

**Maternal and Child
Health Services Title V
Block Grant**

Palau

**FY 2020 Application/
FY 2018 Annual Report**

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I. General Requirements

I.A. Letter of Transmittal



Republic of Palau

Ministry of Health

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July 8, 2019
DBPHvr: 2019-055

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

Dear Sir/Madam:

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

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

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

Sincerely,

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

I.B. Face Sheet

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

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2018 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: December 31, 2020.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: December 31, 2020.

The program completed a needs assessment in 2014/2015 to assess the health status of women, infants and children in Palau and to identify priority needs for Title V block grant.

Each year the program completes mini assessments on program activities that provides us direction on activities that are developed for the following year. These assessments provide an opportunity for the program to measure success of activities that were planned and implemented and plan for new activities to respond to changing needs.

These also provides the program the opportunity to look at our own capacity resources and gaps in our operations and develop contingency response plans. From these needs assessments the following priorities were identified for the MCH Program.

Priority Area	Performance Measure	
Women's/Maternal Health <ul style="list-style-type: none"> increase the percentage of pregnant women accessing prenatal care 	NPM 1	Percent of women with past year preventive visit
Perinatal/Infant Health <ul style="list-style-type: none"> reduce infant mortality 	NPM 4	A)Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through six months
	NPM 5	Percent of infants placed to sleep on their backs
Child/Adolescent Health <ul style="list-style-type: none"> increase percentage of children and adolescents who participate in the annual school health screening decrease prevalence of childhood obesity reduce the burden of adolescent injury and improve immunization rates 	NPM 7	Rate of injury-related hospital admissions per population ages 0 through 19 years
	NPM 8	Percent of children ages 6 through 11 years and adolescents ages 12 through 17 who are physically active at least 60 minutes per day
	NPM 10	Percent of adolescents with a preventive services visit in the last year
	SPM 2	Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.
Children with Special Health Care Needs <ul style="list-style-type: none"> improve systems of care for children with special health care needs 	NPM 11	Percent of children with and without special health care needs having a medical home
	SPM 3	Improve immunization coverage for HPV and TDAP for children ages 12 to 17 years old in the next 5 years

Women's/Maternal Health

Priority - increase the percentage of pregnant women accessing prenatal care

Accomplishments

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

Challenges

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

Plans

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

Perinatal/Infant Health

Priority - reduce the number of infant mortality

Accomplishments

Through strong community partnerships with the "Breastfeeding Community Workgroup", a designated area within the health facility was established to provide health education and promote safe sleep and breastfeeding as a protective factor and a strategy to prevent infant mortality. In 2018, 98% of infants born were breastfed at birth. Exclusive breastfeeding up to 3 months has remained the same from 55% in 2014 to 52% in 2018. In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. Furthermore, the Palau Non-Communicable Disease prevention and control included in their action plan (2015-2020) under "Improving Nutrition" to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners.

Challenges

In 2018, there were 29 preterm births of <37 weeks' gestation in Palau representing 11.5% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy. The percentage of infants born at low birth weight (LBW) of <2,500 grams has slightly decreased in 2018 at 11% as compared with 15% in 2014. 75% of 19 to 35 month olds received full schedule of age appropriate immunizations

against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B in 2017. Another challenge the program has is the need to properly diagnose infants who are provided a hearing screening service and need to have a diagnosis by an audiologist. There is no audiologist on island and we continue to heavily rely on visiting ENT specialists.

Plans

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

Child/Adolescent Health

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

Accomplishments

The school health program continues to provide comprehensive health screening services annually to all schools in the Republic of Palau, including both public and private schools. All children are offered immunization based on the national immunization schedule. The Ministries of Health and Education are working together to ensure that children who miss their age appropriate immunizations receive their needed vaccinations by reaching out to the parents for consent. In 2018, the program identified and referred 60% of the participating students for further assessment, counseling and to receive free preventive medical visits.

Challenges

From 2014 to 2018, there was a noticeable increase in the number of students who experienced depression as well as the thought of harming oneself. Additionally, there is an increase in the number of students who are bullied in school or at home or have experienced strong fears. Overall, 14% of the students screened between the ages of 5 to 11 years old were overweight or obese (≥ 85 th %ile) and 23% were obese (≥ 95 th %ile) in 2018. High levels of overweight and obesity for both male and female indicate a need for collaborated efforts to improve diet and physical activities. Efforts to find innovate solutions to improve child and adolescent weight issues are limited to resources available that are few and sometimes antiquated.

Plans

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

Children with Special Health Care Needs

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

Accomplishments

The program works with interagency partners to strengthen collaborations and to also refine referral process for children who are diagnosed with special conditions. The program continues to work with the state Early Childhood Comprehensive System team to provide awareness of services and the medical home concept. Case conferencing is provided on a monthly basis for updates and follow ups and trainings are provided on case management and entry into available early intervention services.

Challenges

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

Plans

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

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

III.A.2. How Federal Title V Funds Support State MCH Efforts

How does Title V funds support State MCH Efforts?

1. Children with Special Needs Case Conferencing

This is conducted on a monthly basis with members of our Family Partnerships. Through these monthly case conferencing clients are assessed for availability (or non-availability) of services and plans developed in response to their needs.

2. FIMR Review Committee

This committee is sponsored by the MCH program to assist the FIMR team in identifying mechanisms that need to be put in place to prevent fetal and infant mortality.

3. Male Health Awareness

The MCH program understands that a healthy family must include a healthy father. This activity responds to enabling men to become role models for young male children and healthy male relationships with women is necessary for healthy families

4. AT Risk Population Mapping

In partnership with the Ministry of Community & Cultural Affairs, information from our children with special health needs survey is being shared with this ministry to identify geographic locations of these individuals in the event of a natural disaster and ensuring medical services are provided when necessary.

5. Early Childhood Development

Program partnered with the Ministry of Education to increase efforts investing in early childhood development. This includes providing early childhood learning materials emotional, social and physical development of young children in the hopes of having a direct and lasting impact on children to maximize their future well-being.

III.A.3. MCH Success Story

Male Health Conference

Building on themes of previous years and also aligning it to the declaration of our President in declaring 2018 as the Year of Good Health, the theme for the 6th Male Health Conference was 'Chedechuul ma Omengull', meaning to make ends meet with the resources you have with respect to your family, your community and your country. The purpose of this conference is raise awareness and provide education to the male population about the significance of taking ownership of their health by participating in healthy activities to promote a culture of wellness. The program engaged community partnership and state leaders to facilitate the planning and actions in raising awareness of good health practices. Activities were planned and carried out in partnership with Palau National Olympic Committee to organize a walk-a-thon, with the Bureau of Public Safety for road side campaigns, with Palau Fishing Sport Association to convene fishing derby, with Palauan Musicians to engage promising youth musicians to participate in a young musicians concert, with the Bureau of Agriculture in the kebeyas (invasive vines) eradication, outreach in partnership with the Health Promotion Team (providing basic screening services, awareness and education), with the Red Cross to promote healthy living one so we can respond to blood drives and with the Emergency Health Program.

III.B. Overview of the State

The Republic of Palau is situated 814 miles southwest of Guam on the western rim of what was once known as The Caroline Islands, which later became the U.S. Trust Territory of the Pacific Islands under the U.N. Trusteeship Agreement. Palau maintains a close relationship with the United States under the Compact of Free Association.

The Island is an archipelago consisting of high volcanic islands, raised limestone island, classic atolls and barrier reefs extending nearly 700 miles on a northeast to southwest axis. Palau has a total land mass of 188 square miles, which is roughly equivalent to the island of Guam or 2.5 times the size of Washing D.C. The main island group, which lies 7 degrees above the equator consists of 14 of the States of Palau. The island of Koror and Babeldaob are connected via roadways and bridges, while the island-states of Kayangel, Peleliu and Angaur are accessible by boat or plane (Peleliu and Angaur only). A small group of island 200-380 miles southwest of the main islands of Palau make up the states of Sonsorol and Hatohobei and are only accessible by larger ships. The grouping extends from Kayangel, the northern most atoll, to Babeldaob, Koror, and over a hundred uninhabited island enclosed in a barrier reef, and ends with the small islands of Peleliu and Angaur to the South and Sonsorol and Hatohobei to the Southwest.

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

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



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

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

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

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

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

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

Socio Economic Characteristic

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

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

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

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

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

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

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

According to the HIES report, there is anecdotal evidence to suggest that many working couples may leave children in West Babeldoab villages to be looked after by grandparents and that unrecorded gifts of food and other essentials mitigate the low expenditure recorded by these households in the survey.

HEALTH CARE AND EDUCATION SYSTEMS

Health services in the Republic of Palau continue to be heavily subsidized by the Government. However, a great proportion of this budget goes into funding of secondary and tertiary medical services. Almost all funding that goes into supporting MCH basic services are derived from U.S. Federal and other bi-lateral and multi-lateral sources.

Preventive health care is mandated by the Constitution of Palau to be provided “free or subsidized by the Government”. Health care services in the Republic of Palau are provided primarily through the government’s Ministry of Health that manages the Belau National Hospital, the only hospital facility in Palau. The ministry provides comprehensive primary, secondary and limited tertiary services, including both preventive and curative care through a 80-bed hospital and Community Health Center/Public Health Clinic located in the most populated state.

Community Health Centers are located in most of the outlying states and islands. The dispensaries are staffed by medical personnel trained in primary health care, while the Public Health clinics and the Palau Community Health Center and Belau National Hospital (BNH) are staffed by physicians, medical officers, registered nurses, graduate nurses, laboratory technicians, and health assistants.

Primary and preventive services are provided through the Bureau of Public Health. Family Health Unit and the Community Health Center Programs are two service delivery systems for primary and preventive services.

The Family Health Unit/MCH Program receives majority of its funding from HRSA. Because of our government's inability to fund indicated improvement from year to year, other funding streams from HRSA and other external agencies are used to initiate improvement directed at MCH Program. Through these changes in the program we are now able to develop more evidence-based program strategies and activities that are effective in addressing needs of the Palau MCH population. Government of Palau's funds are usually used to pay staff salaries, fringe benefits and other costs related to direct patient care. It is also used to fund secondary and tertiary care rather than public health related services. Palau FHU/MCH Program has traditionally been funded through bi-lateral and multi-lateral funding sources. Some examples of these funding sources are UNFPA, UNICEF, Title V MCH Program, and from time to time, direct in-kind assistance from other sources such as Japan, Korea, Taiwan and other countries. Palau is considered a developing island nation with limited financial resources and therefore at this stage of its development, relies mainly on these funding sources for preventive, promotional and primary health care.

Palau remains a medically underserved area with limited medical capabilities. A majority of Palau's population fall below the 100% federal poverty guideline. By USA standards, the entire nation of Palau is a rural area.

As a part of the Compact agreement, Palau is eligible to receive funding and support from various federal programs. For instance, under the Department of Education, Palau is eligible for funding under the Special Education program, but not for funding for the Early Intervention Program for Infants and Toddlers with Disabilities (Part C). Under the Department of Agriculture, Palau is not eligible for WIC or SNAP (Supplemental Nutrition Assistance Program). Most notably, Palau is not eligible for the Maternal, Infant, and Early Childhood Home Visiting Grant (MIECHV) and

Medicaid. Palau however is eligible for and has been the recipient of the MCH Title V Block Grant and other MCH funding streams including the UNHSI funding. The MCH Block grant and UNHSI are the two primary funding streams within the Bureau of Public Health, Ministry of Health supporting services and activities relating to early childhood care.

Although there are existing services in Palau that provide care/services to newborn and young children, challenges continues to exist that must be addressed in order to assure timely and appropriate screening and interventions within the area of newborn hearing services. Currently the newborn hearing program in Palau is faced with the following challenges (1) No single entity that addresses the needs of 0-3 year old age group, except the Maternal and Child Health Program of the Ministry of Health; (2) the lack of cohesive agency collaboration and fragmented services makes sharing of resources difficult, (3) lack of culturally appropriate materials that are relevant to Pacific populations, (4) lack of audiologist and trained early intervention providers on island; (5) limited trained personnel to do screening and equipment maintenance, (6) the concept of medical home must be developed with “families” in mind and therefore, parental education should be the focal point of creating the change necessary for this concept.

Palau’s early childhood system of care needs enhanced services and capacity support and a stronger infrastructure to coordinate and uphold its role in early childhood care. Although Palau has a number of multi-system efforts currently taking place, there has been fragmentation of these efforts, and no single point at which these efforts for early childhood merge. Early childhood programs for young children are found in a variety of state departments and divisions, and private service organizations.

Programming follows funding stream requirements which do not always consider the benefits of integrated, comprehensive services. The categorical funding which targets specialized services to specific populations may have even created obstacles to improved services through partnerships and collaboration. Since Palau is not eligible for Part C of IDEA and lacks Medicaid and SCHIP and does not have early head start, services geared toward the 0-3 age group are almost nonexistent. Family Health Unit/MCH program have developed strong partnerships to bring together health care providers, early care and learning programs, family support services and others to plan for and provide services for children, but no comprehensive system exists to connect state, federal, community and private providers.

Lack of an audiologist on island pose significant barriers to providing the necessary services for newborns and children at risk for hearing disorder. Palau is limited in its medical capabilities to provide specialized care for children identified to have hearing losses. This is further compounded by other geographic and economic issues that pose challenges for families in the rural Babeldaob to receive the needed services.

The Maternal and Child Health Program is the only program in the Republic of Palau that provides promotive, primary and tertiary health care services for children 0-5 years of age. These services are primarily clinic based. MCH Program also provides mass education program through public radios, television, community education, school talks or interest group discussions. It is also a key stakeholder in the CSN/High Risk Collaborative Clinic (with membership of Head Start and Special Education’s 0-3 program) and the Palau Child Care Program, located at the Palau Community College Campus. MCH has always been active in creating community partnership in delivering specially targeted health issues.

Palau began newborn hearing screening in 2006. Since the inception of newborn hearing screening, one (1) child in 2008 was identified with congenital hearing loss. This re-screening is done within the first month in Family Health Unit at the 2- weeks routine well-baby check-up. It also indicates a great proportion of newborns are screened prior to hospital discharge. Some health risk factors of the population that makes Palau a high risk for congenital hearing loss and hearing loss that happens during the developmental years of children is the infant mortality rate. Prematurity

and congenital anomalies are the major causes of infant mortality in Palau.

Organizational Information

The Title V MCH Block Grant implemented by the Family Health Unit. The direction of the Program is under Sherilynn Madraisau who is the Director of the Bureau of Public Health and Edolem Ikerdeu, Chief of the Division of Primary & Preventive Health. This is seen as a viable administrative structure for the Project as it crosses public health into the hospital. Kliu Basilius, Acting Program Manager for the Family Health Unit works with Sherilynn Madraisau and Edolem Ikerdeu to assure that the project attains what it was set out to do, but also to assure that these screening activities are integrated as routine services in the on-going neonatal and well-baby services that we offer in Palau.

At present, the Family Health Unit is a service component of the Division of Primary Health Care, one of four divisions within the Bureau of Public Health. The Family Health Unit Acting Program Manager oversees all managerial activities of the Unit including grant writing, data analysis and reporting of important factors influencing the health of the MCH population. Within the Unit, a Clinic Nurse Supervisor oversees all clinic activities. An OB/GYN and a Pediatrician are on schedule to the Unit to provide services to the Unit's clients. Other specialists also provide services to clients through referral process. The unit manager is also charged with coordination and implementation of the Palau Interagency Project

The FHU Acting Program Manager works closely with the FHU Clinic Nurse Supervisor and the Primary Health Care Division to ensure that activities undertaken are in conjunction with the planned Goals and Objectives set forth by the Maternal & Child Health Program and the Primary Health Care Division.

III.C. Needs Assessment

FY 2020 Application/FY 2018 Annual Report Update

Women's/Maternal Health

Overview of Health Status for Women's/Maternal Health

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

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

Palau's total fertility rate (TFR) in 2014 was at 1.6 as compared to Guam at 2.4 and the US at 2.01 and has steadily increased to 2.2 in 2018. Overall, the 5-year average remains a little lower than the global average of 2.3 children per women.

Summary of the Strengths and Needs of Women's/Maternal Health

Strengths

Palau continues its effort to promote and educate mothers on the importance of early prenatal care. In 2018, 38% of females delivering a live birth received prenatal care beginning in the first trimester. About 40% received prenatal care in the second trimester. However, through community partnerships and awareness efforts other pregnant women access early prenatal care through private clinics. These women are then referred by the private clinics to public health for subsequent prenatal care and booking (2nd and 3rd trimesters).

Availability of Family Planning Services are offered to all women within the reproductive age group to include postpartum women during their 6 weeks visit.

- Aligning reproductive health community outreach with other public health programs to maximize capacity
- Efforts to ensure traditionally and culturally competent services reflective to the needs of men and women of reproductive age in Palau (ie. Clinic hours, clinic locations, and identifying providers who better address client needs)
- Strategic collaborations with community partners (CAT Team) in providing a diverse workforce to provide services to Palauan's who are not comfortable speaking to a Palauan provider.

Needs

Access to care is still an issue for women in Palau. According to the results of the 2018 PPRASS, 25% of pregnant women who did not get prenatal care as early as desired. About 43% said "did not know she's pregnant," 20% had too many things to do due to work and/or customary obligations, 4% said no baby sitter.

From 2014 to 2018, more than half of the pregnant women who participated in the Palau Prenatal Risk Assessment Surveillance System (PPRASS) survey said they wanted to be pregnant. On average, about 33% of women wanted to be pregnant later or they did not want to be pregnant. As part of the PPRASS Survey, women who had an unintended pregnancy were asked why they did not use birth control. Overall, majority of pregnant women stated "they wanted to get pregnant." Furthermore, 38% said "they didn't think they could get pregnant."

Overview of Health Status for Infants

The number of registered births in Palau for 2018 was 256. There were 250 singleton births and 6 multiple births. More than half of the births from 2014–2017 were male except for 2018 where 51% of the births were female. In 2018, 99% of infants born received newborn genetic and hearing screening. All the infants screened passed the newborn hearing screening. Two (2) infants were screened positive for Congenital Hypothyroidism and three (3) were screened positive for Glucose-6 Phosphate Deficiency.

Summary of Perinatal/Infant Health

Strength

Through strong community partnerships with the “Breastfeeding Community Workgroup”, a designated area within the health facility was established to provide health education and promote safe sleep and breastfeeding as a protective factor and a strategy to prevent infant mortality. In 2018, 98% of infants born are breastfed at birth. Exclusive breastfeeding up to 3 months has remained the same from 55% in 2014 to 52% in 2018.

In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. In 2018, about 83% of women placed their infant to sleep on their backs. 13% said they either placed them on their back or side. And about 5% said they placed them on their stomach or chest.

Furthermore, the Palau Non-Communicable Disease prevention and control included in their action plan (2015–2020) under “Improving Nutrition” to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners.

Needs

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

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

In 2018, there were 29 preterm births of <37 weeks gestation in Palau representing 11.5% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy.

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

75% of 19 to 35 month olds received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B in 2017. The program continues to advocate and encourage parents on the importance of bringing their infants in for their scheduled immunization.

Overview of Child Health

The school health program provides comprehensive health screening services annually to all schools in the Republic of Palau, including both public and private schools. A team coordinated by the School Health Program consisting of doctors, nurses, hearing technicians, dentist, dental nurses, counselors and health educators work together to promote the effective and integrated provision of targeted services for children and adolescents. Students in odd grades of 1st, 3rd, 5th, 7th, 9th, and 11th are screened for common health problems and psychosocial experiences.

All children are offered immunization based on the national immunization schedule. Health and education are working together to ensure that children who miss their age appropriate immunizations receive their needed vaccinations by reaching out to the parents for consent.

Summary of Child Health

Strength

A summary of prevalence study “2013 Children’s Healthy Living program (CHL Survey)” a comprehensive community report, provided a snapshot of Palau’s children between the ages of 2 to 8 years old. The study involved health and behavior measures. As a result, the study provided a detailed report and recommendation for actions to health programs to include the Palau MCH Program.

Approximately 74% (1158/1568) of the students in odd grades participated in the school health screening indicating an 8% increase between 2017 and 2018 exceeding the programs annual target goal of a 5%.

Needs

Overall, 14% of the students screened between the ages of 5 to 11 years old were overweight or obese (\geq 85th %ile) and 23% were obese (\geq 95th %ile) in 2018. High levels of overweight and obesity for both male and female indicate a need for collaborated efforts to improve diet and physical activities. Screening efforts also enable the program to identify children who require immediate intervention and referral.

Other issues include physical inactivity, unintentional injuries, and immunization coverage. The results of the 2018 SHS indicated 74% (95%CI 72.6-78.9) of 501 children were physically inactive for at least 60min/day. Female students were more likely to be physically inactive at 78%. Overall, 5% did not participate in any Physical Education (PE) classes. About 58% spend more than 3 hours/day sitting, watching TV, and playing games, talking with friends or other sitting activities.

Summary of CSHCN

The 2017 survey for children with special health care needs identified about 4% of Palau’s children and adolescent population require special health care needs. During the legislative compliance review for disability, some of the challenges that were identified were; lack of family and social support, transition services and programs, community based rehabilitation services for the outlying states and the need for better coordination amongst NGO’s, government agencies, development partners and stakeholders.

The survey for children with special health care needs (SLAIT-LIKE Survey) surveyed a total of 162 parents, guardians, and care givers of children and adolescents ages 0-17 with special health care needs.

Strength

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

Needs

About 43% were identified with physical and medical health care needs, 18.4% with educational attainment needs, and 9% had mental and/or behavioral health care needs. Additionally, 85% said their child had some form of insurance. About 66% of parents and or guardians spend more than \$200 per month for their child’s medical care. Overall, they spent on average \$700 per month (min. 0 – max. \$7,000)

Additionally, 78% of parents and or guardians spend more than 40hrs per week caring for their child. More than 20 of families said that they needed additional income to support their child; 19.6% said their child's care caused the family financial problems; 14% said they had to cut down their hours of work; and 9% stopped working to take care of their child with special health care needs.

Summary of Adolescent Health

Adolescent well visits are provided through the annual school health screening. 48% of adolescents between the ages of 12 to 19 participated in the screening. In 2018, the program identified and referred 60% of the participating students for further assessment, counseling and to receive free preventive medical visits.

Strength

FHU through the annual school health screening continues to screen, identify, and provide immediate interventions for adolescents who are at risk of suicide. Interventions addressing this measure are coordinated through the adolescent health program at the school health clinic.

In house trainings for counselors and other service providers are ongoing and trainings are also extended to our outside partners. In the past few years we worked with the Ministry of Education and all private schools in providing health education on suicide prevention. We also conducted three counseling skill trainings for teachers and school personnel on suicide prevention. These trainings aimed at training teachers in recognizing potential signs of suicide and providing immediate intervention. In addition to this, we worked with our NGO partners doing community talks on the issue of suicide.

Needs

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

According to the results of the 2018 SHS, 17% percent of adolescents were overweight or obese at ($\geq 85^{\text{th}}$ ile) and 27% were considered obese at ($\geq 95^{\text{th}}$ ile). Additionally, the YRBS survey identified 14.1% (95%CI 13.9-14.2) of the students having a BMI of $\geq 95^{\text{th}}$ ile based on sex-and-age specific reference data from the 2000 CDC growth charts. 13.7% (95%CI 13.5-13.9) had BMI of $\geq 85^{\text{th}}$ ile but $< 95^{\text{th}}$ ile for body mass index.

Immunization for HPV and DTap are provided on site for children ages 13-17 years old. 55% received their first dose of HPV vaccine.

According to the Youth Risk Behavior Survey (YRBS) for High Schools in Palau, 28% of female students reported ever having sexual intercourse, thus 22.6% have had sexual intercourse with at least one person during the 3 months before the survey. Less than 1% had sex before the age of 13. About 4.6% reported having sexual intercourse with four or more persons.

Summary of Cross-Cutting or Life Course

Tobacco, such as cigarettes (loose/packed) are commonly chewed with betel nut by Palauans. Results of the Palau 2013 STEPS Survey show significantly high use of tobacco with betel nut amongst women between the ages of 25-64 years old at 90.4% (95%CI 87.9-93.0) than men.

Strength

The FHU program through collaborative efforts with the Ministry of Education provide trainings on screening children and adolescents for substance use. Also through the annual health and PE workshop, FHU supports schools in developing health initiatives to decrease tobacco use amongst children and adolescents.

Additionally, the Palau MCH program with the NCD program and Behavioral Health program are working collaboratively with community partners on awareness campaigns to decreasing tobacco use and increase taxes on tobacco. Women and children who want to quit tobacco use are provided counseling and cessation services. Aside from policies and legislations, program strongly supports tobacco-free education and awareness during pre and postnatal screening and counseling.

