

**TITLE V BLOCK GRANT APPLICATION**  
**FORMS (1-21)**  
**STATE: MP**  
**APPLICATION YEAR: 2005**

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<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED <b>7/15/2004</b>	APPLICANT IDENTIFIER <b>93.994</b>									
1. TYPE OF SUBMISSION:  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE <b>7/15/2004</b>	STATE APPLICATION IDENTIFIER <b>854855277</b>									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: <b>James U. Hofschneider, MD</b>		Organizational Unit: <b>CNMI Department of Public Health</b>										
Address (give city, county, state and zip code) <b>P.O. Box 500409 Chalan Kanoa Saipan, MP 96950 County: CNMI</b>		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: <b>Pete T. Untalan, MHA</b> Tel Number: <b>670-236-8703</b>										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">8</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">6</td><td style="width: 20px; text-align: center;">3</td></tr></table>		9	8	6	0	1	9	4	6	3	7. TYPE OF APPLICANT: (Enter appropriate letter in box) <b>A</b> A. State                      H. Independent School District B. County                    I. State Controlled Institution of Higher Learning C. Municipality            J. Private University D. Township                K. Indian Tribe E. Interstate                L. Individual F. Intermunicipality      M. Profit Organization G. Special District        N. Other (Specify)	
9	8											
6	0	1	9	4	6	3						
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision  If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: <b>Health Resources and Services Administration, Maternal and Child Health Bureau</b>										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td></tr></table> <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: <b>Maternal and Child Health Services Block Grant</b>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <b>Maternal and Child Health Program</b>					
9	3											
9	9	4										
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): <b>Statewide</b>												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: <b>10/01/2004</b>	Ending Date: <b>09/30/2005</b>	a. Applicant <b>CNMI Dept of Public Health</b>	b. Project <b>MCH Program Services</b>									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
a. Federal	\$ <u>500,990.00</u>											
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>866,146.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>553,071.00</u>											
g. TOTAL	\$ <u>1,920,207.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative <b>James U. Hofschneider, MD</b>		b. Title <b>Secretary of Public Health</b>	c. Telephone Number <b>670-234-8950</b>									
d. Signature of Authorized Representative		e. Date Signed										

**FORM 2**  
**MCH BUDGET DETAILS FOR FY 2005**

[Secs. 504 (d) and 505(a)(3)(4)]

**STATE: MP**

**1. FEDERAL ALLOCATION**

(Item 15a of the Application Face Sheet [SF 424])  
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 500,990

A.Preventive and primary care for children:

\$ 171,730 ( 34.28%)

B.Children with special health care needs:

\$ 152,792 ( 30.5%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 50,099 ( 10%)

(The above figure cannot be more than 10% ) [Sec. 504(d)]

**2. UNOBLIGATED BALANCE** (Item 15b of SF 424)

\$ 0

**3. STATE MCH FUNDS** (Item 15c of the SF 424)

\$ 866,146

**4. LOCAL MCH FUNDS** (Item 15d of SF 424)

\$ 0

**5. OTHER FUNDS** (Item 15e of SF 424)

\$ 0

**6. PROGRAM INCOME** (Item 15f of SF 424)

\$ 553,071

**7. TOTAL STATE MATCH** (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 395,500

\$ 1,419,217

**8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)**

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 1,920,207

**9. OTHER FEDERAL FUNDS**

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 90,300

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 15,000

g. WIC: \$ 0

h. AIDS: \$ 290,577

i. CDC: \$ 1,684,050

j. Education: \$ 0

k. Other:

Region IX-FP; HRSA \$ 166,125

SAMHSA \$ 346,274

**10. OTHER FEDERAL FUNDS** (SUBTOTAL of all Funds under item 9)

\$ 2,592,326

**11. STATE MCH BUDGET TOTAL**

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 4,512,533

**FORM NOTES FOR FORM 2**

None

**FIELD LEVEL NOTES**

None

**FORM 3  
STATE MCH FUNDING PROFILE**

*[Secs. 505(a) and 506((a))(1-3)]*

**STATE: MP**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 506,369	\$ 475,987	\$ 506,369	\$ 0	\$ 500,990	\$ 0
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 866,146	\$ 814,177	\$ 866,146	\$ 0	\$ 866,146	\$ 0
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 553,907	\$ 520,673	\$ 591,444	\$ 0	\$ 553,071	\$ 0
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,926,422	\$ 1,810,837	\$ 1,963,959	\$ 0	\$ 1,920,207	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 2,721,844	\$ 2,558,533	\$ 2,663,446	\$ 0	\$ 2,592,326	\$ 0
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 4,648,266	\$ 4,369,370	\$ 4,627,405	\$ 0	\$ 4,512,533	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3  
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

**STATE: MP**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	\$ 495,274	\$ 383,511	\$ 495,274	\$ 411,077	\$ 494,892	\$ 381,067
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	\$ 866,730	\$ 667,382	\$ 866,730	\$ 719,386	\$ 866,061	\$ 666,867
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	\$ 479,573	\$ 369,271	\$ 479,573	\$ 398,046	\$ 527,530	\$ 406,198
<b>7. Subtotal</b> <i>(Line8, Form 2)</i>	\$ 1,841,577	\$ 1,420,164	\$ 1,841,577	\$ 1,528,509	\$ 1,888,483	\$ 1,454,132
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	\$ 1,995,274	\$ 1,536,361	\$ 2,210,798	\$ 1,834,962	\$ 2,148,218	\$ 1,654,128
<b>9. Total</b> <i>(Line11, Form 2)</i>	\$ 3,836,851	\$ 2,956,525	\$ 4,052,375	\$ 3,363,471	\$ 4,036,701	\$ 3,108,260
(STATE MCH BUDGET TOTAL)						

**FORM NOTES FOR FORM 3**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** FedAllocExpended  
**Row Name:** Federal Allocation  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
2. **Section Number:** Main  
**Field Name:** UnobligatedBalanceExpended  
**Row Name:** Unobligated Balance  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
3. **Section Number:** Main  
**Field Name:** StateMCHFundsExpended  
**Row Name:** State Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
4. **Section Number:** Main  
**Field Name:** LocalMCHFundsExpended  
**Row Name:** Local MCH Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
5. **Section Number:** Main  
**Field Name:** OtherFundsExpended  
**Row Name:** Other Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
6. **Section Number:** Main  
**Field Name:** ProgramIncomeExpended  
**Row Name:** Program Income  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
7. **Section Number:** Main  
**Field Name:** OtherFedFundsExpended  
**Row Name:** Other Federal Funds  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MP**

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 346,756	\$ 325,951	\$ 98,197	\$ 0	\$ 345,637	\$ 0
b. Infants < 1 year old	\$ 288,963	\$ 271,625	\$ 78,562	\$ 0	\$ 288,031	\$ 0
c. Children 1 to 22 years old	\$ 288,963	\$ 271,626	\$ 589,187	\$ 0	\$ 288,032	\$ 0
d. Children with Special Healthcare Needs	\$ 674,248	\$ 633,793	\$ 648,106	\$ 0	\$ 672,072	\$ 0
e. Others	\$ 134,850	\$ 126,759	\$ 353,512	\$ 0	\$ 134,414	\$ 0
f. Administration	\$ 192,642	\$ 181,083	\$ 196,395	\$ 0	\$ 192,021	\$ 0
g. SUBTOTAL	\$ 1,926,422	\$ 1,810,837	\$ 1,963,959	\$ 0	\$ 1,920,207	\$ 0

