

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: **AS**

APPLICATION YEAR: **2005**

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I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

The Letter of Transmittal is to be provided as an attachment to this section.

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

The Assurances and Certifications are kept on file at the Territorial Title V office. A signed copy may be obtained upon request.

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

An advisory committee was convened in order to review the Application and Annual Plan. The Committee consists of a Health Planner, a Nutritionist and a consumer. They reviewed the plan in draft form and will continue to provide input into the plan after its submission. Their input was taken into consideration when developing the annual plan. Further, the Block Grant Application in its entirety was made available for public review. Availability of the document at the Health Department was advertised in the daily newspaper.

Beginning in 2003, the public input requirement was strengthened by providing a public viewing which was advertised well in advance in the Territory's newspaper. This public viewing takes place annually. Additionally, 3 partners to Title V conduct a thorough review and make helpful recommendations.

Additionally, the MCH Program will create a recording system in order to capture the number and types of calls received on the MCH Hotline. A simple tally sheet will be used initially until a better method is implemented.

/2005/

An advisory group including a CSHCN parent, service partners and stakeholders reviewed the 2005 plan in draft form prior to submission. A press release from the director of health soliciting public comment on the application and data was also made.

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

The seven islands of American Samoa lie just below the Equator, approximately 2,300 miles southwest of Hawaii and 1600 miles northeast of New Zealand. American Samoa is the only United States territory in the Southern Hemisphere. The estimated mid-year population of the Territory as of July 1, 1997, was 59,600. The Territory experiences a 2.5 percent annual growth rate and a fertility rate of 4.5 per 1,000 women. The majority of the population lives on the main island of Tutuila. Tutuila is nearly 18 miles long and just less than 3 miles wide at its widest point.

/2003/

The current population of the territory of American Samoa according to the recent 2000 Census is 57,291.

/2004/

The 2000 Census data reveals that the population had been previously overestimated. The 2000 Census revealed a total population of 57,291. Title V has taken note of this updated Census data. The total population, however, had not impacted the numbers of women and children served through Title V programming.

The population growth rate in the 2000 census is lower than that reported in 1990. In 1990, the growth rate was reported as 2.5%. In the 2000, the growth rate is reported as 2%.

Two of the islands of American Samoa are atolls, one of which is a marine wildlife and bird sanctuary called Rose Island, and the other, Swains Island, is owned by an individual family. Swains Island is currently inhabited by less than twenty persons and is used primarily for coconut production.

The other five islands are of volcanic origin, with steep mountains rising sharply from the sea. Geologically, the island group is a chain of submerged dormant volcanoes with only the peaks rising above the ocean's surface. This topography allows for comparatively little flat land for agricultural production and for industrial, commercial and residential development. Virtually the entire population is concentrated in villages that are located along the narrow strip of flat land that fringes the coastlines of these volcanic islands. A dense tropical forest covers the mountainous interiors of the islands.

The climate of American Samoa is tropical with two distinct seasons. The first is a relatively cool dry season coinciding with the fall and winter months of the southern hemisphere, and the second is the hot, humid and rainy season coinciding with the spring and summer months (October through March). The heaviest rainfall is concentrated in the months of December through March, and the average annual rainfall is 160 inches. Summer months are also the hurricane season in American Samoa.

Statistical data show that the percentage of the overall population actually born in the Territory has decreased, reflecting an increase in migration. In 1980, 58.3 percent of the population was born in the Territory as compared to 54.7 percent in 1990. A perception of the island Territory as being economically prosperous with a higher standard of living and increased work opportunities as compared to the relative lower standards of living among the neighboring island nations is largely responsible for this increase in migration.

/2003/

According to the US 2000 Census, 56.7% of the population of American Samoa was born in the Territory.

-66% of the Territory's population received a high school diploma or higher.

-7.4% of the Territory's population received a Bachelors Degree or higher.

-97.1% of the Territory's population speak a language other than English in the home, and for 90% of the population, that language is Samoan.

The population density of American Samoa is relatively high, about 774 people per square mile or 298 per square kilometer. This, however, is greatly intensified by the fact that the majority of the population is concentrated on less than 20 percent of the total land area of the territory. The

population of American Samoa is also relatively young. The median age for the territory is 21 as compared to 33 for the U.S. population.

/2003/

The median age for the population according to the 2000 census was 21.3

/2003/

According to the 2000 US Census, the average family size in American Samoa is 6.24.

Social and Cultural Environment

Despite the effects of modernization and the heavy influence of materialism, the "fa'a Samoa" or the "Samoan way" still shapes daily life and remains a point of honor and cultural identity to most Samoans. Fa'a Samoa reflects a complex social order, belief system and system of conduct which have survived since ancient times. Outsiders ignorant or insensitive to the demands of fa'a Samoa can be frustrated in their efforts to conduct business or implement programs locally.

At the core of the fa'a Samoa is the "aiga", an extended family headed by a "matai" or chief. Those related by birth, adoption, or marriage are recognized as belonging to one aiga, which may include hundreds of people. One's sense of identity, happiness, welfare and economic security, in large measure, are derived from the cohesiveness and strength of the aiga.

Another important component of the fa'a Samoa is the matai system, a pyramidal organizational structure which depends on a matai as administrator of the aiga. Elevation to the position of matai is based on a combination of factors including heredity, popularity, and ability. The authority of a matai is generally unquestioned, and he is expected to assign tasks, determine kinds and amounts of donations, allocate communal land, settle disputes and bring honor to his aiga. Respect for seniors and obedience to the matai are considered primary responsibilities of all members of the aiga.

Samoan villages tend to have well defined boundaries and are composed of various aiga, each with a matai. Villages are governed by a "fono" or council composed of matai. Within a village or district the matai system extends upwards in a pyramid model to include high chiefs, high talking chiefs and paramount chiefs.

A more modern yet significant element of the social structure is the widespread adoption of Christianity. Samoans embrace Christianity and incorporated it into their traditional culture with great enthusiasm. There are churches of various denominations in most villages and Samoans spend long hours in various worship activities. The ministers or faifea'us are highly influential and have a great deal of power within a community. For this reason, outreach activities to the community are often based within the context of the church.

/2004/

In May of 2003, the Governor of American Samoa died very suddenly en route to Hawaii. The Lieutenant Governor assumed office and will carry the term to its end. Title V programming is and continues to be unaffected by this change.

Economic Environment

The economy of American Samoa is highly dependent upon the United States, receiving subsidies of more than \$50 million per year. American Samoans account for approximately 46 % of the overall labor force while Western Samoans account for 38%. The Territorial government employs approximately 40 percent while the islands two tuna processing and packing plants employ approximately 20 percent. The minimum wage for various industries is reviewed every two years. In 1996, minimum wages ranged from a high of \$3.75 per hour to a low of \$3.36 per hour for those in the fish canning and processing industry. The U.S. Bureau of Census has determined that approximately 60 percent of the population of American Samoa is below the poverty level.

/2003/

According to the US 2000 Census, the percentage of families with children under 5 years of age who live below the poverty level is 67.3%.

The 1990 Census indicated that there were 6,607 households in American Samoa, 56.5% of which lived below the poverty level. Median income for males aged 16 and over in 1989 was \$7,151 and \$5,952 for females. Median household income in 1989 was \$16,114. Per capita income for the same year was \$3,039. Median income for year-round, full-time workers in 1989 was \$7,767 for males and \$6,618 for females.

/2003/

According to the US 2000 Census, there are 9,349 households in American Samoa.

According to the US 2000 Census, the overall median family income was \$18,357.

The percent of all persons qualifying for poverty status according to Federal guidelines is 60%.

More than 90% of families below the poverty level had children under 18 years of age.

Communication

Within the past few years, a local server began to offer Internet access. While many government agencies and some other organizations have begun to use the Internet as a means of accessing communication and information, its use as a means to communicate from such a remote island, is yet under-developed. At times, the local server is down for maintenance and troubleshooting for extended periods of time. The Health Department is, therefore, linked to the server at LBJ Tropical medical Center and experiences fewer problems and "down time" as a result.

Many families on the island do not have use of a telephone. Sometimes one telephone is used as a contact number for an entire cluster of houses. Other families use the telephone at small bush stores for occasional phone calls. Many other families simply have no real need for a telephone and, therefore, rely on word of mouth, or the radio and TV for accessing information.

/2003/

In recent years, a cellular telephone service opened on island. The majority of clients are government workers, government officials and business people.

B. AGENCY CAPACITY

Until 1998, the Territorial health system was a unified, government owned and operated, centrally controlled system, which included health promotion, disease prevention, environmental protection and acute care diagnostic and treatment services. All health services were delivered through the Health Department, which was comprised of the island's only hospital and the Division of Public Health. In 1998, the Executive Branch initiated a division between the Hospital and Public Health by creating the Hospital Authority as a separate entity from the government.

LBJ Tropical Medical Center is the only hospital in the Territory. In the past few years, a few general practice physicians have opened offices in the private sector offering evening hours. LBJ Tropical Medical Center houses a pediatric clinic, OB/GYN clinic/ and ENT clinic, a medical clinic, surgical clinic and a dental clinic in addition to an emergency room which functions more like a general practice day clinic. An operating room and delivery nursery suite are located within the hospital complex and approximately 98% of all births take place within the hospital.

Basic preventive health services are delivered through 5 village dispensaries, which are operated by the Department of Health. All health promotion and prevention services are offered free of charge to the public while acute care services are heavily subsidized by the American Samoa Government. The entire population of American Samoa is provided health care services regardless of ethnicity or income status. However, many other factors adversely influence access to health care:

- Remoteness of many areas of the island
- Lack of good roads in rural areas
- Lack of transportation to many rural areas.
- Cultural isolation in the case of Tongans, Western Samoans and Fijians.

/2003/

In 2001, one of the major health dispensaries closed indefinitely for extensive repairs. The village dispensary was formerly located in Tualauta County, which is a high-need rural area characterized by overcrowding and overall poor living conditions. The dispensary moved operations to a temporary site on the grounds of the hospital. Title V staff have observed that the dispensary appears to be functioning successfully. Renovations to this facility will be completed and services will resume in Tualauta County in November 2002. The new clinic currently under construction (Tafuna Health Center) is scheduled to open in the beginning of 2003 at which time all services will be transferred from the older village dispensary to that new location.

/2004/

In 2001, one of the major health dispensaries closed indefinitely for extensive repairs. This Dispensary was re-opened in November of 2002 and remained open until June 30th 2002. The closing of the clinic on June 30th is to facilitate the movement of all services to the new Tafuna Health Center.

/2004/

The Tafuna Health Center opened on July 7th 2000. Title V leadership played a key role in the planning as well as logistical considerations in the opening of the Health Center. Title V will monitor and evaluate the impact of the CHC on the MCH population. The Health Center is situated in one of the most densely populated / congested areas on the island. This Health Center will serve a population, which is considered high risk for negative health outcomes. Further, the CHC will use Perinatal Outreach Workers in an effort to improve perinatal outcomes. From November, 2002 through July 2003, residents of Tualauta County had to travel into the Central Clinic in order to access prenatal care. The opening of the Community Health Center will have a great impact on the availability of preventive health care in Tualauta County. Further, the Title V Women's Nurse Practitioner will be posted at the CHC on a full time basis, conducting prenatal care 4 days per week.

/2004/

The prenatal care policies and procedures developed by Title V have been adopted and implemented by the CHC.

/2004/

The Western District of the island has a population of 32,435. However, Tualuta County, which is located in the Western District, has a population of 22,025.

/2003/

Telehealth

In 2000, equipment was procured through funding from HRSA Office for the Advancement of Telehealth in order to facilitate health care services to the population the outer islands of Maun'a via video conferencing. The equipment was successfully installed. However, plans to utilize the equipment were severely delayed due to technical difficulties. Title V continues to play a monitoring and coordination role for this program. Partner agencies for this endeavor include the Department of Education and the Island's telecommunications company.

/2003/

Telehealth

In 2001, Title V facilitated a number of patient consultations between clients and families with various off-island hospitals.

Each categorical program funded by federal grants generally provides the health education efforts on the island. The Health Department is the grantee for a number of federal grant programs such as, Preventive Health Services Block Grant, HIV Prevention, Diabetes Control, TB Elimination, Tobacco Control and several others in addition to Title V: Maternal and Child Health Block Grant (MCH Block) and State Systems Development Initiative (SSDI). Health education at the village level or through use of the media tends to focus on the very specific issues of the program it is initiated by. Each of these federal programs, however, increases the Health Department's capacity by reaching the Title V population through health education and screening efforts specific to the individual program.

Title V operates within this overall context by providing preventive health primary care services to the Territory's population of women, infants, children and children with special health care needs. The Title V Administrator works closely with the Director of Health and Department Health Planner as well as the Health Information System Division in order to determine the importance, magnitude, value and priority of competing factors upon the environment of health services delivery in the Territory. The Health Information System in collaboration with SSDI is currently working towards the development of a comprehensive data collection system, which will ultimately contribute to the overall health planning and resource allocation process. American Samoa is a small island Territory where collaboration is relatively easy and an increasingly close working relationship with the hospital contributes positively to the overall system of health care delivery to the population. The Title V Coordinator serves as member of the Child Health Insurance Initiative (CHIP) Planning Committee. As such, she is able to advocate for the Title V population and provide related health status data used in the planning process for allocation of CHIP funds. In this current year, CHIP funds will provide financial support for the Territorial Dental Health Initiative, which will include the hiring of 5 Dental Officers (graduates from the Fiji Program) 6 dental assistants, an orthodontist and some essential dental equipment for the outer islands of Manu'a.

/2003/

There are 2 Dental Officers working in the Health Centers and two additional Dental Officers who work directly in the schools. There is an additional Dental Officer working with ECE for a total of 5.

/2005/

The MCH Dentist continues to serve on the School Dental Team along with 2 other dentists and three dental assistants. Dental services are also available in each of the 6 health centers and head start.

This description of the physical and cultural environment in American Samoa is meant to describe the overall context in which the development of the Title V program takes place. Often times, programs are developed at the national level with certain assumptions about the political, economic and cultural environment in the respective "States." As a small island Territory in the Pacific, American Samoa offers a unique setting in which to implement a program with a national emphasis. To ignore the very unique environment of the Territory overall and the health care environment more specifically, would be an error, which would seriously compromise program success. It is the overall goal of the Health Department to develop Title V programs, which are replicable in all states and Territories, while also reflecting the very unique setting, which is American Samoa.

