

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: FM
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 6/15/2004	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY 7/15/2004	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: Department of Health, Education and Social Affairs		Organizational Unit: Division of Health										
Address (give city, county, state and zip code) FSM National Government P.O. Box PS 70 Palikir, FM 96941 County: Yap, Chuuk, Kosrae, Pohnp		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Mr. Midion G. Neth Tel Number: (691) 320-2619										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="width:100%; text-align: center;"><tr><td>9</td><td>8</td><td>0</td><td>0</td><td>5</td><td>0</td><td>0</td><td>6</td><td>1</td></tr></table>		9	8	0	0	5	0	0	6	1	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	8	0	0	5	0	0	6	1				
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="width:100%; text-align: center;"><tr><td>9</td><td>3</td><td>9</td><td>9</td><td>4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Improving the Health of Mothers, Women and Childre					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): States and Outer Islands												
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant Federated States of Micro	b. Project MCH Block Grant									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>592,399.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>625,000.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>1,217,399.00</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 Mr. Weldis Welley		b. Title Acting Secretary, HESA	c. Telephone Number (691) 320-2619									
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: FM

1. FEDERAL ALLOCATION

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

\$ 592,399

A. Preventive and primary care for children:

\$ 180,298 (30.44%)

B. Children with special health care needs:

\$ 178,008 (30.05%)

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

C. Title V administrative costs:

\$ 50,125 (8.46%)

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

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

\$ 0

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

\$ 625,000

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)

\$ 440,000

\$ 625,000

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

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

\$ 1,217,399

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

\$

\$

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

\$ 100,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,317,399

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: FM

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 576,291	\$ 564,229	\$ 657,618	\$ 0	\$ 592,399	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 578,063	\$ 578,063	\$ 661,053	\$ 0	\$ 625,000	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 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>	\$ 1,154,354	\$ 1,142,292	\$ 1,318,671	\$ 0	\$ 1,217,399	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 100,000	\$ 100,000	\$ 100,000	\$ 0	\$ 100,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 1,254,354	\$ 1,242,292	\$ 1,418,671	\$ 0	\$ 1,317,399	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

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

STATE: FM

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 553,211	\$ 225,016	\$ 563,211	\$ 435,075	\$ 573,106	\$ 565,941
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 27,378	\$ 27,378	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 578,063	\$ 578,063	\$ 578,063	\$ 578,063	\$ 578,063	\$ 578,063
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 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>	\$ 1,131,274	\$ 803,079	\$ 1,168,652	\$ 1,040,516	\$ 1,151,169	\$ 1,144,004
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 100,000	\$ 0	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
9. Total <i>(Line11, Form 2)</i>	\$ 1,231,274	\$ 803,079	\$ 1,268,652	\$ 1,140,516	\$ 1,251,169	\$ 1,244,004
(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:
The expended amount is based on the funds actually received. The budgeted amount is what we requested and was not approved.

FORM 4

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

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

STATE: FM

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 197,295	\$ 196,992	\$ 215,935	\$ 0	\$ 208,700	\$ 0
b. Infants < 1 year old	\$ 150,406	\$ 146,275	\$ 169,925	\$ 0	\$ 150,925	\$ 0
c. Children 1 to 22 years old	\$ 255,358	\$ 240,250	\$ 287,858	\$ 0	\$ 235,482	\$ 0
d. Children with Special Healthcare Needs	\$ 265,021	\$ 260,950	\$ 298,777	\$ 0	\$ 306,270	\$ 0
e. Others	\$ 173,162	\$ 177,575	\$ 209,845	\$ 0	\$ 185,500	\$ 0
f. Administration	\$ 113,112	\$ 120,250	\$ 136,331	\$ 0	\$ 130,522	\$ 0
g. SUBTOTAL	\$ 1,154,354	\$ 1,142,292	\$ 1,318,671	\$ 0	\$ 1,217,399	\$ 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			
III. SUBTOTAL	\$ 100,000	\$ 100,000	\$ 100,000

FORM 4

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

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

STATE: FM

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 193,159	\$ 137,327	\$ 199,839	\$ 177,928	\$ 195,699	\$ 194,399
b. Infants < 1 year old	\$ 146,930	\$ 104,400	\$ 151,925	\$ 135,267	\$ 149,652	\$ 147,833
c. Children 1 to 22 years old	\$ 248,657	\$ 176,677	\$ 257,104	\$ 228,914	\$ 253,257	\$ 252,657
d. Children with Special Healthcare Needs	\$ 252,048	\$ 179,087	\$ 260,609	\$ 232,036	\$ 264,769	\$ 261,485
e. Others	\$ 172,297	\$ 122,068	\$ 177,635	\$ 158,158	\$ 172,675	\$ 172,130
f. Administration	\$ 118,183	\$ 83,520	\$ 121,540	\$ 108,213	\$ 115,117	\$ 115,500
g. SUBTOTAL	\$ 1,131,274	\$ 803,079	\$ 1,168,652	\$ 1,040,516	\$ 1,151,169	\$ 1,144,004

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			
0	\$ 0	\$ 0	\$ 0
III. SUBTOTAL	\$ 100,000	\$ 100,000	\$ 100,000