Needs

In 2018, the 'Palau Pregnancy Risk Assessment Surveillance System (PPRASS) shows that tobacco use among pregnant women in Palau has remained the same in 2018 (62%) as compared to 2014 (58%). Tobacco is commonly used with betelnut.

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

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

FY 2019 Application/FY 2017 Annual Report Update

Women's/Maternal Health

Overview of Health Status for Women's/Maternal Health

Throughout the past 10 years, Palau has experienced a tremendous decline in population. In 2005, the population reached 19,907. The projected population for 2017 is 17,945 based on the 2015 census of 17,661. The population growth rate in Palau is at 1% (Figure 1). About 27% of the population are children 19 years and under. 46% are within the reproductive age group of 15-44.

In 2017, 221 babies were born in Palau, representing a birth rate of 2.0 per 1,000 women 15-44 years of age, a stagnant rate from 2013 to 2017. The age fertility rate among the high risk groups of 15-19 and 35-44 has remained the same over the years. Palau has experienced a trend in delayed childbearing until late thirty's to include having an average of one (1) to two (2) children per women.

Based on the 2017 Hybrid Survey for non-communicable diseases, 40% of women have issues with infertility (defined as tried to become pregnant for 12 months and not got pregnant) (Figure2).

Summary of the Strengths and Needs of Women's/Maternal Health

Strengths

Palau continues its effort to promote and educate mothers on the importance of early prenatal care. In 2017, 31.5% of females delivering a live birth received prenatal care beginning in the first trimester. About 50% received prenatal care in the second trimester. However, through community partnerships and awareness efforts other pregnant women access early prenatal care through private clinics. These women are then referred by the private clinics to public health for subsequent prenatal care and booking (2nd and 3rd trimesters).

Availability of Family Planning Services are offered to all women within the reproductive age group to include postpartum women during their 6 weeks visit.

Aligning reproductive health community outreach with other public health programs to maximize capacity
Efforts to ensure traditionally and culturally competent services reflective to the needs of men and women of reproductive age in Palau (ie. Clinic hours, clinic locations, and identifying providers who better address client needs)

Strategic collaborations with community partners (CAT Team) in providing a diverse workforce to provide services to Palauan's who are not comfortable speaking to a Palauan provider.

Needs

Access to care is still an issue for women in Palau. According to the results of the 2017 PPRASS, 27% of pregnant women who did not get prenatal care as early as desired. About 60.8% said "did not know she's pregnant," 4% said it was due to "lack of transportation," 10% had too many things to do due to work and/or customary obligations. From 2010 to 2017, average of 28% of pregnant women who did not receive prenatal care as early as desired reported the same reasons and 50% said they did not know they were pregnant.

About 66% of pregnancies in 2017 were unintended. This is steadily increasing as compared to previous years (Figure 3). 13.4% did not know they were pregnant until later in their pregnancy. 4.1% of the unintended pregnancies did not accept the pregnancy.

Overview of Health Status for Infants

The number of registered births in 2017 was 221. Palau provides early screening for babies including metabolic and newborn hearing screenings through its UNHSI and genetic screening programs. In 2017, 100% of infants born received genetic screening and 93% were screened for hearing loss. Only two (2) infants did not pass the newborn hearing screening. The two infants are scheduled for a follow-up visit with ENT specialist. Both were born with a cleft palate.

Summary of Perinatal/Infant Health

Strength

Through strong community partnerships with the “Breastfeeding Community Workgroup”, a designated area within the health facility was established to provide health education and promote safe sleep and breastfeeding as a protective factor and a strategy to prevent infant mortality. In 2017, 100% of infants born are breastfed at birth and about 78% of women who took the prenatal risk assessment survey said that they breastfed their infants exclusively through 6 months

Furthermore, the Palau Non-Communicable Disease prevention and control included in their action plan (2015-2020) under “Improving Nutrition” to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners.

Needs

Based on 2017 data, there were 22.9 infant deaths per 1,000 live births. Fetal mortality rates at 28 or more weeks' gestation gradually decreased in 2017 to 9.13 (9.13 verses 32.0 per 1,000 between 2016 and 2017). Leading cause of infant mortalities continue to be prematurity due to pre-term delivery.

The preterm birth rate for 2017 was 10.5%, down 3.4% from 2015 (13.9%). 8.2% of deliveries in 2017 were late preterm births of 34-36 weeks and with 2 multiple births. Early term birth of 37-38 weeks' gestation in 2017 is at 49.8%. 31% of the early term births were C-section deliveries.

In 2017, 11% of live born babies were low birth weight (LBW) weighting <2,500 grams or 5 ½ lbs. Birth weight distribution has moved toward heavier infants weighing 3,000 grams or more. Average birth weight of infants born in 2017 was 3,084 grams (Median: 3067; Mode: 2912). There has been no sleep related deaths in the past five (5) years. Women who give birth are encouraged to put their baby to sleep on their back.

Palau does not have an audiologist on-island and rely on visiting audiologist from Tripler Medical Center. There were two (2) infant screened positive for hearing loss in 2017. The two infants are scheduled for a follow-up visit with ENT specialist. Both were born with a cleft palate. Additionally, there was one (1) infant screened positive for glucose-6 phosphate deficiency (G6PD).

74% of 19 to 35 month olds received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B in 2017. The program continues to advocate and encourage parents on the importance of bringing their infants in for their scheduled immunization.

Overview of Child Health

The school health program provides comprehensive health screening services annually to all schools in the Republic of Palau, including both public and private schools. A team coordinated by the School Health Program consisting of doctors, nurses, hearing technicians, dentist, dental nurses, counselors and health educators work together to promote the effective and integrated provision of targeted services for children and adolescents. Students in odd grades of 1st, 3rd, 5th, 7th, 9th, and 11th are screened for common health problems and psychosocial experiences.

All children are offered immunization based on the national immunization schedule. Health and education are working together to ensure that children who miss their age appropriate immunizations receive their needed vaccinations by reaching out to the parents for consent.

Summary of Child Health

Strength

A summary of prevalence study “2013 Children’s Healthy Living program (CHL Survey)” a comprehensive community report, provided a snapshot of Palau’s children between the ages of 2 to 8 years old. The study involved health and behavior measures. As a result, the study provided a detailed report and recommendation for actions to health programs to include the Palau MCH Program.

A total of 22 schools participated in the SY 2017-2018 school health screening. 66% (n=668) of students were between the ages of 5 to 11 years old.

Needs

Overall, 37% of the students screened between the ages of 5 to 11 years old were overweight or obese (\geq 85th %ile) and 22% were obese (\geq 95th %ile) in 2017. High levels of overweight and obesity for both male and female indicate a need for collaborated efforts to improve diet and physical activities. Screening efforts also enable the program to identify children who require immediate intervention and referral.

Other issues include physical inactivity, unintentional injuries, and immunization coverage. The results of the 2017 SHS indicated 75.9% (95%CI 72.6-78.9) of 668 children were physically inactive for at least 60min/day. Female students were more likely to be physically inactive at 78%. Overall, 5% did not participate in any Physical Education (PE) classes. About 58% spend more than 3 hours/day sitting, watching TV, and playing games, talking with friends or other sitting activities.

Summary of CSHCN

The 2017 survey for children with special health care needs identified about 4% of Palau's children and adolescent population require special health care needs. During to the legislative compliance review for disability, some of the challenges that were identified were; lack of family and social support, transition services and programs, community based rehabilitation services for the outlying states and the need for better coordination amongst NGO's, government agencies, development partners and stakeholders.

The survey for children with special health care needs (SLAIT-LIKE Survey) surveyed a total of 162 parents, guardians, and care givers of children and adolescents ages 0-17 with special health care needs.

Strength

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

Needs

About 43% were identified with physical and medical health care needs, 18.4% with educational attainment needs, and 9% had mental and/or behavioral health care needs. Additionally, 85% said their child had some form of insurance. About 66% of parents and or guardians spend more than \$200 per month for their child's medical care. Overall, they spent on average \$700 per month (min. 0 – max. \$7,000)

Additionally, 78% of parents and or guardians spend more than 40hrs per week caring for their child. More than 20 of families said that they needed additional income to support their child; 19.6% said their child's care caused the family financial problems; 14% said they had to cut down their hours of work; and 9% stopped working to take care of their child with special health care needs.

Summary of Adolescent Health

Adolescent well visits are provided through the annual school health screening. 34% of adolescents between the ages of 12 to 19 participated in the screening. In 2017, the program identified and referred 63% of the participating students for further assessment, counseling and to receive free preventive medical visits.

Strength

FHU through the annual school health screening continues to screen, identify, and provide immediate interventions for adolescents who are at risk of suicide. Interventions addressing this measure are coordinated through the adolescent health program at the school health clinic.

In house trainings for counselors and other service providers are ongoing and trainings are also extended to our outside partners. In the past few years we worked with the Ministry of Education and all private schools in providing health education on suicide prevention. We also conducted three counseling skill trainings for teachers and school personnel on suicide prevention. These trainings aimed at training teachers in recognizing potential signs of suicide and providing immediate intervention. In addition to this, we worked with our NGO partners doing community talks on the issue of suicide.

Needs

The results of the school health screening indicated that 14.2% (95%CI 10.4-17.6) of adolescents were bullied while 4.9% (95%CI 2.9-7.0) bullied others. About 3.4% (95%CI 1.6-4.5) were bullied for 2 or more days in the past 30 days during the survey.

According to the results of the 2017 SHS, 39% percent of adolescents were overweight or obese at ($\geq 85^{\text{th}}$ ile) and 22% were considered obese at ($\geq 95^{\text{th}}$ ile). Additionally, the YRBS survey identified 14.1% (95%CI 13.9-14.2) of the students having a BMI of $\geq 95^{\text{th}}$ ile based on sex-and-age specific reference data from the 2000 CDC growth charts. 13.7% (95%CI 13.5-13.9) had BMI of $\geq 85^{\text{th}}$ ile but $< 95^{\text{th}}$ ile for body mass index.

Immunization for HPV and DTap are provided on site for children ages 13-17 years old. 19% received their first dose of HPV vaccine.

According to the Youth Risk Behavior Survey (YRBS) for High Schools in Palau, 28% of female students reported ever having sexual intercourse, thus 22.6% have had sexual intercourse with at least one person during the 3 months before the survey. Less than 1% had sex before the age of 13. About 4.6% reported having sexual intercourse with four or more persons.

Palau has a relatively high teen pregnancy rate of 29.0 per 1000 women 15-19 years of age. In 2017, 14% of Palau's family planning clients were 19 years old or younger.

Summary of Cross-Cutting or Life Course

Tobacco, such as cigarettes (loose/packed) are commonly chewed with betel nut by Palauans. Results of the Palau 2013 STEPS Survey show significantly high use of tobacco with betel nut amongst women between the ages of 25-64 years old at 90.4% (95%CI 87.9-93.0) than men.

Strength

The FHU program through collaborative efforts with the Ministry of Education provide trainings on screening children and adolescents for substance use. Also through the annual health and PE workshop, FHU supports schools in developing health initiatives to decrease tobacco use amongst children and adolescents.

Additionally, the Palau MCH program with the NCD program and Behavioral Health program are working collaboratively with community partners on awareness campaigns to decreasing tobacco use and increase taxes on tobacco. Women and children who want to quit tobacco use are provided counseling and cessation services. Aside from policies and legislations, program strongly supports tobacco-free education and awareness during pre and postnatal screening and counseling.

Needs

In 2017, the 'Palau Pregnancy Risk Assessment Surveillance System (PPRASS) shows that only three (3) of the surveyed mothers was smoking in the last three months of pregnancy. However (48%) said that they were 'chewing betel nut with cigarette' during the last three months of pregnancy; Average of 57% of pregnant mothers chewed betel nut with cigarette from 2010-2017.

The 2017 school health screening shows that 10% of 1,015 students admitted to be using tobacco products either smoking or chewing tobacco with betel nut. Average age of initiation is at 11 years old (Minimum Age is 5 and Max is 17). Of those that indicated tobacco use, 52.5% smoke cigarette while 74.3 chew tobacco with betelnut.



FY 2018 Application/FY 2016 Annual Report Update

Women's/Maternal Health

Strengths

In 2016, 41% of pregnant women accessed prenatal care in the first trimester through public health clinic, however, through community partnerships and awareness efforts other pregnant women access early prenatal care through private clinics.

These women are then referred by the private clinics to public health for subsequent prenatal care and booking (2nd and 3rd trimesters).

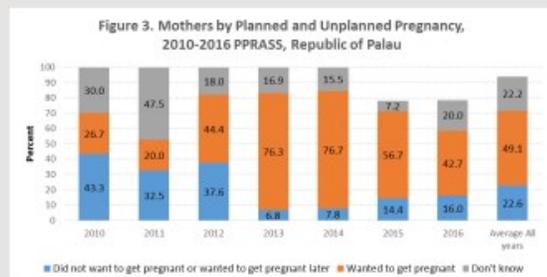
In 2016, about 943 women in the reproductive age group 46% received family planning services. 13.4% were under the age of 19. Other collaborative efforts such as NCD screening for BMI, Hypertension, and blood glucose are also provided for women of all age groups.

In light of the Palau Violence Against Women (PVAW) report, the Family Protection Act (FPA) was developed to support women (especially pregnant women) and families who experience violence in homes and within the community. Development of educational, awareness, and support programs were established to strengthen existing programs and processes to ensure that women and children are safe, protected and that services are available when needed.

Needs

Access to care is still an issue for women in Palau. According to the results of the 2016 PPRASS, 27% of pregnant women who did not get prenatal care as early as desired said "did not know she's pregnant" (66.7%), "lack of transportation" (4.8%), had too many things to do due to work and/or customary obligations (9.5%). From 2010 to 2016, average of 28% of pregnant women who did not receive prenatal care as early as desired reported the same reasons and 48% said they did not know they were pregnant.

In 2016, 42.5% of pregnant women accessed prenatal care in the first trimester. This indicator increased by 8.5% from 2015 and indicates a 6.1% change from 2010.



In 2016, 16% of mothers who participated in the Prenatal Risk Assessment Survey had an unplanned pregnancy. This indicator has decreased by 27% as compared to 2010 at 43.3% (Figure 3). Furthermore, only 10.7% used some form of contraceptive method prior to birth while 89.3% did not use any birth control methods in 2016.

Further training will be provided to Family Planning providers on pregnancy counseling and referrals. MCH will continue to support Oral Health initiatives in providing oral health education and preventive services for pregnant women. Program will also continue to work with Behavioral and Social & Spiritual Health to strengthen services for pregnant women needing mental health and social health support and services. Additionally, the program will continue to work with NCD program to increase efforts in the area of nutrition and physical activity for women.

Perinatal/Infant Health

Strength

Through strong community partnerships with the "Breastfeeding Community Workgroup", a designated area within the

health facility was established to provide health education and promote safe sleep and breastfeeding as a protective factor and a strategy to prevent infant mortality. In 2016, 100% of infants born are breastfed at birth but only 46.7% are exclusively breastfed until 6 months of age.

Palau is also a member of the CoLIN network which aims to reduce infant mortality and improve birth outcomes through collaborative learning and sharing of ideas and experiences. The program is in the process of strengthening and enhancing the existing Mortality and Morbidity review (MMR) to include the Fetal and Infant Mortality Review.

Furthermore, the Palau Non-Communicable Disease prevention and control included in their action plan (2015-2020) under “Improving Nutrition” to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners.

Needs

Infant mortality has been on the rise since 2010 from 12.1 per 1,000 live births to 16.8 per 1,000 live births in 2015. Based on 2016 data, there were no infant deaths reported. The overall average from 2010 to 2016 is at 11.8 per 1,000 live birth. Leading cause of infant mortalities continue to be prematurity due to pre-term delivery. The fetal mortality rates of 20 or more weeks’ gestation were more than twice as high in 2016 at 32/1000 live births as compared to 2010 at 15.9. Causes of fetal death in 2016 include preterm labor, hypertension and placental problems such as abruption.

In 2016, there were 22 preterm births of <36 weeks’ gestation in Palau representing 10.4% of live births. The percentage of infants born at low birth weight (LBW) of <2,500 grams declined in 2016 at 7.5% as compared with 12.6% in 2015. Birth weight distribution has moved toward heavier infants weighing 3,000 grams or more. Average birth weight of infants born in 2016 was 3,160 grams (Median: 3104; Mode: 2948). There has been no sleep related deaths in the past five (5) years. Women who give birth are encouraged to put their baby to sleep on their back. In 2016, 81% of 74 mothers who took the PPRASS Survey said they placed their infants to sleep on their backs.

Palau does not have an audiologist on-island and rely on visiting audiologist from Tripler Medical Center. There was one infant screened positive for hearing loss in 2016 and is awaiting confirmatory diagnosis. Additionally, there were three (3) infants screened positive for glucose-6 phosphate deficiency (G6PD) and one (1) with phenylkeonuria but only 2 were confirmed positive for G6PD from an off-island laboratory.

67% of 19 to 35 month olds received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B in 2016.

Child Health Strength

A total of 22 schools participated in the SY 2016-2017 school health screening. 61% (n=700) of students were between the ages of 5 to 11 years old. MCH continues to strengthen and enhance its services to provide appropriate and timely referrals and follow-up of students who are identified with health issues during the school screening. The program works with the schools in strengthening its physical activity curriculum and to work with teachers in providing additional trainings on BMI measurements. The program is also working collaboratively with the Immunization program, Head Start and the Schools including PTAs to promote awareness on the importance of screening as well as immunization.

Needs

Overall, 29% of the students screened between the ages of 5 to 11 years old were overweight or obese (\geq 85th %ile) and 19% were obese (\geq 95th %ile) in 2016 (*Figure 4*). High levels of overweight and obesity for both male and female indicate a need for collaborated efforts to improve diet and physical activities. The school health program is currently working with the Ministry of Education to improve the school lunch program as well as increase the number of days students participate in physical activities. Screening efforts also enable the program to identify children who require immediate intervention and

referral.

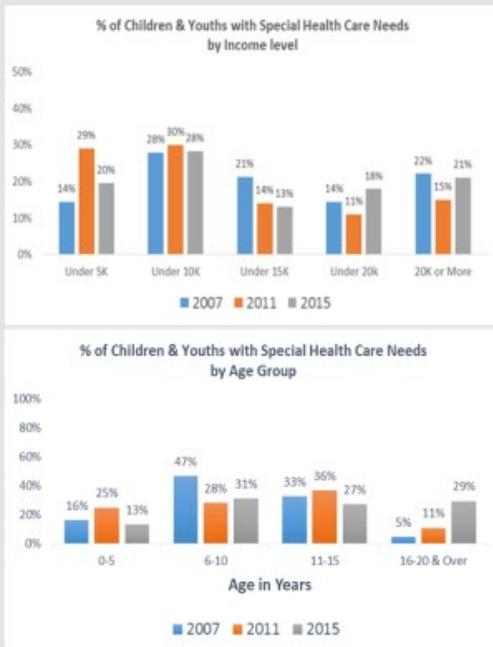
Other issues include physical inactivity, unintentional injuries, and immunization coverage. From 2011 to 2014, the school health screening screened school aged children for their level of physical activity by intensity level. Average of 17.1% of the participating students fell in the criteria of light or inactive. In 2015, new screening questions for physical activity were introduced. The results of the 2016 SHS indicated 57.3% (95%CI 53.9-60.9) of 700 children were physically inactive for at least 60min/day. Female students were more likely to be physically inactive at 63.7%. Overall, 77% did not participate in any Physical Education (PE) classes. About 76.6% spend more than 3 hours/day sitting, watching TV, and playing games, talking with friends or other sitting activities.

The 2013 Children's Healthy Living Program completed a report that showed that among the participating children (n=185) 8.1% were overweight, and 15.1% were obese with no significance difference between boys and girls. Furthermore, 56% spend more than 2 hours/day watching TV when adjusted for weekday and weekends. Overall average time spent on watching TV was 2.9 hours/day. When assessed on hour per day of inactive video games, the overall average among the 186 children was 1.3 hours/day (SD=1.3 hours).

CSHCN Strength

There is a recently strengthened effort to improve the developmental and behavioral screening tool for early care and education. The program, with assistance from the University of Guam Center for Excellence in Developmental Disabilities Education, Research and Service introduced the Ages and Stages Questionnaire and provided training to local pediatricians and other health care providers to assist health care providers screen and young children ages 0 to 5 and refer them to early childhood servicing agencies. The Palau UNHSI program recently established an Advisory Board to support the development of statewide programs and systems of care by increasing the knowledge of pediatric care professionals, family members of deaf or hard of hearing child, and other relevant agencies in providing recommendations to improve care coordination, information sharing to effectively contribute to the improvement of the program.

Needs



About 68% were identified with physical and medical health care needs, 24% with educational attainment needs, and 8.1% had mental and/or behavioral health care needs. Additionally, 79% of parents/guardians and/or care-givers earned less than \$20,000 as their household income (figures 5 & 6).

Access to care from specialty physician was also identified as a great need for the CSHCN population. Most specialty services are provided by specialist from Tripler Medical Center in Hawaii. During the 2015 survey, about 54.9% of CSHCN received care from a specialty physician. Moreover, 45.7% of parents/guardians of CSNCN were “somewhat satisfied” with the help they received in the coordination of their child’s care.

The program will continue to improve care coordination services to children and their families and working with providers to establish and enhance medical home programs. Additionally, the program plans to strengthen our relationship with interagency partners to strengthen collaborations and to also refine referral process for children who are diagnosed with conditions. We will continue to work with the state ECCS team to provide awareness of services and the medical home concept. Trainings will be provided on case management and follow up as well as early intervention services.

Adolescent Health Strength

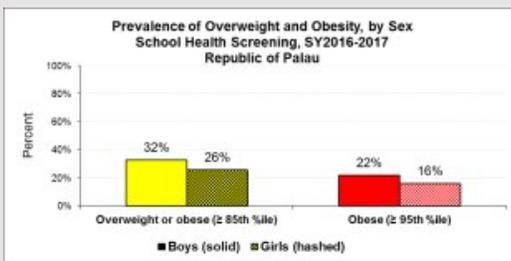
FHU through the annual school health screening continues to screen, identify, and provide immediate interventions for adolescents who are at risk of suicide. Interventions addressing this measure are coordinated through the adolescent health program at the school health clinic.

In house trainings for counselors and other service providers are ongoing and trainings are also extended to our outside partners. In the past few years we worked with the Ministry of Education and all private schools in providing health education on suicide prevention. We also conducted three counseling skill trainings for teachers and school personnel on suicide prevention. These trainings aimed at training teachers in recognizing potential signs of suicide and providing immediate intervention. In addition to this, we worked with our NGO partners doing community talks on the issue of suicide. Through the school health screening, adolescents are screened for their sexual behaviors, alcohol, tobacco, and other drug use to include bullying, injury and psychosocial issues and concerns and given vaccination for HPV and DTap and either provided counseling on site or are referred for further assessment and treatment.

Needs

The results of the school health screening indicated that 13.3% (95%CI 9.9-16.6) of adolescents were bullied while 4.9% (95%CI 2.9-7.0) bullied others. About 3.4% (95%CI 1.6-4.5) were bullied for 2 or more days in the past 30 days during the survey.

In 2016, 4% (95%CI 2.2-5.9) of students between the ages of 12 to 17 years old who participated in the school health screening reported being seriously injured in the past 12 months. About 2.4% (95%CI 1.1-3.0) of those who were seriously injured were in a physical fight or were physically attacked. The rate of hospitalization for non-fatal injuries amongst adolescents aged 10 through 19 years old in 2016 is 1606/100,000. Of the 444 adolescent students screened for suicide ideation during the 2016 school health screening, 4.7% (95%CI 2.7-6.8) reported "thought of harming oneself.



According to the results of the 2016 SHS, 36% percent of adolescents were overweight or obese at (≥85th%ile) and 22% were considered obese at (≥95th%ile). Additionally, the YRBS survey identified 14.1% (95%CI 13.9-14.2) of the students having a BMI of >=95th%ile based on sex-and-age specific reference data from the 2000 CDC growth charts. 13.7%

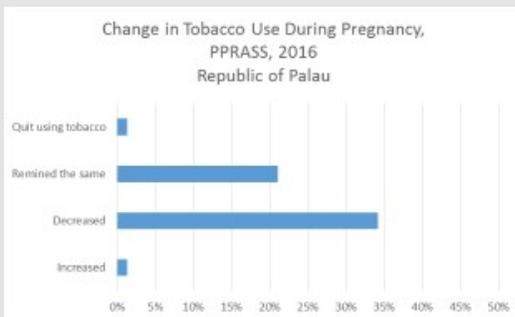
(95%CI 13.5-13.9) had BMI of $\geq 85^{\text{th}}$ ile but $< 95^{\text{th}}$ ile for body mass index.