Program Capacity

Pregnant women, mothers and infants-

Program capacity for this population group includes well baby/well child clinics, immunization services, and pre-natal and post-partum clinics. These services are provided in the 6 dispensaries located on the main island of Tutuila and the outer islands of Manu'a. The Public Health and MCH staffs provide physical evaluations, conduct screenings for risk factors, and provide health education on a variety of topics including nutrition, common infectious diseases, breastfeeding, family planning and healthy pregnancies. The MCH Health Educator visits the prenatal and postpartum clinics weekly to discuss poor prenatal outcomes and to

provide general counseling on a wide range of topics. Further, individualized, health education is conducted on a case by case basis.

/2005/ In 2004 the MCH Program lost one member of the health education staff. Health education activities will be continued by the senior health educator. She will partner and coordinate with the nutrition staff, the Tafuna Family Health Center health educator and other resource people on the Department of Health to continue all health education activities. MCH provides health education resource materials to its partners for prenatal clients on nutrition, breastfeeding, and other relevant topics.

/2004/

One of the main dispensaries(Mapusaga Dispensary) closed down for several months in 2002 in order for the facility to be renovated. It closed permanently in June in anticipation of the opening of the Community Health Center in Tafuna. This Health Center is centrally located in the same county. Title V leadership played a coordinating and planning role towards the development of the Community Health Center. The impact of the Health Center will be an increase in Title V capacity by offering high quality preventive health services and perinatal outreach services in the most densely populated area of the island. Prenatal care will be offered 4 days per week at the new CHC and will be delivered by the Title V Women's Nurse Practitioner.

The health education team develops health education materials for translation into Samoan. Flip charts have been produced which cover the following topics: discomforts of pregnancy, what to expect at first visit, "healthy do's and don'ts during pregnancy," and breastfeeding tips. The Team has also produced a pamphlet specifically related to prenatal care. This pamphlet is translated into Samoan. The Nutrition Program translates health education materials into Samoan language as well. Topics include "5 a Day," breastfeeding and other general nutrition information. Radio spots concerning early prenatal care are aired in both English and Samoan. The Health Education Team also uses educational videos at the dispensary regarding pregnancy and prenatal care. Posters and pamphlets are important teaching tools during health education campaigns and individual teaching episodes alike. Translation of materials into Samoan is an important component of the services provided by Title V.

All high-risk pregnant women who are referred from other health services are provided appropriate health education. Health education is provided in the following areas: nutrition, anemia, basic hygiene, weight control, toxemia, gestational diabetes, hypertension, breastfeeding and prenatal care.

/2002/

High-risk pregnant women are also referred to the other health promotional programs within the department for more targeted, specified health education. An example of this is the collaboration between Title V and the Diabetes Control Program. Women with gestational diabetes are referred directly to the Diabetes Control Program for counseling and follow-up.

/2003/

Title V has formed a linkage with the Diabetes Control Program through the involvement of the MCH Nurse Practitioner. She serves as a key member of the Diabetes Task Force and in this role has assisted in the creation of a system of care for gestational diabetics. This Program had been under the jurisdiction of Public Health Nursing. Additionally, the MCH Nurse Practitioner serves as a member of the Behavioral Risk Factor Task Force within the diabetes program. In this role, she participates in a weekly health related news show. Gestational diabetes is included as a topic in this forum. Proper nutrition and initiation of early prenatal care are emphasized.

/2003/

Title V activities to promote awareness of teen pregnancy and birth spacing are conducted at the community level by the Outreach Specialist.

Public education activities include the use of mass media such as TV, radio, and newspaper to promote healthy lifestyles and to enhance awareness of maternal-child health issues, and proper nutritional practices. Hemoglobin assessments for anemia screening of children six months and older are provided during well baby and child clinic and at WIC assessment. Women are also assessed for anemia and other problems in the postpartum period at the village dispensaries. Further, the MCH Social Worker provides health education to all couples seeking a marriage license. Topics covered include family planning and early initiation of prenatal care.

/2003/

Title V discontinued the pre-marriage certificate counseling due to the ineffectiveness of this activity. The MCH Social Worker reported that many couples are disinterested and this did not provide the most opportune occasion to deliver health education messages.

The Nutrition Program promotes physical fitness through supporting and promoting regular aerobics programs monitoring the progress of participants by measuring weights and blood pressures every three months. The Nutrition Program works in collaboration with the Diabetic Program in order to establish a walking group on island in order to promote physical fitness and monitor the effectiveness of activities by checking weights and blood pressures at program initiation and weekly thereafter. Breastfeeding education and nutritional counseling are made available to all prenatal and postpartum clients throughout pregnancy and after. These services are provided in health centers, at LBJ Tropical Medical Center, and at WIC. In the past, MCH has assisted in the development of breastfeeding health education modules for the maternity ward nurses to use with women who are being discharged.

/2005/

Hemoglobin testing for pregnant women and infants previously done by the Nutrition staff is now being provided by the health center staff. In 2004 hemoglobin testing machines and supplies were provided by MCH to each of the health centers in order to provide this service to all clients as needed. The nutrition staff continue to do testing and individual counseling on busy Well Baby clinic days.

/2002/

The delivery and consistency of health education concerning breastfeeding is monitored by the newly re-established Breastfeeding Committee in which Title V is represented.

/2003/

Due to organizational constraints at the level of the Hospital, The Breastfeeding Committee did not become re-established as expected. However, the Nutrition Division staff continue to offer breastfeeding education 7 days per week in order to reach newly postpartum women. The prenatal women are reached through participation of the Nutrition staff during prenatal care clinics.

Efforts to increase the rate of mothers breastfeeding exclusively after delivery include working with the Hospital Administration and providers in the Nursery and Maternity Wards to implement the Baby Friendly Hospital Initiative. Nursery/Maternity feeding policies that address breastfeeding have been drafted and will be approved in 2003. This policy also seeks to ban formula and formula paraphernalia from the hospital premises.

/2005/

In 2003 the Title V staff was instrumental in revitalizing the Breastfeeding Committee. The Committee met several times in 2004 to discuss the hospital policies regarding infant feeding and breastfeeding practices. The committee was able to facilitate the establishment of a new breastfeeding policy for the Nursery and Maternity Wards. Title V staff and the Breastfeeding

Committee continue efforts to promote this policy in the hospital setting.

In October 2004 the Title V request to WHO for technical assistance in assessing the needs of infant and young child nutrition were answered with a consultant who spent three weeks in the Territory. The consultant spent time observing practices related to breastfeeding, infant and young child feeding and interviewing key people (service providers, physicians, nurses, community members, and public health staff). At the end of this three week period the consultant identified specific needs, challenges, and opportunities in infant/young child feeding. Her recommendations include policy development, resource development, staff development, community involvement and education. At the end of the consultation a workshop was held to share the results of the needs assessment and the recommendations to service providers, stakeholders and community members.

/2003/

The Nutrition Program gives each women a "health card" which allows women to monitor their weight and blood pressure at the aerobic sessions. Additionally, nutrition counseling and other instruction is provided as needed.

MCH staff members attended several off-island and on-island workshops. These workshops and meetings focused on the provision of services to the target population and their increased effectiveness. Further, off-island consultants were contracted to provide guidance on appropriate provision of MCH services and the creation of systems to increase program effectiveness. Policies and procedures on selected screening programs are being developed and implemented for mothers, infants and children who attend well-baby/well-child clinics. This system will soon be implemented and future plans include the development of a similar system for prenatal/postpartum clinics.

/2003/

The MCH Health Planning Consultant worked closely with Title V staff in order to complete and implement the new Policies and Procedure manual for Well Baby/Well Child Care. A similar system involving a policies and procedures manual to be followed for prenatal and postpartum care is currently in progress.

Children

The American Samoa Department of Health conducts well baby/child clinics in the various dispensaries; this includes the outer islands as well as the newly constructed and operational Amouli dispensary. To further expand Department capacity to provide well baby/child care, the MCH Program also expanded its medical staff by adding an additional physician to equal 3 MCH practitioners (2 physicians and a nurse practitioner).

/2003/

In 2001, Title V lost one physician due to a move off-island. The program is, therefore, experiencing a clinical staffing shortage.

/2004/

Title V has procured the services of a physician on a part time basis who will provide services at the 2 largest districts: Tafuna and Central. This physician will conduct well-child visits.

/2005/

In 2004 this physician was converted to a full time position. She works in two of the heavily trafficked clinics (Tafuna Family health center and the central health center) to provide well baby assessments and medical services. She has also worked with MCH nursing staff to provide health assessments to head start children ages 3 and 4.

The Maternal and Child Health Program provides most of the resources such as supplies and

staff for all dispensaries. In well baby/child clinics weight, height, and head circumference are measured. Each child is assessed for developmental status, immunized, and given a physical exam by the MCH physicians and nurse practitioners at the one-month and nine month visits. Public Health nurses assess children ages 2 months, 4 months, 6 months, and 15 months.

/2005/

In 2004 the MCH information systems project (SSDI) decentralized the MCH data system. In the past patient encounter data from well baby and immunization clinics was captured in the health centers and sent to the main office for entry into the database. In an effort to increase the integrity of the data and to automate more of the patient records in each health center, data entry terminals were placed in the health centers with training for staff to operate them. Currently, each health center enters data at the point of service. This also allows the health center staff to look up electronic records for immunization references, appointment schedules and enables them to run reports.

/2002/

The MCH Program is provided with supplies through the funds provided to the Territory through the Medicaid Program.

/2003/

Local funds are also used for the purchase of supplies.

/2003/

One MCH Physician resigned in 2001. As a result, the Family Nurse Practitioner has increased her workload to cover the additional dispensaries for WBC. Health Department Physicians are also conducting Well Baby Clinics.

Health education provided by the Public Health nurses is based on the specific need of each individual child. When a child comes to a dispensary with a specific complaint, the caretaker is provided with information related the specific ailment. General information related to the child's overall growth and development is reserved for the scheduled well baby/well child visits.

The MCH Nutrition staff delivers one-on-one health education with caretakers of children 1-month-old, 6 months old and 1 year old. Children are also screened for hemoglobin. Those with results below recommended levels are referred to the MCH practitioner for further evaluation. The caretaker is given health education on the appropriate nutritional need of the child after hemoglobin is checked. Hemoglobin levels are routinely checked at 6 months of age. Those children with low hemoglobin are provided counseling and iron supplementation and followed up one month later for a re-assessment. Children with hemoglobin levels below 10 are given nutritional counseling and are re-assessed one month later. Those children with levels below 9 are provided with a prescription for iron supplements and are re-assessed one month later.

/2005/

Hemoglobin testing for children previously done by the Nutrition staff is now being provided by the health center staff. In 2004 hemoglobin testing machines and supplies were provided by MCH to each of the health centers in order to provide this service to all clients as needed. The nutrition staff continue to do testing and individual counseling on busy Well Baby clinic days.

MCH provides educational material on proper skin and oral care, as well as prompt immunizations. Radio spots on dental care, immunizations and prenatal care are aired regularly. Health related TV programs are aired as a public education effort on topics related to baby and childcare, injury prevention, etc. Title V also provides appropriate referral services for children screened by the School Health Team who require medical attention. MCH also coordinates efforts with the Dental Health Program to provide sealants for grade school

children. The MCH Nutrition Program, in collaboration with the WIC Program, offers nutritional education to children and others in the WIC target population.

/2002/

The School Health Team no longer exists.

/2003/

The School Health Team was discontinued as resources to provide this service became short. With the loss of two MCH physicians and other key nursing staff previously on the School Health Team it was not possible to continue the school based health screening. Transportation to and from the schools also poses a challenge. The Title V program will strive to address the health needs of the school-aged population through other avenues.

Population-based services targeted towards children include the provision of immunization clinics as well as other health education and health promotion activities. Daily immunization clinics are scheduled with well child clinics throughout the six dispensaries that serve the Tutuila and Manu'a population. Collaborative services of Early Childhood Education (DOE) and MCH Public Health provide full health assessments, which include dental screening for school children. The MCH School Health Program refers children with dental problems to the dental clinic for treatment. Sealants are provided for children in the third grade. This represents a cooperative effort between MCH and the dental outreach team.

/2003/

One dispensary closed in 2001 and is relocated to the hospital complex. Clients from that area must travel a far greater distance in order to access services. Services in this dispensary will resume in November 2002.

American Samoa law requires that everyone is entitled to medical care at no or minimal costs. MCH provides immunizations, well child health screening, school health and village-based screening, prenatal and post-partum care, and health education. In an effort to improve the quality of care provided to MCH populations, procedural standards and policies for immunization and nursing care have been implemented at the dispensary level. Continuous training for MCH staff on well childcare and immunization were conducted. MCH staff was also involved in workshops conducted by the MCH Consultant, which included the development of policies and procedures for Well Baby/ Well Child Care, Prenatal Care and services to the CSN.

/2002/

A change in protocols in cooperation with the LBJ Dental Program resulted in shifting resources from providing sealants to fourth graders to providing sealants to the third grade students. This change in protocols has successfully taken place in 2000. The Department of Health collaborates with the LBJ Dental Program by providing sealants and toothbrushes. The MCH Dental Outreach Program provides outreach and a screening clinic to all elementary schools and preschools. Strong relations between MCH and the dental clinic have been formed. In 2000, third graders began to be targeted by provision of sealants to this age group. Further, the MCH Title V Program obtained the services of a dentist in 2000 in order to provide dental services to the MCH population.

/2003/

Efforts towards dental health for children are funded through Title V as well as CHIP.

/2004/

There is 1 additional Dentist providing dental health care at the ECE as well as one additional D who works closely with the Title V Dentist. The new Dentists provide dental assessments and minor dental care at WIC during the summer.

Children with Special Health Care Needs

Title V provides assessments of those children who are screened positive for having a possible chronic or disabling condition. Most assessments are conducted in the child's home, which is less threatening and less disruptive for the family than the clinic setting. Those children with chronic and debilitating conditions and their families are given special support and services through the CSN Program. The overall goal of the CSN Program is to encourage and empower children with special needs to live within their communities in an acceptable way and live to their fullest potential.