**II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).**

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 109,397	\$ 90,300	\$ 90,300
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 15,000	\$ 15,000
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 211,956	\$ 337,191	\$ 290,577
i. CDC	\$ 1,733,822	\$ 1,493,737	\$ 1,684,050
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Region IX-FP; HRSA	\$ 0	\$ 0	\$ 166,125
SAMHSA	\$ 0	\$ 0	\$ 346,274
FP,SAMSHA,HRSA	\$ 0	\$ 727,218	\$ 0
Region X-FP; SAMHSA;	\$ 666,669	\$ 0	\$ 0
<b>III. SUBTOTAL</b>	\$ 2,721,844	\$ 2,663,446	\$ 2,592,326

**FORM 4**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)**

[Secs 506(2)(2)(iv)]

**STATE: MP**

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Federal-State MCH Block Grant Partnership</b>						
a. Pregnant Women	\$ 323,332	\$ 248,966	\$ 331,484	\$ 245,298	\$ 339,927	\$ 261,744
b. Infants < 1 year old	\$ 242,364	\$ 186,620	\$ 276,236	\$ 201,740	\$ 283,272	\$ 218,119
c. Children 1 to 22 years old	\$ 490,181	\$ 377,439	\$ 276,237	\$ 204,415	\$ 283,273	\$ 218,120
d. Children with Special Healthcare Needs	\$ 492,403	\$ 379,150	\$ 644,552	\$ 476,968	\$ 660,969	\$ 508,946
e. Others	\$ 185,064	\$ 142,499	\$ 128,910	\$ 95,393	\$ 132,194	\$ 101,790
f. Administration	\$ 108,233	\$ 85,490	\$ 184,158	\$ 136,277	\$ 188,848	\$ 145,413
<b>g. SUBTOTAL</b>	<b>\$ 1,841,577</b>	<b>\$ 1,420,164</b>	<b>\$ 1,841,577</b>	<b>\$ 1,360,091</b>	<b>\$ 1,888,483</b>	<b>\$ 1,454,132</b>

<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 95,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 117,202		\$ 117,202		\$ 243,198	
i. CDC	\$ 1,051,676		\$ 1,210,404		\$ 1,345,372	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Region XI-FP; SAMHSA DOI	\$ 0		\$ 0		\$ 459,648	
DOI	\$ 320,000		\$ 320,000		\$ 0	
Region IX-FP; SAMHSA	\$ 406,396		\$ 468,192		\$ 0	
<b>III. SUBTOTAL</b>	<b>\$ 1,995,274</b>		<b>\$ 2,210,798</b>		<b>\$ 2,148,218</b>	

**FORM NOTES FOR FORM 4**

None

**FIELD LEVEL NOTES**

1. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** PregWomenExpended  
**Row Name:** Pregnant Women  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_0\_1Expended  
**Row Name:** Infants <1 year old  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** Children\_1\_22Expended  
**Row Name:** Children 1 to 22 years old  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** CSHCNExpended  
**Row Name:** CSHCN  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AllOthersExpended  
**Row Name:** All Others  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
Fy2002 Pending Final Financial Status Reprot. Account expiring 09/30/03.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership  
**Field Name:** AdminExpended  
**Row Name:** Administration  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*

**STATE: MP**

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,444,817	\$ 1,358,128	\$ 1,472,969	\$ 0	\$ 1,440,155	\$ 0
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 115,585	\$ 108,650	\$ 117,838	\$ 0	\$ 115,212	\$ 0
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 250,435	\$ 235,409	\$ 255,315	\$ 0	\$ 249,627	\$ 0
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 115,585	\$ 108,650	\$ 117,837	\$ 0	\$ 115,213	\$ 0
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,926,422	\$ 1,810,837	\$ 1,963,959	\$ 0	\$ 1,920,207	\$ 0

**FORM 5**  
**STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES**

*[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]*

**STATE: MP**

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
<b>I. Direct Health Care Services</b> (Basic Health Services and Health Services for CSHCN.)	\$ 1,337,763	\$ 1,030,078	\$ 1,114,155	\$ 924,749	\$ 1,416,362	\$ 1,090,599
<b>II. Enabling Services</b> (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 109,486	\$ 84,304	\$ 93,920	\$ 77,954	\$ 113,309	\$ 87,248
<b>III. Population-Based Services</b> (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 236,749	\$ 182,297	\$ 414,356	\$ 343,915	\$ 245,503	\$ 189,037
<b>IV. Infrastructure Building Services</b> (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 157,579	\$ 123,485	\$ 219,146	\$ 181,891	\$ 113,309	\$ 87,248
<b>V. Federal-State Title V Block Grant Partnership Total</b> (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,841,577	\$ 1,420,164	\$ 1,841,577	\$ 1,528,509	\$ 1,888,483	\$ 1,454,132

**FORM NOTES FOR FORM 5**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** DirectHCExpended  
**Row Name:** Direct Health Care Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
2. **Section Number:** Main  
**Field Name:** EnablingExpended  
**Row Name:** Enabling Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
3. **Section Number:** Main  
**Field Name:** PopBasedExpended  
**Row Name:** Population-Based Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.
4. **Section Number:** Main  
**Field Name:** InfrastrBuildExpended  
**Row Name:** Infrastructure Building Services  
**Column Name:** Expended  
**Year:** 2002  
**Field Note:**  
FY2002 Pending Final Financial Status Report. Account expiring 09/30/03.

**FORM 6**

**NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED**

*Sect. 506(a)(2)(B)(iii)*

**STATE: MP**

Total Births by Occurrence: 1,363

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	1,259	92.4	1	0	0	
Congenital Hypothyroidism	1,259	92.4	8	0	0	
Galactosemia	1,259	92.4	1	0	0	
Sickle Cell Disease	1,259	92.4	1	0	0	

**Other Screening (Specify)**

Congenital Adrenal Hyperplasia (CAH)	1,259	92.4	1	0	0	
--------------------------------------	-------	------	---	---	---	--

**Screening Programs for Older Children & Women (Specify Tests by name)**

Pap test	2,389		3	3	3	100
----------	-------	--	---	---	---	-----

- (1) Use occurrent births as denominator.  
 (2) Report only those from resident births.  
 (3) Use number of confirmed cases as denominator.

## FORM NOTES FOR FORM 6

None

### FIELD LEVEL NOTES

1. **Section Number:** Main  
**Field Name:** BirthOccurence  
**Row Name:** Total Births By Occurence  
**Column Name:** Total Births By Occurence  
**Year:** 2005  
**Field Note:**  
1354 live births; 9 fetal deaths
2. **Section Number:** Main  
**Field Name:** Phenylketonuria\_OneScreenNo  
**Row Name:** Phenylketonuria  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
There were no retests done for this screening tests.
3. **Section Number:** Main  
**Field Name:** Congenital\_OneScreenNo  
**Row Name:** Congenital  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
There were 8 retests done for this screening test and no confirmed cases.
4. **Section Number:** Main  
**Field Name:** Galactosemia\_OneScreenNo  
**Row Name:** Galactosemia  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
There were no retests done for this screening tests.
5. **Section Number:** Main  
**Field Name:** SickleCellDisease\_OneScreenNo  
**Row Name:** SickleCellDisease  
**Column Name:** Receiving at least one screen  
**Year:** 2005  
**Field Note:**  
There were no retests done for this screening test.
6. **Section Number:** Other Screening Types  
**Field Name:** Other  
**Row Name:** All Rows  
**Column Name:** All Columns  
**Year:** 2005  
**Field Note:**  
For both CAH and Biotinidase there was 1 that needed to be retest but came back not positive - not a confirmed case.