Immunization for HPV and DTap are provided on site for children ages 13-17 years old. In 2015, 98% of 13-17 years old who attended the school during that period received their first dose of Dtap; 14% received their first dose of HPV vaccine. About 19.9% received their first dose of Dtap in 2016 and 16.2% received at least one dose of the HPV vaccine.

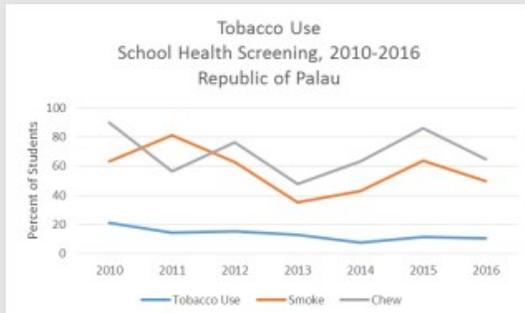
Cross-Cutting or Life Course Strength

The Palau MCH program with the NCD program and Behavioral Health program are working collaboratively with community partners on awareness campaigns to decreasing tobacco use and increase taxes on tobacco. Results of the 2016 PPRASS, 34% of women surveyed decreased tobacco use during pregnancy. About 1.3% attempted or quit tobacco use during pregnancy. About 21% said their tobacco use remained the same indicating a decrease by 11.5% from 2015.

Needs



In 2016, the 'Palau Pregnancy Risk Assessment Surveillance System (PPRASS) shows that only one (1) of the surveyed mothers was smoking in the last three months of pregnancy. However (46.8%) said that they were 'chewing betel nut with cigarette' during the last three months of pregnancy; Average of 55.6% of pregnant mothers chewed betel nut with cigarette from 2010-2015.



The 2016 school health screening shows that 9.9% of 1,143 students admitted to be using tobacco products either smoking or chewing tobacco with betel nut. Average age of initiation is at 12 years old (Minimum Age is 6 and Max is 10). Of those that indicated tobacco use, 49.6% (90%CI 40.3-58.8) smoke cigarette while 64.7% (95%CI 56.3-73.1) chew tobacco with betelnut. Through a partnership with the Behavioral Division, one of the four divisions under the Bureau of Public Health, the program will partner with their Prevention Unit in accessing various forms of media (television, radio, paper, social media) for mass communication activities on the effects of tobacco

use to specific populations such as adolescents, women and pregnant women.

FY 2017 Application/FY 2015 Annual Report Update

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

The needs assessment process used a variety of data collection strategies to garner a better understanding of the current health related issues of women, infants, children, adolescents, and children with special health care needs.

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

1. Secondary Data Source Analysis- collection and analysis of the health status of women and children in Palau conducted through a review of the most recent information by population domain. The programs gathered data source related to demographics of women, children, adolescents, and children and youth with special health care needs and other relevant data through existing reports. Information from the Palau Pregnancy Risk Assessment Surveillance System, Behavioral Risk Factor Surveillance System, Vital Statistics, School Health Screening Surveillance System, Youth Risk Behavioral Surveillance, SLAIT-Like CSHN Surveillance, Hospital Discharge Data, Family Planning Annual Report, Uniform Data System, Population Survey, Newborn Screening Programs, HIV/AIDS Surveillance, STEPS Survey, and Cancer Registry were utilized. Information gathered from these sources include data on well woman visit, immunization, injuries, low birth weight and preterm births, obesity, substance use, and others. Health indicators were compiled and presented to community members in a variety of settings.
2. Community Input- A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented to the various communities in the Republic of Palau. This presentation encompasses common health issues that are present in the six health domains. The MCH Program along with the state ECCS team conducted community outreach to a variety of communities within Palau to conduct the presentations and solicit input from community members. The presentations were complimented by a tri-fold brochure which highlights data and findings from the secondary data source analysis.

The public input process for the Palau MCH/Family Health Unit is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. From the community presentations and discussions, comments and recommendations relating to services improvements are collected, analyzed and strategies are developed to amend changes to reflect community needs. This engagement with our various communities has provided and improved our ability to capture, analyze and report health status information back to the public has greatly improved our relationship with various communities and stakeholders. The format of the "Community Engagement" is similarly used in all communities that are visited. Because of the program's ability that has been built in the past, we are now able to feature "community-specific" information in our presentation. Program presented the findings from the data analysis and facilitated discussions on potential priority need. Input from other community members were also collected during the 2014 Public Health Convention where participants were asked to identify priority needs and potential strategies to address the needs.

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

Organizational Structure

The Family Health Unit within the Division of Primary and Preventive Health Services, Bureau of Public Health administers the Title V Block Grant. The Bureau of Public Health is one of the three bureaus that are under the umbrella of the Ministry of Health. FHU is the lead unit within the Ministry that oversees all services for infants, children, adolescents, children and youth with special health care needs, pregnant women, women and men of reproductive age groups.

The MCH Coordinator serves as the Title V Director as well as the CYSHCN Director and oversees all programs within the Family Health Unit.

Family Health Unit

Early Childhood Comprehensive System-- support system and capacity building initiatives for the early childhood population.

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

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

Newborn Screening (NBS) ensures that every newborn in Palau has a specimen collected to screen for inherited disorders that would otherwise cause significant morbidity.

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

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

Early Hearing Detection and Intervention-- supports and promotes system building and data capacity for the hearing screening and intervention services.

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

II.B.2.b.ii. Agency Capacity

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

Maternal/Women's Health

MCH uses Title V funds to provide services for women of reproductive age. Family planning clinics supported by Title X funding also provide preventive services for all women and men of reproductive age group. MCH has an epidemiology staff that support programmatic efforts. Data sources used are PRAMS, Vital Records, BRFSS and Family Planning program data.

MCH has active partnerships with the hospital, private practice physicians, academic institutions, Cancer and HIV screening programs, Behavioral Health, Oral Health, Environmental Health and the Public Health Emergency Preparedness Program to ensure a comprehensive system of services for women and men of reproductive age in Palau. The program also have strong partnership with external partners and various community organizations such as UAK, PPE, and Omekesang Associations among others.

Perinatal Health

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



Child Health

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

Adolescent Health

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

CYSHCN

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

Oral Health

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

MCH Workforce Development and Capacity**Description****Strengths and Needs of Workforce**

The majority of the state Title V staff has been in MCH for five or more years. Over 7 % have served for 10 years while 15% have served in their position for less than five years.

One of the findings that came out of the FHU End of Year Conference SWOT analysis on capacity building was the need to provide further training efforts on several public health competencies such as : leadership and systems thinking, public health sciences, financial planning and management skills and community dimensions of practice. Findings also revealed training needs specific for medical providers providing direct services for the MCH population.

Cultural Competence

Several methods are used to ensure culturally competent approaches are used in service delivery across all programs. MCH EPI routinely collects and analyzes data by race/ethnicity and income to assess health equity and inform program activities. A bilingual interviewer works in the program and supports sufficient response rates from the Filipino population, the largest ethnic group in Palau. Health education materials are also translated in different languages to accommodate the different ethnic groups in Palau. MCH works closely with community leaders to plan service delivery programs, collaborate on grants and implement culturally competent services that meet the unique needs of populations. Specifically, the ECCS works with community groups to address strategies specific to needs of the early childhood population of other ethnic group. In all MCH programs, educational materials are provided in English and Tagalog.

II.B.2.c. Partnerships, Collaboration, and Coordination

Palau MCH program maintains partnerships to build the capacity of MCH services in the state.

MCH receives other federal investments such as Family Planning and Early Hearing Detection and Intervention. MCH also partners with other public health programs to expand provisions of care and ensures a well coordinated system of care that promotes the medical home concept. MCH also partners with other HRSA programs such as Federally Qualified Health Centers. Other partners include CDC Immunization Programs, CDC HIV/STI Prevention Programs, CDC Cancer programs, and CDC Hospital Preparedness Program and Public Health Emergency Preparedness Programs. Other governmental partners include Special Education Program, Ministry of Education, Ministry of Community and Cultural Affairs Youth Office, Bureau of Public Safety, among others. MCH also maintain strong collaborations with community NGO's that serves people with disabilities and parental organizations serving parents of children and youth with special healthcare needs. MCH also has an ongoing partnership with the local community college in providing promotive and preventive health education in the community.

Palau does not have and is not eligible for Medicaid and SCHIP.

Family/Consumer Partnerships

Families are recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit agencies and committees. Several parents of special needs children are members of the ECCS state team and the Inter agency initiatives. MCH also partners with the Palau Parent Empower , a non profit organization that supports parents of children with disabilities .Trainings are currently being developed for families of CYSHCN to empower them to provide input on policies and program activities, as well as Block Grant activities. A diversity of families were engaged in Block Grant activities. Parents of CYSHCN and several community members attended the stakeholder meetings. These participants primarily had formal knowledge of MCH issues and supports MCH initiatives across the island.



Five-Year Needs Assessment Summary (as submitted with the FY 2016 Application/FY 2014 Annual Report)

II.B.1. Process

II. B. I Process

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

A conceptual framework was developed to guide the needs assessment process. The program utilized the "State Title V MCH Program Needs Assessment, Planning, Implementation and Monitoring Process" framework as depicted in the Title V Maternal and Child Health Block Grant to States Program Guidance. By utilizing this framework, the program was able to acquire a realistic view of the state's MCH public health system in order to develop a five year plan based on key MCH priorities.

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

In mid 2014, MCH Program and program managers of the Bureau of Public Health and senior management convened to discuss potential indicators for the need assessment. A list was developed based on past MCH block grant performance and outcome measures and various public health program priorities. The MCH program then facilitated several meetings with key community collaborative partners to provide an overview of the MCH Block Grant, the needs assessment process, the purpose of the stakeholder group, and a review of topics of potential indicators. A presentation called "Community Engagement" which highlights key MCH indicators for each of the six domain was developed, reviewed and approved by the partners. This Community Engagement Presentation was presented to various communities in Palau to garner public input for the needs assessment.

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

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

2. Community Input- A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented to the various communities in the Republic of Palau. This presentation encompasses common health issues that are present in the six health domains. The MCH Program along with the state ECCS team conducted community outreach to a variety of communities within Palau to conduct the presentations and solicit input from

community members. The presentations were complimented by a tri-fold brochure which highlights data and findings from the secondary data source analysis.

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

The public input process for the Palau MCH/Family Health Unit is a continuous process which allows us to analyze data, present them to the various communities of Palau and based on their input, we organize services to meet the community needs. From the community presentations and discussions, comments and recommendations relating to services improvements are collected, analyzed and strategies are developed to amend changes to reflect community needs. This engagement with our various communities has provided and improved our ability to capture, analyze and report health status information back to the public has greatly improved our relationship with various communities and stakeholders. The format of the "Community Engagement" is similarly used in all communities that are visited. Because of the program's ability that has been built in the past, we are now able to feature "community-specific" information in our presentation. Program presented the findings from the data analysis and facilitated discussions on potential priority need. Input from other community members were also collected during the 2014 Public Health Convention where participants were asked to identify priority needs and potential strategies to address the needs.

MCH program reviewed all data from the secondary data analysis and findings from the stakeholders input to select the priority needs for the population domains. Program staff met and determined the final list of priorities and national performance measures based largely on the community input and providers feedbacks. The State Action Plan was developed based on the priorities and strategies as proposed and recommended by the community members.

Table 1: Linkages Between Priority Needs and National Performance Measures

Priority Need	Population Domain	National Performance Measure
Prenatal Care	Maternal/Women's Health	Well Woman
Prevent Infant Mortality	Perinatal Health	Breastfeeding
Child and Adolescent Health Screening	Adolescent health	Adolescent Well Visit
Childhood Obesity	Child/Adolescent	Physical Activity
Childhood Immunization	Child/Adolescent	Adolescent Well Visit
Improve System of Care for CYSHCN	CYSHCN	Medical Home
Prevent Childhood Injuries	Adolescents	Child Injury
Reduce substance use in Maternal and Child Health population	Cross-Cutting	Smoking During Pregnancy

II.B.2. Findings

II.B.2.a MCH Population Needs

Palau's projected population in 2010 and 2014 are 20,717 and 21,559 respectively. About 70.5% of the population resides in Koror. The rest of the people are thinly distributed to the other states. There are more males at 116 to every 100 females. Half of the population is in the productive years (15-45). The proportion of 0-9 years old is lower compared with the productive age groups. This reflects a stationary population growth. Palau is expected to double its population in 87 years or in 2093. Children through the age of 19 in Palau represented 31.4% of the total population, adults aged 20-64 accounted for 63% and persons who are 65 years and over represented 6% of the total population.

Another important reproductive health indicator is the age specific fertility rate and the total fertility rate. The **total fertility rate** in 2014 was 1.7 or a Palauan woman in reproductive age would have 1.7 children at average in her lifetime¹. Reviewing the ten-year trend, the line is almost stagnant and shows that there are no significant changes in the total fertility rate since 2004 (Figure 2). Worldwide, the total fertility rate stands at 2.7 per woman. Whereas, total fertility rate in developing and industrialized countries is 3 and 1.6 births per woman, respectively. The total fertility rate of 2.1 in Palau is similar to the 2.1 birth for population replacement.

With regard the **age-specific fertility rates** of the high risk groups, there is an increase among the 15-19 years old from 25.7 to 44.4 per 1000 women in 2004 and 2010, respectively (Figure 2). We can see small decline in the rates from 2011 to 2014 but this is still stagnant. This age-specific fertility rate of 24.9 is higher compared with the same rate in the industrialized countries at 24. In 2014, the ASFR for the 35-49 years old is 31.5. From 2004 to 2014, there is observable increase in ASFR in this age group. However, in 2011 a rapid decrease is observed and sustained up in 2014.

Infant Mortality

The Infant Mortality Rate in 2014 is 11.4 (3/237) for every 1000 live births. The five-year average since 2004 of 13.5 has been increasing over five year period and gradually drops to 10.4 in 2011 steadily increased to 13.5 in 2013 and slightly drops to 11.4 in 2014. Computed percent change of the IMR shows that Infant Mortality Rate has been decreasing by approximately 18.2% since 2004. The causes of Infant mortalities continue to be prematurity due to pre-term delivery and congenital anomaly. In 2012, aspiration came up as a cause for fetal and infant mortality. The 5-year average gives a better picture of the IMR since there are few live births in Palau to come up with a more stable computation of the IMR.

Annual Growth Rate and Population Doubling Time

Taking into consideration the important factors of population growth (i.e., death, migration and birth), the Annual Growth Rate of Palau is 0.8%. This Annual Growth Rate was computed from the past two censuses in 2000 and 2005 using exponential method. It is lower than the 2001 AGR of the United States (1.0), Fiji (2.7) and Marshall Islands (1.5) ii. With this Annual Growth Rate, Palau is expected to double its population in 86 years or in 2092.

General Population Summary:

- Stationary to negative trend population
- Doubling time is expected in 87 years
- Gender differences indicate more male to female in all age groups except for ages 65+.
- Half of the population is within the reproductive age group (15-44)

- 31.4% of the population is children 19 & under
- Population Growth Rate is 6.3 (2007) per 1000 population.
- Migrants constitute a significant proportion of the population
- Greater than majority of the population utilizes public health care facilities for their health care needs

Maternal/Women's Health

Well Women Visit

Getting mothers to come in early for prenatal care has been a challenge over the years. Efforts to educate mothers about the importance of early prenatal care has been strengthened over time to improve the program. On average, 46.3% of pregnant women from 2010 to 2014 accessed prenatal care in the 1st Trimester. About 23.1% of the pregnant women in 2010 had adequate prenatal care based on the Kotelchuck Index and has slightly increased to 37.1% in 2014.

Perinatal Health

Breastfeeding

Among those mothers who delivered in 2010 to 2014 and participated in the PRAMS-like survey, an average of 90% ever breastfed. From 2010 to 2014, an average of 54.8% of mothers reported breastfeeding exclusively while 24.7% partially breastfed by 1 month and 10.7% by 3 months. Of the mothers that reported exclusive breastfeeding, 60% continued to breastfeed through 6 months.

Child and or Adolescents

Adolescent Well Visit

In 2014, 71.3% or 1153/1618 students in odd grades participated in the health screening. At average, their age was 10 with the youngest and oldest at 5 and 19 years old, respectively. About 91% is of Palauan ethnicity followed by Filipinos (2.1%) and the other Pacific Islanders less than 1%. These participants attended 1st, 3rd, 5th, 7th, 9th and 11th grades.

Overweight Children, Physical Activity and Diet Recall

Very recently, Palau was ranked 7th among the highly obese people in the world by the World Health Organization⁴. Obesity has dire consequences. Overweight in children, when not recognized and managed appropriately, brings about a greater risk of developing Type II Diabetes, suffering from hypertension, having difficulty sleeping and developing psychosocial problems. This also persists into adulthood for 70% of overweight adolescents. As obesity related illness begins at an early age, a high proportion of obesity increases the demand for health services and imposes financial burdens on the health care system which was roughly estimated at US\$100 billion per year. In the Pacific Islands, tertiary management of weight related illnesses and tertiary medical services accounts for about two third of health care budget/expenditures .

There is a slight increase in the children categorized to have healthy weight from 63.4% in 2010 to 60.4%. Children categorized as underweight increased by 2.4% (from 3.5% in 2010 to 5.9% in 2014) The proportion of children categorized to be at risk and overweight has remain steady since the 2010 at 33%.

Physical Activity

Evidences explain the two important contributions of diet and physical activity in the development of overweight among children. About 72% in 2011 and 72.2% in 2012 of the students expressed that they have moderate level of physical activity while 14.6% in 2011 and 16.2% in 2012 light level of physical activity.

In terms of the school children's diet for the past 24 hours from screening, from 2010 to 2014, an average of 13.6% (9.8% in 2010; 16.3% in 2011; 12.8% in 2012; 14.7% in 2013 and 14.5% in 2014) of the school children recalled to have eaten fruits and/or vegetables compared with about 34.4% who ate carbohydrates, protein (31.1%), dairy products (5%) and fat/sugar (11.6%).

Depression

At average, 3.3% of the students have experienced depression in 2010-2014. Those who ever thought of killing themselves constitute 1.7%. A significant proportion (25%) of the students experienced strong fears. Yet, despite the significant number of children with psycho-social issues, only 5.2% felt that they needed help. About 4.7% (2010-2014) of them ever talked with a counselor for stressful problems. Among the students, about 2.3% were told that they have learning problems. 7.4% opened that they have problems with law, school, family and relationships.

Suicide Deaths

In its commitment to address psychosocial issues that leads to suicide of young people, Palau, through FHU's school-based health screening and intervention monitors risk factors for suicide. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psychosocial problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

Averaging results from 2010-2014 School Health Screening, about 5.1% (281/5532) of children reported to have suicide ideation and 1.8% (102/5695) of those who had ideation have attempted suicide. Interventions either through on-site and follow-up from school health program and through referrals were done. In 2012, there was one (1) case of suicide who was a 9-year old male.

Bullying

Bullying involves a person or a group repeatedly trying to harm another person who is weaker or more vulnerable. It can be in the form of direct attacks (such as hitting, threatening or intimidating, maliciously teasing and taunting, name-calling, making sexual remarks, and stealing or damaging belongings) or more subtle, indirect attacks (such as spreading rumors or encouraging others to reject or exclude someone). If bullying continues for some time, it affects the teens' self-esteem and feelings of self-worth. This increases their social isolation, leading them to become withdrawn and depressed, anxious and insecure. In extreme cases, some teens feel compelled to take drastic measures, such as carrying weapons for protection or seeking violent revenge. Others, in desperation, even consider suicide. At average, 17.3% of the students claimed to have experienced being bullied at (2010-2014)

Child Death Rate in Palau from 2011 to 2012 is 49.6 per 100,000 population of ages 1-14. There were ten deaths in this age group from 2011 to 2012 (5/10086).

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Tobacco Use

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Tobacco Use Among Pregnant Women

According to the Palau Pregnancy Risk Assessment Surveillance System (PPRASS), an average of 3.2% of the surveyed mothers were smoking in the last three months of their pregnancy from 2010-2014. A great Majority or 61.4% said that they were chewing betel nut with cigarette.

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Children and Youths with Special Health Care Needs

In the 2015 survey, the mean and median age of the children and youths with special health care needs is 11 years old. The youngest is a 5 month old baby and the oldest is 21 years old. 62% of the respondents' children were male and 38% females. Among the respondents, 97% (n=249) acknowledged their child as Palauans followed by 2% (n=5) Asians, and the remaining 1% (n=2) other Pacific Islander and Other. The survey indicated that 67% of the time, mothers usually take care of the child, 17% are grandparents, 12% other relatives, 3.7% domestic helpers and less than 1% are fathers. Mean and Median age of the person who usually takes care of the child is 45 years old. Youngest is 17 years old and the oldest 83 years old.

By average, about 72.9% (113/155) of the parents/guardians have said that they have received the services they need in the past 12 months of the CSHCN survey. The services they availed were: 'care from primary care physician' - 95.6%; 'care from specialty physician' - 54.9%; 'vocational rehabilitation services' - 1.8%; 'dental care including checkups - 94.2% (113/120)'; 'physical, occupational, or speech therapy' - 87.1% (27/31); 'mental health care counseling' - 87.5% (14/16); 'substance abuse treatment and counseling' - 100% (n=1); 'eyeglasses or vision care' 100% (n=12); 'hearing aids' - 93.3% (14/15); 'home health care' - 93.3% (14/15); and 'prescription medications' - 96.4% (27/28). About 75.9% (154/203) said that their child have not been delayed or gone without health care. Majority (53.7% or 110/205) have expressed that their child have a regular doctor or nurse who provides routine health care including well baby and preventive care.

II.B.2.b Title V Program Capacity

II.B.2.b.i. Organizational Structure

The Family Health Unit within the Division of Primary and Preventive Health Services , Bureau of Public Health administers the Title V Block Grant. The Bureau of Public Health is one of the three bureaus that are under the umbrella of the Ministry of Health. FHU is the lead unit within the Ministry that oversees all services for infants, children, adolescents, children and

youth with special health care needs , pregnant women, women and men of reproductive age groups.

The MCH Coordinator serves as the Title V Director as well as the CYSHCN Director and oversees all programs within the Family Health Unit.

Family Health Unit

Early Childhood Comprehensive System- support system and capacity building initiatives for the early childhood population.

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

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

Newborn Screening (NBS) ensures that every newborn in Palau has a specimen collected to screen for inherited disorders that would otherwise cause significant morbidity or death

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

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

Early Hearing Detection and Intervention- supports and promotes system building and data capacity for the hearing screening and intervention services.

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

II.B.2.b.ii. Agency Capacity

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

Maternal/Women's Health

MCH uses Title V funds to provide services for women of reproductive age. Family planning clinics supported by Title X

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

Perinatal Health

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

Child Health

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

Adolescent Health

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

CYSHCN

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

Oral Health

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

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II.B.2.b.iii. MCH Workforce Development and Capacity

Description

Strengths and Needs of Workforce

The majority of the state Title V staff has been in MCH for five or more years. Over 7 % have served for 10 years while 15% have served in their position for less than five years. One of the findings that came out of the FHU End of Year Conference SWOT analysis on capacity building was the need to provide further training efforts on several public health competencies such as : leadership and systems thinking, public health sciences, financial planning and management skills and community dimensions of practice. Findings also revealed training needs specific for medical providers providing direct services for the MCH population.

Cultural Competence

Several methods are used to ensure culturally competent approaches are used in service delivery across all programs. MCH EPI routinely collects and analyzes data by race/ethnicity and income to assess health equity and inform program activities. A bilingual interviewer works in the program and supports sufficient response rates from the Filipino population, the largest ethnic group in Palau. Health education materials are also translated in different languages to accommodate the different ethnic groups in Palau. MCH works closely with community leaders to plan service delivery programs, collaborate on grants and implement culturally competent services that meet the unique needs of populations. Specifically, the ECCS works with community groups to address strategies specific to needs of the early childhood population of other ethnic group. In all MCH programs, educational materials are provided in English and Tagalog.

II.B.2.c. Partnerships, Collaboration, and Coordination

Palau MCH program maintains partnerships to build the capacity of MCH services in the state.

