

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: FM
APPLICATION YEAR: 2009

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FORM 2
MCH BUDGET DETAILS FOR FY 2009

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

STATE: FM

1. FEDERAL ALLOCATION

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

\$ 563,713

A.Preventive and primary care for children:

\$ 186,504 (33.08%)

B.Children with special health care needs:

\$ 169,847 (30.13%)

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

C.Title V administrative costs:

\$ 35,563 (6.31%)

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

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

\$ 0

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

\$ 440,000

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

\$ 0

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

\$ 0

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

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 440,000

\$ 440,000

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

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

\$ 1,003,713

9. OTHER FEDERAL FUNDS

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

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 0

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 339,367

i. CDC: \$ 904,309

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

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

\$ 1,343,676

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 2,347,389

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAlloc_PPCC
Row Name: Federal Allocation - Preventive and primary care for children
Column Name:
Year: 2009
Field Note:
This category combines Prevent and Primary Care for both Pregnant Mothers & Infants and Children & Adolescents Components.

2. **Section Number:** Main
Field Name: OtherFedFundsOtherFund
Row Name: Other Federal Funds - Other Funds
Column Name:
Year: 2009
Field Note:
No other federal funds available.

FORM 3
STATE MCH FUNDING PROFILE

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

STATE: FM

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 657,618	\$ 559,930	\$ 592,399	\$ 556,672	\$ 596,065	\$ 533,538
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 661,053	\$ 661,053	\$ 625,000	\$ 440,000	\$ 578,063	\$ 578,063
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 1,318,671	\$ 1,220,983	\$ 1,217,399	\$ 996,672	\$ 1,174,128	\$ 1,111,601
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
9. Total <i>(Line11, Form 2)</i>	\$ 1,418,671	\$ 1,320,983	\$ 1,317,399	\$ 1,096,672	\$ 1,274,128	\$ 1,211,601
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

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

STATE: FM

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 559,061	\$ 533,633	\$ 563,713	\$ 0	\$ 563,713	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 440,000	\$ 440,000	\$ 440,000	\$ 0	\$ 440,000	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 999,061	\$ 973,633	\$ 1,003,713	\$ 0	\$ 1,003,713	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 1,391,168	\$ 1,391,168	\$ 1,391,168	\$ 0	\$ 1,343,676	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 2,390,229	\$ 2,364,801	\$ 2,394,881	\$ 0	\$ 2,347,389	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2007
Field Note:
Please note that the amount listed in the "budgeted" column reflects the amount FSM requested for 2007 and the amount listed in the "expended" column reflects the actual amount or award for 2007.

2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2006
Field Note:
The expended amount was based on the total award received for year 2006.

FORM 4

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

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

STATE: FM

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 215,935	\$ 210,777	\$ 208,700	\$ 150,774	\$ 210,150	\$ 148,855
b. Infants < 1 year old	\$ 169,925	\$ 155,258	\$ 150,925	\$ 148,333	\$ 175,155	\$ 152,776
c. Children 1 to 22 years old	\$ 287,858	\$ 260,595	\$ 235,482	\$ 185,650	\$ 270,370	\$ 210,699
d. Children with Special Healthcare Needs	\$ 298,777	\$ 273,763	\$ 306,270	\$ 261,450	\$ 295,275	\$ 295,275
e. Others	\$ 209,845	\$ 205,247	\$ 185,500	\$ 150,685	\$ 113,159	\$ 197,641
f. Administration	\$ 136,331	\$ 115,343	\$ 130,522	\$ 99,780	\$ 110,019	\$ 106,355
g. SUBTOTAL	\$ 1,318,671	\$ 1,220,983	\$ 1,217,399	\$ 996,672	\$ 1,174,128	\$ 1,111,601

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 0	\$ 0	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
III. SUBTOTAL	\$ 100,000	\$ 100,000	\$ 100,000

FORM 4

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

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

STATE: FM

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 148,855	\$ 143,781	\$ 148,855	\$ 0	\$ 148,855	\$ 0
b. Infants < 1 year old	\$ 152,776	\$ 147,700	\$ 154,772	\$ 0	\$ 154,772	\$ 0
c. Children 1 to 22 years old	\$ 210,699	\$ 205,625	\$ 211,969	\$ 0	\$ 211,969	\$ 0
d. Children with Special Healthcare Needs	\$ 275,998	\$ 275,943	\$ 276,968	\$ 0	\$ 276,968	\$ 0
e. Others	\$ 104,378	\$ 99,304	\$ 104,933	\$ 0	\$ 104,933	\$ 0
f. Administration	\$ 106,355	\$ 101,280	\$ 106,216	\$ 0	\$ 106,216	\$ 0
g. SUBTOTAL	\$ 999,061	\$ 973,633	\$ 1,003,713	\$ 0	\$ 1,003,713	\$ 0

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

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 100,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 47,492	\$ 47,492	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 339,367	\$ 339,367	\$ 339,367
i. CDC	\$ 904,309	\$ 904,309	\$ 904,309
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
III. SUBTOTAL	\$ 1,391,168	\$ 1,391,168	\$ 1,343,676

FORM NOTES FOR FORM 4

The amount indicated under the "budgeted" columns reflected the amount FSM proposed to use for the target population based on the amount requested in the grant application. The amount indicated in the "expended" columns reflected the amount FSM would actually expended based on the approved budget or award for 2007.

FIELD LEVEL NOTES

- 1. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2006
Field Note:
The amount expended was based on the award received during year 2006. The budgeted amount reflects what the government requested for and was not approved.
- 2. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2006
Field Note:
The amount expended was based on the award received during year 2006. The budgeted amount reflects what the government requested for and was not approved.
- 3. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2006
Field Note:
The amount expended was based on the award received during year 2006. The budget edamount reflects what the government requested for and was not approved
- 4. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2006
Field Note:
The amount expended was based on the award received during year 2006 including addition funds used for the CSHCN survey conducted this year in Pohnpei State. The budgeted amount reflects what the government requested for and was not approved
- 5. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2006
Field Note:
The amount expended was based on the award received during year 2006 including Pohnpei State's additional contribution to the CSHCN Survey. The budgeted amount reflects what the government requested for and was not approved.
- 6. Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2006
Field Note:
The amount expended was based on the award received during year 2006. The budget edamount reflects what the government requested for and was not approved

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

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

STATE: FM

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 547,496	\$ 497,432	\$ 490,800	\$ 487,100	\$ 495,952	\$ 487,100
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 269,675	\$ 250,525	\$ 202,250	\$ 197,107	\$ 205,575	\$ 222,868
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 355,365	\$ 333,750	\$ 403,769	\$ 191,885	\$ 323,555	\$ 245,001
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 146,135	\$ 139,276	\$ 120,580	\$ 120,580	\$ 149,046	\$ 156,632
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,318,671	\$ 1,220,983	\$ 1,217,399	\$ 996,672	\$ 1,174,128	\$ 1,111,601

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

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

STATE: FM

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 487,100	\$ 480,743	\$ 489,113	\$ 0	\$ 489,113	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 185,355	\$ 178,998	\$ 185,454	\$ 0	\$ 185,454	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 207,488	\$ 201,131	\$ 209,428	\$ 0	\$ 209,428	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 119,118	\$ 112,761	\$ 119,718	\$ 0	\$ 119,718	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 999,061	\$ 973,633	\$ 1,003,713	\$ 0	\$ 1,003,713	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

- 1. Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2006
Field Note:
The expended amount reflects the allocation to this category based on total award received in year 2006. The budget amount reflects what the government requested for but was not approved.
- 2. Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2006
Field Note:
The expended amount reflects the allocation to this category based on total award received in year 2006. The budget amount reflects what the government requested for but was not approved.
- 3. Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2009
Field Note:
FSM proposes to increase funding under Population-Based Services to accommodate a "Special Olympic" for Children with Special Health Care Needs in 2009. The Special Olympic will be held every 2 years rotating among the four FSM States. In 2009, Pohnpei State will host the Special Olympic.
- 4. Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2006
Field Note:
The expended amount reflects the allocation to this category based on total award received in year 2006. The budget amount reflects what the government requested for but was not approved.
- 5. Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2006
Field Note:
The expended amount reflects the allocation to this category based on total award received in year 2006. The budget amount reflects what the government requested for but was not approved.