**FORM 7**  
**NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V**  
**(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)**

*[Sec. 506(a)(2)(A)(i-ii)]*

**STATE: MP**

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,430	42.0	0.0	45.6	12.4	0.0
Infants < 1 year old	1,354	11.5	0.0	69.7	18.9	0.0
Children 1 to 22 years old	14,311	49.7	0.0	39.6	10.7	0.0
Children with Special Healthcare Needs	303	57.4	0.0	33.5	9.1	0.0
Others	8,238	27.9	0.0	56.7	15.4	0.0
<b>TOTAL</b>	<b>25,636</b>					

**FORM NOTES FOR FORM 7**

Source: Billing Section

**FIELD LEVEL NOTES**

None

**FORM 8**  
**DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE**  
**XIX**  
**(BY RACE AND ETHNICITY)**  
[SEC. 506(A)(2)(C-D)]  
**STATE: MP**

Reporting Year: 2003

**I. UNDUPLICATED COUNT BY RACE**

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,363	13	0	0	686	657	0	7
Title V Served	1,118	5	1	0	490	606	0	16
Eligible for Title XIX	559	0	0	0	166	390	0	3
<b>INFANTS</b>								
Total Infants in State	1,354	13	0	0	680	654	0	7
Title V Served	225	0	0	0	102	121	0	2
Eligible for Title XIX	190	0	0	0	48	142	0	0

**II. UNDUPLICATED COUNT BY ETHNICITY**

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
<b>DELIVERIES</b>								
Total Deliveries in State	1,360	3	0	0	0	0	0	3
Title V Served	1,117	1	0	0	0	0	0	1
Eligible for Title XIX	559	0	0	0	0	0	0	0
<b>INFANTS</b>								
Total Infants in State	1,351	3	0	0	0	0	0	3
Title V Served	225	0	0	0	0	0	0	0
Eligible for Title XIX	190	0	0	0	0	0	0	0

**FORM NOTES FOR FORM 8**

None

**FIELD LEVEL NOTES**

1. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_All  
**Row Name:** Total Deliveries in State  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
total deliveries=1354 + 11 fetal deaths
2. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** DeliveriesTotal\_RaceOther  
**Row Name:** Total Deliveries in State  
**Column Name:** Other and Unknown  
**Year:** 2005  
**Field Note:**  
hispanic=3; others=4
3. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_All  
**Row Name:** Total Infants in State  
**Column Name:** Total All Races  
**Year:** 2005  
**Field Note:**  
total live births=1354
4. **Section Number:** I. Unduplicated Count By Race  
**Field Name:** InfantsTotal\_RaceOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2005  
**Field Note:**  
others= hispanic=3; others=4
5. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** DeliveriesTotal\_EthnicityOther  
**Row Name:** Total Deliveries in State  
**Column Name:** Other and Unknown  
**Year:** 2005  
**Field Note:**  
the 3 hispanics are not identifiable as to their group.
6. **Section Number:** II. Unduplicated Count by Ethnicity  
**Field Name:** InfantsTotal\_EthnicityOther  
**Row Name:** Total Infants in State  
**Column Name:** Other and Unknown  
**Year:** 2005  
**Field Note:**  
this 3 hispanic are not identifiable as to their origin



**FORM NOTES FOR FORM 9**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main

**Field Name:** cnumber\_2

**Row Name:** Contact Person's telephone number

**Column Name:** FY

**Year:** 2005

**Field Note:**

Majority of the programs at the Division of Public Health have direct lines to program staff. This includes immunization, breast and cervical screening, STD/HIV, diabetes control and prevention, dental, CSCHN, and also the pregnancy classes and childbirth classes. Also, patients call the Northern Community Wellness Center and Southern Community Wellness Center for additional information on services.

**FORM 10**  
**TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT**  
**STATE PROFILE FOR FY 2005**  
*[SEC. 506(A)(1)]*  
**STATE: MP**

1. State MCH Administration:  
*(max 2500 characters)*

Title V funds are administered by the Maternal and Child Health Program under the Division of Public Health in the CNMI. It provides preventive and primary services for pregnant women, mothers, infants, children, adolescents, and children with special health care needs. It conducts needs assessment, develops policies, and implements activities/programs to improve the quality of health for all of the population in maternal and child health. The program collaborates with other programs and agencies in the delivery of services to the MCH population. For example, the collaboration with the Public School System in providing early intervention services to children 0-3 years of age. Funds, both state and federal, are used to ensure delivery of health care services addressing the four levels of the pyramid, i.e., recruitment of personnel, and enables the Program to provide health education and outreach activities to target groups.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>500,990</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>866,146</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>553,071</u>
<b>8. Total Federal-State Partnership (Line 8, Form 2)</b>	<b>\$ <u>1,920,207</u></b>

9. Most significant providers receiving MCH funds:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	<u>1,430</u>
b. Infants < 1 year old	<u>1,354</u>
c. Children 1 to 22 years old	<u>14,311</u>
d. CSHCN	<u>303</u>
e. Others	<u>8,238</u>

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:  
*(max 2500 characters)*

The greatest challenge facing the Title V Maternal and Child Health Program in the CNMI for the delivery of MCH services is shortage of resources, specifically manpower and funds. Furthermore, the lack of qualified personnel on island is limited and recruitment is a lengthy process. Funding for personnel needed to deliver services to pregnant women, mothers, infants, children and children with special health care needs enables provision of direct medical care and enabling services. Specifically, the recruitment of a Social Worker and Children with Special Health Care Needs Specialist for the CSHCN Program have improved care coordination for these children and their families. The purchase of a vehicle for the CSHCN Program enables staff to conduct home visits, do outreach activities, and provide the needed transportation that these children and their families need to come in for needed services. The translation of printed materials on gestational diabetes, ear infections, immunization, etc., have enhanced the educational efforts of the Program. The reopening of the Southern Community Health Center located in San Antonio Village, has improved the Department's efforts in improving access and increasing utilization of services by the MCH clients.

b. Population-Based Services:  
*(max 2500 characters)*

The different Specialty Clinics that are ongoing throughout the year assists tremendously in the provision of specialized services that are needed. For example, Shriners Outreach Clinic is provided twice a year for children with orthopedic problems. The children are seen by physicians from Shriners, Honolulu Unit, and evaluations and recommendations are made for the follow-up care that are needed. One of our successful program is the Immunization Program; Immunization rate for 2 year olds increased from 88% to 90% for CY2000. This is made possible by the commitment of the staff in tracking efforts. Educational outreach activities that are done in collaboration with the Public School System and Karidat for teenagers in grades 7th to 12th are ongoing activities. The assessment and treatment of caries for public school students, grades 1,5,6, including Tinian and Rota will assist in reaching the objective for that particular performance measure. For school year 1999-2000 1st, 5th, and 6th graders from public and private schools participated in the sealant program. The collaboration between Head Start and the Dental Clinic in the application of varnish fluoride will increase prevention efforts in reducing early childhood caries. Another project is the newly implemented prenatal education classes. The MCH Program was involved in the development and implementation of the prenatal classes. A new encounter form (including billing form) for prenatal clinic only was formed from this project. Prenatal package with information and telephone numbers of staff/support group are being given to clients. Newborn Assessment Form is approved by Medical Records Committee.

