13.9
Numerator	639
Denominator	4,612
Data Source	WebIZ
Data Source Year	2023

NOM VAX-Flu - Notes:

About 14% of children between the ages of 6 months through 17 years were vaccinated against seasonal influenza in 2023.

Data Alerts: None

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

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

State Provided Data	
	2023
Annual Indicator	26.7
Numerator	539
Denominator	2,017
Data Source	WebIZ
Data Source Year	2023

NOM VAX-HPV - Notes:

About 27% of adolescents between the ages of 13 through 17 received at least 1 dose of HPV vaccine in 2023.

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP

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

State Provided Data	
	2023
Annual Indicator	92.5
Numerator	1,866
Denominator	2,017
Data Source	WebIZ
Data Source Year	2023

NOM VAX-TDAP - Notes:

About 93% of adolescents between the ages of 13 through 17 received at least 1 dose of the Tdap vaccine in 2023.

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN

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

State Provided Data	
	2023
Annual Indicator	0.0
Numerator	0
Denominator	2,017
Data Source	WebIZ
Data Source Year	2023

NOM VAX-MEN - Notes:

Palau does not administer meningococcal conjugate vaccines due to transportation issues and the need to maintain an appropriate temperature for the vaccines' cold chain requirements.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 22.5. Please review your data to ensure this is correct.

NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

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

State Provided Data	
	2023
Annual Indicator	13.8
Numerator	7
Denominator	509
Data Source	Birth Registry/HIS
Data Source Year	2023

NOM TB - Notes:

The teen birth rate in Palau in 2023 was 13.8 per 1,000 women ages 15 to 19 years old.

Data Alerts: None

NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD

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

State Provided Data	
	2023
Annual Indicator	30.4
Numerator	35
Denominator	115
Data Source	PPRAS
Data Source Year	2023

NOM PPD - Notes:

The postpartum period brought mental health struggles for many new mothers. About 30% frequently felt depressed or hopeless, and 37% lost interest in usual activities - concerning postpartum depression. Anxiety (35%) and uncontrolled worry (27%) were also prevalent. Most alarmingly, 7% experienced suicidal thoughts - underscoring the urgency of maternal mental health screening and treatment.

Data Alerts: None

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2024	3.9 %	1.2 %	158	4,038
2021	2.0 %	1.0 %	89	4,362
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 FHC - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Palau

NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective		62	35	37	39
Annual Indicator	59.1	59.1	58.8	58.8	65.8
Numerator	1,318	1,318	1,467	1,467	1,222
Denominator	2,229	2,229	2,496	2,496	1,859
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	42	62	35	37	39
Annual Indicator		35.8	34		40.8
Numerator		1,513	1,479		1,693
Denominator		4,229	4,355		4,151
Data Source		PHIS	PHIS		PHIS
Data Source Year		2020	2021		2023
Provisional or Final ?		Provisional	Final		Final

Annual Objectives		
	2024	**2025**
Annual Objective	41.0	43.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 34% of women between the ages of 18-44 received a preventive medical visit in 2021. These services include but are not limited to blood pressure and glucose checks; BMI; STI & HIV screening; healthy diet & activity counseling, breast & cervical cancer screening; family planning, oral health; ATOD, and cessation services.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 38% of women aged 18-44 received preventive medical visits in 2022. 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. Note: Change in denominator reflects the 2020 Census Data	
3.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: 41% of women aged 18-44 received preventive medical visits in 2023. These services include, but are not limited to, blood pressure and glucose checks, BMI, STI and HIV screening, breast and cervical cancer screening, oral health, ATOD, and cessation services.	

NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) - SS

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			60	60	90
Annual Indicator	58.6	58.6	66.5	66.5	23.0
Numerator	120	120	169	169	50
Denominator	204	204	254	254	220
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			60	60	90
Annual Indicator				88.9	80
Numerator				56	84
Denominator				63	105
Data Source				PPRASS	PPRAS
Data Source Year				2022	2023
Provisional or Final ?				Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	95.0	95.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: In 2022, about 89% of women placed their infants to sleep on their backs. 10% said they either placed them on their back or side. And about 1% said they placed them on their stomach or chest.	
2.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: The data shows that while most parents place their babies on their backs to sleep (80%), a significant proportion still use potentially dangerous items in the sleep environment. Half of the respondents reported placing their babies to sleep in a swaddled blanket, while 30% used comforters, quilts, blankets, or non-fitted sheets. Soft toys, cushions, or pillows were present in 10% of sleep environments, and 14% used crib bumper pads.	

NPM - B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) - SS

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

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			50	55	90
Annual Indicator	0	47.9	86.3	88.9	50.4
Numerator	0	102	44	56	58
Denominator	213	213	51	63	115
Data Source	PPRASS	PPRASS	PPRASS	PPRASS	PPRAS
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Provisional	Provisional	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	95.0

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.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Due to COVID-19, there were only a few respondents for the PPRASS Survey. About 86% of women placed their infants 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.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: In 2022, about 89% of women rested their infants on their backs. 10% said they either placed them on their back or side. And about 1% said they put them on their stomach or chest. Safe sleep education is provided during prenatal and after delivery before the mother is discharged. PPRASS question prompts encompass all related safe sleep practices.	
5.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: The data shows that while most parents place their babies on their backs to sleep (80%), a significant proportion still use potentially dangerous items in the sleep environment. Half of the respondents reported placing their babies to sleep in a swaddled blanket, while 30% used comforters, quilts, blankets, or non-fitted sheets. Soft toys, cushions, or pillows were present in 10% of sleep environments, and 14% used crib bumper pads.	

NPM - C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) - SS

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

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			50	55	90
Annual Indicator	0	47.9	86.3	88.9	45.2
Numerator	0	102	44	56	52
Denominator	213	213	51	63	115
Data Source	PPRASS	PPRASS	PPRASS	PPRASS	PPRAS
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Provisional	Provisional	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	95.0	95.0

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.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: About 86% of moms that completed the PPRASS Survey said they placed their infant to sleep without soft objects or loose bedding in 2021.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: In 2022, about 89% of women rested their infants on their backs. 10% said they either placed them on their back or side. And about 1% said they put them on their stomach or chest. Safe sleep education is provided during prenatal and after delivery before the mother is discharged. PPRASS prompts encompass all related safe sleep practices.	
5.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: The data shows that while most parents place their babies on their backs to sleep (80%), a significant proportion still use potentially dangerous items in the sleep environment. Half of the respondents reported placing their babies to sleep in a swaddled blanket, while 30% used comforters, quilts, blankets, or non-fitted sheets. Soft toys, cushions, or pillows were present in 10% of sleep environments, and 14% used crib bumper pads.	

NPM - D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS

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

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			40.5	65	67
Annual Indicator	40.3	40.3	12.8	12.8	48.1
Numerator	223	223	85	85	255
Denominator	554	554	666	666	530
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			40.5	65	67
Annual Indicator			64.2	41.1	
Numerator			485	250	
Denominator			755	609	
Data Source			ASQ Database	ASQ Database	
Data Source Year			2021	2022	
Provisional or Final ?			Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	69.0	72.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: In 2021, 64% of children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool (ASQ2).	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: In 2022, 41% of children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool (ASQ2).	

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Children with Special Health Care Needs

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	86	70	72	74	76
Annual Indicator	22.0	22.0	54.2	54.2	24.1
Numerator	81	81	86	86	45
Denominator	367	367	160	160	188
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	86	70	72	74	76
Annual Indicator			76.9	76.9	
Numerator			130	130	
Denominator			169	169	
Data Source			Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey	
Data Source Year			2020	2020	
Provisional or Final ?			Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	78.0	80.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note:	About 77% of CSHCNs have a medical home, based on the 2020 CSHCN survey.
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note:	About 77% of CSHCNs have a medical home, based on the 2020 CSHCN survey. Due to COVID-19, the program could not implement the survey in 2022. Plans are in place to roll-out the survey this year in September.

NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH - Child Health - All Children

Federally Available Data	
Data Source: MCH Jurisdictional Survey (MCH-JS) - All Children	
	2023
Annual Objective	
Annual Indicator	24.2
Numerator	976
Denominator	4,038
Data Source	MCH-JS-All Children
Data Source Year	2024

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			30	32	34
Annual Indicator	31.8	31.8	29.6	29.6	24.1
Numerator	974	974	931	931	680
Denominator	3,062	3,062	3,142	3,142	2,823
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			30	32	34
Annual Indicator				25.8	
Numerator				16	
Denominator				62	
Data Source				PPRASS	
Data Source Year				2022	
Provisional or Final ?				Final	

Annual Objectives		
	2024	**2025**
Annual Objective	36.0	38.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
In 2022, 35% of pregnant women who participated in the PPRASS survey said they had a dental exam and or cleaned their teeth 12 months before pregnancy; 70% received a dental exam as part of their first prenatal care, and 26% received dental care as a result of prenatal care dental exam.

NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child - Child Health

Federally Available Data					
Data Source: MCH Jurisdictional Survey (MCH-JS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			50	52	65
Annual Indicator	57.0	57.0	36.1	36.1	36.5
Numerator	2,369	2,369	1,484	1,484	1,393
Denominator	4,158	4,158	4,108	4,108	3,818
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021	2024

Annual Objectives		
	2024	**2025**
Annual Objective	65.0	70.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
In 2022, no dental hygienist was assigned to the school health screening team due to the limited number of staff to provide overall services at the clinic. The pediatrician did an initial assessment and referred children with oral health conditions to the clinic.

NPM - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child - Adolescent Health

Annual Objectives		
	2024	2025
Annual Objective	55.0	60.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
In 2022, no dental hygienist was assigned to the school health screening team due to the limited number of staff to provide overall services at the clinic. The pediatrician did an initial assessment and referred children with oral health conditions to the clinic.

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

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

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

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

Field Level Notes for Form 10 NPMs:

None

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**	**2021**	**2022**	**2023**
Annual Objective			75	80	80
Annual Indicator	43.1	82.2	78.7	76.9	78
Numerator	453	970	967	807	809
Denominator	1,052	1,180	1,229	1,049	1,037
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	82.0	82.0

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.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: About 65% of children and adolescents reported at least 60 min of physical activity per day for less than 6 days; 14% reported physical activity in all 7 days, and nearly 21% of children and adolescents said they did not participate in any physical activity.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: About 76.9% of children and adolescents reported at least 60 min of physical activity per day for less than six days; 8% reported physical activity on all seven days, and nearly 23% said they did not participate in any physical activity. Although participation in PE class fluctuated over the past five years, there has been a noticeable increase in the percentage of physically active children for at least 60 minutes/day.	
4.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: About 78% of children and adolescents reported at least 60 min of physical activity per day for 2 to 7 days; 9% reported physical activity on all seven days, and 9% said they did not participate in any physical activity.	

SPM 2 - Percent of live births to resident women who received first trimester prenatal care

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			50	80	50
Annual Indicator			47.8	49.7	48.9
Numerator			107	77	89
Denominator			224	155	182
Data Source			Birth Registry	Birth Registry	Birth Registry
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	52.0	55.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 47.8% of females delivering a live birth received prenatal care beginning in the first trimester in 2021. About 38.8% received prental care in the second trimester and 12.5% received care in the 3rd trimester. Less than 1% did not receive any prenatal care.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 50% of females delivering a live birth received prenatal care beginning in the first trimester of 2022. About 37% received prenatal care in the second trimester, and 8% received care in the 3rd trimester. About 5% did not receive any prenatal care.	
3.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: 49% of females delivering a live birth received prenatal care beginning in the first trimester in 2023. About 39% received prental care in the second trimester and 9% received care in the 3rd trimester. 3% did not receive any prenatal care.	

