Title V Federal-State Partnership - Marshall Islands

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2018 Application / FY 2016 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website ([https://mchb.tvisdata.hrsa.gov](https://mchb.tvisdata.hrsa.gov))

<table>
<thead>
<tr>
<th>MCH Director</th>
<th>CSHCN Director</th>
<th>State Family or Youth Leader</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caroline Johnny-Jibas</td>
<td>Johannes Rilang</td>
<td>No Contact Information Provided</td>
</tr>
<tr>
<td>MCH Program Director</td>
<td>CSHCN Nurse</td>
<td></td>
</tr>
<tr>
<td><a href="mailto:caroline_johnny73@yahoo.com">caroline_johnny73@yahoo.com</a></td>
<td><a href="mailto:caroline_johnny73@yahoo.com">caroline_johnny73@yahoo.com</a></td>
<td></td>
</tr>
<tr>
<td>(692) 625-3399</td>
<td>(692) 625-3399</td>
<td></td>
</tr>
</tbody>
</table>

**State Contacts**

**Funding by Source**

<table>
<thead>
<tr>
<th>Source</th>
<th>FY 2016 Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Allocation</td>
<td>$227,247</td>
</tr>
<tr>
<td>State MCH Funds</td>
<td>$189,372</td>
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<tr>
<td>Local MCH Funds</td>
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<td>Other Funds</td>
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<td>Program Income</td>
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**Funding by Service Level**

<table>
<thead>
<tr>
<th>Service Level</th>
<th>Federal</th>
<th>Non-Federal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Services</td>
<td>$121,199</td>
<td>$125,031</td>
</tr>
<tr>
<td>Enabling Services</td>
<td>$63,972</td>
<td>$35,521</td>
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<tr>
<td>Public Health Services and Systems</td>
<td>$42,076</td>
<td>$7,632</td>
</tr>
</tbody>
</table>
Total Reach of Title V in Serving MCH Populations

<table>
<thead>
<tr>
<th>Populations Served</th>
<th>Individuals Served</th>
<th>FY 2016 Expenditures</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>1,089</td>
<td>$136,366</td>
<td>21.9%</td>
</tr>
<tr>
<td>Infants &lt; 1 Year</td>
<td>1,122</td>
<td>$170,941</td>
<td>27.5%</td>
</tr>
<tr>
<td>Children 1-22 Years</td>
<td>26,921</td>
<td>$134,952</td>
<td>21.7%</td>
</tr>
<tr>
<td>CSHCN</td>
<td>312</td>
<td>$153,243</td>
<td>24.6%</td>
</tr>
<tr>
<td>Others *</td>
<td>0</td>
<td>$26,314</td>
<td>4.2%</td>
</tr>
<tr>
<td>Total</td>
<td>29,444</td>
<td>$621,816</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

<table>
<thead>
<tr>
<th>Communication Method</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Title V Website Hits:</td>
<td>0</td>
</tr>
<tr>
<td>State Title V Social Media Hits:</td>
<td>0</td>
</tr>
<tr>
<td>State MCH Toll-Free Calls:</td>
<td>1,200</td>
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<tr>
<td>Other Toll-Free Calls:</td>
<td>0</td>
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Selected National Performance Measures

<table>
<thead>
<tr>
<th>Measure #</th>
<th>Measure Short Name</th>
<th>Population Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>NPM 2</td>
<td>Low-Risk Cesarean Delivery</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>NPM 4</td>
<td>Breastfeeding</td>
<td>Perinatal/Infant Health</td>
</tr>
<tr>
<td>NPM 6</td>
<td>Developmental Screening</td>
<td>Child Health</td>
</tr>
<tr>
<td>NPM 7</td>
<td>Injury Hospitalization</td>
<td>Child Health</td>
</tr>
<tr>
<td>NPM 10</td>
<td>Adolescent Well-Visit</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>NPM 12</td>
<td>Transition</td>
<td>Children with Special Health Care Needs</td>
</tr>
<tr>
<td>NPM 13</td>
<td>Preventive Dental Visit</td>
<td>Cross-Cutting/Life Course</td>
</tr>
</tbody>
</table>
### Evidence-Based or –Informed Strategy Measures

