



**Maternal and Child Health Services
Title V Block Grant**

**State Narrative for
American Samoa**

**Application for 2009
Annual Report for 2007**



Document Generation Date: Sunday, September 21, 2008

Table of Contents

I. General Requirements	4
A. Letter of Transmittal.....	4
B. Face Sheet	4
C. Assurances and Certifications.....	4
D. Table of Contents	4
E. Public Input.....	4
II. Needs Assessment.....	6
C. Needs Assessment Summary	6
III. State Overview	8
A. Overview.....	8
B. Agency Capacity.....	13
C. Organizational Structure.....	21
D. Other MCH Capacity	21
E. State Agency Coordination.....	23
F. Health Systems Capacity Indicators	25
Health Systems Capacity Indicator 01:	26
Health Systems Capacity Indicator 02:	26
Health Systems Capacity Indicator 03:	27
Health Systems Capacity Indicator 04:	28
Health Systems Capacity Indicator 07A:.....	29
Health Systems Capacity Indicator 07B:.....	30
Health Systems Capacity Indicator 08:	30
Health Systems Capacity Indicator 05A:.....	31
Health Systems Capacity Indicator 05B:.....	32
Health Systems Capacity Indicator 05C:.....	32
Health Systems Capacity Indicator 05D:.....	33
Health Systems Capacity Indicator 06A:.....	34
Health Systems Capacity Indicator 06B:.....	34
Health Systems Capacity Indicator 06C:.....	35
Health Systems Capacity Indicator 09A:.....	35
Health Systems Capacity Indicator 09B:.....	36
IV. Priorities, Performance and Program Activities	38
A. Background and Overview	38
B. State Priorities	39
C. National Performance Measures.....	40
Performance Measure 01:.....	40
Performance Measure 02:.....	41
Performance Measure 03:.....	43
Performance Measure 04:.....	44
Performance Measure 05:.....	46
Performance Measure 06:.....	48
Performance Measure 07:.....	49
Performance Measure 08:.....	51
Performance Measure 09:.....	53
Performance Measure 10:.....	55
Performance Measure 11:.....	57
Performance Measure 12:.....	58
Performance Measure 13:.....	59
Performance Measure 14:.....	61
Performance Measure 15:.....	62
Performance Measure 16:.....	64
Performance Measure 17:.....	65
Performance Measure 18:.....	66

D. State Performance Measures.....	68
State Performance Measure 1:	68
State Performance Measure 2:	69
State Performance Measure 3:	71
State Performance Measure 4:	72
State Performance Measure 5:	74
State Performance Measure 6:	75
State Performance Measure 7:	76
E. Health Status Indicators	77
F. Other Program Activities	77
G. Technical Assistance	78
V. Budget Narrative	80
A. Expenditures.....	80
B. Budget	80
VI. Reporting Forms-General Information	85
VII. Performance and Outcome Measure Detail Sheets	85
VIII. Glossary	85
IX. Technical Note	85
X. Appendices and State Supporting documents.....	85
A. Needs Assessment.....	85
B. All Reporting Forms.....	85
C. Organizational Charts and All Other State Supporting Documents	85
D. Annual Report Data.....	85

I. General Requirements

A. Letter of Transmittal

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

B. Face Sheet

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

C. Assurances and Certifications

Assurances and Certifications are kept on file at the MCH office.

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; expires May 31, 2009.

E. Public Input

PUBLIC INPUT

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

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

/2008/

The MCH Program systematically and conscientiously makes every effort to encourage consumers of program services to give voice to their concerns or suggestions regarding the quality and effectiveness of MCH Program efforts. This aspect of developing public input as a regular and ongoing process of quality assurance is especially focused on receiving input from parents and families of Children with Special Health Care Needs when MCH providers conduct their home visits. Despite continuing attempts by the MCH Program to encourage parents of CSHCN to accept staff positions in the CSHCN program, no parent has as yet accepted the invitation because of family circumstances which require parents of CSHCN to remain at home in order to fulfill the domestic responsibilities pertaining to the rest of the family.

//2008//

/2009/

An advisory council of MCH partners, stakeholders and community members was convened to review programs and services offered by the MCH Program. The most current MCH data was provided at this meeting enabling council members to review current issues and trends among the MCH population. This provided an opportunity for

council and community members to voice their concerns relevant to health and health care services currently available in the Territory. //2009//

II. Needs Assessment

In application year 2009, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

In 2007 new data on adolescent health became available such as the results for the YRBS and the results of a study on the prevalence of obesity also done in collaboration with the Department of Education and the American Samoa Community College. The following data was included in the YRBS report.

TOBACCO USE

% of Total

Ever tried cigarette smoking, even one or two puffs

56.8

Smoked cigarettes on one or more of the past 30 days

24.2

Smoked cigarettes or cigars or used chewing tobacco, snuff, or dip on one or more of the past 30 days 25.4

ALCOHOL USE

Had at least one drink of alcohol on one or more days during their life

46.6

Had at least one drink of alcohol on one or more of the past 30 days

29.8

SEXUAL ACTIVITY

Ever had sexual intercourse

32.0

Used a condom during last sexual intercourse

41.2

Had sexual intercourse with one or more people during the past three months

20.0

Used birth control pills to prevent pregnancy before last sexual intercourse.

3.8

DIETARY BEHAVIOR

Tried to lose weight

54.4

Ate less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight during the past 30 days

48.2

Ate fruits and vegetables five or more times per day during the past seven days 27.2

PHYSICAL ACTIVITY

Physically active for a total of at least 60 minutes per day on five or more of the past seven days

22.8

Watched three or more hours of TV on an average school day

34.9

Played on one or more sports teams during the past 12 months
64.3
American Samoa 2007 YRBS Results

The obesity study on school children from kindergarten, grades 3, 6, 9 and 12 from all schools report indicated less than 50% the students were at a healthy weight. 20% were at risk of becoming overweight, and an alarming 34% were already overweight. This was far greater than the 16% of 6-19 year olds found to be overweight in the US from 1999 - 2002. It was also substantially greater than the highest US ethnic group rate of 23.6% for 12 - 19 year old non-hispanic blacks and the 27.9% reported in Polynesian children aged 6-12 from 13 pacific countries surveyed in 2002.

The MCH program remains vigilant of the health issues facing its population and seeks new and collaborative methods to addressing these problems. The enormity of the obesity epidemic in children and adolescents has just become quantified through this newly available data. MCH will be exploring and developing plans for the coming years to meet these needs.

III. State Overview

A. Overview

The seven islands of American Samoa lie just below the Equator, approximately 2,300 miles southwest of Hawaii and 1600 miles northeast of New Zealand. American Samoa is the only United States Territory in the Southern Hemisphere. The majority of the population lives on the main island of Tutuila. Tutuila is nearly 18 miles long and just less than 3 miles wide at its widest point with a total land area of 56 square miles.

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

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

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

The total population of the Territory of American Samoa according to the 2000 Census was 57,291. American Samoa's population increased by 10,518 over the previous census in 1990, representing a 22% growth rate over the 10 year period. Most rapid growth was in Tualauta County which experienced a 50% growth in 10 years. Population estimates show that if this rate of growth remains consistent, the current mid-census population of 2005 would be 63,593. /2007/ The mid-year population estimate as of July 1, 2004 was 64,100. The current population growth rate is 2% annually and at this rate the population is estimated to reach 100,000 in 2025.//2007//

The population density of American Samoa is relatively high, about 774 people per square mile or 298 per square kilometer. This, however, is greatly intensified by the fact that the majority of the population is concentrated on less than 20 percent of the total land area of the Territory. The population of American Samoa is also relatively young with about 40% below 15 years of age. The median age for the Territory is 21.3 according to the US Census as compared to 33 for the U.S. population. In American Samoa, 5% of the total population is 60 years of age or older, compared to 16% of the US population.

/2007/ Population density for 2004 was estimated at 313 people per square kilometer. This is compared to other US affiliated islands such as Guam with 307 persons per square kilometer, the Northern Marianas with 166 persons per square kilometer, the Federated States of Micronesia with 161 persons per square kilometer, and Palau with 42 persons per square kilometer. //2007//

/2008/ The average annual number of births in the Territory is 1,700 and the average annual number of deaths is 240. The gender ratio for the total Territorial population is 104 males for every 100 females. Fully 88% of American Samoa's total population is ethnic Samoan, while the remaining 12% includes Tongans, Filipinos, Koreans, Chinese, Fijians, and Caucasians. //2008//

Statistical data showed that the percentage of the overall population actually born in the Territory had decreased in the decade between 1980 and 1990, reflecting an increase in migration. In 1980, 58.3 percent of the population was born in the Territory as compared to 54.7 percent in 1990. This trend appears to be reversing as the US 2000 Census shows that 56.7% of the population is actually born in American Samoa. A perception of the island Territory as being economically prosperous with a higher standard of living and increased work opportunities as compared to the relative lower standards of living among the neighboring island nations is largely responsible for this increase in migration.

According to the 2000 Census, 66% of the Territory's population received a high school diploma or higher. 7.4% of the Territory's population received a Bachelors Degree or higher. 97.1% of the Territory's population speak a language other than English in the home, and for almost 90% of the population, that language is Samoan.

Social and Cultural Environment

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

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

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

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

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

Economic Environment

The economy of American Samoa is highly dependent upon the United States, receiving subsidies of more than \$50 million per year. American Samoans account for approximately 46 % of the overall labor force while Western Samoans account for 38%. The Territorial government employs approximately 40 percent while the two private-sector tuna processing and packing plants employ approximately 20 percent each. The minimum wage for various industries is

reviewed every two years. In 1996, minimum wages ranged from a high of \$3.75 per hour to a low of \$3.36 per hour for those in the fish canning and processing industry. The 2000 Census indicated that there are 9,349 households in American Samoa, 60% of which live below the poverty level. The percent of all persons qualifying for poverty status according to Federal guidelines is 60%. Moreover, greater than 90% of families below the poverty level have children under 18 years of age.

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

Communication

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

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

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

/2007/

American Samoa has two major communications carriers, the American Samoa Telecommunications Authority (ASTCA) which is a semi-autonomous government agency and Blue Sky Communications, a private entity. ASTCA recently has been included in the North America Numbering Plan, which has substantially reduced the cost of long distance communications. ASTCA serves over 10,000 landlines, has become an internet service provider, and offers close to 15% of the digital cellular market. Blue Sky is primarily a digital cellular phone provider, and recently commenced operating its own Internet service. Both communications carriers offer dial up Internet connections or direct links for increased bandwidth. These advances have enabled greater telecommunications capacity to government agencies, the private sector and residential users as well. *//2007//*

Telehealth

In 2000, equipment was procured through funding from HRSA Office for the Advancement of Telehealth in order to facilitate health care services to the population of the outer islands of Maun'a via video conferencing. The equipment was successfully installed. However, plans to utilize the equipment were severely delayed due to technical difficulties. Title V continues to play a monitoring and coordination role for this endeavor. Partner agencies include the Department of Education and the Island's Government-affiliated telecommunications company. In 2001, Title V facilitated a number of patient consultations between clients and families with various off-island hospitals.