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			35	35	0
Annual Indicator			0	0	61.9
Numerator			0	0	13
Denominator			4	4	21
Data Source			School Health Screening	School Health Screening	School Health Program
Data Source Year			2021	2022	2023
Provisional or Final ?			Provisional	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	2.0	2.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	
3.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: In 2023, the school health program implemented a comprehensive bullying/social-emotional learning (SEL) program in 9 Elementary Schools and 4 High Schools in Koror.	

SPM 4 - Number of schools that implement a new HPV parental consent form

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	10.0	22.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.

SPM 6 - Number of school-based group educational sessions on alcohol and drug use

Measure Status:	Active

State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator		0
Numerator		
Denominator		
Data Source		School Health Program
Data Source Year		2023
Provisional or Final ?		Final

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	
2.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: The School Health Program provided group educational sessions on vaping and promoting other coping skills at Palau High School and Emmaus High School.	

SPM 7 - Number of workforce capacity gap analysis report

Measure Status:	Active

State Provided Data		
	2022	2023
Annual Objective		
Annual Indicator	0	1
Numerator		
Denominator		
Data Source	program records	Program Records
Data Source Year	2022	2023
Provisional or Final ?	Provisional	Final

Annual Objectives		
	2024	2025
Annual Objective	1.0	1.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**

Field Note:
The SSDI program supported three program staff in Data for Decision Making to enhance staff capacity in MCH surveillance.

Form 10
State Outcome Measures (SOMs)

State: Palau

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

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			35	40	45
Annual Indicator		32.9	40.9	41.3	62.5
Numerator		70	90	64	65
Denominator		213	220	155	104
Data Source		2020	2021	2022	2023
Data Source Year		PPRASS	PPRAS/WBC	PPRAS/WBC	PPRAS
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	50.0	55.0

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.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: About 41% of mothers exclusively breastfed their infants during 6 months visits to a well-baby clinic. Exclusive breastfeeding for up to 3 months has remained the same in the past 5 years. About 50% said they had to go back to school or work. 42% said they had other reasons for not exclusively breastfeeding and 8% of mothers said they stopped breastfeeding exclusively because they did not have enough breast milk.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Exclusive breastfeeding for up to 3 months has remained the same in the past five years. About 41% said they had to go back to school or work. 35% said they had other reasons for not exclusively breastfeeding, and 23.5% of mothers said they stopped breastfeeding exclusively because they did not have enough breast milk.	
5.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: The 2023 PPRAS survey shows that 63% of women reported breastfeeding exclusively for 6 months.	

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Palau

ESM WWV.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			30	35	2
Annual Indicator			0	12.5	25
Numerator			0	1	2
Denominator			8	8	8
Data Source			CHCs	CHCs	CHCs
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	**2025**
Annual Objective	4.0	6.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	
2.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: The Palau Maternal and Child Health (MCH) program worked together with various Public Health Programs (Division of Behavioral Health, Division of Oral Health, Non-Communicable Disease Unit, Immunization Program, Communicable Disease Unit, and Community Health Centers) to offer comprehensive preventive medical services to women at the Central CHC. Another initiative involves extending clinic hours by dedicating Thursday nights to "Well Women Visits." Additionally, the program plans to utilize the Mobile Mammogram Unit to collaborate with all the programs and expand services to Airai Health Center.	

