

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

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FORM 2
MCH BUDGET DETAILS FOR FY 2009

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

STATE: PW

1. FEDERAL ALLOCATION

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

\$ 151,665

A.Preventive and primary care for children:

\$ 70,833 (46.7%)

B.Children with special health care needs:

\$ 70,832 (46.7%)

(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:

\$ 10,000 (6.59%)

(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)

\$ 113,749

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

\$ 0

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

\$ 0

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

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

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

\$ 0

\$ 113,749

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

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

\$ 265,414

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: \$ 95,000

c. CISS: \$ 140,000

d. Abstinence Education: \$ 0

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

UNHSI \$ 125,000

\$ _____

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

\$ 360,000

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 625,414

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE

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

STATE: PW

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 160,847	\$ 155,129	\$ 162,320	\$ 162,320	\$ 167,999	\$ 158,212
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 5,400	\$ 4,618	\$ 2,081	\$ 2,081	\$ 4,618	\$ 8,374
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 51,250	\$ 199,510	\$ 199,510	\$ 133,565	\$ 133,565
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 178,315	\$ 133,565	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 85,517	\$ 85,517
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 344,562	\$ 344,562	\$ 363,911	\$ 363,911	\$ 391,699	\$ 385,668
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 198,000	\$ 295,962	\$ 298,000	\$ 298,000	\$ 295,962	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 542,562	\$ 640,524	\$ 661,911	\$ 661,911	\$ 687,661	\$ 385,668
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

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

STATE: PW

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 159,000	\$ 151,665	\$ 152,000	\$ 0	\$ 151,665	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 113,749	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 120,000	\$ 113,749	\$ 114,000	\$ 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>	\$ 279,000	\$ 265,414	\$ 266,000	\$ 0	\$ 265,414	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 358,000	\$ 323,754	\$ 234,644	\$ 0	\$ 360,000	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 637,000	\$ 589,168	\$ 500,644	\$ 0	\$ 625,414	\$ 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: 2006
Field Note:
Total amount budgeted for and requested, amounted to \$167,999, however only \$158,212 was awarded.
2. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2006
Field Note:
Unobligated balance for FY2006 amounted to \$8,374.00
3. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2006
Field Note:
Local funds allocated to support nursing department.
4. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2006
Field Note:
No MCH specific local funds.
5. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2006
Field Note:
External funding sources from UNFPA, WHO, Japan and etc. toward capacity building.
6. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2006
Field Note:
No Program Income.
7. **Section Number:** Main
Field Name: OtherFedFundsExpended
Row Name: Other Federal Funds
Column Name: Expended
Year: 2006
Field Note:
Total amount approved for other federal funding sources amounted to \$140,000 for CISS and \$95,137 for SSDI. Total amount expended amounted to \$116,477 for CISS and \$90,599 for SSDI.

FORM 4

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

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

STATE: PW

	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 78,946	\$ 78,946	\$ 79,380	\$ 79,380	\$ 87,318	\$ 87,318
b. Infants < 1 year old	\$ 60,063	\$ 60,063	\$ 61,827	\$ 61,827	\$ 68,100	\$ 68,100
c. Children 1 to 22 years old	\$ 90,018	\$ 90,018	\$ 90,434	\$ 90,434	\$ 99,478	\$ 99,478
d. Children with Special Healthcare Needs	\$ 63,497	\$ 63,497	\$ 63,913	\$ 63,913	\$ 70,304	\$ 70,304
e. Others	\$ 34,274	\$ 34,274	\$ 42,690	\$ 42,690	\$ 46,959	\$ 42,882
f. Administration	\$ 17,764	\$ 17,764	\$ 25,667	\$ 25,667	\$ 19,540	\$ 17,586
g. SUBTOTAL	\$ 344,562	\$ 344,562	\$ 363,911	\$ 363,911	\$ 391,699	\$ 385,668

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

a. SPRANS	\$ 0	\$ 0	\$ 100,000
b. SSDI	\$ 100,000	\$ 100,000	\$ 93,000
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			
Family Planning	\$ 0	\$ 98,000	\$ 102,962
ECCS	\$ 0	\$ 100,000	\$ 0
Title X (Fam Plan)	\$ 98,000	\$ 0	\$ 0
III. SUBTOTAL	\$ 198,000	\$ 298,000	\$ 295,962

FORM 4

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

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

STATE: PW

	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 65,000	\$ 58,500	\$ 58,520	\$ 0	\$ 50,000	\$ 0
b. Infants < 1 year old	\$ 51,000	\$ 46,000	\$ 45,220	\$ 0	\$ 50,000	\$ 0
c. Children 1 to 22 years old	\$ 50,000	\$ 52,000	\$ 98,800	\$ 0	\$ 70,833	\$ 0
d. Children with Special Healthcare Needs	\$ 65,000	\$ 63,000	\$ 45,600	\$ 0	\$ 70,832	\$ 0
e. Others	\$ 33,000	\$ 30,000	\$ 10,260	\$ 0	\$ 13,749	\$ 0
f. Administration	\$ 15,000	\$ 15,914	\$ 7,600	\$ 0	\$ 10,000	\$ 0
g. SUBTOTAL	\$ 279,000	\$ 265,414	\$ 266,000	\$ 0	\$ 265,414	\$ 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	\$ 93,000	\$ 94,644	\$ 95,000
c. CISS	\$ 140,000	\$ 140,000	\$ 140,000
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			
UNHSI	\$ 125,000	\$ 0	\$ 125,000
III. SUBTOTAL	\$ 358,000	\$ 234,644	\$ 360,000

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2006
Field Note:
Reduction to total grant award reduced expenditures.
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminBudgeted
Row Name: Administration
Column Name: Budgeted
Year: 2008
Field Note:
Projections based on prior year budget.
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2006
Field Note:
Reduction to total grant award reduced expenditures.

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

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

STATE: PW

TYPE OF SERVICE	FY 2004		FY 2005		FY 2006	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 95,028	\$ 95,028	\$ 99,781	\$ 99,781	\$ 78,339	\$ 77,134
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.)	\$ 91,479	\$ 91,479	\$ 96,232	\$ 96,232	\$ 97,925	\$ 96,417
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 85,170	\$ 85,170	\$ 89,923	\$ 89,923	\$ 97,925	\$ 96,417
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.)	\$ 72,885	\$ 72,885	\$ 77,975	\$ 77,975	\$ 117,510	\$ 115,700
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.)	\$ 344,562	\$ 344,562	\$ 363,911	\$ 363,911	\$ 391,699	\$ 385,668

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

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

STATE: PW

TYPE OF SERVICE	FY 2007		FY 2008		FY 2009	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 55,800	\$ 53,000	\$ 54,874	\$ 0	\$ 53,000	\$ 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.)	\$ 55,800	\$ 52,000	\$ 68,594	\$ 0	\$ 52,000	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 75,000	\$ 70,000	\$ 68,594	\$ 0	\$ 70,000	\$ 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.)	\$ 92,400	\$ 90,414	\$ 73,938	\$ 0	\$ 90,414	\$ 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.)	\$ 279,000	\$ 265,414	\$ 266,000	\$ 0	\$ 265,414	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.
2. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.
3. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.
4. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2008
Field Note:
Projection based on prior year budget.

FORM 6

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

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

STATE: PW

Total Births by Occurrence: 281

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

Other Screening (Specify)

Newborn Hearing Screening	281	100	0	0	0	
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Screening Programs for Older Children & Women (Specify Tests by name)

Depression Screening for Pregnant Women	85		14	14	14	100
BMI Screening for school children						
Vision Screening for school children						
Hearing Screening for school children						
Psychosocial screening for school children						
Dental caries screening for school children						
Bullying screening for school children						
Hypertension screening for school children						

- (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: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2009
Field Note:
//2008// - In the last reporting year of 2007, Palau was still working on the contract to tap laboratory services in the Philippines. This arrangement has finally been completed and therefore, beginning June 16, 2008, we have implemented the screening. We will be able to report on screening activity in 2009.
- 2. Section Number:** Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2009
Field Note:
//2008// - In the last reporting year of 2007, Palau was still working on the contract to tap laboratory services in the Philippines. This arrangement has finally been completed and therefore, beginning June 16, 2008, we have implemented the screening. We will be able to report on screening activity in 2009.
- 3. Section Number:** Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2009
Field Note:
//2008// - In the last reporting year of 2007, Palau was still working on the contract to tap laboratory services in the Philippines. This arrangement has finally been completed and therefore, beginning June 16, 2008, we have implemented the screening. We will be able to report on screening activity in 2009.
- 4. Section Number:** Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2009
Field Note:
//2008// - In the last reporting year of 2007, Palau was still working on the contract to tap laboratory services in the Philippines. This arrangement has finally been completed and therefore, beginning June 16, 2008, we have implemented the screening. We will be able to report on screening activity in 2009.
- 5. Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2009
Field Note:
//2008// This figure represents "no screening being done", not actual positives. We did not begin the test until this June 2008
- 6. Section Number:** Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2009
Field Note:
//2008// This figure represents "no screening being done", not actual positives. We did not begin the test until this June 2008
- 7. Section Number:** Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2009
Field Note:
//2008// This figure represents "no screening being done", not actual positives. We did not begin the test until this June 2008
- 8. Section Number:** Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2009
Field Note:
//2008// This figure represents "no screening being done", not actual positives. We did not begin the test until this June 2008
- 9. Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2009
Field Note:
//2008// This figure represents "no screening being done", not actual "confirmed cases". We did not begin the test until this June 2008
- 10. Section Number:** Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2009
Field Note:
//2008// This figure represents "no screening being done", not actual "confirmed cases". We did not begin the test until this June 2008
- 11. Section Number:** Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2009
Field Note:

//2008// This figure represents "no screening being done", not actual "confirmed cases". We did not begin the test until this June 2008

12. **Section Number:** Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2009

Field Note:

//2008// This figure represents "no screening being done", not actual "confirmed cases". We did not begin the test until this June 2008

13. **Section Number:** Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

//2008// This figure represents "no screening being done", not actual "needing treatment". We did not begin the test until this June 2008

14. **Section Number:** Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

//2008// This figure represents "no screening being done", not actual "needing treatment". We did not begin the test until this June 2008

15. **Section Number:** Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

//2008// This figure represents "no screening being done", not actual "needing treatment". We did not begin the test until this June 2008

16. **Section Number:** Main

Field Name: SickleCellDisease_TreatmentNo

Row Name: SickleCellDisease

Column Name: Needing treatment that received treatment

Year: 2009

Field Note:

//2008// This figure represents "no screening being done", not actual "needing treatment". We did not begin the test until this June 2008

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

Field Name: OtherWomen

Row Name: All Rows

Column Name: All Columns

Year: 2009

Field Note:

//2008// - The number of pregnant women screened for depression are only partial # of women who were actually screened. Our database, through funding from SSDI grant has been used to create the database for collecting and streamlining information collection. We will be in a better position to report a population-based information in 2009.

All the screening for school age children are part of the school health screening and intervention initiative of the Family Health Unit. Palau conducts annual health screening for odd grades only, therefore each child in school will be seen by our program at least once every two years. The information reported are compiled for the school year 2007. Intervention component of this initiative is through referred to other MOH clinics and those who are found to have special health care needs are managed in the Palau medical Home (CSN/High Risk Clinic)

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

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

STATE: PW

Reporting Year: 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	506	0.0	0.0	20.0	80.0	0.0
Infants < 1 year old	279	0.0	0.0	20.0	80.0	0.0
Children 1 to 22 years old	9,548	0.0	0.0	20.0	80.0	0.0
Children with Special Healthcare Needs	300	0.0	0.0	20.0	80.0	0.0
Others	1,238	0.0	0.0	20.0	80.0	0.0
TOTAL	11,871					

FORM NOTES FOR FORM 7

//2008// - The others category reflect those men and women of reproductive age group who are not accounted for in the population distribution above. Another category of users population are those women and men beyond the reproductive age group who continue to utilize our services for routine wellness services such as health screening, routine gyn and reproductive health screening/counseling.