c. Infrastructure Building Services:  
*(max 2500 characters)*

One accomplishment is the CSHCN registry. This registry has increased child find activities and ensures better care coordination. The registry helps to ensure that follow-up care for CSHCN needs are completed. The registry has been installed in Tinian and will be installed in Rota on July 8, 1999. Currently, the MCH Program and other PH programs are assessing their funding needs by creating a task force that is looking at all services and what entails the delivery of such services. We are also looking at services that are chargeable and non-chargeable so that a new encounter and billing form can be created to make the clinic much more user friendly. The Transdisciplinary/Transagency/Transcultural Outreach Program training was conducted to CSHCN staff. It provided the capacity to improve services to culturally diverse children with disabilities using the Family Centered Transdisciplinary/Transagency Service Delivery Model. Training for nurses in women's health issues and hemophilia was also conducted. Training for nurses responsible for the delivery of MCH services was also conducted in the areas of home health care; assessing women with health problems in an outpatient setting; diabetes and pregnancy complications; effectively assessing neonates, sick & well children in an outpatient setting; and management of hemophilia

patients. Training of nurses on HIV was done in collaboration with the CDC Program. Training of staff to enhance data capacity is ongoing.

12. The primary Title V Program contact person:

Name Margarita Torres Aldan  
Title Maternal and Child Health Coordinator  
Address P.O. BOX 500409Chalan Kanoa  
City Saipan  
State MP  
Zip 96950-0409  
Phone (670) 236-8714  
Fax (670) 236-8700  
Email mtaldan@vzpacifica.net  
Web \_\_\_\_\_

13. The children with special health care needs (CSHCN) contact person:

Name Margarita Torres Aldan  
Title Maternal and Child Health Coordinator  
Address P.O. BOX 500409Chalan Kanoa  
City Saipan  
State MP  
Zip 96950-0409  
Phone (670) 236-8714  
Fax (670) 236-8700  
Email mtaldan@vzpacifica.net  
Web \_\_\_\_\_

## FORM NOTES FOR FORM 10

None

### FIELD LEVEL NOTES

- 1. Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund1  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Maternal and child health services such as prenatal and postpartum care and gyn services are provided at this center. Also immunization and well baby care visits. Staff also work with schools in conducting presentations on living a healthy lifestyle during school events and promoting a specific health awareness month such as immunization.
- 2. Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund2  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The same as the Southern Community Wellness Center.
- 3. Section Number:** Most significant providers receiving MCH funds  
**Field Name:** ProviderFund3  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
A community health nurse is recruited to enhance the care coordination of children with special health care needs.
- 4. Section Number:** Statewide Initiatives and Partnerships  
**Field Name:** DMICES  
**Row Name:** Direct Medical Care and Enabling Services  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The support of administration to bring services out to the community have made the opening a Northern Community Wellness Center possible. Again, MCH services are provided at the center. The recruitment of a family practice physician and community health nurses have improved our ability to be more proactive in the community. We provide transportation to those in need and this is stated in our brochures.
- 5. Section Number:** Statewide Initiatives and Partnerships  
**Field Name:** PBS  
**Row Name:** Population-Based Services  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Our continued collaboration with the public school system in providing early intervention services has been successful as is evident with the early detection and hearing intervention program to conduct hearing screening to all newborns. Training to staff has also been done.
- 6. Section Number:** Statewide Initiatives and Partnerships  
**Field Name:** IBS  
**Row Name:** Infrastructure building services  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The statistician was sent to a training about the health information system here at the department - MUMPS. We recruited a computer specialist but he resigned due to salary matters. We have successfully recruited a systems administrator who has been working with program managers on improving data collection requirements for grant purpose and also for evaluation, planning, and monitoring.

**FORM 11**  
**TRACKING PERFORMANCE MEASURES**  
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]  
**STATE: MP**

**PERFORMANCE MEASURE # 01**

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	65	70	75
Annual Indicator	_____	_____	91.2	91.0	93.0
Numerator	_____	_____	1,324	1,178	1,259
Denominator	_____	_____	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	80	82	84	87	87
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 02**

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 03**

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 04**

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 05**

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 06**

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 07**

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>93</u>	<u>94</u>	<u>95</u>	<u>90</u>	<u>90</u>
Annual Indicator	<u>88.2</u>	<u>90.3</u>	<u>66.9</u>	<u>60.8</u>	<u>74.5</u>
Numerator	<u>1,074</u>	<u>1,189</u>	<u>1,391</u>	<u>466</u>	<u>1,252</u>
Denominator	<u>1,217</u>	<u>1,317</u>	<u>2,078</u>	<u>766</u>	<u>1,681</u>
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 08**

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>24</u>	<u>20</u>	<u>17</u>	<u>35</u>	<u>33</u>
Annual Indicator	<u>37.6</u>	<u>53.7</u>	<u>47.0</u>	<u>33.3</u>	<u>41.7</u>
Numerator	<u>39</u>	<u>57</u>	<u>51</u>	<u>37</u>	<u>49</u>
Denominator	<u>1,037</u>	<u>1,061</u>	<u>1,086</u>	<u>1,110</u>	<u>1,176</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>30</u>	<u>28</u>	<u>25</u>	<u>25</u>	<u>25</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 09**

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	82.5	83	83.5	83	82.5
Annual Indicator	33.2	53.4	44.7	51.0	54.1
Numerator	362	685	460	540	1,816
Denominator	1,090	1,282	1,028	1,058	3,358
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	82	81.5	81	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 10**

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20.9	20.9	20.9	20.9	20.5
Annual Indicator	13.3	12.8	0.0	6.0	5.8
Numerator	2	2	0	1	1
Denominator	15,062	15,589	16,116	16,644	17,171
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	19.5	19	18
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 11**

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	98.7	100	100	100	100
Annual Indicator	98.0	95.0	75.9	80.3	72.3
Numerator	1,450	1,364	1,102	1,039	979
Denominator	1,480	1,436	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 12**

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	100	100
Annual Indicator	100.0	100.0	100.0	50.8	96.4
Numerator	1	1	1	657	1,305
Denominator	1	1	1	1,294	1,354
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 13**

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	18.9	17.9	16.9	15.9	14.9
Annual Indicator	21.1	32.0	42.0	34.5	25.3
Numerator	3,625	5,676	7,691	6,512	4,935
Denominator	17,150	17,733	18,316	18,899	19,481
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	13.9	12.9	12.9	12.9	12.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 14**

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	30.5	40	40.5	50	50.5
Annual Indicator	23.1	34.6	25.6	28.6	22.9
Numerator	4,664	7,210	5,503	6,348	5,240
Denominator	20,201	20,859	21,519	22,175	22,833
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	60.5	65	65	70
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 15**

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0.6	0.6	0.6	0.6	0.6
Annual Indicator	0.9	1.0	0.3	0.5	0.7
Numerator	13	15	5	7	9
Denominator	1,480	1,436	1,451	1,289	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.6	0.6	0.5	0.5	0.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 16**

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	17	15	13	55	53
Annual Indicator	22.1	50.7	123.2	47.9	0.0
Numerator	1	2	5	2	0
Denominator	4,520	3,943	4,060	4,177	4,294
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	50.5	50.5	50	50	45
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**PERFORMANCE MEASURE # 17**