/2008/

Basic Social Services

Water supplies and sanitation systems are well organized and maintained, and 99% of the population has access to safe water. Although 99% of the population has adequate excreta disposal facilities, solid waste disposal is still a problem. Waste collection systems have improved

significantly, but adequate space for solid waste landfill operations is limited.

Health Status

As of the latest census in 2000, life expectancy at birth for men is 69 years, while for women it is 76 years. The crude birth rate was 27 per 1000 population in 2002, and the crude death rate was 4 per 1000 population in 2000. The infant mortality rate based on a three year average for 2004 to 2006 is 11 per 1000 live births, and the under-14 unintentional injury mortality rate is 9 per 100,000 population. The total fertility rate for women aged 15-49 years is 4.50, and the maternal mortality ratio was 123 per 100,000 live births in 2002.

Morbidity and Mortality

The morbidity pattern has shifted significantly over the past three decades. Where infectious diseases were previously the major cause of morbidity, non-communicable chronic diseases (NCDs) related to modern and lifestyle changes now predominate.

Based on the observations of senior health officers, the following are assessed as the leading communicable diseases presently affecting the Territorial population: respiratory infectious diseases, filariasis, dengue, hepatitis, tuberculosis, leprosy and intestinal worm infestations. Among NCDs, obesity, diabetes and its complications (including hypertension, heart disease and stroke), chronic disabling conditions (including asthma, gout, osteoarthritis and osteoporosis), tobacco-related obstructive pulmonary disease, cancer, and oral health are the leading causes of morbidity.

The most serious health issues are related to the increase in chronic diseases associated with lifestyle, with their roots in improper nutrition and physical inactivity. Significant increases in the prevalence of obesity, in both sexes and at increasingly younger ages, are associated with a number of these conditions. Hypertension, cardiovascular diseases, type-2 diabetes mellitus and its complications, arthritis, gout, and some forms of cancer are among these important chronic diseases.

The leading causes of mortality also show a predominance of NCDs. In the year 2000, out of a total of 224 deaths in the Territory, fully 52% were caused by heart disease, cancer, and diabetes.

//2008//

/2009/

Results from the 2007 YRBS have been released by the local Department of Education. The survey was conducted in the 6 public high schools (9-12 grades), with 3,625 students participating, a response rate of 87%. Some items of interest include indicators on tobacco use, sexual behaviors, dietary behaviors and sexual activity. From the previous YRBS report, several indicators show improvement such as tobacco use in the past 30 days.

//2009//

Health Care Delivery System

The prevailing health care delivery system in American Samoa is organized and structured in terms of basic medical services provided to the community primarily by public sector personnel who work for public sector agencies under the watchful guidance of the Territorial government.

Until 1998, the Territorial health system was a unified, government owned and operated, centrally controlled system, which included health promotion, disease prevention, environmental protection and acute care diagnostic and treatment services. All health services were delivered through the Health Department, which was comprised of the island's only hospital and the Division of Public

Health. In 1998, the Executive Branch initiated a division between the Hospital and Public Health by creating the Hospital Authority as a separate entity within the government.

In the public sector, the Department of Health and the LBJ Tropical Medical Center are the two leading government agencies that function collaboratively to deliver comprehensive health care services in American Samoa to the entire population.

LBJ Tropical Medical Center is the only hospital in the Territory. In the past few years, a few general practice physicians have opened offices in the private sector offering evening hours. LBJ Tropical Medical Center, located on the main island, houses a pediatric clinic, OB/GYN clinic and ENT clinic, an internal medicine clinic, surgical clinic and a dental clinic, eye clinic, mental health clinic, physical therapy clinic, dialysis clinic, in addition to an emergency room which functions more like a general practice day clinic. An operating room, a multi-purpose laboratory, a diagnostic imaging department, and delivery-nursery suite are located within the hospital complex and approximately 98% of all births take place within the hospital.

/2008/

The Department of Health in American Samoa exists as an agency of the Territorial Government distinctly separate from LBJ Tropical Medical Center. The goal of the Department of Health is to provide comprehensive community-based primary care and basic preventive health services for the entire Territorial population. In addition to the MCH Program, the following list of programs and services administered by the Department of Health indicates the wide variety of preventive activities currently provided for the Territorial community: Diabetes Program, Health Education Program, Nutrition Program, Tobacco Control Program, Breast and Cervical Cancer Early Detection Program, Children's Oral Health Program, Immunization Program, HIV/AIDS Program, Bioterrorism Program, Tuberculosis Program, Hansen's Disease Clinic, STD Program, Physical Exam Clinic, Environmental Health Services, Preventive Health Services, and Early Intervention Services for Infants with Developmental Disabilities.

//2008//

Basic preventive health services including MCH activities are delivered through 5 village dispensaries, which are operated by the Department of Health. In order to eliminate disparities in access to services among disproportionately affected subpopulations and historically underserved communities, all health promotion and prevention services are offered free of charge to the public while acute care services are heavily subsidized by the American Samoa Government. The entire population of American Samoa is provided health care services regardless of ethnicity or income status. However, many other factors adversely influence access to health care:

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

There has been considerable progress in recent years towards improving access to preventive and primary care by focusing on the geographic decentralization of services provided by the Department of Health. A new federally-funded (HRSA) Community Health Center (CHC) was constructed and opened by the Department of Health in 2003.

Title V has played a monitoring role to evaluate the impact of the CHC on the MCH population. The Health Center is situated in one of the most densely populated and congested areas on the island, serving a population which is considered high risk for negative health outcomes. Accordingly, the CHC uses a Perinatal Outreach Worker in an effort to improve perinatal outcomes.

Title V operates within the overall context of the Territorial health care delivery system by

providing preventive health and primary care services to the Territory's population of women, infants, children and children with special health care needs. The Title V Administrator works closely with the Director of Health and Department Health Planner as well as the Health Information System Division in order to determine the importance, magnitude, value and priority of competing factors upon the environment of health services delivery in the Territory. The Health Information System in collaboration with SSDI is currently working towards the development of a comprehensive data collection system, which will ultimately contribute to the overall health planning and resource allocation process. American Samoa is a small island Territory where collaboration is relatively easy and an increasingly close working relationship with the hospital contributes positively to the overall system of health care delivery to the population. The Title V Administrator also serves as a member of the State Child Health Insurance Program (SCHIP) Planning Committee. As such, she is able to advocate for the Title V population and provide related health status data used in the planning process for allocation of SCHIP funds.

Conclusion

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

B. Agency Capacity

Pregnant Women, Mothers and Infants

Program capacity for this population group includes well baby/well child clinics, immunization services, and pre-natal and post-partum clinics. These services are provided in the 5 dispensaries located on the main island of Tutuila and the outer islands of Manu'a. Department of Health personnel and MCH staff provide physical evaluations, conduct screenings for risk factors, and deliver health education messages on a variety of topics including nutrition, common infectious diseases, breastfeeding, family planning and healthy pregnancies. The MCH Health Educator visits the prenatal and postpartum clinics weekly to mitigate poor prenatal outcomes and to provide general counseling on a wide range of pertinent topics. Furthermore, if necessary, individualized health education is conducted on a case by case basis.

Besides providing MCH Program services in the five Department of Health village dispensaries, the Department of Health also provides MCH services in the HRSA funded Community Health Center which is centrally located in the most densely populated county of the main island. Title V leadership played a coordinating and planning role towards the development of primary health care activities in the Community Health Center. The impact of the Health Center is an increase in Title V capacity by offering high quality preventive health services to a population perennially considered at high risk for negative health outcomes.

The MCH Education Team develops health education materials for translation into Samoan. Flip charts have been produced which cover the following topics: discomforts of pregnancy, what to expect at first visit, "healthy do's and don'ts during pregnancy," and breastfeeding tips. The Team has also produced a pamphlet specifically related to prenatal care. This pamphlet is translated into Samoan. The Nutrition Program translates health education materials into Samoan language

as well. Topics include "5 a Day," breastfeeding and other general nutrition information. Radio spots concerning early prenatal care are aired in both English and Samoan. The Health Education Team also uses educational videos at the dispensaries regarding pregnancy and prenatal care. Posters and pamphlets are important teaching tools during health education campaigns and individual teaching episodes alike. Translation of effective education resources into Samoan is an important component of the services provided by Title V.

All high-risk pregnant women who are referred from other health services are provided appropriate MCH-based health education. Health education is provided in the following areas: nutrition, anemia, basic hygiene, weight control, toxemia, gestational diabetes, hypertension, breastfeeding and prenatal care. High-risk pregnant women are also referred to the other health promotional programs within the Department of Health for more targeted, specified health education. An example of this is the collaboration between Title V and the Diabetes Control Program. Women with gestational diabetes are referred directly to the Diabetes Control Program for counseling and follow-up.

Title V has also formed a linkage with the Diabetes Control Program through the involvement of the MCH Nurse Practitioner. She serves as a key member of the Diabetes Task Force and in this role has assisted in the creation of a system of care for gestational diabetics. Additionally, the MCH Nurse Practitioner serves as a member of the National Diabetes Education Program. In this role, she participates in a weekly health related news show. Gestational diabetes is included as a topic in this forum. Proper nutrition and initiation of early prenatal care are emphasized.

Public education activities include the use of mass media such as TV, radio, and newspapers to promote healthy lifestyles and to enhance awareness of maternal-child health issues, and proper nutritional practices. The MCH Women's Health Nurse Practitioner provides free health advice and promotes Prenatal care on a weekly live broadcast radio program stressing the benefits and importance of continuous prenatal care beginning in the first trimester.

The MCH Health Education and Nutrition program staff partners with the Tobacco Control Program to provide education and awareness activities on the dangers of tobacco use to prenatal mothers. Women who do report they are smoking during pregnancy can be referred to the Tobacco Control Program (Cessation Program and Quit Line) for more help. Tobacco use prevention is also included in the MCH media campaign airing on radio and public television station to target mothers and their families. MCH personnel persistently emphasize to all expectant mothers the absolute necessity for total abstinence from alcohol, cigarettes, and illicit drugs before, during, and after pregnancy.

Breastfeeding education and nutritional counseling are routinely provided by MCH personnel to all prenatal and postpartum clients at LBJ Tropical Medical Center and WIC, as well as the five village-based dispensaries and the Community Health Center. The Community Health Center staff encourages physical fitness during pregnancy and afterwards through supporting and promoting regular aerobics programs while monitoring the progress of participants by measuring weights and blood pressures and blood sugar every three months.

In the past, MCH assisted in the development of breastfeeding health education modules for the maternity ward nurses to use with women who are being discharged. Currently, the Nutrition Division staff continues to offer breastfeeding education 7 days per week in order to reach newly postpartum women. The prenatal women are reached through participation of the Nutrition staff during prenatal care clinics.

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

Hemoglobin assessments for anemia screening of children six months and older are provided during well baby and child clinics and at WIC assessments. Women are also assessed for anemia and other problems in the postpartum period at the village dispensaries.

/2008/

The majority of all pregnant women in the Territory access prenatal services at the LBJ Hospital Prenatal Care Clinic during normal day time clinic hours. In order to further expand the availability of prenatal care and reduce disparities in access to services among disproportionately affected sub-populations and historically underserved communities, MCH has made a deliberate effort to geographically decentralize the delivery of prenatal care as well as provide evening prenatal clinics for women who are unable to take time off from work to attend clinic during the day.