Occasional assessments and reviews are held during Well Baby Clinics. These assessments and reviews involve a holistic approach with counseling and advice on a range of issues: a. those relating specifically to the disability e.g. stimulation, positioning and handling, safety and b. those relating to general health e.g. immunization, hygiene, skin and dental care. Other direct services include: (a) In cooperation with Special Education services of the Department of Education, assistance given in developing family management plans and/or Individual Education Plans (IEP) either in school or at home visit. (b) Advice about special management, handling techniques and equipment is provided to teachers working in special education classes and teaching CSHCN in normal school classes. (c) Some gap filling medical treatment especially for epilepsy and muscle spasm is provided for individual patients during review assessments. (d) Regular visits are made to the respite care center in order to provide direct medical services for the severe and multiply disabled. The team members arrange referrals and facilitate access to other agencies or services to help meet particular CSN requirements. These include family support services especially WIC and American Samoa Nutrition Assistance Program (ASNAP), Department of Social Services, Child Protection Services, medical specialty services (eye, ENT, orthopedic and pediatric), Department of Education Special Education Services, and arranging respite care services provided by a private, Catholic, respite care home on island.

/2004/

The Family Nurse practitioner and the CSN Nurse will be integrally involved with all activities concerning CSHCN. The Family Nurse Practitioner will coordinate efforts with the dispensary nurses and district coordinator to assure that all necessary services are provided to CSHCN. This includes all required immunizations and other preventive health measures.

The CSHCN Team also presents informational sessions to LBJ staff during medical staff meetings. The program also participates in informational television programs on CSN issues and offers information on the Territory's CSN program.

/2005/

In 2004 the CSHCN program lost one staff member. The nurse serving as the CSHCN nurse was originally the nurse supervisor from the communicable diseases serving in the CSHCN program temporarily. The relocation back to communicable diseases was necessary to meet increasing needs in the communicable disease screening/physical exam clinic. The MCH program is currently in the process of hiring a new CSHCN nurse/case manager.

/2002/

**In 2000, the CSN Team presented informational sessions to the Nursery Staff on
-Roles and Responsibilities of the CSN Program
-The referral system**

/2005/

In 2004 the MCH staff were active members of the Interagency Leadership Counsel, the Part C Advisory Counsel, and community based resource centers. These partnerships facilitate cohesion of service providers and better coordination between agencies. The MCH staff will continue to participate in these infrastructure building activities in 2005.

/2003/

*In 2001, the CSN Team presented informational sessions to the Parent Group on
-Proper feeding practices
-SSI/Foodstamp Program*

Village clinics are also conducted. These "village clinics" entail CSN staff, nutrition staff and Head Start going to the village meeting houses in order to present outreach education sessions as well as doing complete assessments for Head Start.

/2002/

In 2000, Head Start clients and all babies ages 3-4 began to be screened at the Well-Baby Clinics instead of by the CSN Program

The State Systems Development Initiative (SSDI) Project, in cooperation with the MCH Block programs, has initiated consultations provided by an MCH Consultant on a variety of infrastructure building activities including a comprehensive system of care for the CSHCN population. Further, MCH Staff and CSHCN program staff have participated in numerous on-island as well as off-island continuing education training.

Video-teleconferencing is utilized in order to provide consultation to CSHCN clients and families. Professional participants in the consultation have included a speech pathologist, a geneticist, an orthopedist as well as a nutritionist. The video-teleconferences are used in order to interview CSN patients and their families in order to evaluate overall health status and give recommendations on continuous care.

/2003/

Video-teleconferencing was used in 2001 for continuing education purposes for health professionals as well as for parents.

-American Samoa does not receive SSI benefits

-The CSHCN Program provides and promotes family-centered, community-based, coordinated care including care coordination services, for CSHCN and facilitate the development of community based systems of services for children and their families through the Interagency team which provides a comprehensive spectrum of services to this population.

In 2000, the Interagency Team temporarily stopped meeting although Part C, Special Ed, Early Childhood Education and the CSN Team continued with their objectives. Plans for 200

C. ORGANIZATIONAL STRUCTURE

The Department of Health is one of 30 Departments in the overall Territorial Government. As such, the Director of Health serves on the Governor's cabinet and acts in an advisory role to the Governor with all matters pertaining to health issues in the Territory.

The Title V MCH Project Coordinator is placed directly under the Director of Health. The MCH project Coordinator/Director of Public Health Nursing oversees the implementation (administration) of all programs with allotments under Title V, including CSHCN.
(see organizational chart attached in Other Supporting Documents)

/2003/

In 2001, the organizational structure of the Department changed. Title V now falls under the Community Health and Nursing Division. The Director of Community Health and Nursing Division previously served as the Title V Director. In 2002 a MCH Coordinator/Grantwriter was hired to focus 100% on the Title V Programs. This individual is immediately responsible for ensuring activities are

implemented, monitored and evaluated, works closely with all Title V staff, oversees the Title V reporting systems and works under the direct supervision of the Division Director. The Director of Community Health and Nursing continues to play a key role in the administration of the Title V programs and reports to the Director of Health.

Statutes Relevant to the Title V Program

The Juvenile Act of 1980 - This legislation combined and revised laws pertaining to children. Included in the legislation was a definition of children endangered by child abuse, neglect or sexual abuse. The Act clarified the government's role in protecting children and the Department of Health was given the primary role in providing relevant services under this law.

Immunization Legislation - In 1982, legislation was enacted which required proof of immunization status to be verified by the Department of Education prior to allowing children entrance into school.

Establishment of the American Samoa Hospital Authority - In 1998, the American Samoa Hospital Authority was established in order to create a semi-autonomous hospital authority governed by a Hospital Board.

Legislation Defining the Powers and Responsibilities of the Department of Health - (1998)
Subsequent to the establishment of the Hospital Authority, legislation clearly defined and established the role of the Health Department as being separate and distinct from the Hospital. (Prior to this, the Hospital and the Health Department were unified under one Department) Administration of federal programs, including Title V remained under the administration of the Department of Health. This legislation also re-established the authority of the health Department over the Community Health Centers while giving the Department clear authority to initiate demonstration/pilot projects.

Impact of Legislation

The Immunization law specifically impacts Title V programs by clearly establishing the Health Department as the enforcing agency together with the Department of Education. Immunization rates however require improvements due to a lack of enforcement of this law.

The re-organization of the Health Department resulting in the establishment of the Hospital Authority has had very little or no impact on the actual delivery of preventive health and primary care services to the Title V population. Activities, which are carried out by LBJ Tropical Medical Center, continue to be conducted with very little or no changes. Prenatal care has, historically, been provided in the busiest prenatal care site which is located at the OB Clinic within LBJ Tropical medical Center. This prenatal care clinic continues to be carried out with no changes. The Hospital Authority provides this service within the scope of OB services and Title V clients receive this service without charge. Only a small administrative fee is charged per hospital visit, similar to all other services provided by the hospital.

The Medical Director of the Hospital Authority has been and continues to be very supportive of Title V programs and the Health Department leadership has maintained and fostered a positive working relationship with him. This positive working relationship is further evidenced by the recent appointment of the Hospital Dental Services Division to carry out Title V dental health activities.

The only readily apparent change, which has adversely effected the Health Department and Title V to some extent, is that the Medicaid funds have been limited to an overall amount of \$250,000. per annum for Health Department supplies and utilities. In the past, the Medicaid funding for these purposes were without specific limit.

Sharing of data continues to be a problem, which is not fully rectified. This has been a problem regardless of legislative changes establishing the Hospital Authority. Title V staff have difficulty obtaining log books in order to gather data relevant to the Title V population from the various wards

and Departments.

/2003/

Data continues to be an ongoing problem in the Territory however Title V plays an active role in the Department of Health Data Committee. The Data Committee has been charged with the tasks of addressing all data related issues between the Department of Health and the Hospital Authority. The Data Committee has been instrumental in submitting legislation mandating that Department of Health be responsible for reporting of all vital and health data in the Territory. It is anticipated that will passing of legislation the Department of Health will have the legal authority to collect all data items without the challenges faced in the past.

Title V continues to work closely with the Data Committee and Vital Statistics to ensure that data necessary for Title V reporting as well as data necessary for monitoring the health status of the population is available. Linkages with the Hospital Authority have been fostered for the collection data in lieu of legislation addressing this issue.

D. OTHER MCH CAPACITY

Title V staff include 20 full time employees, inclusive of central office staff as well as out-stationed staff. In addition to Title V leadership, staff are organized into the following programs:

- *Prenatal
- *Well Baby
- *CSHCN
- *Social Services
- *Health Education
- *Immunization
- *Dental Health Services
- *Nutrition

/2003/

In 2001, the total number of staff persons was reduced to 19 as one physician moved off-island.

In addition to the above-mentioned 20 staff members who deliver services to the population of women, infants and CSHCN, Title V leadership staff includes the following:

Dr. Joseph Tufa, DSM, MPH

Director, Department of Health

Dr. Tufa is a graduate of the Fiji School of Medicine (1976). He began practicing medicine at LBJ Tropical Medical Center in 1976 upon completion of his degree. He practiced as a member of LBJ staff until 1995. In 1994, however, he left the island to pursue advanced studies in Public Health and received his Masters in Public Health from the University of Hawaii School of Public Health in Manoa, Honolulu. Upon his return to the island, he was appointed as Deputy Director of Public Health. He has served in the position of Director of Health since 1998.

Ms. Diana Pilitati Tuinei, BSN, RN, MPH

MCH Coordinator, Director, Public Health Nursing

Ms. Tuinei graduated from an RN Diploma program in Auckland, New Zealand in 1955. She worked in Maternity Nursing field for 9 years in both California and American Samoa. In 1968 she was an ER nursing supervisor at LBJ. In 1973, she became Director of Public Health Nursing, responsible for all nursing services and all federally funded programs under nursing. In 1979 she obtained her Bachelors' degree in Social Studies from Brigham and Young University. She completed her Masters in Public Health in 1982. In 1981, she became the MCH Coordinator and has acted in this capacity since this time.

/2004/

This individual is now serving in the newly created position of Director of Community Health and Nursing Division. In this role, her responsibility has increased in order to include supervision of

community health activities at the dispensary level.

/2004/

Ms. Jacki Tupua Tulafono, BA
MCH Coordinator

This individual takes immediate responsibility for ensuring that all Title V activities are implemented, monitored and evaluated. She works closely with all Title V staff, oversees the Title V reporting systems and works under the direct supervision of the Director of Community Health and Nursing. She performs continuous monitoring and evaluation functions of Title V programs and their activities.

Ms. Tu'u Maiava, BSN, RN
Quality Assurance Specialist

Ms. Maiava graduated from Arizona State University in 1990 with a Bachelor of Science degree in Nursing. In 1992, she returned to the Territory in order to assume the position of MCH Health Educator. She held this position for 5 years at which time she was selected as Quality Assurance and In service Specialist for Public Health nursing. In this position, she assists in the development of policies, revision of policies and works closely with the MCH Consultant on the development of healthcare delivery systems to the Title V population. Additionally, she coordinates and conducts in-service training sessions to the nursing staff (both in-posted and out-posted) who are responsible for the delivery of services to the Title V population.

/2005/

This individual has assumed the full time position as administrator for the Tafuna Family Health Center and is no longer a member of the MCH staff. She continues to work closely with MCH Program to ensure service provision at the Well Baby and Prenatal Clinics. MCH collaborates with the Tafuna center in meeting the needs of the MCH population served at that health center.

/2003/

***Nita Misi, ASN, RN
In-Service Coordinator***

Ms. Misi was moved into this position in 2000. She coordinates in-service activities for all Title V staff. She acted as the coordinator of CSN program before becoming the Inservice Coordinator. The inservice coordinator provides direct health care services to the head start population along with the MCH Physician. She will also assume quality improvement responsibilities for the MCH Program and division of community health and nursing services.

/2005/

Anaise Uso, BDS, DO

Dr. Uso is the MCH Dentist currently spearheading the MCH oral health activities. Dr. Uso spends the majority of her time providing direct dental services to school children with the School Dental Team. She provides training to public health nurses on conducting oral health assessments for well baby/child clients, is active in community outreach activities for oral health, works closely with the health educator to develop health education materials and public services announcements, and serves as a liaison between public health and the hospital dental services.

E. STATE AGENCY COORDINATION

The following Territorial Human Service Agencies are represented in American Samoa and are all under the jurisdiction of the Territorial government with the exception of LBJ Tropical Medical Center which is under the Hospital Authority, a semi-autonomous agency:

Hospital Authority - LBJ Tropical Medical Center

LBJ Tropical Medical Center Administrative Services - The Administrative Services of LBJ works with Title V by providing opportunities for tele-health video conferencing. This enables the Title V staff to consult with off-island consultants, participate in continuing education workshop opportunities etc. Further, the Health Department is able to connect to the LBJ Internet server in order to have continuous access to the internet.

OB/ Prenatal Care Clinic - The OB/Prenatal Care Clinic provides prenatal and postpartum care for the population of pregnant women living in the service area as well as follow up for high-risk cases which are referred to that Clinic.

Mental Health - This is a department of LBJ Tropical Medical center. Mental Health Services possess the ability to diagnose and administer treatment to mentally ill clients.

Part C - The MCH Coordinator is a member of the interagency council for Part C. Title V staff who work with CSHCN coordinate services with Part C in the development of the Individual Family Service Plans. Part C staff provide services to the Title V population. (play therapy, assistance in the development of Individual Family Service Plans etc.)

Title XXI - Family Planning - Provides family planning services to the population of Title V. Furnishes data for program use.

Department of Human and Social Services - the Department of Human and Social Services is a Department of the Territorial Government. As such, the Director serves as an advisor to the Governor on all matters pertaining to the social services sector. As such, activities are coordinated between the Department of Human and Social Services and the Department of Health in the delivery of services to the Title V population and the provision of necessary data items in satisfaction of federal data requirements. The following divisions of the Department directly serve the Title V population:

WIC - the Supplemental Feeding Program for Women, Infants and Children offers nutritional education and counseling for mother and baby, breastfeeding education, developmental information for babies. Further, an in-house public health clinic offers comprehensive prenatal care. WIC assists the Title V programs in meeting data requirements in satisfaction of federal data reporting requirements.

Developmental Disabilities Planning Council - Acts as a member of the interagency team focused on meeting the needs of children with special health care needs. Assists families in the development of the Individual Service Plans.

Division of Vocational Rehabilitation - Acts as a member of the interagency team focused on meeting the needs of children with special health care needs.

Department of Education - assists in the provision of data, YRBS, assists in the enforcement of the child immunization law, assists in the coordination of the School Health Outreach Team as well as other school-based health education activities.