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

**PERFORMANCE MEASURE # 18**

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>24</u>	<u>25.2</u>	<u>26.5</u>	<u>27.7</u>	<u>29</u>
Annual Indicator	<u>21.1</u>	<u>24.0</u>	<u>26.3</u>	<u>20.1</u>	<u>26.1</u>
Numerator	<u>313</u>	<u>345</u>	<u>382</u>	<u>260</u>	<u>354</u>
Denominator	<u>1,480</u>	<u>1,436</u>	<u>1,451</u>	<u>1,294</u>	<u>1,354</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>30.2</u>	<u>31.4</u>	<u>33</u>	<u>35</u>	<u>40</u>
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

**STATE PERFORMANCE MEASURE # 1**

Percent of pregnant women who are screened for chlamydia

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	86.8	88	90	92	94
Annual Indicator	86.8	87.3	90.7	91.7	84.0
Numerator	1,062	1,271	1,316	1,187	1,138
Denominator	1,223	1,456	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	96	98	99	100	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 2**

The rate of chlamydia for teenagers aged 13-19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	282	222	200	200	200
Annual Indicator	2,029.8	1,445.6	947.7	750.6	746.6
Numerator	109	80	54	44	45
Denominator	5,370	5,534	5,698	5,862	6,027
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	190	190	190	190	185
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 3**

Percent of infants born to pregnant teenagers aged 12 through 19 receiving prenatal care beginning in the first trimester

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	23	27	32	36
Annual Indicator	16.5	8.6	30.9	22.7	17.4
Numerator	19	12	47	25	21
Denominator	115	140	152	110	121
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	41	45	45	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 4**

The degree to which State provides nutrition education information to students aged 5 through 12 years.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	41	45	49.5	54	59
Annual Indicator	20.2	41.3	44.4	33.3	70.5
Numerator	1,535	526	457	899	2,106
Denominator	7,601	1,275	1,030	2,697	2,986
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	65	71.5	75	75	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 5**

Percentage of mothers who breastfeed their infants at 4 months

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	35	37	39	42	45
Annual Indicator	32.4	29.7	36.8	39.9	72.3
Numerator	480	427	534	516	979
Denominator	1,480	1,436	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	47	50	55	55	60
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 6**

Percent of obesity in school-aged children

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	28	52.0	50	48.8	45
Annual Indicator	51.9	51.9	51.9	21.0	30.9
Numerator	484	484	484	549	650
Denominator	932	932	932	2,614	2,106
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	43.5	40	42.5	45	50
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE PERFORMANCE MEASURE # 7**

The State Title V Agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, financing of services, and family support system/involvement.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5	5	5		
Annual Indicator					
Numerator					
Denominator	7	7	7	7	7
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

## FORM NOTES FOR FORM 11

Because of problems we have been encountering and the amount of no contact numbers we are not able to finish our analysis of the survey. We received a phone call from our technical assistant and she will finish it by next week.

### FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #2  
**Field Name:** PM02  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.  
  
We expect to receive the final report of this data by August 15, 2004.
2. **Section Number:** Performance Measure #3  
**Field Name:** PM03  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.  
  
We expect to receive the final results of this PM by August 15, 2004.
3. **Section Number:** Performance Measure #4  
**Field Name:** PM04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.  
  
We expect to get the final report by August 15, 2004.
4. **Section Number:** Performance Measure #5  
**Field Name:** PM05  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.  
  
We expect to get the final report by August 15, 2004.
5. **Section Number:** Performance Measure #6  
**Field Name:** PM06  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.  
  
We expect to receive the final report by August 15, 2004.
6. **Section Number:** Performance Measure #9  
**Field Name:** PM09  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Sealant application is not provided to third graders. The program includes 1st, 5th, and 6th graders.
7. **Section Number:** Performance Measure #11  
**Field Name:** PM11  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
data collected from birth registration
8. **Section Number:** Performance Measure #12  
**Field Name:** PM12  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
We did not start conducting newborn hearing screening until July of 2002.
9. **Section Number:** Performance Measure #13  
**Field Name:** PM13  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Age 18 yrs and under without health insurance.
10. **Section Number:** Performance Measure #14  
**Field Name:** PM14  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Numerator is 0-18 years of age.

11. **Section Number:** Performance Measure #16  
**Field Name:** PM16  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
no suicide deaths age 15-19 yrs for 2003
12. **Section Number:** Performance Measure #17  
**Field Name:** PM17  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
The CNMI is excluded from reporting on the PM.
13. **Section Number:** State Performance Measure #4  
**Field Name:** SM4  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
All public health staff who conducts nutrition education to the elementary schools would bring back the number of students that were in their presentations.
14. **Section Number:** State Performance Measure #5  
**Field Name:** SM5  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
A committee has been formed to write the grant application for WIC. Breastfeeding efforts will be enhanced if we get funding approval.
15. **Section Number:** State Performance Measure #6  
**Field Name:** SM6  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
These were the number of Head Start children who received sealant application. The registered dietician did an assessment of their height, weight, and body mass index.

**FORM 12**  
**TRACKING HEALTH OUTCOME MEASURES**  
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]  
**STATE: MP**

**OUTCOME MEASURE # 01**

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7.5	7.2	7.7	7.4	7.2
Annual Indicator	6.8	7.7	7.6	7.7	5.9
Numerator	10	11	11	10	8
Denominator	1,480	1,436	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6.9	6.7	6.5	6.5	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 02**

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 03**

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7.3	6.9	6.5	6.1	5.7
Annual Indicator	4.7	4.9	6.2	0.8	3.7
Numerator	7	7	9	1	5
Denominator	1,480	1,436	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	5.3	4.9	4.5	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 04**

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	1.7	1.5	1.6	1.4	1.3
Annual Indicator	0.7	2.8	1.4	2.3	1.5
Numerator	1	4	2	3	2
Denominator	1,480	1,436	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	1.1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 05**

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	9.7	6.1	3.5	3.5	3.5
Annual Indicator	24.3	8.4	13.8	4.6	7.4
Numerator	36	12	20	6	10
Denominator	1,480	1,436	1,451	1,294	1,354
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3.5	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**OUTCOME MEASURE # 06**

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	34.34	32.77	31.2	29.63	28.06
Annual Indicator	34.3	7.0	6.8	19.7	31.8
Numerator	5	1	1	3	5
Denominator	14,559	14,292	14,772	15,252	15,732
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	26.49	24.92			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**STATE OUTCOME MEASURE # 1**

The fetal death rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Performance Objective</b>	<u>20.3</u>	<u>15.5</u>	<u>11.5</u>	<u>9.0</u>	<u>5.0</u>
<b>Annual Indicator</b>	<u>25.7</u>	<u>13.9</u>	<u>9.0</u>	<u>7.7</u>	<u>3.7</u>
<b>Numerator</b>	<u>38</u>	<u>20</u>	<u>13</u>	<u>10</u>	<u>5</u>
<b>Denominator</b>	<u>1,480</u>	<u>1,436</u>	<u>1,451</u>	<u>1,294</u>	<u>1,354</u>
<b>Is the Data Provisional or Final?</b>				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
<b>Annual Performance Objective</b>	<u>4.0</u>	<u>3.5</u>	<u>3.5</u>	<u>3</u>	<u>3</u>
<b>Annual Indicator</b>					
<b>Numerator</b>					
<b>Denominator</b>					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

**FORM NOTES FOR FORM 12**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Outcome Measure 2

**Field Name:** OM02

**Row Name:**

**Column Name:**

**Year:** 2005

**Field Note:**

Please note that the CNMI is excluded from reporting on this outcome measure.