MCH receives other federal investments such as Family Planning and Early Hearing Detection and Intervention. MCH also partners with other public health programs to expand provisions of care and ensures a well coordinated system of care that promotes the medical home concept. MCH also partners with other HRSA programs such as Federally Qualified Health Centers. Other partners include CDC Immunization Programs, CDC HIV/STI Prevention Programs, CDC Cancer programs, and CDC Hospital Preparedness Program and Public Health Emergency Preparedness Programs. Other governmental partners include Special Education Program, Ministry of Education, Ministry of Community and Cultural Affairs Youth Office, Bureau of Public Safety, among others. MCH also maintain strong collaborations with community NGO's that serves people with disabilities and parental organizations serving parents of children and youth with special healthcare needs. MCH also has an ongoing partnership with the local community college in providing promotive and preventive health education in the community.

Palau does not have and is not eligible for Medicaid and SCHIP.

Family/Consumer Partnerships

Families are recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit agencies and committees. Several parents of special needs children are members of the ECCS state team and the Inter agency initiatives. MCH also partners with the Palau Parent Empower , a non profit organization that supports parents of children with disabilities .Trainings are currently being developed for families of CYSHCN to empower them to provide input on policies and program activities, as well as Block Grant activities. A diversity of families were engaged in Block Grant activities. Parents of CYSHCN and several community members attended the stakeholder meetings. These participants primarily had formal knowledge of MCH issues and supports MCH initiatives across the island.

II.B.2. Findings

II.B.2.a. MCH Population Needs

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Palau's projected population in 2010 and 2014 are 20,717 and 21,559 respectively. About 70.5% of the population resides in Koror. The rest of the people are thinly distributed to the other states. There are more males at 116 to every 100 females. Half of the population is in the productive years (15-45). The proportion of 0-9 years old is lower compared with the productive age groups. This reflects a stationary population growth. Palau is expected to double its population in 87 years or in 2093. Children through the age of 19 in Palau represented 31.4% of the total population, adults aged 20-64 accounted for 63% and persons who are 65 years and over represented 6% of the total population.

Another important reproductive health indicator is the age specific fertility rate and the total fertility rate. The **total fertility rate** in 2014 was 1.7 or a Palauan woman in reproductive age would have 1.7 children at average in her lifetime¹. Reviewing the ten-year trend, the line is almost stagnant and shows that there are no significant changes in the total fertility rate since 2004 (Figure 2). Worldwide, the total fertility rate stands at 2.7 per woman. Whereas, total fertility rate in developing and industrialized countries is 3 and 1.6 births per woman, respectively. The total fertility rate of 2.1 in Palau is similar to the 2.1 birth for population replacement. With regard the **age-specific fertility rates** of the high risk groups, there is an increase among the 15-19 years old from 25.7 to 44.4 per 1000 women in 2004 and 2010, respectively . We can see small decline in the rates from 2011 to 2014 but this is still stagnant. This age-specific fertility rate of 24.9 is higher compared with the same rate in the industrialized countries at 24.

In 2014, the ASFR for the 35-49 years old is 31.5. From 2004 to 2014, there is observable increase in ASFR in this age group. However, in 2011 a rapid decrease is observed and sustained up in 2014.

In 2014, the Crude Birth Rate (CBR) of Palau is 11.1 per 1000 population. CBR of 13.1 in 2004 has decreased in the years thereafter. CBR has been decreasing by approximately 2% (Figure 3). On the other hand, the Crude Death Rate (CDR) in

2014 is 8.2 per 1000 population. This rate has been increasing for the past ten years with CDR of 7.0 in 2004; 8.1 in 2009 and 8.2 in 2014.

Infant Mortality

The Infant Mortality Rate in 2014 is 11.4 (3/237) for every 1000 live births. The five-year average since 2004 of 13.5 has been increasing over five year period and gradually drops to 10.4 in 2011 steadily increased to 13.5 in 2013 and slightly drops to 11.4 in 2014. Computed percent change of the IMR shows that Infant Mortality Rate has been decreasing by approximately 18.2% since 2004. The causes of Infant mortalities continue to be prematurity due to pre-term delivery and congenital anomaly. In 2012, aspiration came up as a cause for fetal and infant mortality. The 5-year average gives a better picture of the IMR since there are few live births in Palau to come up with a more stable computation of the IMR.

Annual Growth Rate and Population Doubling Time

Taking into consideration the important factors of population growth (i.e., death, migration and birth), the Annual Growth Rate of Palau is 0.8%. This Annual Growth Rate was computed from the past two censuses in 2000 and 2005 using exponential method. It is lower than the 2001 AGR of the United States (1.0), Fiji (2.7) and Marshall Islands (1.5) ii. With this Annual Growth Rate, Palau is expected to double its population in 86 years or in 2092.

General Population Summary:

- Stationary to negative trend population
- Doubling time is expected in 87 years
- Gender differences indicate more male to female in all age groups except for ages 65+.
- Half of the population is within the reproductive age group (15-44)
- 31.4% of the population is children 19 & under
- Population Growth Rate is 6.3 (2007) per 1000 population.
- Migrants constitute a significant proportion of the population
- Greater than majority of the population utilizes public health care facilities for their health care needs

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Getting mothers to come in early for prenatal care has been a challenge over the years. Efforts to educate mothers about the importance of early prenatal care has been strengthened over time to improve the program.

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Children and Youths with Special Health Care Needs

In the 2015 survey, the mean and median age of the children and youths with special health care needs is 11 years old. The youngest is a 5 month old baby and the oldest is 21 years old. 62% of the respondents' children were male and 38% females. Among the respondents, 97% (n=249) acknowledged their child as Palauans followed by 2% (n=5) Asians, and the remaining 1% (n=2) other Pacific Islander and Other. The survey indicated that 67% of the time, mothers usually take care of the child, 17% are grandparents, 12% other relatives, 3.7% domestic helpers and less than 1% are fathers. Mean and Median age of the person who usually takes care of the child is 45 years old. Youngest is 17 years old and the oldest 83 years old.

By average, about 72.9% (113/155) of the parents/guardians have said that they have received the services they need in the past 12 months of the CSHCN survey. The services they availed were: 'care from primary care physician' - 95.6%; 'care from specialty physician' - 54.9%; 'vocational rehabilitation services' - 1.8%; 'dental care including checkups - 94.2% (113/120)'; 'physical, occupational, or speech therapy' - 87.1% (27/31); 'mental health care counseling' - 87.5% (14/16); 'substance abuse treatment and counseling' - 100% (n=1); 'eyeglasses or vision care' 100% (n=12); 'hearing aids' - 93.3% (14/15); 'home health care' - 93.3% (14/15); and 'prescription medications' - 96.4% (27/28). About 75.9% (154/203) said that their child have not been delayed or gone without health care. Majority (53.7% or 110/205) have expressed that their child have a regular doctor or nurse who provides routine health care including well baby and preventive care.

II.B.2.b Title V Program Capacity

II.B.2.b.i. Organizational Structure

II.B.2.b Title V Program Capacity

II.B.2.b.i. Organizational Structure

The Family Health Unit within the Division of Primary and Preventive Health Services , Bureau of Public Health administers the Title V Block Grant. The Bureau of Public Health is one of the three bureaus that are under the umbrella of the Ministry of Health. FHU is the lead unit within the Ministry that oversees all services for infants, children, adolescents, children and youth with special health care needs , pregnant women, women and men of reproductive age groups.

The MCH Coordinator serves as the Title V Director as well as the CYSHCN Director and oversees all programs within the Family Health Unit.

Family Health Unit

Early Childhood Comprehensive System- support system and capacity building initiatives for the early childhood population.

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

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

Newborn Screening (NBS) ensures that every newborn in Palau has a specimen collected to screen for inherited disorders that would otherwise cause significant morbidity or death

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

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

Early Hearing Detection and Intervention- supports and promotes system building and data capacity for the hearing screening and intervention services.

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

II.B.2.b.ii. Agency Capacity

II.B.2.b.ii. Agency Capacity

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

Maternal/Women's Health

MCH uses Title V funds to provide services for women of reproductive age. Family planning clinics supported by Title X funding also provide preventive services for all women and men of reproductive age group. MCH has an epidemiology staff that support programmatic efforts. Data sources used are PRAMS, Vital Records, BRFSS and Family Planning program data.

MCH has active partnerships with the hospital, private practice physicians, academic institutions, Cancer and HIV screening programs, Behavioral Health, Oral Health, Environmental Health and the Public Health Emergency Preparedness Program to ensure a comprehensive system of services for women and men of reproductive age in Palau. The program also have

strong partnership with external partners and various community organizations such as UAK, PPE, and Omekesang Associations among others.

Perinatal Health

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

Child Health

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

Adolescent Health

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

CYSHCN

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

Oral Health

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

II.B.2.b.iii. MCH Workforce Development and Capacity

II.B.2.b.iii. MCH Workforce Development and Capacity

Description

Strengths and Needs of Workforce

The majority of the state Title V staff has been in MCH for five or more years. Over 7 % have served for 10 years while 15% have served in their position for less than five years.

One of the findings that came out of the FHU End of Year Conference SWOT analysis on capacity building was the need to provide further training efforts on several public health competencies such as : leadership and systems thinking, public health sciences, financial planning and management skills and community dimensions of practice. Findings also revealed training needs specific for medical providers providing direct services for the MCH population.

Cultural Competence

Several methods are used to ensure culturally competent approaches are used in service delivery across all programs. MCH EPI routinely collects and analyzes data by race/ethnicity and income to assess health equity and inform program activities. A bilingual interviewer works in the program and supports sufficient response rates from the Filipino population, the largest ethnic group in Palau. Health education materials are also translated in different languages to accommodate the different ethnic groups in Palau. MCH works closely with community leaders to plan service delivery programs, collaborate on grants and implement culturally competent services that meet the unique needs of populations. Specifically, the ECCS works with community groups to address strategies specific to needs of the early childhood population of other ethnic group. In all MCH programs, educational materials are provided in English and Tagalog.

II.B.2.c. Partnerships, Collaboration, and Coordination

II.B.2.c. Partnerships, Collaboration, and Coordination

Palau MCH program maintains partnerships to build the capacity of MCH services in the state.

MCH receives other federal investments such as Family Planning and Early Hearing Detection and Intervention. MCH also partners with other public health programs to expand provisions of care and ensures a well coordinated system of care that promotes the medical home concept. MCH also partners with other HRSA programs such as Federally Qualified Health Centers. Other partners include CDC Immunization Programs, CDC HIV/STI Prevention Programs, CDC Cancer programs, and CDC Hospital Preparedness Program and Public Health Emergency Preparedness Programs. Other governmental partners include Special Education Program, Ministry of Education, Ministry of Community and Cultural Affairs Youth Office, Bureau of Public Safety , among others. MCH also maintain strong collaborations with community NGO's that serves people with disabilities and parental organizations serving parents of children and youth with special healthcare needs. MCH also has an ongoing partnership with the local community college in providing promotive and preventive health education in the community.

Palau does not have and is not eligible for Medicaid and SCHIP.

Family/Consumer Partnerships

Families are recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit agencies and committees. Several parents of special needs children are members of the ECCS state team and the Inter agency initiatives. MCH also partners with the Palau Parent Empower , a non profit organization that supports parents of children with disabilities . Trainings are currently being developed for families of CYSHCN to empower them to provide input on policies and program activities, as well as Block Grant activities. A diversity of families were engaged in Block Grant activities. Parents of CYSHCN and several community members attended the stakeholder

meetings. These participants primarily had formal knowledge of MCH issues and supports MCH initiatives across the island.

III.D. Financial Narrative

	2016		2017	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$152,000	\$145,746	\$177,000	\$145,746
State Funds	\$117,000	\$120,000	\$0	\$0
Local Funds	\$0	\$0	\$531,000	\$531,000
Other Funds	\$0	\$0	\$0	\$0
Program Funds	\$0	\$0	\$0	\$0
SubTotal	\$269,000	\$265,746	\$708,000	\$676,746
Other Federal Funds	\$812,000	\$812,000	\$820,000	\$820,000
Total	\$1,081,000	\$1,077,746	\$1,528,000	\$1,496,746
	2018		2019	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$145,746	\$145,466	\$145,746	
State Funds	\$120,000	\$120,000	\$120,000	
Local Funds	\$0	\$0	\$0	
Other Funds	\$0	\$0	\$0	
Program Funds	\$0	\$0	\$0	
SubTotal	\$265,746	\$265,466	\$265,746	
Other Federal Funds	\$300,000	\$281,368	\$300,000	
Total	\$565,746	\$546,834	\$565,746	

	2020	
	Budgeted	Expended
Federal Allocation	\$146,000	
State Funds	\$120,000	
Local Funds	\$0	
Other Funds	\$0	
Program Funds	\$0	
SubTotal	\$266,000	
Other Federal Funds	\$450,000	
Total	\$716,000	

III.D.1. Expenditures

I. Personnel \$84,000

Funds are used to pay for key program staff. These staff including personnel who support program data systems, early childhood and adolescent staff who are charged with enabling/population based services such as child/adolescent health, well-baby, prenatal and post-natal services. Included is a cost of Pediatrician who supports interagency collaborative clinic activities for Children with Special Needs, children and infants.

II. Fringe \$13,020

Fringe Benefits cost is at the standard rate at 15.5% of the Personnel cost. It is broken down to 6% for Pension Plan and 7% Social Security and 2.5% for the health care fund

III. Travel \$14,450

Travel monies are needed to enable key staff to attend required meetings/conferences. These budgeted meetings/conferences are AMCHP, MCH Partnership Meeting and the Annual Grant Review Meeting in Hawaii. Additional funds (if available) is also requested to support the proposed Pacific Basin meeting that was proposed. We will also use monies under this category to support inter-island travel to support the development of our service decentralization process. This includes land transportation and water transportation costs with overnight stays. We project this process to continue for the next several years as we encounter emerging issues and that services can be sustained by skilled personnel in these remote service sites.

IV. Equipment \$2,000

Program requests monies to purchase peripherals of equipment used for our annual school screening, outreach programs and program use.

V. Supplies \$1,000

Funds are requested under supplies to support routine supplies that support our data system capacity development and improvement

VI. Contractual \$0

None requested at application submission

VII. Others **\$3,500**
Communications

Funds under this category will be used to support communication costs such as telephones, faxes, e-mail and internet access.

Trainings and Meetings

We will conduct annual meetings of Family Health Unit staff including non-health stakeholders of comprehensive family health services improvement. These meetings allow us to acquire public comments into our services so that we meet the grant requirements for 'Public Comments/Review'. We also use these meetings for public evaluation of our services and from the outcome of the meetings, we tailor our services to the needs of the community.

Administrative Cost **\$14,715**

VIII. Total Amount Requested **\$147,135**

III.D.2. Budget

Personnel/Salaries

Funds are used to pay for key program staff which include those that support our program data systems, early childhood and adolescent staff. These staff work with our community and public health partners to promote our initiatives, educate our clients on best practices and screen our MCH population as well as enable our data collection capacity so that we can continuously monitor the progress of our program efforts. Included in this cost is a portion for our Pediatrician who supports our interagency collaborative clinic activities for children with special health care needs.

The program has a pediatrician (0.25 FTE), school health coordinator, children with special health care needs coordinator (also oversees the early childhood collaborative efforts), a dental assistant, health counselor, administrative staff, family health educator who are supported by the program. The program also supports other personnel such as data entry clerks and nurses that provide programmatic and clinical support for the MCH population. It is through these staff that the program provides information and education to our population as well bring in partners such as the Ministry of Education for a better informed health education curriculum. Through our children with special needs program we connect families to special services for school or home visitation with service providers. Within these efforts, can provide assessments of children that pass through our screening services at school as well as women who are or are not accessing our clinics. Through in-kind support from our Ministry, we have available to the program a second pediatrician, 2 OB/GYN's, 6 nurses that man the MCH clinic and provide clinical staff for outreach activities on a rotational schedule.

Fringe benefits

These are calculated at 15.5% of base salary and include social security (7%), Pension Plan (6%) as well as the National Health Insurance (2.5%).

Travel

Domestic Travel (by land or sea)

Local travel is necessary to carry out program objectives to reach our clients in all of the states. It is recognized that travel to our most southern islands is costly and so program will work with other non-health agencies that provide services to those islands and coordinate visits. In response to emerging issues such as Dengue Fever the overall ministry has responded with sending out teams to conduct state visits and included in these teams are program staff and clinical staff to help provide education and awareness activities. This increased activity is needed to ensure reach to our special populations in all the states.

Off-Island Travel (by air)

Funds to be utilized to send the MCH and CSCHN Directors to attend the two required in person meetings, MCH Block Grant Application/Annual Report Review and the MCH Technical Assistance Partners Meeting. Additional funds are allocated for key staff to attend the annual AMCHP conference and Pacific Basin meeting if possible.

Equipment

Funds are requested to complete the purchase of netbook replacement that is needed to maintain data collection integrity from our screening activities, especially our school health screening activities.

Supplies

Funds are requested for general office supplies that support our data collection assessments at the clinic as well as support the day to day program activities.

Contractual – Development of Monitoring and Evaluation Plan

Program proposes to contract local expert to develop a monitoring and evaluation plan. With the proposed activities, it is pertinent that the program be able to effectively assess how it is operating in response to our program objectives and priorities. This is a foreseen cost, however at this time, there is no known cost associated with it. A proposal is being discussed to develop this plan that covers the entire unit and not just Title V specifically.

Other

Funds are requested to cover our communications costs (internet, and phone connectivity). Trainings and meetings expenses is requested to conduct annual family health unit staff meetings and includes our stakeholders. Every other year the program is involved in the Divisional Primary & Preventive Health end of year conference. This conference brings together all the programs such as the Non-Communicable Disease, Communicable Disease, Immunization programs and Community Health Centers under one roof to complete a day of sharing program information, challenges & successes as well as soliciting feedback for program improvement and building new partnerships and/or strengthening existing ones. On the years that there is no Divisional conference, then there is a wider Public Health Conference that the program also participates in. These provide the program staff with the opportunity to hear from our public health and non-public health partners on what the program is doing well in and areas that we can improve on. Both conferences invite our non-public health partners (government agencies and private entities) for program development and guidance.

III.E. Five-Year State Action Plan

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

State: Palau

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

[State Action Plan Table - Entry View](#)

[State Action Plan Table - Legal Size Paper View](#)

III.E.2. State Action Plan Narrative Overview

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

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

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

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

III.E.2.b. Supportive Administrative Systems and Processes

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

The majority of the state Title V staff has been in MCH for five or more years. Over 7 % have served for 10 years while 15% have served in their position for less than five years. One of the findings that came out of the FHU End of Year Conference SWOT analysis on capacity building was the need to provide further training efforts on several public health competencies such as: leadership and systems thinking, public health sciences, financial planning and management skills and community dimensions of practice. Findings also revealed training needs specific for medical providers providing direct services for the MCH population. Although the workforce of the Family Health Unit (FHU) is largely led by staff that have been in their positions for less than five years, we have a lot a wealth of support from the Director of Public Health who has been with the program for many years. We also have nurses that have been with the program for over ten years that continue to guide the program. Staff are actively looking for opportunities of growth, such as the MCH Epi training where our staff attended to further enhance her skills in our data reporting to our leadership. Through the assistance of Pacific Island Health Officers Association (PIHOA), staff were able to participate in trainings such as 'Data for Decision Making' modules and this has created opportunities for staff to analyze, report and put forward manuscript for publication.

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

To address the staffing shortage within the whole ministry, the Minister of Health developed a Health Assistants Training Program to further spark interest in the younger generation to take up careers in healthcare. This year's program there were 28 trainees and all of them successfully completed the training are undergoing internship in their respective chosen departments. There are several promising clients that have been targeted to fill roles within the Bureau of Public Health as educators and a few to further pursue medicine as a field of study. The program is fortunate to have one of the students in the program and will be paired with our educator as she travels to various communities during outreach activities.

The program currently faces the challenge of filling roles as three staff are nearing the end of their service tenure with the program in the areas of adolescent counseling, prenatal nutrition/education, home visitation and case coordination. These are key roles in the delivery of service and coordination of efforts. For a quick fix to the current situation while we look at possible avenues to respond to this, current staff are being tasked to undertake these roles while a long term solution is sought. The program has been actively looking for possible replacements but have been largely unsuccessful. This means that staff burnout is highly likely and the issue needs to be resolved as soon as possible.

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

Families are recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit organizations and committees. Several parents of special needs children are members of the ECCS state team and the Inter agency initiatives. MCH also partners with the Palau Parents Empowered, a non-profit organization that supports parents of children with disabilities. Information and education are being developed for families of CYSHCN to empower them to provide input on policies and program activities and to assist in disseminating program information to families in their network. It is through this partnership that the program develops and strengthens the interagency committee so that services and care coordination can be fully utilized by those that need it. The program also partners with Ulekereuil a Klengar for continued growth of the breastfeeding initiative in the private sectors. The Title V program works with OMUB (community advisory council for cancer in Palau) to promote cancer prevention efforts through education and behavioral change strategies.

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

1. Family Planning, Information & Education Committee. This committee advises the family planning program on appropriate information and education materials for the various ethnic backgrounds on the island. This group also discusses key issues that are happening/impacting users and potential users right now. Topics range from teen pregnancy, contraception, religion, finances and culture to name a few. This committee assists plays an important role to the program office as they provide an entry point into their community and peers.
2. Community Advocacy Program and Early Childhood & Comprehensive Committee. This program develops radio talk shows, community engagements and outreach to schools to deal with issues around areas of sexual and reproductive health.
3. Adolescent Health Program & School Principals: Each year this team meets to discuss issues and ideas on how to equip teachers with the necessary tools to enable our children to be more active and lead healthier lives.
4. Health Advisory Committee. This committee discusses health and safety in the head start centers. The program participates in parent trainings, stakeholder meetings and also participation of inspections before school starts to ensure they follow guidelines. Parent trainings are provided based on the head start needs assessment that is completed every year as well as specific requests made by individual schools.
5. Nutrition Committee: This committee adopted breastfeeding as one of its goals to further promote the effectiveness and benefits 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.
6. Chronic Disease Self-Management program: this program provides CE sessions for identified people with chronic disease on how to improve their current health status and promote healthy lifestyle choices. As some of our clients are children who are obese or have pre-hypertension, through this course, parents are invited to attend these sessions to learn attitudinal and behavioral techniques to help assist their children to improve their calorie intake whether at school or home. Program encourages clients to attend these self-management courses to obtain educational information and awareness of chronic health problems as well as hear success stories from their peers.
7. Head Start Policy Council– to ensure that all centers follow policies that cover hiring, personnel receive appropriate training and centers follow safety protocols for all children that are enrolled in the centers.
8. CSN Committee, review CSN cases (home visits, transportation services) – this committee meet to discuss current children with special health care needs that have been identified by a Pediatrician or Psychiatrist. Every month, clinical providers, head start, special education, partner family NGO meet to discuss progress of children and update on specialty clinics that will be available.
9. UNHSI Advisory Committee – strategic and program planning. This committee advises the program on how to improve service coordination for children that have been identified with a hearing loss or is suspected of a hearing loss.
10. Health Promotion and Outreach Team – program outreach and awareness. This is a team that comprises of clinicians, educators and program staff from programs under the division of primary and preventive health. These programs include immunization, NCD, CDU as well as the health centers to enable access to care to those that would normally not be able to travel to the clinics to access services.
11. Health & PE Planning Committee – this committee works with the Ministry of Education in upskilling the current workforce (teachers/curriculum development personnel) in the areas of health and physical education. It also provides an annual venue for all schools to convene and share/discuss good practices that have been

implemented and delve further on how to improve on current ones.

12. Division of Primary & Preventive Health Conference Committee – this conference brings all the programs under the division to look at how we can improve on services that are offered back to the community. Each program share their goals, report on accomplishments and provide continuing education opportunities for clinical and non-clinical staff.
13. Public Health Convention Committee – this conference brings all the programs under the Bureau of Public Health to report out to the community. Through this forum we gather feedback from the community on we can best serve them through the provision of our current services and how to improve/bring in new services. Each program share their goals, report on accomplishments.

Embedded within the committees are parents, teachers, community support groups, educators and agency representatives. Trainings are done ad hoc and meetings are conducted either monthly or quarterly. MCH program staff participate in these various partnerships and program information of population served is shared partners.

III.E.2.b.iii. States Systems Development Initiative and Other MCH Data Capacity Efforts

State Systems Development Initiative and Other MCH Data Capacity Efforts

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

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

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

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

The Title V MCH Block Grant fills in gaps in healthcare services for the MCH population that do not have health care services particularly for children and youth with special healthcare need such as linking them to available services via the medical home concept. Palau is not eligible for Medicaid and because of this, the only available service that provides affordable healthcare would be the Medical Savings Account, through the National Health Insurance program. The national health insurance, in particular the Medical Savings Account, provides coverage to all individuals that contribute into it. Through this account, individuals have the ability to use what they contributed when requiring outpatient treatment and medications. This account is only as effective as what individuals contribute into it. To further assist individuals and families with low income, they are placed on a sliding fee schedule. This schedule is only available at the Belau National Hospital for a variety of outpatient needs. Children with special health care needs (whom have been certified by a Pediatrician) only pay one dollar (\$1) for needed medication throughout their lifetime to assist families in diverting funds that would have been spent on costly medications to other areas of need. This was previously until they reached twenty one (21) years of age.