ESM SS.1 - Number of child care facilities that received training on safe sleep

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			35	40	1
Annual Indicator			0	0	0
Numerator			0	0	0
Denominator			4	4	4
Data Source			MCH	MCH	MCH
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	2.0	4.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	

ESM DS.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			15	20	25
Annual Indicator			41.4	30.8	37.9
Numerator			353	250	307
Denominator			852	812	809
Data Source			ASQ Database	ASQ Database	ASQ
Data Source Year			2021	2022	2023
Provisional or Final ?			Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	30.0	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 MH.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					
	2019	2020	2021	2022	2023
Annual Objective	40	33	35	37	39
Annual Indicator	33.5	39.2	39.2	39.2	62.2
Numerator	65	80	80	80	89
Denominator	194	204	204	204	143
Data Source	CSN	CSN	CSN Survey	CSN Survey	CSN Survey
Data Source Year	2019	2020	2020	2020	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	41.0	45.0

Field Level Notes for Form 10 ESMs:

1.	**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.	
2.	**Field Name:**	**2021**
	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.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 39% of children with special health care needs and their families had a care coordination plan linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, information, and guidance on the child's special health care needs and advocated for their family. 5% received services from a faith-based organization.	
4.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: 60% of children with special healthcare needs and their families had a care coordination plan linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, information, and guidance on the child's special health care needs and advocated for their family. 8% received services from a faith-based organization.	

ESM PDV-Pregnancy.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			20	25	25
Annual Indicator	20	36	26.4	25.8	45.6
Numerator	11	9	14	16	52
Denominator	55	25	53	62	114
Data Source	PPRASS	PPRASS	PPRASS	PPRASS	PPRAS
Data Source Year	2019	2020	2021	2022	2023
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	30.0	30.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**

Field Note:
46% of women who chew betelnut with tobacco reported having dental cleaning during their pregnancy.

ESM PDV-Child.1 - 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	2021	2022	2023
Annual Objective			80	80	80
Annual Indicator		77.1	82.4	27.1	62.5
Numerator		1,208	1,241	285	1,037
Denominator		1,566	1,506	1,050	1,660
Data Source		School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022	2023
Provisional or Final ?		Final	Final	Final	Final

Annual Objectives		
	2024	2025
Annual Objective	80.0	85.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Due to a shortage of dental staff, no one was assigned to the school health screening. The pediatrician did assessment and education on a need basis and referred those with oral health issues to the clinic.	
2.	**Field Name:**	**2023**
	Column Name:	**State Provided Data**
	Field Note: 63% of children ages 1 through 17 received preventive dental services through the school health screening.	

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

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase by 2% percent annually children and adolescent who are physically active at least 60 minutes/day</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 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</td></tr>
<tr><td>Denominator:</td><td>Number of children 6-11 years old based on census data
Number of children 12-17 years old based on census data</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>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.</td></tr>
<tr><td>Significance:</td><td>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.</td></tr>
</table>

SPM 2 - Percent of live births to resident women who received first trimester prenatal care
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active
Goal:	By 2025, increase the percentage of pregnant women with first trimester prenatal care by 10%
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of live births to resident women who received prenatal care during their first trimester **Denominator:** Number of live births to resident women in the last 12 months
Data Sources and Data Issues:	Prenatal Care medical records
Significance:	The percent of infants born at low birth weight (LBW) of <2,500 grams in 2022 is 9%. The average birth weight is 3,096 grams (6.83 lbs.). In 2022, Palau had 18 preterm births of <37 weeks gestation, representing 12% of live births. About 4% were less than 34 completed weeks gestation. Most preterm births are due to complications in pregnancy. Identifying high-risk pregnancies early on during the first trimester can help

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program 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 central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past 12 months **Denominator:** Number of central public elementary schools
Data Sources and Data Issues:	School Health Screening and Well-Baby Registry and program records
Significance:	FHU is supporting a systematic approach to reducing bullying among youth by encouraging the implementation of comprehensive prevention programs. Statewide SEL training to administrators, educators, and support staff to ensure knowledge and understanding of social-emotional competencies. Evidence suggests this type of training can reduce bullying incidence by shifting the school climate and culture to a trauma-informed/compassionate/ equitable environment. This strategy increases educators' confidence and ability to implement these practices which ultimately will decrease the rates of bullying among youth

SPM 4 - Number of schools that implement a new HPV parental consent form
Population Domain(s) – Child Health

