

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

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER									
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	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: Republic of Palau		Organizational Unit: Ministry of Health										
Address (give city, county, state and zip code) Bureau of Public Health P.O. Box 6027 Koror, Pw 96940 County: Republic of Palau		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Sandra S. Pierantozzi Tel Number: (680) 488-2813										
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;">4</td><td style="width: 20px; text-align: center;">-</td><td style="width: 20px; text-align: center;">2</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;">0</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">3</td></tr></table>		9	4	-	2	9	4	0	2	3	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A 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	4	-	2	9	4	0	2	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: Health Resources and Services Administration, Maternal and Child Health Bureau										
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><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>		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Family Health Maternal and Child Health Program					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Nationwide												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant	b. Project									
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: 6/14/2004 b. NO <input 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>162,320.00</u>											
b. Applicant	\$ <u>2,081.00</u>											
c. State	\$ <u>199,510.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>363,911.00</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 Tommy Remengesau Jr.		b. Title President, Republic of Palau	c. Telephone Number (68) 488-2403									
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: PW

1. FEDERAL ALLOCATION

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

\$ 162,320

A.Preventive and primary care for children:

\$ 48,757 (30.04%)

B.Children with special health care needs:

\$ 48,878 (30.11%)

(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:

\$ 14,883 (9.17%)

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

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

\$ 2,081

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

\$ 199,510

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)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 0

\$ 199,510

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

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

\$ 363,911

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: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

ECCS \$ 100,000

Family Planning \$ 98,000

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

\$ 298,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 661,911

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: PW

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 183,595	\$ 181,514	\$ 160,847	\$ 0	\$ 162,320	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 2,081	\$ 5,400	\$ 0	\$ 2,081	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 199,510	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 178,315	\$ 178,315	\$ 178,315	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 361,910	\$ 361,910	\$ 344,562	\$ 0	\$ 363,911	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 174,000	\$ 174,000	\$ 198,000	\$ 0	\$ 298,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 535,910	\$ 535,910	\$ 542,562	\$ 0	\$ 661,911	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: PW

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 159,519	\$ 159,519	\$ 183,595	\$ 183,595	\$ 183,595	\$ 160,847
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 5,400
3. State Funds <i>(Line3, Form 2)</i>	\$ 170,770	\$ 170,770	\$ 0	\$ 0	\$ 0	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 178,315	\$ 178,315	\$ 178,315	\$ 178,315
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 330,289	\$ 330,289	\$ 361,910	\$ 361,910	\$ 361,910	\$ 344,562
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 716,232	\$ 716,232	\$ 680,843	\$ 680,843	\$ 737,843	\$ 100,000
9. Total <i>(Line11, Form 2)</i>	\$ 1,046,521	\$ 1,046,521	\$ 1,042,753	\$ 1,042,753	\$ 1,099,753	\$ 444,562
(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:
This is the total MCH grant awarded to the Republic of Palau in 2002-2003. It was less than what we budgeted for the fiscal year.
2. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2002
Field Note:
At the time of this writing, this is the amount of that is still unobligated, we will expend this amount prior to end of project period.
3. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2003
Field Note:
This unobligated amount will appear in our 2003 FSR as per information from our National Treasury.
4. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2002
Field Note:
SSDI Funds

FORM 4

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

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

STATE: PW

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 78,946	\$ 78,946	\$ 78,946	\$ 0	\$ 79,380	\$ 0
b. Infants < 1 year old	\$ 61,411	\$ 61,411	\$ 60,063	\$ 0	\$ 61,827	\$ 0
c. Children 1 to 22 years old	\$ 90,018	\$ 90,018	\$ 90,018	\$ 0	\$ 90,434	\$ 0
d. Children with Special Healthcare Needs	\$ 63,497	\$ 63,497	\$ 63,497	\$ 0	\$ 63,913	\$ 0
e. Others	\$ 42,274	\$ 42,274	\$ 34,274	\$ 0	\$ 42,690	\$ 0
f. Administration	\$ 25,764	\$ 25,764	\$ 17,764	\$ 0	\$ 25,667	\$ 0
g. SUBTOTAL	\$ 361,910	\$ 361,910	\$ 344,562	\$ 0	\$ 363,911	\$ 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	\$ 100,000	\$ 100,000	\$ 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	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
ECCS	\$ 0	\$ 0	\$ 100,000
Family Planning	\$ 67,000	\$ 0	\$ 98,000
Title X (Fam Plan)	\$ 0	\$ 98,000	\$ 0
Dental Health	\$ 7,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 174,000	\$ 198,000	\$ 298,000

FORM 4

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

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

STATE: PW

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 58,150	\$ 58,150	\$ 78,946	\$ 78,946	\$ 78,946	\$ 78,946
b. Infants < 1 year old	\$ 56,784	\$ 56,784	\$ 61,411	\$ 61,411	\$ 61,411	\$ 61,411
c. Children 1 to 22 years old	\$ 90,639	\$ 90,639	\$ 90,018	\$ 90,018	\$ 90,018	\$ 90,018
d. Children with Special Healthcare Needs	\$ 61,193	\$ 61,193	\$ 63,497	\$ 63,497	\$ 63,497	\$ 63,497
e. Others	\$ 41,094	\$ 41,094	\$ 42,274	\$ 42,274	\$ 42,274	\$ 42,274
f. Administration	\$ 22,429	\$ 22,429	\$ 25,764	\$ 25,764	\$ 25,764	\$ 25,764
g. SUBTOTAL	\$ 330,289	\$ 330,289	\$ 361,910	\$ 361,910	\$ 361,910	\$ 361,910

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	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 50,000	\$ 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	\$ 144,716	\$ 144,716	\$ 144,716
i. CDC	\$ 222,512	\$ 244,445	\$ 244,445
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
CHC	\$ 0	\$ 143,701	\$ 143,701
Dental-CDC Grant	\$ 0	\$ 0	\$ 7,000
Family Planning Prog.	\$ 0	\$ 0	\$ 47,981
Ryan White	\$ 0	\$ 0	\$ 50,000
Title X FP funds	\$ 0	\$ 47,981	\$ 0
Title X FP and CHC	\$ 199,004	\$ 0	\$ 0
III. SUBTOTAL	\$ 716,232	\$ 680,843	\$ 737,843

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2002

Field Note:

Expenditure in this category is lower because of the actual MCH award for Palau which was lower than what was budgeted for year 2002. Program related activities toward women of reproductive age group are grouped under this j "Others" category. These include educational programs and direct health service that are supported by funds from UNFPA.