Special Education - Assists in meeting the service needs of the CSHCN population, assists in assuring that all services are provided to the CSHCN population, acts as a key member of the interagency team focused on the needs of CSHCN, assists in the development of Individual Family Plans for families of CSHCN.

Early Childhood Education - Acts as a representative on the Interagency Leadership team which addresses needs of CSHCN, Assists in the enforcement of the Immunization law prohibiting children from entering school without immunization program clearance.

/2003/

The Interagency Team is not functioning as a group. Title V continues to coordinate activities as needed.

/2005/

The American Samoa Community College(ASCC)and the University of Hawaii Center for Excellence in Developmental Disabilities (UCEDD)have taken the lead in reorganizing the Interagency Leadership Counsel. The MCH staff are active members of the Counsel, networking and collaborating with other service providers to improve quality of services provided to CSHCN and their families.

Elementary Education - assists in the coordination of efforts provided by the School Health Team, assists in the enforcement of the Immunization Law prohibiting children from entering school without complete immunizations, serves as a member of the Interagency Leadership

Team, assists families in the development of Individual Service Plans.

/2003/ The School Health Team no longer exists.

Office of Protection and Advocacy for the Disabled - Acts as a representative on the Interagency Leadership team which addresses needs of CSHCN.

/2003/ - The Interagency Team no longer exists. Title V coordinates as needed.

F. HEALTH SYSTEMS CAPACITY INDICATORS

#1 Health Systems Capacity Indicator

The rate of children hospitalized for asthma (10,000 children less than 5 years of age)

In 2002, the rate of children less than 5 years of age was 46 per 10,000 children

Efforts to prevent asthma in children include preventive services in the Well Baby/Child Clinics. These services including nutrition education and special care requirements of children with asthma, individualized counseling to parents encourages keeping the home environment allergen free and working closely with health care providers to manage the child's condition.

#2 Health Systems Capacity Indicator

The percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screen.

This Health Systems Capacity Indicator does not apply to the healthcare setting in American Samoa.

This Health Systems Capacity Indicator does not apply to the Health care System in American Samoa. The American Samoa Government Code requires that all health services, primary and specialty care, are available to all residents free of charge. The health services provided free are financed by local American Samoa Government revenue and a capitated amount of Medicaid funds which are received by the Territory in a lump sum. These funds contribute to the overall provision of health care services in the Territory. Due to this unique situation, all potentially eligible Medicaid children receive a service paid by the Medicaid Program.

#3 Health Systems Capacity Indicator

The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

This Health Systems Capacity Indicator does not apply to the healthcare setting in American Samoa.

The Title V Coordinator serves as member of the Child Health Insurance Initiative (CHIP) Planning Committee. As such, she is able to advocate for the Title V population and provide related health status data used in the planning process for allocation of CHIP funds. CHIP is available to American Samoa in a lump sum and is distributed to the Hospital. The CHIP committee (which includes the MCH Coordinator) makes decisions regarding distribution of these funds on the local level.

#4 Health Systems Capacity Indicator

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% on the Kotelchuck Index.

The MCH Program has made efforts to increase access and utilization of Prenatal care to decrease the occurrence of low and very low birth weight, and ensure that an optimum number of women whose expected to received prenatal visits are greater than or equal to 80% on the Kotelchuk Index. This includes increasing public awareness through education and media exposure, offering an after hour prenatal clinic, and offering incentives to women who access prenatal care in the first trimester.

Title V is able to access this data through clinic logbooks and medical records. Analysis of this data, therefore, is very time consuming and cumbersome. This information is expected to be included in the implementation of the Standard US Birth Certificate by 2006.

#5 Health Systems Capacity Indicator

Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the state.

This Health Systems Capacity Indicator does not apply to the healthcare setting in American Samoa.

#6 Health Systems Capacity Indicator

The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants (0 to 1), children, and pregnant women.

This Health Systems Capacity Indicator does not apply to the healthcare setting in American Samoa.

#7 Health Systems Capacity Indicator

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

This Health Systems Capacity Indicator does not apply to the healthcare setting in American Samoa.

#8 Health Systems Capacity Indicator

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

This Health Systems Capacity Indicator does not apply to the healthcare setting in American Samoa.

#9(A) Health Systems Capacity Indicator

The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data.

Title V, currently has access to data sources from Vital Statistics, but as no current capacity for electronic linkages at this time.

#9(B) Health Systems Capacity Indicator

The ability of states to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month.

Title V has access to YRBS data but does not have access to the electronic database for analysis.

#9(C) Health Systems Capacity Indicator

The ability of states to determine the percent of children who are overweight.

Title V currently has no ability to determine the percent of children in the Territory who are overweight.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

Each year, the development of this Title V application and annual report occurs over a period of several months and is representative of a collaborative effort of all MCH staff members and leadership.

Each of the following 7 Performance Measures is directly correlated to each of the 7 Priority Needs.

SP1: Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.

Activities for this performance measure include an incentive program for women who access prenatal care in the first trimester, a media campaign, targeted community awareness campaigns and the use of educational materials and video resources for use in the Public Health Dispensaries. Additionally, the Community Health Center will begin using perinatal outreach workers in the Tualauta County area. The CHC will be offering an expanded prenatal care schedule, increasing to 4 days per week from the previous 2.

SP2: Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.

The Family Nurse practitioner and the CSN Nurse will be integrally involved with all activities concerning this performance measure. Activities for this performance measure include the coordination of efforts with the dispensary nurses and district coordinator to assure that all CSN children attending school are immunized during the annual exams. Children who do not attend school or who are otherwise missed in the school setting will be given appointments to access the district dispensary in order to receive immunizations, or, in rare instances, will be visited at the home setting. Education on childhood immunizations and vaccine preventable diseases will be emphasized to parents and caregivers of CSN.

SP3: Percentage of annual re-evaluation of Children with Special Health Care Needs by Interdisciplinary Team.

The activities will be centered on the re-establishment of the Interagency Team to result in coordinated efforts towards the annual re-evaluation of CSHCN children. Individual home visiting will continue, appointments will be scheduled in order to conduct comprehensive assessments in the school setting or in the Respite Care Center in order to conduct comprehensive evaluations, which include the health care provider, and the CSN Team. As a further effort towards meeting this performance objective, the CSN team is exploring options for hiring a Physical Therapist/Occupational Therapist. Partner agencies such as the MCH Program and Special Education have discussed the possibility of cost sharing for a person in this position.

SP4: Percentage of Children with Special Health Care Needs who have received all the services recommended by their individual service plan.

The activities will be centered on the re-establishment of the Interagency Team the CSN Team will be responsible for care coordination and interfacing with various Agencies in order to ensure services to the CSN population are provided appropriately and on a timely basis. The MCH Administration will foster these types of partnerships from a leadership level by facilitating discussions with the management of partner agencies. A main partner of the CSN program is the Pediatric Clinic of LBJ TMC where children are seen for check-ups and for other medical care. CSN Team will continue with TV program and radio spots to increase awareness of the existence of CSN services. The CSN Team will continue its monitoring functions by conducting active case-management of all CSHCN children. Every effort will be made to involve parents in training opportunities.

SP5: Percent of 2, 3, 4 year old children in the Well Child Clinics who have dental caries.

MCH staff, in cooperation with Dental services staff, plan to conduct a community awareness campaign, air radio spots and TV shows on oral health, continue to distribute free fluoride supplements and multivitamins through the well baby clinics. Education efforts will also focus on teaching parents and care givers. The dispensary staff will be trained in conducting dental screening

as well as providing age appropriate education on oral health and hygiene. The MCH program will partner with the ECE program to promote optimal oral health among young children. A full time dentist has been assigned to provide services to the ECE population. The MCH Health education staff and the MCH Dentist will work closely with the ECE staff to coordinate activities for the dental health month, and continuous activities throughout the year. A protocol has been initiated in cooperation with Dental Health Services where 2-4 year old children who have observable dental caries at well-baby visits will be given immediate referral and follow-up on-site for dental care interventions.

SP6: Percentage of 6 month old infants exclusively breastfed in Well Baby Clinics.

Activities for this performance measure include the development of education modules promoting breastfeeding, airing radio spots and TV programs focusing on the benefits of breastfeeding, proper nutrition during breastfeeding, and helpful tips for breastfeeding mothers. Health education materials for the dispensaries will be developed with the MCH hotline included for mothers to call if they need additional assistance. Title V will partner with WIC to promote exclusive breastfeeding. Joint efforts will focus on breastfeeding education for clients and the distribution of breast pumps to mothers.

SP7: Percent of 14-17 teenagers attending school who admitted to smoking in the last 30 days.

MCH staff will collaborate activities with the Tobacco Control Program during the Great American Smoke-out in November and World No-Tobacco Day in May. The MCH staff will work with DOE staff to initiate smoking prevention activities in the schools. A model will be developed for smoking prevention projects in the schools for which monetary support will be awarded. Schools interested in such a program are asked to apply.

B. STATE PRIORITIES

The Title V staff has been divided into 3 working groups for the purpose of assessment of needs, determination of priorities and program planning. Each of the three work groups: Pregnant women and infants, Children and adolescents, and Children with special health care needs, meet a number of times throughout the development of the 5-Year Needs Assessment and intermittently in interim years. Each group meets with the intention of discussing the overall health status of the populations with which they work, suggesting possible health status indicators appropriate for each group, providing data for the National Core Health Status Indicators. Each group meets with the intention of determining additional health status indicators, specific to American Samoa, which would expand the level of assessment beyond that of the National Core Indicators. The results of the work groups were a concise list of priority health problems. From this list of problems, the Title V staff worked together at identifying the 7 priority health Needs. These working groups will re-convene during 2004 in order to re-examine the priority problems/needs and redefine the priority health needs for the next 5-year cycle.

American Samoa 7 Priority Needs

- To increase the percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.
- To increase the percent of children with completed immunization among the children with special needs who are known to the CSN Program.
- To increase the percent of children with special needs who have received all of the recommended services within 12 months of the date of recommendation.
- To decrease the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinic who have dental caries on examination.
- To increase the percent of 6-month-old infants who attend the Well Baby Clinic at 6 months of age who are exclusively breastfeeding.
- To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.
- To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.

Each of the 7 Priority Health Needs corresponds to a State Performance Measure.

State Performance Measures

SP1. Percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.

SP2: Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.

SP3: Percentage of annual re-evaluation of Children with Special Health Care Needs by the CSN Team.

SP4: Percentage of Children with Special Health Care Needs who have received all the services recommended by their individual service plan.

SP5: Percent of 2, 3, 4 year old children in the Well Child Clinics who have dental caries.

SP6: Percentage of 6 month old infants exclusively breastfed in Well Baby Clinics.

SP7: Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

Capacity and Resource Capability of the Territorial Title V Program

The American Samoa Title V Program places heavy emphasis on its capability to respond to all of the State Performance Measures and makes every effort to respond appropriately to the National Performance Measures. However, American Samoa is a small island Territory with a very unique healthcare setting. As a result, the Title V Program is unable to respond to several of the National Performance Measures. The interactive Title V process between the states/territories and MCHB allows for Title V to grow and improve on an annual basis. Increasingly, the Programs in American Samoa represent sets of activities aimed directly at responding to State and National performance measures, and, ultimately to the established Outcome Measures. As a result of this continuous process, Title V is able to make annual strides towards meeting the National and State measures.

The American Samoa Title V Program provides for well baby/well child clinics, immunization services, and pre-natal and post-partum clinics. The MCH Nutrition staff delivers one-on-one health education with caretakers of children 1-month-old, 6 months old and 1 year old. Children are also screened for hemoglobin. These services and many others are provided in the 6 dispensaries located on the main island of Tutuila and on the outer islands of Manu'a. Additionally, an expanded schedule for these services is being implemented at the island's new Community Health Center. The impact of the Health Center will be an increase in Title V capacity by offering high quality preventive health services and perinatal outreach services in the most densely populated area of the island.

The Public Health and MCH staff provide physical evaluations, conduct screenings for risk factors, and provide health education on a variety of topics including nutrition, common infectious diseases, breastfeeding, family planning and healthy pregnancies. The MCH Health Educator visits the prenatal and postpartum clinics weekly to discuss poor prenatal outcomes and to provide general counseling on a wide range of topics including breastfeeding. The health education team develops health education materials for translation into local languages. Some topics include: discomforts of pregnancy, what to expect at first visit, "healthy do's and don'ts during pregnancy," breastfeeding tips and prenatal care. Radio spots concerning early prenatal care are aired in both English and Samoan. All high-risk pregnant women who are referred from other health services are provided specialized health education. If necessary, high-risk women are referred to other programs such as the Diabetes Program for services including health education services. Further, Title V activities to promote awareness of teen pregnancy and birth spacing are conducted at the community level by the Outreach Specialist.

These activities are directly related to the Territory's capacity to respond to State Performance Measures #1, #5 and #6. Additionally, the above activities contribute to an increase the Program capacity to respond to National Performance Measures #8, #11, #15, #17 and #18.

Other services, which contribute to the overall capacity of Title V Programs to meet the needs of its population, include additional services targeted towards children. The provision of immunization

clinics as well as other health education and health promotion activities result in the capacity of Title V Programs to respond to State Performance Measure #2 as well as National Performance Measure #7. Daily immunization clinics are scheduled with well child clinics throughout the six dispensaries that serve the Tutuila and Manu'a population. Collaborative services of Early Childhood Education (DOE) and MCH Public Health provide full health assessments, which include dental screening for school children. The MCH School Health Program refers children with dental problems to the dental clinic for treatment. Sealants are provided for children in the third grade. This represents a cooperative effort between MCH and the dental outreach team. This indicates the Title V Program Capacity with regard to National Performance Measure #9.

National Performance Measure #10 is addressed by the partnership with the Office of Highway Safety of the Department of Public Safety to promote vehicle safety. The Office of Highway Safety is responsible for enforcing vehicle speed limits and the use of child car seats and seatbelts. Further, the MCH Program promotes child vehicle safety through educational efforts in the clinic setting and the development of a media campaign on this topic. Finally, motor vehicle safety is a topic covered by the health education modules of the Well Baby/Child Clinic.