Since the inception of the National Health Insurance in 2010 preventive services was not covered under the insurance scheme. In 2017 amendments to the RPPL 8-14: National Healthcare Financing Act, preventive services, home health care, outpatient diagnostic services and high level therapy services to name a few were included and covered under this plan. Although in the 2nd year now of the amendments, not many people are aware of this addition to services covered by the plan. The program acknowledges this and plans to incorporate this into health and education awareness activities for the coming year.

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

Women/Maternal Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID	Data Not Available or Not Reportable	NPM 1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 5 - Percent of preterm births (<37 weeks)	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2017	13.2	NPM 1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2017	7.9	NPM 1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy	PRAMS	Data Not Available or Not Reportable	NPM 1
NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births	SID	Data Not Available or Not Reportable	NPM 1
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS	Data Not Available or Not Reportable	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	PRAMS	Data Not Available or Not Reportable	NPM 1

National Performance Measures

**NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives**

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	42.0	43.0	44.0	45.0	50.0	50.0

Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Increase the number of community health centers that provide preventive medical visit for women

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective				
Annual Indicator	0	1	3	
Numerator				
Denominator				
Data Source	CCHC	CCHC	CCHC	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Final	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	4.0	5.0	6.0	7.0	8.0	8.0

State Action Plan Table

State Action Plan Table (Palau) - Women/Maternal Health - Entry 1

Priority Need

1. Increase percentage of pregnant women accessing prenatal care in the first trimester

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

Increase by 5% the number of pregnant women receiving prenatal care during first trimester by 2021

Strategies

Improve collaborations with private clinics and other public health programs, (Family Planning, CHC, NCD, Cancer Clinic, HIV/STI Behavioral Health) , to improve womens health – preconception and interconception, -reproductive health planning, -well woman preventive visits, - Cancer Screening.

Develop and implement community & outreach plan to increase awareness on the importance of and access to early prenatal care, especially at the community health centers in Babeldaob and Peleliu

Collaborate with healthcare providers to develop and implement standards of care for a well woman visit.

Work to improve data collection process to accurately track women's visit at other private clinics.

Strengthen case management and home visitation activities for at risk pregnant women.

ESMs

Status

ESM 1.1 - Increase the number of community health centers that provide preventive medical visit for women Active

NOMs

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

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

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

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

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

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

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

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

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

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

NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births

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

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

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

Priority Need

1. Increase percentage of pregnant women accessing prenatal care in the first trimester

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

Increase by 5% the number of pregnant women receiving prenatal care during first trimester by 2021

Strategies

Improve collaborations with private clinics and other public health programs, (Family Planning, CHC, NCD, Cancer Clinic, HIV/STI Behavioral Health) , to improve womens health – preconception and interconception, -reproductive health planning, -well woman preventive visits, - Cancer Screening.

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Collaborate with healthcare providers to develop and implement standards of care for a well woman visit.

Work to improve data collection process to accurately track women's visit at other private clinics.

Strengthen case management and home visitation activities for at risk pregnant women.

ESMs

Status

ESM 1.1 - Increase the number of community health centers that provide preventive medical visit for women Active

NOMs

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

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

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

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

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

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

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

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

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

NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births

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

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

Women/Maternal Health - Annual Report

Women's/Maternal Health

Overview of Health Status for Women's/Maternal Health

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

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

Palau's total fertility rate (TFR) in 2014 was at 1.6 as compared to Guam at 2.4 and the US at 2.01 and has steadily increased to 2.2 in 2018. Overall, the 5-year average remains a little lower than the global average of 2.3 children per women.

Based on the 2017 Hybrid Survey for non-communicable diseases, 40% of women have issues with infertility (defined as tried to become pregnant for 12 months and not got pregnant).

Summary of the Strengths and Needs of Women's/Maternal Health

Strengths

Palau continues its effort to promote and educate mothers on the importance of early prenatal care. In 2018, 38% of females delivering a live birth received prenatal care beginning in the first trimester. About 40% received prenatal care in the second trimester. However, through community partnerships and awareness efforts other pregnant women access early prenatal care through private clinics. These women are then referred by the private clinics to public health for subsequent prenatal care and booking (2nd and 3rd trimesters).

Availability of Family Planning Services are offered to all women within the reproductive age group to include postpartum women during their 6 weeks visit.

- Aligning reproductive health community outreach with other public health programs to maximize capacity
- Efforts to ensure traditionally and culturally competent services reflective to the needs of men and women of reproductive age in Palau (ie. Clinic hours, clinic locations, and identifying providers who better address client needs)
- Strategic collaborations with community partners (CAT Team) in providing a diverse workforce to provide services to Palauan's who are not comfortable speaking to a Palauan provider.

Needs

Access to care is still an issue for women in Palau. According to the results of the 2018 PPRASS, 25% of pregnant women who did not get prenatal care as early as desired. About 43% said "did not know she's pregnant," 20% had too many things to do due to work and/or customary obligations, 4% said no baby sitter.

From 2014 to 2018, more than half of the pregnant women who participated in the Palau Prenatal Risk Assessment Surveillance System (PPRASS) survey said they wanted to be pregnant. On average, about 33% of women wanted to be pregnant later or they did not want to be pregnant. As part of the PPRASS Survey, women who had an unintended pregnancy were asked why they did not use birth control. Overall, majority of pregnant women stated "they wanted to get pregnant." Furthermore, 38% said "they didn't think they could get pregnant."

Women/Maternal Health - Application Year

Maternal/ Women's health

Priority Need	Objective	Strategies
Increase percentage of pregnant women accessing prenatal care	Increase the number of pregnant women receiving prenatal care during first trimester in the next five years	<p>Collaborations</p> <ul style="list-style-type: none"> • Improve collaborations with private clinics and other public health programs, (Family Planning, CHC, NCD, Cancer Clinic, HIV/STI Behavioral Health), to improve women's health in preconception and inter-conception, reproductive health planning, well woman preventive visits and Cancer Screening • Increase education • Develop and implement community & outreach plan to increase awareness and access to early prenatal care • Home visitation • Collaborate with healthcare providers to develop and implement standards of care for a well woman visit. • Strengthen case management and home visitation activities for at risk pregnant women. <p>Refine referral process</p> <ul style="list-style-type: none"> • Improve data collection process to accurately track women's visit at private clinics.

Plan for the Application Year

Program's participation in the Divisional Health Promotion and Outreach Team continues as there has been some positive reception from the community visits that have been taking place this past year. In the onset, these include healthy eating, incorporating physical activities into their daily routines, accessing services that are available within our program and through the Community Health Centers (CHC). In terms of mental health awareness there is still a need to change the perception of the name of behavioral health to not be automatically referred to as 'mentally ill' so that more women can benefit services that relate to various forms of depression, including postpartum depression when the need arises. The program plans to include in education and outreach efforts messaging that dispels the misinformation and misinterpretation of the terminology and include service providers from the behavioral health division in community outreach efforts/activities, talk shows and public awareness campaigns that coincide with celebratory days in connection to women and women's health. It is through these collaborations with our partners that we plan to increase awareness of health lifestyle through our clinics, our outreach efforts/activities and through the use of social media so that information shared with the community is not oversaturated with multiple visits with the same message.

While it is beneficial to the program to maintain these collaborations it is also imperative that we also look beyond the status quo to include men in the discussion of the importance of well women visits. In partnership with the Family Planning program, the male health clinic and outreach activities is planned to encourage male participation in the overall care and importance of receiving prenatal care early and also during preconception. These activities encourage all men, not just men in the capacity of husbands/boyfriends but also in the capacity of fathers, uncles, brothers and friends. In Palauan culture, although women ultimately hold more clout when it comes to familial

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

These collaborative efforts will strengthen our home visiting efforts in providing comprehensive services to our prenatal clients. These would include services such as cancer screening/prevention efforts, nutritional education for women who are considered high risk clients in areas of obesity and hypertension, STI/HIV prevention and also immunization against preventable diseases. These efforts will be further supported through the community health centers that are strategically located across the islands for access to services.

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

Program continues to work with community partners/NGO to reach out to the female population to address this priority need. The Mechesil Belau, a local women's group that comprises of women who are held in high regard in their respective communities, clans and families can be a strategic partner for the program to raise awareness in the importance of women's health and early prenatal care and can be influential in getting women to access our clinics. We continue to maintain the working relationship that has been made with Head Start in conducting community outreach targeting families in the Babeldaob areas of Palau. The ECCS (early childhood comprehensive system) state team further expands our reach through their monthly community engagements by promoting early prenatal care by providing education on having healthy pregnancy and post pregnancy outcomes. The program wishes to strengthen the dialogue of completing home visits for identified high risk clients to improve the discussions of preconception and prenatal care in partnership with the community health centers.

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

Perinatal/Infant Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2017	13.2	NPM 4
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS	Data Not Available or Not Reportable	NPM 4
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 4

National Performance Measures

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

NPM 4A - Percent of infants who are ever breastfed

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	95.0	95.0	100.0	100.0	100.0	100.0

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	82.0	84.0	86.0	88.0	90.0	95.0

Evidence-Based or –Informed Strategy Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		60	60	
Annual Indicator	100	100	98.8	
Numerator	212	219	253	
Denominator	212	219	256	
Data Source	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	90.0	90.0	95.0	95.0	95.0	100.0

State Performance Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	75.0	80.0	85.0	90.0	95.0	95.0

State Outcome Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		50	5	
Annual Indicator	0	4.8	6.1	
Numerator	0	10	12	
Denominator	1,456	207	198	
Data Source	ASQ Database	ASQ Database	ASQ Database	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	10.0	12.0	14.0	16.0	18.0	20.0

SOM 2 - Percent of child maltreatment cases receiving care

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	60.0	65.0	70.0	75.0	75.0	80.0

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective			30	60
Annual Indicator	25.2	67.1	67.4	
Numerator	367	1,246	997	
Denominator	1,456	1,856	1,479	
Data Source	Immunization Registry	WebIZ	WebIZ	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	70.0	75.0	80.0	85.0	85.0

State Action Plan Table

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 1

Priority Need

2. Prevent Infant Mortality

NPM

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objectives

By 2021, decrease the rate of infant death by 10%.

Strategies

Support Breastfeeding initiative through education and counseling for young mothers on the importance of exclusive breastfeeding up to six months.
 First embrace: (1) Promote family members participation during labor and delivery stages; (2) Social media campaigns; (3) Develop and implement health promotion plan with community breast feeding peer support group.

ESMs	Status
------	--------

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

NOMs

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

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

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

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

Priority Need

2. Prevent Infant Mortality

SOM

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

Objectives

Number of children ages 0-5 receiving developmental screening using ASQ.

Strategies

Program to work with the ECCS State team to create a comprehensive coordinated system for developmental screening, including referral process to early intervention.

Promote use of parent-completed developmental screening tools in nonmedical sites, such as Head Start and day care facilities.

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

Priority Need

2. Prevent Infant Mortality

SOM

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

Objectives

Number of children ages 0-5 receiving developmental screening using ASQ.

Strategies

Program to work with the ECCS State team to create a comprehensive coordinated system for developmental screening, including referral process to early intervention.

Promote use of parent-completed developmental screening tools in nonmedical sites, such as Head Start and day care facilities.

Perinatal/Infant Health - Annual Report

Perinatal/Infant Health

Overview of Health Status for Infants

The number of registered births in Palau for 2018 was 256. There were 250 singleton births and 6 multiple births. More than half of the births from 2014-2017 were male except for 2018 where 51% of the births were female. Palau provides early screening for babies including metabolic and newborn hearing screenings through its UNHSI and genetic screening programs. In 2018, 99% of infants born received newborn genetic and hearing screening. All the infants screened passed the newborn hearing screening. Two (2) infants were screened positive for Congenital Hypothyroidism and three (3) were screened positive for Glucose-6 Phosphate Deficiency.

Summary of Perinatal/Infant Health

Strength

Through strong community partnerships with the “Breastfeeding Community Workgroup”, a designated area within the health facility was established to provide health education and promote safe sleep and breastfeeding as a protective factor and a strategy to prevent infant mortality. In 2018, 98% of infants born are breastfed at birth. Exclusive breastfeeding up to 3 months has remained the same from 55% in 2014 to 52% in 2018. About 40% of mothers’ said they stopped breastfeeding exclusively because they did not have enough breast milk. 35% said they had to go back to school or work. 19.4% said they had other reasons for not exclusively breastfeeding and about 6% said the baby was adopted.

In promoting safe sleep, women are provided counseling and educational materials as part of the discharge plan. In 2018, about 83% of women placed their infant to sleep on their backs. 13% said they either placed them on their back or side. And about 5% said they placed them on their stomach or chest.

Furthermore, the Palau Non-Communicable Disease prevention and control included in their action plan (2015-2020) under “Improving Nutrition” to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners.

Needs

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

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

In 2018, there were 29 preterm births of <37 weeks gestation in Palau representing 11.5% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy.

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

75% of 19 to 35 month olds received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B in 2017. The program

continues to advocate and encourage parents on the importance of bringing their infants in for their scheduled immunization.

Perinatal/Infant Health - Application Year

Perinatal/Infant Health

Priority Need	Objective	Strategies
Reduce number of infant mortality	By 2021, decrease the rate of infant death by 10%.	<ul style="list-style-type: none"> • Support Breastfeeding initiative through Education and counseling for young mothers on the importance of exclusive breastfeeding up to six months • Safe sleep campaign using social media • Safe sleep education and counseling provided in MCH/FP • Safe sleep education as part of the breastfeeding community group • Provide safe sleep training to child care professionals and first responders. <p>First embrace</p> <ul style="list-style-type: none"> • Promote family members participation during labor and delivery stages • Social media campaigns • Develop and implement health promotion plan with community breast feeding peer support group. <ul style="list-style-type: none"> • Facilitate the development of State Infant Mortality Plan through the CollN initiative. • Revisit and refine reporting process for MOH and Court on infant death.

Plan for Application Year

Support Breastfeeding initiative through

Education and counseling for young mothers on the importance of exclusive breastfeeding up to six months

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

Safe sleep

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

First embrace

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

Facilitate the development of State Infant Mortality Plan through the CoIIN initiative.

The program plans to incorporate FIMR review cases into the interagency collaborative. Through this collaborative we can look at the entire spectrum of factors that are associated with fetal and infant mortality. The collaborative comprises of partner agencies that provide services to our MCH population and would be able to provide perspectives that may not be realized by the program. The interagency collaborative have not been able to meet to discuss this however, it is still seen as an important avenue to bring this issue to.

Revisit and refine reporting process for MOH and Court on infant death.

There is an opportunity to provide input for revision to the national law on health and the program plans to provide a more streamlined and effective measures with regards to infant birth and death reporting mechanism. The current system is the hospital records the birth/death and reports this data to the courts and they make the report official. Although policies have been put in place on the process of reporting, if family members do not provide information at time of birth or death, data can never be consistent. Unfortunately this is not a priority issue, however the program will continue to provide input for revision of the national law.

Child Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH	Data Not Available or Not Reportable	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC	Data Not Available or Not Reportable	NPM 8.1
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2015	13.6 %	NPM 8.1

National Performance Measures

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	27.0	30.0	33.0	36.0	40.0	45.0

Evidence-Based or –Informed Strategy Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		55	60	
Annual Indicator	51.4	81.6	80.5	
Numerator	569	668	672	
Denominator	1,108	819	835	
Data Source	School Health Screening	School Health Screening	School Health Screening	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	67.0	69.0	71.0	73.0	75.0

State Performance Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	75.0	80.0	85.0	90.0	95.0	95.0

State Outcome Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		50	5	
Annual Indicator	0	4.8	6.1	
Numerator	0	10	12	
Denominator	1,456	207	198	
Data Source	ASQ Database	ASQ Database	ASQ Database	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	10.0	12.0	14.0	16.0	18.0	20.0

SOM 2 - Percent of child maltreatment cases receiving care

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	60.0	65.0	70.0	75.0	75.0	80.0

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		30	60	
Annual Indicator	25.2	67.1	67.4	
Numerator	367	1,246	997	
Denominator	1,456	1,856	1,479	
Data Source	Immunization Registry	WebIZ	WebIZ	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	70.0	75.0	80.0	85.0	85.0

State Action Plan Table

State Action Plan Table (Palau) - Child Health - Entry 1

Priority Need

4. Decrease the prevalence of childhood obesity

NPM

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Objectives

Reduce childhood obesity rate by 5% in the next 5 years.

Strategies

Collaborate with NCD program to further strengthen breastfeeding activities.

Provide trainings for staff on BMI measurement (CHOR Training)

Work with schools to implement after school physical activity program.

Promote "Lets Move" initiative in all schools.

Continue to work with the School Lunch Program in providing nutrition training.

Develop campaign plan targeting childhood obesity.

ESMs

Status

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

Active

NOMs

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

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

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

Priority Need

5. Increase childhood Immunization rates

SOM

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

Objectives

Increase the number of children receiving age appropriate vaccine.

Strategies

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

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

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

Revisit data collection and reporting process.

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

Priority Need

8. Reduce the burden of adolescents injury

SOM

SOM 2 - Percent of child maltreatment cases receiving care

Objectives

Percent of children ages 0-18 who are victims of abuse and neglect that receive appropriate and comprehensive services.

Strategies

Work with partners to develop cross-sector comprehensive data collection process to accurately track and measure child maltreatment.

Assess current prevention efforts of maltreatment and develop a plan with key partners.

Improve case management support services.

State Action Plan Table (Palau) - Child Health - Entry 4

Priority Need

8. Reduce the burden of adolescents injury

SOM

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

Objectives

Reduce rate of adolescent suicide ideation by 15% in the year 2021

Strategies

Develop age appropriate depression screening, intervention and follow up guidelines and materials
Evaluate and document case management process for depression screening, intervention and follow up

Child Health - Annual Report

Child Health

Overview of Child Health

The school health program provides comprehensive health screening services annually to all schools in the Republic of Palau, including both public and private schools. A team coordinated by the School Health Program consisting of doctors, nurses, hearing technicians, dentist, dental nurses, counselors and health educators work together to promote the effective and integrated provision of targeted services for children and adolescents. Students in odd grades of 1st, 3rd, 5th, 7th, 9th, and 11th are screened for common health problems and psychosocial experiences.

All children are offered immunization based on the national immunization schedule. Health and education are working together to ensure that children who miss their age appropriate immunizations receive their needed vaccinations by reaching out to the parents for consent.

Summary of Child Health

Strength

A summary of prevalence study “2013 Children’s Healthy Living program (CHL Survey)” a comprehensive community report, provided a snapshot of Palau’s children between the ages of 2 to 8 years old. The study involved health and behavior measures. As a result, the study provided a detailed report and recommendation for actions to health programs to include the Palau MCH Program.

Approximately 74% (1158/1568) of the students in odd grades participated in the school health screening indicating an 8% increase between 2017 and 2018 exceeding the programs annual target goal of a 5%.

Needs

Overall, 14% of the students screened between the ages of 5 to 11 years old were overweight or obese (\geq 85th %ile) and 23% were obese (\geq 95th %ile) in 2018. High levels of overweight and obesity for both male and female indicate a need for collaborated efforts to improve diet and physical activities. Screening efforts also enable the program to identify children who require immediate intervention and referral.

Other issues include physical inactivity, unintentional injuries, and immunization coverage. The results of the 2018 SHS indicated 74% (95%CI 72.6-78.9) of 501 children were physically inactive for at least 60min/day. Female students were more likely to be physically inactive at 78%. Overall, 5% did not participate in any Physical Education (PE) classes. About 58% spend more than 3 hours/day sitting, watching TV, and playing games, talking with friends or other sitting activities.

Child Health - Application Year

Child and Adolescent Health

Priority Need	Objective	Strategies
Child & Adolescent Preventive Screening	Increase the proportion of children who are screened annually through the annual school screening by 5% by 2021.	<ul style="list-style-type: none"> • Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening to include RHD screening • Develop packets for parents on information on health screening and school health services. • Improve screening and referral process to early intervention and case management services. • Review screening guideline and facilitate training for all providers involved in the school screening. • Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services. • Work with school nurses to implement outreach schedule for health education in each schools
Reduce Childhood obesity	Reduce childhood obesity rate by 5% in the next 5 years	<ul style="list-style-type: none"> • Collaborate with NCD program to further strengthen breastfeeding activities. • Provide trainings for staff on BMI measurement (CHOR Training) • Work with schools to implement after school physical activity program. • Continue to work with the School Lunch Program in providing nutrition training. • Promote 'Let's Move' initiatives in all schools • Develop campaign plan targeting childhood obesity. • Work with School Health and Behavioral Health to provide well visits, risk assessments, and appropriate referrals for follow-up care to adolescent patients. • Work to improve and integrate school health information system to accurately track referrals and intervention activities for adolescents referred for further follow up care. • Work with schools in development of an awareness campaign on emotional well-being for adolescents.
Prevent Childhood injuries	Reduce rate of adolescent suicide ideation by 15% in year 2021	<ul style="list-style-type: none"> • Strengthen case management services for adolescents. • Provide parental trainings through PTA's on adolescent emotional wellness • Develop resource directory guide for adolescents.

<p>Increase Childhood Immunization Coverage</p>	<p>Increase HPV and TDAP coverage rates for school age children by 20% by 2021</p>	<ul style="list-style-type: none"> • Immunization: via school screening, opportunity to update children that may have missed immunization updates • Work with the school health program to strengthen immunization updates during school health screening. • Partner with CHC's to increase coverage in outlying states. • Work with the school PTA to raise awareness on the importance of HPV vaccine. • Partner with Cancer program and Family Planning to promote HPV vaccine. • Work with immunization program to develop data collection procedure.
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Child & Adolescent Preventive Screening and Reducing Childhood obesity

The program continues to work with the Ministry of Education and PTA's of all schools (public and private institutions) to raise awareness of the value and importance of the annual school screening. Preventive visits would identify and determine potential health risk that can be immediately addressed to prevent further lifelong threatening issues for children and adolescents. This screening involves a team of doctors, nurses, hearing technicians, dental nurses, counselors and health educators and screens all children that are in odd grades (i.e., 1st, 3rd, 5th, 7th, 9th and 11th grades). This allows the program to screen children every other year so interventions can be tracked for progress on children that necessitated further assistance during their screening year. Through PTA's the program will distribute information pertaining to each school that shows where their school compares with other schools in the islands.

Friendly competition between schools can produce healthy outcomes for their children's success in health and grade attainment. We have begun series of discussions and calendared meetings with individual schools personnel, PTA's as well as public announcements (radio and print media) on the inclusion of Rheumatic Heart Disease (RHD) screening in the schools. Preliminary data from visiting pediatric cardiologists have shown a slight increase of young adult patients with cardiac abnormalities that might have been in relation to missed opportunities for diagnosis at an early age.

The school health program will be conducting trainings on the referral process and case management/coordination between schools and the program office and counselors. This is to streamline the process as well introduce this initiative to new personnel within the school system (new counselors) and the school health office. As mentioned earlier in this report, we have are experiencing a loss of trained personnel due to retirement and staff relocation.

Breastfeeding counseling sessions are offered to expectant couples and also during prenatal visits to encourage exclusive breastfeeding for the first six months. This is further strengthened by a nurse that completes home visits to women who miss those classes or need further one on one sessions. Breastfeeding is seen as a method of improving their general health status once they enter grade school.

Work with school nurses and the behavioral division counselors to implement outreach schedule for health education in each schools. The program will also work to streamline the referral process between divisions so that children receive timely follow up care and intervention that are identified during the annual screening. Trainings and education on BMI measurement can further educate children on the importance of maintaining healthy weight and eating balanced meals.

This past year the NCD program in partnership with MOE made significant improvements to the school lunch program by eliminating processed foods and sweetened beverages from the lunch menu and this menu will be introduced this current school year. The school screening team reinforces the value of healthy eating and benefits of physical activity with each student when visiting each school. For those that are not screened because they fall within even grades of the school year, the program partners completes individual school presentations with each grade. This is made by request from the ministry of education.

Prevent Childhood injuries

Through partnership with the behavioral health division, the program plans to initiate workshops and education sessions on developing and maintaining good emotional health of students and teachers. This will assist the program in strengthening services for adolescents that are identified during screening in need of further intervention whether it be health related or academic issues. Current guidelines such as referrals from school to our adolescent health coordinator to link referred children to appropriate services will be reviewed and modified to incorporate a more robust practice that schools can implement. The current practice is by phone call and the use of the referral has not been always put to use therefore our paper trail needs to be strengthened. This can be used as a guide for teachers, health care professional and students to access services.