Measure Status:	Active
Goal:	Increase the number of schools that implement a revised HPV parental consent form from 0 to 22
Definition:	**Unit Type:** Count **Unit Number:** 22 **Numerator:** 0 **Denominator:**
Healthy People 2030 Objective:	Increase the proportion of adolescents who receive recommended doses of the human papillomavirus (HPV) vaccine.
Data Sources and Data Issues:	Program records to indicate which schools have implemented the consent form, and WEBiz to determine if more uptake of the vaccine.
Significance:	HPV (human papillomavirus) can lead to cancer in both men and women, and in Palau cervical cancer remains a threat to women. Almost all HPV-related cancers can be prevented by the HPV vaccine, but many adolescents aren't getting the vaccine. Although we have a good school health program the HPV vaccine is implemented in 5th grade girls, grantee has had challenges in getting parents to consent. This new way of getting parental consent will educate them on the importance of the vaccine to hopefully persuade them to consent.

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	Increase the number of HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents from 0 to 1
Definition:	**Unit Type:** Count **Unit Number:** 0 **Numerator:** 1 **Denominator:**
Healthy People 2030 Objective:	Increase the proportion of adolescents who receive formal instruction on delaying sex, birth control methods, HIV/AIDS prevention, and sexually transmitted diseases before they were 18 years old
Data Sources and Data Issues:	Program records for implementation of activity, CDU database for reported cases, school health screening reports
Significance:	Sex education focused on delaying sex, using birth control, and preventing sexually transmitted infections (STIs) is linked to healthier sexual behaviors in adolescents. But fewer adolescents have been getting this type of sex education in recent years. Increasing the use of sex education curriculum-based programs may help increase birth control use, prevent pregnancies, and reduce rates of STIs in this age group. In Palau where sexual and reproductive health is not easily discussed openly, the program would like to develop and implement intervention in select schools and pilot.

SPM 6 - Number of school-based group educational sessions on alcohol and drug use
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	To decrease the number of adolescents who report using alcohol or other harmful substances
Definition:	**Unit Type:** Count **Unit Number:** 0 **Numerator:** 1 **Denominator:**
Healthy People 2030 Objective:	Reduce the proportion of adolescents reporting use of alcohol during the past 30 days
Data Sources and Data Issues:	Program records and school health screening reports
Significance:	Drinking alcohol is associated with risky behaviors like smoking and drug use. It's also linked to the 3 leading causes of death in adolescents — accidental injury, suicide, and homicide. School-based programs are effective at preventing alcohol use, and screening and brief intervention programs can help reduce alcohol use disorder in adolescents.

SPM 7 - Number of workforce capacity gap analysis report
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	Assess current workforce capacity, identify gaps, and understand future needs.
Definition:	**Unit Type:** Count **Unit Number:** 1 **Numerator:** 1 **Denominator:**
Data Sources and Data Issues:	program records
Significance:	FHU workforce capacity has welcomed and continue to welcome several new employees; career development is key to improvement in quality services.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Palau

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months
Population Domain(s) – 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
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Palau

ESM WWV.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services NPM – Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Measure Status:	Active
Goal:	Increase number of health centers that provide preventive medical visits for women ages 18-44 from 1 to 2
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of health centers that provide preventive medical visits for women ages 18-44 in the last 12 months **Denominator:** 2
Data Sources and Data Issues:	Program records
Evidence-based/informed strategy:	Offer preventive services through community health center to facilitate access to preventive medical visits for reproductive women
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 SS.1 - Number of child care facilities that received training on safe sleep
NPM – 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 D) Percent of infants room-sharing with an adult during sleep (Safe Sleep, Formerly NPM 5) - SS

Measure Status:	Active
Goal:	By year 2025, have 50% of child care facilities in Palau to receive training on safe sleep
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of child care facilities that received training on safe sleep in the past 12 months **Denominator:** Number of child care facilities in Palau in the past 12 months
Data Sources and Data Issues:	Program records
Significance:	It is evident that 8% of women still placed their infant to sleep on their stomach. Child care facilities spend large amounts of time with infants, they should be aware of safe sleep methods and offer education/counseling to mothers when necessary.