FIELD LEVEL NOTES

None

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

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	281	1	0	0	31	248	1	0
Title V Served	281	1	0	0	31	248	1	0
Eligible for Title XIX	281	1	0	0	31	248	1	0
INFANTS								
Total Infants in State	279	1	0	0	31	246	1	0
Title V Served	279	1	0	0	31	246	1	0
Eligible for Title XIX	279	1	0	0	31	246	1	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	281	0	0	0	0	0	0	0
Title V Served	281	0	0	0	0	0	0	0
Eligible for Title XIX	281	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	279	0	0	0	0	0	0	0
Title V Served	279	0	0	0	0	0	0	0
Eligible for Title XIX	279	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

There were a total of 281 deliveries in 2007. Of these, 0.71% and 99.3% were fetal death and live births, respectively. About 85.1% of the babies are of Palauan or Native Hawaiian or other Pacific Islander race. On the other hand, 11.0% (31/281) is of Asian lineage. The Filipinos have the highest proportion (90.3%: 28/31) of deliveries among the Asians. There was one of American and of Russian nationality (Caucasian races) births in Palau for this reporting year.

The mean and median age of mothers who gave birth was 29 years old. The youngest and oldest was 16 and 45 years old, respectively. About 28.8% of them are primigravid; 56.2% and 14.2% have had 1-3 and 4 and more pregnancies, respectively. The Birth to Pregnancy Interval (BTP) is 4 years. About 15.9% have had less than two years BTP, whereas a majority (84.1%) has 2 years or more BTP. The above data reflect successful education, behavioral modification and service delivery related to Family Planning. This also explains the low proportion of Infant Mortality and low proportion of newborns weighing less than 2,500 grams.

In Palau, all newborns are cared for in the Neonatal Nursery regardless of race. The babies are applied ophthalmic ointment and given Vitamin K injection as routine care. Bottle feeding is not allowed in the nursery as a policy and breastfeeding is strongly encouraged. Mothers have access to breastfeed their babies who are under observation or on treatment. Fathers are also encouraged to accompany their spouses during breastfeeding. This greatly improves bonding of the family. Otherwise, babies are room-in as soon as possible. Universal Hearing screening is also done by a trained nurse or doctor prior to discharge. Any abnormalities are referred for follow-up in the well-baby and ENT clinics. There is also Well-Baby Clinic to address the needs of well babies.

FIELD LEVEL NOTES

- 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:
//2008/ - Palau does not have Title XIX Program.
- 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:
//2008/- Palau does not have Title XIX Program.
- 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:
//2008/ - All births were non hispanics and Palau does not have Title XIX Program.
- 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:
//2008/ - Palau does not have Title XIX program.

FORM NOTES FOR FORM 9

At average, there are 200 calls every month in the telephone hotline in 2007. All of these are MCH and Family Planning related calls.

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: calls_2

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

Column Name: FY

Year: 2007

Field Note:

//2008// Palau continues to estimate the # of calls to the hotline number. We continue to work with our national communications company for a technology that can better serve our purpose

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

1. State MCH Administration:
(max 2500 characters)

MCH Administration: Title V Maternal and Child Health Program is administered and implemented by the Ministry of Health, Bureau of Public Health under Family Health Unit of the Division of Primary and Preventive Services. The Family Health Unit is managed by the FHU Administrator. FHU is tasked with the implementation of this grant. It works in collaboration with different departments within the Ministry of Health (e.g., Bureau of Hospital and Clinical Services, Behavioral Health, Primary and Preventive Services, STI/HIV/AIDS Program) and with the communities (e.g., schools and parents of children with special health care needs)

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>151,665</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>113,749</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>265,414</u>

9. Most significant providers receiving MCH funds:

Dr. Yuriko Becheserrak - Pediatrician - .5FTE

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

a. Pregnant Women	<u>506</u>
b. Infants < 1 year old	<u>279</u>
c. Children 1 to 22 years old	<u>9,548</u>
d. CSHCN	<u>300</u>
e. Others	<u>1,238</u>

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

Direct Medical Care and Enabling Services Children with psycho-social problems are directly provided care by the public health social workers (if needing education and counseling) or referred to appropriate health clinics for medical, dental and optical problems. On the other hand, Children with Special Health Care Needs including High risk Pregnant Mothers are managed in medical home model. Pregnant mothers at the onset of contact with the Prenatal Clinic are also screened for psycho-social problems other than health. They are followed-up to delivery and post-natal phase. CSN/High Risk services for children are provided through collaboration with Head Start, Special Education and with participation of parents in the development and implementation of IEP's and IFSP's. Under current arrangement, children who are identified with health risk factors during the health screening and are referred to any clinics are charged through the sliding fee system and this includes dental, eye and hearing. Women's and men's well-ness services including family planning are also provided by FHU with funding from Family Planning Program and UNFPA

b. Population-Based Services:

(max 2500 characters)

Prenatal and Post Natal Services: Routine prenatal services are provided free of charge to all pregnant women in Palau. Recent inclusion of prenatal and postnatal services is the screening/intervention of psycho-social problems. This is over and above the health screening done in the Prenatal Services. At post-natal phase, PRAMS-like survey is also done. Those identified with problems are also referred to appropriate agencies and provided counseling and education. Neonatal Screening - All newborns in Palau also undergo Universal Hearing Screening. Again, those with problems are followed-up and provided appropriate services. The genetic screening is already underway. An agreement with the University of the Philippines Genetic Screening Program has been signed. Final arrangement with air courier is nearing completion. Once these agreements are reached, Palau will begin screening for Newborn Genetic/Metabolism Disorders Well-baby Services – All children in Palau are provided well-baby services free of charge beginning 2 weeks after birth until 5, right before school entry. These services include physiological, developmental and behavioral assessment. This service component is linked with CSN/High Risk clinic and from there, other services are tapped for children who are identified with risk factors or special need. School Health Screening and Intervention -is done annually in all schools to identify those with health and psychosocial problems including substance abuse. Those with health and psycho-social, dental, hearing and optical problems are provided care by the Public Health Social Workers, School Clinic and other medical/health units

c. Infrastructure Building Services:

(max 2500 characters)

In order for the program administrator, coordinators and implementers to understand the situation of infants, children, women and men and to measure whether program objectives are reached, data management system is strengthened. The data that is transformed into information has enabled the FHU to plan and strategize appropriately. This development has been enabled through hiring of data clerk, statistician and an epidemiologist to assure timely entries, analysis and reporting. Reports are generated and communicated within clinics, management and the communities through Early Childhood Community collaborative and Adolescent Health Collaborative committees. System of care for children is also enhanced to respond to the needs of the children. In this way, collaboration of care for the children becomes efficient not only for those with special needs but for other children as well. System of care is also being developed for men's health. This area continues to challenge the FHU/MCH to arrive at a model of care that is context-specific and culturally responsive to the Palauans. Trainings for the staff are already in placed. Through funding from Family Planning Program, key male staff and others in the community/education are being trained to increase community-based efforts in improving male health and also to assist FHU in responses to male health needs from the community. Adolescent Health Development is continually being done specially that adolescent age group is greatly at risk of important diseases like STI, substance abuse, depression and relational problems. Leadership development in this area is also in placed. A National Framework for Early Childhood is also being strengthened. Training and capability building are also in placed for the staff whereas promotion and education are also done in the communities to enable parents and community members

to address their health problems. A legal counsel is being contracted to assist FHU in amending the current Public Health Law in relation to population-based services for the MCH age group in addition to developing regulatory measures on the amended legislations

12. The primary Title V Program contact person:

Name Berry Watson
Title FHU/MCH Unit Administrator
Address P.O. Box 6027
City Koror
State Palau
Zip 96940
Phone (680) 488-2712
Fax (680) 488-8135
Email berry@palaunet.com
Web www.palau-health.net

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

Name Dr. Yuriko Bechessrak
Title Chief, Pediatric Services
Address P.O. Box 6027
City Koror
State Palau
Zip 96940
Phone (680) 488-2172
Fax (680) 488-8135
Email y_bechessrak@palau-health.net
Web www.palau-health.net

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

//2008/ - An agreement has been signed already between the Family Health Unit/MCH and the University of the Philippines Genetic Screening Program for the latter to do the screening. In this agreement, specimens will be sent to the University by FHU/MCH. However, we had to comply with IATA regulation. We have cleared and obtained necessary documentation for shipping. As of June 16, 2008, we began collecting specimen for shipment.

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	100	100	90	92	95
Annual Indicator	100.0	88.8	0.0	0.0	0.0
Numerator	312	230	0	0	0
Denominator	312	259	317	259	279

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	97	99	99	99	99
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: PM01

Row Name:

Column Name:

Year: 2006

Field Note:

Palau has not started with actual genetic screening.

An agreement has been signed between the Family Health Unit/MCH and the University of the Philippines Genetic Screening Program for the latter to do the genetic screening. In this agreement, specimens will be sent to the University by FHU/MCH. However, we are just waiting for the compliance with the shipment/cargo policies to start the genetic screening.

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

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - We are in the process of finalizing arrangement/agreements with the University of the Philippines Newborn Genetic Screening Program. We will tap this program for this activity as it is cost effective. We are confident that by fiscal year 2007 it will have been implemented

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	50	55	73	75	78
Annual Indicator	50	72.8	72.8	90.3	90.3
Numerator		219	219	65	65
Denominator		301	301	72	72

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	81	84	87	88	92
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: PM02

Row Name:

Column Name:

Year: 2007

Field Note:

//2008// We use data reported in 2006 to populate this table. The survey is conducted every two years. The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year's 72% average percentage of their satisfaction.

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

Field Name: PM02

Row Name:

Column Name:

Year: 2006

Field Note:

The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. This is the overall average of the seven items that were asked from the family members to measure their satisfaction with the care given to them. All the items had scores greater than 80%. There is great improvement in the satisfaction compared with last year's 72% average percentage of their satisfaction.

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

Field Name: PM02

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

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	50	55	33	35	37
Annual Indicator	0	30.9	30.9	57.7	57.7
Numerator		93	93	41	41
Denominator		301	301	71	71

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	50	55	60	60
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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

Field Name: PM03

Row Name:

Column Name:

Year: 2006

Field Note:

In terms of coordination, 57.8% (average proportion of the four items under the item of coordination) of the family members of children with special health care needs expressed a score of 4 and 5 (in a scale of 5; with 1=poor and 5=excellent). This is the proportion of family members who were satisfied in terms of coordination and comprehensiveness of care. There were four (4) domains to measure this particular question. The overall rating of the coordination (4a) received the low score (50%) and doctor's communication with other health care providers (4c) received the highest (66.7%) agreement of receiving coordinated care. This year's average score is higher (57.8%) than in 2006.

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

Field Name: PM03

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

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	100	100	15	17	20
Annual Indicator	0	13.0	13.0	10.6	10.6
Numerator		39	39	11	11
Denominator		301	301	104	104

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	11	12	13	14	15
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2007

Field Note:

//2008// - Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US\$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

2. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2006

Field Note:

Of the families who took part in the Children with Special Health Care Needs Survey (n=104), 11 (10.6%) of them claimed to have insurance. In this insurance, 91% expressed that they are able to buy medicines with it.