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: PW

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 99,365	\$ 99,365	\$ 95,028	\$ 0	\$ 99,781	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 95,816	\$ 95,816	\$ 91,479	\$ 0	\$ 96,232	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 89,507	\$ 89,507	\$ 85,170	\$ 0	\$ 89,923	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 77,222	\$ 77,222	\$ 72,885	\$ 0	\$ 77,975	\$ 0
V. Federal-State Title V Block Grant Partnership Total (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.)	\$ 361,910	\$ 361,910	\$ 344,562	\$ 0	\$ 363,911	\$ 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: PW

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 92,137	\$ 92,137	\$ 99,365	\$ 99,365	\$ 99,365	\$ 99,365
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 82,788	\$ 82,788	\$ 95,816	\$ 95,816	\$ 95,816	\$ 95,816
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 75,812	\$ 75,812	\$ 89,507	\$ 89,507	\$ 89,507	\$ 89,507
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 79,552	\$ 79,552	\$ 77,222	\$ 77,222	\$ 77,222	\$ 77,222
V. Federal-State Title V Block Grant Partnership Total (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.)	\$ 330,289	\$ 330,289	\$ 361,910	\$ 361,910	\$ 361,910	\$ 361,910

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

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

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

STATE: PW

Total Births by Occurrence: 312

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						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						

Other Screening (Specify)

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

Hearing Screening by age 6 months	312		0	0	0	
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(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

None

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: PW

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	315			20.0	80.0	
Infants < 1 year old	312			20.0	80.0	
Children 1 to 22 years old	6,755			20.0	80.0	
Children with Special Healthcare Needs	560			20.0	80.0	
Others	9,008			20.0	80.0	
TOTAL	16,950					

FORM NOTES FOR FORM 7

Based on 2000 Needs Assessment, 20% of our users have private/other health insurance while the rest, 80% have no such coverage. However, Palau Government Subsidizes health care by about 90%, therefore, people in Palau have access to all primary health care that are available on island.

FIELD LEVEL NOTES

- 1. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2005

Field Note:
This total includes all other general gyn/pap/breast exams/family planning services, that were provided in the clinic.

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: PW

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
DELIVERIES								
Total Deliveries in State	315	0	0	0	35	280	0	0
Title V Served	315	0	0	0	35	280	0	0
Eligible for Title XIX	315	0	0	0	35	280	0	0
INFANTS								
Total Infants in State	312	0	0	0	25	287	0	0
Title V Served	312	0	0	0	25	287	0	0
Eligible for Title XIX	312	0	0	0	25	287	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
DELIVERIES								
Total Deliveries in State	315	0	0	0	0	0	0	0
Title V Served	315	0	0	0	0	0	0	0
Eligible for Title XIX	315	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	312	0	0	0	0	0	0	0
Title V Served	312	0	0	0	0	0	0	0
Eligible for Title XIX	312	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PW

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u>(680) 488-1756</u>	<u>(680) 488-1756</u>	<u>(680) 488-1756</u>	<u>(680) 488-1756</u>	<u>(680) 488-1756</u>
2. State MCH Toll-Free "Hotline" Name	MCH/FP hotline	MCH/FP hotline	MCH/FP hotline	MCH/FP hotline	MCH/FP hotline
3. Name of Contact Person for State MCH "Hotline"	<u>Joaquina Ulengchong</u>	<u>Joaquina Ulengchong</u>	<u>Joaquina Ulengchong</u>	<u>Joaquina Ulengchong</u>	<u>Berry Watson</u>
4. Contact Person's Telephone Number	<u>(680) 488-2420</u>	<u>(680) 488-2420</u>	<u>(680) 488-2420</u>	<u>(680) 488-2420</u>	<u>(680) 488-2420</u>
5. Number of calls received on the State MCH "Hotline" this reporting period			<u>9,980</u>	<u>9,980</u>	<u>9,880</u>

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: PW

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	<u> </u>				
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"	<u> </u>				
4. Contact Person's Telephone Number	<u> </u>				
5. Number of calls received on the State MCH "Hotline" this reporting period	<u> 0</u>				

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: calls_2

Row Name: Number of calls received On the State MCH Hotline This reporting period

Column Name: FY

Year: 2003

Field Note:

Again for fy 2003, this number is an estimate based on the number of calls the clinic receives each day.