<table>
<thead>
<tr>
<th>NPM #</th>
<th>NPM Short Name</th>
<th>ESM #</th>
<th>ESM Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>ESM 1.1</td>
<td>Percentage of women that understand the awareness talks on preconception, preventive medical visits, prenatal, post partum, healthy lifestyle and services provided by Ministry of Health</td>
</tr>
<tr>
<td>NPM 1</td>
<td>Well-Woman Visit</td>
<td>ESM 1.2</td>
<td>Percentage of pregnant women who had at least 4 prenatal visits</td>
</tr>
<tr>
<td>NPM 2</td>
<td>Low-Risk Cesarean Delivery</td>
<td>ESM 2.1</td>
<td>Percentage of pregnant women who had at least 4 prenatal visits</td>
</tr>
<tr>
<td>NPM 4</td>
<td>Breastfeeding</td>
<td>ESM 4.1</td>
<td>% of hospitals accredited as baby friendly.</td>
</tr>
<tr>
<td>NPM 4</td>
<td>Breastfeeding</td>
<td>ESM 4.2</td>
<td>Percentage of pregnant women that were given comprehensive breastfeeding counselling during prenatal visit</td>
</tr>
<tr>
<td>NPM 6</td>
<td>Developmental Screening</td>
<td>ESM 6.1</td>
<td>Implement a Comprehensive Developmental Screening tool for 10 through 71 months children</td>
</tr>
<tr>
<td>NPM 7</td>
<td>Injury Hospitalization</td>
<td>ESM 7.1</td>
<td>Health talks on Injury and violence prevention</td>
</tr>
<tr>
<td>NPM 7</td>
<td>Injury Hospitalization</td>
<td>ESM 7.2</td>
<td>Number of community campaign on awareness and promotion of child safety within the community.</td>
</tr>
<tr>
<td>NPM 10</td>
<td>Adolescent Well-Visit</td>
<td>ESM 10.2</td>
<td>HPV vaccine coverage of girls age 13 years</td>
</tr>
<tr>
<td>NPM 12</td>
<td>Transition</td>
<td>ESM 12.2</td>
<td>Percent of adolescent that moved to adult health care</td>
</tr>
<tr>
<td>NPM 13</td>
<td>Preventive Dental Visit</td>
<td>ESM 13.1</td>
<td>Percentage of pregnant women that received dental check up</td>
</tr>
</tbody>
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## State Performance Measures

<table>
<thead>
<tr>
<th>SPM #</th>
<th>SPM Title</th>
<th>Population Domain(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPM 2</td>
<td>Final and endorsed readiness assessment of RMI MOHHS to handle Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Program.</td>
<td>Child Health</td>
</tr>
<tr>
<td>SPM 3</td>
<td>Increase percentage of fully immunized children ages 19 to 35 months</td>
<td>Child Health, Perinatal/Infant Health, Children with Special Health Care Needs</td>
</tr>
<tr>
<td>SPM 4</td>
<td>Percent of Women ages 25-49 yrs old screened for cervical cancer.</td>
<td>Women/Maternal Health</td>
</tr>
<tr>
<td>SPM 5</td>
<td>Increase use of Family planning services to teenagers ages 13 to 17 years old</td>
<td>Adolescent Health</td>
</tr>
<tr>
<td>SPM 6</td>
<td>Percent of women ages 15-44 years old that use family planning services</td>
<td>Women/Maternal Health</td>
</tr>
</tbody>
</table>
Executive Summary

Mission Statement:
The mission statement of the RMI Ministry of Health and Human Services is "To provide high quality, effective, affordable, and efficient health services to all people of the Marshall Islands, through a primary care program to improve the health statistics, and build the capacity of each community, family and the individual to care for their own health." With this mission statement, the MCH Program provides, delivers and promote the wellness of women, infants, children including children with special health care needs, adolescents, and their families through high quality, effective, affordable, and efficient health services.