While there is only a small proportion of families covered with private insurance, in Palau primary health care is a fundamental right. MCH services are for free particularly among those children identified as having special health care needs. At average, the families would have an annual income of US\$14,900 (CHSN Survey, 2007). A little over than half (59.6%) have more than one income earner per household. This gives also assurance that the family can supplement the necessary health needs of their child.

3. Section Number: Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

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	55	36	38	40
Annual Indicator	0	34.9	34.9	57.7	57.7
Numerator		105	105	41	41
Denominator		301	301	71	71

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	62	64	67	69
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: 2007

Field Note:

//2008/ - This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services, and again, since this survey is conducted every 2 years, we use last years' data to prepopulate this table.

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

Field Name: PM05

Row Name:

Column Name:

Year: 2006

Field Note:

This section also reflects the same items under the care coordination. 57.7% of the families expressed that the services are coordinated in a way that helps their children access these services.

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

Field Name: PM05

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

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			32	34	36
Annual Indicator	0	29.9	29.9	76.7	76.7
Numerator		90	90	56	56
Denominator		301	301	73	73

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	78	80	82	84	85
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: 2007

Field Note:

//2008/ - fAt average, 76% of family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

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

Field Name: PM06

Row Name:

Column Name:

Year: 2006

Field Note:

At average, 76% (56/73) of the family members agree that they have doctors and they always have health care access. These questions reflect the level of access to the services necessary to make transitions to all aspects of adult life, including adult health care, work and independence. About 97.3% (71/73) of family members of children with special health care needs said that they never had delay in health care consult nor gone without health care for their child. Also, 55.4% (41/74) expressed that their child has a regular doctor or nurse. The low proportion of family members agreeing that their child has a regular doctor could also be explained by the fact that a child with special health care needs could also be referred from one doctor or health professional to the other including the stakeholders in the schools and communities.

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

Field Name: PM06

Row Name:

Column Name:

Year: 2005

Field Note:

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

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	99	99	99	100	100
Annual Indicator	98.7	95.9	99	97.9	95
Numerator	308	462		333	
Denominator	312	482		340	

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	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007, the immunization registry and tracking show that HIB was missed at 15 months for majority of missed immunization. This vaccine cannot be administered after 15 months and therefore in 2007, we see the rate come down as compared to previous years.

2. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2006

Field Note:

Children in Palau received their immunization from the Well-baby clinic or in the Dispensaries. In 2006, the total clients in the registry totaled 340 (3 years old). At average, the percentage of 35 month old who received immunization was 98% (333/340). The following are the breakdown of immunization: DTaP-4 (100%), IPV-3 (97%), MMR-2 (96%) and Hep-3 (97%).

Data is taken from the Division of Primary and Preventive Services which pool all data from the Well-Baby Clinic and the Communicable Disease Unit.

3. **Section Number:** Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2005

Field Note:

This figure is reported by the Well-child services clinic which is responsible for immunization prior to school entry (0 - 5 years olds)

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	17	15	13	11	10
Annual Indicator	11.8	9.5	11.1	7.6	6.5
Numerator	5	4	5	10	3
Denominator	422	422	449	1,322	459

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	6.4	6.2	6	5.8	5.6
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - About 5.0% (n=14) of the total pregnancies in 2007 are from teenage mothers. Of these, one (1) was 16 years old and two (2) were 17 years old. This brings the 15-17 ASFR at 6.6 per 1,000 women in the said age bracket. An increase is observed in 2007 compared to 2006 at 2.2. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years. Expanding the assessment of the ASFR to 15-19 years old, this has slightly dropped from 18.6 to 18.4 per 1000 women in 2006 and 2007, respectively. An age-specific fertility rate of 18.4 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics, Unicef, 2007).

The denominator is a population projection for this age group(female), based on the Republic of Palau 2005 Population Census

2. Section Number: Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2006

Field Note:

This computes for the three-year moving average from 2004-2006.

Pregnancy during adolescent years tends to be unintended and premature. It is also associated with greater risks of dying in pregnancy and complications during delivery. Consequences are also dire because babies born to teenagers run a higher risk of low birth weight, serious long term disability. Having a child during teenage years also limits girls' opportunities for better education, jobs and income. These are strong reasons for Palau's commitment to the most vulnerable group of 15-19 years old.

About 5.4% (n=14) of the total pregnancies in 2006 are from teenage mothers. Of these, one (1) was 17 years old. This brings the 15-17 ASFR at 2.2 per 1,000 women in the said age bracket. A swift decrease is observed in 2006 compared to last year at 11.1. The three-year moving average is 7.6 per 1000 for teenagers aged 15 through 17 years.

Expanding the assessment of the ASFR to 15-19 years old, this has dropped from 30.8 to 18.6 per 1000 women in 2005 and 2006, respectively. An age-specific fertility rate of 18.6 is lower compared with the same rate in the industrialized countries at 24 (Fertility and Contraceptive Use, Unicef Statistics, Unicef, 2007).

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	99	99	83	85	87
Annual Indicator	81	81	53.9	41.5	87.1
Numerator			132	136	155
Denominator			245	328	178

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	90	93	93	93	94
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 #9

Field Name: PM09

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, this is the first time that Palau has reached its target in the last five years. FHU partners with the Division of Oral Health to continue to improve this measure. In the school health screening, the cavities rate for 3rd graders was 60%. This indicates that extensive work need to continue to lower the percentage of caries. Another partnership is through ECCS and the Association of Governors to assure that all schools in Palau will have classroom sinks for the purpose of improving oral health and personal hygiene issues of school aged children.

2. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2006

Field Note:

A total of 41.5% (136/328) of the third grade children received protective sealants (Note: this denominator includes those Grade 3 students who may not need protective sealants). Overall, there are 328 third grade children but only 92% (n=302) of them underwent dental screening by the Dental Unit. Of those who were screened, 69.2% (209/302) required sealants. In actuality, there are a higher proportion of Grade 3 students who received protective sealants, about 65% (136/209) from among those who required sealants.

The Dental Unit of the Ministry of Health conducts yearly screening among children. This is also complemented with the School Health Screening Program of the Bureau of Public Health through the Family Health Unit. A yearly health and psycho-social screening is also done that includes screening for dental caries. Any child who has dental problems is referred to the Dental Unit. Group and individual counseling is also done by the Public Health Social Workers on varied issues including dental hygiene and care. In the 2006 School Health Screening, 18.8% (213/1131) of the students (Grades 3, 5, 7, 9 & 11) had dental caries. The mean number of dental caries was 0.5. In 2006 alone, a total of 162 referrals to the dental unit was done (School Health Screening, 2006).

Access to screening, diagnosis and management (care) are well in placed in Palau thru the Dental Unit. There are also on-going oral health promotion and preventive activities. Collaboration is very strong from and among key stakeholders like the Dental Unit, Bureau of Public Health, Schools, parents, students and the communities.

3. Section Number: Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - This is the number of children who were screened and those who were referred for dental problems ranging from caries to decay and other dental problem during the national school health screening. This screening covered all schools of the Republic of Palau. We were unable to obtain specific numbers for sealants on permanent tooth molar.

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	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	3,912	3,912	4,789	4,836	4,875

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?

Provisional 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 #10

Field Name: PM10

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents in the recent Youth Risk Behavior (2007) Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. The School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students. In addition, many other programs in Palau such as the "Stop Tobacco Use Now" and the "Gen NOW" Projects of the Division of Behavioral Health have been very actively promoting the reduction of use of alcohol and tobacco in the community. FHU and the CHC with their community engagement activities are also working to increase community capacities to lessen the use and risk of tobacco and alcohol.

2. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2006

Field Note:

No deaths were recorded caused by motor vehicle among children aged 14 years and younger.

The risk for motor vehicle accidents could be likely. In the recent Youth Risk Behavior Survey, about 14.6% (84/572) of the respondents claimed to have driven a car or other vehicle when they had been drinking alcohol. However, the School Health Program has individual and group counseling on Alcohol, Tobacco and Other Drugs among the in-school students.

3. Section Number: Performance Measure #10

Field Name: PM10

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - There were no MVC related deaths for this age group in 2005.

PERFORMANCE MEASURE # 11

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

Annual Objective and Performance Data

	2003	2004	2005	2006	2007
Annual Performance Objective				60	65
Annual Indicator			48.7	58.7	52.4
Numerator				54	33
Denominator				92	63

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	56	60	64	68	72
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: 2007

Field Note:

//2008/ Comparison of Breastfeeding Practice among Mothers who Gave Birth from Years 2003 - 2007.

Among those mothers who delivered in 2007 and participated in the PRAMS-like survey, 96.5% breastfed their babies. Of those who breastfeed, 44.1% breastfed for 6 months or more while those who breastfed within the first six months was slightly higher at 52.4%. There is a decrease compared with 2003-2004 (46.4%) and 2005/2006 (58.7%). There is a slight decrease of mothers who did not breastfeed in 2007 (3.2%) compared with 2005/2006 (3.3%), still the proportion of babies being breastfed is very high. The proportion of those mothers who breastfeed their babies is 96.9% from years 2003-2007.

2. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2006

Field Note:

Since the number of mothers who participated in the PRAMS-like survey is low for each year, years 2003 and 2004 were combined together. The same holds true with 2005 and 2006.

Among those mothers who delivered in 2005 and 2006 and participated in the PRAMS-like survey, 96.7% breastfed their babies. Of those who breastfeed, 58.7% had it for 6 months or more. There is a moderate increase compared with 2003/2004 (51.3%). While there is a slight increase of mothers who did not breastfeed in 2005/2006 (3.3%) compared with 2004/2005 (2.9%), still the proportion of babies being breastfed is very high. The proportion of those mothers who breastfeed their babies is 97% from years 2003-2006.

3. Section Number: Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - This figure is obtained from PRAMS-like survey, which went up from last year figure of 27%. The 48.7% represent those women who exclusively breastfeed up to 6 months.

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	98	99
Annual Indicator	0.0	0.0	0.0	50.2	81.4
Numerator	0	0	0	130	227
Denominator	312	259	311	259	279

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	89	91	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 #12

Field Name: PM12

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - There were a total of 279 live births in 2007. Of these newborns, 81.4% (n=227) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 86.3% (196/227) passed the test and 13.7% (31/227) failed in both or either ears.

Among the 31 newborns who failed the OAE test, three (3) or 9.7% (3/31) were tested in only one ear, 25.8% (8/31) newborns failed on both ears. 64.5% (20/31) newborns were tested on both ears and failed the test on either ear.

No infants were tested on the Auditory Brainstem Response Test. However, at 3 months follow-up in the well-baby services, all infants who failed the initial test at births, all passed the OAE and ABR. Therefore, no baby was found to have congenital deafness in 2007.

2. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2006

Field Note:

There were a total of 259 live births in 2006. Of these newborns, 50.1% (n=130) were screened for hearing using the Otoacoustic Emission test prior to discharge. About 90% (117/130) passed the test and 10% (13/130) failed in both or either ears. At least one newborn OAE test only in one ear but passed it. Another 25% (65/259) infants born in 2006 underwent screening 1 month or more after hospital discharge. Overall, a total of 195 (75.2%) infants had hearing screening. Among newborns who failed in the hearing screening, re-test were done during follow-up.

The hearing screening officially started in March 1, 2007 after the purchase of the equipment and the training of the health staff (one pediatrician and two ENT nurses). There were two skills-building training, one in Tripler Army Medical Center in Hawaii and in Palau during the delivery of the equipment. From the time that the OAE was done up to December 31, 2006 there were 214 live births. Thus, the actual proportion of newborns screened prior to discharge is 60.7% (130/214). If the other infants who were screened after discharge will be included, the overall proportion of infants who underwent OAE is 91.1% (195/214).