FORM 6

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

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

STATE: FM

Total Births by Occurrence: 1,907

Reporting Year: 2007

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

Other Screening (Specify)

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

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

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurrence
Column Name: Total Births By Occurrence
Year: 2009
Field Note:
Not applicable. FSM lacks the capability to conduct such screening. The numbers are only dummies and should be ignored.
2. **Section Number:** Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
3. **Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
4. **Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
5. **Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
6. **Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
7. **Section Number:** Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
8. **Section Number:** Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
9. **Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
10. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
11. **Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2009
Field Note:
FSM lacks the capability to conduct such screening. No data reported.
12. **Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia

Column Name: Confirmed Cases

Year: 2009

Field Note:

FSM lacks the capability to conduct such screening. No data reported

13. **Section Number:** Main

Field Name: SickCellDisease_Confirmed

Row Name: SickCellDisease

Column Name: Confirmed Cases

Year: 2009

Field Note:

FSM lacks the capability to conduct such screening. No data reported

14. **Section Number:** Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

FSM lacks the capability to conduct such screening. No data reported

15. **Section Number:** Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

FSM lacks the capability to conduct such screening. No data reported

16. **Section Number:** Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

FSM lacks the capability to conduct such screening. No data reported

17. **Section Number:** Main

Field Name: SickCellDisease_TreatmentNo

Row Name: SickCellDisease

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

FSM lacks the capability to conduct such screening. No data reported

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

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

STATE: FM

Reporting Year: 2007

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	3,206					
Infants < 1 year old	1,768					
Children 1 to 22 years old	8,863					
Children with Special Healthcare Needs	1,320					
Others	4,122					
TOTAL	19,279					

FORM NOTES FOR FORM 7

Not Applicable. FSM is not eligible for Title XIX and Title XXI.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2009
Field Note:
Not applicable to FSM.
2. **Section Number:** Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2009
Field Note:
Not applicable to FSM.
3. **Section Number:** Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2009
Field Note:
Not applicable to FSM.
4. **Section Number:** Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2009
Field Note:
Not applicable to FSM.
5. **Section Number:** Main
Field Name: PregWomen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2009
Field Note:
Not applicable to FSM.
6. **Section Number:** Main
Field Name: PregWomen_Unknown
Row Name: Pregnant Women
Column Name: Unknown %
Year: 2009
Field Note:
Not applicable to FSM.
7. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2009
Field Note:
Not applicable to FSM.
8. **Section Number:** Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2009
Field Note:
Not applicable to FSM.
9. **Section Number:** Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2009
Field Note:
Not applicable to FSM.
10. **Section Number:** Main
Field Name: Children_0_1_Private
Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2009
Field Note:
Not applicable to FSM.
11. **Section Number:** Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2009
Field Note:
Not applicable to FSM.
12. **Section Number:** Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age

- Column Name:** Unknown %
Year: 2009
Field Note:
 Not applicable to FSM.
13. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2009
Field Note:
 Not applicable to FSM.
14. **Section Number:** Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2009
Field Note:
 Not applicable to FSM.
15. **Section Number:** Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2009
Field Note:
 Not applicable to FSM.
16. **Section Number:** Main
Field Name: Children_1_22_Private
Row Name: Children 1 to 22 years of age
Column Name: Private/Other %
Year: 2009
Field Note:
 Not applicable to FSM.
17. **Section Number:** Main
Field Name: Children_1_22_None
Row Name: Children 1 to 22 years of age
Column Name: None %
Year: 2009
Field Note:
 Not applicable to FSM.
18. **Section Number:** Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2009
Field Note:
 Not applicable to FSM.
19. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2009
Field Note:
 Not applicable to FSM.
20. **Section Number:** Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2009
Field Note:
 Not applicable to FSM.
21. **Section Number:** Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2009
Field Note:
 Not applicable to FSM.
22. **Section Number:** Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2009
Field Note:
 Not applicable to FSM.
23. **Section Number:** Main
Field Name: CSHCN_None
Row Name: Children with Special Health Care Needs
Column Name: None %
Year: 2009
Field Note:
 Not applicable to FSM.
24. **Section Number:** Main
Field Name: CSHCN_Unknown
Row Name: Children with Special Health Care Needs

Column Name: Unknown %

Year: 2009

Field Note:

Not applicable to FSM.

25. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2009
Field Note:
Not applicable to FSM.
26. **Section Number:** Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2009
Field Note:
Not applicable to FSM.
27. **Section Number:** Main
Field Name: AllOthers_XXI
Row Name: Others
Column Name: Title XXI %
Year: 2009
Field Note:
Not applicable to FSM.
28. **Section Number:** Main
Field Name: AllOthers_Private
Row Name: Others
Column Name: Private/Other %
Year: 2009
Field Note:
Not applicable to FSM.
29. **Section Number:** Main
Field Name: AllOthers_None
Row Name: Others
Column Name: None %
Year: 2009
Field Note:
Not applicable to FSM.
30. **Section Number:** Main
Field Name: AllOthers_Unknown
Row Name: Others
Column Name: Unknown %
Year: 2009
Field Note:
Not applicable to FSM.

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

Reporting Year: 2007

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	2,375					2,375		
Title V Served	2,375					2,375		
Eligible for Title XIX	0							
INFANTS								
Total Infants in State	13,042					13,042		
Title V Served	13,042					13,042		
Eligible for Title XIX	0							

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	2,375							
Title V Served	2,375							
Eligible for Title XIX								
INFANTS								
Total Infants in State	13,042							
Title V Served	13,042							
Eligible for Title XIX								

FORM NOTES FOR FORM 8

Not applicable. FSM is not eligible for benefits under Title XIX.

FIELD LEVEL NOTES

1. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2009
Field Note:
None reported.
2. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Black
Row Name: Total Deliveries in State
Column Name: Black or African American
Year: 2009
Field Note:
None reported.
3. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Indian
Row Name: Total Deliveries in State
Column Name: American Indian or Native American
Year: 2009
Field Note:
None reported.
4. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2009
Field Note:
None reported.
5. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_More
Row Name: Total Deliveries in State
Column Name: More Than One Race Reported
Year: 2009
Field Note:
None reported.
6. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2009
Field Note:
None reported.
7. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2009
Field Note:
None reported.
8. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2009
Field Note:
None reported.
9. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2009
Field Note:
None reported.
10. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2009
Field Note:
None reported.
11. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2009
Field Note:
None reported.
12. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served

- Column Name:** Other and Unknown
Year: 2009
Field Note:
None reported.
13. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX. The number is only a dummy and should be ignored.
14. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
15. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
16. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
17. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
18. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
19. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
20. **Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
21. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2009
Field Note:
This is a projected population for 2007 based on 2000 FSM Population Census.
22. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_White
Row Name: Total Infants in State
Column Name: White
Year: 2009
Field Note:
No data reported.
23. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Black
Row Name: Total Infants in State
Column Name: Black or African American
Year: 2009
Field Note:
No data reported.
24. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Indian
Row Name: Total Infants in State

- Column Name:** American Indian or Native American
Year: 2009
Field Note:
No data reported.
25. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Asian
Row Name: Total Infants in State
Column Name: Asian
Year: 2009
Field Note:
No data reported.
26. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_Hawaiian
Row Name: Total Infants in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2009
Field Note:
This is a projected population for 2007 based on 2000 FSM Population Census.
27. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_More
Row Name: Total Infants in State
Column Name: More Than One Race Reported
Year: 2009
Field Note:
No data reported.
28. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_RaceOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2009
Field Note:
No data reported.
29. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2009
Field Note:
No data reported.
30. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2009
Field Note:
No data reported.
31. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2009
Field Note:
No data reported.
32. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2009
Field Note:
No data reported.
33. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2009
Field Note:
No data reported.
34. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2009
Field Note:
No data reported.
35. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX. The number is only a dummy and should be ignored.
36. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_White
Row Name: Eligible for Title XIX