The capacity of Title V in American Samoa to respond to the unique issues which pertain to the population of Children with Special Health Care Needs is demonstrated by the 3 distinct State chosen Performance Measures for CSHCN. Title V demonstrates this capacity by providing assessments of those children who are screened positive for having a possible chronic or disabling condition. Assessments are performed by the Title V Family Nurse Practitioner. For hard to reach clients, assessments are conducted in the home setting. Children with Special Health Care Needs and their families are given special support and services through the CSN Program. These services include immunizations, annual re-evaluations and case management to assure adherence to their individual service plan. These activities reflect Title V capacity to respond to State Performance Measures #2, #3 and #4.

The unique healthcare setting in American Samoa, however, results in difficulties responding to and/or addressing the following National Performance Measures:

NP1 The percent of infants who are screened for conditions mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) and receive appropriate follow up and referral as defined by their State.

This performance measure does not apply to American Samoa. There is currently no newborn screening conducted in the Territory

NP2 To increase the number of families with CSHCN who partner in decision making and are satisfied with the services they receive.

This performance measure does not apply to American Samoa at this time. No qualitative research has been conducted on this population. Activities are scheduled for 2004.

NP3 The percent of children with special health care needs age 0 through 18 who receive coordinated, ongoing, comprehensive care within a medical home.

This performance measure does not apply to American Samoa at this time. No qualitative research has been conducted on this population. Activities are scheduled for 2004.

NP4 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.

This performance measure does not apply to American Samoa at this time. No qualitative research has been conducted on this population. Activities are scheduled for 2004.

NP5 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.

This performance measure does not apply to American Samoa at this time. No qualitative research has been conducted on this population. Activities are scheduled for 2004.

NP6 The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life.

This performance measure does not apply to American Samoa at this time. No qualitative research has been conducted on this population. Activities are scheduled for 2004.

NP12 Percentage of newborns who have been screened for hearing before hospital discharge.

This performance measure does not apply to American Samoa

NP13 Percent of children without health insurance.

This performance measure does not apply to American Samoa. All children in American Samoa are considered to be insured.

NP14 Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

This performance measure does not apply to American Samoa. All Children in American Samoa are considered to have received a service paid by the Medicaid Program as the Territory received the funds in a lump sum.

NP17 Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

This performance measure does not apply to American Samoa.

C. NATIONAL PERFORMANCE MEASURES

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.*

a. Last Year's Accomplishments

American Samoa does not conduct newborn metabolic or hearing screening.

b. Current Activities

American Samoa does not conduct newborn metabolic or hearing screening.

c. Plan for the Coming Year

American Samoa does not conduct newborn metabolic or hearing screening.

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)*

a. Last Year's Accomplishments

The CSHCN Program ensures families are involved in decision making around the services they receive and are entitled to however there are no data collection activities currently in place.

b. Current Activities

The MCH program is currently testing the SLAITS like survey developed to use locally. However these activities have been made difficult in the last year by the loss of the CSHCN Nurse and a delay in filling of the position. This difficulty is compounded by the shortage of nurses and qualified personnel.

Some question were pilot tested on our local population without success. Difficulties in translating complicated terms into the Samoan language proved to be an obstacle to effectively administering the survey.

c. Plan for the Coming Year

In 2005, a SLAITS-like survey will be conducted in order to determine the overall quality of life for CSHCN in American Samoa. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004.

The MCH Program is in the process of screening applicants for the CSHCN Nurse/Case Manager position. In 2005 the CSCHN program will complete the testing phase of the survey and implement the SLAITS-like survey. It is anticipated data will be available for the next reporting cycle.

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)

a. Last Year's Accomplishments

The MCH Program continues to serve as a medical home by providing ongoing assessments of all children in their homes, at the CSHCN Office, in respite care, or in the health centers as appropriate for their needs. The staff coordinates with the health center staff, parents and caregivers, as well as other service providers to ensure age appropriate immunizations, annual re-evaluations, appropriate follow-up and referral services.

Enabling services are provided to CSHCN and their families. CSHCN staff continue to visit clients in their homes for annual re-evaluations but also for gap filling medical services that would otherwise necessitate a hospital visit. The CSHCN Staff provide health education appropriate to the clients needs which includes topics such as proper use of medications, nutrition, immunizations, and home care. The CSHCN staff ensure that children are up to date with their prescriptions, often taking care of necessary laboratory tests while clients wait in the CSHCN office rather than waiting at the hospital to be served. CSHCN staff continue to provide referrals of clients to specialty services in the hospital, to other service providers such as WIC and Food Stamp, Special Education and the Developmental Disabilities Counsel.

The CSHCN continue to attend rounds at the pediatric ward and nursery in order to increase early identification of children needing services. As a result the pediatricians and hospital staff

are contacting the CSHCN program when a client is in need of follow-up after a doctor's appointment, or if a client has missed an appointment with a pediatrician. The CSHCN staff have also been instrumental in off-island referral cases for some severely ill clients by finding family support services locally and abroad.

b. Current Activities

The MCH staff continues all service activities as indicated above in addition to participating in other activities. The MCH staff are active members of the Developmental Disabilities Planning Counsel, the Interagency Leadership Counsel now spearheaded by the University Center for Excellence (American Samoa Community College and University of Hawaii), as well as the Advisory Counsel for the Part C Program. MCH staff have also become more engaged in the activities organized by community support groups active in the community.

c. Plan for the Coming Year

The MCH/CSHCN staff plan on hiring new staff member (CSHCN Nurse/Case Manager) to enable the program to offer services continually to the clients currently served. In 2005 the CSHCN SLAITS-like survey will be implemented and data collected program planning. The activities currently implemented will be continued in 2005. In addition, developing stronger partnerships with other service agencies is anticipated that will result in smoother coordination of services for the CSHCN clientele.

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)

a. Last Year's Accomplishments

In American Samoa the government provides medical services to all at a minimal administrative fee. CSHCN clients receive services from the MCH Program at no charge while services at the hospital are subsidized by the Medicaid program. The MCH Program has no data on this measure at this time.

b. Current Activities

The MCH Program is in the process of piloting a survey that will ascertain overall quality of life and the financial impact of the cost of health care services to CSHCN clients and their families. Preliminary SLAITS-like surveys conducted proved to be problematic. The difficulties translating words into local languages as well as interviewing biases resulted in an inability to collect accurate data.

c. Plan for the Coming Year

In 2005 it is anticipated the SLAITS like survey will be implemented and the MCH Program will have data for this measure. The MCH Program Planner will work closely with MCH staff towards implementing the survey as well as planning measures to meet the expressed needs of our CSHCN families. The results of the survey will provide an evidence base that MCH can use to initiate policy changes in the way health and medical care services are provided to these children and their families.

In 2005, a SLAITS-like survey will be conducted in order to determine 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. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004.

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)

a. Last Year's Accomplishments

In 2003 there was no data collection mechanism to capture this data. This data has been reported for other states and jurisdictions using the SLAITS survey. American Samoa did not participate in this survey.

b. Current Activities

In 2004 American Samoa adopted its own version of the SLAITS survey to be implemented locally. The survey was piloted but surveyors found much more fine tuning was needed to make the survey culturally appropriate and understandable to the American Samoa population. The MCH staff will continue to adapt the survey in 2004 and complete the implementation for reporting in 2005.

c. Plan for the Coming Year

In 2005, a SLAITS-like survey will be conducted in order to determine the 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. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004.

In 2005 the MCH Program will work closely with the MCH Program Planner to implement the SLAITS like survey developed for the local population and develop program activities targeted at meeting the needs identified by this qualitative research. The MCH Program will share the results of this survey with other service providers and partner agencies and serve in a leadership role in identifying common solutions to improve services offered to CSHCN and their families.

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)

a. Last Year's Accomplishments

In 2003 there was no data collection mechanism to capture this data. This data has been reported for other states and jurisdictions using the SLAITS survey. American Samoa did not participate in this survey.

b. Current Activities

In 2004, some SLAITS-like surveys were conducted with this population. Many problems were encountered with the actual survey instrument. The lack of appropriate translation for very specific program-related words resulted in difficulties. Additionally, respondents were reluctant to reply unfavorably to CSHCN staff.

In 2005 the MCH Program will work closely with the MCH Program Planner to implement the SLAITS like survey developed for the local population and develop program activities targeted at meeting the needs identified by this qualitative research. The MCH Program will share the results of this survey with other service providers and partner agencies and serve in a leadership role in identifying common solutions to improve services offered to CSHCN and their families.

c. Plan for the Coming Year

In 2005, a SLAITS-like survey will be conducted in order to determine the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. Particular emphasis will be given to the satisfaction level of CSHCN and their families with particular emphasis on the quality of care and overall coordination of services required by this special population. In preparation for the implementation of this survey, a preliminary phase will include the appropriate translation and modification of the survey to make it more culturally appropriate. Title V will recruit and hire a new Program Administrator for CSHCN Programs as well. As a first activity, this individual will implement the survey. The intention is for the program participants to be unfamiliar with this individual in order to diminish the possibility of biased answers as encountered in 2004.

In 2005 the MCH Program will work closely with the MCH Program Planner to implement the SLAITS like survey developed for the local population and develop program activities targeted at meeting the needs identified by this qualitative research. The MCH Program will share the results of this survey with other service providers and partner agencies and serve in a leadership role in identifying common solutions to improve services offered to CSHCN and their families.

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.

a. Last Year's Accomplishments

In 2003 the MCH and Immunization Programs attained 82% immunization coverage for two year olds.

In 2003, Title V provided direct health care activities by conducting well baby clinics, which are consistent with the national immunization schedule. All immunizations are administered at the well baby clinics. The MCH Family Nurse Practitioner and the MCH Physician conducted assessments of infant and children's overall health including immunization status. There are six dispensaries serving American Samoa. Title V provides supplies required for immunization services. Also in 2003, Title V facilitated and coordinated special village outreach clinics as an additional population-based activity. These village immunization clinics were greatly successful and are responsible for an approximate 10% increase in immunization rates for 2003.

In 2003, the greatest change to Title V programming with regard to immunizations is the opening of the Tafuna Community Health Center. This new facility, located in the most populous County on the island, offers high-quality preventive health care, including

immunizations to the residents of that County. The MCH Program works closely with the administration and clinical staff at the Tafuna Family Health Center to ensure provision of services to the MCH population in American Samoa as well as monitoring of the health status of the population in this district.

For 2003, enabling activities included the maintenance of the "walk-in" policy. Further, an immunization "follow-up" policy has been maintained resulting in reminder phone calls being made to families who miss appointments. Additionally, Public Health Nurses go to children's homes that consistently miss follow-up appointments for missed immunizations. The Public Health Nurses conduct home visits to families who consistently miss scheduled appointments.

Infrastructure Building activities impacting Immunization includes partnerships with the local utility agency, ASPA. This partnership facilitated increasing public awareness by distributing magnets with the Immunization schedule to ASPA customers as they pay their bills. Also, ASPA included a segment on immunizations in their newspaper advertising campaign in 2003. In 2003 the Immunization program was able to participate in the health fair of one of the local canneries that employs two to three thousand people. Immunization information packets were disseminated at the health fare with the assistance of the ASPA health education staff.

MCH continues to work closely with the Immunization program to monitor the immunization coverage of all children through data collection and maintenance of the MCH Well Baby database. Each year, the MCH database is used to generate reports that are used to determine immunization coverage levels for each district and assess the need for additional activities to increase coverage in certain areas.

b. Current Activities

MCH continues to partner with the Immunization program and the Division of Community Health to monitor the immunization coverage for this population. MCH continues to offer Well Baby/Child clinics where infants and children are assessed by a physician and family nurse practitioner. At the Well Baby/Child clinics immunizations are administered by the nursing staff at each of the community based health centers. Age appropriate health education is also offered at this time, where parents are advised of the importance of immunizations and given an immunization schedule.

MCH is instrumental in the capture and collection of immunization data as well as maintenance of the Well Baby database that contains immunization data for all clients served. MCH and Immunization Program are working closely with the Nursing Administration to develop an electronic appointment system that will enable nurses to monitor missed appointments and follow-up those children who need to come in for their next scheduled immunization. This is a work in progress as the Nurses are familiarizing themselves with the use of computers and an electronic database.

c. Plan for the Coming Year

The MCH Program will partner with both the Immunization Program and the Child Care Program to visit the local day care centers and promote child health issues such as immunization. An MOA between these three service providers is being negotiated to enable the MCH and Immunization staff to work with day care providers to provide education for care providers and parents on the importance of immunizations as a preventive measure of child health. Through these efforts a referral system between the day care centers and MCH can be established for immunizations and other child health issues.

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

a. Last Year's Accomplishments

In 2003 the Family Planning Outreach Nurse working in conjunction with the Family Planning Program and the Prevent Teen Pregnancy Coalition to address this measure. The Family Planning Outreach Nurse has continued to provide health education on abstinence to schools and community groups in an effort to decrease the rate of teen births. In addition, the Family Planning Clinic has opened its doors six hours a week after regular working hours to enable walk ins for teens wishing to obtain contraception, health education or counseling.

Radio spots continue to air on prevention of teen pregnancy with a number to call if there are any questions. TV programs continue to air discussing this problem in American Samoa, with advise for parents and the community on how to talk to their children about this very sensitive issue.

American Samoa is a Territory where religion and cultural influences are stongly observed. Family structure and ties have a strong influence on youth behaviors guiding them in their social activities. The outreach activities towards preventing teen pregnancy have focused on strengthening of the family structure, encouraging parents to spend more time with their teens in the home following the traditions of the culture and local religion. Community involvement has also been visible with parents getting involved and making themselves available as partners and mentors for other parents.

The newly opened Tafuna Family Health Center also provides services to impact this measure. The MCH Women's health practitioner provides health education, counseling, and contraception at the center. The Tafuna Family health Center serves the most populated area on the island, also offering women's health outreach activities and health education.

b. Current Activities

All activities from 2003 continue in 2004. MCH staff continue to be active members of the Prevent Teen Pregnancy Coalition. This coalition has been visible in the community through outreach activities in schools, churches and community gatherings as well as the media. Family Planning services continue to be offered at the Family Planning clinic and are offered at the Tafuna Family Health Center which is located in the most populated area of the island. Contraception, health education and counseling are available there by the MCH Women's Health Nurse Practitioner and the other health care providers.

c. Plan for the Coming Year

In 2005 the activities from the previous year will continue. MCH will work closely with the Tafuna Family Health Center and the Family Planning program to explore alternative options to reaching the teen population to address this issue as well as promote community involvement. Health education efforts through the media, posters, and community outreach will continue. MCH Staff will continue to be active members of the Prevent Teen Pregnancy Coalition.