Outbreaks 2016 and 2017

Zika Virus Outbreak: In late January 2016, a Zika outbreak was announced by the Government of the Marshall Islands with the 1st positive Zika Case. After several months without any new case, the outbreak was ended. In November 2016, new suspect cases were again found by active surveillance system. EpiNet team met with MOH Senior Leadership and stakeholders. Health emergency has been re-instated by the President on Jan 27, 2017. The identification of suspect cases subsided by July 2017. But we still continue to conduct surveillance and prevention activities. Test results starting in November 2016 to June 24, 2017: 31 suspect cases identified.

Hepatitis A Outbreak: The first suspect cases of Hepatitis A were seen at RMI Ministry of Health in mid-September 2016 with more laboratory-positive cases identified in late October. By positive IgM antibody results and 11 are probable cases having met the clinical case definition but insufficient specimens for confirmatory testing; retrospective review and data cleanup found one previous case; no new cases identified; last case onset was July 10 in Majuro. Most cases are still among preschool or elementary-aged children. The age range is 1-76 and Median age of cases remains at 7 years. Males are 57% and Females are 43% of total cases. MOHSS Immunization Program funded by CDC bought 11,000 doses of Hepatitis A vaccine. As of today, all of 11,000 were used. Funding from General fund was used to purchase additional Hepatitis A vaccine – still in process.

Mumps Outbreak: As of Aug 12, 2017 in RMI there are a total of 1,196 mumps cases of which 37 are confirmed and 1157 are probable cases. Of the total, 924 are on Majuro and 272 on Ebeye, Kwajalein. Age range remains 1 to 69; Median age is 14. Most cases on RMI are among school children ages 10-14 and 15-19. Mumps "Outbreak" has spread in the Outer Islands: RMI immunization program ordered 7,500 doses using CDC funding and July 7 receipt of 29,000 doses through UNICEF purchase with RMI General funds - Emergency funding

RMI MCH Program Block Grant

In FY2016, the MCH Program has served the following population:
1. Pregnant Women: 1,086
2. Infant <1 year old: 1,122
3. Children from 1 to 22 years old: 26,921
4. CSHCN: 312
5. Female Population 15-44 yrs old: 11,761

STATE SELECTED PRIORITIES

1. Improve women's health through preventive medical visit, cancer screening and comprehensive health care for preconception, prenatal and postpartum.
2. Improve perinatal/infant's health through promotion of breastfeeding, baby friendly hospital, implementation of Well Baby developmental screening, and improvement of immunization rates
3. Improve child health through early childhood developmental screening, and complete vaccinations.
4. Promote child safety in the community
5. Improve adolescent health through promotion of adolescent well-being (preventive medical visit, education on injury, suicide, drug, tobacco and alcohol use,) and reducing teen pregnancy
6. Improve enrollment and special care of CSHCN through developmental screening and referrals to proper care
7. Improve oral health of children and women

PRIORITY NEEDS, ACCOMPLISHMENTS AND PLANS

Women's/Maternal Health:
Maternal mortality rate per 100,000 live births: 275.5
Rate of severe maternal morbidity per 10,000 delivery hospitalizations: 167.4
Percent of pregnant women who receive prenatal care beginning in the first trimester: 47.5%
Most of the pregnant women tend to visit on their last trimester. Pregnant women from the Outer Island will have comprehensive prenatal care at their last trimester upon their arrival in Majuro where comprehensive prenatal care is available. Comprehensive prenatal care is provided in the two main hospitals which includes the following services: 1. Tests: Pap smear, GC, HIV, Hepatitis B, Syphilis and Chlamydia, blood chemistry, diabetes screening. 2. Individual counseling: all family planning methods, STIs/HIV, nutrition, personal hygiene, breastfeeding. 3. Services: Immunization, and dental. 4. Free prenatal medicines. Two OB/GYN in Majuro and 1 OB/GYN in Ebeye are providing specialty care. High risk case pregnant women are tracked and management to avoid maternal complications and death. MCH Program and National Comprehensive Cancer Control Program partnered in cervical and breast cancer screening where MOHHS engaged the churches to provide education and bring women to the hospital for their screening. We still continue to use VIA for Outer Islands cervical screening. Family Planning services are provided for free from counselling, testing and contraceptive methods.