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

For a little over a decade now, the school screening activity has been reporting the health status of the children of Palau and highlights of the successes of individual schools are shared annually through the annual Health & PE workshop. This annual workshop provides educators, cooks, school officials and community members with tools that can assist in preventing school campus injuries as well as in the community.

Increase Childhood Immunization Coverage

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

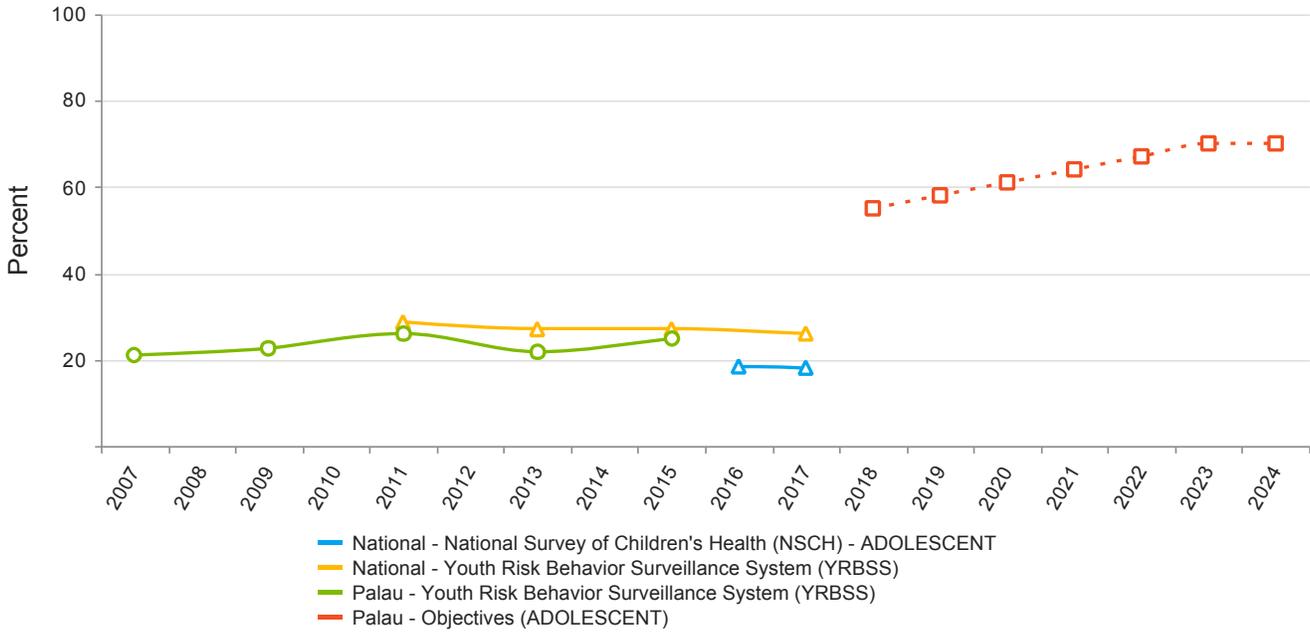
Adolescent Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS	Data Not Available or Not Reportable	NPM 10
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	NVSS	Data Not Available or Not Reportable	NPM 10
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS	Data Not Available or Not Reportable	NPM 10
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 8.2 NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH	Data Not Available or Not Reportable	NPM 8.2 NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC	Data Not Available or Not Reportable	NPM 8.2 NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2015	13.6 %	NPM 8.2 NPM 10
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS	Data Not Available or Not Reportable	NPM 10
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS	Data Not Available or Not Reportable	NPM 10
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS	Data Not Available or Not Reportable	NPM 10
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	NIS	Data Not Available or Not Reportable	NPM 10
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS	Data Not Available or Not Reportable	NPM 10

National Performance Measures

**NPM 8.2 - Percent of adolescents, ages 12 through 17 who are physically active at least 60 minutes per day
Indicators and Annual Objectives**



Federally Available Data

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

	2016	2017	2018
Annual Objective	80	70	55
Annual Indicator	25.0	25.0	25.0
Numerator	140	140	140
Denominator	559	559	559
Data Source	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT	YRBSS-ADOLESCENT
Data Source Year	2015	2015	2015

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	58.0	61.0	64.0	67.0	70.0	70.0

Evidence-Based or –Informed Strategy Measures

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

Measure Status:		Active				
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	20.0	22.0	24.0	26.0	28.0	30.0

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	58.0	60.0	62.0	64.0	70.0	70.0

Evidence-Based or –Informed Strategy Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		60	65	
Annual Indicator	71.8	66.1	73.9	
Numerator	438	1,015	1,158	
Denominator	610	1,536	1,568	
Data Source	School Health Screening	School Health Screening	School Health Screening	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	70.0	75.0	80.0	85.0	90.0	95.0

State Performance Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	75.0	80.0	85.0	90.0	95.0	95.0

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		70	25	
Annual Indicator	67.5	20.1	55	
Numerator	367	456	702	
Denominator	544	2,273	1,276	
Data Source	Immunization Registry	WebIZ	WebIZ	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	50.0	52.0	54.0	56.0	58.0	60.0

State Outcome Measures

SOM 2 - Percent of child maltreatment cases receiving care

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	60.0	65.0	70.0	75.0	75.0	80.0

State Action Plan Table

State Action Plan Table (Palau) - Adolescent Health - Entry 1

Priority Need

3. Increase the percentage of children and adolescents who participate in the annual school health screening

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

Increase the proportion of children who are screened annually through the annual school screening by 5% by 2021.

Strategies

Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening.

Develop pockets for parents on information on health screening and school health services.

Improve screening and referral process to early intervention and case management services.

Review screening guideline and facilitate training for all providers involved in the school screening.

Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services.

Work with school nurses to implement outreach schedule for health education in each schools.

ESMs

Status

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

Active

NOMs

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

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

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

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

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

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

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

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

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

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

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

Priority Need

4. Decrease the prevalence of childhood obesity

NPM

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

Objectives

Increase the proportion of children who are screened annually through the annual school screening by 5% by 2021.

Strategies

- Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening.
- Develop pockets for parents on information on health screening and school health services.
- Improve screening and referral process to early intervention and case management services.
- Review screening guideline and facilitate training for all providers involved in the school screening.
- Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services.
- Work with school nurses to implement outreach schedule for health education in each schools.

ESMs

Status

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

- NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
- NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

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

Priority Need

5. Increase childhood Immunization rates

NPM

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Objectives

Increase the number of children receiving age appropriate vaccine.

Strategies

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

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

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

Revisit data collection and reporting process.

ESMs

Status

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

Active

NOMs

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

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

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

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

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

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

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

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

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

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

State Action Plan Table (Palau) - Adolescent Health - Entry 4

Priority Need

8. Reduce the burden of adolescents injury

SPM

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

Objectives

Reduce rate of adolescent suicide ideation by 15% in the year 2021

Strategies

Develop age appropriate depression screening, intervention and follow up guidelines and materials
Evaluate and document case management process for depression screening, intervention and follow up

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

Priority Need

5. Increase childhood Immunization rates

SPM

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

Objectives

Increase the number of children receiving age appropriate vaccine.

Strategies

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

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

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

Revisit data collection and reporting process.

Adolescent Health - Annual Report

Adolescent Health

Summary of Adolescent Health

Adolescent well visits are provided through the annual school health screening. 48% of adolescents between the ages of 12 to 19 participated in the screening. In 2018, the program identified and referred 60% of the participating students for further assessment, counseling and to receive free preventive medical visits.

Strength

FHU through the annual school health screening continues to screen, identify, and provide immediate interventions for adolescents who are at risk of suicide. Interventions addressing this measure are coordinated through the adolescent health program at the school health clinic.

In house trainings for counselors and other service providers are ongoing and trainings are also extended to our outside partners. In the past few years we worked with the Ministry of Education and all private schools in providing health education on suicide prevention. We also conducted three counseling skill trainings for teachers and school personnel on suicide prevention. These trainings aimed at training teachers in recognizing potential signs of suicide and providing immediate intervention. In addition to this, we worked with our NGO partners doing community talks on the issue of suicide.

Needs

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

According to the results of the 2018 SHS, 17% percent of adolescents were overweight or obese at ($\geq 85^{\text{th}}$ ile) and 27% were considered obese at ($\geq 95^{\text{th}}$ ile). Additionally, the YRBS survey identified 14.1% (95%CI 13.9-14.2) of the students having a BMI of $\geq 95^{\text{th}}$ ile based on sex-and-age specific reference data from the 2000 CDC growth charts. 13.7% (95%CI 13.5-13.9) had BMI of $\geq 85^{\text{th}}$ ile but $< 95^{\text{th}}$ ile for body mass index.

Immunization for HPV and DTap are provided on site for children ages 13-17 years old. 55% received their first dose of HPV vaccine.

According to the Youth Risk Behavior Survey (YRBS) for High Schools in Palau, 28% of female students reported ever having sexual intercourse, thus 22.6% have had sexual intercourse with at least one person during the 3 months before the survey. Less than 1% had sex before the age of 13. About 4.6% reported having sexual intercourse with four or more persons.

Palau has a relatively high teen pregnancy rate of 50.8 per 1000 women 15-19 years of age. Between September 2018 to March 2019, 13% of Palau's family planning clients were 19 years old or younger.

Summary of Cross-Cutting or Life Course

Tobacco, such as cigarettes (loose/packed) are commonly chewed with betel nut by Palauans. Results of the Palau 2013 STEPS Survey show significantly high use of tobacco with betel nut amongst women between the ages of 25-64 years old at 90.4% (95%CI 87.9-93.0) than men.

Strength

The FHU program through collaborative efforts with the Ministry of Education provide trainings on screening children and adolescents for substance use. Also through the annual health and PE workshop, FHU supports schools in developing health initiatives to decrease tobacco use amongst children and adolescents.

Additionally, the Palau MCH program with the NCD program and Behavioral Health program are working collaboratively with community partners on awareness campaigns to decreasing tobacco use and increase taxes on tobacco. Women and children who want to quit tobacco use are provided counseling and cessation services. Aside from policies and legislations, program strongly supports tobacco-free education and awareness during pre and postnatal screening and counseling.

Needs

In 2018, the 'Palau Pregnancy Risk Assessment Surveillance System (PPRASS) shows that tobacco use among pregnant women in Palau has remained the same in 2018 (62%) as compared to 2014 (58%). Tobacco is commonly used with betelnut.

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

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

Adolescent Health - Application Year

Child and Adolescent Health

Priority Need	Objective	Strategies
Child & Adolescent Preventive Screening	Increase the proportion of children who are screened annually through the annual school screening by 5% by 2021.	<ul style="list-style-type: none"> • Collaborate with Ministry of Education and PTA's to raise awareness on the importance of school screening to include RHD screening • Develop packets for parents on information on health screening and school health services. • Improve screening and referral process to early intervention and case management services. • Review screening guideline and facilitate training for all providers involved in the school screening. • Strengthen working relationship with Behavioral Health to ensure access to needed comprehensive behavioral health services. • Work with school nurses to implement outreach schedule for health education in each schools
Reduce Childhood obesity	Reduce childhood obesity rate by 5% in the next 5 years	<ul style="list-style-type: none"> • Collaborate with NCD program to further strengthen breastfeeding activities. • Provide trainings for staff on BMI measurement (CHOR Training) • Work with schools to implement after school physical activity program. • Continue to work with the School Lunch Program in providing nutrition training. • Promote 'Let's Move' initiatives in all schools • Develop campaign plan targeting childhood obesity. • Work with School Health and Behavioral Health to provide well visits, risk assessments, and appropriate referrals for follow-up care to adolescent patients. • Work to improve and integrate school health information system to accurately track referrals and intervention activities for adolescents referred for further follow up care. • Work with schools in development of an awareness campaign on emotional well-being for adolescents.
Prevent Childhood injuries	Reduce rate of adolescent suicide ideation by 15% in year 2021	<ul style="list-style-type: none"> • Strengthen case management services for adolescents. • Provide parental trainings through PTA's on adolescent emotional wellness • Develop resource directory guide for adolescents.

<p>Increase Childhood Immunization Coverage</p>	<p>Increase HPV and TDAP coverage rates for school age children by 20% by 2021</p>	<ul style="list-style-type: none"> • Immunization: via school screening, opportunity to update children that may have missed immunization updates • Work with the school health program to strengthen immunization updates during school health screening. • Partner with CHC's to increase coverage in outlying states. • Work with the school PTA to raise awareness on the importance of HPV vaccine. • Partner with Cancer program and Family Planning to promote HPV vaccine. • Work with immunization program to develop data collection procedure.
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Child & Adolescent Preventive Screening and Reducing Childhood obesity

The program continues to work with the Ministry of Education and PTA's of all schools (public and private institutions) to raise awareness of the value and importance of the annual school screening. Preventive visits would identify and determine potential health risk that can be immediately addressed to prevent further lifelong threatening issues for children and adolescents. This screening involves a team of doctors, nurses, hearing technicians, dental nurses, counselors and health educators and screens all children that are in odd grades (i.e., 1st, 3rd, 5th, 7th, 9th and 11th grades). This allows the program to screen children every other year so interventions can be tracked for progress on children that necessitated further assistance during their screening year. Through PTA's the program will distribute information pertaining to each school that shows where their school compares with other schools in the islands. Friendly competition between schools can produce healthy outcomes for their children's success in health and grade attainment. We have begun series of discussions and calendared meetings with individual schools personnel, PTA's as well as public announcements (radio and print media) on the inclusion of Rheumatic Heart Disease (RHD) screening in the schools. Preliminary data from visiting pediatric cardiologists have shown a slight increase of young adult patients with cardiac abnormalities that might have been in relation to missed opportunities for diagnosis at an early age.

The school health program will be conducting trainings on the referral process and case management/coordination between schools and the program office and counselors. This is to streamline the process as well introduce this initiative to new personnel within the school system (new counselors) and the school health office. As mentioned earlier in this report, we have are experiencing a loss of trained personnel due to retirement and staff relocation.

Breastfeeding counseling sessions are offered to expectant couples and also during prenatal visits to encourage exclusive breastfeeding for the first six months. This is further strengthened by a nurse that completes home visits to women who miss those classes or need further one on one sessions. Breastfeeding is seen as a method of improving their general health status once they enter grade school.

Work with school nurses and the behavioral division counselors to implement outreach schedule for health education in each schools. The program will also work to streamline the referral process between divisions so that children receive timely follow up care and intervention that are identified during the annual screening. Trainings and education on BMI measurement can further educate children on the importance of maintaining healthy weight and eating balanced meals.

This past year the NCD program in partnership with MOE made significant improvements to the school lunch program by eliminating processed foods and sweetened beverages from the lunch menu and this menu will be introduced this current school year. The school screening team reinforces the value of healthy eating and benefits of physical activity with each student when visiting each school. For those that are not screened because they fall within even grades of the school year, the program partners completes individual school presentations with each grade. This is made by request from the ministry of education.

Prevent Childhood injuries

Through partnership with the behavioral health division, the program plans to initiate workshops and education sessions on developing and maintaining good emotional health of students and teachers. This will assist the program in strengthening services for adolescents that are identified during screening in need of further intervention whether it be health related or academic issues. Current guidelines such as referrals from school to our adolescent health coordinator to link referred children to appropriate services will be reviewed and modified to incorporate a more robust practice that schools can implement. The current practice is by phone call and the use of the referral has not been always put to use therefore our paper trail needs to be strengthened. This can be used as a guide for teachers, health care professional and students to access services.

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

For a little over a decade now, the school screening activity has been reporting the health status of the children of Palau and highlights of the successes of individual schools are shared annually through the annual Health & PE workshop. This annual workshop provides educators, cooks, school officials and community members with tools that can assist in preventing school campus injuries as well as in the community.

Increase Childhood Immunization Coverage

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

Children with Special Health Care Needs

Linked National Outcome Measures

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

National Performance Measures

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

NPM 11 - Children with Special Health Care Needs

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	86.0	90.0	92.0	94.0	95.0	95.0

Evidence-Based or –Informed Strategy Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	40.0	43.0	46.0	49.0	52.0	55.0

State Performance Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	75.0	80.0	85.0	90.0	95.0	95.0

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective			70	25
Annual Indicator	67.5	20.1	55	
Numerator	367	456	702	
Denominator	544	2,273	1,276	
Data Source	Immunization Registry	WebIZ	WebIZ	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	50.0	52.0	54.0	56.0	58.0	60.0

State Outcome Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		50	5	
Annual Indicator	0	4.8	6.1	
Numerator	0	10	12	
Denominator	1,456	207	198	
Data Source	ASQ Database	ASQ Database	ASQ Database	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	10.0	12.0	14.0	16.0	18.0	20.0

SOM 2 - Percent of child maltreatment cases receiving care

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	60.0	65.0	70.0	75.0	75.0	80.0

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective			30	60
Annual Indicator	25.2	67.1	67.4	
Numerator	367	1,246	997	
Denominator	1,456	1,856	1,479	
Data Source	Immunization Registry	WebIZ	WebIZ	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	70.0	75.0	80.0	85.0	85.0

State Action Plan Table

State Action Plan Table (Palau) - Children with Special Health Care Needs - Entry 1

Priority Need

6. Improve system of care for CSYN and families

NPM

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

Objectives

Increase awareness of services by 5% by 2021.

Increase care coordination by 15% in the next SLAIT-LIKE survey.

Strategies

MCH program to develop and disseminate information to educate parents about the components of a medical home.

Work with Interagency Collaborative to develop training materials and information for healthcare providers on medical home.

Support and link children with disabilities and their families to primary healthcare services and available community support systems

Evaluate and document case management process for children with disabilities

ESMs

Status

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

NOMs

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

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

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

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

Children with Special Health Care Needs - Annual Report

Children With Special health Care Needs

Summary of CSHCN

The 2017 survey for children with special health care needs identified about 4% of Palau's children and adolescent population require special health care needs. During the legislative compliance review for disability, some of the challenges that were identified were; lack of family and social support, transition services and programs, community based rehabilitation services for the outlying states and the need for better coordination amongst NGO's, government agencies, development partners and stakeholders.

The survey for children with special health care needs (SLAIT-LIKE Survey) surveyed a total of 162 parents, guardians, and care givers of children and adolescents ages 0-17 with special health care needs.

Strength

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

Needs

About 43% were identified with physical and medical health care needs, 18.4% with educational attainment needs, and 9% had mental and/or behavioral health care needs. Additionally, 85% said their child had some form of insurance. About 66% of parents and or guardians spend more than \$200 per month for their child's medical care. Overall, they spent on average \$700 per month (min. 0 – max. \$7,000)

Additionally, 78% of parents and or guardians spend more than 40hrs per week caring for their child. More than 20 of families said that they needed additional income to support their child; 19.6% said their child's care caused the family financial problems; 14% said they had to cut down their hours of work; and 9% stopped working to take care of their child with special health care needs.

Children with Special Health Care Needs - Application Year

Children with Special Health Care Needs

Priority Need	Objectives	Strategies
Improve System of Care for CSN and Families	Increase awareness of services by 5% by 2021.	<ul style="list-style-type: none"> Expand membership of Interagency Collaborative Develop and disseminate information to educate parents about the components of a medical home Use MOH websites and social media platforms to disseminate information on medical home
	Increase care coordination by 15% in the next SLAIT-LIKE survey	<ul style="list-style-type: none"> Work with Interagency Collaborative to develop training materials and information for healthcare providers on medical home.

Plan for Coming Year

The program works to maintain the progress of the previous year with interagency partners to strengthen collaborations and to also refine referral process for children who are diagnosed with conditions. We will continue to work with the state ECCS team to provide awareness of services and the medical home concept through their community engagements. Although the ECCS team does not meet as often as in the past, it is still a group that the program maintains to provide direction on how to improve program services and initiatives. The program plans to continue to use the male health program to increase male participation in the rearing and caring of children with special needs. The program will also work in partnership with the behavioral division, and community partners such as Palau Parents Empowered (PPE) and Omekesang during their mental health awareness campaigns to increase awareness of services available and specialists that visit the islands. Trainings will be provided on case management, follow ups, as well as early intervention services with service providers and community partners. The more informed our community partners become, can facilitate a more improved coordination of services. Conduct trainings and create a venue for information sharing for parents of Children with Special Needs (CSN) on information and tools available to assist families and available services, visiting specialists and family support networks.

Continue to work with community partners in developing and promoting health education materials that are culturally appropriate for Palau's CSN and families. The program in partnership with our family support organization plans to conduct trainings on case management and care coordination for parents and service providers.

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

Continue to refine our data collection capacity on pertinent information for identified children with special health care needs so that the program can respond efficiently in addressing and implementing intervening activities. This directory, will provide information on services within the program, between partner agencies as well as partner NGO's. In the wake of two typhoons within the last five years and possibly more in the future, it will also provide information on disaster preparedness.

Program plans to maintain a working dialogue between Special Education and the Workforce Investment Act office in developing more opportunities for transition services of CSN into the workforce. Due to the issue of only a few agencies outside of the government are equipped with the personnel, infrastructure and equipment, this has been and continues to slow down progress. Discussions with the Ministry of Community & Cultural Affairs to provide a venue for information so that children with special needs are equipped with the necessary tools to assist them as they age out of our system of care has been shared. This is to include employers and the type of employment available.

Cross-Cutting/Systems Building

Cross-Cutting/Systems Building - Annual Report

Cross-Cutting/Systems Building

The FHU program through collaborative efforts with the Ministry of Education provide trainings on screening children and adolescents for substance use. Also through the annual health and PE workshop, FHU supports schools in developing health initiatives to decrease tobacco use amongst children and adolescents. This continues to be an annual initiative that the program uses to provide updates on strategies and activities that have been undertaken in the last school year and to garner support and ideas on how to improve on current practices.

Palau MCH program with the NCD program and Behavioral Health program are working collaboratively with community partners on awareness campaigns to decreasing tobacco use and increase taxes on tobacco. Women and children who want to quit tobacco use are provided counseling and cessation services. Aside from policies and legislations, program strongly supports tobacco-free education and awareness during pre and postnatal screening and counseling. Currently the program has no data within the clinic to report on how many users have been counseled, education and provided cessation information/assistance. Because the program does not have electronic medical records, we are trying to find an innovative solution to extract this data from the medical charts without asking providers to fill out yet another form for data collection.

Other programmatic efforts in collaboration with the Communicable Disease Program and the Ministry of Education include providing awareness and prevention screening of chlamydia amongst teenagers. Sexually transmitted diseases (STDs) are by far the most commonly reported communicable diseases in Palau and pose critical public health challenges and consequences among women and infants to include adolescents and young adults. The program has been actively partnering with the Communicable Disease Unit, Non-Communicable Disease Unit, Immunization and the CHC's to provide education and awareness on STD and other chronic disease through the health promotion team.

Cross-Cutting/Systems Building - Application Year

The FHU program through collaborative efforts with the Ministry of Education provide trainings on screening children and adolescents for substance use. Also through the annual health and PE workshop, FHU supports schools in developing health initiatives to decrease tobacco use amongst children and adolescents. The school health program will be conducting trainings on the referral process and case management/coordination between schools and the program office and counselors. This is to streamline the process as well introduce this initiative to new personnel within the school system (new counselors) and the school health office. As mentioned earlier in this report, we have are experiencing a loss of trained personnel due to retirement and staff relocation.

Palau MCH program with the NCD program and Behavioral Health program are working collaboratively with community partners on awareness campaigns to decreasing tobacco use and increase taxes on tobacco. Women and children who want to quit tobacco use are provided counseling and cessation services. Aside from policies and legislations, program strongly supports tobacco-free education and awareness during pre and postnatal screening and counseling. As was brought up about a year ago was the introduction and use of vapes among youths and young adults is of concern. However, with no actual data but observational information to support how much the usage is among youths and young adults, program is looking to creating education and awareness campaigns in partnership with the Prevention Unit to reduce the introduction of use of this product.

Other programmatic efforts in collaboration with the Communicable Disease Program and the Ministry of Education include providing awareness and prevention screening of chlamydia amongst teenagers. Sexually transmitted diseases (STDs) are by far the most commonly reported communicable diseases in Palau and pose critical public health challenges and consequences among women and infants to include adolescents and young adults. Recent family planning data available to the program show an increase of STI infection among young adults and we have already initiated a training with program personnel and the next step is to conduct same training with the Communicable Disease Program to increase efforts in education and awareness to at risk populations.