ESM DS.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool NPM – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS

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 MH.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 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

<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 PDV-Pregnancy.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy
NPM – Percent of women who had a preventive dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-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 PDV-Child.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program
NPM – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child

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 11
Other State Data

State: Palau

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
Part 1 – MCH Data Access and Linkages

State: Palau

Annual Report Year 2023

	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	Daily	3		
2) Vital Records Death	Yes	Yes	Daily	6	Yes	
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	Yes	
8) PRAMS or PRAMS-like	Yes	Yes	Annually	0	No	

Other Data Source(s) (Optional)

	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
9) School Health Screening	Yes	Yes	Annually	0	Yes	
10) Prenatal and Postnatal Psychosocial Needs Assessment Survey	Yes	Yes	Annually	0	No	
11) CSHCN Survey	Yes	Yes	Annually	12	Yes	
12) Palau Hybrid Report	Yes	Yes	Annually	12	No	
13) HIS/Tamanu	Yes	Yes	Daily	0	Yes	
14) ASQ	Yes	Yes	Daily	0	No	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name:	**3) Medicaid**
	Field Note: Palau is not a recipient of Medicaid.
Data Source Name:	**4) WIC**
	Field Note: Palau is not a recipient of WIC.
Data Source Name:	**5) Newborn Bloodspot Screening**
	Field Note: The program is still trying to identify off-island reference laboratory to conduct bloodspot screening.
Data Source Name:	**8) PRAMS or PRAMS-like**
	Field Note: Palau has it's own PRAMS-Like survey administered by the program.

Other Data Source(s) (Optional) Field Notes:

Data Source Name:	**9) School Health Screening**
	Field Note: Health screening is done annually for students in odd grades in Palau's public and private schools. It identifies common health issues and psycho-social experiences and refers those needing help to appropriate agencies. The screening covers counseling, medical treatment, and various health and social problems. It also helps in designing programs and monitoring progress.
Data Source Name:	**10) Prenatal and Postnatal Psychosocial Needs Assessment Survey**
	Field Note: The Prenatal Psychosocial Needs Assessment Survey monitors maternal mental health during and after pregnancy, collecting data on factors such as depression, substance use, family support, and more. This information is used to provide necessary support and services, and similar surveys are used for post-pregnancy psychosocial health. Results are shared with relevant agencies to address mental health needs among pregnant and postpartum women.
Data Source Name:	**11) CSHCN Survey**
	Field Note: The CYSHCN Survey is conducted every two years to estimate the health needs of children and youth with special health care needs. It covers health and functional status, access to care, care coordination, satisfaction with care, and impact on the family. The survey uses a list of identified children with special health care needs as the sampling population and data is collected through face-to-face interviews by staff from the Family Health Unit.
Data Source Name:	**12) Palau Hybrid Report**
	Field Note: The report presents the prevalence of non-communicable diseases (NCDs), substance use, mental health issues, and selected risk factors in Palau. The survey gathered responses from individuals aged 18 years or older and is conducted every five years.
Data Source Name:	**13) HIS/Tamanu**
	Field Note: The Health Information System (HIS) or Tamanu is used by the Belau National Hospital to record primary, secondary, and tertiary services. This system contains various hospital data, including birth and death records, inpatient and outpatient records, dental and pharmaceutical services, and emergency services. The Epidemiology (Epi) program has electronic access to this data system, enabling it to gather relevant data for the Maternal and Child Health (MCH) needs assessment.
Data Source Name:	**14) ASQ**
	Field Note: The tool will help healthcare professionals assess children's developmental progress and refer them to early childhood services agencies. Data is currently being collected by the program for analysis and to identify future needs for children aged 0-5 years old.

Form 12
Part 2 – Products and Publications (Optional)

State: Palau

Annual Report Year 2023

Products and Publications information has not been provided by the State.