About 6 infants had Auditory Brainstem Response Test and passed.

3. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - Palau began newborn hearing screening in March 2006. We will be able to report on this PM in 2007.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

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
Numerator					
Denominator					

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 #13

Field Name: PM13

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - While there is only a small proportion of Palauans who are covered with private health/medical insurance, the government heavily subsidizes health care. From pregnancy onto delivery all prenatal services are provided free of charge. Newborn Screening to FHU's well-baby services including school based health screening and intervention are also provided free of charge. Services for Children with special health care needs are heavily subsidized with minimal fee for medication (\$6-\$10) for perscription. Medical Home activities for CSN are also not charged. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.

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

Field Name: PM13

Row Name:

Column Name:

Year: 2006

Field Note:

While there is only a small proportion of Paluans who are covered with private health/medical insurance, the government heavily subsidizes health care. Thus, it can be said that every child in Palau is covered with social insurance. Generally, basic preventive services are free of charge. These services include those under the Family Health/MCH Program. Children with special health care needs identified in the interagency collaborative process also receive services free of charge. On the other hand, hospitalization is made affordable through a sliding fee and no Paluan who requires hospitalization is denied of it.

In strengthening access, the amendments introduced in the Constitution had made primary health care (as with education) as a fundamental right of every Palauan. The implementing law for it is currently being addressed. On the other hand, there is ongoing initiative in the Bureau of Public Health to adopt changes in the current public health laws to incorporate this amendment in the constitution. The Family Health Unit takes an active part in this process of change.

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

Field Name: PM13

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - refer to form 11 notes.

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	8
Annual Indicator					
Numerator					
Denominator					

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

Yes

Annual Objective and Performance Data

	2008	2009	2010	2011	2012
Annual Performance Objective	6	4	2	2	2
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: 2007

Field Note:

//2008/ - No data can be supplied in this item since Palau doesn't have a WIC program. Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

In 2006, Palau adopted changes to begin BMI measurements in this age group. These information are charged in the medical records, however, at this point, we have not electronically implemented collection of these indicators and therefore cannot report on it. At the same time, in the annual health screening for children over the age of 5, BMI information are collected, analyzed, and reported.

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

Field Name: PM14

Row Name:

Column Name:

Year: 2006

Field Note:

No data can be supplied in this item since Palau doesn't have a WIC program.

Although Palau doesn't have the WIC program, there are several things that we do like routine care for infants and children, Well-baby clinic that are part of the WIC program.

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

Field Name: PM14

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - We are unable to report this measure for 2005. We are now updating our service manuals to require BMI measurement for this age group. We will be able to report on this measure in 2007 reporting period.

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				13	10
Annual Indicator				50.0	57.4
Numerator				16	39
Denominator				32	68

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	55	53	50	47	45
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - If we take into account mothers who gave birth in 2007, only 68 of them were interviewed (PRAMS-like Survey) from a total of 279 mothers who had live births. Of these, 57.4% (39/68) continued to smoke during the period of pregnancy. This is higher than in 2006 at 50.0% (16/32 [1 missing data]) and lower in 2005 at 66.7% (42/63 [2 missing data]).

In years 2007, there were 68 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 66.2% (43/65 [1 missing data]) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 57.4% (39/68) continued smoking. Among mothers who smoked, 5.9% (4/68) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (60.5%) maintained (20.9%) or increased (9.3%) their frequency of smoking. In years 2007, the proportion of mothers (57.4%) who continued to smoke is less compared with 2005-2006 at 61.1% but more compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

2. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2006

Field Note:

The data is culled from the PRAMS-like survey covering the periods of 2003-2006. With reference to the timing of smoking, the specific question in the PRAMS-like survey did not indicate the last three months of pregnancy. Rather, the question referred to smoking during the most recent pregnancy.

If we take into account mothers who gave birth in 2006, only 33 of them were interviewed from a total of 259 mothers who had live births. Of these, 50.0% (16/32 [1 missing data]) continued to smoke during the period of pregnancy. This is lower than in 2005 at 66.7% (42/63 [2 missing data]).

In years 2005-2006, there were 98 mothers who were interviewed at post-natal phase (generally after six months from delivery). A face to face interview was done using the PRAMS-like Survey Interview Schedule. About 69.5% (66/95) smoked cigarette in the past twelve months prior to pregnancy. When probed further whether the smokers/chewers change the frequency of cigarette use during their most recent pregnancy, 61% (58/95 [3 missing data]) continued smoking. Among mothers who smoked, 10.8% (7/65 [1 missing data]) quit from smoking cigarette during their most recent pregnancy. On the other hand, a large proportion of those who continue to smoke decreased (46.2%) maintained (32.3%) or increased (10.8%) their frequency of smoking. In years 2005-2006, the proportion of mothers who continued to smoke is more (61%) compared with 2003-2004 at 55.5%.

During the pre-natal visits, cessation of cigarette use either by smoking or chewing betel with cigarette is an important component of the counseling. This area requires an intensive and innovative strategy to curb the problem of cigarette use during pregnancy.

3. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - On this measure, we are unable to report on tobacco use at 6-7 months pregnancy age. This question was not part of our PRAMS-like survey and so data for this is not available. However, we did ask a question whether or not the mother changed her tobacco use during the pregnancy.

One reponse option was "I quit using tobacco during my pregnancy". The rate of reponse for this question was 13.2%. We are using this response rate as our baseline in projecting for the next 4 years.

We will include a question in the next PRAMS that will measure this new NPM.

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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	0	0	0	0	0
Annual Indicator	0.0	0.0	68.4	67.8	0.0
Numerator	0	0	1	1	0
Denominator	1,550	1,177	1,462	1,474	1,486

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 #16

Field Name: PM16

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In its commitment to address psychosocial issues that leads to suicide of young people, Palau, through FHU's school-based health screening and intervention monitors risk factors for suicide. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2007 School Health Screening, 7.7 % of children reported to have suicide ideation and 32% of those who had ideation have attempted suicide. Interventions either through on-site and follow-up from school health program and through referrals were done.

In 2007, there was one case of suicide who was a 14-year old female.

2. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2006

Field Note:

There was one 16 year old female who committed suicide in 2006.

Palau is committed to address the health and psychosocial needs of children particularly the vulnerable 15 – 19 years old. Death from suicide is unnecessary as it is preventable. As part of its commitment in this area, the Bureau of Public Health through the Family Health Unit conducts a yearly screening (as part of the School Health Program) among in-school children specifically grades 1, 3, 5, 7, 9 and 11. Among the screening questions pertain to depression, traumatic experiences, suicide ideation and suicide attempt including access to counselor or therapist. If students are known to have any psycho-social problems, the Public Health Social Workers initiate counseling or make referral to appropriate units like the Behavioral Health or School Health Clinic. On the other hand, the Ministry of Education also conducts the Youth Risk Behavior Survey every two years that also deals on psychosocial issues similar to the School Health Screening Program. This survey measures the success of the interventions among the youth regarding suicide ideation and suicide. Both the School Health Screening and the YRBS also helped program implementers in designing strategies and activities to respond to the problems of the youth.

In the 2005 School Health Screening, 3.7% (42/1131) attempted suicide. Proper interventions through counseling and referrals were done.

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
Numerator			0	0	0
Denominator			317	259	279

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: 2007

Field Note:

//2008/ - Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight or complications. Generally, the newborns are taken cared of at the Nursery which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2007 calendar year, one (1) baby was born weighing 1,500 grams and less (Very Low Birth Weight). About 8.6% (24/279) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams. One other mother who had a historical pattern of high risk was sent to the Philippines to birth her baby. The baby was born in November 2007 and remained in the hospital for 4 months prior to coming to Palau.

2. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2006

Field Note:

Palau has no Level III facility. The Belau National Hospital, the biggest hospital in the republic, does not have a Neonatal Intensive Care Unit for babies with very low birth weight. Generally, the newborns are taken cared of at the Neonatal Care Unit which is able to respond to general care for neonates. While the facility is not equipped to respond to newborns weighing less than 1,500 grams, historically the hospital is able to care and support for babies weighing less than 1500 grams and those with some complications.

In the 2006 calendar year, no baby was born weighing 1,500 grams and less (Very Low Birth Weight). Overall, about 9.6% (25/259) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams.

3. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - There were 9 LBW and 8 VLBW infants in 2005. They were cared in our neonatal unit and none were referred for care in NICU outside of Palau. This remains our practice and there is considering our management and political climate in Palau, there will not be policy or regulatory measures to change this practice. There is a general consensus within our leadership that if a child born inside of Palau cannot survive at the level of neonatal care we have, then the government-supported health system will not assist in the survival of that infant. It will be left to the parents and the family to access care outside of Palau if they so desire.

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	44.3	51.3	37	45	52
Annual Indicator	29.8	30.1	61.2	25.5	33.3
Numerator	93	78	194	66	93
Denominator	312	259	317	259	279

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	36	42	46	50	54
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 #18

Field Name: PM18

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - Of the 279 live infants born to mothers in 2007, 33.3% (n=93) had their first prenatal visits during the first trimester. About 4.3% (n=12) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms. At the same time, we had 3 moms who gave births without prenatal care and accessed birthing/delivery services through emergency room. An issue of hospital cost is appearing to be a barrier to proper care for pregnant women and this may have an impact of the health of the mother and the baby.

2. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2006

Field Note:

Of the 259 mothers who gave birth in 2006, 25.5% (n=66) had their first prenatal visits during the first trimester. About 5.4% (n=14) had no records of prenatal visits in the Encounter Forms. This data is taken from the Prenatal Registry at the Medical Records and the Encounter Forms.

On the other hand, the PRAMS-like survey of those mothers who recently gave birth in 2005-2006, would show that 75.5% of them had their first prenatal visits on or before 12th weeks AOG. This proportion is higher compared to 2003-2004 (65.1%).

3. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - The data for 2005 were derived from the PRAMS-like survey for 2004-2005. We have decided to analyze our data every two years due to the smallness of our population.

STATE PERFORMANCE MEASURE # 1

Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	100	100
Annual Indicator	_____	_____	_____	0.0	0.0
Numerator	_____	_____	_____	0	0
Denominator	_____	_____	_____	130	227
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

- Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007, there 31 newborns who failed the initial screening, however, when re-screened at 2 weeks and 3 months, all these newborns passed OAE and/or ABR.

We conducted a regional training on newborn hearing screening. Our counterparts from the 3 jurisdictions, RMI, FSM and Palau participated in this training. In the training we went over the etiology of hearing problems in the pacific and how Micronesia (Palau, FSM and RMI) compare to other pacific islands. We also introduced participants to the hearing screening equipment in Palau and they went through the process of using the equipment on newborns.

- Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2006

Field Note:

With the Universal Hearing Screening, majority of newborns in Palau were tested prior to discharge. When the baby fails in the exam, a re-test is done. The same baby is also referred to a specialist. Only 130 of the newborns were tested. Of these, 13 failed and followed up for treatment.

- Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

Palau will be able to report on this PM in 2007 as our program was just implemented in 2006

STATE PERFORMANCE MEASURE # 2

Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective	_____	_____	_____	100	100
Annual Indicator	_____	_____	_____	0	0
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007-2008 we had to set-up a system in place for implementation of this screening program. Included in this system set-up, was to assure that we comply with IATA regulations on air shipment of biological products. We also trained our staff in the blood spot collection process, drying and packaging for air shipment. We have also contracted with DHL as the air courier for the blood spots and by June 15, 2008, Palau will begin screening for 5 congenital genetic disorders.