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

None

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: FM

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.)	\$ 497,003	\$ 475,950	\$ 547,496	\$ 0	\$ 490,800	\$ 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.)	\$ 207,210	\$ 198,510	\$ 269,675	\$ 0	\$ 202,250	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 334,839	\$ 357,557	\$ 355,365	\$ 0	\$ 403,769	\$ 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.)	\$ 115,302	\$ 110,275	\$ 146,135	\$ 0	\$ 120,580	\$ 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.)	\$ 1,154,354	\$ 1,142,292	\$ 1,318,671	\$ 0	\$ 1,217,399	\$ 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: FM

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.)	\$ 486,012	\$ 345,324	\$ 502,070	\$ 390,506	\$ 495,003	\$ 492,695
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.)	\$ 204,461	\$ 144,554	\$ 211,216	\$ 210,316	\$ 207,210	\$ 206,545
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 323,254	\$ 232,892	\$ 333,934	\$ 318,829	\$ 333,839	\$ 330,899
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.)	\$ 117,547	\$ 80,309	\$ 121,432	\$ 120,865	\$ 115,117	\$ 113,865
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.)	\$ 1,131,274	\$ 803,079	\$ 1,168,652	\$ 1,040,516	\$ 1,151,169	\$ 1,144,004

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: FM

Total Births by Occurrence: 2,506

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	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	

Other Screening (Specify)

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

- (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 of the screening tests is available in the FSM

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2005
Field Note:
This test not performed.
2. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2005
Field Note:
This test not performed.
3. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2005
Field Note:
This test not performed.
4. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2005
Field Note:
This test not performed.
5. **Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2005
Field Note:
This test not performed.
6. **Section Number:** Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2005
Field Note:
This test not performed.
7. **Section Number:** Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2005
Field Note:
This test not performed.
8. **Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2005
Field Note:
This test not performed.
9. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2005
Field Note:
This test not performed.
10. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2005
Field Note:
This test not performed.
11. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2005
Field Note:
This test not performed.
12. **Section Number:** Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2005

Field Note:

This test not performed.

13. **Section Number:** Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2005

Field Note:

This test not performed.

14. **Section Number:** Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2005

Field Note:

This test not performed.

15. **Section Number:** Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2005

Field Note:

This test not performed.

16. **Section Number:** Main

Field Name: SickleCellDisease_TreatmentNo

Row Name: SickleCellDisease

Column Name: Needing treatment that received treatment

Year: 2005

Field Note:

This test not performed.

17. **Section Number:** Other Screening Types

Field Name: Other

Row Name: All Rows

Column Name: All Columns

Year: 2005

Field Note:

This test not performed.

18. **Section Number:** Screening Programs for Older Children and Women

Field Name: OtherWomen

Row Name: All Rows

Column Name: All Columns

Year: 2005

Field Note:

Only when there are specialists visiting the island then certain screening for older children are performed.

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: FM

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	2,548	5.0	5.0	10.0	80.0	0.0
Infants < 1 year old	2,506	5.0	5.0	10.0	80.0	0.0
Children 1 to 22 years old	58,351	5.0	5.0	10.0	80.0	0.0
Children with Special Healthcare Needs	806	5.0	5.0	10.0	80.0	0.0
Others	10	5.0	5.0	10.0	80.0	0.0
TOTAL	64,221					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
2. **Section Number:** Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
3. **Section Number:** Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
4. **Section Number:** Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
5. **Section Number:** Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
6. **Section Number:** Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
7. **Section Number:** Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
8. **Section Number:** Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
9. **Section Number:** Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.
10. **Section Number:** Main
Field Name: AllOthers_XXI
Row Name: Others
Column Name: Title XXI %
Year: 2005
Field Note:
FSM is not eligible for Title XIX and Title XXI at all. The #5 is only a "dummy" number for the system and should be ignored.

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: FM

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	2,510	0	0	0	0	2,494	16	0
Title V Served	2,510	0	0	0	0	2,494	16	0
Eligible for Title XIX	10	0	0	0	0	10	0	0
INFANTS								
Total Infants in State	2,506	0	0	0	0	2,506	0	0
Title V Served	2,506	0	0	0	0	2,506	0	0
Eligible for Title XIX	10	0	0	0	0	10	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	2,510	0	0	0	0	0	0	0
Title V Served	2,510	0	0	0	0	0	0	0
Eligible for Title XIX	10	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	2,506	0	0	0	0	0	0	0
Title V Served	2,506	0	0	0	0	0	0	0
Eligible for Title XIX	10	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
FSM is not eligible for Title XIX at all. The # 10 is only a "dummy" number for the system and should be ignored.
2. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2005
Field Note:
FSM is not eligible for Title XIX at all. The # 10 is only a "dumm" number for the system and should be ignored.
3. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
FSM is not eligible for Title XIX at all. The # 10 is only a "dummy" number for the system and should be ignored.
4. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2005
Field Note:
FSM is not eligible for Title XIX at all. The # 10 is only a "dummy" number for the system and should be ignored.