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

a. Last Year's Accomplishments

In 2003, population based services included the continued provision of protective sealants for children in the first grade with follow up assessments in all subsequent grades through eighth

grade. The MCH Dentist continued to work closely with the LBJ Tropical Medical Center Authority - Dental Outreach team in order to provide fissure sealants, fluoride treatments, dental restorations and dental health education to children in the first, third, and eighth grades in the school setting. In addition, the MCH Dentist distributed free toothbrushes to children seen in the schools.

The MCH Dentist is also the technical advisor on all oral health education efforts and provides training to dispensary nurses on conducting dental screening during the well baby/child clinics. These are infrastructure-building activities.

Referrals to the LBJ Dental clinic are made for children requiring advanced dental treatments that may require surgery. This is an enabling activity.

In 2003 approximately 20% of all third graders received sealants from the MCH Dentist. Progress in this measure is slow due to the high number of school children requiring curative services such as extractions and fillings. The School Dental Team has also been hindered by failing portable dental equipment. The equipment currently in use is in disrepair and appropriate maintenance of the equipment is not available on island. Many more children may have received services properly functioning equipment.

The MCH Dentist and health education staff hosted activities for Dental Health Month by increasing media coverage on oral health, conducting outreach to day care workers on oral hygiene and proper nutrition for early childhood, and a poster contest on oral health. Community participation was also noted this year in support of the poster contest and calls to the MCH hotline with questions and requests for outreach.

b. Current Activities

The MCH Dentist, School Dental Team and Health Education staff will continue to promote oral health through media campaign and community outreach. Additional funding for children's oral health has been requested to increase the number of portable sealant units for third graders and for the development of curriculum on early childhood oral health.

In the summer months the MCH Dentist also provides services to children accessing WIC and CSHCN clients. The Dentist and the Health Educator will continue to provide oral health education through outreach activities throughout the remainder of 2004.

c. Plan for the Coming Year

In 2005 the MCH Dentist and health educator will continue to provide oral health education using the radio and television. Outreach activities to community groups and day cares will continue in 2005. A referral system between Prenatal Clinics, the CSHCN and Well Baby clinics will be established in 2005. The referral system aims to increase the number of infants and children who receive preventative dental services, and to promote the first dental visit for infants at age 1. Increased education on oral health will also be implemented for the MCH clinics by adopting the Bright Futures in Oral Health for all clinics.

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

a. Last Year's Accomplishments

In 2003 The MCH Program partnered with the Department of Public Safety to host public

awareness and education sessions to parents and caregivers attending Well Baby Clinics. The highway safety officers came to the Well Baby Clinics to talk about vehicle safety for children, disseminated health education materials and incentives, as well as information on how to purchase car seats at a discounted price from the highway safety program.

The MCH Program promoted child vehicle safety through educational efforts in the clinic setting and the development of a media campaign on this topic. Motor vehicle safety is a topic covered by the health education modules of the Well Baby/Child Clinic.

b. Current Activities

The program activities in 2003 are continued in 2004.

c. Plan for the Coming Year

The MCH Program will continue to partner with the Department of Public Safety Highway Safety program in order to promote child vehicle safety. The Well Baby Health education modules will continue to cover vehicle safety for all infants and children attending Well Baby Clinics.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

As a direct healthcare intervention, women were educated to the benefits and proper techniques of breast-feeding in prenatal and OB/GYN clinics, on the maternity ward following delivery. Information on anticipated problems encountered during breast-feeding such as cracked nipples, engorgement, and infection was emphasized. Proper breast-feeding techniques continued to be emphasized as well as what mothers can expect while breast-feeding.

Population based activities included a variety of individual and group level education presentations on the importance of breast-feeding. These were conducted by the Department of Health Nutrition staff. Health education on breastfeeding was also conducted in the Prenatal clinics. The MCH Program continued efforts in order to lay a solid foundation of education and information on breastfeeding during the prenatal period in order to help mothers choose exclusive breastfeeding as a feeding method. The MCH Program continued to make breastfeeding a priority area in its health education efforts at the community level as well.

In 2003, the MCH Staff was instrumental in the establishment of a breastfeeding policy in the hospital setting. The MCH staff were key members of the breastfeeding committee with joint membership from the OBGYN, pediatrics, and nursery departments in the hospital and MCH staff.

However, the hospital administration implemented a significant increase in the administrative fee it charges for schedule for admissions for non-residents. The unfortunate result is that mothers are highly motivated to be discharged from the maternity ward before the standard 24-hour period. However, as their babies are allowed to remain in the care of the hospital staff, this results in babies remaining in the nursery whose mothers have already been discharged. The further impact is the obvious necessity of the nurses to give babies bottles in absence of the lactating mother. Therefore, the urgency of additional policy development in this area is well recognized by Title V leadership staff. The breastfeeding committee continues to explore alternate options to enable and encourage mothers to breastfeed at discharge despite identified barriers.

The MCH staff also played a leadership role in requesting technical assistance from WHO on conducting a needs assessment on infant and young child feeding in American Samoa. A consultant from WHO implemented a needs assessment identifying the infrastructural barriers to breastfeeding, as well as provide a workshop on her findings and recommendations to an audience of health care providers from the hospital and public health as well as community members. An action plan was suggested and the MCH staff continues to work closely with all stakeholders to find ways to address the needs in breastfeeding, infant and young child feeding.

b. Current Activities

Current activities continue to deliver health education to women in prenatal clinics and maternity wards. The MCH staff is working closely with the breastfeeding committee to design an incentive package for mothers. This incentive package proposes a discounted hospital fee for all women who attend prenatal health education courses offered by the MCH staff. Breastfeeding and other related topics will be taught by the nutrition and health education staff at these classes. Finalization and approval of this proposal is pending.

The MCH program continues to serve as an information resource center on breastfeeding to health care providers and community members as well.

c. Plan for the Coming Year

In 2005 the MCH staff will continue to distribute the breastfeeding/infant, young child feeding information resources to health care providers, the community and the media. All other activities from 2004 will continue.

Performance Measure 12: Percentage of newborns who have been screened for hearing before hospital discharge.

a. Last Year's Accomplishments

This measure does apply to American Samoa. American Samoa does not provide newborn hearing screening.

b. Current Activities

This measure does apply to American Samoa. American Samoa does not provide newborn hearing screening.

c. Plan for the Coming Year

This measure does apply to American Samoa. American Samoa does not provide newborn hearing screening.

Performance Measure 13: Percent of children without health insurance.

a. Last Year's Accomplishments

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is

presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

b. Current Activities

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

c. Plan for the Coming Year

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

Performance Measure 14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

a. Last Year's Accomplishments

Medicaid and SCHIP funds are not distributed to the Territory on a fee for service basis. The Territory of American Samoa is unique in its Title XIX status in that the Territory as a whole receives a lump sum of Medicaid funds to reimburse the Territory for services rendered. This sum has been negotiated on the federal level according to the population size combined with the fact nearly 60% of the population of the Territory live at or below poverty level. Further all preventive health services and medical care is delivered to the population free of charge. The American Samoa Medical Authority charges a minimal low administrative fee for all services provided. As a result, all Medicaid eligible persons receive a service paid for by Title XIX including children.

In 2003 MCH continued to play a key role in the provision of health services to all children of the Territory. All MCH services either direct, enabling, or population based were free of charge

to all clients. These services included health assessments, monitoring, referrals, immunizations, health education, medical treatment and dental services to infants and children at the Well Baby/Child clinics, in the homes (for CSHCN), schools, respite care facilities, community based outreach projects and through the school based MCH Dentist.

b. Current Activities

Medicaid and SCHIP funds are not distributed to the Territory on a fee for service basis. The Territory of American Samoa is unique in its Title XIX status in that the Territory as a whole receives a lump sum of Medicaid funds to reimburse the Territory for services rendered. This sum has been negotiated on the federal level according to the population size combined with the fact nearly 60% of the population of the Territory live at or below poverty level. Further all preventive health services and medical care is delivered to the population free of charge. The American Samoa Medical Authority charges a minimal low administrative fee for all services provided. As a result, all Medicaid eligible persons receive a service paid for by Title XIX including children.

In 2004 MCH continues to play a key role in the provision of health services to all children of the Territory. All MCH services either direct, enabling, or population based are free of charge to all clients. These services include health assessments, monitoring, referrals, immunizations, health education, medical treatment and dental services to infants and children at the Well Baby/Child clinics, in the homes (for CSHCN), schools, respite care facilities, community based outreach projects and through the school based MCH Dentist.

c. Plan for the Coming Year

In 2005 Title V will continue activities as listed above.

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

In 2003 the key activity implemented towards preventing very low birth weight births was the opening of the Tafuna Family health center. The MCH Women's Health Nurse Practitioner provides quality prenatal services to the women in this area. The Tafuna Family Health Center serves the largest population of all health centers also with the largest number of births per year. The MCH Nurse practitioner also provides prenatal care services at the Amouli health center located on the eastern tip of the island.

In addition, both MCH nurse practitioners have continue to provide free prenatal care after regular working hours. The clinic is open for three hours each day twice a week to enable working women to access early and continuous prenatal services.

b. Current Activities

THE MCH staff continues to work closely with the Tafuna Family Health Center to find ways to offer high quality prenatal services at an affordable cost to its clientele. The health center has absorbed high costs providing laboratory tests to the prenatal patients seen there. Both programs are exploring ways to cover the costs for laboratories in order to continue to provide prenatal care at a minimal cost to the patient.

MCH staff are also working with the Tafuna Family health center administration and staff to revise data collection and patient management forms for the prenatal clinics in order to collect reliable data that can be used for monitoring and program planning.

c. Plan for the Coming Year

In 2005 all activities listed above will continue. Additionally, the MCH program will work closely with the Tafuna Family Health Center to increase outreach activities to the prenatal women in their district for better follow-up and utilization of services. An incentive program will also continue for women who access care early and continuously.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

In 2003 the MCH Program continued efforts to coordinate with other programs and agencies that provide counseling and other services relative to teen suicide in order to connect teens to the types of services needed. Other government and community based agencies provide preventive activities focused on teen suicides.

b. Current Activities

In 2004 the MCH Program continue efforts to coordinate with other programs and agencies that provide counseling and other services relative to teen suicide in order to connect teens to the types of services needed. Other government and community based agencies provide preventive activities focused on teen suicides.

c. Plan for the Coming Year

In 2005 the MCH program will continue activities listed above.

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

a. Last Year's Accomplishments

This measure does not apply to American Samoa where there is only one birthing facility for all births.

b. Current Activities

This measure does not apply to American Samoa where there is only one birthing facility for all births.

c. Plan for the Coming Year

This measure does not apply to American Samoa where there is only one birthing facility for all births.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

a. Last Year's Accomplishments

In 2003 the key activity implemented towards increasing births to women who accessed care in the first trimester was the opening of the Tafuna Family health center. The MCH Women's Health Nurse Practitioner provides quality prenatal services to the women in this area. The Tafuna Family Health Center serves the largest population of all health centers also with the largest number of births per year. The MCH Nurse practitioner also provides prenatal care services at the Amouli health center located on the eastern tip of the island.

In addition, both MCH nurse practitioners have continue to provide free prenatal care after regular working hours. The clinic is open for three hours each day twice a week to enable working women to access early and continuous prenatal services.

b. Current Activities

THE MCH staff continues to work closely with the Tafuna Family Health Center to find ways to offer high quality prenatal services at an affordable cost to it's clientele. The health center has absorbed high costs providing laboratory tests to the prenatal patients seen there. Both programs are exploring ways to cover the costs for laboratories in order to continue to provide prenatal care at a minimal cost to the patient.

MCH staff are also working with the Tafuna Family health center administration and staff to revise data collection and patient management forms for the prenatal clinics in order to collect reliable data that can be used for monitoring and program planning.

c. Plan for the Coming Year

In 2005 all activities listed above will continue. Additionally, the MCH program will work closely with the Tafuna Family Health Center to increase outreach activities to the prenatal women in their district for better follow-up and utilization of services. An incentive program will also continue for women who access care early and continuously.

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:
List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) 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.				
1. This performance measure does not apply to the healthcare setting in American Samoa.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) 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)				
1. Review, and adaptation of a SLAITS-like local CSHCN survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Hire new CSHCN Nurse/Case manager to fill position currently vacant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Implementation of the CSHCN Survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) 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)				
1. Conducts assessments at the dispensary setting as well as in the home and schools when necessary.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide information, services and support for children with special health care needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. The team members arrange referrals and facilitates access to other agencies or services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Screening for potentially chronic and disabling conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Health education sessions to individual clients on a one-to-one basis regarding overall care.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Trains Nursery staff on available services provided by the program and the referral system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Tafuna Community Health Center opened to offer high quality care to this population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Review, and adaptation of a SLAITS-like local CSHCN survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Hire new CSHCN Nurse/Case manager to fill position currently vacant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Implementation of the CSHCN Survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) 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)				
1. Hire new CSHCN Nurse/Case manager to fill position currently vacant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Review, and adaptation of a SLAITS-like local CSHCN survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Implementation of the CSHCN Survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) 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)				
1. Hire new CSHCN Nurse/Case manager to fill position currently vacant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Review, and adaptation of a SLAITS-like local CSHCN survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Implementation of the CSHCN Survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Participation of MCH staff in the Interagency Leadership Counsel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) 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)				
1. Hire new CSHCN Nurse/Case manager to fill position currently vacant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Review, and adaptation of a SLAITS-like local CSHCN survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Implementation of the CSHCN Survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Participation of MCH staff in the Interagency Leadership Counsel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) 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.				
1. Administers vaccines at well baby clinics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Conducts assessments of infant and children's health including immunization status.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Coordinates special outreach clinics.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Home visits for children who homes who miss follow-up appointments for immunizations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. MCH health education sessions which emphasize the importance of immunizations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Television programs and radio spots increase public attention and awareness.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Educational information regarding immunizations during dispensary appointments.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. New Tafuna Community Health Center will assist in overall services to this population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Provides educational materials on contraception that is free of charge through Family Planning.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. School outreach visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Community outreach sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Use of the mass media (TV, radio, and newspaper) and lectures provided to young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. One on one counseling to teenagers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-----	--------------------------	--------------------------	--------------------------	--------------------------