**FORM 13**  
**CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS**  
**STATE: MP**

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

    2    

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

    1    

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

    2    

4. Family members are involved in service training of CSHCN staff and providers.

    1    

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

    1    

6. Family members of diverse cultures are involved in all of the above activities.

    2    

**Total Score:**     9    

**Rating Key**

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

**FORM NOTES FOR FORM 13**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Main  
**Field Name:** Question1  
**Row Name:** #1. Family members participate on advisory committee or task forces...  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
We have the parents who are members of the advisory committee and parent forum that is conducted by parents or family members of cshcn.
  
2. **Section Number:** Main  
**Field Name:** Question2  
**Row Name:** #2. Financial support (...) is offered for parent activities or parent groups.  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
MCH staff have participated in volunteering as child care providers during conferences for parents of cshcn. We also pay for travel expenses - i.e. to attend advisory meeting in Saipan if they are from Rota.
  
3. **Section Number:** Main  
**Field Name:** Question3  
**Row Name:** #3. Family members are involved in the Children with Special Health Care Needs...  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Even though we have two as advisory committee members only one has been active. Dental service needs have been brought up by this parent.
  
4. **Section Number:** Main  
**Field Name:** Question4  
**Row Name:** #4. Family members are involved in service training of CSHCN staff and providers.  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
We had a parent who gave a presentation of promoting self-advocacy for parents/family members.

**FORM 14**  
**LIST OF MCH PRIORITY NEEDS**

*[Sec. 505(a)(5)]*

**STATE: MP FY: 2005**

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women," and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To decrease overweight in school-aged children.
2. To decrease the percentage of chlamydia cases in pregnant women.
3. To increase the number of mothers breastfeeding at 4 months.
4. To increase health education efforts in maternal and child health areas to the community.
5. To increase utilization of maternal and child health services especially in prenatal care.
6. To improve coordination of family-support, community-based center for children with special health care needs and to provide funding for related services needed.
7. To increase the number of infants born to pregnant teenagers aged 12-19 receiving prenatal care beginning in the first trimester.
- 8.
- 9.
- 10.

**FORM NOTES FOR FORM 14**

Per advisory committee's recommendations, health care plans for immunization, teen pregnancy and suicide, prenatal care, and oral health have been written. Although, these are national performance measures, we will be enhancing our efforts in this areas.

**FIELD LEVEL NOTES**

None

**FORM 15  
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: MP

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	<b>General Systems Capacity Issues</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Understanding and calculating kotelchuck index.	Newly recruit staff - both clinical and health and vital statistics office.	Dr. Kogan's Office - maybe during AMCHP or partnership meeting.
2.	<b>Data-related Issues - Data Systems Development</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Data linkage to other agencies.	To comply with MCH block grant data requirements.	Dr. Kogan's Office.
3.	<b>Data-related Issues - Needs Assessment</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Analyzing data.	Newly recruit staff - have data but putting a story to the data is a weakness.	CDC assigned eipdemiologist to the Pacific Jurisdiction.
4.	<b>Other</b> If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>    N/A    </u>	Internship with another off-island agency MCH information system	Newly recruited Systems Administrator - she just graduated from college in December and this is her first job.	Maybe Hawaii DOH
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>                    </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

**FORM NOTES FOR FORM 15**

None

**FIELD LEVEL NOTES**

None

**FORM 16**  
**STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET**  
**STATE: MP**

SP #     1    

**PERFORMANCE MEASURE:**

Percent of pregnant women who are screened for chlamydia

**STATUS:**

Active

**GOAL**

To assure early identification, treatment, contact follow-up, and referral of pregnant women for a healthy pregnancy outcome.

**DEFINITION**

The value will be percent per 100 units.

**Numerator:**

The number of chlamydia cases in pregnant women.

**Denominator:**

Total number of pregnant women.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Communicable Disease Control Program, prenatal log book, and MUMPS.

**SIGNIFICANCE**

95% of chlamydia cases are pregnant women. The significance of reducing the number of chlamydia cases in pregnant women is in the enhancement of healthier pregnancy outcomes and early identification and treatment.

SP # 2

**PERFORMANCE MEASURE:**

The rate of chlamydia for teenagers aged 13-19.

**STATUS:**

Active

**GOAL**

To decrease the number of chlamydia for teenagers aged 13-19.

**DEFINITION**

The value used will be rate per 100,000

**Numerator:**

Number of chlamydia cases among teenagers aged 13-19.

**Denominator:**

Total number of teens aged 13-19.

**Units:** 100000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Communicable Disease Control Program and Lab records.

**SIGNIFICANCE**

The 1997 Youth Risk Behavior showed that teenagers are engaging in unprotected activities at very young ages. MCH Program addresses the prevention, education, case identification, treatment, and contact follow-up of STD cases. Among the sexually transmitted diseases Chlamydia is prevalent among this age group. STD is a concern for future trends of teenage pregnancy outcomes, general health outcomes, and transmission of HIV.

SP #        3

**PERFORMANCE MEASURE:**

Percent of infants born to pregnant teenagers aged 12 through 19 receiving prenatal care beginning in the first trimester

**STATUS:**

Active

**GOAL**

To assure early entrance into prenatal care to enhance pregnancy outcomes.

**DEFINITION**

The value will be percent per 100 units.

**Numerator:**

Number of live births to teenagers with reported first prenatal care visit during the first trimester (before 13 weeks gestation) in the calendar

**Denominator:**

Total number of infants born to teenagers.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Labor and Delivery log book, prenatal log book, vital statistics, MUMPS and IMPS system.

**SIGNIFICANCE**

The CNMI has a high rate of teenage pregnancies and a disproportionate amount of the teenage pregnancies result in the admission to the NICU. Prenatal care in the first trimester would result in better pregnancy outcome for mother and baby.

SP # 4

**PERFORMANCE MEASURE:**

The degree to which State provides nutrition education information to students aged 5 through 12 years.

**STATUS:**

Active

**GOAL**

To provide nutrition information that students can use in practical situation.

**DEFINITION**

The value will be percent per 100 units.

**Numerator:**

The total number of students for each school (both private and public) that received nutrition education.

**Denominator:**

The number of CNMI public and private school enrollment from Kindergarten through sixth grade where nutrition education was conducted.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Public School System Research and Statistics Office, public and private elementary schools, surveys, School registry, Nutrition Office records, and outreach activities.

**SIGNIFICANCE**

Obesity, diabetes, hypertension, and atherosclerotic vascular disease are among the major health concerns facing the CNMI population. Habits related to diet, exercise (lack of), and tobacco use combine to be the greatest contributors to chronic diseases in the CNMI. The formation of the School Nutrition and Physical Activity Program (SNAPP) was formed to ensure that nutrition education, food service, parent involvement, and physical education are addressed in the curriculum.

SP # 5

**PERFORMANCE MEASURE:**

Percentage of mothers who breastfeed their infants at 4 months

**STATUS:**

Active

**GOAL**

To increase the percentage of mothers who breastfeed their infants at 4 months.

**DEFINITION**

The value will be percent per 100 units.

**Numerator:**

# of infants breastfed at 4 months during the Calendar Year.

**Denominator:**

Total number of 4 month old infants

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Medical Charts, breastfeeding surveys, breastfeeding clinic records, hospital charts, well-child visits charts.