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

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	0,000,000,000	0,000,000,000	_____	_____	_____
2. State MCH Toll-Free "Hotline" Name	No Name	No Name	_____	_____	_____
3. Name of Contact Person for State MCH "Hotline"	Mr. Marcus Samo, MPH	Mr. Marcus Samo, MPH	_____	_____	_____
4. Contact Person's Telephone Number	691-320-2619	691-320-2619	_____	_____	_____
5. Number of calls received on the State MCH "Hotline" this reporting period	_____	_____	0	0	0

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

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

FORM NOTES FOR FORM 9

No toll free hotline is available in the FSM. However, each FSM state MCH Programs including the FSM National Government maintain the following numbers (during normal working hours) as follows:

National: 320-2619/2643
Chuuk: 330-2577
Pohnpei: 320-2217
Yap: 350-2214
Kosrae: 370-3006

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2005
Field Note:
Not available
2. **Section Number:** Main
Field Name: hname_2
Row Name: State MCH toll-free hotline name
Column Name: FY
Year: 2005
Field Note:
Not available
3. **Section Number:** Main
Field Name: cname_2
Row Name: Name of contact person for state MCH hotline
Column Name: FY
Year: 2005
Field Note:
4. **Section Number:** Main
Field Name: cnumber_2
Row Name: Contact Person's telephone number
Column Name: FY
Year: 2005
Field Note:
5. **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:
Data not available

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

1. State MCH Administration:
(max 2500 characters)

Since the National Government of the Federated States of Micronesia is designated as a 'state' agency for receiving all U. S. Federal funds, the Division of Health Services of the Department of Health, Education and Social Affairs, administers the Title V funds. From the FSM National Government, Title V funds are allotted to each State Governor as the direct allottee. However, it is the Director of Health Services who becomes the sub-allottee of these funds from the Governor's office. Although the allotment advice issued by the Governor's office does not bear the MCH Coordinator's name, each State MCH Coordinator is ultimately responsible for the administration of Title V funds in order to ensure that planned activities and primary care and preventive services for mothers, pregnant women, infants, children, adolescents and children with special health care needs are met. Children with Special Health Care Needs Program is based at each state public health and under the direct supervision of the MCH Coordinator.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>592,399</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>625,000</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>1,217,399</u>

9. Most significant providers receiving MCH funds:

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

a. Pregnant Women	<u>2,548</u>
b. Infants < 1 year old	<u>2,506</u>
c. Children 1 to 22 years old	<u>58,351</u>
d. CSHCN	<u>806</u>
e. Others	<u>10</u>

11. Statewide Initiatives and Partnerships:

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

1. Baby Friendly Hospital Initiative: This is a joint initiative between the FSM , UNICEF and WHO. The aim of this initiative is to promote exclusive breast-feeding. Each State Director of Health Services has signed a policy prohibiting baby bottles and teats from the hospital in order to encourage new mothers to breast-feed their babies. In conjunction with this BFHI, all MCH Title V Programs are directly involved in the World Breast-Feeding Week that falls on first week of August every year.2. Draft Legislation on Infant Nutrition and Food was introduced to the FSM Congress in May 1998. No action has been taken on this bill. This legislation will make nursing bottles, breast milk substitutes and nipples prescription items. There is a section in this bill to reinstate paid maternity leave for up to three (3) months.3. President's Advisory Council for Children (PNACC): Since attaining membership to the United Nations, the FSM acceded to and ratified the Convention on the Rights of the Child (CRC), the first human rights instrument ratified by the FSM.

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

1. Vitamin A Deficiency and Mebendazole Campaign in Chuck and Pohnpei: The prevalence of Vitamin A Deficiency among Chuckese and Pohnpeian children is considered to be among the highest in the world. Due to this, UNICEF also became involved and began the yearly distribution of Vitamin A capsules (200,000 I.U.) to all children 1 -12 years old and lactating and non-pregnant women. Twice a year, in September, one month after schools commence and in March, two months before schools end. UNICEF supplies the Vitamin A capsules while MCH Title V purchases and supplies Mebendazole. 2. Pap smear screening: In 1997, the MCH Program at the National Government negotiated a contract with the Hilo based Cytology Laboratories of Hawaii (CLH) on behalf of the four states. In 1998, a joint contract for all four (4) MCH Programs was established on behalf of the Government and CLH. Pap-kits were sent to each state MCH Program; Pap-smears taken and sent to CLH. Results weresent to a dedicated fax in each state public health. Title X funds purchased the fax machines solely to receive confidential Pap results.Because of this program, the percent of women with Pap smear screening increased to almost 50% of the women receiving MCH services.

c. Infrastructure Building Services:
(max 2500 characters)

1. SSDI Tracking System: Through the SSDI Project, training provided to each state MCH Coordinators, CSN Coordinators, Special Education personnel, Head Start and appropriate others. Manual for CSHCN has been developed; tracking system designed and put in place.2. Comprehensive Well Baby Clinic Services. A comprehensive, prevention focused well baby clinic program was developed with common sets of policy and procedures, common data collecting forms and methods, and a common set parent education modules. The services include outreach, growth monitoring, multivitamins with fluoride, anticipatory guidance and prevention education, nutrition education for caretakers.3. Improving Data Capacity. A collaborative activity with the Medical Records Department in each of the four states to improve the quality of data required for the MCH needs assessment and the Electronic Reporting Package.