The MCH Nurse Practitioner offers prenatal services after normal working hours twice weekly at the LBJ Hospital and once weekly at the Community Health Center. The Community Health Center is situated in one of the most densely populated and congested areas on the main island, serving a population which is considered high risk for negative health outcomes. The Community Health Center provides day time prenatal care four days per week, while the Department of Health dispensary located in the remotest part of the main island provides prenatal care one day per week during normal working hours.

In 2006 the LBJ Tropical Medical Center implemented a financial prenatal incentive package. The package offers vouchers for free prenatal services including lab services and free two nights in the maternity ward postpartum for women who access prenatal care in the first trimester. This package was implemented as a result of poor pregnancy outcomes and poor prenatal care participation documented at the hospital. Many in the community were concerned that the recent increase in outpatient clinic fees and hospital admission rates were creating barriers to accessing prenatal care and thereby creating a negative impact on the health of mothers and babies in the Territory. The OBGYN department at the hospital has begun an awareness campaign to promote the incentive package to increase early initiation of prenatal care. The MCH program will also promote the new prenatal incentive program implemented by the LBJ Medical Authority and advise all women and families to take advantage of this program.

The MCH Program continues to collaborate with the Immunization Program and Department of Health Nursing Services to maintain immunization coverage in the community by offering free Well Baby/Child services, offering health education and public awareness on the importance of immunizations for children, and provide follow-up of children who have missed their scheduled vaccinations. MCH also provides clinicians who conduct physical assessments of all children before receiving their vaccinations, and who are also on hand in case of any adverse events. The MCH pediatrician also serves as the medical advisor to the Immunization Program for surveillance, medical consultation and planning purposes. Further, the MCH Program provides infrastructural support by providing and maintaining a database in each of the health centers that enables the nurses to look up individual records with ease, generate lists of children expected on any given date and a list of those who missed their appointments.

//2008//

/2009/

The MCH education team including the Nutrition staff visit the most heavily populated Prenatal clinics as well as the maternity ward at the hospital five days a week in order to provide health education on breastfeeding, proper nutrition, warning signs, and other topics pertinent to healthy pregnancy and infancy.

The MCH staff have also initiated a Pregnancy Risk Assessment Monitoring Survey derived from the PRAMS survey conducted by CDC. The local survey was developed by

choosing questions from the CDC PRAMS to include in the survey of local women. The key factors of interest for American Samoa are barriers to care, as the early initiation and participation in prenatal care continues to be well below the national levels, as well breastfeeding and risk factors for pregnant women. The survey is also an opportunity to evaluate the effectiveness of health education and outreach activities geared towards pregnant women.

To date, over 300 women have volunteered for the survey. The results have been tabulated and are in the process of being analyzed. The survey will continue in 2009 in order to get a representative sample size of this population.

In 2007 the MCH Program established a partnership with the Department of Human and Social Services to collaborate on the Healthy Marriages Initiative. This initiative seeks to promote healthy families by offering free courses to expectant parents. Through this partnership the MCH Program has trained 3 instructors to teach the Becoming Parents Program curriculum. The curriculum emphasizes healthy, happy parent relationships as the foundation for providing a nurturing environment for infants and children. The course teaches communication skills, anger management, time and money management, child care, and other courses to help expecting parents prepare for parenthood.

Through this partnership three Becoming Parents classes have been completed. These classes were also an opportunity for the MCH staff to present education on breastfeeding, nutrition, and other health topics. Additionally MCH staff were able to promote prenatal care and the prenatal care incentive program sponsored by the hospital. Many couples are still unaware of this program and have benefited from the Becoming Parents Program as the MCH staff helps them enroll in the financial incentive program to decrease the costs of their antenatal care.

//2009//

Children

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

The Maternal and Child Health Program provides most of the resources such as supplies and staff for all dispensaries. In well baby/child clinics weight, height, and head circumference are measured. Each child is assessed for developmental status, immunized, and given a physical exam by the MCH physicians and nurse practitioners at the one-month and nine month visits. Public Health nurses assess children ages 2 months, 4 months, 6 months, and 15 months. The MCH Program is provided with adequate supplies through funds provided to the Territory by the Medicaid Program.

Client-centered health education is provided by Department of Health staff at the five dispensaries based on the specific need of each individual child. When a child comes to a dispensary with a specific complaint, the caretaker is provided with information related to the specific ailment. General information related to the child's overall growth and development is reserved for the scheduled well baby/well child visits.

The MCH Nutrition staff routinely delivers one-on-one health education with caretakers of children 1-month-old, 6 months old and 1 year old. Children are also routinely screened for hemoglobin at

6 months of age. The caretaker is given health education on the appropriate nutritional need of the child after hemoglobin is checked. Those with results below recommended levels are referred to the MCH Practitioner for further evaluation. Children with hemoglobin levels below 11 mg/dl are given nutritional counseling and are re-assessed one month later. Those children with levels below 9 mg/dl are provided with a prescription for iron supplements and are re-assessed one month later.

MCH provides child health-related educational material on proper skin and oral care, as well as prompt immunizations. The MCH Nutrition Program, in collaboration with the WIC Program, offers nutritional education to children and others in the WIC target population. Bilingual radio spots on dental care, immunizations and the availability of parenting classes are aired regularly. Bilingual locally-produced child health related TV programs are aired as a public education effort on topics related to baby and childcare, adolescent pregnancy prevention, nutrition, breastfeeding, injury prevention, adolescent suicide prevention, and adolescent substance abuse prevention (especially tobacco, alcohol and illicit drugs).

Population-based services targeted towards children include the provision of immunization clinics as well as other outreach health education and health promotion activities. Daily immunization hours are scheduled in conjunction with well child clinics by the five dispensaries that serve the Tutuila and Manu'a population. The MCH staff will continue to coordinate services with the dispensaries and Community Health Center, Nursing services and the Immunization Program to maintain and boost the current immunization coverage level. The MCH Health Educator, who visits private day care centers throughout the Territory, will also be reinforcing the importance of immunization coverage and providing necessary information to parents and providers. Referrals to the dispensaries and Community Health Center will be made as appropriate to ensure adequate protection of young children from vaccine-preventable diseases.

Collaborative services of Early Childhood Education (DOE) and the MCH School Health Program provide full health assessments, which include dental screening for pre-school children. The Children's Oral Health Program refers children with dental problems to the LBJ Medical Center Dental Clinic for treatment. Fluoride varnish is applied for Early Childhood Education children and fissure sealants are provided for children in the third grade.

Efforts towards dental health for children are funded through Title V as well as SCHIP. Currently, SCHIP funds provide financial support for the Territorial Dental Health Initiative, which includes 4 Dental Officers (graduates from the Fiji Program), 4 dental assistants, and some essential dental equipment. In addition to the four SCHIP funded dentists, there are also currently 2 MCH dentists for a total of 6 dentists who deliver dental health services to the MCH populations. The MCH dentists generally provide preventive dental health services as well as some minor curative services when appropriate.

/2008/

The MCH Program continues to play an active role on the Teen Pregnancy Prevention Coalition each year. The Coalition is a collaborative effort between the Department of Health, LBJ Tropical Medical Center, and other community agencies to prevent teen pregnancies. The coalition works with church, youth, and community groups to promote awareness about teen pregnancy. The MCH staff collaborates with the Coalition to promote abstinence education. For example, the MCH Nurse Practitioner has a weekly radio program that allows callers to ask questions on various topics including teen reproductive health and abstinence.

The MCH Program supports all efforts to prevent teen suicide in the Territory. The Department of Health does not currently have anyone on staff specifically trained to do counseling for teen suicide, but continues to coordinate and partner with agencies and organizations that provide teen counseling and services related to teen suicide. The MCH staff partners with the Teen Suicide Prevention Coalition to provide services and connect with teens to promote self esteem, and address issues surrounding teen suicide.

//2008//

/2009/

The 2007-2008 school year was the second year of the partnership between the MCH Program and the Gear Up Program from the American Samoa Community College. The Gear Up program targets elementary students in 13 schools to prepare them for high school through after school math and English courses, sports activities, parent support activities and community based programs to support students and families. The students and families who participated in the 2007-2008 school year were in 8th grade, or children ages 13-14 years. In the coming school year, the Gear Up and MCH Programs will follow these students as they begin high school, or 9th grade.

The MCH Program has been an active partner for the Gear Up program and participants. The MCH staff visit the schools during their Wrap Around Services for parents and provide education and support on adolescent health issues including oral health, nutrition and physical activity. The MCH participated in the Gear Up summer camp to provide education and interactive activities with the students focusing on physical activity, oral health, and nutrition. It is anticipated that these efforts will be continued and followed up in the coming school year and new topics in adolescent health will be covered.

In February 2007 the MCH Program celebrated National Children's Dental Health Month. For this month the MCH Dental Team had a number of promotional activities to promote children's oral health. In strengthening the partnership between the dental team and the primary care providers, the MCH dentists shadowed the MCH pediatric providers in the Well Baby Clinics to conduct fluoride varnish for all children seen. While the dentist and physician performed the dental exam, varnish application and physical exam the dental assistant provided oral health instruction for parents and children in the waiting areas of the clinics. This was done in all 4 Well Baby Clinics. Parents were also given goody bags with toothbrushes for their children to reinforce the tooth brushing demonstration and encourage good oral hygiene.

During Children's Dental Health Month the MCH Program conducted a 3 day dental clinic open to the public to provide free dental check ups and oral health promotion. The event was advertised on the TV, newspaper and radio. As a result 340 children were served during these 3 days. Children were each given a dental exam/check-up, oral health instruction, fluoride application, and emergency treatments were done. Children were given goody bags containing toothbrushes, toothpaste, floss and a brochure on dental sealants.

Also in 2007 the MCH Dental Outreach team travelled to the remote islands of Manu'a and provided free dental services to the population on all 5 islands. 130 patients were served on this visit, the majority of those served were children. Services included health education and oral hygiene instruction, emergency treatments such as extractions and fillings as well fluoride varnish and sealant application.

//2009//

Children with Special Health Care Needs

Title V provides comprehensive assessments of those children who are screened positive for having a possible chronic or disabling condition. Most assessments are conducted in the child's home, which is less threatening and less disruptive for the family than the clinic setting. Those children with chronic and debilitating conditions, and their families, are given special support and services through the CSN Program. In all instances, the CSHCN providers encourage families to partner in decision making to maximize the families' complete satisfaction with the services they receive and are entitled to. The overall goal of the CSN Program is to encourage and empower

children with special needs to live within their communities in an acceptable way and live to their fullest potential.

Occasional assessments and reviews for CSHCN are held during Well Baby Clinics. These assessments and reviews involve a holistic approach with counseling and advice on a range of issues from those relating specifically to the disability (stimulation, positioning and handling, safety) to those relating to general health (immunization, hygiene, skin and dental care).

/2008/

The CSHCN Team strives to coordinate with other agencies and service systems in the community to ensure that services for CSHCN are coordinated and comprehensive. The CSHCN staff works closely with the Early Intervention Staff, often visiting children in their homes and schools as a team. The Community Family Advocacy Group is also included in home visits with children and their families, thereby helping to avoid confusion among the parents regarding different service providers in the community.