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

1. State MCH Administration:
(max 2500 characters)

The MCH Title V fund is administered by the Director of the Bureau of Public Health under the Direction of the Ministry of Health. The Ministry of Health's finance office works closely with the National Treasury which is under the Ministry of Administration in monitoring the funds. The National Treasury is responsible for preparation and timely submission of the annual Financial Status Reports. The MCH program works with other entities of the Ministry of Health on data collection, needs assessment and surveys, as well as promotional activities. The Director of Public Health works closely with the Minister of Health in policy development as well as program plans effecting services for women, pregnant women and mothers, children, adolescent, children with special health needs, and families. A team consisting of the Chief of the Division of Primary and Preventive Services, Family Health Unit administrator/Interagency Project Coordinator, assist the Director in the implementation of program plans. The Interagency office serves as the link for all other agencies in providing coordinated services for children with special needs including those who are at risk for developing long-term disabling condition.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>162,320</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>2,081</u>
4. State Funds (Line 3, Form 2)	\$ <u>199,510</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>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>363,911</u>

9. Most significant providers receiving MCH funds:

Dr. Yuriko Becheserrak, Pediatrician = .5 FTE

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

a. Pregnant Women	<u>315</u>
b. Infants < 1 year old	<u>312</u>
c. Children 1 to 22 years old	<u>6,755</u>
d. CSHCN	<u>560</u>
e. Others	<u>9,008</u>

11. Statewide Initiatives and Partnerships:

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

Breast feeding initiative: The Ministry of Health has finally completed all reporting requirements to UNICEF and WHO on Baby Friendly Hospital. We are now in the process of finalizing the second internal evaluation prior to being certified as a "Baby Friendly Hospital" by UNICEF. This requirement is the 18 hour breast feeding courses for staff. Breast feeding support has now been formed and running smoothly. Health Education and Promotion is ongoing in the clinics, La Maze Classess and home visitations for those high risk children. New Horizons in Health activities: Assessment and counseling on risk behavior is incorporated into the routine annual physical examination on a one to one basis. School activity in the form of small work groups address issue of growth and development, hygiene, nutrition, self esteem, and desicion making. Ministry of Health continues to provide primary and specialty health care services to CSHCN. Nutrition of the most important issue for Palau at this time. Lifestyle diseases is causing becoming rampant among young and older adults in Palau. It is taking up resouces and causing much distress. MCH is in a better place to intervene especially with young children

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

Tobacco coalition has completed a national survey on tobacco use for grades 6-12. Results of this survey are used in the MCH Plan as indicators of Use by the Adolescent Age group. A Behavioral Risk Factor Survey was also undertaken in 2000. Palau MCH/SSDI Program is one of the many agencies collaborated in the YBRFS. The issues of interest to MCH includes, nutrition practices, risk for injuries, family planning and abstinence issuesuse, use of tobacco and other addicting substances, as suicide risks. Ongoing health promotion activities will continue. MCH is fortunate in that most of the related programs are within the Ministry of Health, and therefore most of our efforts usually more comprehensive. The idea of comprehensive programs makes more sense for us and is cost effective. With the availability of YRBS information, we are finding that risk behaviors among adolescent is even more serious than we anticipated. In 1999, there was one suicide death of a 15 years old. The use tobacco, alcohol, and other drugs is another problematic area. The most important initiative is to continue building strong partnerships with parents, teacher association, health care providers in the planning and implementation of effective programs.

c. Infrastructure Building Services:
(max 2500 characters)

Prevention of Otitis media: In the past, we have reported that it is a problen for us. The hearing screening at 6 to 12 months will incorporate health teaching for mothers and parents on prevention of Otitis Media. Protocols are being revised to follow up of the cases of otitis media with evaluation plan. This is one of the main activity for the Pediatrician and the Pediatric Care Manager. The decentralization of prenatal services to the four superdispensaries is believed to improve first trimester enrollment. Extended hours will continue. More public promotion through media is planned. The school based clinic which was first established is 1999 within the Palau High School campus has been a big step in enhancing services for adolescent. Another clinic has opened in one Elementary School that has the biggest enrollment and serves all other elementary schools located in the central Koror. School health services in the remote islands/states are provided by the Super-dispensaries that serves the specific area.

12. The primary Title V Program contact person:

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

Name Stevenson Kuartei, M.D., ABFP
Title Director, Bureau of Public Health
Address P. O. Box 6027
City Koror
State PW
Zip 96940
Phone (680) 488-1757/3116
Fax (680) 488-3115
Email skuartei@palaunet.com
Web _____

Name Berry Moon Watson, M.P.H.
Title FHU Administrator/SSDI Project Coordinator
Address P. O. Box 96940
City Koror
State PW
Zip 96940
Phone (680) 488-1757/3116
Fax (680) 488-3115
Email berry@palaunet.com
Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

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	100	100	100	100	100
Annual Indicator					100.0
Numerator					312
Denominator					312
Is the Data Provisional or 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 # 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	0	0	0	0	50
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	60	65	70	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 # 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	0	0	0	0	50
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	55	60	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 # 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	0	0	0	0	100
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	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 # 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	0	0	0	0	50
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	55	60	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 # 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.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>99</u>	<u>99</u>	<u>99</u>	<u>99</u>	<u>99</u>
Annual Indicator	<u>96.1</u>	<u>96.1</u>	<u>97.0</u>	<u>98.2</u>	<u>98.7</u>
Numerator	<u>319</u>	<u>298</u>	<u>321</u>	<u>334</u>	<u>308</u>
Denominator	<u>332</u>	<u>310</u>	<u>331</u>	<u>340</u>	<u>312</u>
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>99</u>	<u>99</u>	<u>100</u>	<u>100</u>	<u>100</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.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>23.3</u>	<u>15</u>	<u>13.5</u>	<u>12.5</u>	<u>17</u>
Annual Indicator	<u>40.7</u>	<u>9.3</u>	<u>20.0</u>	<u>23.9</u>	<u>11.8</u>
Numerator	<u>20</u>	<u>5</u>	<u>6</u>	<u>11</u>	<u>5</u>
Denominator	<u>491</u>	<u>538</u>	<u>300</u>	<u>461</u>	<u>422</u>
Is the Data Provisional or Final?				Provisional	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>15</u>	<u>13</u>	<u>11</u>	<u>10</u>	<u>9</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	95	99	99	99	99
Annual Indicator	0	81.1	82.4	78.2	81
Numerator			42	280	
Denominator			51	358	
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	99	99	99	99	99
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	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	4,840	3,912	3,912	3,912	3,912
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	248	278	300	259	312
Denominator	248	278	300	259	312
Is the Data Provisional or Final?				Provisional	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	0	0
Annual Indicator	0	0.0	0	0	0.0
Numerator		0			0
Denominator		278			312
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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	0	0	0	0	0
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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	0	0	0	0	0
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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	1	1	1	1	1
Annual Indicator	1.6	0.7	1.3	0.0	0.6
Numerator	4	2	4	0	2
Denominator	250	278	300	259	312
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
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	50	50	50	50	0
Annual Indicator	78.0	64.5	64.5	64.5	0.0
Numerator	1	1	1	1	0
Denominator	1,282	1,550	1,550	1,550	1,550
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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	0	0	0	0	0
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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	35	40	45	45	44.3
Annual Indicator	31.5	30.6	28.7	36.3	29.8
Numerator	78	85	86	94	93
Denominator	248	278	300	259	312
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	51.3	59.3	67.3	75.3	76
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