- Column Name:** White
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
37. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
38. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
39. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
40. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
41. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
42. **Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX
43. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
None reported.
44. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_NotReported
Row Name: Total Deliveries in State
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
None reported.
45. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2009
Field Note:
None reported.
46. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2009
Field Note:
None reported.
47. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2009
Field Note:
None reported.
48. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State

- Column Name:** Central and South American
Year: 2009
Field Note:
None reported.
49. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2009
Field Note:
None reported.
50. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
None reported.
51. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
None reported.
52. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2009
Field Note:
None reported.
53. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2009
Field Note:
None reported.
54. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2009
Field Note:
None reported.
55. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2009
Field Note:
None reported.
56. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2009
Field Note:
None reported.
57. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
58. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
59. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
60. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX

- Column Name:** Mexican
Year: 2009
Field Note:
 Not Applicable. FSM is not eligible for Title XIX.
61. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2009
Field Note:
 Not Applicable. FSM is not eligible for Title XIX.
62. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2009
Field Note:
 Not Applicable. FSM is not eligible for Title XIX.
63. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2009
Field Note:
 Not Applicable. FSM is not eligible for Title XIX.
64. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2009
Field Note:
 Not Applicable. FSM is not eligible for Title XIX.
65. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
 No data reported.
66. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
 No data reported.
67. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2009
Field Note:
 No data reported.
68. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2009
Field Note:
 No data reported.
69. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2009
Field Note:
 No data reported.
70. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2009
Field Note:
 No data reported.
71. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2009
Field Note:
 No data reported.
72. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served

- Column Name:** Total Hispanic or Latino
Year: 2009
Field Note:
No data reported.
73. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
No data reported.
74. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2009
Field Note:
No data reported.
75. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2009
Field Note:
No data reported.
76. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2009
Field Note:
No data reported.
77. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2009
Field Note:
No data reported.
78. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2009
Field Note:
No data reported.
79. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
80. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
81. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
82. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
83. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for Title XIX.
84. **Section Number:** II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_PuertoRican
Row Name: Eligible for Title XIX

Column Name: Puerto Rican

Year: 2009

Field Note:

Not Applicable. FSM is not eligible for Title XIX.

85. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_CentralAmerican

Row Name: Eligible for Title XIX

Column Name: Central and South American

Year: 2009

Field Note:

Not Applicable. FSM is not eligible for Title XIX.

86. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_EthnicityOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2009

Field Note:

Not Applicable. FSM is not eligible for Title XIX.

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

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number	0,000,000,000	0,000,000,000,000,000	0,000,000,000,000		0,000,000,000
2. State MCH Toll-Free "Hotline" Name	No Name	No Name	No Name		No Name
3. Name of Contact Person for State MCH "Hotline"	Mr. Dionis Saimon	Mr. Dionis Saimon	Mr. Dionis Saimon	Mr. Dionis Saimon	Mr. Marcus Samo, MPH
4. Contact Person's Telephone Number	691-320-2619	691-320-2619	691-320-2619	691-320-2619	691-320-2619
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

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

	FY 2009	FY 2008	FY 2007	FY 2006	FY 2005
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

The FSM Telecommunications Corporation, which runs the telephone network throughout the FSM does not have the capability to run "hotline" or "toll-free" numbers. Not applicable to FSM.

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2009
Field Note:
FSM Telecommunication corporation does not possess the capability to run toll-free hotline numbers. FSM does not have one.
2. **Section Number:** Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2007
Field Note:
Not applicable to FSM.
3. **Section Number:** Main
Field Name: hname_2
Row Name: State MCH toll-free hotline name
Column Name: FY
Year: 2009
Field Note:
FSM Telecommunication corporation does not possess the capability to run toll-free hotline numbers. FSM does not have one.
4. **Section Number:** Main
Field Name: hname_2
Row Name: State MCH toll-free hotline name
Column Name: FY
Year: 2007
Field Note:
FSM does not have a toll-free hotline number/name. FSM Telecom does not have the capability to provide such service.
5. **Section Number:** Main
Field Name: cname_2
Row Name: Name of contact person for state MCH hotline
Column Name: FY
Year: 2007
Field Note:
Contact person can be reached by mobile phone, regular phone and fax.
6. **Section Number:** Main
Field Name: cnumber_2
Row Name: Contact Person's telephone number
Column Name: FY
Year: 2007
Field Note:
The same phone number is used by the Division of Health Services so other program staff can attend to specific needs when requested.
7. **Section Number:** Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2007
Field Note:
FSM does not have a hotline number. FSM Telecommunication Corporation, the only telephone company in the FSM, is not capable of provide such service.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2009
[Sec. 506(A)(1)]
STATE: FM

1. State MCH Administration:
(max 2500 characters)

As documented in the Statement of Assurances in Section III, Requirements for Application, the Federated States of Micronesia assures the Secretary of DHHS that no more than 10% of the funds will be used for administrative costs of each program component. The FSM further assures the Secretary that it defines these administrative costs as the salary of the MCH Assistant Coordinator, fringe benefits, travel for the National MCH program staff and expendable supplies to support the administration of the Program at the FSM National Government.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>563,713</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>440,000</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>1,003,713</u>

9. Most significant providers receiving MCH funds:

<u>Public Health Services in the four FSM States.</u>
<u>Dental Services in the four FSM States</u>
<u> </u>
<u> </u>

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

a. Pregnant Women	<u>3,206</u>
b. Infants < 1 year old	<u>1,768</u>
c. Children 1 to 22 years old	<u>8,863</u>
d. CSHCN	<u>1,320</u>
e. Others	<u>4,122</u>

11. Statewide Initiatives and Partnerships:

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

The MCH Program in the FSM continues to provide a large segment of the direct health care and enabling services for the maternal and infant population. Direct care services include prenatal care services, screening, general physical exam, risk assessment, and general counseling. Enabling services include education and counseling on family planning, nutrition, breastfeeding and normal pregnancy, etc.

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

Population-Based Services include pap smear, hemoglobin and hepatitis B screening. STIs screening and gonorrhea, chlamydia, HIV, and syphilis and immunization to prevent childhood diseases.

c. Infrastructure Building Services:
(max 2500 characters)

Infrastructure Based Services include Quality Assurance Programs which mandates development of policy and procedure manuals for every program at Public Health, which contains PNC Goals and Objectives, Program Responsibilities, Management of Programs, Program Coordinators' Responsibilities, Prenatal Clinics, Schedules of Clinic Visits, High Risk Clients, Prenatal Care and Ultrasound schedule. Well Baby Care Service Clinics also has its own policy and procedural manual.

12. The primary Title V Program contact person:

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

Name Mr. Dionis E. Saimon
Title Program Manager
Address P.O. Box PS 70
City Palikir
State Pohnpei, FM
Zip 96941
Phone 691-320-2619
Fax 691-320-5263

Name Mr. Dionis E. Saimon
Title Program Manager
Address P.O. Box PS 70
City Palikir
State Pohnpei, FM
Zip 96941
Phone 691-320-2619
Fax 691-320-5263

Email desaimon@fsmhealth.fm

Email desaimon@fsmhealth.fm

Web _____

Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

Not applicable to FSM. However, FSM has submitted an application to HRSA for the Early Hearing Detection and Intervention (EHD) Grant. If funded FSM should be able to report on National Performance Measure #1 in the next year or so. Yap is currently doing a CSHCN Survey emulating the SLAIT. This is the same Survey that Pohnpai did in 2006. As a result of the Pohnpai Survey, the MCH, CSHCN, and Special Education Programs are working closely with parents of Children with Special Needs to encourage and actually involve them in the decision making, coordination, referral and/or implementation of program activities and services. Other stakeholders are also involved in this endeavor.

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	80	0
Annual Indicator	100.0	100.0	100.0	0.0	0.0
Numerator	1	1	1	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	85	87	90	80	80
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable to FSM.

2. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

Not Applicable to FSM.