12. The primary Title V Program contact person:

Name

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

Name

Mr. Marcus Samo, MPH
Title MCH Coordinator
Address Division of Health Services Department of HESAP, O. B
City Palikir, Pohnpei
State FM
Zip 96941
Phone (691) 320-2619/2643/2872
Fax (691) 320-5363
Email FSMHEALTH@MAIL.FM
Web

Mr. Marcus Samo, MPH
Title MCH Coordinator
Address Division of Health Services Department of HESAP, O. B
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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: FM

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	0	0	0	0	0
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	5
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 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					70
Annual Indicator	100.0	100.0	100.0	100.0	0.0
Numerator	1	1	1	150	0
Denominator	1	1	1	150	807
Is the Data Provisional or Final?				Final	Final

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

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

PERFORMANCE MEASURE # 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					70
Annual Indicator	100.0	100.0	100.0	100.0	0.0
Numerator	1	1	1	1	0
Denominator	1	1	1	1	807
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	70	70	80	80	80
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 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					50
Annual Indicator	100.0	100.0	100.0	100.0	11.2
Numerator	1	1	1	1	90
Denominator	1	1	1	1	807
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	20	20	25
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					50
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	50	50	60	60	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					40
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	40	50	50	60	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.

PERFORMANCE MEASURE # 07

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>66</u>	<u>70</u>	<u>73</u>	<u>75</u>	<u>77</u>
Annual Indicator	<u>68.3</u>	<u>58.4</u>	<u>62.3</u>	<u>71.8</u>	<u>93.2</u>
Numerator	<u>2,183</u>	<u>1,716</u>	<u>1,885</u>	<u>2,165</u>	<u>2,705</u>
Denominator	<u>3,194</u>	<u>2,938</u>	<u>3,028</u>	<u>3,015</u>	<u>2,902</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>80</u>	<u>82</u>	<u>84</u>	<u>84</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

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

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>24</u>	<u>22</u>	<u>22</u>	<u>20</u>	<u>20</u>
Annual Indicator	<u>24.6</u>	<u>26.2</u>	<u>27.3</u>	<u>26.8</u>	<u>19.7</u>
Numerator	<u>99</u>	<u>107</u>	<u>106</u>	<u>104</u>	<u>101</u>
Denominator	<u>4,030</u>	<u>4,086</u>	<u>3,889</u>	<u>3,881</u>	<u>5,119</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>18</u>	<u>20</u>	<u>20</u>	<u>20</u>	<u>20</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	10	27	30	32	34
Annual Indicator	27.4	55.5	42.7	44.4	54.7
Numerator	942	1,851	1,471	1,431	1,703
Denominator	3,440	3,337	3,442	3,221	3,112
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	35	56	57	57	58
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	6.5	6.5	6.5	6.5	6.5
Annual Indicator	0.0	4.3	4.6	2.3	6.9
Numerator	0	2	2	1	3
Denominator	42,830	46,089	43,172	43,172	43,172
Is the Data Provisional or Final?				Final	Provisional

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

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

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	99	99	99	99
Annual Indicator	99.9	100.0	99.3	97.1	85.6
Numerator	2,362	2,422	2,460	2,441	2,145
Denominator	2,365	2,423	2,478	2,515	2,506
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 # 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	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
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	20	20	20
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	10
Annual Indicator	0.0	0.0	0.0	0.0	80.7
Numerator	0	0	0	0	41,483
Denominator	54,401	54,401	49,645	48,477	51,386
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	15	15	20
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	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				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.

PERFORMANCE MEASURE # 15

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	1	1	0.8	0.8
Annual Indicator	0.8	0.4	0.5	0.6	3.5
Numerator	19	9	12	15	88
Denominator	2,365	2,423	2,478	2,515	2,516
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.7	0.7	0.6	0.6	0.6
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.

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	30	30	30	30	25
Annual Indicator	7.3	21.7	30.2	15.1	45.3
Numerator	1	3	4	2	6
Denominator	13,632	13,853	13,237	13,237	13,237
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	25	25	15	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.

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	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				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.

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	26	15	17	19	20
Annual Indicator	9.7	22.7	32.1	28.7	31.1
Numerator	230	549	795	723	780
Denominator	2,365	2,423	2,478	2,515	2,506
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	22	23	28	30	31
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 percent of women receiving services in the MCH Programs who receive a Pap smear.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	99	50	53	55	58
Annual Indicator	49.6	29.5	38.3	22.6	27.7
Numerator	1,301	912	1,237	558	823
Denominator	2,624	3,091	3,227	2,471	2,975
Is the Data Provisional or Final?				Final	Provisional

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

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

STATE PERFORMANCE MEASURE # 2

Percent of pregnant women who have been screened for Hepatitis B surface antigen.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	100	60	62	64	66
Annual Indicator	58.6	57.5	91.3	53.5	76.0
Numerator	1,517	1,593	2,409	1,347	2,055
Denominator	2,589	2,771	2,639	2,519	2,703
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	68	70	70	70	75
Annual Indicator					
Numerator					
Denominator					