The percentage of mothers who exclusively breastfeed their babies up to age 3 months.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	75%	35	35%	40%	67.7
Annual Indicator	27.8	54.3	59.3	69.1	57.4
Numerator	69	150	178	179	179
Denominator	248	276	300	259	312
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	72.9	78.1	83.3	90	95
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 proportion of children ages 13-14 who receives Annual Physical Examination which includes age appropriate screening, assessment, and counseling.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20%	40%	50%	60%	100
Annual Indicator		0	47.5	100.0	5.4
Numerator			47	342	35
Denominator			99	342	651
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.

STATE PERFORMANCE MEASURE # 3

Develop support systems for parents and families that address their needs for parenting skills, discipline, and other lifecycle issues.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	7	8	8	8	9
Annual Indicator	7	8	8	8	8
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	10
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 prevalence rate of children and youth who uses tobacco products.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	30%	35	30%	25%	20%
Annual Indicator	42.5	43.3	70%		21.6
Numerator	190				144
Denominator	447				667
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	15%	<15%			
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

The percentage of women age 18 and older who received a pap test within the preceding 1 to 3 years.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	25%	25%	30	35	40
Annual Indicator	22.0	18.3		27.1	17.6
Numerator	1,170	1,102		1,637	1,064
Denominator	5,317	6,034		6,034	6,034
Is the Data Provisional or Final?				Final	Final

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

The rate of birth (per 1,000) for teenagers age 12 through 18 years.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	22	20	20	18	15
Annual Indicator	18.7	5.0	6.0	25.8	8.9
Numerator	17	5	6	26	9
Denominator	910	1,006	1,006	1,006	1,006
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<15	<15	13	10	10
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

Anemia screening for infants born with low birth weight.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	95%	>95%	90%	95%	>95%
Annual Indicator	86.2	58.8	75.0	30.8	68.2
Numerator	25	10	9	8	15
Denominator	29	17	12	26	22
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	>95%	>95%	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.

STATE PERFORMANCE MEASURE # 8

The percent of infants and children under the age of 14 years who acquire unintentional injuries requiring a visit to Emergency or Outpatient Departments.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	23%	12.5	11.0%	10.0%	9.0%
Annual Indicator	10.7	0.3	19.0	0.4	11.1
Numerator	518	14	745	16	682
Denominator	4,840	4,841	3,912	3,912	6,146
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.0%	7.0%	6	5	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.

STATE PERFORMANCE MEASURE # 9

Percentage of infants who have been screened for hearing impairment by six month old.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	30%	100%	>95%	>95%	>95
Annual Indicator	100.0	93.5	96.7	94.2	100.0
Numerator	50	260	290	244	312
Denominator	50	278	300	259	312
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	95%	>95%	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.

STATE PERFORMANCE MEASURE # 11

To establish a system of intervention for adolescent (ages 12 - 19 yrs.) victims of physical/sexual abuse and child molestation

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective			100	100%	100
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or 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.

FORM NOTES FOR FORM 11

The Objectives that address adequacy, acceptance and access of care to children with special health care needs cannot be addressed adequately this year. We are in the process of conducting an assessment of these objectives this year and we are hopeful that in 2006, we will be able to adequately respond to these objectives.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
Palau screens children for hearing before age of 6 months. In 2003 we screened all 6 months old babies on their 6 months well-baby clinic were screened for hearing impairment. Palau chooses not to perform hearing screening at birth. The reason being that 99.9% of children with hearing problem experience this problem due to otitis media and not congenital hearing loss.

All other newborn screening are conducted based on a physician's order.
2. **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.
3. **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.
4. **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.
5. **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.
6. **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.
7. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
This is an objective that is performed by the Division of Oral Health through school visits. This measure is close to 100%, however, the 81% are those children who are encountered and had their worked completed on site. Those who are absent from school or not completed due to a problem at the time of the school visits, are given appointments to come to the central Dental Clinic to have their sealants done.
8. **Section Number:** Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2005
Field Note:
Palau does not perform infant hearing test at hospital discharges, however, this test is done by the age of 6 months. This is because our childhood hearing problem is not due to congenital hearing defects, but mainly due to otitis media and other middle ear diseases.
9. **Section Number:** Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2005
Field Note:
Republic of Palau has a nationalized health insurance for primary health care. It is based on a sliding fee scale. Public Health Services are provided free of charge to all people.
10. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure. We do not qualify for Medicaid.
11. **Section Number:** Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

The Belau National Hospital (only hospital in Palau) does not have a Neonatal Intensive Care Unit.

12. Section Number: State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

The Family Health Unit which oversees the implementation of the MCH Block Grant has begun development/implementation of systems for this measure. We now have two social workers in the Unit and they have stated a process of screening/intervention of pre and post natal depression. This process began on June 19, 2004. We have developed materials for use in parenting and birthing class which will be part of our prenatal services.