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)

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	70	80	20	80	80
Annual Indicator	0.0	62.0	100.0	76.4	0.0
Numerator	0	173	1	146	0
Denominator	807	279	1	191	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	85	85	90	90	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

Pohnpei State conducted a CSN Survey in April and May this year. The Survey Questionnaire and report is attached under "State Overview" Other MCH Capacity.

2. **Section Number:** Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2005

Field Note:

Not applicable to FSM. FSM did not conduct a CSHCN Survey in 2005 because FSM Health Services was organizing a NCD Step Wise Survey, which is currently taking place in Chuuk State. All available personnel have been mobilized for this activity. We, however, plan to conduct a CSHCN Survey in February 2007.

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)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	70	70	60	70	70
Annual Indicator	0.0	57.0	0.0	76.9	0.0
Numerator	0	57	0	40	0
Denominator	807	100	1	52	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	70	70	80	80	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

The data came from the CSN Survey conducted in Pohnpei this year.

2. **Section Number:** Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

Not applicable to FSM.

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)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	50	15	22	25	30
Annual Indicator	11.2	20.1	0.0	36.1	0.0
Numerator	90	56	0	109	0
Denominator	807	279	1	302	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	60	80	85	90	95
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

The data came from the CSN Survey conducted in Pohnpei State this year.

2. **Section Number:** Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

Not Applicable to FSM. FSM did not conduct a CSHCN Survey in 2005. We will do a survey in February 2007

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)

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	50	50	30	35	40
Annual Indicator	100.0	14.0	0.0	34.8	0.0
Numerator	1	38	0	108	0
Denominator	1	272	1	310	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	60	60	80	85	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

The data came from the CSN Survey conducted in Pohnpei State this year.

2. **Section Number:** Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

Not applicable to FSM. FSM did not conduct a CSHCN Survey in 2005.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	40	40	20	25	30
Annual Indicator	100.0	17.0	0.0	66.7	0.0
Numerator	1	44	0	132	0
Denominator	1	259	1	198	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	60	60	80	80	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

The data came from the CSN Survey conducted in Pohnpei State this year.

2. **Section Number:** Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

Not applicable to FSM. FSM did not conduct a CSHCN Survey in 2005. We will do a survey in February 2007.

PERFORMANCE MEASURE # 07

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	77	80	50	60	70
Annual Indicator	93.2	79.2	82.5	60.0	68.8
Numerator	2,705	2,478	2,486	1,751	1,860
Denominator	2,902	3,127	3,015	2,917	2,703

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	80	90	95	95	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

PERFORMANCE MEASURE # 08

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	20	18	40	50	50
Annual Indicator	19.7	30.9	15.0	17.2	21.1
Numerator	101	118	123	98	109
Denominator	5,119	3,816	8,211	5,711	5,170

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	40	40	30	30	20
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

PERFORMANCE MEASURE # 09

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	34	35	65	70	75
Annual Indicator	54.7	59.7	40.7	37.6	64.4
Numerator	1,703	1,812	825	1,185	1,479
Denominator	3,112	3,036	2,029	3,149	2,296

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	75	75	80	80	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

PERFORMANCE MEASURE # 10

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6.5	6.5	7.5	7.5	7
Annual Indicator	6.9	6.9	16.2	0.0	0.0
Numerator	3	3	7	0	0
Denominator	43,172	43,693	43,172	40,809	40,339

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	6	5	4	3	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				75	80
Annual Indicator			69.1	73.6	74.9
Numerator			1,091	1,545	1,428
Denominator			1,579	2,098	1,907

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	85	90	95	95	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

FSM does not have an Annual Performance Objective for 2005 because this is a new National Measure. Our Objectives for the subsequent years have been set.

PERFORMANCE MEASURE # 12

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	100.0	100.0	0.0	0.0	0.0
Numerator	1	1	0	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	0	80	85	90	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable to FSM.

2. **Section Number:** Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2005

Field Note:

Not applicable to FSM.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	10	10	10	10	10
Annual Indicator	80.7	89.2	58.5	91.2	90.6
Numerator	41,483	32,306	30,080	46,644	46,963
Denominator	51,386	36,215	51,383	51,166	51,824

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	9	8	8	7	5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2007

Field Note:

In the FSM, everyone, including children are accessible to health care. No person can be denied medication or health care simply because s/he does not have money or cannot pay. This means that FSM has universal coverage in the health system. Additional coverage may be added with the purchase of a Health Insurance Policy.

2. **Section Number:** Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2005

Field Note:

FSM MCH program does not have control over children with or without insurance.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				10	15
Annual Indicator			100.0	0.0	0.0
Numerator			1	0	0
Denominator			1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	30	50	70	80	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

FSM is not eligible for the WIC Program. However, during the next reporting period FSM will be reporting on the number of 2-5 year olds with BMI at or above the 85th percentile. No data collected for this reporting period.

2. **Section Number:** Performance Measure #14

Field Name: PM14

Row Name:

Column Name:

Year: 2005

Field Note:

FSM is not eligible for the WIC Program. Not applicable for FSM.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				2.5	2.5
Annual Indicator			2.9	0.3	2.0
Numerator			71	13	45
Denominator			2,441	4,834	2,283

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	2	1.7	1.7	1.5	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

This is a new measure, therefore FSM does not have an Annual Performance Objective for 2005.

PERFORMANCE MEASURE # 16

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	25	25	25	15	15
Annual Indicator	45.3	22.5	17.0	7.4	28.9
Numerator	6	3	3	1	4
Denominator	13,237	13,357	17,689	13,503	13,849

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	3	3	2	2	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

PERFORMANCE MEASURE # 17

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable to FSM.

2. **Section Number:** Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

Not Applicable for FSM.

PERFORMANCE MEASURE # 18

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	20	22	23	25	28
Annual Indicator	31.1	20.1	26.1	19.8	30.3
Numerator	780	486	637	461	696
Denominator	2,506	2,415	2,441	2,325	2,299

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	60	80	80	90	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

STATE PERFORMANCE MEASURE # 1

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	<u>58</u>	<u>40</u>	<u>30</u>	<u>35</u>	<u>40</u>
Annual Indicator	<u>27.7</u>	<u>27.3</u>	<u>26.8</u>	<u>57.2</u>	<u>17.5</u>
Numerator	<u>823</u>	<u>790</u>	<u>923</u>	<u>1,793</u>	<u>412</u>
Denominator	<u>2,975</u>	<u>2,893</u>	<u>3,450</u>	<u>3,135</u>	<u>2,353</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>90</u>	<u>90</u>	<u>95</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	66	68	75	80	80
Annual Indicator	76.0	72.4	81.9	82.6	80.2
Numerator	2,055	1,624	2,321	1,762	1,836
Denominator	2,703	2,244	2,834	2,132	2,289
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	85	85	90	95	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

STATE PERFORMANCE MEASURE # 6

Percent of children enrolled in Early Childhood Education Program (Head Start) surveyed to determine the rate of decayed, missing or filled teeth.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	60	60
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	1,390	13,445	13,550
Denominator	_____	_____	2,406	1,394	2,042
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	55	40	30	20	10
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2007

Field Note:

FSM is tracking the oral health of children enrolled in the Early Childhood Education (ECE) Program who were identified as having decay, missing or filled teeth. Because each child surveyed could have more than one tooth decayed, missing or filled, the numerator is greater than the denominator.

FSM will replace this Performance Measure during the FSM MCH Program Coordinators workshop in 2009.

- Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

This is a new State Performance Measure for FSM. We hope to increase our coverage for 2006.

STATE PERFORMANCE MEASURE # 7

Percent of children with identified developmental problems who are admitted to the CSHCN Program.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective				35	40
Annual Indicator			1.0	9.7	19.7
Numerator			61	98	254
Denominator			5,944	1,007	1,289
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	60	70	80	90	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. **Section Number:** State Performance Measure #7
- Field Name:** SM7
- Row Name:**
- Column Name:**
- Year:** 2005
- Field Note:**

This is a new State Performance Measure for FSM. With the hiring of the new CSHCN Physician in late 2005, we hope to improve our coverage during the 2006 report.