The MCH staff continue to be active members of the Interagency Leadership Team which includes Vocational Rehabilitation, Special Education, and other service providers who are involved in school and work transitioning/ placement. The CSHCN team ensures appropriate referrals for all adolescent clients to the appropriate agencies for smooth transitions to all aspects of adult life, including adult health care. The CSHCN team facilitates transitions between pediatric and adult medical services by maintaining close working relationships with LBJ Medical staff.

The CSHCN staff work collaboratively with the Immunization Program and the Department of Health Nursing services to ensure that all children with special needs receive age appropriate immunizations. This effort is facilitated through home visits, clinic visits and referrals from other agencies. The CSHCN staff make routine visits to the health centers to check clinic records for the immunization status of children in the program. When a child is found needing an immunization, the CSHCN staff will transport the child and their family to the dispensary for the appropriate vaccinations. In cases where the child cannot come to the dispensary the nurse practitioner will administer the vaccinations at home.

The MCH dental team continues to see children with special needs at schools when they are providing school outreach services. Home visits are scheduled for those children who are not in school or who cannot be seen at school, and clinic visits will be done as needed for children who need treatments that can only be done in the clinic setting.

Other direct CSHCN services include the following options:

1. In cooperation with Special Education services of the Department of Education, assistance is rendered in developing family management plans and/or Individual Education Plans (IEP), implemented in school or at home outreach visits.
2. Advice about special management, handling techniques and equipment is provided to teachers working in special education classes and teaching CSHCN in normal school classes.
3. Certain gap filling medical treatments especially for epilepsy and muscle spasm are provided to individual patients during review assessments.
4. Regular visits are made to the respite care center in order to provide direct medical services for the severe and multiply disabled. The team members arrange referrals and facilitate access with other collaborating agencies or services to help meet particular CSN requirements.
5. Workshops are provided for parents and care givers of infants and toddlers enrolled in the Early Intervention Program on topics appropriate to their needs (hygiene, feeding, positioning, etc).

/2009/

The MCH Program has also implemented a number of outreach activities to reach families

with children with special health care needs in the community. Among these activities, the MCH has conducted free clinics during Disabilities Awareness month, Disabilities Employment month, Immunization Week, and Children's Dental Health Month. During these free clinics the MCH staff provides free physical exams, dental screening, nutrition education and counseling, health education on various issues on a variety of health issues as well as goodie bags and little incentives for children. These activities are advertised and promoted in the local media and are open to the public, however special considerations are made for CSHCN clients. These children are contacted specifically inviting them to participate, transportation is provided when necessary to and from the clinic areas, with close follow-up based on their individual needs as presented at that time.

Each year the Shriners Hospital for Children in Hawaii sends a team of doctors to American Samoa provide specialty pediatric care in orthopedics, burn treatment and other pediatric surgical care. The CSHCN team works closely with the LBJ Tropical Medical Center pediatrics and surgical departments to ensure all clients who have been referred, need follow-up or who need these specialty care services are seen during these visits. The CSHCN team contacts the families to schedule time for children to attend the clinics, they work with the surgical department at the LBJ Medical center to ensure all CSHCN clients are on the appointment list, provide transportation to and from the clinics, as well as work at the surgical clinics to assist the Shriners' team. The surgical clinic is always inundated by the number of patients crowding the clinic; the additional manpower provided by the CSHCN team is always welcome to lighten the workload. This also ensures the CSHCN clients receive the services they require. The CSHCN team is also able to provide follow-up the children who require further services.

//2009//.

Finally, the MCH Program systematically and conscientiously makes every effort to encourage consumers of program services to give voice to their concerns or suggestions regarding the quality and effectiveness of MCH Program efforts. This aspect of developing public input as a regular and ongoing process of quality assurance is especially focused on receiving input from parents and families of Children with Special Health Care Needs when MCH providers conduct their home visits. Despite continuing attempts by the MCH Program to encourage parents of CSHCN to accept staff positions in the CSHCN program, no parent has as yet accepted the invitation because of family circumstances which require parents of CSHCN to remain at home in order to fulfill the domestic responsibilities pertaining to the rest of the family.

Quality of Care

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

Additional Health Education Capacity

The Health Department is the grantee for a number of federal grant programs such as, Preventive Health Services Block Grant, HIV Prevention, Diabetes Control, TB Elimination, Tobacco Control and several others in addition to Title V: Maternal and Child Health Block Grant (MCH Block) and State Systems Development Initiative (SSDI). Each categorical program funded by federal grants generally provides its own health education efforts on the island. Health education at the village

level or through use of the media tends to focus on the very specific issues of the program it is initiated by. Nevertheless, each of these federal programs increases the Health Department's overall capacity by reaching the Title V population through the health education and screening efforts specific to the individual program.

//2008//

C. Organizational Structure

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

The Title V MCH Project Coordinator is placed directly under the Director of Public Health Nursing within the Community Health and Nursing Division. The MCH Program Coordinator oversees the implementation and administration of all programs with allotments under Title V, including CSHCN. The MCH Coordinator is immediately responsible for ensuring activities are implemented, monitored and evaluated, works closely with all Title V staff, and oversees the Title V reporting systems.

/2008/

Along with all other Federally funded programs in the Department of Health, the Title V Program is under the direct supervision of the Deputy Director of Health. The Deputy Director of Health, Mrs. Elizabeth Ponausuia, is the Program Director for the MCH Programs including CSHCN, MCH Information Systems and Children's Oral Health Program.

//2008//

D. Other MCH Capacity

Title V staff include 16 full time employees, inclusive of central office staff as well as out-stationed staff. In addition to Title V leadership, staff are organized into the following programs:

- Prenatal and Post-partum
- Well Baby
- CSHC
- Health Education
- Immunization
- Dental Health Services
- Nutrition

In addition to the above-mentioned 16 staff members who deliver services to the Territorial population of women, infants, children, and CSHCN, Title V leadership staff includes the following:

- Utoofili Aso Maga, MPH, MPA
Director, Department of Health

Mr. Maga has worked in the Department of Health for many years. He began his tenure with the Department in the Environmental Services Division. He left the island to attend the University of Hawaii at Manoa in the Master of Public Health Program. Upon his return, he served as Deputy Director of the Department until he was appointed by the Governor as Director of Health in 2005.

- Ms. Tu'u Maiava, BSN, RN
Director, Community Health and Public Health Nursing

Ms. Maiava graduated from Arizona State University in 1990 with a Bachelor of Science degree in Nursing. In 1992, she returned to the Territory in order to assume the position of MCH Health Educator. She held this position for 5 years at which time she was selected as Quality Assurance and In service Specialist for Public Health Nursing. From 2003 to 2005 she served as the Director of the Tafuna Family Health Center. In 2005, she was appointed to the newly vacated position of Director of Community Health and Nursing.

/2007/ The Director of Community Health and Public Health Nursing position has been vacant since October 2005. The position is currently being advertised for suitable candidates.

* Mrs. Elizabeth Ponausuia, MPA

Deputy Director, Department of Health, Program Director -- MCH Program

Ms. Ponausuia has served the Department of Health for many years as the Chief Financial Officer. She has a Masters Degree in Public Administration and was promoted to the post of Deputy Director of Health in 2006. In this capacity she oversees all federal programs including Title V. Since the Director of Community Health and Public Health Nursing position is vacant, she continues to provide direct supervision over the Title V Program. //2007//

/2008/ The position of Director of Public Health Nursing is currently filled by Mrs. Matamuli Punimata, RN, MPH who has been with the Department of Health for many years. She previously coordinated the Health Education Program for the Department of Health. //2008//

• Ms. Jacki Tupua Tulafono, BS

MCH Coordinator

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

• Nita Misi, ASN, RN

In-Service Coordinator

Ms. Misi transferred into this position in 2000. She coordinates in-service activities for all Title V staff. She acted as the coordinator of the CSN program prior to her appointment as Inservice Coordinator.

/2007/

* Anaise Uso, BDS

MCH Dentist, ASCOHAP Coordinator

Dr. Anaise Uso is the MCH Dentist who coordinates the MCHB funded States Oral Health Collaborative Systems project. Dr. Uso spends nine months of the year providing preventive health services to school children and spends the summer months on administrative duties relative to the SOHCS project. //2007//

/2008/

* Inoke Siasau, BDS

MCH Dentist

Dr. Inoke Siasau is an MCH Dentist who spends nine months of the year providing preventive health services to school children and spends the summer months providing outreach dental health education, and direct services to CSHCN and other dental patients served in the village dispensaries.

Role of Parents of CSHCN on MCH Staff

The MCH Program systematically and conscientiously makes every effort to encourage consumers of program services to give voice to their concerns or suggestions regarding the

quality and effectiveness of MCH Program efforts. This aspect of developing public input as a regular and ongoing process of quality assurance is especially focused on receiving input from parents and families of Children with Special Health Care Needs when MCH providers conduct their home visits. Despite continuing attempts by the MCH Program to encourage parents of CSHCN to accept staff positions in the CSHCN program, no parent has as yet accepted the invitation because of family circumstances which require parents of CSHCN to remain at home in order to fulfill the domestic responsibilities pertaining to the rest of the family.

//2008//

E. State Agency Coordination

The following Territorial Human Service Agencies are represented in American Samoa and are all under the jurisdiction of the Territorial government:

/2008/

1. Department of Health -- the MCH Program coordinates services and activities with the following programs of the Department of Health:

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

b) Tafuna Family Health Center (Federally Qualified Health Center) -- the MCH Program coordinates with the Tafuna Family Health Center to provide Women's Health, Well Baby and Well Child, Oral Health, and Health Education services. The Health Center is situated in one of the most densely populated and congested areas on the island, serving a population which is considered high risk for negative health outcomes.

c) Immunization Program -- The MCH program partners with the Immunization program to ensure that infants and children receive age appropriate immunizations through direct services in the dispensaries as well as enabling services such as health education. Efforts are also made to combine resources towards an electronic database that will enable more effective monitoring of immunization coverage status in the community.

d) Nursing Services -- The MCH Program continues to collaborate with the Immunization Program and Nursing Services to maintain immunization coverage in the community by offering free Well Baby/Child services, offering health education and public awareness on the importance of immunizations for children, and provide follow-up of children who have missed their scheduled vaccinations. The MCH Program provides infrastructural support by providing and maintaining a database in each of the dispensaries that enables the nurses to look up individual records with ease, generate lists of children expected on any given date and a list of those who missed their appointments.

Title V staff also collaborate with the Nursing Services in the coordination and implementation of the Filariasis Elimination Mass Drug Administration Campaign. MCH staff continues to volunteer time after regular working hours to support this campaign.

e) Diabetes Control Program - Title V coordinates with the Diabetes Control Program and has assisted in the creation of a system of care for gestational diabetics. Gestational diabetes, early initiation of prenatal care, and proper nutrition are emphasized in a weekly health education show aired on public television hosted by the MCH Nurse Practitioner. Additionally, the MCH Nurse Practitioner serves as a member of the National Diabetes Education Program.