III.F. Public Input

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

Every other year a public health convention is conducted where program partners such as the Ulekereuil a Klengar, OMUB, Breastfeeding Initiative, Omekesang, Palau Parents Empowered, Cancer Coalition, the NCD Mechanism Committee, Ministries of Community & Cultural Affairs and Finance and the various ethnic communities represented in the country are invited to participate in the convention to exchange ideas, hear of public health efforts and provide updates on program issues, challenges and successes. The alternate year, a Division of Primary & Preventive Health convention is held to provide updates to the division and clinic staff on progress from the previous year and highlight successes and challenges. Training opportunities for clinic providers and staff is also provided to increase skills and knowledge. Here the program also requests for input for program improvement. Male Health Program conducts a male health clinic and outreach activities once a month, which include education on how men can better support the MCH population, such as supporting the breastfeeding initiative, first embrace and family planning needs. Input is requested on how the program can better respond to family needs with the inclusion of men as an integral part of decision making for the family. Input from other community members are also collected such as the annual Health & PE workshops where the status of the school screenings specific to schools are presented.

The Division of Primary & Preventive Health Promotion and Outreach Team combine services and bring to the community. Through this activity we also solicit public input from the community through the use of satisfaction surveys. This assists the program to provide services that a particular community requests. Partnering with the family planning program, information and education committee, which includes Palauan members and also members from various ethnicities that are on the island, provides feedback on culturally appropriate materials, services that their particular communities need.

We have initiated discussion with Bureau of Hospital Services to roll out an active social media site that can be used for program promotion as well as inviting feedback from public. This will also be used as a resource to families to be kept abreast of specialty clinics that become available as well as routine services that are accessible at the central CHC and the satellite locations throughout the island. With the roll out of the social media page, updates to the page have been slow as mentioned in the report, prioritization of efforts have been largely put in ensuring services and efforts of service delivery is maintained as we look into responding to the issue of staff shortage within the coming months.

III.G. Technical Assistance

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

1. Technical support is requested for program evaluation and data capacity initiatives to assist the program to make program improvements and changes.
2. For the upcoming Needs Assessment, the program also requests for TA for laying out the framework and guidance on how to move forward with implementing the process. The program is requesting to utilize Ms. Berry Moon Watson to complete that TA. This request, especially this year as we have now begun preparations to capture stakeholder input, is a top request for the program to help us roll out activities and proceed on how to complete the next five year needs assessment.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - [Title V-Medicaid IAA_MOU_2019.pdf](#)

V. Supporting Documents

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

Supporting Document #01 - [List of Acronyms.pdf](#)

Supporting Document #02 - [Data Sources and Gaps_2019V2.pdf](#)

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - [FHU Organizational Chart_2019.pdf](#)

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Palau

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

OTHER FEDERAL FUNDS	FY 20 Application Budgeted
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	\$ 150,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 50,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	\$ 250,000

	FY 18 Annual Report Budgeted		FY 18 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 145,746		\$ 145,466	
A. Preventive and Primary Care for Children	\$ 45,985	(31.6%)	\$ 45,603	(31.3%)
B. Children with Special Health Care Needs	\$ 44,708	(30.7%)	\$ 46,158	(31.7%)
C. Title V Administrative Costs	\$ 14,568	(10%)	\$ 14,500	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 105,261		\$ 106,261	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 120,000		\$ 120,000	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0		\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0		\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0		\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 120,000		\$ 120,000	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 0				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 265,746		\$ 265,466	
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)	\$ 300,000		\$ 281,368	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 565,746		\$ 546,834	

OTHER FEDERAL FUNDS	FY 18 Annual Report Budgeted	FY 18 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 50,000	\$ 50,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	\$ 250,000	\$ 231,368

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	Field Name:	1.FEDERAL ALLOCATION
	Fiscal Year:	2018
	Column Name:	Annual Report Expended
	Field Note:	Federal allocation received was \$145,466

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 20 Application Budgeted	FY 18 Annual Report Expended
1. Pregnant Women	\$ 29,200	\$ 22,348
2. Infants < 1 year	\$ 7,300	\$ 7,056
3. Children 1 through 21 Years	\$ 43,800	\$ 45,603
4. CSHCN	\$ 43,800	\$ 46,158
5. All Others	\$ 7,300	\$ 9,801
Federal Total of Individuals Served	\$ 131,400	\$ 130,966

IB. Non-Federal MCH Block Grant	FY 20 Application Budgeted	FY 18 Annual Report Expended
1. Pregnant Women	\$ 30,000	\$ 40,000
2. Infants < 1 year	\$ 14,000	\$ 20,000
3. Children 1 through 21 Years	\$ 36,000	\$ 35,000
4. CSHCN	\$ 30,000	\$ 20,000
5. All Others	\$ 10,000	\$ 5,000
Non-Federal Total of Individuals Served	\$ 120,000	\$ 120,000
Federal State MCH Block Grant Partnership Total	\$ 251,400	\$ 250,966

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 20 Application Budgeted	FY 18 Annual Report Expended
1. Direct Services	\$ 87,600	\$ 87,279
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 27,156	\$ 27,056
B. Preventive and Primary Care Services for Children	\$ 25,404	\$ 25,310
C. Services for CSHCN	\$ 35,040	\$ 34,913
2. Enabling Services	\$ 36,500	\$ 36,366
3. Public Health Services and Systems	\$ 21,900	\$ 21,821
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		\$ 8,049
Physician/Office Services		\$ 79,230
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		\$ 87,279
Federal Total	\$ 146,000	\$ 145,466

IIB. Non-Federal MCH Block Grant	FY 20 Application Budgeted	FY 18 Annual Report Expended
1. Direct Services	\$ 72,000	\$ 72,000
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 21,600	\$ 21,600
B. Preventive and Primary Care Services for Children	\$ 21,600	\$ 21,600
C. Services for CSHCN	\$ 28,800	\$ 28,800
2. Enabling Services	\$ 30,000	\$ 30,000
3. Public Health Services and Systems	\$ 18,000	\$ 18,000
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		\$ 72,000
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		\$ 72,000
Non-Federal Total	\$ 120,000	\$ 120,000

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

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

State: Palau

Total Births by Occurrence: 256

Data Source Year: 2019

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Screen	(B) Aggregate Total Number Presumptive Positive Screens	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	253 (98.8%)	5	5	5 (100.0%)

Program Name(s)				
Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Hearing Loss	Primary Congenital Hypothyroidism
S,S Disease (Sickle Cell Anemia)				

2. Other Newborn Screening Tests

Program Name	(A) Number Receiving at Least One Screen	(B) Number Presumptive Positive Screens	(C) Number Confirmed Cases	(D) Number Referred for Treatment
Newborn Hearing Screening	253 (98.8%)	0	0	0 (0%)
Genetic Screening	253 (98.8%)	5	5	5 (100.0%)

3. Screening Programs for Older Children & Women

Program Name	(A) Number Receiving at Least One Screen	(B) Number Presumptive Positive Screens	(C) Number Confirmed Cases	(D) Number Referred for Treatment
BMI Screening for School Children	1,158	493	278	278
Vision Screening for School Children	1,158	174	26	26
Hearing Screening for School Children	1,153	231	231	231
OAE Screening for 1st and 3rd Grade Students	445	30	18	18
Bullying Screening for School Children	1,150	194	27	27
Dental Screening for School Children	1,155	586	586	586
Hypertension Screening for School Children	1,158	34	34	34
Depression Screening for Pregnant Women	205	14	8	8
Postpartum Depression Screening	146	7	5	5

4. Long-Term Follow-Up

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

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	Field Name:	Core RUSP Conditions - Referred For Treatment
	Fiscal Year:	2018
	Column Name:	Core RUSP Conditions
	Field Note:	There were a total of 256 births by occurrence in Palau for 2018. Of the 256, 3 were neonatal deaths. All 253 (98.8%) of the infants received at least one screen of the core RUSP conditions. Five (5) were confirmed positive and all five received treatment. The breakdown is as follows: 2 positives for congenital hypothyroidism; and 3 positives for G6PD.
2.	Field Name:	Newborn Hearing Screening - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Other Newborn
	Field Note:	There were no infants screened positive for hearing loss in 2018.
3.	Field Name:	Genetic Screening - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Other Newborn
	Field Note:	5 infants were screened positive and received needed treatments; 2 congenital hypothyroidism and 3 glucose-6 phosphate deficiency (G6PD).
4.	Field Name:	BMI Screening for School Children - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	According to the Ministry of Education's enrollment for the school year 2018-2019 there were a total of 3,521 students enrolled in both public and private schools in Palau. Of the 3,521 students, about 1,568 or 44% fall within the school health screening criteria. About 38% of the students were overweight and or obese >=85th%ile and 4% were underweight. Male students (40% overweight and or obese >=85th%ile and 28% were obese >=95th%ile) were more likely to be overweight and or obese than female students (36% overweight and or obese >=85th%ile and 21% were obese >=95th%ile).
5.	Field Name:	Vision Screening for School Children - Receiving At Least One Screen
	Fiscal Year:	2018

	Column Name:	Older Children & Women
	Field Note:	About 15% (n=174) of the students screened in 2018 did not pass the initial vision screening and about 15% (n=26) were confirmed after further evaluation. All 26 students received needed treatment ie. eye glasses.
6.	Field Name:	Hearing Screening for School Children - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	Overall, 20% of the students screened were identified with hearing problems such as the collection of fluid in the ear (otitis media), wax, or foreign bodies blocking the ear canal. All 231 students were referred for treatment.
7.	Field Name:	OAE Screening for 1st and 3rd Grade Students - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	Students in the 1st or 3rd grades are screened with Otoacoustic Emissions (OAE) equipment to test their inner ear for signs of hearing loss. In 2018, about 6.7% of the 1st and 3rd grades failed the OAE screening in their left ear and 8.1% failed in their right ear. Students who failed the OAE are referred for further re-testing and evaluation.
8.	Field Name:	Bullying Screening for School Children - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	About 17% (n=194) students were identified to have been bullied or bullied others. About 14% (n=27) were confirmed cases and all received counseling.
9.	Field Name:	Dental Screening for School Children - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	Dental caries (tooth decay) is still a major oral health problem among children and adolescent in Palau, affecting more than half (51%) of the students screened in 2018. Moreover, 82% of the students screened in 2018 needed sealant, and 70% needed restoration to repair missing parts of the tooth structure caused by tooth decay.

10.	Field Name:	Hypertension Screening for School Children - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	The majority of students who were identified with prehypertension, HTN 1 and 2 were male students who were either overweight and or obese. Students who were identified were referred for further evaluation and treatment.
11.	Field Name:	Depression Screening for Pregnant Women - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	About 80% of pregnant women were screened for depression, 7% of pregnant women in 2018 said they felt depressed through the Prenatal Psychosocial Needs Assessment. More than half were referred for treatment and counseling.
12.	Field Name:	Postpartum Depression Screening - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Older Children & Women
	Field Note:	About 58% of women received postpartum depression screening. About 5% (7) were depressed and n=5 were referred for further treatment and counseling.

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 2018

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

Types Of Individuals Served	(A) Title V Total Served	Primary Source of Coverage				
		(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	253	0.0	0.0	0.0	100.0	0.0
2. Infants < 1 Year of Age	256	0.0	0.0	0.0	100.0	0.0
3. Children 1 through 21 Years of Age	4,047	0.0	0.0	0.0	100.0	0.0
3a. Children with Special Health Care Needs	162	0.0	0.0	0.0	100.0	0.0
4. Others	4,636	0.0	0.0	15.0	80.0	5.0
Total	9,192					

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	241	No	380	80	304	253
2. Infants < 1 Year of Age	238	No	340	78	265	256
3. Children 1 through 21 Years of Age	6,437	Yes	6,437	70	4,506	4,047
3a. Children with Special Health Care Needs	Not Available	No	162	100	162	162
4. Others	14,756	Yes	14,756	45	6,640	4,636

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	Field Name:	Pregnant Women Total Served
	Fiscal Year:	2018
	Field Note:	About 95% of pregnant women in 2018 received at least one ANC visit. All or 100% of the pregnant women gave birth at the hospital.
2.	Field Name:	Infants Less Than One Year Total Served
	Fiscal Year:	2018
	Field Note:	About 256 infants were born in 2018. About 99% of the infants received newborn genetic and hearing screening.
3.	Field Name:	Children 1 through 21 Years of Age
	Fiscal Year:	2018
	Field Note:	About 70% of children and adolescents were seen at the clinic in 2018 for a well-baby visit, immunization, family planning services, high-risk visits (for children with asthma, hypertension, and other chronic illnesses), etc.
4.	Field Name:	Children with Special Health Care Needs
	Fiscal Year:	2018
	Field Note:	100% of children with special health care needs included in the high-risk list are provided routine health check-ups and are scheduled for specialty clinics annually with visiting specialist.
5.	Field Name:	Others
	Fiscal Year:	2018
	Field Note:	Men and Women are provided free or subsidized services for cancer screening (Breast and Cervical) to include prostate screening when visiting providers are on-island. Other services include routine health check-up and family planning services.

Field Level Notes for Form 5b:

1.	Field Name:	Pregnant Women
	Fiscal Year:	2018
	Field Note:	About 80% of pregnant women in 2018 received education and counseling.
2.	Field Name:	Infants Less Than One Year
	Fiscal Year:	2018
	Field Note:	About 78% of infants in 2018 were provided some form of population-based services, home-visitation or out-reach services.
3.	Field Name:	Children 1 Through 21 Years of Age
	Fiscal Year:	2018
	Field Note:	About 70% of children or adolescents participated in school-health screening, outreach services for family planning, etc.
4.	Field Name:	Children With Special Health Care Needs
	Fiscal Year:	2018
	Field Note:	Routine home visitations are provided to all children with special health care needs included in the list for high-risk. A group of providers (pediatrician, dental assistants, physical therapist, etc.) provides monthly home-visitations to all children with special health care needs.
5.	Field Name:	Others
	Fiscal Year:	2018
	Field Note:	The Health Promotion Outreach Team (HPOT) consisting of health educators and counselors from the various public health programs, provide coordinated outreach services to communities on a monthly basis to all the states in Palau. Health education and counseling on healthy eating, healthy BMI, Blood and glucose checks, family planning services, etc.

Data Alerts:

1.	Infants Less Than One Year, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
2.	Children With Special Health care Needs, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.

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

State: Palau

Annual Report Year 2018

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	253	1	0	0	0	39	213	0	0
Title V Served	253	1	0	0	0	39	213	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0
2. Total Infants in State	256	1	0	0	0	39	216	0	0
Title V Served	256	1	0	0	0	39	216	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:

None

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

State: Palau

Toll-Free numbers are not available to all jurisdictions.

A. State MCH Toll-Free Telephone Lines	2020 Application Year	2018 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number		
2. State MCH Toll-Free "Hotline" Name		
3. Name of Contact Person for State MCH "Hotline"		
4. Contact Person's Telephone Number		
5. Number of Calls Received on the State MCH "Hotline"		

B. Other Appropriate Methods	2020 Application Year	2018 Annual Report Year
1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address		
4. Number of Hits to the State Title V Program Website		
5. State Title V Social Media Websites		
6. Number of Hits to the State Title V Program Social Media Websites		

Form 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	Kliu Basilius
Title	Program Manager
Address 1	P.O. Box 6027
Address 2	
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-2172
Extension	
Email	kliu.basilius@palauhealth.org

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Mindy Sugiyama
Title	Senior Epi Specialist
Address 1	P.O. Box 60027
Address 2	
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-4773
Extension	
Email	ssugiyama79@gmail.com

3. State Family or Youth Leader (Optional)

Name	Rosalynne Florendo
Title	Vice Principal, KES
Address 1	C/O Family Health Unit
Address 2	P.O. Box 6027
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-2434
Extension	
Email	rosalynnef@gmail.com

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Palau

Application Year 2020

No.	Priority Need
1.	1. Increase percentage of pregnant women accessing prenatal care in the first trimester
2.	2. Prevent Infant Mortality
3.	3. Increase the percentage of children and adolescents who participate in the annual school health screening
4.	4. Decrease the prevalence of childhood obesity
5.	5. Increase childhood Immunization rates
6.	6. Improve system of care for CSYN and families
7.	8. Reduce the burden of adolescents injury

Form 9 State Priorities-Needs Assessment Year - Application Year 2016

No.	Priority Need	Priority Need Type (New, Replaced or Continued Priority Need for this five-year reporting period)	Rationale if priority need does not have a corresponding State or National Performance/Outcome Measure
1.	1. Increase percentage of pregnant women accessing prenatal care in the first trimester	New	
2.	2. Prevent Infant Mortality	New	
3.	3. Increase the percentage of children and adolescents who participate in the annual school health screening	Continued	
4.	4. Decrease the prevalence of childhood obesity	Continued	
5.	5. Increase childhood Immunization rates	New	
6.	6. Improve system of care for CSYN and families	Continued	
7.	7. Decrease tobacco use among MCH populations	New	
8.	8. Reduce the burden of adolescents injury	Continued	

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 10
National Outcome Measures (NOMs)

State: Palau

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

None

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

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

State Provided Data	
	2018
Annual Indicator	37.5
Numerator	95
Denominator	253
Data Source	Birth Registry
Data Source Year	2018

NOM 1 - Notes:

37.5% of females delivering a live birth received prenatal care beginning in the first trimester in 2018. About 40% received prenatal care in the second trimester. While most women receive at least one antenatal care (ANC) checkup, the percentage of women who accessed prenatal care services varied by maternal education, where they live, parity, and by race/ethnicity.

Palau continues its effort to promote and educate mothers on the importance of early prenatal care. In 2018, 38% of females delivering a live birth received prenatal care beginning in the first trimester. Women with less education and who lived outside of Koror, who have had babies before were less likely to access prenatal care early. Additionally, a higher proportion of Palauan women accessed prenatal care late in their second or third trimester as compared to Non-Palauan women.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	2,500.0
Numerator	4
Denominator	16
Data Source	HIS
Data Source Year	2018

NOM 2 - Notes:

In 2018, there were 4 out of 16 delivery hospitalizations related to hemorrhage and ectopic or molar pregnancy.

Data Alerts: None

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

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

NOM 3 - Notes:

No maternal mortality reported in Palau since 2013.

Data Alerts:

1.	Data has not been entered for NOM 3. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	---

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

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

State Provided Data	
	2018
Annual Indicator	11.5
Numerator	29
Denominator	253
Data Source	Birth Registry
Data Source Year	2018

NOM 4 - Notes:

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

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	11.5
Numerator	29
Denominator	253
Data Source	Birth Registry
Data Source Year	2018

NOM 5 - Notes:

In 2018, there were 29 preterm births of <37 weeks gestation in Palau representing 11.5% of live births. About 3% were less than 34 completed weeks gestation. Majority of the preterm births are due to complications in pregnancy.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	49.0
Numerator	124
Denominator	253
Data Source	Birth Registry
Data Source Year	2018

NOM 6 - Notes:

Early term birth of 37-38 weeks' gestation in 2018 is at 49.4%. 30% of the early term births were c-section deliveries.

Data Alerts: None

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

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

NOM 7 - Notes:

There were no elective deliveries without complications reported in 2018.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	11.9
Numerator	3
Denominator	253
Data Source	Birth Registry
Data Source Year	2018

NOM 8 - Notes:

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

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	13.2		4	
2016	13.6		4	
2015	14.0		4	
2014	14.5		4	
2013	14.9		4	
2012	15.4		4	
2011	16.0		5	
2010	16.5		5	
2009	17.0		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	
	2018
Annual Indicator	11.9
Numerator	3
Denominator	253
Data Source	Birth Registry and HIS
Data Source Year	2018

NOM 9.1 - Notes:

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

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	7.9		2	
2016	8.2		2	
2015	8.5		3	
2014	8.8		3	
2013	9.1		3	
2012	9.4		3	
2011	9.7		3	
2010	10.1		3	
2009	10.4		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	
	2018
Annual Indicator	11.9
Numerator	3
Denominator	253
Data Source	Birth Registry and HIS
Data Source Year	2018

NOM 9.2 - Notes:

There were 3 neonatal deaths of less than 28 days in 2018 related to severe prematurity.

Data Alerts: None

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

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

NOM 9.3 - Notes:

There were no postneonatal deaths in 2018, all 3 infant deaths were less than 28 days.

Data Alerts:

1.	Data has not been entered for NOM 9.3. This outcome measure is linked to the selected NPM 1,4,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	---

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

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

State Provided Data	
	2018
Annual Indicator	1,185.8
Numerator	3
Denominator	253
Data Source	Birth Registry and HIS
Data Source Year	2018

NOM 9.4 - Notes:

All 3 reported infants deaths in 2018 were severe prematurity due to pregnancy complications. 2 were less than 1,500 grams; 1 was late booking at 3rd trimester, flat at birth, r/o torch.

Data Alerts: None

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

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

NOM 9.5 - Notes:

No SUID related deaths in 2018.

Data Alerts:

1.	Data has not been entered for NOM 9.5. This outcome measure is linked to the selected NPM 4,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
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NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

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

State Provided Data	
	2018
Annual Indicator	1.2
Numerator	3
Denominator	253
Data Source	HIS/PPRASS
Data Source Year	2018

NOM 10 - Notes:

1.2% (n=3) infants born with fetal alcohol exposure in the last 3 months of pregnancy in Palau for 2018.

Data Alerts: None

NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births

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

NOM 11 - Notes:

No reports of neonatal abstinence syndrome in infants for Palau in 2018.

Data Alerts:

1.	Data has not been entered for NOM 11. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
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NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

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

NOM 12 - Notes:

None

Data Alerts: None

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

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

NOM 13 - Notes:

None

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	50.7
Numerator	586
Denominator	1,155
Data Source	School Health Screening
Data Source Year	2018

NOM 14 - Notes:

51% of children (ages 1-17) screened in 2018 had decayed teeth or cavities. The average number of caries per child was 4 (mode=1).

Data Alerts: None

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

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

NOM 15 - Notes:

No deaths for children ages 1 through 9 in Palau for 2018.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	40.5
Numerator	1
Denominator	2,468
Data Source	HIS/Death Certificate
Data Source Year	2018

NOM 16.1 - Notes:

Only 1 child with muscular dystrophy died due to heart failure in 2018.

Data Alerts: None

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

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

NOM 16.2 - Notes:

No motor vehicle-related deaths for ages 15 through 19 in Palau for 2018.

Data Alerts:

1.	Data has not been entered for NOM 16.2. This outcome measure is linked to the selected NPM 10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
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NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

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

NOM 16.3 - Notes:

No suicide deaths for ages 15 through 19 in Palau for 2018.

Data Alerts:

1.	Data has not been entered for NOM 16.3. This outcome measure is linked to the selected NPM 10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
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NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

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

State Provided Data	
	2018
Annual Indicator	3.7
Numerator	162
Denominator	4,419
Data Source	CSN Survey/High-Risk Database
Data Source Year	2017

NOM 17.1 - Notes:

A total of 162 or 3.7% of Palau's children and youth between the ages of 0-17 were identified with special health care needs.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	82.1
Numerator	133
Denominator	162
Data Source	CYSHCN Survey
Data Source Year	2017

NOM 17.2 - Notes:

Based on the CYSHCN Survey for 2017, 82% of children with special health care needs receive care in a well-functioning system.

Data Alerts: None

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

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

NOM 17.3 - Notes:

There were no children diagnosed with autism spectrum disorder for 2018.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	0.1
Numerator	2
Denominator	3,716
Data Source	HIS
Data Source Year	2018

NOM 17.4 - Notes:

Less than 1% (n=2) of children in Palau between ages 3-17 were diagnosed with ADD/ADHD in 2018.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	53.8
Numerator	14
Denominator	26
Data Source	CYSHCN Survey
Data Source Year	2017

NOM 18 - Notes:

About 54% of children of children reported by their parents to have been diagnosed with a mental/behavioral problem received treatment or counseling. Less than half receive treatment at private clinics or off-island.

Data Alerts: None

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

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

NOM 19 - Notes:

Palau does not have surveillance for this. Plans to administer the MCH survey are on the way and will be implemented this year (2019).

Data Alerts:

1.	Data has not been entered for NOM 19. This outcome measure is linked to the selected NPM 11,8.1,8.2,10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
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NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2015	13.6 %	0.1 %	73	532
2011	11.9 %	0.8 %	74	620
2009	11.8 %	0.6 %	67	562
2007	10.2 %	0.4 %	73	716
2005	9.1 %	0.3 %	55	606

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

State Provided Data	
	2018
Annual Indicator	38.3
Numerator	443
Denominator	1,158
Data Source	School Health Screening
Data Source Year	2018

NOM 20 - Notes:

About 38% of the students were overweight and or obese $\geq 85^{\text{th}}$ %ile. Male students (40% overweight and or obese $\geq 85^{\text{th}}$ %ile and 28% were obese $\geq 95^{\text{th}}$ %ile) were more likely to be overweight and or obese than female students (36% overweight and or obese $\geq 85^{\text{th}}$ %ile and 21% were obese $\geq 95^{\text{th}}$ %ile).