STATE PERFORMANCE MEASURE # 8

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	<u>96</u>	<u>96</u>	<u>90</u>	<u>90</u>	<u>95</u>
Annual Indicator	<u>97.8</u>	<u>89.6</u>	<u>90.0</u>	<u>89.4</u>	<u>98.6</u>
Numerator	<u>2,480</u>	<u>2,011</u>	<u>2,091</u>	<u>1,905</u>	<u>2,256</u>
Denominator	<u>2,537</u>	<u>2,244</u>	<u>2,324</u>	<u>2,132</u>	<u>2,289</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

STATE PERFORMANCE MEASURE # 9

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	20	20	15	20	20
Annual Indicator	37.4	10.2	9.2	13.4	20.3
Numerator	500	224	635	1,024	1,706
Denominator	1,337	2,198	6,892	7,663	8,423
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	30	50	70	80	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

STATE PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	<u>64</u>	<u>65</u>	<u>60</u>	<u>65</u>	<u>70</u>
Annual Indicator	<u>59.4</u>	<u>54.0</u>	<u>36.4</u>	<u>36.3</u>	<u>34.7</u>
Numerator	<u>479</u>	<u>519</u>	<u>414</u>	<u>446</u>	<u>452</u>
Denominator	<u>807</u>	<u>962</u>	<u>1,138</u>	<u>1,227</u>	<u>1,302</u>
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	<u>70</u>	<u>75</u>	<u>80</u>	<u>85</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

STATE PERFORMANCE MEASURE # 11

Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective					0
Annual Indicator				0.0	34.5
Numerator				0	7,295
Denominator				1	21,157
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	50	70	80	90	90
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** State Performance Measure #11

Field Name: SM11

Row Name:

Column Name:

Year: 2006

Field Note:

No data was collected and reported from the FSM States during this reporting period.

STATE PERFORMANCE MEASURE # 12

The rate of maternal deaths in the reporting year.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	_____ 3	_____ 3	_____ 2	_____ 1	_____ 1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. **Section Number:** State Performance Measure #12
- Field Name:** SM12
- Row Name:**
- Column Name:**
- Year:** 2007
- Field Note:**

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

STATE PERFORMANCE MEASURE # 13

The percent of one year old babies with anemia.

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	_____ 60	_____ 50	_____ 30	_____ 20	_____ 10
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. **Section Number:** State Performance Measure #13
- Field Name:** SM13
- Row Name:**
- Column Name:**
- Year:** 2007
- Field Note:**

This is a new State Performance Measure. FSM will start reporting on this performance measure in 2008. The numbers are only dummies and should be ignored.

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

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	21	20	20	21	15
Annual Indicator		17.4	16.0	11.2	20.6
Numerator		42	39	26	49
Denominator		2,415	2,441	2,325	2,374

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	8	8	6
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: OM01

Row Name:

Column Name:

Year: 2007

Field Note:

FSM realized the high rates of infant mortality for such a small population. Some of the leading causes of Infant death in 2007 include, congenital anomalies and syphilis (infection) resulting in asphyxia, prolong labor, and poor diet of the pregnant mother. The MCH and Family Program plus the OB Ward nurses and Doctors continued to work very hard to review the infant's deaths certificates and make recommendations to alter the problems that are causing our infants deaths to increase. They also stress the important of the pregnant mothers to deliver at the hospital to prevent infection among the newborn. Nutrition education is standard practice in PNC and Post Partum clinics. Community nutrition education is also done. Considering the level of unemployment especially amongst women, the means to access nutritious food is hard and local foods are more costly than processed starch from the local stores.

OUTCOME MEASURE # 02

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	1	1
Annual Indicator		NaN	1.0	1.0	0.0
Numerator		0	1	1	0
Denominator		0	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: OM02

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable to FSM.

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

Field Name: OM02

Row Name:

Column Name:

Year: 2005

Field Note:

Not applicable to FSM.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	14.5	14	14	14.5	14.5
Annual Indicator		13.3	9.4	6.5	13.9
Numerator		32	23	15	33
Denominator		2,415	2,441	2,325	2,374

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	10	8	6	3	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	6.5	6	6	6	7
Annual Indicator		4.6	8.2	5.2	5.5
Numerator		11	20	12	13
Denominator		2,415	2,441	2,325	2,374

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	5	4	3	2	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 05

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	38	38	45	45	20
Annual Indicator		40.2	23.9	22.3	42.7
Numerator		100	60	53	104
Denominator		2,490	2,513	2,373	2,435

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	30	25	20	15	10
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective	70	70	60	60	60
Annual Indicator		58.9	114.2	67.0	151.1
Numerator		24	46	26	58
Denominator		40,752	40,266	38,829	38,377

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	50	40	30	20	10
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

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

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

2

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

2

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

2

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

2

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

2

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

2

Total Score: 12

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: FM FY: 2009

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

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

1. To increase the percentage of women receiving adequate prenatal care. (Maintain) //2008// No Change or Additions //2008// //2009// No Change or Addition //2009//
2. To improve the nutritional status of women during their pregnancy. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009//
3. To decrease infant mortality rate. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009//
4. //2007// To increase the percent of women of child-bearing age who attend Comprehensive Health Education sessions in schools and communities. (New) //2007// //2008// No Change //2008// //2009// No Change //2009//
5. To decrease dental disease among children. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009//
6. To improve the nutritional status of children. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009//
7. To decrease the percentages of acute infectious illnesses among children. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009//
8. To increase the percentage of children with special needs served by a team. (Maintain) //2008// No Change or Additions //2008// //2009// No Change //2009//
9. To increase the number of children identified with developmental problems who are admitted into the CSHCN Program. (New) //2008// No Change or Additions //2008// //2009// No Change //2009//
10. To increase the percent of women screened for low hemoglobin. (New) //2008// No Change or Additions //2008// //2009// No Change //2009//

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: FM

APPLICATION YEAR: 2009

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>5</u>	Requesting a consultant to assist the FSM MCH Program develop a comprehensive preventive dental and oral hygiene program for women, infants and children.	The FSM MCH Program does not possess the level of expertise in this area at the National and state level.	HRSA to assist to identify the consultant
2.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>2</u>	Request a consultant to assist the FSM MCH Program to develop a comprehensive Nutrition Education program for women, infants and children.	The FSM MCH program does not possess the level of expertise in this area at the National or state level.	HRSA or UNICEF to provide training or identify consultant
3.	State Performance Measure Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>8</u>	Request a consultant to assist FSM MCH program to develop a system for providing follow-up on screening where positive result are found.	The FSM MCH program does not possess the level of expertise in this area at the National or state level.	HRSA to provide training or identify consultant for the training.
4.	Data-related Issues - Performance Indicators If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	FSM MCH Program staff continue to have difficulty in completing TVIS required forms.	The TVIS is unique and only their staff knows about the specifics.	TVIS staff, particularly Chris Dykton.
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP # 1

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Numerator:

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

Denominator:

Number of women receiving MCH program services

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP # 2

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Numerator:

Number of pregnant women screened for Hepatitis B surface antigen

Denominator:

Number of pregnant women

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal care log book

SIGNIFICANCE

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

SP # 6

PERFORMANCE MEASURE:

Percent of children enrolled in Early Childhood Education Program (Head Start) surveyed to determine the rate of decayed, missing or filled teeth.

STATUS:

Active

GOAL

To improve the overall dental health status of children in the Federated States of Micronesia.

DEFINITION

a) A survey of children in ECE Program was completed (YES/NO) b) A Preventive Dental Health Program was designed and developed (YES/NO) c) A preventive Dental Health Program was implemented (YES/NO)

Numerator:

N/A

Denominator:

N/A

Units: Yes **Text:** Text

HEALTHY PEOPLE 2010 OBJECTIVE

Untreated Dental caries

DATA SOURCES AND DATA ISSUES

Results of dental survey among ECE children. Data from Dental Division from all four states.

SIGNIFICANCE

The prevalence of diseased, missing and filled (DMF) teeth of children in the Federated States of Micronesia has not been recently determined. The last studies which determined the DMF teeth of children in the FSM were conducted in Chuuk in 1997 by Dr. T.H. Aye and in Kosrae in 1999 by Dr. M. Takagaki. However, it has been agreed by the majority of health care providers that serve children that the overall dental health status of this population is poor. Dental health is important because of the close association between dental health and nutrition status. A Preventive dental health program, using different strategies and combined educational services, will be developed in collaboration with the staff of the Dental Division and the ECE Program.