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

STATE PERFORMANCE MEASURE # 3

Percent of infants who are exclusively breast fed at 6 months of age.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	35	38	40	66	68
Annual Indicator	35.6	57.6	66.6	64.7	64.5
Numerator	582	539	687	668	727
Denominator	1,637	935	1,031	1,033	1,127
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	70	70	70	75	75
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

Percent of pregnant women who receive at least one nutrition education and counseling session (defined as covering the following topics: diet recall, importance of three meals, balanced diets, exercise) as early as possible during their pregnancy.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	95	97	97	97	98
Annual Indicator	100.0	100.0	97.1	98.8	98.3
Numerator	2,260	2,567	2,562	2,489	2,657
Denominator	2,260	2,567	2,639	2,519	2,703
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98	99	98	98	98
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

Percent of caretakers of infants who receive education and counseling related to feeding and nutrition of infants.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	95	97	97	97	98
Annual Indicator	100.0	100.0	96.9	93.8	99.7
Numerator	2,839	1,770	2,900	2,400	2,469
Denominator	2,839	1,770	2,992	2,558	2,476
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	98	99	98	98	98
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

Percent pregnant women attending prenatal care who are screened for low hemoglobin.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	60	35	95	95	96
Annual Indicator	37.9	94.5	92.8	96.2	97.8
Numerator	1,015	2,618	2,448	2,423	2,480
Denominator	2,678	2,771	2,639	2,519	2,537
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	96	96	97	97	97
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

Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	25	27	0	20
Annual Indicator	39.3	100.0	84.8	34.9	37.4
Numerator	550	611	1,562	525	500
Denominator	1,400	611	1,842	1,506	1,337
Is the Data Provisional or Final?				Final	Provisional

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

Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	50	20	22	64	64
Annual Indicator	42.8	55.0	63.9	65.1	59.4
Numerator	287	366	434	518	479
Denominator	671	666	679	796	807
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	65	65	70	70	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.

FORM NOTES FOR FORM 11

FSM has not in the past carried out the SLAITS. However, this year it has carried out a simiarl kind of survey that will provide for these data. The survey is not complete yet but has already started in Chuuk.

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
N.B.: This is only a dummy data. Since FSM doesn't do any of these and inserting 0 will creat a non numeric number, which is not allowed by this system, entering this way was necessary. Please ignore data.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
Because FSM has never carried out the SLAITS, this should be ignored. However, the FSM MCH Program has just recently collected some data on health insurance recently. Therefore, this data is based on what we collected this year.
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
FSM has never carried out the SLAITS therefore the data are only dummy and should be ignored.
7. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
Not applicable -- FSM is not eligible for Medicaid and Medicare
8. **Section Number:** Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2005
Field Note:
FSM does not have any facilities classified as high risk medical facilities.

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

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective	23	22	22	21	21
Annual Indicator	19.5	17.7	21.8		
Numerator	46	43	54		
Denominator	2,365	2,423	2,478		

Is the Data Provisional or Final?

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	20	20			
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.

	Annual Objective and Performance Data				
	1999	2000	2001	2002	2003
Annual Performance Objective		0	0	0	0
Annual Indicator		0	0		
Numerator					
Denominator					

Is the Data Provisional or Final?

	Annual Objective and Performance Data				
	2004	2005	2006	2007	2008
Annual Performance Objective	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	15.5	15	15	14.5	14.5
Annual Indicator	14.0	14.0	9.7		
Numerator	33	34	24		
Denominator	2,365	2,423	2,478		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	14				
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	7.5	7	7	6.5	6.5
Annual Indicator	5.5	3.7	12.1		
Numerator	13	9	30		
Denominator	2,365	2,423	2,478		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6	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 # 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		40	40	38	38
Annual Indicator		42.5	29.6		
Numerator		106	75		
Denominator		2,496	2,537		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	38	37			
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	18	30	30	75	70
Annual Indicator	30.3	55.9	77.1		
Numerator	13	24	31		
Denominator	42,845	42,930	40,214		
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	70	65			
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

None

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

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

1

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

1

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

1

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

1

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

0

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

2

Total Score: 6

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: FM 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. Increase the percent of women in MCH Programs who receive a Pap smear screening
2. Increase the percent of women receiving adequate prenatal care
3. Improve the nutritional status of women during their pregnancy
4. Decrease infant mortality rates
5. Increase the percent of infants exclusively breastfeeding at six months of age
6. Decrease dental disease among children
7. Improve nutritional status of children
8. Decrease percent of acute infectious illnesses among children
9. Increase percent of children with special needs served by a team
10. Increase complete immunization coverage for two-years old

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: FM

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.	Data-related Issues - Data Systems Development 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: _____	Improving electronic reporting for births and deaths	Limited in hardware, humanware and software	Any agency or school
2.	Data-related Issues - Needs Assessment 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: _____	We've started a SLAITS-like survey this year and the result can be used for the next five years needs assessment.	We don't have the capacity to analyze the data in a scientific and epidemiological manner.	Any agency with experience in SLAITS.
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: _____			
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: _____			
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: _____			
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: _____			
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: _____			
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: _____			
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: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP # 1

PERFORMANCE MEASURE:

The percent of women receiving services in the MCH Programs who receive a Pap smear.