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Provision of protective sealants for children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fluoride treatments to children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Dental restorations and dental health education to children in the first, third, and eighth grades.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Offers dental services in the school setting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. MCH Dentist distributes free toothbrushes to children seen in the schools.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. MCH Dentist provides training to dispensary nurses on conducting dental screening.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Referrals to the LBJ Dental clinic for children requiring advanced dental treatments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. MCH Dentist provides dental services to the of children seen at WIC during the summer months.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. MCH Dentist will also provide routine dental services to CSHCN.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Program partners with the Office of Highway Safety to promote vehicle safety, the use of car seats.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Promotes child vehicle safety through educational efforts in the clinic setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Motor vehicle safety is a topic covered by the health education modules of the Well Baby Clinics.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Health education sessions in prenatal and OB/GYN clinics, and on the	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

maternity ward.				
2. Individual and group level education presentations on the importance of breast-feeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Community Outreach sessions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. TV shows on breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Maintain bottle-free policy initiated by Title V with the Hospital Administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Works towards policy change in the Nursery and Maternity Wards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Title V leadership will also work closely with WIC to promote exclusive breastfeeding.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Not applicable to American Samoa at this time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Monitor this situation and assure that all children receive necessary medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.					
1. Monitor this situation and assure that all children receive necessary medical care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.					
1. Decentralize prenatal clinics to increase early prenatal attendance rate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Monitor urine protein and sugar levels at appropriate prenatal visits.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Early and periodic hemoglobin screening and treatment if anemic.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Iron supplements are prescribed for all pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Increase accuracy of gestational age through ultrasound-trained Obstetricians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
6. Incentive program initiated in order to encourage early initiation of prenatal care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Opening of the Tafuna Community Health Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

NATIONAL PERFORMANCE MEASURE		Pyramid Level of Service			
		DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.					
1. Coordinate with other programs and agencies that provide counseling to teens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
2. Worked with the Health Coordinator of the DOE to design interventions targeting school children.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Not applicable to American Samoa at this time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.				
1. Title V continues to provide prenatal care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Media activities on the importance of early initiation of prenatal care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. An incentive program for early and continuous prenatal care.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Prenatal care services after regular working hours	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Prenatal care 4 days per week at the Tafuna Community Health Center.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: SP1. Percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.

a. Last Year's Accomplishments

In 2003 the key activity implemented towards preventing very low birth weight births was the opening of the Tafuna Family health center. The MCH Women's Health Nurse Practitioner provides quality prenatal services to the women in this area. The Tafuna Family Health Center serves the largest population of all health centers also with the largest number of births per year. The MCH Nurse practitioner also provides prenatal care services at the Amouli health center located on the eastern tip of the island.

In addition, both MCH nurse practitioners have continue to provide free prenatal care after regular working hours. The clinic is open for three hours each day twice a week to enable working women to access early and continuous prenatal services.

b. Current Activities

The MCH staff continues to work closely with the Tafuna Family Health Center to find ways to offer high quality prenatal services at an affordable cost to it's clientele. The health center has absorbed high costs providing laboratory tests to the prenatal patients seen there. Both programs are exploring ways to cover the costs for laboratories in order to continue to provide prenatal care at a minimal cost to the patient.

MCH staff are also working with the Tafuna Family health center administration and staff to revise data collection and patient management forms for the prenatal clinics in order to collect reliable data that can be used for monitoring and program planning.

c. Plan for the Coming Year

In 2005 all activities listed above will continue. Additionally, the MCH program will work closely with the Tafuna Family Health Center to increase outreach activities to the prenatal women in their district for better follow-up and utilization of services. An incentive program will also continue for women who access care early and continuously

State Performance Measure 2: *SP2: Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.*

a. Last Year's Accomplishments

In 2003 the CSHCN program worked closely with the community based health centers, special education, the Immunization program and hospital staff to ensure that CSHCN were up to date with all age appropriate immunizations. CSHCN staff checked the files of all children in order to identify children who were due for immunizations, coordinated with the health centers and families to schedule an immunization appointment and at times provided transportation for the child and family to attend their appointments. Challenges in attaining 100% on this measure include relocation of families, difficulty in tracking, and transportation issues.

b. Current Activities

The CSHCN staff will continue to work closely with children, their families, the health centers and other service providers to ensure age appropriate immunization coverage for it's clients. The CSHCN has also set up referral mechanisms for community based support centers for CSHCN and their families so that any child needing any type of health or medical service can be referred to the program for assistance and follow-up.

c. Plan for the Coming Year

In 2005 all activities for the CSHCN program will continue. A new CSHCN Nurse/Case Manager will be hired to fill that position currently vacated.

State Performance Measure 3: *SP3: Percentage of annual re-evaluation of Children with Special Health Care Needs by the CSN Team.*

a. Last Year's Accomplishments

In 2003 the CSHCN program worked closely with the community based health centers, special education, the Immunization program and hospital staff to ensure that CSHCN were up to date with their annual re-evaluations. CSHCN staff checked the files of all children in order to identify children who were due for re-evaluations, coordinated with the health centers and families, and schools to schedule appointments for children to be seen. The CSHCN staff saw children in the CSHCN office, in the homes, schools and health centers depending on the individual needs of each child and at times provided transportation for the child and family to attend their appointments. Challenges in attaining 100% on this measure include relocation of families, difficulty in tracking, and transportation issues.

b. Current Activities

The CSHCN program will continue to work closely with children, their families, the health centers and other service providers to ensure annual re-evaluation for its clients. The CSHCN Program has also set up referral mechanisms for community based support centers for CSHCN and their families so that any child needing any type of health or medical service can be referred to the program for assistance and follow-up.

c. Plan for the Coming Year

In 2005 the MCH program will strengthen existing partnerships with other service providers to ensure timely and appropriate referrals of children to the program. A new partnership with the child care program will enable the program to also include day care centers and providers in a referral and identification system for children who attend day care.

State Performance Measure 4: *SP4: Percentage of Children with Special Health Care Needs who have received all the services recommended by their individual service plan.*

a. Last Year's Accomplishments

In 2003 the CSHCN program worked closely with the community based health centers, special education, head start, the Immunization program and hospital staff to ensure that CSHCN received all service recommended for them in their service plans. CSHCN staff checked the files of all children in order to identify children who were referred for services, coordinated with the service providers and families to schedule an appointment and at times provided transportation for the child and family to attend their appointments. Challenges in attaining 100% on this measure include relocation of families, difficulty in tracking, and transportation issues.

b. Current Activities

The CSHCN staff will continue to work closely with children, their families, the health centers and other service providers to ensure the needed services are provided for it's clients in a

timely fashion. The CSHCN has also set up referral mechanisms for community based support centers for CSHCN and their families so that any child needing any type of health or medical service can be referred to the program for assistance and follow-up. The CSHCN will also continue to update contact numbers for all clients consistently to ensure appropriate follow-up and contact with the child and family.

c. Plan for the Coming Year

In 2005 all activities for the CSHCN program will continue. A new CSHCN Nurse/Case Manager will be hired to fill that position currently vacated. In 2005 the MCH program will strengthen existing partnerships with other service providers to ensure timely and follow-up of children in the program. MCH Staff will continue to be active members of the Developmental Disabilities Planning Counsel, the Interagency Leadership Team and the Advisory Counsel for the Part C program to facilitate efficient case management services.

State Performance Measure 5: *SP5: Percent of 2, 3, 4 year old children in the Well Child Clinics who have dental caries.*

a. Last Year's Accomplishments

The MCH have partnered with the District Coordinator and community health centers to provide health education on oral health. The MCH Well baby modules currently used in the health centers includes education on oral health for infants and children. The health center staff are also responsible for conducting oral health screening for all Well Baby/Child clients. Data reported on this measure reflects a weakness in the oral health assessments. Data reported is under reported for the true occurrence of dental caries in this population.

In 2003 the MCH health education staff and Dentist were key leaders in celebration of dental health month. Promotion and education activities were focused on the Head Start centers to reach children ages 3 and 4 years old. Three head start centers from the east, west, and central districts were visited. The children participated in songs, skits, and a costume contest focusing on healthy teeth.

The MCH health education staff and dentist also conducted special health education sessions in the Well Baby clinics. Incentives were provided for all clients who attended. Increased media coverage was also implemented for dental health month. Radio spots and TV programs aired on oral health.

b. Current Activities

The MCH Dentist, School Dental Team and Health Education staff will continue to promote oral health through media campaign and community outreach. Additional funding for children's oral health has been requested to increase the number of portable sealant units for third graders and for the development of curriculum on early childhood oral health.

In the summer months the MCH Dentist also provides services to children accessing WIC and CSHCN clients. The Dentist and the Health Educator will continue to provide oral health education through outreach activities throughout the remainder of 2004.

In 2004 the MCH program will distribute multivitamins and fluoride supplements for all children who attend Well Baby clinics and for children with special health care needs.

c. Plan for the Coming Year

In 2005 the MCH program will continue to distribute flouride and multivitamin supplements to all Well Baby/Child clients. Health education efforts will also continue in the Well Baby clinics. Public awareness through the use of media (radio and TV) will continue in 2005. In addition, the health educator and dentist will also visit day care centers to educate care providers, parents, and children on oral health and proper oral hygiene. A referral system for between all MCH clinics and the dental clinics will be developed to maximize the number of clients receive preventive dental services.

State Performance Measure 6: *SP6: Percentage of 6 month old infants exclusively breastfed in Well Baby Clinics.*

a. Last Year's Accomplishments

As a direct healthcare intervention, women were educated to the benefits and proper techniques of breast-feeding in prenatal and OB/GYN clinics, on the maternity ward following delivery. Information on anticipated problems encountered during breast-feeding such as cracked nipples, engorgement, and infection was emphasized. Proper breast-feeding techniques continued to be emphasized as well as what mothers can expect while breast-feeding.

Population based activities included a variety of individual and group level education presentations on the importance of breast-feeding. These were conducted by the Department of Health Nutrition staff. Health education on breastfeeding was also conducted in the Prenatal clinics. The MCH Program continued efforts in order to lay a solid foundation of education and information on breastfeeding during the prenatal period in order to help mothers choose exclusive breastfeeding as a feeding method. The MCH Program continued to make breastfeeding a priority area in its health education efforts at the community level as well.

The MCH staff was also instrumental in organizing activities around breastfeeding week in August. Special health education sessions were conducted in each of the health centers, incentives were given out to women who breastfed their infants exclusively at six months.

b. Current Activities

The MCH staff continues health education and public awareness through a multimedia campaign. Radio spots on the breastfeeding continue to air three times daily on both local radio stations. TV programs on breastfeeding continue to air on the local public channel.

Current activities continue to deliver health education to women in prenatal clinics and maternity wards. The MCH staff is working closely with the breastfeeding committee to design an incentive package for mothers. This incentive package proposes a discounted hospital fee for all women who attend prenatal health education courses offered by the MCH staff. Breastfeeding and other related topics will be taught by the nutrition and health education staff at these classes. Finalization and approval of this proposal is pending.

c. Plan for the Coming Year

The MCH program continues to serve as an information resource center on breastfeeding to health care providers and community members as well.

In 2005 the MCH staff will continue to distribute the breastfeeding/infant, young child feeding information resources to health care providers, the community and the media. All other activities from 2004 will continue.

All other activities such as public awareness and health education activities to the community, prenatal clients, and post-partum women.

State Performance Measure 7: SP7: Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.

a. Last Year's Accomplishments

In 2003 the MCH Health educator collaborated with the Tobacco Control Program to implement a Tobacco Free schools project. Requests for proposals were sent out to the local high schools for peer tobacco free activities. Proposals were submitted from the local high schools and reviewed by the Tobacco and MCH program staff. The top proposals were selected and sub-grants were awarded to schools to implement the activities proposed.

MCH and Tobacco Control program also collaborated on the celebration of the World No Tobacco day and the Great American Smoke out. Health walks were organized for those dates, with other exercise activities, church services and other promotional activities were organized for both days.

b. Current Activities

In 2004 the MCH health educator working on the Tobacco prevention project resigned for family reasons and the Tobacco program coordinator also left the program for service in Iraq. As a result very few tobacco prevention activities currently running.

The senior MCH health educator will work with the existing tobacco control program staff to continue activities implemented in the past year.

c. Plan for the Coming Year

The MCH Program will continue to partner with the Tobacco Control program to continue tobacco prevention and control activities.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) SP1. Percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.				
1. Title V offers prenatal care at village dispensaries throughout the island.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Media campaign using TV, radio and newspapers informs people of Title V prenatal care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Community awareness campaign at heavily populated work areas such as canneries and office buildings.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Makes health education resources such as pamphlets and videos available at dispensaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Title V provides incentives to women who access regular prenatal care appointments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. The newly-opened Tafuna Community Health Center will offer an expanded prenatal care schedule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provision of prenatal care after-hours for women who work.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) SP2: Percent of Children with Special Health Care Needs (CSHCN) who have age appropriate completed immunizations.				
1. The CSN team provides assessments to these children through an arrangement with ECE. The assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Children who do not attend school are urged to attend the dispensary for an assessment by the Family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Children who are not seen in school or dispensary are assessed in the home setting by the CSN team.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Health education is provided to parents and caregivers of this population to stress the importance of	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. The Tafuna Community Health Center will provide services to all populations including immunizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) SP3: Percentage of annual re-evaluation of Children with Special Health Care Needs by the CSN Team.				
1. Title V provides active case management of all CSN children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Title V coordinates activities and interfaces directly with other agencies who provide services to them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Development of policies and procedures for the management of care to this population.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Home visiting of CSN children when necessary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) SP4: Percentage of Children with Special Health Care Needs who have received all the services recommended by their individual service plan.				
1. Title V coordinates activities with all other agencies who serve this population.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides media activities to inform the public of the services provided under Title V for this speci	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provides assessments and re-evaluations by the Title V Family Nurse Practitioner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) SP5: Percent of 2, 3, 4 year old children in the Well Child Clinics who have dental caries.				
1. Community awareness campaign to inform the public of the services offered by Title V for dental heal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provides free fluoride supplements and multivitamins to children accessing services through Well Bab	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Conducted health education to parents and caregivers on the importance of dental health beginning at	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Dispensary staff training on recognizing dental problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Development of a referral mechanism for children wh attend well baby care and have observable dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) SP6: Percentage of 6 month old infants exclusively breastfed in Well Baby Clinics.				
1. Development of health education modules promoting breastfeeding during pernatal care and well baby v	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Breastfeeding promotion during radio spots and TV programs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Health education amterials produced for distribution at dispensaries.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Partners with to encourage breastfeeding as the first choise feeding method.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Policy development with the hospital administration to instate rooming in and breast-only policies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) SP7: Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.				
1. Collaborates with the Tobacco Control Program in activities for the Great American Smoke-out.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Offered funding to schools who plan and design their own student led tobacco-free activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Conducts media activites to promote tobacco-free choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

Core Health Status Indicators:

CHI 1: Efforts to prevent asthma in children include preventive services in the Well Baby/Child Clinics. These services including nutrition education and special care requirements of children with asthma, individualized counseling to parents encourages keeping the home environment allergen free and working closely with health care providers to manage the child's condition.