Data Alerts: None

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

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

NOM 21 - Notes:

Palau does not have surveillance for this. Plans to administer the MCH survey are on the way and will be implemented this year (2019).

Data Alerts: None

NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

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

State Provided Data	
	2018
Annual Indicator	74.9
Numerator	439
Denominator	586
Data Source	WEBIZ
Data Source Year	2018

NOM 22.1 - Notes:

About 75% of children ages 19 through 35 months, completed the 4:3:1:3(4):3:1:4 combined series of vaccines

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	15.6
Numerator	890
Denominator	5,697
Data Source	WEBIZ
Data Source Year	2018

NOM 22.2 - Notes:

About 16% of children between the ages of 6 months through 17 years were vaccinated against seasonal influenza in 2018.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	55.0
Numerator	702
Denominator	1,276
Data Source	WEBIZ
Data Source Year	2018

NOM 22.3 - Notes:

About 55% of adolescents between the ages of 13 through 17 received at least 1 dose of HPV vaccine in 2018.

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine
Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2018
Annual Indicator	98.7
Numerator	1,933
Denominator	1,958
Data Source	WEBIZ
Data Source Year	2017

NOM 22.4 - Notes:

About 99% of adolescents between the ages of 13 through 17 received at least 1 dose of the Tdap vaccine in 2018.

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

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

NOM 22.5 - Notes:

Palau does not administer meningococcal conjugate vaccines due to transportation issues with maintaining appropriate temperature for the vaccines cold chain requirements.

Data Alerts:

1.	Data has not been entered for NOM 22.5. This outcome measure is linked to the selected NPM 10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
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NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

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

State Provided Data	
	2018
Annual Indicator	50.8
Numerator	30
Denominator	591
Data Source	HIS/Birth Registry
Data Source Year	2018

NOM 23 - Notes:

The teen birth rate in Palalu had doubled in 2018 at 50.8 per 1,000 women as compared to 2014 at 24.9. This indicates a drastic increase of teen pregnancies in the past 5 years.

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	2.8
Numerator	7
Denominator	253
Data Source	Birth Registry/PPNAS
Data Source Year	2018

NOM 24 - Notes:

About 3% of women who had a recent live birth in 2018 experienced depressive symptoms.

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year
Federally available Data (FAD) for this measure is not available/reportable.

NOM 25 - Notes:

Palau does not have surveillance for this. Plans to administer the MCH survey are on the way and will be implemented this year (2019).

Data Alerts:

1.	Data has not been entered for NOM 25. This outcome measure is linked to the selected NPM 11,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
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**Form 10
National Performance Measures (NPMs)**

State: Palau

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	42.0	43.0	44.0	45.0	50.0	50.0

Field Level Notes for Form 10 NPMs:

1.	Field Name:	2017
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	Column Name:	State Provided Data
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Field Note:

About 38% of women between the ages of 18-44 received a preventive medical visit in 2017. Women who accessed preventive medical visit at private clinics are not accounted for by the program. The program proposed activities that will provide comprehensive services for women modeled after the success of Male Health Services to the outlying states and Babledaob areas with the intent of increasing the number of women who receive a preventive medical visit.

2.	Field Name:	2018
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	Column Name:	State Provided Data
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Field Note:

42.4% of women between the ages of 18-44 received a preventive medical visit in 2018. These services include but are not limited to blood pressure and glucose checks; BMI; STI & HIV screening; breast & cervical cancer screening; oral health; ATOD and cessation services.

NPM 4A - Percent of infants who are ever breastfed

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	95.0	95.0	100.0	100.0	100.0	100.0

Field Level Notes for Form 10 NPMs:

- Field Name:** 2016

Column Name: State Provided Data

Field Note:
The community partnership program encouraged mothers to breastfeed their infants before discharge. The program is housed within the hospital adjacent to the OB ward and is managed by community members.
- Field Name:** 2017

Column Name: State Provided Data

Field Note:
100% of infants were ever breastfed in 2017. 3 out of 221 infants were fed breast milk through a nasogastric (NG) tube.
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
About 98% of infants born in 2018 were ever breastfed. (3 infant deaths and 3 IV/bottle fed).

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	82.0	84.0	86.0	88.0	90.0	95.0

Field Level Notes for Form 10 NPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	46.7% of mother's who completed the Pregnancy Risk Assessment Survey reported exclusive breast feeding through 6 months.
2.	Field Name:	2017
	Column Name:	State Provided Data
	Field Note:	78% of women who took the prenatal risk assessment survey said that they breastfed their infants exclusively through 6 months. 36% of those who did not breastfeed exclusively by 6 months said they were working; 26% said they alternate breast milk and formula. The program continues to promote the use of breast pumps for working moms and will continue to work with community partners in advocating for maternal leave as well as providing a place and a break for working moms to breastfeed.
3.	Field Name:	2018
	Column Name:	State Provided Data
	Field Note:	52% of mother's who completed the Pregnancy Risk Assessment Survey in 2018 reported exclusive breast feeding through 6 months. About 40% of mothers' said they stopped breastfeeding exclusively because they did not have enough breast milk. 35% said they had to go back to school or work. 19.4% said they had other reasons for not exclusively breastfeeding and about 6% said the baby was adopted.

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	27.0	30.0	33.0	36.0	40.0	45.0

Field Level Notes for Form 10 NPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	Through continuous collaborative efforts with the Ministry of Education, both public and private school incorporated 60 min of physical activity into their daily schedules. A mandatory 1 day of physical education/activity is also practiced by all the schools.
2.	Field Name:	2017
	Column Name:	State Provided Data
	Field Note:	In collaboration with the Ministry of Education, a new policy for physical activity as well as healthy eating has been implemented this school year, making physical activity mandatory for all school-aged children unless they have a medical condition that excludes them from participation.
3.	Field Name:	2018
	Column Name:	State Provided Data
	Field Note:	About 26% of children ages 6 through 11 were physically active at least 60 minutes per day in 2018. Collaborative efforts between the school health program and the ministry of education to promote more days of physical activity as well as to encourage teachers to integrate participatory learning.

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	58.0	61.0	64.0	67.0	70.0	70.0

Field Level Notes for Form 10 NPMs:

1. **Field Name:** 2017

Column Name: State Provided Data

Field Note:

In collaboration with the Ministry of Education, a new policy for physical activity as well as healthy eating has been implemented this school year, making physical activity mandatory for all school-aged children unless they have a medical condition that excludes them from participation.

2. **Field Name:** 2018

Column Name: State Provided Data

Field Note:

About 66% of children ages 12 through 17 were physically active at least 60 minutes per day in 2018. Collaborative efforts between the school health program and the ministry of education to promote more days of physical activity as well as to encourage teachers to integrate participatory learning.

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	58.0	60.0	62.0	64.0	70.0	70.0

Field Level Notes for Form 10 NPMs:

- Field Name:** 2017

Column Name: State Provided Data

Field Note:
It is a requirement for all students entering a private school to go through an annual medical checkup before registration. Students who access private clinics are not accounted for by the program. Numbers presented are only those who access services at the public health clinic.
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
It is a requirement for all students entering a private school to go through an annual medical checkup before registration. Students who access private clinics are not accounted for by the program. Numbers presented are only those who access services at the public health clinic.

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	86.0	90.0	92.0	94.0	95.0	95.0

Field Level Notes for Form 10 NPMs:

1.	Field Name:	2018
	Column Name:	State Provided Data

Field Note:

About 82% of CSHCN have a medical home based on the 2017 CSHCN survey.

**Form 10
State Performance Measures (SPMs)**

State: Palau

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	75.0	80.0	85.0	90.0	95.0	95.0

Field Level Notes for Form 10 SPMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	Discussions are on-going for ensuring that confidentiality and security of data shared with the program is addressed. Denominator was obtained from Palau's Crime Statistics.
2.	Field Name:	2017
	Column Name:	State Provided Data
	Field Note:	About 80% of children identified through the school health screening as well as those are brought in as victims of abuse or neglect received appropriate and comprehensive services. Other clients preferred being seen by a private physician outside of the hospital.
3.	Field Name:	2018
	Column Name:	State Provided Data
	Field Note:	About 79% of children identified through the school health screening as well as those are brought in as victims of abuse or neglect received appropriate and comprehensive services. Other clients preferred being seen by a private physician outside of the hospital.

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		70	25	
Annual Indicator	67.5	20.1	55	
Numerator	367	456	702	
Denominator	544	2,273	1,276	
Data Source	Immunization Registry	WebIZ	WebIZ	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	50.0	52.0	54.0	56.0	58.0	60.0

Field Level Notes for Form 10 SPMs:

- Field Name:** 2017

Column Name: State Provided Data

Field Note:
Overall, 20% of children between the ages of 12-17 received both DTap/Tdap and HPV vaccines. 98.7% received at least 1 dose of Dtap/Tdap and 19% received the HPV Vaccine.
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
Overall, 55% of children between the ages of 12-17 received both DTap/Tdap and HPV vaccines.

**Form 10
State Outcome Measures (SOMs)**

State: Palau

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		50	5	
Annual Indicator	0	4.8	6.1	
Numerator	0	10	12	
Denominator	1,456	207	198	
Data Source	ASQ Database	ASQ Database	ASQ Database	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	10.0	12.0	14.0	16.0	18.0	20.0

Field Level Notes for Form 10 SOMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	ASQ training was conducted in July of 2016. The tool was piloted in August and September of the same year and official data collection began in October. There were only two months worth of data collected.
2.	Field Name:	2017
	Column Name:	State Provided Data
	Field Note:	About 5% of children who were administered with the ASQ were enrolled in early intervention.
3.	Field Name:	2018
	Column Name:	State Provided Data
	Field Note:	About 6% of children who were administered with the ASQ were enrolled in early intervention.

SOM 2 - Percent of child maltreatment cases receiving care

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	60.0	65.0	70.0	75.0	75.0	80.0

Field Level Notes for Form 10 SOMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	Discussions are on-going for ensuring that confidentiality and security of data shared with the program is addressed. Denominator was obtained from Palau's Crime Statistics.
2.	Field Name:	2017
	Column Name:	State Provided Data
	Field Note:	Only one (1) child was abused and received appropriate care in 2017.
3.	Field Name:	2018
	Column Name:	State Provided Data
	Field Note:	Only two (2) children was abused and received appropriate care in 2018.

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective			30	60
Annual Indicator	25.2	67.1	67.4	
Numerator	367	1,246	997	
Denominator	1,456	1,856	1,479	
Data Source	Immunization Registry	WebIZ	WebIZ	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	70.0	75.0	80.0	85.0	85.0

Field Level Notes for Form 10 SOMs:

- Field Name:** 2017

Column Name: State Provided Data

Field Note:
About 67% children ages 0-5 who received a full schedule of age-appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
About 67% children ages 0-5 who received a full schedule of age-appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B

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

State: Palau

ESM 1.1 - Increase the number of community health centers that provide preventive medical visit for women

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective				
Annual Indicator	0	1	3	
Numerator				
Denominator				
Data Source	CCHC	CCHC	CCHC	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Final	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	4.0	5.0	6.0	7.0	8.0	8.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		60	60	
Annual Indicator	100	100	98.8	
Numerator	212	219	253	
Denominator	212	219	256	
Data Source	Prenatal/OB Registry	Prenatal/OB Registry	Prenatal/OB Registry	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	90.0	90.0	95.0	95.0	95.0	100.0

Field Level Notes for Form 10 ESMs:

1.	Field Name:	2016
	Column Name:	State Provided Data
	Field Note:	Ever Breastfed was 100% Exclusive breastfeeding through 6 months - 46.7%
2.	Field Name:	2017
	Column Name:	State Provided Data
	Field Note:	100% of pregnant women were provided with breastfeeding education as well as counseling in 2017.
3.	Field Name:	2018
	Column Name:	State Provided Data
	Field Note:	Women who deliver at the hospital are encouraged to initiate breastfeeding and are provided with breastfeeding education and counseling.
4.	Field Name:	2019
	Column Name:	Annual Objective
	Field Note:	Maintain at 90% and continue to promote breastfeeding until we reach 100% of women who ever breastfed and 60% of women who breastfeed until 6 months.

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		55	60	
Annual Indicator	51.4	81.6	80.5	
Numerator	569	668	672	
Denominator	1,108	819	835	
Data Source	School Health Screening	School Health Screening	School Health Screening	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	67.0	69.0	71.0	73.0	75.0

Field Level Notes for Form 10 ESMs:

- Field Name:** 2017

Column Name: State Provided Data

Field Note:
 In partnership with the Ministry of Education, the school health screening program was able to promote healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11. The campaign is aligned with the National NCD plan to improve the overall health of children through healthy eating and physical activity.
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
 In partnership with the Ministry of Education, the school health screening program was able to promote healthy eating and active lifestyle campaigns in families, schools, and communities for children, ages 6 through 11. The campaign is aligned with the National NCD plan to improve the overall health of children through healthy eating and physical activity.

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

Measure Status:					Active	
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	20.0	22.0	24.0	26.0	28.0	30.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		60	65	
Annual Indicator	71.8	66.1	73.9	
Numerator	438	1,015	1,158	
Denominator	610	1,536	1,568	
Data Source	School Health Screening	School Health Screening	School Health Screening	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Final	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	70.0	75.0	80.0	85.0	90.0	95.0

Field Level Notes for Form 10 ESMs:

- Field Name:** 2017

Column Name: State Provided Data

Field Note:
 In partnership with the Ministry of Education, the school health screening program often presents positive results of the school screening initiative to educate parents as well as teachers on the importance of the annual school screening. Results of data collected from the school health screening are presented to parents to include the positive outcome of identifying and addressing their children health issues.
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
 In partnership with the Ministry of Education, the school health screening program often presents positive results of the school screening initiative to educate parents as well as teachers on the importance of the annual school screening. Results of data collected from the school health screening are presented to parents to include the positive outcome of identifying and addressing their children health issues.

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	40.0	43.0	46.0	49.0	52.0	55.0

Field Level Notes for Form 10 ESMs:

- Field Name:** 2017

Column Name: State Provided Data

Field Note:
 33.5% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 12% received services from a faith-based organization.
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
 33.5% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 12% received services from a faith-based organization.

Form 10
State Performance Measure (SPM) Detail Sheets

State: Palau

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

Population Domain(s) – Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs

Measure Status:	Active									
Goal:	Increase number of child maltreatment cases referred intervention									
Definition:	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Numerator:</td> <td>Children identified and receiving comprehensive care</td> </tr> <tr> <td>Denominator:</td> <td>Number of all children ages 0-18 .</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>		Numerator:	Children identified and receiving comprehensive care	Denominator:	Number of all children ages 0-18 .	Unit Type:	Percentage	Unit Number:	100
Numerator:	Children identified and receiving comprehensive care									
Denominator:	Number of all children ages 0-18 .									
Unit Type:	Percentage									
Unit Number:	100									
Data Sources and Data Issues:	School Health data base MOH FPA registry									
Significance:	Improved health outcome for children and adolescents									

SPM 3 - Improve immunization coverage for HPV and TDAP for children ages 12 to 17 years old in the next 5 years
Population Domain(s) – Adolescent Health, Children with Special Health Care Needs

Measure Status:	Active	
Goal:	Increase HPV and TDAP coverage rates for children, ages 12 to 17 by 5% in the next five (5) years	
Definition:	Numerator:	Number of children age 12 to 17 who receive appropriate HPV and TDAP vaccines in the given year
	Denominator:	Number of children ages 12-17
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	WEB IZ, School Health Screening	
Significance:	Improve preventive adolescent health	

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Palau

SOM 1 - Percent of children screened and enrolled in early intervention
Population Domain(s) – Perinatal/Infant Health, Child Health, Children with Special Health Care Needs

Measure Status:	Active									
Goal:	Improve developmental screening and early intervention for children									
Definition:	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Numerator:</td> <td>Number of children receiving early intervention services</td> </tr> <tr> <td>Denominator:</td> <td>Number of children age 0-5 who were screened</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>		Numerator:	Number of children receiving early intervention services	Denominator:	Number of children age 0-5 who were screened	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of children receiving early intervention services									
Denominator:	Number of children age 0-5 who were screened									
Unit Type:	Percentage									
Unit Number:	100									
Data Sources and Data Issues:	FHU data base									
Significance:	Improved and child health outcome									

SOM 2 - Percent of child maltreatment cases receiving care

Population Domain(s) – Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs

Measure Status:	Active								
Goal:	Increase the number of victims children of maltreatment receiving comprehensive services								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of children receiving care</td> </tr> <tr> <td>Denominator:</td> <td>Number of child maltreatment cases</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of children receiving care	Denominator:	Number of child maltreatment cases	Unit Type:	Percentage	Unit Number:	100
	Numerator:	Number of children receiving care							
	Denominator:	Number of child maltreatment cases							
	Unit Type:	Percentage							
Unit Number:	100								
Data Sources and Data Issues:	School Health Screening data base , FPA Registry								
Significance:	Improve child and adolescent health outcome								

SOM 3 - Percent of children ages 0-5 who received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertusis, Haemophilus Influenza, and Hepatitis B
Population Domain(s) – Perinatal/Infant Health, Child Health, Children with Special Health Care Needs

Measure Status:	Active								
Goal:	Improve age appropriate immunization rate								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of children receiving age appropriate vaccine</td> </tr> <tr> <td>Denominator:</td> <td>Number of children ages 0-5</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of children receiving age appropriate vaccine	Denominator:	Number of children ages 0-5	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of children receiving age appropriate vaccine								
Denominator:	Number of children ages 0-5								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	Web IZ, FHU WII baby data base								
Significance:	Improved immunization coverage								

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Palau

ESM 1.1 - Increase the number of community health centers that provide preventive medical visit for women
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active									
Goal:	Increase to 5 the number of community health centers that provide preventive medical visits for women									
Definition:	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Numerator:</td> <td>Number of health centers that provide preventive medical visits for women</td> </tr> <tr> <td>Denominator:</td> <td>Number of community health centers</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>8</td> </tr> </table>		Numerator:	Number of health centers that provide preventive medical visits for women	Denominator:	Number of community health centers	Unit Type:	Count	Unit Number:	8
Numerator:	Number of health centers that provide preventive medical visits for women									
Denominator:	Number of community health centers									
Unit Type:	Count									
Unit Number:	8									
Data Sources and Data Issues:	FHU data base									
Significance:	<p>Through strong collaborative efforts, family planning campaigns and health education to include outreach to outlying communities in the Babeldaob areas, there are more male clients accessing family planning services. To effectively tailor services for males, the male health clinic utilizes male providers to include volunteers from the CAT team. Providing sexual and reproductive health care for men is often challenging as most men in Palau perceive regular check-ups and reproductive health as services for women only. Many Palauan men do not even know they have sexual and reproductive health needs. Additionally, traditional and cultural attitudes create barriers in providing educational information and services to male clients about family planning methods and STDs. This initiative has been proven effective when services are brought out to the community. The program will adopt the same strategy to provide preventive medical visits to women by increasing the number of community health centers that can provide basic preventive medical services to women such as family planning services packaged to include, STI & HIV screening, breast and cervical screening, BMI and BP checks, blood and glucose checks, dental screening, and health education and counseling.</p>									

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

NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active									
Goal:	Increase to 100% the percentage of infants who are ever breastfed and by 60% those breastfed exclusively through six months by providing breastfeeding education and counseling									
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of prenatal clients receiving breast feeding education and counseling</td> </tr> <tr> <td>Denominator:</td> <td>Number of pregnant women receiving prenatal services</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of prenatal clients receiving breast feeding education and counseling	Denominator:	Number of pregnant women receiving prenatal services	Unit Type:	Percentage	Unit Number:	100	
Numerator:	Number of prenatal clients receiving breast feeding education and counseling									
Denominator:	Number of pregnant women receiving prenatal services									
Unit Type:	Percentage									
Unit Number:	100									
Data Sources and Data Issues:	FHU Data Base/Registry									
Significance:	The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding for up to the first 6 months. Even though solid foods are introduced at 6 months, it is recommended to continue breastfeeding to at least 12 months. Human milk can help lower the risk of asthma, ear infections, and sudden infant death syndrome. Additionally, breastfeeding has equal health benefits for mothers, as it reduces the risk of ovarian and breast cancers.									

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

NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Measure Status:	Active								
Goal:	Increase by 2% annually, the percentage of children, ages 6 through 11, who are provided health education on healthy eating and physical activity								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of children, ages 6 through 11, who are provided health education on healthy eating and physical activity</td> </tr> <tr> <td>Denominator:</td> <td>Number of children ages 6 through 11</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of children, ages 6 through 11, who are provided health education on healthy eating and physical activity	Denominator:	Number of children ages 6 through 11	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of children, ages 6 through 11, who are provided health education on healthy eating and physical activity								
Denominator:	Number of children ages 6 through 11								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	School Health Screening Data Base								
Significance:	Reduce childhood obesity by promoting healthy eating and physical education. It is recommended by the American Academy of Pediatrics (AAP), that in order to prevent childhood obesity, children should be active daily and to spend less time in sedentary pursuits such as watching TV, playing video and computer games, etc. And that children should be limited to less than two hours of screen time daily. Children and adolescents require food rich in nutrients that may have lasting effects on the growth potential and developmental achievement. Food such as fruits and vegetables, home cooked meals, more water intake, and less carbonated drinks have nutritional values that are essential for children and adolescent growth and development.								

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

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

Measure Status:	Active								
Goal:	Increase by 2% annually, the percentage of children, ages 12 through 17, who are provided health education on healthy eating and physical activity								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of adolescents, ages 12 through 17, who are provided health education on healthy eating and physical activity</td> </tr> <tr> <td>Denominator:</td> <td>Number of adolescents ages 12 through 17</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of adolescents, ages 12 through 17, who are provided health education on healthy eating and physical activity	Denominator:	Number of adolescents ages 12 through 17	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of adolescents, ages 12 through 17, who are provided health education on healthy eating and physical activity								
Denominator:	Number of adolescents ages 12 through 17								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	School Health Screening and YRBS								
Significance:	Reduce childhood obesity by promoting healthy eating and physical education. Reduce childhood obesity by promoting healthy eating and physical education. It is recommended by the American Academy of Pediatrics (AAP), that in order to prevent childhood obesity, children should be active daily and to spend less time in sedentary pursuits such as watching TV, playing video and computer games, etc. And that children should be limited to less than two hours of screen time daily. Children and adolescents require food rich in nutrients that may have lasting effects on the growth potential and developmental achievement. Food such as fruits and vegetables, home cooked meals, more water intake, and less carbonated drinks have nutritional values that are essential for children and adolescent growth and development.								

ESM 10.1 - Increase by 5% annually the number of awareness campaigns on the importance and positive impact of annual school health screening provided to Parents and Teachers Association (PTA) meetings
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active	
Goal:	Increase by 5% percent the number of awareness campaigns on the importance and positive impact of annual school health screening provided to 90% Parents and Teachers Association (PTA) meetings annually	
Definition:	Numerator:	Number awareness campaigns provided during parents and teachers association (PTA) meetings in the given year
	Denominator:	Number of Parents and Teachers Association (PTA) meetings in the given year
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	Meeting sign-up sheets	
Significance:	<p>Improve Child and adolescent health outcome through preventive medical visits. The School Health program screens for chronic health conditions and or ailments such as diabetes, obesity, high blood pressure/hypertension, eyesight, and hearing that might affect the students' physical and emotional well-being, school attendance, and academic performance. Students who are identified with any of the health conditions are referred to specific clinics for further evaluation and/or treatment. Poor school performance predicts health-compromising behaviors and physical, mental, and emotional problems. Poor nutrition, substance abuse, sedentary behavior, violence, depression, and suicidality compromise school performance. The number of students screened during the annual school health screening is dependent on the number of parental consents. Without proper awareness of the importance of school health screening, parents often dissent the screening.</p>	

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

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

Measure Status:	Active								
Goal:	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								
Definition:	<table border="1"> <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> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	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	Denominator:	Number of children with special health care needs in the given year	Unit Type:	Percentage	Unit Number:	100
	Numerator:	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							
	Denominator:	Number of children with special health care needs in the given year							
	Unit Type:	Percentage							
Unit Number:	100								
Data Sources and Data Issues:	CSN Tracking Database								
Significance:	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.								

**Form 11
Other State Data**

State: Palau

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

[Form 11 Data](#)