We have also completed our perinatal services standards and policies and procedures which include family intervention component.

13. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2005

Field Note:

The figure for 2003 is based on the recently completed YRBS.

14. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

The figure is based on 22 chart assessed.

15. Section Number: State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2005

Field Note:

We are still unable to report accurately on this measure. However, we are now nearing completion of establishing a collaborative Adolescent Health Program. A Memorandum of Agreement with many agencies including the public/private schools, the Judiciary and Law Enforcement agencies is close to completion. An Adolescent Health Care Coordinator was recently hired to work with FHU Administrator to oversee the development and implementation of the Adolescent Health which will be a component of the FHU.

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

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	9.8	8.8	7	6	5
Annual Indicator	20.0	10.8	10.0	7.7	9.6
Numerator	5	3	3	2	3
Denominator	250	278	300	259	312
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.5	7.5	7	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	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
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	4	4	4	4	4
Annual Indicator	20.0	7.2	10.0	7.7	9.6
Numerator	5	2	3	2	3
Denominator	250	278	300	259	312
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	8.5	8	7.5	7	6.5
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.

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	4		3	3	3
Annual Indicator	0.0	3.6	0.0	0.0	0.0
Numerator	0	1	0	0	0
Denominator	250	278	300	259	312
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	3	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 # 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	12.2	50	40	30	20
Annual Indicator	60.0	55.0	26.7	15.3	19.2
Numerator	15	16	8	4	6
Denominator	250	291	300	261	312
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	15	13	11	9	7
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	36	70	60	50	60
Annual Indicator	89.1	68.4	25.6	76.7	119.3
Numerator	4	3	1	3	5
Denominator	4,490	4,384	3,912	3,912	4,190
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	50	40	30	20	10
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

Reduce the prevalence of obesity among children ages 9 - 11 years.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	21	18.9	17.1	15.4	13.8
Annual Indicator			10.6	12.3	21.5
Numerator			5	42	
Denominator			47	342	
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	12	11.5	11	10.5	10
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 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2005

Field Note:

This rate includes deaths due to drowning/housefire/homicide. The homicide is of a boy who lost his life along with his father and mother. The housefire death is also of a boy who lost his life in a housefire whose autopsy revealed a high level of alcohol concentration in the blood.

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

Field Name: SO1

Row Name:

Column Name:

Year: 2005

Field Note:

The figure for 2003 is based on the result of 2003 YRBS.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: PW

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.

2

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

3

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

2

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).

2

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

2

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: PW 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 implement the goals and objectives of the the Palau National Nutrition Plan as they pertain to MCH population groups.
2. To develop and implement support systems for parents and families that includes home visiting, parenting education, and support group.
3. To fully integrate hearing screening at 6 months of age in the Well Baby Clinic's routine care which includes teaching for parents on prevention of Otitis Media.
4. To reduce the use of tobacco among children and adolescent.
5. To increase the rate of children in third grade who receive sealant on at least one molar tooth.
6. To reduce the percentage of suicide attempts among adolescents.
7. To reduce the incidence of low birth weight and very low birth weight infants.
8. To increase the number of women seeking prenatal care during the first traimester.
9. To reduce the perinatal death rate.
10. To reduce the prevalence of obesity among children ages 9 to 11 years.

FORM NOTES FOR FORM 14

Republic of Palau will maintain the State Priority Needs for the next fiscal year. However, during the review process, many comments regarding stronger involvement of families in healthcare delivery was noted. Family Health Unit is in the process of restructuring the service delivery component to more community/family home visitations. We have also began screening pregnant and post-natal moms for signs of depression and due to these changes we are closely linking our services with the Division of Behavioral Health to provide extended services to those clients who are identified to have problems. We are also following up on our breastfeeding education to the Maternity Ward with follow-up in the home up to three months post delivery. Other significant changes are birthing and parenting classes that are being made "mandatory" in our prenatal clinics.

FIELD LEVEL NOTES

None

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

STATE: PW

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.	General Systems Capacity Issues 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>	To present the PRAMS-like and SLAITS-like surveys in the 2005 PBILC Conference in Saipan	To promote the use of nationally recognized monitoring and evaluation methods so that we in the region can have a better comparative data.	Berry Watson, M.P.H Ministry of HealthKoror, Palau 96940(680) 488-4804berry@palaunet.com
2.	Data-related Issues - Performance Indicators 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>	To hire a consultant to analyze/report on results of the SLAITS-like survey around October/Novemember 2004	The Administrator/CSHCN Coord. will not have time to analyze the result of this survey	Dr. Angela Techur-Pedro, University of Hawaii at Manoa, School of Medicine
3.	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>			
4.	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>			
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

The Pacific Jurisdictions have been limited in meeting informational requirements for all NPM that deals with children with special health care needs. The Republic of Palau have began a process that is similar to the National SLAITS Survey. Information captured from this survey will enable us to compare progress not just in the region, but also at the national level. We have also completed a PRAMS-like Survey that will also be presented during this regional conference. For us in Palau, we are doing this continually to monitor and evaluate our program and additional improvement we are planning in the coming year is to network it with the Birth/Death Certificates and the clinic based database. The PRAMS-like survey will be also presented in the conference.

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: PW

SP # 1

PERFORMANCE MEASURE:

The percentage of mothers who exclusively breastfeed their babies up to age 3 months.

STATUS:

Active

GOAL

To increase the proportion of mothers who breast feed their babies up to age 3 months.

DEFINITION

Numerator:

The number of mothers in Palau who exclusively breastfeed their babies up to age 3 months.

Denominator:

The of live births in Palau for the given calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Breastfeeding database; Minisrty of Health, Palau

SIGNIFICANCE

The advantages of breastfeeding are indisputable and include nutritional, immunological, and psychological benefits to both infants and mother, as well as economic benefits.