//2008//

2. LBJ Tropical Medical Center Administrative Services -- the following divisions of LBJ

directly serve the Title V target populations:

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

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

c) Mental Health Services possess the ability to diagnose and administer treatment to mentally ill clients.

/2008/

d) Title XXI - Family Planning - Provides family planning services to the population of Title V. Furnishes data for MCH Program use. The MCH Program also continues to play an active role on the Teen Pregnancy Prevention Coalition each year. The coalition is a collaborative effort between the Department of Health, LBJ Tropical Medical Center, and other community agencies to prevent teen pregnancies. The coalition works with church, youth and community groups to promote awareness about teen pregnancy.

e) The LBJ Dental Clinic and the Department of Health have a Memorandum of Understanding to provide free preventive dental services to school children whereby the LBJ Dental Clinic provides dentists and dental assistants to collaborate with MCH personnel during the school year for outreach dental services targeting 3rd grade and Head Start children in the Territory.

f) LBJ Pediatric Clinic and the Department of Health maintain a strong collaborative relationship to effectively serve the children in American Samoa by coordinating clinical and community-based services.

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

//2008//

3. Department of Human and Social Services - delivers services to the Title V population and provides necessary data items in satisfaction of federal data requirements. The following divisions of the Department directly serve the Title V population:

a) WIC - the Supplemental Feeding Program for Women, Infants and Children offers nutritional education and counseling for mother and baby, breastfeeding education, plus developmental information about babies. WIC assists the Title V Program to meet federal data reporting requirements.

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

c) Division of Vocational Rehabilitation - acts as a member of the interagency team focused on meeting the requirements of adolescents with special health care needs to ensure transitional services between educational and vocational services.

/2008/

d) Teen Substance Abuse Prevention Program -- serves the adolescent population of the Territory through a community-based consortium of agencies including MCH focusing on preventing the use of alcohol and tobacco and illicit drugs among school aged teens.

//2008//

4. Department of Education -- provides the MCH Program with pertinent data from the YRBS, assists in the enforcement of the child immunization law, and assists in the coordination of the Children's Oral Health School Outreach Team as well as other school-based health education activities. The following divisions of the Department of Education directly serve the Title V population:

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

b) Early Childhood Education - Assists in the enforcement of the Immunization law prohibiting children from entering school without immunization program clearance.

c) Elementary Education - assists in the enforcement of the Immunization Law prohibiting children from entering school without complete immunizations, assists families in the development of Individual Service Plans.

5. Office of Protection and Advocacy for the Disabled - assists in addressing needs of CSHCN.

/2008/

6. Center for Families of Individuals with Developmental Disabilities (CFIDD) -- The Department of Health maintains a strong collaborative relationship with CFIDD, the community family advocacy group currently active in the Territory. CFIDD personnel are also included in MCH home visits to CSHCN children and their families. This joint effort helps avoid confusion among the parents regarding different service providers in the community.

7. Interagency Leadership Council -- The MCH staff continue to be active members of the Interagency Leadership Council which includes Vocational Rehabilitation, Special Education, the University of Hawaii Center for Excellence in Developmental Disabilities, the Development Disabilities Planning Council and other service providers who are involved in school and work transitioning/placement for CSHCN.

//2008//

F. Health Systems Capacity Indicators

Introduction

/2009/

Many of the Health Systems Capacity Indicators do not have the same relevance to the health status of the MCH population in American Samoa as in the US. For example, the Medicaid and SCHIP data is irrelevant due to the uniqueness of these programs in American Samoa. There is no eligibility criteria, rather the population is presumed eligible and the Medicaid/SCHIP funds are awarded in bulk to the American Samoa Government and spent according to a state plan. It is therefore impossible to make comparisons

among eligible and non-eligible populations as that data is not collected.

Other indicators such as those measuring participation in Prenatal Care services are very relevant and have been used to derive one of the State Performance Measures.

//2009//

Health Systems Capacity Indicator 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.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	28.0	28.0	0.0	0.0	162.6
Numerator	24	24	0	0	143
Denominator	8576	8576	8941	8872	8796
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.					Yes
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

Data for Year 2007 for this performance measure was not available at the time of this report. Data will be reported as soon as it becomes available.

Narrative:

The MCH Program continues to work with parents to keep the environment clean in the homes to reduce the number of asthma attacks in children. One key factor in the number of asthma attacks in the Territory is the presence of environmental smoke from open fires. The Samoan traditional way of cooking using open fire is still very commonly used, especially for traditional family gatherings such as Sunday family meal.

The MCH Program strives to increase public awareness about the dangers of environmental smoke exposure for young children through health education in the health centers, in the homes, and on the media (radio and TV). These efforts will continue in 2009.

Effective July 1, 2008 a law banning smoking on public transportation including buses and taxis went into effect. The law is a result of joint efforts of the community, the American Samoa Cancer Coalition, the American Samoa Environmental Protection Agency and the Department of Health. This is one of the first steps toward adoption of a Clean Air Act for American Samoa. The American Samoa Cancer Coalition, Department of Health, governmental and non-government agencies as well as community members are currently working on a draft of the bill that will be introduced. The goal is to have the Clean Air Bill introduced in January 2009 at the first session of the new legislature.

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	100.0	90.7	71.7
Numerator	1736	1446	1726	1417	926

Denominator	1736	1446	1726	1562	1291
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.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby clinics. More specifically, this data was collected from only two Well Baby Clinics, Tafuna Family Health Center and CII (Central). Thus the reason for the significant drop in data reported. Data from Amouli and Leone clinics are not available at this time. Once it is available it will be reported.

Notes - 2006

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby Clinics

Narrative:

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

The data reported for this measure was derived from the Well Baby Clinics. Under the American Samoa Medicaid 100% presumed eligibility plan all children who are seen have received a Medicaid subsidized service.

The number of children reported who have been seen at Well Baby Clinic have received a physical exam from a physician or nurse practitioner, hemoglobin screening, immunizations, developmental screening, and health education on topics appropriate for age.

Health Systems Capacity Indicator 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.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	100.0	90.7	71.7
Numerator	1736	1446	1726	1417	926
Denominator	1736	1446	1726	1562	1291
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and				Yes	

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.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2006

This indicator does not apply to American Samoa due to its unique Medicaid program. The data reported for this measure are the number of infants screened at the Well Baby Clinics

Narrative:

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

The data reported for this measure was derived from the Well Baby Clinics. Under the American Samoa Medicaid plan all children who are seen have received a Medicaid subsidized service.

The number of children reported who have been seen at Well Baby Clinic have received a physical exam from a physician or nurse practitioner, hemoglobin screening, immunizations, developmental screening, and health education on topics appropriate for age.

Health Systems Capacity Indicator 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.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	19.2	0.0	14.7	18.8	22.1
Numerator	121	0	73	103	96
Denominator	631	1713	496	547	435
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

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.

Notes - 2006

The data reported for prenatal care is for Tafuna clinic alone, not including women who access care at other clinics. The remainder of the data is in the process of being cleaned and verified.

Narrative:

The data reported for this indicator represents a sampling of the Tafuna Prenatal Clinic records rather than total number of live births. This data is not currently collected on the American Samoa birth certificate and therefore is not routinely reported. The data reported is manually captured from the maternity ward at the LBJ Tropical Medical Center and entered into a database at the MCH office.

A review of the data sample for 2007 reveals a slight increase in early initiation and participation in prenatal care. This may be as a result of the new financial incentive package instituted by LBJ Tropical Medical Center in 2006. In order to qualify for a discounted rate for antenatal care women must access prenatal care in the first trimester and consistently attend all scheduled visits.

The MCH Nurse Practitioners continue to provide quality prenatal services free of charge in two of the community health centers and the LBJ Tropical Medical Center. The Tafuna Clinic serves the largest population on the island as it serves the most heavily populated area (Tualauta County). All clinic visits are offered free of charge and laboratory fees are subsidized by MCH. Tafuna also offers Prenatal clinic in the evenings after normal working hours to accommodate women who work during the day. A second after hour clinic is open on the eastern side of the island twice a week to accommodate working women on that side of the island.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	7602	5493	6094	4972	4756
Denominator	7602	5493	6094	4972	4756
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.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

The data reported are children served at the Well Baby Clinics whom are presumed 100% eligible.

Notes - 2006

The data reported for this measure is derived from the number of children receiving services at the Well Baby clinics. The unique nature of Medicaid and SCHIP Programs in American Samoa do not differentiate between Medicaid and non-Medicaid services.

Narrative:

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes

art or below the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	81.5	100.0	63.7	43.0	56.6
Numerator	506	621	382	626	810
Denominator	621	621	600	1455	1430
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.					
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2006

The data reported in this measure are children who received a dental screening from the SCHIP and MCH school dental team from the 3rd grade in the 2007 school year.

Narrative:

This data reflects the number of children seen by the Dental Outreach team. The data reported for this indicator represents the total number of children between 6-9 years (3rd grade) who received dental services during 2007. These children were seen at the school setting, at community outreach activities who received free dental assessments, fluoride varnish, fissure sealants, and emergency treatment as necessary.

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

Health Systems Capacity Indicator 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.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	NaN	100.0	100.0	100.0	100.0
Numerator	0	1	1	1	1
Denominator	0	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional

Notes - 2007

This measure does not apply to American Samoa as we are not eligible for SSI.

Notes - 2006

This measure does not apply to American Samoa as we are not eligible for SSI.

Narrative:

This Indicator does not apply to American Samoa. American Samoa is not eligible for SSI.

Health Systems Capacity Indicator 05A: Percent of low birth weight (< 2,500 grams)

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
Percent of low birth weight (< 2,500 grams)	2007	other	3.3	0	3.3

Notes - 2009

The data source is from Vital Statistics.

Narrative:

The data reported for HSCI 5 is the same for all populations as 100% of the population is presumed eligible for Medicaid.

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

The data reported in this field is for all low weight births.

Health Systems Capacity Indicator 05B: *Infant deaths per 1,000 live births*

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
Infant deaths per 1,000 live births	2007	other	8.5	0	8.5

Notes - 2009

The data source is from Vital Statistics.

Narrative:

The data reported for HSCI 5 is the same for all populations as 100% of the population is presumed eligible for Medicaid. The data reported for this measure was for all infant deaths.

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

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

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
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2007	other	22	0	22

Notes - 2009

This data is a random sampling collected from the prenatal clinic.

Narrative:

The data reported for HSCI 5 is the same for all populations as 100% of the population is presumed eligible for Medicaid.

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

The data reported for this measure was the same data reported in National Performance Measure 18.

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

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
Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2007	other	22	0	22

Notes - 2009

This data was collected from a random sampling of prenatal records.