STATUS:

Active

GOAL

To assure that women receiving services through the MCH Program receive an annual Pap smear, appropriate referrals for treatment, and follow up after referral

DEFINITION

Numerator:

Number of women receiving MCH program services who receive a Pap smear

Denominator:

Number of women receiving MCH program services

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Pap smear log book Family Planning log book Prenatal care log book Post Partum log book

SIGNIFICANCE

The Pap Smear Screening Program for women in MCH programs (family planning clinics, prenatal care clinics, and post partum clinics) has been implemented to identify women at risk for cervical cancer and to assure early treatment. The early identification of women with positive Pap smears, referral for treatment and follow up services are important to decrease the incidence of the highest cause of cancer morbidity and mortality of women in the child bearing ages.

SP # 2

PERFORMANCE MEASURE:

Percent of pregnant women who have been screened for Hepatitis B surface antigen.

STATUS:

Active

GOAL

To assure that all pregnant women receive Hepatitis B screening to identify those pregnant women who are HbAgS positive in order to assure their infants receive HbIG when appropriate and immunizations.

DEFINITION

Numerator:

Number of pregnant women screened for Hepatitis B surface antigen

Denominator:

Number of pregnant women

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal care log book

SIGNIFICANCE

Hepatitis B viral (HBV) infection is a major cause of acute and chronic hepatitis, cirrhosis, and primary hepatocellular carcinoma. The likelihood of becoming chronically infected with HBV varies inversely with the age at which infection occurs./ HBV transmitted from HbAgS positive mothers to their newborns results in HBV carriage from up to 90% of infants. Between 25% and 50% of children infected before 5 years of age become carriers, whereas only 8% - 10% of acutely infected adults become carriers. Therefore prevention strategies for populations in which HBV infection is endemic are directed at vaccinating infants with hepatitis B vaccine, usually beginning at birth, to prevent both perinatal and childhood transmission of infection.

SP # 3

PERFORMANCE MEASURE:

Percent of infants who are exclusively breast fed at 6 months of age.

STATUS:

Active

GOAL

To assure that all infants are exclusively breast fed during the first six months of life

DEFINITION

Numerator:

Number of infants who were exclusively breast fed through 6 months of age

Denominator:

Number of 6 month old infants in well baby clinics

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Well Baby Clinic data base

SIGNIFICANCE

All infants in the Federated States of Micronesia are discharged from the hospital with mothers exclusively breast feeding. The prevalence rate of infants between discharge and 6 months who continue to breast-feed has not been documented. However, for 1996, the MCH Public Health Nurses reported that after 4 months of age, only 60% of infants in the FSM are exclusively breast fed. Several studies have documented that the importance of breast feeding is not only assuring the most nutritious food for infants, but also confers some immunity against common infectious illnesses of the newborn. With improving the rates of infants who are exclusively breast fed, it is anticipated that the growth rates of infants will improve, and the incidence and severity of common infectious illnesses among infants will be decreased.

SP # 4

PERFORMANCE MEASURE:

Percent of pregnant women who receive at least one nutrition education and counseling session (defined as covering the following topics: diet recall, importance of three meals, balanced diets, exercise) as early as possible during their pregnancy.

STATUS:

Active

GOAL

To assure that all pregnant women receive nutrition education and counseling during their pregnancy.

DEFINITION

Numerator:

Number of women who receive one nutrition education and counseling session.

Denominator:

Number of pregnant women who attend prenatal care clinic

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal Clinic log book

SIGNIFICANCE

The infant mortality rates of the FSM is estimated to be 26 per 1,000 live births. An informal study in all four states during 1995 and 1996 showed that the causes of these infant deaths were due primarily to prematurity with low birth weights, malnutrition, meconium aspiration, and severe infections. Many of these conditions may be secondary to inadequate diets of the mothers during the pregnancy. Therefore, in order to improve birth outcomes among pregnant women in the Federated States of Micronesia, nutrition education in conjunction with increasing the number of women initiating prenatal care in the first trimesters will be priority activities for the prenatal care programs.

SP # 5

PERFORMANCE MEASURE:

Percent of caretakers of infants who receive education and counseling related to feeding and nutrition of infants.

STATUS:

Active

GOAL

To assure that caretakers of infants receive appropriate nutrition and feeding education and counseling.

DEFINITION

Education and counseling is defined as: one session at 0-6 months of age, one session at 7-9 months of age, and one session at 10-12 months of age.

Numerator:

Number of caretakers who receive all three education and counseling sessions

Denominator:

Number of caretakers who attend well baby clinic with an infant up to one year of age.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic log book

SIGNIFICANCE

Nutritional problems are still prevalent among many infants and children in the Federated States of Micronesia. Children continue to be admitted to the hospital with dehydration and malnutrition; children continue to be identified with the complications of Vitamin A deficiency; and children continue to fail to thrive. In order to make an impact on these preventable nutritional problems, nutrition education will be a major component of the well baby care services

SP # 8

PERFORMANCE MEASURE:

Percent pregnant women attending prenatal care who are screened for low hemoglobin.