SP # 2

PERFORMANCE MEASURE:

The proportion of children ages 13-14 who receives Annual Physical Examination which includes age appropriate screening, assessment, and counseling.

STATUS:

Active

GOAL

To increase the proportion of children age 13-14 who receives annual physical examination which includes age appropriate screening, assessment, and counseling.

DEFINITION

Numerator:

Number of children age 13 to 14 years who receives annual Physical Examination.

Denominator:

The population of children age 13 to 14 years.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Bureau of Public Health; Data Office

SIGNIFICANCE

This age group is selected because it is when children are due for Tetanus Toxoid Booster as well as TB screening. This performance measure is also in line with the proposed plan to make Physical Examination a requirement for High School Entry in Palau.

SP # 3

PERFORMANCE MEASURE:

Develop support systems for parents and families that address their needs for parenting skills, discipline, and other lifecycle issues.

STATUS:

Active

GOAL

To develop support systems for parents and families that address their needs for parenting skills, discipline, and other lifecycle issues.

DEFINITION

Included as Attachment to this performance measure is a 12 points checklist that attempts to measure where Palau is in providing services for parents and families.

Numerator:

Not Applicable

Denominator:

Not Applicable

Units: 100 **Text:** percents

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

A twelve points checklist is developed to assess progress on this performance measure. The checklist is attached to this detail sheet.

SIGNIFICANCE

In the two focus groups that were held to discuss the need for child care services, one of the concerns that was voiced by the parents and other community members who were present was the need for help in parenting skills, with emphasis on discipline, discussing sensitive issues such as family planning, STD's and others. Another important issue that came up is the issue of bullying in schools among children. While we do not have actual data to show as to how serious the problem is, it is important to begin addressing it by including it as one of the topics addressed when developing the support systems for parents and families.

SP # 4

PERFORMANCE MEASURE:

The prevalence rate of children and youth who uses tobacco products.

STATUS:

Active

GOAL

To reduce the prevalence rate of children and youth using tobacco to no more than 10 percent.

DEFINITION

Numerator:

Number of children and youth surveyed who responded that they are regular users of tobacco products.

Denominator:

Total number of children and youth surveyed.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Survey data from the coordinated efforts of the Tobacco Coalition, Behavioral Health Division, and Ministry of Education.

SIGNIFICANCE

Palau's problem of Tobacco use is unique in that it's not as much as smoking; but more of Tobacco Chewing. Chewing of tobacco is combined with beetle nut that is a traditional habit of the local people. Tobacco is now added to the beetlenut, pepper leaves, and lime for chewing. A survey that was conducted in one school for children in the 4th to 8th grade in 1997 showed that 72% chew betel nut; 41 percent claims to be regular chewers; 78% of the regular chewers add tobacco in their chew. This habit have significant implications in people's oral health. Although there has been no study to document the true ill effects of tobacco chewing in association with betel nut, the Ministry of Health is closely observing the Mortality rates that might be associated with this habit, e.g. Oral, throat, and stomach cancer.

SP # 5

PERFORMANCE MEASURE:

The percentage of women age 18 and older who received a pap test within the preceding 1 to 3 years.

STATUS:

Active

GOAL

To increase to at least 95% the proportion of women aged 18 and older who have ever received a pap test, and to at least 85 percent those who received a Pap test in the preceding 1 to 3 years.

DEFINITION

Numerator:

The number of women age 18 and older who have received a Pap test in the preceding 1 to 3 years.

Denominator:

The number of women 18 years and older.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Ministry of Health Data; Breast and Cervical Cancer Early Detection Program and MCH program.

SIGNIFICANCE

Cervical cancer is the number one cause of cancer related deaths among women in Palau. The incidence of STD's is very high for young women that can also contribute to cervical cancers. Pap smear is the most important life saving intervention that is locally available.

SP # 6

PERFORMANCE MEASURE:

The rate of birth (per 1,000) for teenagers age 12 through 18 years.

STATUS:

Active

GOAL

To lower the rate of birth among teenagers age 12 through 18 years.

DEFINITION

Numerator:

Number of live birth to teenagers age 18 years and under.

Denominator:

Number of females aged 12 to 18 in the calendar year.

Units: 1000 **Text:** Rate per thousand

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Ministry of Health Data

SIGNIFICANCE

For the youngest age for teenager for becoming pregnant is 12. Due to our small small population, we have chosen to monitor birth rates for a wider age range. Teen pregnancy leads to teenagers not completing High School and many other problems that have long lasting effects on the child born to teen parent.

SP # 7

PERFORMANCE MEASURE:

Anemia screening for infants born with low birth weight.

STATUS:

Active

GOAL

To increase the proportion of infants with low birth weight who are screened for anemia at the age of 6 months.

DEFINITION

Numerator:

Number of infants with low birth weight in the calendar year who are screened for anemia at 6 months.

Denominator:

Total number of infants with low birth weight in the given calendar year.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH clinic data; Ministry of Health

SIGNIFICANCE

For Palau, 11 percent of the babies born in 1997 had low birth weight. Nutrition and especially Iron deficiency is a big concern for this children in order to enhance growth and developmental attainment. In 1997, only 70 percent of the infants with low birth weight were screened at six months for anemia.

SP # 8

PERFORMANCE MEASURE:

The percent of infants and children under the age of 14 years who acquire unintentional injuries requiring a visit to Emergency or Outpatient Departments.

STATUS:

Active

GOAL

To lower the rate of infants and children under the age of 14 years who acquire unintentional injuries requiring a visit to Emergency or Outpatient department.

DEFINITION

Numerator:

Total number of unintentional injuries encounters in ER and Outpatient for all children under the age of 14 years in the given year.