SP # 7

PERFORMANCE MEASURE:

Percent of children with identified developmental problems who are admitted to the CSHCN Program.

STATUS:

Active

GOAL

To assure the early identification and referral of children with special health care needs.

DEFINITION

Numerator:

Number of children in the CSHCN Program identified with a developmental disability.

Denominator:

Number of children in the CSHCN Program

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Clinician assessment of the child development

Increase to at least 80% the proportion of providers for primary care for children who routinely refer or screen infants and children for impairments of vision, hearing, speech, and language, and assess other developmental milestones as part of well child care.

DATA SOURCES AND DATA ISSUES

CSN Registry and data system

SIGNIFICANCE

The early identification and referral of children suspected of having a handicapping condition to the CSN program is important to assure that identification of service needs for the child and family - with early intervention services, the chances of improving the ultimate health status and outcomes for the child increases. Therefore, focusing on the identification and referral of children in the 0-3 year old age group will improve the status of children with handicapping conditions.

SP # 8

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Numerator:

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

Denominator:

Number of women who attend the first prenatal care visit.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal logbook

SIGNIFICANCE

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

SP # 9

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Numerator:

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

Denominator:

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic data base.

SIGNIFICANCE

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

SP # 10

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Numerator:

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

Denominator:

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Children with Special Needs Program data base

SIGNIFICANCE

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

SP # 11

PERFORMANCE MEASURE:

Percent of women of child-bearing age who attended workshops in the schools and communities during the reporting period.

STATUS:

Active

GOAL

To improve the number of pregnant women coming in for prenatal care during the first trimester.

DEFINITION

Number of women of childbearing age who attended workshops in the schools and communities.

Numerator:

Total number of women of child-bearing age who attended the workshops conducted in the schools and communities during the reporting period.

Denominator:

Total number of women of child-bearing age during the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

FSM 2000 Population Census Data and Public Health Records or Data.

SIGNIFICANCE

Having the pregnant women to come in for prenatal care during the first trimester has been very problematic for the FSM. It is hoped that by increasing the number of awareness workshops in the schools and communities would contribute to increase number of pregnant women coming in for early prenatal care.

SP # 12

PERFORMANCE MEASURE:

The rate of maternal deaths in the reporting year.

STATUS:

Active

GOAL

To reduce maternal deaths in the FSM.

DEFINITION

Maternal death is defined as any mother who died during pregnancy and up to 42 days after delivery; except for motor vehicle accidents.

Numerator:

Number of women who died during pregnancy and up to 42 days after delivery in the reporting year.

Denominator:

Total number of pregnant women during the reporting year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Hospital records, Labor and Delivery records, Death Certificates Prenatal Log Book Dispensary Log Books

SIGNIFICANCE

FSM is suspected of having high rates of Maternal Deaths compared to other Pacific Island countries

SP # 13

PERFORMANCE MEASURE: The percent of one year old babies with anemia.
STATUS: Active
GOAL To reduce anemia for one year old babies.
DEFINITION Any child having HCT below 35 mg% is considered to be anemic.
Numerator: Number of one year olds with HCT below 35 mg%.
Denominator: Total number of one year olds during the reporting year.
Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES Medical records. Well Baby Clinic records, Birth records,

SIGNIFICANCE Anemia is one of the major health problems for children in the FSM.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	53.0	95.9	38.6	40.8	21.5
Numerator	91	138	57	59	28
Denominator	17,154	14,391	14,783	14,449	13,042

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2005

Field Note:

The rate of children hospitalized with Asthma was decreased to 38.6/10,000 in 2005 from 95.9/10,000 in 2004. This may be a direct outcome of educating pregnant mothers about negative impacts of tobacco use and tobacco products, which has been incorporated into prenatal care education and counseling sessions. Another factor that may have contributed to this decline, was the fact that more mothers are doing away with bottle feeding and have started to exclusively breastfeeding thier children.

HEALTH SYSTEMS CAPACITY MEASURE # 02

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	100.0	0.0	0.0	0.0	0.0
Numerator	1	0	0	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Medicaid is not applicable to the FSM.

2. **Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2005

Field Note:

Medicaid is not applicable to the FSM.

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	100.0	0.0	0.0
Numerator	1	1	1	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable to FSM.

2. **Section Number:** Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2005

Field Note:

Though FSM does not have SCHIP, 1,383 or 3% of the total population (0-15) are covered by the only Health Insurance program available, the FSM National Government Employees Insurane Program (MICARE).

HEALTH SYSTEMS CAPACITY MEASURE # 04

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	<u>54.4</u>	<u>39.2</u>	<u>45.6</u>	<u>55.9</u>	<u>55.2</u>
Numerator	<u>912</u>	<u>629</u>	<u>735</u>	<u>546</u>	<u>520</u>
Denominator	<u>1,678</u>	<u>1,603</u>	<u>1,611</u>	<u>976</u>	<u>942</u>

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSC104. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

- Section Number:** Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

Although FSM did not meet the minimum 80% required visits, we scored some improvements in 2005 with a 45.6%, an increase from 2004, which was 39.2.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	NaN	NaN	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable to FSM.

2. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2005

Field Note:

FSM is not eligible for Medicaid. Not applicable to FSM.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	0.0	0.0	0.0
Numerator	1	1	0	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Not applicable for FSM.

2. **Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2005

Field Note:

Not applicable for FSM.

HEALTH SYSTEMS CAPACITY MEASURE # 08

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	100.0	0.0	0.0	0.0	0.0
Numerator	1	0	0	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2006
Field Note:
 Not applicable to FSM.
- Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
 The SSI Program is not available in the FSM. Not applicable to FSM.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Other	_____	8.4	8.4
b) <i>Infant deaths per 1,000 live births</i>	2007	Other	_____	20.6	20.6
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Other	_____	30.3	30.3
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Other	_____	55.2	55.2

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	_____
b) <i>Medicaid Children</i> (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) <i>Pregnant Women</i>		_____

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

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

FORM NOTES FOR FORM 18

Not applicable. FSM is not eligible for Medicaid.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2009
Field Note:
Not applicable. FSM is not eligible for medicaid.
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2009
Field Note:
Not applicable. FSM is not eligible for Medicaid.
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
Not applicable. FSM is not eligible for Medicaid.
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for SCHIP.
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for SCHIP.
6. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for SCHIP.
7. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2009
Field Note:
The sources of data for this indicator are Birth Certificates and Vital Statistics.
8. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2009
Field Note:
Source of data is Vital Statistics.
9. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2009
Field Note:
The source of data is Birth Certificates.
10. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2009
Field Note:
The source of data is Birth Certificates.

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

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

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

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	No
Other:		

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2009
Field Note:
FSM is not eligible for the WIC Program.
2. **Section Number:** Indicator 09A
Field Name: BAN
Row Name: Annual linkage of birth certificates and newborn screening files
Column Name:
Year: 2009
Field Note:
FSM has limited ability to do newborn screening; files are limited to certain screening of the newborn.
3. **Section Number:** Indicator 09A
Field Name: Discharge
Row Name: Hospital discharge survey for at least 90% of in-State discharges
Column Name:
Year: 2009
Field Note:
FSM is planning to conduct a Pediatric Hospital Discharge Survey this year. Funds are available through the SSDI Grant and we hope to start this year and possible finish by early next year, 2009.
4. **Section Number:** Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2009
Field Note:
The Tobacco Program, under the Section of Substance Abuse and Mental Health, conducted a Youth Tobacco Use Survey for the FSM in 2005. There was no Youth Tobacco Use Survey this year.
5. **Section Number:** Indicator 09B
Field Name: Other1_09B
Row Name: Other
Column Name:
Year: 2009
Field Note:
No Youth Risk Behavior Surveys conducted in the past month that we are aware of nor participated in.