Narrative:

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

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Infants (0 to 1)	2007	100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Infants (0 to 1)	2007	100

Narrative:

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

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Medicaid Children (Age range 2 to 5) (Age range 6 to 9) (Age range 10 to 21)	2007	100 100 100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Medicaid Children (Age range 2 to 5) (Age range 6 to 9) (Age range 10 to 21)	2007	100 100 100

Narrative:

The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below the federal poverty level. Because the American Samoa Government provides all

health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Pregnant Women	2007	100
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Pregnant Women	2007	100

Narrative:

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

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (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)
<u>ANNUAL DATA LINKAGES</u> Annual linkage of infant birth and infant death certificates	2	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth	1	No

certificates and WIC eligibility files		
Annual linkage of birth certificates and newborn screening files	1	No
<u>REGISTRIES AND SURVEYS</u> Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2009

Narrative:

The LBJ medical center has implemented an electronic health record system that allows linkage of birth and death records. The Department of Health is in the process of creating a link to that record system to enable access to vital data for program planning purposes. However because American Samoa does not have a Medicaid eligibility criteria or database it is not possible to link to Medicaid files.

WIC is administered under the Department of Human and Social Services and a data linkage with WIC has not yet been planned.

REGISTRIES AND SURVEYS

American Samoa does not have a birth defects surveillance system. The MCH program is in the process of implementing a PRAMS-like survey. All data from this survey is being captured, collected and analyzed by the MCH Program.

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

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

Notes - 2009

Narrative:

The Department of Education (DOE) is the lead agency for conducting the YRBS. DOE as released the results of the survey conducted in 2007. The data reported for this measure specifically shows the number of students who reported using a tobacco product in the last month at 25.4%. This data may be attributed to the current ban on smoking in public transportation, increased efforts to ensure vendor compliance with laws regulating selling of tobacco to minors, efforts to maintain tobacco and drug free school campuses as well as increased education and tobacco use prevention activities.

IV. Priorities, Performance and Program Activities

A. Background and Overview

Each year, the development of this Title V application and annual report occurs over a period of several months and is representative of a collaborative effort of all MCH staff Members and leadership staff. Each health concern brought forth by MCH staff members is evaluated for the seriousness of the problem as well as the ability of Title V to impact the problem in a positive way. Each of the following 7 Performance Measures is directly correlated to each of the 7 Priority Needs.

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

Activities for this performance measure include a media campaign, targeted community awareness campaigns and the use of educational materials and video resources for use in the Public Health Dispensaries. Additionally, the Community Health Center will continue to use perinatal outreach workers in the Tualauta County area. The CHC will be offering an expanded prenatal care schedule, and women will continue to be offered prenatal care after working hours.

SP2 -To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.

The activities will be centered on collaborative methods to reach children where they are. This will include the CSHCN team joining the MCH Dental Outreach team in their visits to the schools so that CSHCN receive both dental and medical services in a manner that is less disruptive than physically coming to the Public Health clinics/offices.

Individual home visiting will continue, appointments will be scheduled in order to conduct comprehensive assessments in the school setting or in the Respite Care Center in order to conduct comprehensive evaluations, which include the health care provider, and the CSN Team.

SP3 -To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinics who access dental health services.

In 2009 the LBJ Tropical Medical Center SCHIP Dental programs have begun planning services to cater to children 0-19 years of age. The MCH Dental Outreach Team has been focused primarily on prevention, concentrating most efforts on education, fluoride application, and sealants. Through community outreach in various locations it has become apparent that many children are in need of dental treatment or curative services. Many of the children seen by the MCH Dental Outreach Team are referred for such services however few actually access services, stating one of the barriers being the cost of treatment at the LBJ Tropical Medical Center dental clinic. This has prompted discussions and plans to provide curative dental services at LBJ Tropical Medical Center dental clinic for minimal or no charge. These plans will be discussed further in 2009.

SP4 -To increase the percent of infants who attend the Well Baby Clinic who are exclusively breastfeeding at 4 months of age.

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

SP5 -To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.

MCH staff will continue to partner with the Gear Up program catering to children in the 9th grade in 2009 and following them through high school to address adolescent health issues such as tobacco use. MCH also maintains health education and community awareness activities on tobacco use prevention and the dangers of smoking on children.

SP6 - To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

In American Samoa, hemoglobin levels are routinely checked at 6 months of age. Those children with low hemoglobin are provided counseling and iron supplementation with follow up one month later for a re-assessment.

In 2009, Title V will test 12 month olds in order to measure the impact of these interventions.

SP7 -To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

The activities to address this measure will be centered on collaborative methods to reach children where they are. This will include the CSHCN team joining the MCH Dental Outreach team in their visits to the schools so that CSHCN receive both dental and medical services in a manner that is less disruptive than physically coming to the Public Health clinics/offices.

Individual home visiting will continue, including the MCH dental team in order to provide dental assessments in the homes as needed. When a child needs dental treatment that cannot be handled by the MCH dental team, where a child may need general anesthesia the child will be referred to the LBJ Dental Clinic and followed up by the MCH Dental team.

B. State Priorities

B. State Priorities

The state priorities are specifically chosen using a wide variety of criteria. Perhaps the most important factor used by Title V in choosing the priority needs is the ability of Title V to positively impact the outcome. Title V leadership carefully weighs the magnitude of the problem as compared with the costs, both human and financial, in order to positively affect change. The priority needs, the National and or State performance measures provide a broad range of areas for Title V to concentrate its efforts.

The list of 7 state-selected priority needs are as follows:

- To increase the percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuk Index.
- To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.
- To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinic who access dental health services.
- To increase the percent of infants who attend the Well Baby Clinic who are exclusively breastfeeding at 4 months of age.
- To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.
- To improve nutritional status of children within the first year of life
- To increase the percent of children among the children with special needs who are known to the

CSN Program who receive an annual dental assessment.

After the priority needs are determined, a state performance measure with reasonable, attainable annual goals are identified only after a determination that Title V does, indeed, possess the capacity to impact the issue in a positive way. The 2005 performance measures are as follows:

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

SP2 -To increase the percent of children with special needs who have received an annual reevaluation by an interdisciplinary team.

SP3 -To increase the percent of 2, 3, and 4-year-old children who are seen in the MCH Well Child Clinics who access dental health services.

SP4 -To increase the percent of infants who attend the Well Baby Clinic who are exclusively breastfeeding at 4 months of age.

SP5 -To decrease the percent of adolescents in Grades 9-12 who report smoking cigarettes within the past 30 days.

SP6- To increase the percentage of 1 year olds with low hemoglobin (less than11)

SP7 -To increase the percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

C. National Performance Measures

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.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0		10
Annual Indicator	0.0	0.1	0.1	0.1	0.0
Numerator	0	1	1	1	0
Denominator	1630	1713	1720	1442	1291
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.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0

Notes - 2006

American Samoa does not have a State mandated newborn screening program. The MCH program will review all data items currently collected that are appropriate for this measure and report them in the coming annual report.

Notes - 2005

American Samoa does not have a State mandated newborn screening program. The MCH program will review all data items currently collected that are appropriate for this measure and report them in the coming annual report.

a. Last Year's Accomplishments

American Samoa does not have a State Sponsored newborn metabolic screening.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This performance measure does not apply to American Samoa.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

American Samoa does not have a State Sponsored newborn metabolic screening.

c. Plan for the Coming Year

American Samoa does not have a State Sponsored newborn metabolic screening.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	30	35	45	45
Annual Indicator	35.0	35.0	35.0	35.0	89.3
Numerator	21	21	21	21	125
Denominator	60	60	60	60	140
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.					
Is the Data Provisional or Final?				Provisional	Provisional

	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	95	95	100

Notes - 2006

The data reported in 2006 are pre-populated with the data from the parent/family survey conducted in 2004. New data has been collected however it is not a significant enough to be representative of all children with special needs. Efforts are currently being made to collect this data for future reporting.

Notes - 2005

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

a. Last Year's Accomplishments

The MCH/CSHCN staff focused most of its resources to provide direct care services to special needs children and their families. The CSHCN staff had moved into a new office with a separate room for clinic visits for children and families who are able to come in for services. Home and school visits played a major role in service provision for children who have difficulty traveling. The MCH coordinated with Special Education, Early Intervention, and the LBJ Tropical Medical Center to provide the necessary services for these children and their families. The data reported for this measure was reported by the CSHCN program. The CSHCN team works in a child-centered approach which necessitates the full participation of families in regards to the planning and provision of services. Services cannot be delivered without full participation of parents and families.

The CSHCN program has focused most of the personnel time and other resources toward provision of direct health care services to children and their families. The program has faced difficulty filling the position of CSHCN Nurse/Case manager due to the overall lack of nurses. However the nurse practitioner currently on the CSHCN team does provide nursing assessments and services. The CSHCN service team provides most services to children in the home setting along with the families to ensure parent involvement in all decision making.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. The CSHCN Program ensures families are involved in decision making around the services they receive and are entitled to.				X
2. 3. The MCH Program continues to recruit a nurse for the CSHCN program and will continue to so until the position is filled.				X
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Staff continued to provide these activities into 2008. The MCH Program systematically and conscientiously makes every effort to encourage consumers of program services to give voice to their concerns or suggestions regarding the quality and effectiveness of MCH Program

efforts. This aspect of developing public input as a regular and ongoing process of quality assurance is especially focused on receiving input from parents and families of Special Needs children during home visits by MCH providers.

c. Plan for the Coming Year

One of the most significant needs of the program is for a Nurse/Case manager. The program will continue to recruit applicants for this position in 2009. This task has been made difficult by the overall shortage of nurses in the Territory as well as the government classification system whereby Department of Health staff earn less than those who work at the hospital. Payment above the minimum will be requested for this position in an effort to fill the vacancy.

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)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	98	65
Annual Indicator	85.8	41.5	54.8	85.7	89.3
Numerator	121	61	80	120	125
Denominator	141	147	146	140	140
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	90	90	90	93	93

Notes - 2006

The data reported in 2006 reflect the current number of children with special needs whose medical home is with served by the CSHCN program. The indicator for this year is below the target due to staffing shortages department wide. The new objectives have been set to reflect the current level of performance.

Notes - 2005

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

a. Last Year's Accomplishments

The data reported for this measure was reported by the CSHCN program. The CSHCN team works in a child-centered approach which necessitates the full participation of families in regards to the planning and provision of services. Services cannot be delivered without full participation of parents and families.

American Samoa is a very small place where all service providers are familiar with each other and work closely. Partner agencies often join teams to provide home visits and clinical care as is the case with the MCH staff. The close collaboration between agencies provides coordinated services for CSHCN and their families.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The CSHCN staff continue to work with the other service providers such as Early Intervention and Special Education to ensure services are provided to all children.				X
2. The MCH Program is an active member of the Interagency Leadership Team which coordinates planning activities for children and families with special needs.				X
3. The CSHCN staff provide workshops for parents and caregivers of infants and toddlers enrolled in the early intervention program on topics appropriate to their needs (hygiene, feeding, positioning, etc).		X		
4. The MCH Program continues to recruit a nurse for the CSHCN program and will continue to so until the position is filled.				X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The CSHCN Team strives to coordinate with other agencies and service systems in the community to ensure that services for CSHCN are coordinated and comprehensive. Strong collaborative relationships have been developed between early intervention, LBJ Pediatrics, community advocacy groups, and the Interagency Leadership team around serving this population. As staffing is a current issue faced by the program the CSHCN team also works collaboratively with the MCH Dental Outreach Team, the dispensary nurses, and the immunization program to pool resources in order to provide optimal services.

c. Plan for the Coming Year

The CSHCN program will continue these activities in 2009. As staffing shortage continues to be an issue for the MCH program, the CSHCN team will join efforts with other service and outreach programs such as the MCH Dental Outreach Team, the Immunization Program, Early Intervention and the Center for Families of Individuals with Developmental Disabilities in order to provide service to all CSHCN and their families.