- Section Number:** State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2006

Field Note:

No screening has been done yet.

At this stage, there is already an agreement with the University of the Philippines Newborn Genetic Screening Program - where the genetic testing will be done. However, we are still threshing-out problems related to cargo and shipment. With the requirements on handling of specimens, the government of Palau through the Family Health Unit and the cargo based in Palau are still complying with the international policies.

- Section Number:** State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - Palau is developing its genetic screening program at this time. We will work with the management of the Ministry of Health to assure that children who are identified for genetic problems, will receive similar benefits in the Medical Referral Program. This is a tertiary medical treatment program for Palau and at this time, 95% of its clientele are adults with non-communicable disease related illnesses.

STATE PERFORMANCE MEASURE # 3

Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and referred for weight management program.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				60	65
Annual Indicator				0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	70	75	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:** State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity. This is an initiative that FHU and community advocacy program will partner to establish in 2009.

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

Field Name: SM3

Row Name:

Column Name:

Year: 2006

Field Note:

Starting this year (2007), process and forms are being put in place to get the BMI of women in reproductive age. Thus, we could not report any data on the weight of women in reproductive age at this time. However, it is worth to mention that there is heightened information and education campaign in terms of weight reduction, proper diet and exercise. This was primarily brought about by the World Health Organization's finding that Palau is one of the countries with high obesity.

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

Field Name: SM3

Row Name:

Column Name:

Year: 2005

Field Note:

FHU will work with Community Advocacy Program to improve their data gathering and reporting so that we can report on this measure. At the same time, we will organize systems of support for these women to receive appropriate intervention if they so desire.

The importance of this SPM is that in the two years data analysis of our PRAMS-like survey over 60% of women responded that the reason they did not enter prenatal care in the first trimester was that they did not know they were pregnant. At the same time, the Community Assessment of 2003 shows that 67% of adults (ages 15 and up) were either in the overweight or obese status.

It is generally thought that maybe the weight issue of women is affecting the menstrual cycle which lead women to not be aware that they are pregnant

STATE PERFORMANCE MEASURE # 4

Percent of children in 1st to 12th grade who receive annual health screening

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				60	70
Annual Indicator			51	52.6	68.7
Numerator				1,131	1,365
Denominator				2,150	1,987
Is the Data Provisional or Final?				Final	Provisional

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

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

Field Level Notes

1. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007, for Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. In 2007 those who were screened were 1st, 3rd, 5th, 7th, 9th and 11th grade levels only. In this reproductive health to 238 students; General Hygiene to 804 students, Alcohol, Tobacco and other Drugs to 450 students and education on screening, 1365 (68.7%) students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 3975 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 841 students; Bullying to 445 students. Individual counseling was also given to 149 individuals. Also, 1209 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

The denominator is a projected enrollment population for the grades screened in 2007.

The denominator for 2006 was edited to reflect population for the grades screened.

2. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2006

Field Note:

For the Family Health Unit/MCH, an annual school health screening is done. In 2005, it covered all grade levels. However, starting 2006 those who were screened were 3rd, 5th, 7th, 9th and 11th grade levels only. In this screening, 1131 students were screened for health, psycho-social and substance abuse. At that particular period, there were a total of 4,300 students in Palau in the odd grade levels. Primarily, this screening intends to identify those with health and psychosocial problems and provide immediate care or referral to appropriate agencies. With the results of the screening, the FHU/MCH was able to provide education on nutrition and physical activities to 342 students; reproductive health to 61 students; General Hygiene to 378 students, Alcohol, Tobacco and other Drugs to 347 students and education on Bullying to 306 students. Individual counseling was also given to 239 individuals. Also, 757 students were referred to different health units at the National Belau Hospital for further diagnosis and management.

Starting this school year (2007-2008), the screening will now include Grade 1.

3. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - 51% of school age children were provided health screening in 2005 from the School Health Program. This is another initiative we began last year to identify children with health, social, behavioral, mental health related problems and provided intervention when indicated.

STATE PERFORMANCE MEASURE # 5

The rate of depression for adolescents ages 11 - 19.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				13	11
Annual Indicator			149.9	77.8	65.6
Numerator			365	88	46
Denominator			2,435	1,131	701
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	60	55	50	45	40
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 #5

Field Name: SM5

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007, The School Health Screening showed that 41 per 1000 children (n=55) felt depressed out of 1349 that answered the question. For the group of 11-19, the rate of depression is more prominent than the pre-adolescent age.

- Section Number:** State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2006

Field Note:

The School Health Screening, 2006 showed that 78 per 1000 children (n=88) felt depressed among the 1131 screened. About 40.5% of the youth who participated in the YRBS, 2006 felt sad or hopeless. The rate is higher in females than in males with 46.4% and 33.6%, respectively.

Profile of individuals who committed suicide from 1999 to 2004 has shown that 16-20 years old ranked fourth among the age groups with highest cases of suicides (n=7) in Palau . Data representing the in-school youth of Palau have shown that 30.4% of the students had seriously considered attempting suicide with females having higher rate at 38% compared to males at 33.6%.

A qualitative study was done by UNICEF in the Pacific to appreciate the motivations behind suicide among the youth. Among the themes that were extracted from the study participants were the absence of persons to confide with about their problems and the anxiety that goes with the inability to meet the goals and the value systems between traditional with "modern" culture. However, the YRBS, 2006 also identified that 15.5% of the youth will seriously consider attempting suicide if they thought they had shamed themselves or their family.

STATE PERFORMANCE MEASURE # 6

The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				39	37
Annual Indicator			41	258.2	
Numerator				292	
Denominator				1,131	
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	35	33	31	29	28
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:

//2008/ - In 2007, we are reporting information from the 2007 YRBS. This percentage is pre-calculated and therefore, we do not have numbers for the numerator and the denominator. The trend of tobacco use in this population has been consistent for about 10 years now. Even with this pattern, there is a slight decrease from 2006.

- Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2006

Field Note:

The School Health Screening in 2006 showed that 258 (n=292) per 1000 students admitted to use of nicotine. In the 2006 YRBS, 37% (n=180) of those who participated in the study claimed to have smoked during the past 30 days. Of those who smoked, 61.1% (n=111) started smoking before reaching Grade 13.

To address the problem of smoking, the screening is closely coordinated with the Behavioral Health Division who runs the Youth Tobacco Cessation Clinic. Also, the Public Health Social Workers of the FHU/MCH provide education, individual and group counseling on substance abuse including cigarette use.

- Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

//2005 - The rata of tobacco use is derived from Question 36 of the Palau YRBS for same year. This questions asks about use of tobacco produce at once in the past 30 days.

STATE PERFORMANCE MEASURE # 7

Percent of pregnant women entering prenatal care in the first trimester

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				67	72
Annual Indicator			62	25.5	33.3
Numerator				66	93
Denominator				259	279
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	36	39	42	45	48
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: 2007

Field Note:

//2008/ - In 2007, First trimester initiation of prenatal care accounted 33.3% (n=93) of the 279 women who gave birth. The trend in this measure has been consistently low despite extensive community work to improve it and because of this trend, we have revised our next 5-year performance objective to reflect this low performance.

2. **Section Number:** State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2006

Field Note:

First trimester initiation of prenatal care accounted 25.5% (n=66) of the 259 women who gave birth in 2006 (Please refer to Performance Measure Number 18).

3. **Section Number:** State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - This measure is derived from the PRAMS-like survey of 2005.

STATE PERFORMANCE MEASURE # 8

Percent of Pre-term delivery

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				6	5
Annual Indicator			7.5	10.8	9.0
Numerator			24	25	25
Denominator			319	231	279
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	4	3	2	2	2
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 #8

Field Name: SM8

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007, there were 8.6% (n=25) of mothers who gave birth less than 37 weeks AOG and 91.4% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

- Section Number:** State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2006

Field Note:

There were 10.8% (n=25) of mothers who gave birth less than 37 weeks AOG and 89.2% gave birth at 37 weeks AOG or more. Prematurity increases neonatal mortality. Thus, the direction to reverse the high premature delivery is intended to have better neonatal and also maternal outcomes. At the same time, a focus on the prematurity will bring about review more frequently than the maternal mortality review which Palau has never had since no maternal death has occurred in the recent past.

Only 231 mothers were investigated as to AOG at birth since the other mothers had missing data.

STATE PERFORMANCE MEASURE # 9

Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				40	50
Annual Indicator			31	90.3	90.3
Numerator				65	65
Denominator				72	72
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	91	91.5	92	92.5	93
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 #9
Field Name: SM9
Row Name:
Column Name:
Year: 2007
Field Note:
 //2008/ - For 2007, we are reporting similar data that was reported in 2006. Palau conducts its SLAITS-like survey every two years and data generated from this survey are used to populate data requirements for Title V Grant specifically on areas of children with special health care needs.
- Section Number:** State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2006
Field Note:
 The Children with Special Health Care Needs Survey in 2007 showed that 90.2% (65/72) of primary care givers (family members) expressed that the doctors and other health care service providers have "always" and "some of the time" addressed issues and concerns of their children. Among the following issues with regard the doctors and other health care providers were: spent enough time with their child (93%); listened to you regarding your child's health/medical problems (91.7%); been sensitive to your family's values and traditions (84.3%); Given you enough information about your child's condition (88.9%); discussed with you concerns relating to your child's health (88.7%); showed you how to care for your child (93.1%); and Made you feel like an important partner in your child's care (91.5%).
- Section Number:** State Performance Measure #9
Field Name: SM9
Row Name:
Column Name:
Year: 2005
Field Note:
 //2005// - This figure is derived from the 2005 SLAITS-like survey we conducted for children with special health care needs and their parents and care takers. This care component was one of the weakest in our system of services for CHSCN. One of our plan for the coming year is to hire a parent advocate/coordinator who will work with us to improve care for this special population.

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

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	5	8.5	7.5	7	6.5
Annual Indicator	9.6	30.9	18.9	7.7	7.1
Numerator	3	8	6	2	2
Denominator	312	259	317	259	281

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	6	6	5.9	5.9
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2007
Field Note:

//2008/ - The infant mortality rate slightly came down from the 2006 rate. All infant deaths were due to congenital anomalies and pre-term delivery. There were also 2 fetal deaths which were also due to pre-term delivery and low-birth weight, under 1500 grams.

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	0	0
Annual Indicator	0	0	0.0	0.0	0.0
Numerator			0	0	0
Denominator			279	259	281

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

Final

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:** Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - All Infant Deaths were of Pacific Islands ethnic group.

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	4	8.5	8	7.5	7
Annual Indicator	9.6	30.9	18.9	7.7	7.1
Numerator	3	8	6	2	2
Denominator	312	259	317	259	281

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	6	5.8	5.7	5.5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Outcome Measure 3

Field Name: OM03

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - Both infants died within the first 24 hours of lives.

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	3	3	3	3	3
Annual Indicator	0.0	0.0	0.0		0.0
Numerator	0	0	0		0
Denominator	312	259	317		279

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?

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:** Outcome Measure 4

Field Name: OM04

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - There was no postneonatal death for Palau in 2007.

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2003	2004	2005	2006	2007
Annual Performance Objective	20	15	13	11	11
Annual Indicator	19.2	38.6	25.2		14.1
Numerator	6	10	8		4
Denominator	312	259	317		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?

	<u>Annual Objective and Performance Data</u>				
	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	8	8	7
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - The perinatal mortality rate consists of 2 fetal and 2 infant deaths which occurred within the first 24 hours of life.