Denominator:

Total number of children under the age of 14 years for the given year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Encounter Data; Ministry of Health

SIGNIFICANCE

The analysis of injury data that was carried out showed that in most case, the injuries are preventable. Preventing injuries through educational and awareness activities among parents, children, and community in general can have tremendous potential in financial cost savings for the government and families. Suffering and loss of work time are other important issues that could be minimized with reduced incidences of unintentional injuries.

SP # 9

PERFORMANCE MEASURE:

Percentage of infants who have been screened for hearing impairment by six month old.

STATUS:

Active

GOAL

To reduce the morbidity associated with hearing impairment through early detection.

DEFINITION

Numerator:

The number of infants 6 months who were screened for hearing impairment.

Denominator:

Number of 6 month old infants for the given year.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Birth Certificate Data, Hearing Clinic Data; Ministry of Health

SIGNIFICANCE

The advantage of early detection of hearing impairments are indisputable and include necessary follow up of free and appropriate enrolment in habilitation and education programs. In addition to screening, more effort will be put into health teaching for parents on prevention of otitis media.

SP # 11

PERFORMANCE MEASURE:

To establish a system of intervention for adolescent (ages 12 - 19 yrs.) victims of physical/sexual abuse and child molestation

STATUS:

Active

GOAL

Children and Adolescents who become victims of abuse are provided appropriate services

DEFINITION

Numerator:

Number of adolescent needing counseling /treatment by nature

Denominator:

Adolescent Age Group 12 - 19 years.

Units: 1000 **Text:** rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Monitor Emergency Room encounters, police reports, behavioral health services encounters and Victims of Criminal Abuse (VOCA) information.

SIGNIFICANCE

During the recently held MCH Strategic Planning meeting it was voiced by the Adolescent Group that they view this as one, if not, the key factor that contributes to many behavioral problems/psychological and social problems of this age group. Every member of the adolescent group said that they know of a friend(s) who are currently experiencing problems due to sexual abuse/molestation in the home. The Group also felt that the system of assistance for adolescents will probably lower suicide and suicide attempts in this age group.

SO # 1

OUTCOME MEASURE:

Reduce the prevalence of obesity among children ages 9 - 11 years.

STATUS:

Active

GOAL

To reduce the prevalence of obesity among children ages 9 to 11 years.

DEFINITION

Numerator:

For this baseline data, we used the number of children ages 9 to 11 years who were found to have BMI equal to or greater than 23.0 for females and 24.8 for males. A total of 112 children were identified to have BMI equal to or above the cut off numbers for males and females.

Denominator:

The denominator used for this baseline data is the total number of children who received school physical examination in 1996. A total of 427 students from 3 schools were examined.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Ministry of Health Data: A data analysis was performed on 427 medical records of school children age 9 to 11 years who received physical examination toward the end of 1996. The children are from the three most populated public schools in Koror or the Capital city of Palau. We will be trying to do more examination of children from the rural areas for comparison and for identification of risk behaviors. It has been decided that the data analysis on the weight measurements will be done every three years.

SIGNIFICANCE

We have chosen to work deal with obesity in children in a much younger age so that preventative measures could begin much earlier. This is based on the notion that obesity in children around age 10 is used as benchmark indicator for ill health in later life.

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: PW

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
Annual Indicator	51.3	20.9	46.7	27.4	96.0
Numerator	2	4	9	6	21
Denominator	390	1,918	1,928	2,187	2,187
Is the Data Provisional or Final?				Provisional	Provisional

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
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or 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
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or 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
Annual Indicator	44.0	60.0	76.0	36.7	29.8
Numerator	11	15	19	94	94
Denominator	25	25	25	256	315
Is the Data Provisional or Final?				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	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or 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	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure. We do not qualify for Medicaid Program.
2. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure as we do not qualify for SCHIP Program
3. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure as we do not qualify for Medicaid Program.
4. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure as we do not qualify for the SSI Program.

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

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 (< 2,500 grams)</i>	2003	Payment source from birth certificate	<u>0</u>	<u>7.7</u>	<u>7.7</u>
b) <i>Infant deaths per 1,000 live births</i>	2003	Payment source from birth certificate	<u>0</u>	<u>9.6</u>	<u>9.6</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2003	Payment source from birth certificate	<u>0</u>	<u>29.8</u>	<u>29.8</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>0</u>	<u>29.8</u>	<u>29.8</u>

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

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>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>)	2003	<u>200</u>
(Age range <u>6</u> to <u>14</u>)		<u>200</u>
(Age range <u>15</u> to <u>21</u>)		<u>200</u>
c) <i>Pregnant Women</i>	2003	<u>200</u>

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

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>200</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>)	2003	<u>200</u>
(Age range <u>6</u> to <u>14</u>)		<u>200</u>
(Age range <u>15</u> to <u>21</u>)		<u>200</u>
c) <i>Pregnant Women</i>	2003	<u>200</u>

FORM NOTES FOR FORM 18

This measure does not apply to Palau. The numbers were entered so that we can proceed as it is a required form.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure as we do not qualify for Medicaid Program.
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure as we do not qualify for Medicaid Program.
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Palau does not report on this measure as we do not qualify for Medicaid Program.

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

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)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	3	No
Annual linkage of birth certificates and WIC eligibility files	3	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	3	No
Survey of recent mothers at least every two years (like PRAMS)	1	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: PW

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)	1	No
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	No
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	1	No
Other:		

*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

Data Linkage with the Ministry of Health Information System is a project that has not been completed. The Ministry has hired a programmer/systems administrator who we have been informed will be able to assist us in completing this important project. This year we completed our PRAMS-like Survey and results of this survey are now used in completing some of the required indicators in this application. We also hope that this process of MIS improvement will enable us to link our PRAMS-like Survey with Birth and Death Certificates and prenatal clinic databases.