STATUS:

Active

GOAL

To identify and treat pregnant women who are at nutritional risk early in the pregnancy.

DEFINITION

Numerator:

Number of pregnant womrn who receive a screening for low hemoglobin at their first prenatal care visit.

Denominator:

Number of women who attend the first prenatal care visit.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal logbook

SIGNIFICANCE

Anemia during pregnancy is an indicator of a state of nutritional risk both for the pregnant woman and for the fetus. The long term consequences of low hemoglobin and anemia in a pregnant women is reflected in the development of iron deficiency states and possible iron deficiency anemia in the infant early in life. This nutritional risk state may have an impact on the growth and development of the infant.

SP # 9

PERFORMANCE MEASURE:

Percent infants who received at least six bottles (1 bottle/30 days) of fluoride in the first year of life

STATUS:

Active

GOAL

To assure that infants start fluoride supplementation in the first year of life as a preventive measure.

DEFINITION

Numerator:

Number of one year old infants who attended the well baby clinic and received a minimum of six bottles of fluoride supplements.

Denominator:

Number of one year old infants who attend the well baby clinic.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic data base.

SIGNIFICANCE

The early initiation of fluoride supplements is an important measure towards the prevention of dental disease in children. Fluoride supplementation is only one of a multi-pronged strategy of a comprehensive oral health program which should also include a multi-media campaign to increase the awareness of the community to the problems of dental disease among young children, an educational campaign to present the facts, a Headstart and school based oral hygiene program that focuses on educating the children and promoting dental health through brushing demonstrations, and finally a fluoride supplement program.

SP # 10

PERFORMANCE MEASURE:

Percent of children with special needs who have a completed reevaluation by the CSN team within the last 12 months.

STATUS:

Active

GOAL

To assure that children with special needs have an updated evaluation that documents progress from treatment and identifies new special needs.

DEFINITION

Numerator:

Number of children with special needs who have an evaluation within 12 months of the last evaluation.

Denominator:

Number of children with special needs identified in the Children with Special Needs Program data base.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Children with Special Needs Program data base

SIGNIFICANCE

Because the health status and the special needs of children with handicapping conditions are constantly changing, there is a need for a periodic re-evaluation to document to progress and gains that the child has achieved because of the treatment and rehabilitation activities and to document further special needs.

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: FM

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	16.2	23.0	16.9	18.0	53.0
Numerator	25	29	25	29	91
Denominator	15,466	12,634	14,783	16,154	17,154
Is the Data Provisional or Final?				Final	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	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				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	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Is the Data Provisional or Final?				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	41.1	50.6	48.9	53.2	54.4
Numerator	345	475	457	575	912
Denominator	840	938	935	1,080	1,678
Is the Data Provisional or Final?				Final	Provisional

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	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Is the Data Provisional or Final?				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	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Denominator	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
Is the Data Provisional or Final?				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:
Again, Medicaid is not available to the FSM. This is a dummy data and should be ignored.
2. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
Again, SCHIP is not available to the FSM. This is a dummy data and should be ignored.
3. **Section Number:** Health Systems Capacity Indicator #07
Field Name: HSC07
Row Name:
Column Name:
Year: 2005
Field Note:
Again, none of the standard EPSDT tests is available in the FSM. Therefore, these data are only dummy and should be ignored or removed completely.
4. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
The Federal U.S. SSI Program is not available in the FSM. This data is only used as dummy and should be removed or ignored completely.

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

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	Other	<u>0</u>	<u>9.5</u>	<u>9.5</u>
b) <i>Infant deaths per 1,000 live births</i>	2003	Other	<u>0</u>	<u>16</u>	<u>16</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2003	Other	<u>0</u>	<u>31</u>	<u>31</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	Other	<u>0</u>	<u>54</u>	<u>54</u>

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

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>500</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>)	2003	<u>500</u>
(Age range <u>6</u> to <u>10</u>)		<u>500</u>
(Age range <u>11</u> to <u>15</u>)		<u>500</u>
c) <i>Pregnant Women</i>	2003	<u>500</u>

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

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>500</u>
b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>)	2003	<u>500</u>
(Age range <u>6</u> to <u>10</u>)		<u>500</u>
(Age range <u>11</u> to <u>15</u>)		<u>500</u>
c) <i>Pregnant Women</i>	2003	<u>500</u>

FORM NOTES FOR FORM 18

Though this applies to Medicaid and FSM does not have Medicaid, the data herein apply to FSM's population (non -Medicaid)

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
Not applicable. Data are system "dummy" variables and should be ignored.
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2005
Field Note:
Not applicable. Data are system "dummy" variables and should be ignored.
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Not applicable. Data are system "dummy" variables and should be ignored.
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
Not applicable. Data are system "dummy" variables and should be ignored.
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
Not applicable. Data are system "dummy" variables and should be ignored.
6. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
Though this applies to Medicaid and FSM does not have Medicaid, the data herein apply to FSM's population (non -Medicaid)
7. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Though this applies to Medicaid and FSM does not have Medicaid, the data herein apply to FSM's population (non -Medicaid)
8. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
Though this applies to Medicaid and FSM does not have Medicaid, the data herein apply to FSM's population (non -Medicaid)
9. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
Though this applies to Medicaid and FSM does not have Medicaid, the data herein apply to FSM's population (non -Medicaid)