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

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator	_____	5.1	15.0	8.7	8.4
Numerator	_____	122	248	203	199
Denominator	_____	2,415	1,649	2,325	2,374

Check this box if you cannot report the numerator because
1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer
than 5 and therefore a 3-year moving average cannot be
applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

- Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:

In 2005 Chuuk has 64 children out of 1126 live births recorded as weighing less than 2500 grams. Pohnpei has 156 children out of 918 live births, Kosrae has 12 children out of 187 live births and Yap has 25 children out of 210 live births recorded as having less than 2500 grams. This totals to 248 children (15%) out of 1,649 live births.

HEALTH STATUS INDICATOR MEASURE # 01B

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator		4.8	4.6	8.7	7.2
Numerator		115	108	203	167
Denominator		2,374	2,359	2,325	2,323

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2005

Field Note:

In 2005 Chuuk reported 6 children out of 1072 live singleton births weighed less than 2500 grams. Pohnpei reported 72 children out of 917 singleton births, Kosrae reported 8 children out of 164 singleton births and Yap reported 22 children out of 206 singleton birhts as weighing less than 2500 grams. This totals to 108 children (4.6%) out of a total of 2359 singleton births in the FSM.

HEALTH STATUS INDICATOR MEASURE # 02A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		0.3	0.3	1.2	1.0
Numerator		8	8	27	23
Denominator		2,415	2,400	2,325	2,374

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2005

Field Note:

The percent of births weighing less than 1500 grams in 2005 remains as it was in 2004 at 0.3%. This year Chuuk reported no children as having very low birth weights. Pohnpei reported 5, Kosrae 1 and Yap reported 2. This totals to 8 children reported to having very low birth weight in 2005 in the FSM.

HEALTH STATUS INDICATOR MEASURE # 02B

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	_____	0.4	0.4	1.0	0.6
Numerator	_____	10	9	24	13
Denominator	_____	2,374	2,359	2,297	2,323

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2005

Field Note:

The percent of live singleton births in 2005 remains the same as it was in 2004 at 0.4%. For this reporting period, Chuuk reported no singleton births with very low birth weights out of a total of 1072 singleton births recorded. Pohnpei reported 6 out of 917, Kosrae reported 1 out of 164 and Yap reported 2 out of 206 singleton births weighing less than 150 grams respectively. This total to 8 live singleton births weighing less than 1500 grams in the FSM in 2005.

HEALTH STATUS INDICATOR MEASURE # 03A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		12.5	11.6	2.5	14.9
Numerator		3	5	1	6
Denominator		24,096	43,172	40,462	40,339

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2005

Field Note:

In 2005, the annual indicator for FSM was reduced to 11.6 from 12.5 in 2004. Chuuk reported 1 death due to unintentional injury out of a population of 22,008, Pohnpei reported 0 out of 14,018 people, Kosrae reported 3 out of a population of 3058 and Yap reported 1 out of a population of 4112.

HEALTH STATUS INDICATOR MEASURE # 03B

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		12.5	2.3	0.0	0.0
Numerator		3	1	0	0
Denominator		24,096	43,172	40,462	40,339

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

No deats resulting from unintentional injuries reported during this period.

2. **Section Number:** Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2005

Field Note:

The death rate for the FSM decreased to 2.3 in 2005 from 12.5 in 2004.

Chuuk, Pohnpei and Kosrae States reported "0" except for Yap, who reported only 1 case. This decrease was a result of a massive campaign throughout the FSM against drinking and driving. Public safety, Substance Abuse and Mental Health Program, Women groups and Youth groups have developed radio programs and posted banners and billboards to promote public awareness on safe driving.

HEALTH STATUS INDICATOR MEASURE # 03C

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator		16.5	0.0	0.0	8.3
Numerator		4	0	0	2
Denominator		24,229	22,762	23,641	24,162

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

No deaths from this age group reported during this period.

2. **Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2005

Field Note:

None of the FSM States reported any unintentional injury related deaths in the 15-24 age group in 2005. All States reported "0". This may have a direct correlation with increasing promotion or campaign on safe driving.

HEALTH STATUS INDICATOR MEASURE # 04A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		527.1	354.4	84.0	1,036.2
Numerator		127	153	34	418
Denominator		24,096	43,172	40,462	40,339

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2005

Field Note:

The rate for FSM decreased to 354.4 in 2005 from 527.1 in 2004. Chuuk reported 6 injuries, Pohnpei reported 144, Kosrae reported "0" and Yap reported 3, for a total of 153 non-fatal injuries out of a population of 43172 for this sub-group. The decrease may have a direct correlation with increased awareness on safety by Public Safety through radio programs, women groups during the International Women's Week and Public Health Mobile Teams during outreach activities. The high number for Pohnpei State may be related to the fact that the Capital of FSM is located in Pohnpei and more people have moved in from the other states and abroad.

HEALTH STATUS INDICATOR MEASURE # 04B

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		58.1	30.1	4.9	168.6
Numerator		14	13	2	68
Denominator		24,096	43,172	40,987	40,339

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2005

Field Note:

The rate for FSM decreased to 30.1 in 2005 from 58.1 in 2004. In 2005, Chuuk State reported "0", Pohnpei reported 10, Kosrae reported "0" and Yap reported 3, for a total of 13 or (30.1) non-fatal injuries due to motor vehicle crashes in the FSM. The decrease may have a direct correlation with the massive campaign by public Safety, Substance abuse and Mental Health Program, Women groups and youth organizations through radio programs and posting of banners and billboards promoting safe driving. The high rate for Pohnpei State may have some correlation with the fact that the Capital of FSM is on Pohnpei and more vehicle and people are moving around every day.

HEALTH STATUS INDICATOR MEASURE # 04C

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		82.5	79.1	17.1	471.8
Numerator		20	18	4	114
Denominator		24,229	22,762	23,336	24,162

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2005

Field Note:

The rate for FSM decreased in 2005 to 79.1 from 82.5 in 2004. Chuuk state reported no injuries out of a population of 11607 people. Pohnpei State reported 8 out of a population of 7257, Kosrae State reported 4 out of a population of 1543 and Yap State reported 6 out of a population of 2361. The total non-fatal injuries for the FSM in 2005 was 18 for a population of 22762 in that sub-group.

HEALTH STATUS INDICATOR MEASURE # 05A

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		2.1	2.0	3.0	1.2
Numerator		13	13	22	9
Denominator		6,338	6,489	7,342	7,498

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

The rate of women aged 15 through 19 years with reported case of chlamydia for 2005 is relatively the same as in 2004. Chuuk state reported 8 cases out of a sub-group population of 3343, Pohnpei did not do any testing on chlamydia due to stock out of test kits, Kosrae reported 3 cases out of a population of 446 and Yap reported 2 cases out of a population of 686 women in that sub-group. In 2005 FSM has, excluding Pohnpei State, a total of 13 cases out of a 15 through 19 population of 6489 women.

HEALTH STATUS INDICATOR MEASURE # 05B

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

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		1.4	5.4	3.9	1.4
Numerator		27	95	87	25
Denominator		19,585	17,689	22,235	18,480

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Provisional

Field Level Notes

1. **Section Number:** Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2005

Field Note:

The rate for FSM slightly increased in 2005. This indicator somehow correlates with Core Health Status Indicators 3, 4, 5 and 6, which impacted birth outcomes. Again, Pohnpei State ran out of test kits, therefore did not do any chlamydia testing in 2005. Chuuk State reported 76 cases out of a population of 8615, Kosrae State reported 16 cases out of a population of 446 and Yap State reported 3 cases from a population of 2103. The total reported chlamydia cases for FSM in 2005 was 95 out of a population of 17689 for the 20 through 24 years old sub-group.