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	60	50	50	50	50
Annual Indicator	119.3	214.3	22.8		108.8
Numerator	5	10	1		5
Denominator	4,190	4,667	4,385		4,596

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	50	40	40	40
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 6

Field Name: OM06

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007, this rate reflect deaths as follows: two 11-year old males died from drowning, one 12-year old female died from cancer, one 14-year female who died as a result of suicide; and also a 14-year old male who died as a result of accidental electrocution. As a result of these deaths, there is now an intensive work between FHU and emergency health on injury including suicide and other psycho-social issues prevention.

STATE OUTCOME MEASURE # 1

Reduce perinatal death rate to less than 10 by 2010 +

	Annual Objective and Performance Data				
	2003	2004	2005	2006	2007
Annual Performance Objective				22	18
Annual Indicator			25.1	26.4	14.2
Numerator			8	7	4
Denominator			319	265	281
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2008	2009	2010	2011	2012
Annual Performance Objective	15	10	7	7	7
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - Palau in the past 2 years has been trying to establish a public health fetal and child death review process. FHU including pediatric services in the Belau National Hospital has a great interest in understanding risk factors that influences perinatal death. We still have to develop an arguement that makes sense to the medical/clinical staff so that they can support this process. This may take more time and since neonatal hearing and genetic screening has been adopted, this death review process will have a chance in the near future. This rate reflects two fetal deaths and two infant deaths.

- Section Number:** State Outcome Measure 1

Field Name: SO1

Row Name:

Column Name:

Year: 2006

Field Note:

The perinatal mortality in 2006 (26.4 per 1000 live births) is a bit higher than 2005 (25.1 per 1000 live births) although the difference is not significant.

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

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

2

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

2

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

3

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

2

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

2

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

2

Total Score: 13

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

//2008// Strong efforts within the Early Childhood/Adolescent Health collaborative efforts are being done to istrengthen parent/s voice for children with special needs. Work is on-going between FHU and special education program in development and implementation of IEP's and IFSP's with care coordiantion shared between Special Education and FHU..

Parents of children with special health care needs are involved in Adolescent and Early Childhood Programs. Family members' participation in the grant application is integrated into the CSHCN processes. Such that activities like grant application, the family members particularly parents/care providers are invited Training for staff in care coordination and communication were conducted in 2007, These training were conducted in response to survey result whereby this component of care to children with special needs appeared to rank the lowest in all care components for CSN. From time to time or when the need arises, the CSHCN program hires family members to do task and activities to reach program objectives and improve participation of family members to the program. This is care component that has become integrated into services of FHU.

Since those coming from various cultures would have also different cultural beliefs, ways and practices, it is important that they have a voice and participation in the program. I However, in 2008, and in the past for over 10 years, all children with special health care needs are all of Palauan ethnic groups. Most immigrant population in Palau is a transient population and the second largest group, Filipinos, although access the prenatal care when they are pregniant, choose to return to the Philippines for delivery and even if they return, the baby usually remains in the Philippines. Therefore, the initiative of forming an advisory group made up of different ethnic group was proposed last year, we have not taken on this task.

FIELD LEVEL NOTES

1. **Section Number:** Main

Field Name: Question6

Row Name: #6. Family members of diverse cultures are involved in all of the above activities

Column Name:

Year: 2009

Field Note:

//2008/ - In 2007, all children with special needs are of Palauan descent. In spite of the large percentage of other ethnic group presence in Palau. This is because the population is transient which is mainly consists of adult workforce and therefore the child population is very minimal. The Palau law requires a foreign families living in Palau to have an annual income of greater or equal to \$15,000 and because of this requirement, most foreign labor annual salaries fall below this target.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: PW 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 reduce perinatal death
2. To reduce injury of children and young adults (ages 0 to 35)
3. To reduce the use of tobacco and tobacco products among children and adolescents
4. To reduce the rate of depression among adolescents
5. To reduce the rate of death for adolescents and young adults under age 24
6. Reduce obesity among children under 14 years of age
7. Reduce depression rate in the general population
8. To provide health screen to all children in grades 1 to 12th and provide appropriate intervention.
9. To reduce the percentage of pre-term delivery to no more than 2 by 2010
10. To improve coordination and quality of care for children with special health care needs to at least 70% by 2010

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

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

STATE: PW

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.	Other 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>	Technical expert in Epidemiology or Biostatistics	To assist us in analyzing school health screening data	D. William Wood, Dr. Ph., University of Hawaii, Dept. of Sociology
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

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

FORM NOTES FOR FORM 15

//2008/ - Palau will not request Technical Assistance for on-site assistance in program development/improvement. Though we have need, we feel that these are best addressed amongst ourselves and within the existing capacity that we currently have within our program and within Palau. We will work collaboratively with our partners to address these existing issues and those evolving issues as we progress forward.

FIELD LEVEL NOTES

None

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

SP # 1

PERFORMANCE MEASURE:	Percent of 0-2 years of age who test positive for hearing defects that receive further evaluation and treatment
STATUS:	Active
GOAL	All children between 0 and 2 years of age will be screened for hearing for hearing deffects
DEFINITION	<p>To screen all children ages 0 - 2 for hearing defects in order to provide early medical, family and community-based intervention.</p> <p>Numerator: Number of children ages 0 - 2 who are test positive for hearing defects and are referred for further evaluation/treatment by specialists</p> <p>Denominator: All children ages 0 - 2 who are screened under the Universal Neonatal Hearing Screening and Intervention.</p> <p>Units: 1000 Text: Rate</p>
HEALTHY PEOPLE 2010 OBJECTIVE	<p>Low and Very Low Birthweight exceeds Healthy People 2010 Objective</p> <p>Children with Special Health Care Needs Program identifies children with hearing loss and learning problem as the most common disability in children of Palau</p>
DATA SOURCES AND DATA ISSUES	Public Health Information System and Family Health Clinic Data Sources
SIGNIFICANCE	Identify children with hearing loss early so that intervention can be provided early on

SP # 2

PERFORMANCE MEASURE:

Percentage of newborns screened positive for genetic disorder who receive further evaluation and treatment

STATUS:

Active

GOAL

All neonates in Palau will be screened, diagnosed and treated for (identified) congenital anomalies

DEFINITION

Certain forms of congenital anomalies are treatable so that children can have normal lives. These anomalies are identified in the MCH Title V Guidelines

Numerator:

Number neonates positive for 5 program mandate genetic screening

Denominator:

Number of neonates screened for genetic disorder.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective relating to congenital screening

Objective relating to children with special health care needs requiring early identification, diagnosis and treatment

DATA SOURCES AND DATA ISSUES

Public Health Information System, Family Health Unit Information System

SIGNIFICANCE

Children are identified and intervention is provided early in life.

SP # 3

PERFORMANCE MEASURE:

Percent of adults women of reproductive age group whose BMI is over 27 are identified and provided on-site education and referred for weight management program.

STATUS:

Active

GOAL

Family Health Education will be provided in all communities of Palau regularly

DEFINITION

Increasing Family Health education in all communities as a means of increasing lay knowledge so that people can be better informed. This knowledge base can lead them to make better decisions about their health.

Numerator:

Number of women of reproductive age group who's BMI is over 27 who are screened and provided on-site intervention or referred for weight management.

Denominator:

Number of women of reproductive age group

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Those objectives under NCD, Prenatal Care and Women of Reproductive Age Group.

DATA SOURCES AND DATA ISSUES

Monthly reports from CAP submitted each month to FHU Program

SIGNIFICANCE

This objective is to empower community people to be their own educators. They will be trained by Public Health Professionals so that they can carry accurate information in their community education activities

SP # 4

PERFORMANCE MEASURE:

Percent of children in 1st to 12th grade who receive annual health screening

STATUS:

Active

GOAL

All school aged children will receive annual health screening and those identified with health risk problem will be provided intervention.

DEFINITION

the physical examination consist of physical and psycho-social including substance use and behavioral examination of children.

Numerator:

All children who are provided this physical examination

Denominator:

All children in the age group of 06 to 19 years olds.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

school health screening database

SIGNIFICANCE

Reduction of health risk factors in adolescent and pre-adolescent population

SP # 5

PERFORMANCE MEASURE:

The rate of depression for adolescents ages 11 - 19.

STATUS:

Active

GOAL

All children identified with signs/symptoms of depression will be provided appropriate screening, evaluation and treatment.

DEFINITION

increasing rate of suicide of young people in Palau is a continued cause of concern for the leaders of Palau. Depression has been identified as one of the main reasons why young people in Palau attempt/commit suicide

Numerator:

children ages 11 - 19 who are identified with signs/symptoms of depression

Denominator:

Age group between 10 and 19

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Information System; School Health Program Data Base

SIGNIFICANCE

Providing intervention early on and teaching children ways that they can deal with life issues

SP # 6

PERFORMANCE MEASURE:

The percentage of children and adolescents ages 18 and under who report using (smoke and/or chew) tobacco products in the past 30 days.

STATUS:

Active

GOAL

The rate of tobacco use among children and adolescents will be reduced to less than 5% in five years

DEFINITION

Tobacco use of minors have been shown to contribute to life time use pattern in adulthood. Tobacco use have been shown to contribute to many chronic illnesses in early adulthood

Numerator:

children and adolescent tobacco users (smoke and/or chew) in the past 30 days

Denominator:

all children in the age group (lowest user to 18 and under)

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

YRBS, School Health Screening and Tobacco Youth Survey

SIGNIFICANCE

Yes as Palau has the highest rate of tobacco use in the nation for all age groups

SP # 7

PERFORMANCE MEASURE:

Percent of pregnant women entering prenatal care in the first trimester

STATUS:

Active

GOAL

Pregnant women will receive appropriate number of prenatal care that begins in the first trimester

DEFINITION

Prenatal care has been documented to play a great role in improved birth outcomes. Many problems associated with pregnancies can be managed so it does not negatively impact on the the birth and the process of birth. This measure is also a way we will use to improve birth outcomes for pregnant women.

Numerator:

Number of birthing mothers for the year

Denominator:

Number of prenatal clinics attended

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Information System; FHU Clinic Data Base

SIGNIFICANCE

Yes as First Trimester entry has consistently been low.

SP # 8

PERFORMANCE MEASURE:

Percent of Pre-term delivery

STATUS:

Active

GOAL

Pregnant women will have term labor

DEFINITION

Pre-term delivery is a major contributor to neonatal and fetal deaths. This has been on the rise in the past five years and may continue to affect child death rate if it is not stopped.

Numerator:

preterm delivery

Denominator:

all deliveries for the year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Infant, Fetal and Neonatal Death

DATA SOURCES AND DATA ISSUES

Birth and death certificates/fetal death certificates

SIGNIFICANCE

Yes. strategy for impacting of IMR

SP # 9

PERFORMANCE MEASURE:

Percent of parents/caretakers who report that their children with special healthcare needs receive quality health care

STATUS:

Active

GOAL

CSHCN will have access to quality health care

DEFINITION

Quality of Care generally determines the success or unsuccessful of health systems in the eyes of clients and care takers. This will be measures by several qualifying questions that are asked in a SLAITS-like survey that is conducted every two years.

Numerator:

Number of positive response to the Quality of Care Question

Denominator:

Number of clients surveyed for the given year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

NPMs1 - 5.

DATA SOURCES AND DATA ISSUES

SLAITS like survey

SIGNIFICANCE

Yes. One indicator of client satisfaction of health care

SO # 1

OUTCOME MEASURE: Reduce perinatal death rate to less than 10 by 2010 +

STATUS: Active

GOAL Positive birth outcome for mother and child.