**SIGNIFICANCE**

Breastfeeding is the most natural and nutritious way to encourage your baby's development. Benefits include immunological, nutrition, emotional, and convenience at the lowest cost.

SP #          6

**PERFORMANCE MEASURE:**

Percent of obesity in school-aged children

**STATUS:**

Active

**GOAL**

To reduce the percentage of obesity in school-aged children.

**DEFINITION**

The value will be percent per 100 units.

**Numerator:**

# of obese (BMI) school aged childrenb per School Year

**Denominator:**

Total number of school-aged children in the CNMI.

**Units:** 100 **Text:** Percent

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Public School System, DPH Nutrition Survey, and Medical Charts.

**SIGNIFICANCE**

Healthy eating patterns and regular, vigorous exercise during school years promote optimal child health, growth, and intellectual development. Together they can help prevent health problems such as iron deficiency, obesity, eating disorders, and dental caries. Furthermore, they may prevent long term health problems such as type II diabetes and renal disorders.

SP # 7

**PERFORMANCE MEASURE:**

The State Title V Agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, financing of services, and family support system/involvement.

**STATUS:**

Active

**GOAL**

To ensure provision and utilization of CSHCN Program.

**DEFINITION**

A checklist is attached of seven characteristics that document partnership with other service providers for CSHCN. The answer is a scale from 0-7.

**Numerator:**

**Denominator:**

**Units:** 7 **Text:** Scale

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

CSHCN Program

**SIGNIFICANCE**

As mentioned in the narrative the CSHCN Program works in collaboration with other service providers to ensure that needs are not only met but also that services are available for this target population.

SO # 1

**OUTCOME MEASURE:**

The fetal death rate per 1,000 live births.

**STATUS:**

Active

**GOAL**

To reduce the number of fetal deaths (stillbirths).

**DEFINITION**

Numerator: Number of deaths to infants Denominator: Number of live births Units: 1,000 Text: Rate per 1,000

**Numerator:**

Number of fetal deaths (greater than 20 weeks gestation)

**Denominator:**

Total number of live births

**Units:** 1000 **Text:** Rate

**HEALTHY PEOPLE 2010 OBJECTIVE**

**DATA SOURCES AND DATA ISSUES**

Vital Statistics Office (death certificates and database).

**SIGNIFICANCE**

The importance of ensuring that we are reaching high risk groups when program/projects are being implemented or evaluating those program/projects that are in existence depends on looking at outcome data.

**FORM NOTES FOR FORM 16**

None

**FIELD LEVEL NOTES**

None

**FORM 17**  
**HEALTH SYSTEMS CAPACITY INDICATORS**  
**FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA**  
**STATE: MP**

**HEALTH SYSTEMS CAPACITY MEASURE # 01**

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	333.6	207.9	123.8	281.4	144.7
<b>Numerator</b>	213	143	71	163	91
<b>Denominator</b>	6,385	6,878	5,736	5,792	6,288
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 02**

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	14.5	22.0	19.2	40.7	40.8
<b>Numerator</b>	214	316	279	527	553
<b>Denominator</b>	1,480	1,436	1,451	1,294	1,354
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 03**

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	14.5	22.0	19.2	40.7	40.8
<b>Numerator</b>	214	316	279	527	553
<b>Denominator</b>	1,480	1,436	1,451	1,294	1,354
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 04**

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	35.0	52.8	17.5	17.7	10.3
<b>Numerator</b>	518	758	254	229	139
<b>Denominator</b>	1,480	1,436	1,451	1,294	1,354
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 07**

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	84.0	12.3	43.5	7.5	17.6
Numerator	2,617	606	2,439	328	869
Denominator	3,115	4,921	5,608	4,395	4,942
Is the Data Provisional or Final?				Final	Final

**HEALTH SYSTEMS CAPACITY MEASURE # 08**

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	40.7	38.9	51.3	48.0	51.6
Numerator	135	135	135	154	158
Denominator	332	347	263	321	306
Is the Data Provisional or Final?				Final	Final

**FORM NOTES FOR FORM 17**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Health Systems Capacity Indicator #04  
**Field Name:** HSC04  
**Row Name:**  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
the 139 mothers have 80% or more on the kotelchuck index

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #05**  
**(MEDICAID AND NON-MEDICAID COMPARISON)**  
**STATE: MP**

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (&lt; 2,500 grams)</i>	2003	Matching data files	<u>23</u>	<u>77</u>	<u>100</u>
b) <i>Infant deaths per 1,000 live births</i>	2003	Matching data files	<u>14</u>	<u>86</u>	<u>100</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2003	Other	<u>22</u>	<u>78</u>	<u>100</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2003	Matching data files	<u>5</u>	<u>95</u>	<u>100</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)**  
**STATE: MP**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2003	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>2</u> )	2003	<u>150</u>
(Age range <u>3</u> to <u>5</u> )		<u>150</u>
(Age range <u>6</u> to <u>18</u> )		<u>150</u>
c) <i>Pregnant Women</i>	2003	<u>150</u>

**FORM 18**  
**HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)**  
**STATE: MP**

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2003	<u>150</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>2</u> )	2003	<u>150</u>
(Age range <u>3</u> to <u>5</u> )		<u>150</u>
(Age range <u>6</u> to <u>18</u> )		<u>150</u>
c) <i>Pregnant Women</i>	2003	<u>150</u>

**FORM NOTES FOR FORM 18**

None

**FIELD LEVEL NOTES**

1. **Section Number:** Indicator 05  
**Field Name:** CareFirstTrimester  
**Row Name:** Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
this data derived from the birth records. The form 11 data derived from hospital database system.
  
2. **Section Number:** Indicator 05  
**Field Name:** AdequateCare  
**Row Name:** Percent of pregnant women with adequate prenatal care  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
data derived from medical records. only 63 (5%) of mothers with medicaid had 80% or more on the kotelchuck index.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MP**

**HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)**  
*(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<b>ANNUAL DATA LINKAGES</b>		
Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	No
<b>REGISTRIES AND SURVEYS</b>		
Hospital discharge survey for at least 90% of in-State discharges	2	Yes
Annual birth defects surveillance system	2	Yes
Survey of recent mothers at least every two years (like PRAMS)	2	Yes

\*Where:  
1 = No, the MCH agency does not have this ability.  
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.  
3 = Yes, the MCH agency always has this ability.

**FORM 19**  
**HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM**  
**STATE: MP**

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

**HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity**  
*(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)*

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other: Head Start Data Analysis	3	No

\*Where:  
1 = No  
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.  
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

**Notes:**  
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

## FORM NOTES FOR FORM 19

None

### FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A  
**Field Name:** BAD  
**Row Name:** Annual linkage of infant birth and infant death certificates  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
cross reference is done on timely manner.
2. **Section Number:** Indicator 09A  
**Field Name:** BAW  
**Row Name:** Annual linkage of birth records and WIC eligibility files  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
cnmi does not have WIC program but an application was submitted in August 2004.
3. **Section Number:** Indicator 09A  
**Field Name:** BAN  
**Row Name:** Annual linkage of birth records and newborn screening files  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
the information system administrator has been recruited to set up linkage for the MCH program.
4. **Section Number:** Indicator 09A  
**Field Name:** Discharge  
**Row Name:** Hospital discharge survey for at least 90% of in-State discharges  
**Column Name:**  
**Year:** 2005  
**Field Note:**
5. **Section Number:** Indicator 09A  
**Field Name:** BirthDefects  
**Row Name:** Annual birth defects surveillance system  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
surveillance system is not in place but data can be queue from the birth certificate database.
6. **Section Number:** Indicator 09B  
**Field Name:** YRBSS\_09B  
**Row Name:** Youth Risk Behavior Surveillance  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Public school system conducts and collaborate with the public health on the YBRS.
7. **Section Number:** Indicator 09C  
**Field Name:** Other1\_09C  
**Row Name:** Other  
**Column Name:**  
**Year:** 2005  
**Field Note:**  
Head Start data analysis is not a state wide recognized data analysis. BMI for all headstart children are collected and analyzed for school year 2004. Furthermore, the public health does special projects, i.e. project 10 to determine obesity and physical fitness level among students.