FIELD LEVEL NOTES

None

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

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
Annual Indicator	8.4	3.2	4.0	10.0	7.1
Numerator	21	9	12	26	22
Denominator	250	278	300	259	312
Is the Data Provisional or Final?				Final	Provisional

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
Annual Indicator	7.7	3.3	4.0	10.0	_____
Numerator	19	9	12	26	_____
Denominator	246	276	300	259	_____
Is the Data Provisional or Final?				Provisional	

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
Annual Indicator	1.6	0.7	1.3	0.0	_____
Numerator	4	2	4	0	_____
Denominator	250	276	300	259	_____
Is the Data Provisional or Final?				Provisional	

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
Annual Indicator	1.2	0.7	1.3	0.0	_____
Numerator	3	2	4	0	_____
Denominator	246	276	300	259	_____
Is the Data Provisional or Final?				Provisional	

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		2003
			2001	2002	
Annual Indicator	20.7	68.4	25.6	0.0	
Numerator	1	3	1	0	
Denominator	4,840	4,384	3,912	3,912	
Is the Data Provisional or Final?				Provisional	

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		2003
			2001	2002	
Annual Indicator	0.0	0.0	0.0	0.0	
Numerator	0	0	0	0	
Denominator	4,840	4,384	3,912	3,912	
Is the Data Provisional or Final?				Provisional	

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		2003
			2001	2002	
Annual Indicator	36.9	0.0	0.0	73.2	
Numerator	1	0	0	2	
Denominator	2,709	2,732	2,732	2,732	
Is the Data Provisional or Final?				Provisional	

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		2003
			2001	2002	
Annual Indicator	3,409.1	250.9	228.1	365.0	
Numerator	165	11	10	16	
Denominator	4,840	4,384	4,384	4,384	
Is the Data Provisional or Final?				Provisional	

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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	206.6	91.2	127.8	153.4	
Numerator	10	4	5	6	
Denominator	4,840	4,384	3,912	3,912	
Is the Data Provisional or Final?				Provisional	

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.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	1,993.4	475.8	109.8	658.9	
Numerator	54	13	3	18	
Denominator	2,709	2,732	2,732	2,732	
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 05A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	16.7	19.0	1.3	11.6	
Numerator	10	8	2	18	
Denominator	598	422	1,550	1,550	
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 05B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	10.2	13.6	6.8	9.7	
Numerator	35	52	26	37	
Denominator	3,418	3,827	3,827	3,827	
Is the Data Provisional or Final?				Provisional	

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

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

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: 2003 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	312					312		
Children 1 through 4	1,308					1,308		
Children 5 through 9	1,700					1,700		
Children 10 through 14	1,576					1,576		
Children 15 through 19	1,550					1,550		
Children 20 through 24	1,182					1,182		
Children 0 through 24	7,628	0	0	0	0	7,628	0	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	312		
Children 1 through 4	1,308		
Children 5 through 9	1,700		
Children 10 through 14	1,576		
Children 15 through 19	1,550		
Children 20 through 24	1,182		
Children 0 through 24	7,628	0	0

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

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: 0 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

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

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

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

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

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	3					3		
Children 1 through 4	2					2		
Children 5 through 9	0					0		
Children 10 through 14	3					3		
Children 15 through 19	2					2		
Children 20 through 24	2					2		
Children 0 through 24	12	0	0	0	0	12	0	0

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	3		
Children 1 through 4	2		
Children 5 through 9	0		
Children 10 through 14	3		
Children 15 through 19	2		
Children 20 through 24	2		
Children 0 through 24	12	0	0

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

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)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	6,535					6,535.0			
Percent in household headed by single parent						36.0			
Percent in TANF (Grant) families						0			
Number enrolled in Medicaid	0					0			
Number enrolled in SCHIP	0					0			
Number living in foster home care	0					0			
Number enrolled in food stamp program	0					0			
Number enrolled in WIC	0					0			
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)						8.0			

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)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	6,535.0			
Percent in household headed by single parent	36.0			
Percent in TANF (Grant) families	0			
Number enrolled in Medicaid	0			
Number enrolled in SCHIP	0			
Number living in foster home care	0			
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)	8.0			

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

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

Reporting Year: 2003 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u> </u>
Living in urban areas	<u> </u>
Living in rural areas	<u> 6,535 </u>
Living in frontier areas	<u> </u>
Total - all children 0 through 19	<u> 6,535 </u>

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

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

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

Reporting Year: 2003 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	<u> 20,278.0 </u>
Percent Below: 50% of poverty	<u> </u>
100% of poverty	<u> 54.0 </u>
200% of poverty	<u> 74.0 </u>

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

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: 2003 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u> 6,535.0 </u>
Percent Below: 50% of poverty	<u> </u>
100% of poverty	<u> 54.0 </u>
200% of poverty	<u> 74.0 </u>

FORM NOTES FOR FORM 21

In 2003, deaths of infants and children follows similar trend as has been described in previous years.

Infant deaths major causes are again prematurity and congenital anomalies.

Child deaths - 1 through 9 years of age - respiratory distress

child deaths - 10 through 14 - homicide/drowning/respiratory distress

child deaths - 15 through 19 - motor vehicle crashes with alcohol intoxication /drowning

child deaths - 20 through 24 - respiratory distress/bronchospasm.

Accidental deaths due to car crashes and other accidents is a cause for concern in Palau, however, in recent years environmental factors as a major cause for hospital admission, emergency room visits/urgent care and as a major cause of deaths is beginning to appear.

FIELD LEVEL NOTES

- Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2005
Field Note:
Juvenile arrests cannot be enumerated by age group at this time. The Ministry of Justice does not capture data by age group.
- Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2005
Field Note:
Data is based on a report compiled for the Palau National Youth Policy (Youth in special circumstances, pp 19)-
- Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2005
Field Note:
The total population figure includes the base population in the 2000 census plus births for 2001, 2002 and 2003, however, it does not account for in and out migration.