DEFINITION Fetal death including deaths prior to 28 days of life

Numerator:
all perinatal deaths

Denominator:
all live births for given year

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES fetal and infant death records

SIGNIFICANCE Reduction of infant and fetal death. improvement of birth outcomes.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

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

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	96.0	73.1	44.0	14.6	28.9
Numerator	21	11	6	2	4
Denominator	2,187	1,504	1,363	1,374	1,385

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?

Provisional

Provisional

Field Level Notes

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - In 2007 there were 271 admissions for Upper Respiratory Infections in all age groups. 4 children with a discharge diagnosis of Asthma in the under 5 age group were admitted to the hospital with discharge diagnosis of Asthma. When compared with 2006, there is an increase in cases, however, we believe that the health system has improved dramatically so that many cases are handled in the Out Patient and Urgent Care to avoid hospital admissions.

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

Field Name: HSC01

Row Name:

Column Name:

Year: 2006

Field Note:

In 2006, there were only 2 cases of asthma that are below five (5) years old admitted at the Belau National Hospital. This brings the rate at 14.5 per 10,000 population in this age group. This is lower than the goal of 25 per 10,000 in the Healthy People 2010 Objectives.

What this rate also means is that children in Palau received quality preventive care. With the intensive health promotion and education, patients and primary care givers have likely modified their behaviors and improved access to health care such that only very few of children with asthma require hospitalization. As primary care givers understand Asthma, it is likely that preventive behaviors could have been adopted like choice of food, control of the environment etc.

This rate can also be an alternate indicator of access to medicines of children since asthmatic patients. Without medications, those with asthma are likely to develop Acute Exacerbation or one of the complications - Status Asthmaticus -requiring hospitalization.

Tracking of the number of asthmatic patients in this age group admitted at the hospital is done with the database of the Medical Department.

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	0	0.0	0.0	0.0	
Numerator		0	0	0	
Denominator		259	317	259	

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 #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - Although Palau does not participate in the Medicaid Program, Well-baby Services are provided routinely with scheduled childhood immunization. Therefore, there are well-baby clinic at 2 wks after birth, 3 months, 6 months and 12 months during the first year of life.

These well baby services include but not limited to physical and developmental assessments. Health education with parents on various topics from breastfeeding, childhood nutrition, child development stages are also done during these well-baby services.

- Section Number:** Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2006

Field Note:

Palau does not participate in the Medicaid Program.

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	<u>0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u> </u>
Numerator	<u> </u>	<u>0</u>	<u>0</u>	<u>0</u>	<u> </u>
Denominator	<u> </u>	<u>259</u>	<u>311</u>	<u>259</u>	<u> </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

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

Field Name: HSC03

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - Palau does not participate in the SCHIP, however, please refer to HSCI 02 for clarification on well-baby services.

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

Field Name: HSC03

Row Name:

Column Name:

Year: 2006

Field Note:

Palau does not participate in the SCHIP Program.

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	29.8	42	30	27.8	22.9
Numerator	94			72	64
Denominator	315			259	279

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 #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/ - 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 HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits. Reviewing the initiation and the number of prenatal visits of the 279 mothers who had live births in 2007, 22.9% (n=64) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality. The current Kotelchuck Index of 22.9% of >=80% is low. Of this number, 36% began prenatal services in the first trimester. This is a challenge to the MCH Program to improve on. There are reasons to believe that the situation can be reversed since the fundamentals in delivery of care are in placed. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women.

Notes: Revisions were made in the computation of expected prenatal visits. On the old computation, expected number of visits per pregnancy was based on the assumption of 40 weeks Age of Gestation (AOG) which is 14 visits, while in the revised computation, expected number of prenatal visits was based on the actual AOG. For example: initiation of Prenatal began in the 23rd week of pregnancy, total number of visits is 4, and AOG is 35 weeks. In the first computation, with the assumption of AOG of 40 weeks, expected number of visits is 9. This results to the percentage of prenatal visit at 44.4% (4/9). In the revised computation, AOG of 35 weeks has an expected number of prenatal visits of 13, and with the initial visit at 23 weeks, there are 5 missed visits. So the expected number of prenatal visits is 8 (13-5). This results to the percentage of prenatal visit at 50% (4/8). Revisions in computation resulted to an increase in the percentage of Intermediate Care from 20.1% to 20.8% and a decrease in the percentage of Inadequate Care from 57% to 56.3%.

2. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2006

Field Note:

Reviewing the initiation and the number of prenatal visits of the 259 mothers who had live births in 2006, 27.8% (n=72) had Kotelchuck Index of equal to or greater than 80%. This represents the Adequate and Adequate Plus Kotelchuck Index which was calculated based on the month prenatal care begins and adequacy of the prenatal care visits. The underlying assumption is that the earlier the initiation, the earlier the identification of health and pregnancy-related problems. On the other hand, the ACOG recommended number of visits ensures determination of the progress of pregnancy. Thus, adequacy of prenatal care is achieved which improves on pregnancy outcomes including reduction of infant mortality.

The current Kotelchuck Index of 27.8% of =80% is low. This is a challenge to the MCH Program to improve on. There are reasons to believe that the situation can be reversed since the fundamentals in delivery of care are in placed. Palau's health system allows it to reach to far areas through a decentralized health care and the spread of the Dispensaries outside the capital of Koror. Intensive community campaigns put high premium on family health including pregnancy. Access to health care is directed by policies within Palau that care should be made available to those who are in need of it. In the next coming year, the hiring of another OB-Gynecologist who is more community-based would improve greatly the care of pregnant women.

3. Section Number: Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2005

Field Note:

The figure reported is a projection. We are now trying to extract this information from the PRAMS-like survey. We will have the actual data during the review process.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator	0	0	0	0	0
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____

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: 2007

Field Note:

//2008/ - Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

Medicaid is not available in Palau.

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

Field Name: HSC07A

Row Name:

Column Name:

Year: 2006

Field Note:

Medicaid is not available in Palau.

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

Field Name: HSC07A

Row Name:

Column Name:

Year: 2005

Field Note:

See Form 17 Notes.

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	0	0	91.6	0	0
Numerator			480		
Denominator			524		

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 #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- The percent of EPSDT eligible children Medicaid aged 6 through 9 years who have received any dental services during the year.

Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up. In 2007, 1365 children from Headstart, 1st, 3rd, 5th, 7th, 9th, and 11th grades were assessed for dental caries/cavities. 35% of all these children were found to have caries/cavities on at least 1 tooth. All these children were referred to the Division of Dental Health for care.

- Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2006

Field Note:

Palau does not have Medicaid Program. This indicator cannot be reported. However, there is an annual School Health Screening Program that also includes dental screening, referral and follow-up.

- Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - See Notes on Form 17 notes.

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	0	0	53.2	0	0
Numerator			160		
Denominator			301		

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: 2007

Field Note:

//2008/-Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. Under current service system, children with special needs who require rehabilitative services are provided care by the special education program, however, the Belau National Hospital rehabilitative services unit provide consultation services to special education on a case by case basis.

- Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2006

Field Note:

Palau does not have State SSI Program. We cannot report on this indicator. However, in 2006 there were a total of 757 children with special health care needs. We could not determine proportion of those who needed and received rehabilitative services.

- Section Number:** Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2005

Field Note:

//2005// - This is a number of children with special health care needs who are receiving special education program. However, at this time, I have no way of knowing, how many of these children receive rehabilitation services. Palau's CSHCN program does not provide direct rehabilitative services. These services are provided through a referral system to agencies or department within the Ministry of Health or the Ministry of Education that provides these services, free of charge.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2007	Matching data files	<u>0</u>	<u>9</u>	<u>9</u>
b) <i>Infant deaths per 1,000 live births</i>	2007	Matching data files	<u>0</u>	<u>7.2</u>	<u>7.2</u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2007	Matching data files	<u>0</u>	<u>33.3</u>	<u>33.3</u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2007	Matching data files	<u>0</u>	<u>22.9</u>	<u>22.9</u>

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2007	200
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 4 </u>) (Age range <u> 5 </u> to <u> 9 </u>) (Age range <u> 10 </u> to <u> 14 </u>)	2007	200 200 200
c) <i>Pregnant Women</i>	2007	200

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

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

FORM NOTES FOR FORM 18

//2008/- Palau does not have Medicaid, SSI and SCHIP programs. However, in accordance with 2005 Republic of Palau Census, 80% of the population fall below poverty income level.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2009
Field Note:
//2008/- In 2007, Palau does not have medicaid program. The current census information indicate that 90.4% of the population fall below 200% poverty guidelines (US).
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2009
Field Note:
//2008/- In 2007, Palau does not have medicaid program.
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
//2008/- Palau does not have medicaid program.
4. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2009
Field Note:
//2008/-Palau does not have Medicaid, SSI and SCHIP programs.
5. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2009
Field Note:
//2008/-Palau does not have Medicaid, SSI and SCHIP programs.
6. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2009
Field Note:
//2008/-Palau does not have Medicaid, SSI and SCHIP programs.
7. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2009
Field Note:
//2008/-About 0.4% (1/279) of the live births is classified as Very Low Birth Weight or weighing less than 1500 grams. 8.6% (25/259) of live births are classified as Low Birth Weight or weighing 1500 – 2500 grams. A total of 9.0% of the live births are low birth weight.

Note: Palau does not have Medicaid. Health care support is generally from the government, multi and bilateral funds and some out-of-pocket expenses of patient/s or their families.
8. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2009
Field Note:
//2008/- In 2007, Palau does not have medicaid program.
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:
//2008/- In 2007, Palau does not have medicaid program.
10. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2009
Field Note:
//2008/- In 2007, Palau does not have medicaid program.

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

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

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

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

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

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

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

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

FORM NOTES FOR FORM 19

//2008/- When a child is born in Palau, the child is automatically registered with the Medical Records including all the details in the Birth Certificate. A hospital number is likewise issued. The same holds true with the infant death certificates. However, the birth certificates are available and accessed to by various programs including those for women, infants and children. There are important ongoing steps being taken to link birth certificates with the newborn screening files. Results of the screenings are made available to the Medical Records so these can be put into the Birth Certificate. In June, Palau began the newborn screening with UP. Data from UP will be electronically sent, saved and linked with birth certificate along with newborn hearing screening. The introduction of the hospital information system has strengthened the financial aspect of the hospitalization. However, important medical data are not put into the system yet. This will be in the next phase of the Hospital Information System. Several coping mechanisms have been done including setting up of stand-alone database in the wards. These databases provide medical information of admitted patients. The information from these databases is also made available to Family Health Unit and the different programs and policy makers. Other than the screenings, routine examination of newborns are done to check for gross abnormalities. As part of the routine check, the newborns stay for a while at the nursery for observation. If the baby is found to have problems, more extensive tests are done to screen for birth defects. Through the Public Health Social Workers, all mothers who recently delivered are sought to participate voluntarily in the PRAMS-like survey. The PRAMS-like survey is done every year and the interview of mothers is done continually throughout the year. Annual analysis is done and made as basis for planning and policy development. Although all data systems are electronic, access to FHU-MCH Program has been limited due to internal policy. The program is currently working with MOH IT to enable access for timely and accurate analysis, dissemination and future publication efforts.

FIELD LEVEL NOTES

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

Field Name: YRBSS_09B

Row Name: Youth Risk Behavior Survey (YRBS)

Column Name:

Year: 2009

Field Note:

//2008/-FHU-MCH does not have direct access to YRBS and YTS data. Although when requested, general analyzed data are always provided.

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

Field Name: Other1_09B

Row Name: Other

Column Name:

Year: 2009

Field Note:

//2008/- FHU-MCH have direct access to School Health Screening and Intervention data. We do the survey, make and update the database, and do the analysis.

FHU-MCH does not have direct access to YRBS and YTS data. Although when requested, general analyzed data are always provided.