**FORM 20**  
**HEALTH STATUS INDICATORS #01-#05**  
**MULTI-YEAR DATA**  
**STATE: MP**

**HEALTH STATUS INDICATOR MEASURE # 01A**

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	6.0	7.7	6.8	5.5	6.9
<b>Numerator</b>	89	111	99	71	93
<b>Denominator</b>	1,480	1,436	1,451	1,294	1,354
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 01B**

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	5.4	7.1	6.0	5.3	5.5
<b>Numerator</b>	79	99	87	69	75
<b>Denominator</b>	1,457	1,393	1,439	1,294	1,354
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 02A**

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	0.9	1.0	1.1	0.5	0.7
<b>Numerator</b>	13	15	16	7	9
<b>Denominator</b>	1,480	1,436	1,451	1,294	1,354
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 02B**

The percent of live singleton births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
<b>Annual Indicator</b>	0.9	1.0	0.8	0.5	0.5
<b>Numerator</b>	13	14	11	6	7
<b>Denominator</b>	1,467	1,405	1,446	1,294	1,354
<b>Is the Data Provisional or Final?</b>				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 03A**

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	19.9	0.0	0.0	18.0	11.5
Numerator	3	0	0	3	2
Denominator	15,062	15,589	16,116	16,664	17,441
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 03B**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	13.3	0.0	0.0	6.0	5.7
Numerator	2	0	0	1	1
Denominator	15,062	15,589	16,116	16,664	17,441
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 03C**

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	8.9	0.0	8.5	0.0	0.0
Numerator	1	0	1	0	0
Denominator	11,198	11,509	11,820	12,131	12,443
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 04A**

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	557.7	4,567.3		8,101.3	6,662.5
Numerator	84	712		1,350	1,162
Denominator	15,062	15,589	16,116	16,664	17,441
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 04B**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator		449.0	384.7	294.0	40.1
Numerator		70	62	49	7
Denominator	15,062	15,589	16,116	16,664	17,441
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 04C**

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator		1,442.3	1,074.5	692.4	980.5
Numerator		166	127	84	122
Denominator	11,198	11,509	11,820	12,131	12,443
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 05A**

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	16.8	29.0	23.8	25.3	17.1
Numerator	36	64	54	59	41
Denominator	2,140	2,205	2,270	2,334	2,399
Is the Data Provisional or Final?				Final	Final

**HEALTH STATUS INDICATOR MEASURE # 05B**

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	5.9	8.3	5.3	4.8	5.5
Numerator	133	195	132	125	150
Denominator	22,479	23,631	24,783	25,935	27,087
Is the Data Provisional or Final?				Final	Final

**FORM NOTES FOR FORM 20**

None

**FIELD LEVEL NOTES**

None

**FORM 21  
HEALTH STATUS INDICATORS  
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**HSI #06A - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2000 Is this data from a State Projection? No

<b>CATEGORY TOTAL POPULATION BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	1,300	15	0	0	370	535	355	25
Children 1 through 4	4,490	65	0	0	1,215	1,965	1,175	70
Children 5 through 9	5,420	65	0	0	1,100	2,700	1,465	90
Children 10 through 14	4,370	55	0	0	725	2,460	1,050	80
Children 15 through 19	3,930	25	0	0	1,175	2,010	665	55
Children 20 through 24	7,570	60	0	0	5,265	1,755	430	60
Children 0 through 24	27,080	285	0	0	9,850	11,425	5,140	380

**HSI #06B - Demographics (Total Population)** *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

<b>CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	1,275	0	25
Children 1 through 4	4,420	0	70
Children 5 through 9	5,330	0	90
Children 10 through 14	4,290	0	80
Children 15 through 19	3,875	0	55
Children 20 through 24	7,510	0	60
Children 0 through 24	26,700	0	380

**FORM 21  
HEALTH STATUS INDICATORS  
DEMOGRAPHIC DATA  
STATE: MP**

**HSI #07A - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL LIVE BIRTHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Women < 15	3	0	0	0	1	2	0	0
Women 15 through 17	49	0	0	0	3	45	0	1
Women 18 through 19	69	0	0	0	11	58	0	0
Women 20 through 34	988	12	0	0	467	496	0	13
Women 35 or older	245	1	0	0	188	55	0	1
Women of all ages	1,354	13	0	0	670	656	0	15

**HSI #07B - Demographics (Total live births)** *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

<b>CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Women < 15	3	0	0
Women 15 through 17	49	0	0
Women 18 through 19	69	0	0
Women 20 through 34	985	3	0
Women 35 or older	245	0	0
Women of all ages	1,351	3	0

**FORM 21**  
**HEALTH STATUS INDICATORS**  
**DEMOGRAPHIC DATA**  
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**HSI #08A - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2003 Is this data from a State Projection? No

<b>CATEGORY TOTAL DEATHS BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>
Infants 0 to 1	7	0	0	0	2	5	0	0
Children 1 through 4	2	0	0	0	1	1	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	3	0	0	0	1	2	0	0
Children 15 through 19	3	0	0	0	0	3	0	0
Children 20 through 24	1	0	0	0	1	0	0	0
Children 0 through 24	16	0	0	0	5	11	0	0

**HSI #08B - Demographics (Total deaths)** Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

<b>CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
Infants 0 to 1	7	0	0
Children 1 through 4	2	0	0
Children 5 through 9	0	0	0
Children 10 through 14	3	0	0
Children 15 through 19	3	0	0
Children 20 through 24	1	0	0
Children 0 through 24	16	0	0

**FORM 21  
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**HSI #09A - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

<b>CATEGORY Miscellaneous Data BY RACE</b>	<b>Total All Races</b>	<b>White</b>	<b>Black or African American</b>	<b>American Indian or Native Alaskan</b>	<b>Asian</b>	<b>Native Hawaiian or Other Pacific Islander</b>	<b>More than one race reported</b>	<b>Other and Unknown</b>	<b>Specific Reporting Year</b>
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	17	0	0	0	0	15.0	0	2.0	2003
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

**HSI #09B - Demographics (Miscellaneous Data)** *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

<b>CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>	<b>Specific Reporting Year</b>
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

**FORM 21  
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**HSI #10 - Demographics (Geographic Living Area)** *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
<b>Total - all children 0 through 19</b>	<b>0</b>

**Note:**  
The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21  
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**HSI #11 - Demographics (Poverty Levels)** *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM 21  
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**HSI #12 - Demographics (Poverty Levels)** *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM NOTES FOR FORM 21**

pop. est. by race based on 2000 census data; source : IPC, pacificweb. Total may not add up due to rounding.

**FIELD LEVEL NOTES**

None