Priority: Improve women’s health through preventive medical visit, cancer screening and comprehensive health care for preconception, prenatal and postpartum.

NPM: Percent of Women with a past year preventive medical visit

Objective: By 2020, increase percentage of pregnant women with complete routine screening and treatment of Syphilis, Gonorrhea and Chlamydia by 5% yearly

Strategies:
- Conduct routine screening and testing of Syphilis, Chlamydia and Gonorrhea to pregnant women that visited prenatal clinics
- Refer pregnant women with positive Syphilis, Gonorrhea and Chlamydia screening to STI/HIV program for treatment and management
- Strengthen patient management tracking of cases.
- Strengthen coordination between MCH program and STI/HIV Program

ESM 1.1 - Percentage of women that understand the awareness talks on preconception, preventive medical visits, prenatal, postpartum, healthy lifestyle and services provided by Ministry of Health

ESM 1.2 - Percentage of pregnant women who had at least 4 prenatal visits

NPM: Percent of cesarean deliveries among low-risk first births

Objective: By 2020, increase percentage of pregnant women that had at least 4 prenatal visits by 5%

Strategies:
- Conduct community awareness to promote early booking of mothers before 12 weeks of gestation and mothers attend at least 4 Pre-Natal clinic visits before delivery
- Promote pre-natal classes at first booking in Prenatal Clinic
- Reminder information of prenatal visit’s schedule through call, text and email.

ESM 2.1 - Percentage of pregnant women who had at least 4 prenatal visits

SPM: Percent of Women ages 25-49 yrs old screened for cervical cancer.

Objectives: By 2020, increase percentage of women ages 25-49 yrs old screened for cervical cancer by 5% yearly.

Strategies:
- Conduct staff capacity building through VIA training, implementation of cervical cancer screening form and training on Cervical Cancer Screening database.
- Implementation of new cervical cancer screening form in Majuro, Ebeye and Outer Islands.
- Implement Cervical Cancer Screening e-Registry.

SPM: Percent of women ages 15-44 years old that use family planning services

Objective: By 2020, increase percentage of women ages 15-44 years old that use family planning services by 5% yearly.

Strategies:
- Conduct family planning awareness campaign in school, community meetings, women organization meetings and events, and use of social media network
- Create and distribute family planning services related videos, posters and other promotional materials in the local language.
- Make the family planning services available in women's clinics and health centers which include availability of contraceptive method of choice in the clinics.
- Improve reporting and collection of family planning services from the Outer Islands.

Perinatal/Infant Health:

IMR: 23 per 1,000 live births
Neonatal Mortality Rate: 11 per 1,000 live births
Post-neonatal mortality rate: 11.9 per 1,000 live births
Immunization coverage rates for 19-35 months: 46.1%
The MCH Program continues to provide better care to the pregnant women through comprehensive prenatal care which has better birth outcomes and less complications at birth. Pediatricians at the MCH Clinics provides counseling to post parum mothers that come on the 1st post-natal visit. Counseling includes proper breastfeeding, available immunization, and family planning methods. This made an impact to the mothers especially on exclusive breastfeeding. Well baby clinic provides immunization, growth and weight monitoring, assessment of infant and referral to CSHCN as needed. New Born Hearing Screening is provided at the Maternity ward and follow up on the hearing screening outpatient clinic. Every quarter, an audiologist and surgeon visits and provide specialty care to identified children with hearing problems.