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

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	7.1	12.4	6.8	9.7	9.0
Numerator	22	32	19	25	25
Denominator	312	259	279	259	279

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 #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2007

Field Note:

//2008/- In 2007, nine percent (n=25) of the 279 live births weighed less than 2,500 grams which is a slightly lower than 2006. The rest weighed equal to or more than 2,500 grams.

2. **Section Number:** Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2006

Field Note:

Ten percent (n=25) of the 259 live births in 2006 weighed less than 2,500 grams. The rest weighed equal to or more than 2,500 grams.

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		10.0	5.4	9.7	7.5
Numerator		26	15	25	21
Denominator		259	279	259	279

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: 2007

Field Note:

//2008/- In 2007, there are twenty one singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than 2500 grams at 7.5%.

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

Field Name: HSI01B

Row Name:

Column Name:

Year: 2006

Field Note:

There are twenty singleton births weighing less than 2500 grams. This brings the proportion of those who weighed less than this at 10%.

HEALTH STATUS INDICATOR MEASURE # 02A

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

	<u>Annual Indicator Data</u>				
	2003	2004	2005	2006	2007
Annual Indicator		2.3	1.1	0.0	0.4
Numerator		6	3	0	1
Denominator		259	279	259	279

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: 2007

Field Note:

//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

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

Field Name: HSI02A

Row Name:

Column Name:

Year: 2006

Field Note:

None of the newborns in 2006 weighed less than 1,500 grams.

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		1.5	1.1	0.0	0.4
Numerator		4	3	0	1
Denominator		259	279	259	279

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: 2007

Field Note:

//2008/- In 2007, one (1) newborn in 2007 weighed less than 1,500 grams. This baby was preterm and the mother was within the high risk age group. The baby died within the neonate period.

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

Field Name: HSI02B

Row Name:

Column Name:

Year: 2006

Field Note:

None of the live singleton newborns in 2006 every weighed less than 1,500 grams.

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		0.0	22.8	0.0	61.5
Numerator		0	1	0	3
Denominator		4,667	4,385	4,836	4,875

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: 2007

Field Note:

//2008/ - In 2007, there were three (3) deaths due to unintentional injuries among children aged 14 years and younger. This brings the rate of 61.5 per 100,000 populations in this age group. This figure reflect less than 1% death of children of this age group.

Data was taken from Death Certificates of 2007.

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

Field Name: HSI03A

Row Name:

Column Name:

Year: 2006

Field Note:

No one died from unintentional injuries among children aged 14 years and younger.

Data was taken from Death Certificates of 2006.

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		0.0	0.0	0.0	0.0
Numerator		0	0	0	0
Denominator		4,667	4,385	4,836	4,875

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: 2007

Field Note:

//2008/ - In 2007, no deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger although the MVA related deaths are accounted to age group 15 and older (2 deaths). This has been consistent in the last five years.

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

Field Name: HSI03B

Row Name:

Column Name:

Year: 2006

Field Note:

No deaths were registered due to unintentional injuries due to motor vehicle crashes among children aged 14 years and younger.

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.

	Annual Indicator Data				
	2003	2004	2005	2006	2007
Annual Indicator		0.0	0.0	36.4	72.2
Numerator		0	0	1	2
Denominator		2,362	2,068	2,750	2,772

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: 2007

Field Note:

//2008/ - In 2007, there were two deaths registered due to unintentional injuries among children aged 15 through 24 years old due to motor vehicle crashes. The rate reflect less than 1% of death in this age group.

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

Field Name: HSI03C

Row Name:

Column Name:

Year: 2006

Field Note:

There was one 17 year old who died due to motor vehicle crash in 2006.

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		428.5	416.8	13,399.5	1,620.5
Numerator		20	20	648	79
Denominator		4,667	4,798	4,836	4,875

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: 2007

Field Note:

//2008/ - In 2007, there are 1,620 non-fatal injuries for every 100,000 among children aged 14 and younger. This represents 1.6% or 16 per 1,000 injuries in this age group. The small size of population makes the calculation and use of "rate/100,000" an unreasonable indicator for our population. A percent and/or a rate per 1,000 makes more sense to us than a rate indicated in a 100,000. Based on the data that we have, injuries to this age group reflect approximately 17% of all injuries. The denominator is based on the population projection that FHU has established based on 2000 and 2005 census.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

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

Field Name: HSI04A

Row Name:

Column Name:

Year: 2006

Field Note:

There are 13,399 non-fatal injuries for every 100,000 among children aged 14 and younger.

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		85.7	83.4	289.5	41.0
Numerator		4	4	14	2
Denominator		4,667	4,798	4,836	4,875

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: 2007

Field Note:

//2008/ - In 2007, among the non-fatal injuries, there were 41 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

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

Field Name: HSI04B

Row Name:

Column Name:

Year: 2006

Field Note:

Among the non-fatal injuries, there were 289.5 of these for every 100,000 children aged 14 years and younger due to motor vehicle crashes.

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		635.1	439.9	436.4	36.1
Numerator		15	12	12	1
Denominator		2,362	2,728	2,750	2,772

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: 2007

Field Note:

//2008/ - In 2007, among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 36 per 100,000 population (in this age group).

These are preliminary data and we still need to verify their accuracy. Due to issues we have with our hospital information system, we were not able to test for validity of this information and therefore after the review we will be in a better position to finalize the indicators.

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

Field Name: HSI04C

Row Name:

Column Name:

Year: 2006

Field Note:

Among the 15-24 years old, the rate of non-fatal injuries due to motor vehicle crashes is 436 per 100,000 population (in this age 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		35.7	11.6	12.0	22.4
Numerator		21	11	9	17
Denominator		588	950	753	759

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: 2007

Field Note:

//2008/ - In 2007, 22.4 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections. Majority of clamydia cases are identified and treated in the prenatal and family planning clinics and referral are made for STI contact tracing and treatment.

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

Field Name: HSI05A

Row Name:

Column Name:

Year: 2006

Field Note:

Chlamydia trachomatis is one of the more common sexually transmitted infections. It's almost always asymptomatic and ascending in nature such that it has dire consequences like Pelvic Inflammatory Disease.

Younger population is also at risk with this infection due to risky behavior and because biologically and physiologically their reproductive system is not fully developed.

In Palau, 6.1 per 1000 women aged 15-19 years old have had Chlamydia infection. Efforts are done in the schools and the community to make them aware of sexually transmitted infections including HIV. There is strong partnership between the schools, FHU/MCH and the STI/HIV programs to deal with the problems related to sexually transmitted infections.

Population of this group was culled from the Population Projection using exponential methods.

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		16.5	8.3	16.5	22.4
Numerator		61	30	60	82
Denominator		3,702	3,603	3,632	3,661

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: 2007

Field Note:

//2008/- In 2007, about 22.4 for every 1000 women aged 20-44 years have had Chlamydia infection. Identification of cases in this age group also follows the pattern for the 15-19 age group. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2006

Field Note:

About 13.7 for every 1000 women aged 20-44 years have had Chlamydia infection. At the communities, information and communication campaigns are done to increase the level of awareness of women as to signs and symptoms and risk of STI. Services are also strengthened at the Belau National Hospital, Out Patient and the Dispensaries in the outlying communities.

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

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

For both parts A and B: Reporting Year: 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	279	3	0	0	31	245	0	0
Children 1 through 4	1,108	11	0	0	122	975	0	0
Children 5 through 9	1,545	15	0	0	170	1,360	0	0
Children 10 through 14	1,945	19	0	0	214	1,712	0	0
Children 15 through 19	1,486	15	0	0	163	1,308	0	0
Children 20 through 24	1,286	13	0	0	141	1,132	0	0
Children 0 through 24	7,649	76	0	0	841	6,732	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	279	0	0
Children 1 through 4	1,108	0	0
Children 5 through 9	1,545	0	0
Children 10 through 14	1,945	0	0
Children 15 through 19	1,486	0	0
Children 20 through 24	1,286	0	0
Children 0 through 24	7,649	0	0

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

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

For both parts A and B: Reporting Year: 2007 Is this data from a State Projection? Yes 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	0	0	0	0	0	0	0	0
Women 15 through 17	3	0	0	0	0	3	0	0
Women 18 through 19	11	0	0	0	0	11	0	0
Women 20 through 34	207	1	0	0	24	182	0	0
Women 35 or older	58	1	0	0	8	49	0	0
Women of all ages	279	2	0	0	32	245	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	0	0	0
Women 15 through 17	3	0	0
Women 18 through 19	11	0	0
Women 20 through 34	207	0	0
Women 35 or older	58	0	0
Women of all ages	279	0	0

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

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

For both parts A and B: Reporting Year: 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	2	0	0	0	0	2	0	0
Children 1 through 4	0	0	0	0	0	0	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	5	0	0	0	0	5	0	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	2	0	0	0	0	2	0	0
Children 0 through 24	11	0	0	0	0	11	0	0

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

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	2	0	0
Children 1 through 4	0	0	0
Children 5 through 9	0	0	0
Children 10 through 14	5	0	0
Children 15 through 19	2	0	0
Children 20 through 24	2	0	0
Children 0 through 24	11	0	0

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

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

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	6,363	63.0	0.0	0.0	700.0	5,600.0	0.0	0.0	2007
Percent in household headed by single parent	20.0	20.0	0.0	0.0	20.0	20.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in Medicaid	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in SCHIP	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number living in foster home care	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Number enrolled in food stamp program	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2006
Number enrolled in WIC	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	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	6,363.0	0.0	0.0	2007
Percent in household headed by single parent	20.0	0.0	0.0	2007
Percent in TANF (Grant) families	0.0	0.0	0.0	2007
Number enrolled in Medicaid	0.0	0.0	0.0	2007
Number enrolled in SCHIP	0.0	0.0	0.0	2007
Number living in foster home care	0.0	0.0	0.0	2007
Number enrolled in food stamp program	0.0	0.0	0.0	2007
Number enrolled in WIC	0.0	0.0	0.0	2007
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2007
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2007

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

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

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	70
Living in rural areas	30
Living in frontier areas	0
Total - all children 0 through 19	100

Note:

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

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

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

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	20,227.0
Percent Below: 50% of poverty	30.7
100% of poverty	54.1
200% of poverty	90.4

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

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

Reporting Year: 2007 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	6,363.0
Percent Below: 50% of poverty	30.7
100% of poverty	54.1
200% of poverty	90.4

FORM NOTES FOR FORM 21

//2008/- The population projection for 2007 were extracted from 2005 census and 2007 population projection. Race breakdown were based on the 2007 live births race profile. There were less than 1% birth to teen moms of age group 17 and under, and in the age group 18-19, about 4% of birth were contributed by this age group.

64% of the child deaths were of preventable nature, 2 drowning where alcohol was contributing factor, 2 vehicle related where alcohol was contributing factor, 1 was suicide (female), 1 was accidental electrocution, and 1 was dengue related. There were to cancer of 12 and 23 years old and both were female. Two infant deaths were all during the neonatal period. All alcohol related deaths were male.

The 2005 census indicate that 52.6% of Palauan families to be under poverty and about 3 out of every 5 people in Palau were under poverty, based on 2004 U.S. Guidelines. In terms of real income, there is a drop between 1994 and 2004.

FIELD LEVEL NOTES

- Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2009
Field Note:
//2008/ - For 2007, we used 2005 census data that indicate that 20% of the families in Palau are single household families.
- Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2009
Field Note:
//2008/ - In 2007, we were unable to obtain data for this indicator.
- 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:
//2008/ - In 2007, we were unable to obtain data for this indicator, however, we will work with the Ministry of Education to obtain data for later period.