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)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			100	100	100
Annual Indicator	48.6	100.0	100.0	100.0	100.0
Numerator	70	147	146	140	140
Denominator	144	147	146	140	140
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100

Notes - 2006

This measure is not applicable for American Samoa. The American Samoa law states that all residents including children receive free medical services at the government hospital and Public Health, the only two health care providers in the Territory. All children are presumed eligible for Medicaid and SCHIP services. The only cost for health care are the administrative fees charged at the hospital.

Notes - 2005

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

a. Last Year's Accomplishments

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

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

HEALTH INSURANCE DATA DOES NOT APPLY TO AMERICAN SAMOA. The American Samoa Medicaid and SCHIP programs do not determine individual eligibility or enroll individuals. Rather, the proportion of the entire population known to be below the poverty level is presumed eligible and the cost of providing Medicaid services to this population is used to determine the Medicaid share of the program (50/50). Over 56% of the population have incomes at or below

the federal poverty level. Because the American Samoa Government provides all health care services at little or no cost, everyone, including low income individuals and families have access to essential services. The federal share is reimbursed to the hospital and Department of Health directly to help subsidize the cost of these services. American Samoa opted to implement SCHIP as an extension of its Medicaid Program; all children are eligible for SCHIP services.

c. Plan for the Coming Year

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

Performance Measure 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)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			0	60	60
Annual Indicator	51.7	51.7	51.7	50.0	42.9
Numerator	31	31	31	30	60
Denominator	60	60	60	60	140
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	43	43	45	45	50

Notes - 2006

The data reported in 2006 are pre-populated with the data from the parent/family survey conducted in 2004. New data has been collected however there were not enough surveys completed to be representative of all children with special needs. Efforts are currently being made to collect this data for future reporting.

Notes - 2005

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

a. Last Year's Accomplishments

The data reported for this measure was reported by the CSHCN program. The CSHCN team works in a child-centered approach which necessitates the full participation of families in regards to the planning and provision of services. Services cannot be delivered without full participation

of parents and families.

The CSHCN Team strives to coordinate with other agencies and service systems in the community to ensure that services for CSHCN are coordinated and comprehensive. Strong collaborative relationships have been developed between early intervention, LBJ Pediatrics, community advocacy groups, and the Interagency Leadership team around serving this population.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The CSHCN staff continue to work with the other service providers such as Early Intervention and Special Education to ensure services are provided to all children.				X
2. The MCH Program continues to recruit a nurse for the CSHCN program and will continue to so until the position is filled.				X
3. The MCH Program is an active member of the Interagency Leadership Team which coordinates planning activities for children and families with special needs.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The CSHCN Team strives to coordinate with other agencies and service systems in the community to ensure that services for CSHCN are coordinated and comprehensive. Strong collaborative relationships have been developed between early intervention, LBJ Pediatrics, community advocacy groups, and the Interagency Leadership team around serving this population.

The CSHCN staff continues to partner with families and service agencies to ensure comprehensive and timely delivery of necessary services for CSHCN. The addition of a physician and a dentist to the CSHCN team has increased the capacity for serving children and their families.

In May 2008, the Occupational Therapist Aid, working for the CSHCN program left for further training abroad. This may change the data dramatically unless a replacement is hired.

c. Plan for the Coming Year

c. Plan for the Coming Year

The CSHCN team will continue these activities in 2007.

Staff will be improved with the hiring of new personnel such as a CSHCN nurse and another

dental assistant to help out with the program activities.

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.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			0	0	50
Annual Indicator	0.0	0.0	0.0	0.0	21.4
Numerator	0	0	0	0	30
Denominator	144	147	146	140	140
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	22	23	24	25	25

Notes - 2006

The data has not yet been collected for this measure. Efforts to accurately collect the number of teen CSHCN who are transitioning to adult life and services are in progress.

Notes - 2005

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

a. Last Year's Accomplishments

The MCH staff continue to be active members of the Interagency Leadership team which includes Vocational Rehabilitation, Special Education and other service providers who are involved in school and work transitioning/ placement. The CSHCN team ensures appropriate referrals for all adolescent clients to the appropriate agencies for school/work transition. The CSHCN also facilitates transition between pediatric and adult medical services by maintaining close working relationship with LBJ Medical Authority medical staff.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The CSHCN staff work closely with other service agencies to provide coordinated, user-friendly services to all children with special health care needs and their families.				X
2. The MCH Program continues to serve as a medical home by providing ongoing assessments, gap filling medical services, for children with special health care needs in the home, school and respite care settings.	X			
3. The MCH Program is an active member of the Interagency Leadership Team which coordinates planning activities for				X

children and families with special needs				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The CSHCN will continue to work closely with LBJ Medical staff, Special Education, Vocational Rehabilitation and the Interagency leadership team to facilitate and coordinate smooth transitioning for adolescent CSHCN clients.

c. Plan for the Coming Year

These activities will continue in the coming year. The Program will also continue to recruit necessary staffing to ensure these services are provided.

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.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	82	70	85	75	72
Annual Indicator	83.7	79.8	75.1	70.3	69.7
Numerator	1668	1635	1868	1684	1667
Denominator	1994	2050	2488	2396	2390
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	73	74	75	75	76

Notes - 2006

There was a significant decrease in immunization coverage in 2006. This decrease is attributed to changes in the clinic hours for the Well baby clinics. The MCH and Immunization programs are cognizant of this issue and are planning changes to improve the immunization coverage.

Notes - 2005

The data reported for this measure is a result of a manual survey reported by the Immunization Program.

a. Last Year's Accomplishments

The data reported for 2007 was a result of a manual chart review conducted by the Immunization Program. All health center charts for toddlers aged 19-35 were reviewed as is the annual practice to verify coverage rates. The decrease in the immunization coverage reported in 2005

may be due to data collection and analysis methods.

In 2007 there were changes at the dispensary and Well Baby Clinics (WBC) that affected the overall immunization coverage. In response to community input the nurses decreased the number of days for Well Baby Clinic in each dispensary, including the most populated clinic -- the Tafuna Family Health Center, in order to conduct home visits to the elderly and chronically ill clients in each district. This change was most apparent in the Tafuna Family Health Center as it serves the largest district and normally operates Well Baby Clinics five days a week, for the full day. This was changed to three partial days and the WBC staff was unable to accommodate all the children who were scheduled for their appointments. This change was only in effect for a few months before the clinic reverted back to the full schedule in order to keep up with the number of children to be served. Eventually the other clinics followed suit, however a drop in immunization coverage for this year had already occurred and has not been corrected.

Also during 2007 there were several changes in the nursing staff for the dispensaries. Due to retirement, re-locations, and difficulty in recruiting new staff, three of the Well Baby Clinics lost nursing personnel. Currently, all but one dispensary is operating with fewer staff than normal. In some areas nurses from other areas have been working in the Well Baby Clinics to accommodate for this shortage however a permanent solution has yet to be implemented. This is further complicated by the overall shortage of nurses, lower salaries for Public Health nurses and the natural progression towards retirement for current nursing staff.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Immunization and MCH programs collaborate on educational and outreach activities such as public service announcements, posting billboards, posters and pamphlets		X		
2. MCH clinical staff will continue to assess children before the vaccinations are administered as part of the routine Well Baby clinic.	X			
3. Vaccine Providers are also given Immunization updates and reminders regarding up to date immunizations for children.				X
4. The Department of Health also partners with other agencies such as to refer children who are not update with their immunizations.				X
5. The Immunization and MCH Programs are also planning a new web based immunization registry accessible to all providers to ensure accurate reporting of individual records as well as enabling timely reporting on immunization coverage				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program continues to collaborate with the Immunization Program and Nursing Services to maintain immunization coverage in the community by offering free Well Baby/Child services, offering health education and public awareness on the importance of immunizations for children, and provide follow-up of children who have missed their scheduled vaccinations. MCH also provides clinicians who conduct physical assessments of all children before receiving their

vaccinations, and who are also on hand in case of any adverse events. The MCH pediatrician also serves as the medical advisor to the Immunization Program for surveillance, medical consultation and planning purposes.

The CSHCN staff also work collaboratively with the Immunization program and the Nursing services to ensure that all children with special needs receive age appropriate immunizations. This is facilitated through home visits, clinic visits and referrals from other agencies. The CSHCN staff make routine visits to the health centers to check clinic records for the immunization status of children in the program. When a child is found needing an immunization the CSHCN staff will transport the child and their family to the health ce

c. Plan for the Coming Year

The MCH staff has been monitoring the immunization coverage for this population over the past year. One of the issues with immunization coverage is the timely and accurate reporting of coverage from each dispensary. For this reason the Immunization and MCH Programs are working collaboratively to improve the current data systems and implement a new web based immunization registry (WebIZ). While WebIZ is yet in the planning phase, the MCH/SSDI and Immunization staff will work to improve the current MCH database. This database has been populated for the past 5 year and has collected valuable data but needs to be maintained and developed further. Plans to improve these reporting methods for monitoring and surveillance will be implemented in 2009. These efforts are intended to more accurately report coverage rates for all districts and enable more timely action to meet any drop in coverage before it becomes unmanageable and difficult to correct.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	22	22	21	20	11
Annual Indicator	18.9	22.0	11.7	11.0	14.8
Numerator	30	38	22	33	27
Denominator	1587	1727	1883	2990	1828
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	10	10	9	9	8

Notes - 2006

The increase in the denominator for this measure is a population estimate from the office of Vital Statistics. This MCH program staff will inquire about the significant difference from 2005-2006, however for the time being data for both years is reported as provisional.

a. Last Year's Accomplishments

The MCH Program continues to play an active role on the Teen Pregnancy Prevention Coalition each year. The coalition is a collaborative effort between the Department of Health, LBJ Tropical Medical Center, and other community agencies to prevent teen pregnancies. The coalition works with church, youth and community groups to promote awareness about teen pregnancy. The MCH nurse practitioners also provide education on reproductive health, and provide free clinical visits for teens.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH staff will collaborate with the Teen Pregnancy Prevention coalition to promote abstinence education.		X		
2. The MCH Nurse Practitioner provides family planning services that also serve teens seeking education and contraception.		X		
3. The MCH Women's Health Nurse Practitioner has a weekly radio program that allows callers to ask questions on various topics including teen reproductive health and abstinence.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program provides free health education, counseling and reproductive health services to the community in the four health centers and the LBJ Tropical Medical Center. These services are offered to teens and their families during regular working hours and expanded clinic hours in the evenings.

The MCH Nurse Practitioner hosts a live broadcast radio program where callers are invited to phone in their questions on a variety of health topics. The public is offered health education and general health advice relative to the questions phoned in. The audience is urged to access more individualized services at the Tafuna Family Health centers and the contact information is given out.