CHI 2 a & b: NA

CHI 3, 4, 5: The MCH Program has made efforts to increase access and utilization of Prenatal care to decrease the occurrence of low and very low birth weight, and ensure that an optimum number of women whose expected to received prenatal visits are greater than or equal to 80% on the Kotelchuk Index. This includes increasing public awareness through education and media exposure, offering an after hour prenatal clinic, and offering incentives to women who access prenatal care in the first trimester.

Filariasis Elimination Campaign: The Title V staff have and will continue to expend a noteworthy amount of time working on the Filariasis Elimination campaign. This is a joint effort with the World Health Organization and CDC that was initiated in 2001 and will continue for five years. The major

thrust of the Filariasis Elimination campaign is a Mass Drug Administration (MDA). Title V staff serve in leadership roles for the Community Health Services and Nursing Division in the planning and implementation of the MDA. MCH staff continues to volunteer time after regular working hours to support this campaign.

/2005/ In 2004 the MCH staff are also involved in the implementation of the Non-Communicable Diseases risk survey sponsored by WHO. Staff members are currently spending a considerable amount of time out in the community implementing this survey in the months of June and July. MCH hopes to benefit from this survey by obtaining qualitative and quantitative data on noncommunicable diseases in this population.

***Title V staff will participate in a number of conferences and workshops held off-island:
One MCH staff member will attend the Annual AMCHP Conference
One MCH staff member will travel to Honolulu to participate in the annual Coordinator's meeting
One staff member will travel to participate in the Annual Association of Pacific Nurses Leadership Conference to be held at a jurisdiction in the Pacific Region.
One staff member will attend the Pacific Basin MCH Institute in the Pacific Region.
Two MCH staff members will attend the MCH Grant Review in Honolulu.
Four MCH staff members will travel to Manu'a during the year to provide outreach services.***

***/2004/
In 2004, Title V staff will travel be limited due to funding problems. Title V in American Samoa will be represented at AMCHP, Partnership, and Grant Review only. Travel funds previously budgeted for travel have been reallocated to allow for other inputs, more vital to Title V programming.***

***/2005/
In 2005 the Director of Community Health and Nursing and the MCH Coordinator will attend the block grant reviews in August. The MCH Coordinator and the new CSHCN Nurse/case manager will attend the MCB grantee/partnership meeting in October. The MCH Dentist, and the MCH Nurse Practitioners will each attend one training or conference relevant to the services they provide.***

F. TECHNICAL ASSISTANCE

The highest priority of Technical Assistance continues to be in the area of Data Systems Development and Data Analysis/Interpretation. The overall results of SSDI are expected to improve data collection activities significantly. However, both MCH and SSDI Programs will continue to benefit from technical assistance in the area of Data Systems Development. This is reflected as the highest priority on Form 15.

***/2003/
As the Data System continues to improve and more data becomes available there is also a great need for Technical Assistance in the analysis and interpretation of Data. The Title V programs would benefit greatly from training programs aimed at increasing capacity and skills in data analysis and interpretation for use in program planning, monitoring, and evaluation. Form 15 has been completed with a request for Dr. Henry Ichiho to provide data system development, he is also appropriately capable of providing technical assistance in data analysis and interpretation.***

This Technical Assistance would achieve best results if provided in American Samoa so that more of the MCH staff are able to participate.

A request for Technical Assistance with regard to Coalition Building/Training is also reflected in Form 15. Title V leadership has observed that coalitions are initiated around certain areas but lack continuity. Technical assistance is requested in Coalition Building activities for the Advisory Group,

CSHCN Interagency Team and Coalition Building for parent groups of CSHCN families.

Technical Assistance is also requested for the revision and implementation of the new, revised standard Birth Certificate. Assistance and guidance is needed throughout the implementation process.

Technical assistance is needed for the conduction and implementation of the Fetal and Infant Mortality Review. American Samoa Department of Health would like to implement the Fetal and Infant Mortality review protocols in an attempt to gain a broader understanding of the high infant and fetal mortality rates in the Territory.

/2003/

The request for technical assistance on form 15 remains the same as in last year's request with the exception of the Fetal, Infant Mortality Review as this technical assistance was obtained through WHO.

/2004/

Title V in American Samoa would like to request technical assistance in the area of Bioterrorism. In the event of an incident related to bioterrorism in American Samoa, Title V, at this point in time is ill-equipped to respond to the needs of the MCH population without the proper protocols and procedures in place. Title V in American Samoa would benefit greatly by increasing the program capacity to respond to such an event.

/2005/

American Samoa would like to request technical assistance in data systems development. First, the MCH Program, Vital Statistics and the hospital need technical assistance in developing the data system to capture data on all births (from birth certificate). Second, technical assistance is needed in data systems development for the Department of Health as a whole. The Department does not have an information system infrastructure or system needed to produce the type of data needed for public health surveillance and monitoring. Data is currently collected manually from a number of different sources. It is for this reason that the MCH Program has difficulty meeting the data capacity indicators and some of the data requirements for Title V.

V. BUDGET NARRATIVE

A. EXPENDITURES

The Title V program does not anticipate any discrepancies between dollars budgeted for 2002 and those expended. Title V will monitor this situation and report any differences in spending in the future.

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Title V program has obligated all funding allocated for 2003 in the categories budgeted and anticipates expenditures for 2004 will match the amounts budgeted.

B. BUDGET

BUDGET AND JUSTIFICATION 2004

American Samoa maintains the federal-state partnership by allocating 70% of resources in the Division of Community Health and Nursing Services towards serving the MCH population. All services provided to the MCH population are provided by state funded personnel in the health centers at no cost to the consumer. Leadership and administration is also provided through close involvement of the Director of Community Health and Nursing Services. The state funds also provide for infrastructural needs that are vital to the administration of the MCH program.

Budget breakdown by Population

Preg. Women & Infants Children CSHCN			
Personnel	132,377.58	132,379.58	132,379.58
Supplies	15,963.88	14,486.00	3,088.00
Equipment	500.00	300.00	200.00
Others	5,730.00	7,408.00	18,907.00
Travel	2,625.30	2,625.30	2,625.30
Totals	157,196.76	157,198.88	157,200.00

Funding has been concentrated into the three main populations of MCH in order to better meet the needs of these groups. This has resulted in a change in dollars previously allocated for "All Others" back into the population groups listed in the table above.

Budget breakdown by Service Levels

Direct Enabling Population Based Infrastructure Building				
Personnel	143,098.56	41,147.00	70,037.81	142,853.38
Supplies	4,000.00	21,000.00	7,500.00	1,040.00
Equipment	0	0	1,000.00	0
Others	5,000.00	17,545.00	0	9,500.00
Travel	0	0	0	7,878.00
	152,098.56	79,692.00	78,537.81	161,271.38
Adm.cst+52,400				
	213,671.38			

State dollars allocated for the MCH program have been divided among service levels in the following percentages: Direct Services -- 40%, Enabling Services -- 15%, Population Based Services -- 35%, and Infrastructure Building Services -- 10% (Form 5). Due to the structure of the health care system in American Samoa the Department of Health continues to spend the largest percentage of resources providing Direct health care services. In 2003 more resources were spent in Infrastructure building activities that have resulted in development and implementation of program Policies and Procedures and standards for nursing services. In 2004 these resources will be redirected to Direct health care services because of a shortage in nursing staff. MCH leadership will continue to ensure quality of care through monitoring and assessments.

Personnel: In 2003 the American Samoa Government implemented a reclassification for all

government employees. This resulted in an increase in total personnel costs budgeted for FY 2004. Personnel costs cover expenses for fifteen 100% FTE employees and two 50% employees. These positions include two Nurse Practitioners, the District/dispensary Coordinator (LPN), In-service Coordinator (RN), Family Planning Outreach Nurse (LPN), two Health Care Assistants, two Health Educators, two Nutritionists, a Program Coordinator, a Social Worker, a full time Dentist, and a Data Clerk. The MCH Program has obtained a pediatrician who provides services in the Well Baby/Child clinics and is paid partially by MCH funding. The second part time position is that of the QA Specialist who has assumed the role of administrator at the Community Health Center. In FY 2004 her salary will be shared by the MCH and CHC funding. Fringe Benefits have been included and are calculated at 16.2%.

Supplies: This category includes \$3,500 for dental sealants, \$4,000 for urine test strips for prenatal care, \$10,500 for multivitamins with fluoride, \$10,500 for iron supplements, \$3,000 for lancets and slides used to operate the hemoglobin screening machines, \$1,000 for toothbrushes, and \$1040 for general office supplies and toner. Funding previously allocated for categories such as travel have been diverted to Supplies in order to afford multivitamins with fluoride and iron supplements for the high proportion of women and children who are anemic and nutritionally compromised.

Equipment: \$1,000 is budgeted for equipment in order to purchase finger prick hemoglobin screening machines. An inadequate number of machines for the health centers has resulted in fewer clients receiving screening.

Others: This category includes \$5,000 for prenatal incentives for those women who access care early, \$8,545 to continue the mass media campaign for all MCH programs, \$3,000 for CSHCN family participation, \$1,500 for printing costs, \$1,500 for health education materials, and \$10,000 for a Physician/Epidemiology consultant. The MCH Program will contract the (short-term) services of a Physician who was previously employed by the program and has been working on her MPH in Epidemiology. This consultant will provide direct services as a physician in the clinic areas. She will also apply her epidemiology training in data analysis, survey design, implementation and analysis of the CSHCN SLAITS-like survey to be conducted in 2004. AMCHP membership fees have also been included in this object class.

Travel: \$7,878 has been allotted for travel in 2004. Travel opportunities will include one person to travel to the Partnership Meeting, and two people to attend the MCH block grant reviews in Hawaii. The dollars for travel have decreased dramatically in order to address pressing needs such as low hemoglobin anemia.

/2005/

The MCH budget summary for 2005 by populations served are as follows:

Pregnant Women and Infants \$161,407

Children and Adolescents \$159,436

Children with Special Health Care Needs \$166,144

The allocation by type of service is below:

Direct Services \$224,768

Enabling Services \$84,471

Population Based Services \$26,251

Infrastructure Building Services \$151,466

The combined Federal-Local MCH Partnership allocation reflects 41% for Direct health care services, 16% for Enabling Services, 15% for Population Based Services, and 28% for Infrastructure building services. Direct health care services continue to be the highest in spending. This is because the Department of Health and the MCH Program deliver all primary and preventive health services at no cost to the consumers. This enables access to care for all populations. This becomes increasingly important when some clients have identified the administrative fees charged at the hospital to be a barrier to accessing health/medical

services. The allocation for Infrastructure Building Services are the second highest as the MCH continues to play a leadership role in the Division of Community health and Nursing Services.

The Budget summaries by category for Title V dollars requested are below.

Personnel \$411,413.00

There are 16 full time personnel currently on the MCH budget and two new positions requested. This current personnel includes two Nurse Practitioners, one full time physician (pediatrician), one dentist, one Registered Nurse serving as the Inservice Coordinator, two Licensed Practical Nurses serving as the District (health center) Coordinator and the Family Planning Outreach Nurse, two community health care assistants serving in the Well Baby Clinics, two nutritionists, one health educator, a program coordinator, and a data clerk.

There are two new positions requested, a CSHCN Nurse/case manager and an Occupational Therapy Aid. The CSHCN Program was previously supervised by a nursing supervisor transferred from the communicable diseases division. A shift in needs for that area has necessitated moving her back to the communicable diseases clinic leaving the CSHCN Program without a full time Nurse/case manager. Funds are requested to hire a new CSHCN Nurse/case manager who will be 100% FTE for the CSHCN program. This individual will be responsible for direct health care services, care coordination and case management for all CSHCN clients. The Occupational Therapy Aid is a position currently funded through the Developmental Disabilities Planning Counsel for the CSHCN program however in 2005 the MCH program will absorb her salary. Funding from DDPC will be requested to recruit an occupational therapist for the CSHCN.

As 12 of the 16 positions are service providers direct health care services account for 47% of personnel costs.

Supplies \$22,500.00

Supplies for 2005 include dental sealants and toothbrushes for children, iron and multivitamin supplements, and hemoglobin testing supplies for Perinatal and Well Baby/Child Clients as well as urine test strips for Prenatal clients and general office supplies.

Equipment \$2,065.00

Two items are requested in the equipment category. A doppler machine is requested for Prenatal clients in the OBGYN clinic at the hospital. MCH maintains a close partnership with the OBGYN clinic who have requested a new doppler machine. Second is a new exam table for the CSHCN program to improve services provided to all children assessed.

Other \$29,642.00

This amount includes \$7,545 to continue the multimedia campaign for all MCH service areas, \$1,000 in Printing costs for miscellaneous forms used in the MCH clinics, \$3,000 for CSHCN family participation activities, \$500 for nutrition health education materials, \$1,000 for general health education materials, \$1,000 for CSHCN assistive devices, \$1,000 for AMCHP membership, \$100 membership fee for Association of Public Health Dentists, \$1,500 for long distance telephone costs, \$8,000 in consultation fees for the MCH Planner who will be involved in the MCH Needs Assessment process and consequent program planning, and \$5,000 to offset laboratory costs for prenatal clients accessing care at the Tafuna Family Health Center.

Travel \$21,488.00

Travel dollars are requested for 2 persons to attend the Region 9 annual grant reviews, 2 persons to attend the MCHB Grantee (Partnership) meeting, travel for the MCH Dentist to attend the National Oral health conference, and dollars to send the two Nurse Practitioners to a training/conference relevant to the services they provide.

The detailed MCH budget has been included as an attachment to this document.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.