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

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

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	2,969					2,969		
Children 1 through 4	12,129					12,129		
Children 5 through 9	14,404					14,404		
Children 10 through 14	14,349					14,349		
Children 15 through 19	13,855					13,855		
Children 20 through 24	11,139					11,139		
Children 0 through 24	68,845	0	0	0	0	68,845	0	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	2,969		
Children 1 through 4	12,129		
Children 5 through 9	14,404		
Children 10 through 14	14,349		
Children 15 through 19	13,855		
Children 20 through 24	11,139		
Children 0 through 24	68,845	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1					1		
Women 15 through 17	5					5		
Women 18 through 19	10					10		
Women 20 through 34	124					124		
Women 35 or older	26					26		
Women of all ages	166	0	0	0	0	166	0	0

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

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1		
Women 15 through 17	5		
Women 18 through 19	10		
Women 20 through 34	124		
Women 35 or older	26		
Women of all ages	166	0	0

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

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

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	31					31		
Children 1 through 4	12					12		
Children 5 through 9	1					1		
Children 10 through 14	3					3		
Children 15 through 19	8					8		
Children 20 through 24	7					7		
Children 0 through 24	62	0	0	0	0	62	0	0

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	31		
Children 1 through 4	12		
Children 5 through 9	1		
Children 10 through 14	3		
Children 15 through 19	8		
Children 20 through 24	7		
Children 0 through 24	62	0	0

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

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

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	57,018					57,018.0			2007
Percent in household headed by single parent	1.0					1.0			2007
Percent in TANF (Grant) families									2007
Number enrolled in Medicaid	0								2007
Number enrolled in SCHIP	0								2007
Number living in foster home care	0								2007
Number enrolled in food stamp program	0								2007
Number enrolled in WIC	0								2007
Rate (per 100,000) of juvenile crime arrests	1.5					1.5			2007
Percentage of high school drop-outs (grade 9 through 12)	7.0					7.0			2007

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	57,018.0			2007
Percent in household headed by single parent	1.0			2007
Percent in TANF (Grant) families				2007
Number enrolled in Medicaid				2007
Number enrolled in SCHIP				2007
Number living in foster home care				2007
Number enrolled in food stamp program				2007
Number enrolled in WIC				2007
Rate (per 100,000) of juvenile crime arrests	1.5			2007
Percentage of high school drop-outs (grade 9 through 12)	7.0			2007

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

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

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	<u>15</u>
Living in urban areas	<u>25</u>
Living in rural areas	<u>50</u>
Living in frontier areas	<u>10</u>
Total - all children 0 through 19	<u>85</u>

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

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

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

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	<u>108,031.0</u>
Percent Below: 50% of poverty	<u>25.0</u>
100% of poverty	<u>25.0</u>
200% of poverty	<u>25.0</u>

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

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

Reporting Year: 2007 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	<u>57,018.0</u>
Percent Below: 50% of poverty	<u>25.0</u>
100% of poverty	<u>25.0</u>
200% of poverty	<u>25.0</u>

FORM NOTES FOR FORM 21

The data is based on best estimates of 0-19 year olds living in the Metropolitan, Urban, Rural and Frontier areas.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
2. **Section Number:** Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
3. **Section Number:** Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
4. **Section Number:** Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
5. **Section Number:** Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
6. **Section Number:** Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
7. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
8. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
9. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
10. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
11. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2009
Field Note:
The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.
12. **Section Number:** Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24

Column Name:

Year: 2009

Field Note:

The data is based on projected population for the sub-population group for 2007 based on FSM 2000 Census.

13. **Section Number:** Indicator 07A
Field Name: Race_Women15
Row Name: Women < 15
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
14. **Section Number:** Indicator 07A
Field Name: Race_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
15. **Section Number:** Indicator 07A
Field Name: Race_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
16. **Section Number:** Indicator 07A
Field Name: Race_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
17. **Section Number:** Indicator 07A
Field Name: Race_Women35
Row Name: Women 35 or older
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
18. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women15
Row Name: Women < 15
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
19. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women15to17
Row Name: Women 15 through 17
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
20. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women18to19
Row Name: Women 18 through 19
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
21. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women20to34
Row Name: Women 20 through 34
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
22. **Section Number:** Indicator 07B
Field Name: Ethnicity_Women35
Row Name: Women 35 or older
Column Name:
Year: 2009
Field Note:
No other races were reported during this period.
23. **Section Number:** Indicator 08A
Field Name: S08_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2009
Field Note:
No deaths reported for other races for the subgroup during this reporting period.
24. **Section Number:** Indicator 08A
Field Name: S08_Race_Children1to4
Row Name: children 1 through 4

- Column Name:**
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
25. **Section Number:** Indicator 08A
Field Name: S08_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
26. **Section Number:** Indicator 08A
Field Name: S08_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
27. **Section Number:** Indicator 08A
Field Name: S08_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
28. **Section Number:** Indicator 08A
Field Name: S08_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
29. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
30. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
31. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
32. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
33. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
34. **Section Number:** Indicator 08B
Field Name: S08_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2009
Field Note:
 No deaths reported for other races for the subgroup during this reporting period.
35. **Section Number:** Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2009
Field Note:
 The data is the projected population for 2007 for the 0-19 sub-population group, based on 2000 FSM Population Census.
36. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent

- Column Name:**
Year: 2009
Field Note:
The data is only estimate.
37. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2009
Field Note:
Not applicable. FSM is not eligible for TANF.
38. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2009
Field Note:
Not applicable. FSM is not eligible for Medicaid.
39. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for SCHIP.
40. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2009
Field Note:
Not Applicable. FSM is not eligible for the food stamp program.
41. **Section Number:** Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2009
Field Note:
Not applicable. FSM is not eligible for the WIC Program.
42. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
The data is based on estimates.
43. **Section Number:** Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2009
Field Note:
The data is based on estimate, only.
44. **Section Number:** Indicator 09B
Field Name: HSIethnicity_Children
Row Name: All children 0 through 19
Column Name:
Year: 2009
Field Note:
Projected population for 2007 based on 2000 FSM Census.
45. **Section Number:** Indicator 09B
Field Name: HSIethnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
The data is based on estimate only.
46. **Section Number:** Indicator 09B
Field Name: HSIethnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2009
Field Note:
Not applicable.
47. **Section Number:** Indicator 09B
Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2009
Field Note:
Not applicable.
48. **Section Number:** Indicator 09B
Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP

- Column Name:**
Year: 2009
Field Note:
 Not applicable.
49. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2009
Field Note:
 Not applicable.
50. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2009
Field Note:
 Not applicable.
51. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
 The data is based on estimate only.
52. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2009
Field Note:
 The data is based on estimate, only.
53. **Section Number:** Indicator 10
Field Name: Metropolitan
Row Name: Living in metropolitan areas
Column Name:
Year: 2009
Field Note:
 Based on estimated data.
54. **Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2009
Field Note:
 The data is based on estimate only.
55. **Section Number:** Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2009
Field Note:
 The data is based on estimate only.
56. **Section Number:** Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2009
Field Note:
 The data is based on estimate only.
57. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2009
Field Note:
 The data is based on projected population for 2007 based on 2000 FSM Census.
58. **Section Number:** Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2009
Field Note:
 The data is based on estimate only.
59. **Section Number:** Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2009
Field Note:
 The data is based on estimate only.
60. **Section Number:** Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty

Column Name:

Year: 2009

Field Note:

The data is based on estimate only.

61. **Section Number:** Indicator 12

Field Name: S12_Children

Row Name: Children 0 through 19 years old

Column Name:

Year: 2009

Field Note:

The data is the projected population for the 0-19 sub-population group for 2007 based on 2000 FSM Census.

62. **Section Number:** Indicator 12

Field Name: S12_50percent

Row Name: Percent Below: 50% of poverty

Column Name:

Year: 2009

Field Note:

The data is based on estimate only.

63. **Section Number:** Indicator 12

Field Name: S12_100percent

Row Name: 100% of poverty

Column Name:

Year: 2009

Field Note:

The data is based on estimate only.

64. **Section Number:** Indicator 12

Field Name: S12_200percent

Row Name: 200% of poverty

Column Name:

Year: 2009

Field Note:

Data is based on estimate only.

65. **Section Number:** Indicator 09A

Field Name: HSIRace_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2009

Field Note:

Not Applicable. There are no foster homes in the FSM.

66. **Section Number:** Indicator 09B

Field Name: HSIethnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2009

Field Note:

Not applicable.