Priority: Improve perinatal/infant’s health through promotion of breastfeeding, baby friendly hospital, implementation of Well Baby developmental screening, and improvement of immunization rates

NPM: A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months,

Objectives:
- By end of 2018, 5% increase of mothers that report exclusive breastfeeding of infant up to 6 months of age
- By end of 2018, 5% increase of mothers that report who ever breastfed their infant.
- By end of 2018, Breastfeeding policy has been endorsed

Strategies:
1. Implement Well Baby Standardized Developmental screening tool
2. Implement information system that will track and monitor screening
3. Continue to implement the Ten Steps to Successful Breastfeeding with target of finalizing the Breastfeeding policy at the end of 2018.

ESM 4.1 - % of hospitals accredited as baby friendly.
ESM 4.2 - Percentage of pregnant women that were given comprehensive breastfeeding counseling during prenatal visit

SPM: Increase percentage of fully immunized children ages 19 to 35 months

Objectives:
1. To increase immunization coverage by 4% every year for children 19 to 35 months old.
2. Improve health education on available immunization services and benefits of immunization

Strategies:
1. Continue to provide quality outreach mobile immunization visits to the Outer Islands
2. Conduct community awareness on the proper immunization schedule and the benefits of immunization
3. Continue to provide immunization services in Majuro and Kwajalein's clinics and outreach visits.
4. Create and distribute Immunization related health promotion materials translated into Marshallese language

Child Health:
Immunization coverage rates for 19-35 months: 46.1%
Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent completed screening tool: 43.9%
Child Mortality rate, ages 1 through 9 per 100,000: 59.3

The Public Health programs provide the following services: Vitamin A, deworming, TB and Leprosy contact tracing and management, oral health in school and community, immunization in the schools and community, reproductive health services: family planning and counseling, and children's high risk clinic. For school aged children, the MOHHS coordinates activities with the Public School System

Priority: Improve child health through early childhood developmental screening, and complete vaccinations.

NPM: Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Objective: By 2020, increase children ages 10 through 71 months who receive developmental screening and proper care by 5% yearly.

Strategies:
- Implement Well Child Standardized Developmental Screening tool in Majuro, Kwajalein, and Outer Islands.
- Continue to train MCH Clinical Staff and Health Assistants in using the Well Child Standardized Developmental Screening Tool

ESM 6.1 - Implement a Comprehensive Developmental Screening tool for 10 through 71 months children
Priority: Promote child safety in the community.

NPM: Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Objective: By December 2018, the MCH Program with Public Safety will conduct at least 3 community campaign on awareness and promotion of child safety within the community.

Strategies:
- Community and media awareness and health education on non-fatal injuries, first aid treatment and child safety against motor vehicle accidents, fall, burn, drowning, choking, and other injuries
- Coordinate and create an article with Ministry of Public Safety the laws involving child safety in the community, at home and in school
- Work with the schools on child safety policies and awareness education.

ESM 7.1 - Health talks on Injury and violence prevention
ESM 7.2 - Number of community campaign on awareness and promotion of child safety within the community.

SPM: Increase percentage of fully immunized children ages 19 to 35 months

Objectives:
1. To increase immunization coverage by 4% every year for children 19 to 35 months old.
2. Improve health education on available immunization services and benefits of immunization

Strategies:
1. Continue to provide quality outreach mobile immunization visits to the Outer Islands
2. Conduct community awareness on the proper immunization schedule and the benefits of immunization
3. Continue to provide immunization services in the clinics and outreach visits.
4. Continue to implement RMI School Immunization Law which requires all public and private schools to enforce the immunization requirements

SPM: Final and endorsed readiness assessment of RMI MOHHS to handle Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder Program.

Objective: By end of 2018, the MCH Program with Human Services Department conducted a readiness assessment on the development of Autism Spectrum Disorder, Attention Deficit Disorder and Attention Deficit Hyperactivity Program within the Ministry of Health and Human Services

Strategies:
- Conduct readiness assessment of the Ministry in creating this new program
- Meet with the stakeholders on the status of the readiness assessment and finalize an endorsement by the end of 2018

Adolescent Health:

Teen birth rate (15-19 yrs old): 49 per 1,000 female population age 15-19 yrs old
Adolescent suicide rate, ages 15 through 19 per 100,000: 65.4
Adolescent mortality rate ages 10 through 19 per 100,000: 76.6
Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000: 0
Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine: 35.4
Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine: 28.8
Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine: 37.2
Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year: 17.2

In 2016, there were 4 completed suicide from ages 15 to 19 years old. The family of the deceased were referred to Human Services Program for counselling. The Human Services Program has been coordinating health talks on suicide prevention to the Public School system and community leaders. In 2016, there was 11.11% decrease on teen births comparing to 2015. MOHHS continue to provide free family planning services. The Ministry has a strong partnership with Youth to Youth in Health where MOHHS provide health services to the clients coming to YTYIH. YTYIH serves as a haven to youth that don't want to be stigmatized going to the Family Planning and STD/HIV Clinics in the hospital.

Priority: Improve adolescent health through promotion of adolescent well-being (preventive medical visit, education on injury, suicide, drug, tobacco and alcohol use,) and reducing teen pregnancy

NPM: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Objective: By 2020, achieving greater than or equal to 90% HPV Coverage Rate for 13 years old girls.

Strategies:
- Work with the Ministry of Health and Human Services Senior Leadership team to make HPV Vaccination as a public health priority
- Make HPV Vaccination Routine Vaccine to 11-12 yrs old.
- Strengthen HPV Vaccination messages to the community in partnership with Cancer Program
• Meet with parents and guardians to inform the benefits of HPV Vaccination and available services
• Timeliness, Accuracy, and completeness of HPV Vaccination Data in MIWebIZ

ESM 10.2 - HPV vaccine coverage of girls age 13 years

SPM: Increase use of Family planning services to teenagers ages 13 to 17 years old
Objective: By 2020, increase use of Family planning services between 13 - 17 yrs old by 5% yearly.
Strategies:
• Coordinate with the schools for awareness of family planning services which are not limited to the use of contraceptives.
• Work with the community and women's group for family planning awareness and education.
• Strengthen the Family Planning Services at the Youth to Youth in Health Clinic.
• Continue to provide family planning clinical services in Majuro, Ebeye and Outer Islands.

Children with Special Health Care Needs
Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system: 53.6

MCH Program collaborates with Early Hearing Detection and Intervention program, Public School System, and other MOHHS Programs and clinics in identifying and providing services children with special healthcare needs. Most of the cases are specialty cases that needs to be referred to off island hospitals like Shriners' and through our medical referral services. Shriners’ Hospital visits Marshall Islands often to provide follow up services and to assess new cases for possible referral. Challenges in this domain are data tracking system, referrals from the Outer Islands and follow up of cases.

Priority: Improve enrollment and special care of CSHCN through developmental screening and referrals to proper care

NPM: Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Objective: To have quarterly meeting with EHDI Program, Special Education, and health care providers like pediatrician, other physicians, to discuss the transition of the CSHCN adolescent to adult health care

Strategies:
• Develop and implement a database system on infants who have special health care needs
• Develop CSHCN Guidelines
• Develop and implement transition/referral of services for CSHCN to adult health care

ESM 12.2 - Percent of adolescent that moved to adult health care

Cross Cutting/Life Course:
Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months: 4.1

Dental caries is still a problem in RMI especially in the Outer Islands where dental services are only provided by outreach mobile visits. Dental Department don't have its own budget. Usually, other program like MCH will provide funding for Dental Program to be part of the Outreach mobile team. We lost our funding few years ago on preventive services. We are working to apply for a new one.

Priority: Improve oral health of children and women

NPM: A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Objectives:
• By 2020, to increase pregnant women that received dental check up by 5% yearly
• By 2020, to increase children 1 to 17 years old that received dental check up by 5% yearly

Strategies:
• Strengthen access to Dental Services for all Outer Islands Health Centers.
• Ensure pregnant woman will have at least one dental check up every pregnancy
• Conduct at least 1 dental outreach preventive medical visit to all elementary and high schools.
• Continue to provide weekly dental services in Laura Health Center.

ESM 13.1 - Percentage of pregnant women that received dental check up