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

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	1	No
Annual linkage of birth certificates and WIC eligibility files	1	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	1	No
Annual birth defects surveillance system	3	No
Survey of recent mothers at least every two years (like PRAMS)	2	No

*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: FM

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)	1	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

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAD
Row Name: Annual linkage of infant birth and infant death certificates
Column Name:
Year: 2005
Field Note:
FSM does not have any linked databases
2. **Section Number:** Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth records and WIC eligibility files
Column Name:
Year: 2005
Field Note:
FSM does not have any linked databases, including WIC
3. **Section Number:** Indicator 09A
Field Name: Discharge
Row Name: Hospital discharge survey for at least 90% of in-State discharges
Column Name:
Year: 2005
Field Note:
FSM does not have any linked databases, including WIC
4. **Section Number:** Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2005
Field Note:
No such database exists
5. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2005
Field Note:
FSM does this once in a while but the survey is not as well designed and analyzed as the PRAMS.
6. **Section Number:** Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Surveillance
Column Name:
Year: 2005
Field Note:
The YRBS has not been carried out in the FSM.
7. **Section Number:** Indicator 09C
Field Name: PEDNSS_09C
Row Name: Pediatric Nutrition Surveillance System
Column Name:
Year: 2005
Field Note:
Not carried out in the FSM
8. **Section Number:** Indicator 09C
Field Name: WIC_09C
Row Name: WIC Program Data
Column Name:
Year: 2005
Field Note:
FSM not eligible
9. **Section Number:** Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2005
Field Note:
FSM does not have any linked databases

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

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	7.1	7.3	11.4	_____	_____
Numerator	168	178	283	_____	_____
Denominator	2,365	2,423	2,476	_____	_____

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	6.7	6.8	11.4	_____	_____
Numerator	157	163	274	_____	_____
Denominator	2,343	2,383	2,410	_____	_____

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.8	0.4	0.5	_____	_____
Numerator	19	9	12	_____	_____
Denominator	2,365	2,423	2,476	_____	_____

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.8	0.3	0.2	_____	_____
Numerator	18	8	4	_____	_____
Denominator	2,343	2,383	2,410	_____	_____

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 03A

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

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	10.9	13.0	6.9		
Numerator	5	6	3		
Denominator	45,918	46,089	43,172		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 03B

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

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	0.0	4.3	2.3		
Numerator	0	2	1		
Denominator	45,918	46,089	43,172		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 03C

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

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	0.0	4.0	4.4		
Numerator	0	1	1		
Denominator	24,063	24,799	22,761		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04A

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

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	261.3	314.6	477.2		
Numerator	120	145	206		
Denominator	45,918	46,089	43,172		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04B

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.0	36.9	37.1		
Numerator	0	17	16		
Denominator	45,918	46,089	43,172		

Is the Data Provisional or Final?

HEALTH STATUS INDICATOR MEASURE # 04C

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	45.7	80.6	96.7		
Numerator	11	20	22		
Denominator	24,063	24,799	22,761		

Is the Data Provisional or Final?

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	0.0	19.7	0.9		
Numerator	0	13	6		
Denominator	6,718	660	6,483		

Is the Data Provisional or Final?

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	0.8	6.6	0.5		
Numerator	17	15	8		
Denominator	22,082	2,270	17,689		

Is the Data Provisional or Final?

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

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

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	2,506					2,506		
Children 1 through 4	11,877					11,877		
Children 5 through 9	14,169					14,169		
Children 10 through 14	14,220					14,220		
Children 15 through 19	13,237					13,237		
Children 20 through 24	9,525					9,525		
Children 0 through 24	65,534	0	0	0	0	65,534	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	2,506		
Children 1 through 4	11,877		
Children 5 through 9	14,169		
Children 10 through 14	14,220		
Children 15 through 19	13,237		
Children 20 through 24	9,525		
Children 0 through 24	65,534	0	0

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

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

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

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	7					7		
Women 15 through 17	93					93		
Women 18 through 19	177					177		
Women 20 through 34	1,814					1,814		
Women 35 or older	403					403		
Women of all ages	2,494	0	0	0	0	2,494	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	7		
Women 15 through 17	93		
Women 18 through 19	177		
Women 20 through 34	1,814		
Women 35 or older	403		
Women of all ages	2,494	0	0

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

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	40					40		
Children 1 through 4	30					30		
Children 5 through 9	37					37		
Children 10 through 14	188					188		
Children 15 through 19	64					64		
Children 20 through 24	14					14		
Children 0 through 24	373	0	0	0	0	373	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	40		
Children 1 through 4	30		
Children 5 through 9	37		
Children 10 through 14	188		
Children 15 through 19	64		
Children 20 through 24	14		
Children 0 through 24	373	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	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)									

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				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

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

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

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

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

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

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

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

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

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

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

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

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

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

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2005
Field Note:
15 of the 403 were reported as unknown age but write decided to put it here.