The MCH program hosted a healthy kids day pilot project in 2007 catering to 11 -14 year olds. Over 130 adolescents participated. Topics covered included nutrition, physical activity/obesity prevention, oral health, and tobacco use prevention. The Department of Human and Social Services collaborated in this effort and were there to cover mental health and substance use prevention. The MCH nurse practitioner and dental outreach teams were both there to provide free medical and dental checkups at that time. Reproductive health issues were discussed individually with each teen as they received their check-ups.

c. Plan for the Coming Year

The MCH Program has been an active partner for the Gear Up program and participants. The MCH staff visit the schools during their Wrap Around Services for parents and provide education and support on adolescent health issues including oral health, nutrition and physical activity. The MCH staff participated in the Gear Up summer camp to provide education and interactive activities with the students focusing on physical activity, oral health, and nutrition. It is anticipated

that these efforts will be continued and followed up in the coming school year and new topics in adolescent health will be covered, to include reproductive health. Risk behaviors and mental health are also issues to be addressed in 2009.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	53	55	35	25	32
Annual Indicator	48.5	20.8	4.2	41.9	44.1
Numerator	506	234	72	609	631
Denominator	1043	1127	1699	1455	1430
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	45	45	50	50	52

a. Last Year's Accomplishments

Past Experiences:

In FY 2006 this performance measure improved greatly compared to FY 2005. With the aid of the SOHCS grant, portable dental units were purchased and utilized, thus enabling the MCH Dental Team to increase access to dental services among the children population. A total number of 609 third grade students had at least one permanent molar sealed. The performance indicator increased from 4.2 (2005) to 41.9 significantly. The availability of the SOHCS grant played a key role in the progress of oral health among this age group.

In FY 2007, this performance indicator further increased from 41.9 to 44.1. The dental team carried out oral hygiene instructions including tooth brushing drills besides applying fissure sealants and fluoride varnish, to all the schools visited. A total number of 631 third grade students were sealed. There were a total of 20 elementary schools all together.

In February 2007 the MCH Program celebrated National Children's Dental Health Month. For this month the MCH Dental Team had a number of promotional activities to promote children's oral health. In strengthening the partnership between the dental team and the primary care providers, the MCH dentists shadowed the MCH pediatric providers in the Well Baby Clinics to conduct fluoride varnish for all children seen. While the dentist and physician performed the dental exam, varnish application and physical exam, the dental assistant provided oral health instruction for parents and children in the waiting areas of the clinics. This was done in all 4 Well Baby Clinics. Parents were also given goody bags with toothbrushes for their children to reinforce the tooth brushing demonstration and encourage good oral hygiene.

Children with Special Health Care Needs (CSHCN) received better dental access this year compared to other years. A total of 20 CSHCN third grade students had at least one molar sealed. This is 14% of the CSN population that is taken care of by the CSN staff of the MCH program.

In May 2007, a Sealant Evaluation report was given to the MCH coordinator by the MCH Dental

Team. It reported a 62% sealant retention. Recommendations were made in order to improve this percentage.

During Children's Dental Health Month the MCH Program conducted a 3 day dental clinic open to the public to provide free dental check ups and oral health promotion. The event was advertised on the TV, newspaper and radio. As a result 340 children were served during these 3 days. Children were each given a dental exam/check-up, oral health instruction, fluoride application, and emergency treatments were done. Children were given goody bags containing toothbrushes, toothpaste, floss and a brochure on dental sealants.

Other dental outreach activities were carried out to promote oral health among children in general, such as carrying out a healthy kids' fair in which children's health was promoted. It was a joint effort between the MCH programs' staff and the Immunization Program of the Department of Health; as well as the health prevention team of the Department of Social Services. Topics promoted included Healthy Nutrition and physical activity, tobacco and drugs prevention, and oral hygiene. All whom attended received a dental screening and fluoride application, vaccine shots (updated immunization cards with parental consents), physical screenings including height and weight readings. A total of 129 children attended this outreach with ages ranging from 6 to 15 years old.

Due to the Manua Islands being isolated without any immediate access to any kind of dental services, a team from the department of health traveled in March 2007 to the two islands to provide medical and dental acute services. A total population of 160 was seen by this team. Emergency cases received immediate attention and received dental restorations and extractions. Fluoride varnish was also applied but no chance of any sealant application due to the time factor as well as the fact that the team concentrated on providing emergency dental treatment only.

The last dental outreach carried out prior to the ending of fiscal year 2007, was with the newly established MCH partner, the Gear-Up program. Their target population was seventh grade students ranging from 12 to 13 years of age. The MCH programs staff including the dental team provided oral health awareness, nutrition and physical activity.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH Dentists work with the Department of Education to provide preventive dental services to school children on site free of charge.	X			
2. The MCH multimedia campaign will include public service announcements on fissure sealants and nutrition to promote oral health.		X		
3. The MCH Dental team provides free preventive dental services for all children during Children's Dental Health Month as an annual promotional activity.	X			
4. THE MCH Dental team has developed educational pamphlets and materials that will be distributed at community outreach activities.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

As of current date, a total number of 361 third grade students have a dental sealant present on at least one permanent molar. This data should be doubled by the end of the fiscal year. A total number of 17 elementary schools were covered out of a total of 31 schools.

In February 2008, for the Children Dental Health Month, the dental team concentrated more on giving oral health presentations to third grade students (7 elementary schools) as well as 8th grade students (Gear-Up). The team also applied fluoride varnish to 57 infants and young children up to 5 years of age at the various Well Baby Clinics. A total number of 16 schools were visited this dental month. A total number of 184 Gear-up 8th grade students were screened, and given report cards to take home, notifying parents and care-givers of their oral conditions as well as informing them of the need to visit the nearest dental clinic for further tests and treatment if needed.

During the disability month on October 2007, the dental team provided dental screening, oral hygiene reinforcements, plus dental referrals (to the nearest dental clinic for treatments if needed) for children with Special Health Care Needs. This was a partnership between the MCH programs and the CFIDD, Center for Families of Individuals with Developmental Disabilities.

c. Plan for the Coming Year

Current plans for the new school year include finalizing the school schedule, confirming participation of other service areas, and finalizing the referral system with the LBJ Tropical Medical Center Dental Division.

The dental team is planning to start off the new school year, August 2008, by initially covering elementary schools in the Manua Islands. This will include Olosega, Fitiuta and Faleasao. In order to double the current fissure sealant data, 361, it is anticipated that following the Manua Islands, the team will cover large populated schools such as Pavaiai, Midkiff and Tafuna Elementary Schools.

Recommendations reported for other dental outreach programs in the past year will also be revised and a Children Dental Health Month program will be planned for February 2009.

It is also anticipated that the MCH CSHCN population will also be covered. In the past year the success rate of the CSN population seen by the dental team was the consistent coverage of CSN children in the elementary schools as well as providing third grade sealants.

In 2009 the LBJ Tropical Medical Center SCHIP Dental programs have begun planning services to cater to children 0-19 years of age. The MCH Dental Outreach Team has been focused primarily on prevention, concentrating most efforts on education, fluoride application, and sealants. Through community outreach in various locations it has become apparent that many children are in need of dental treatment or curative services. Many of the children seen by the MCH Dental Outreach Team are referred for such services however few actually access services, stating one of the barriers being the cost of treatment at the LBJ Tropical Medical Center dental clinic. This has prompted discussions and plans to provide curative dental services at LBJ Tropical Medical Center dental clinic for minimal or no charge. These plans will be discussed further in 2009.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	6	5	6	6	4
Annual Indicator	7.3	7.1	0.0	4.4	3.8
Numerator	5	5	0	1	1
Denominator	68176	70391	23487	22720	26444
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.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	4	3	3	2	2

a. Last Year's Accomplishments

There was 1 motor vehicle death reported in 2007. This performance measure is impacted by the very low speed limit of 25 miles per hour in the Territory, as well as enforcement of the limits. The Territory has seen an increase in the number of vehicles on the road and speeding has been hindered with added congestion on the roadways.

The MCH program has partnered with the EMSC program to provide outreach and education on injury prevention for this population. EMSC has been invited to participate in outreach activities such as the free clinics for Children's Dental Health Month and the health fair in 2007. EMSC provided presentations on safety and injury prevention as well as a information booth at these events.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH health education staff will partner with the Department of Public Safety and EMSC to include vehicle safety in existing health education activities.		X		
2. The MCH health education and Nutrition staff will continue partnership with Daycare centers to provide proper vehicle safety education to the Daycare Centers.				
3. Motor vehicle safety is a topic covered by the health education modules of the Well Baby Clinic				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

MCH will continue to promote vehicular safety through education at the community health centers, the day care centers and through the media.

c. Plan for the Coming Year

The MCH staff will partner with the Department of Public Safety and the EMSC program to promote child safety and vehicular safety in the community. There has been a visible increase in the number of children riding bicycles so bicycle safety should also be addressed.

In 2009 the MCH staff will take advantage of opportunities such as Gear Up to address adolescent health issues such as safety and injury prevention. Public education and outreach continues to be an effort to meet this need.

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				35	36
Annual Indicator			35.4	34.2	
Numerator			585	675	
Denominator			1652	1973	
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.					
Is the Data Provisional or Final?				Provisional	
	2008	2009	2010	2011	2012
Annual Performance Objective	36	37	37	38	

Notes - 2007

The data reported for this measure in 2007 reflects data collected from the two largest Well Baby Clinics. Data has not been collected from the two smaller clinics at the time of this report. This data will be corrected once it has been analyzed.

a. Last Year's Accomplishments

The MCH Health Educator and Nutrition staff provide breastfeeding education and counseling at the community health center well baby, prenatal and post partum clinics. Breastfeeding remains one of the topics on the continuous media campaign. In 2007 1150 women receive breastfeeding education and counseling at the prenatal clinics, maternity ward, and the Well Baby Clinics. This education included correct latching on and positioning, prevention and remedies for engorgement and breast soreness, breastfeeding after a cesarean section, nutritional importance of breastfeeding and colostrums for the baby, and encouragement and follow up for mothers at the Well Baby Clinics. The MCH and Nutrition staff along with the WIC staff ran a breastfeeding promotion during the month of August which included information/education booths set up at different public locations, media advertising on radio and television and other activities to promote breastfeeding in the community.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB

1. Provide health education on breastfeeding to women attending prenatal clinics in the community health centers and the LBJ Tropical Medical Center OBGYN clinic.		X		
2. Continue to air public service announcements on the benefits of breastfeeding and colostrum on local radio stations.		X		
3. Continue to broadcast TV shows on breastfeeding on the Department of Health sponsored TV show "O Lou Soifua Maloloina" or Here's to Your Health.		X		
4. Continue to provide breastfeeding coaching and counseling to postpartum mothers at the Maternity Ward at LBJ Tropical Medical Center.		X		
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH staff continues breastfeeding education and counseling to women accessing prenatal care in all of the community health centers as well as the LBJ OBGYN clinic. One on one counseling is also conducted at the Maternity Ward after the women have delivered. The staff are on hand to provide support and coaching for mothers who need help with breastfeeding initiation. The MCH hotline telephone number is also given out for mothers to call if they need additional support at home. Breastfeeding is one of the nutritional topics covered in education and counseling at the well baby clinics for mothers who are bringing in their infants or toddlers in for a check up.

Breastfeeding radio spots air continuously on the local radio stations throughout the year. The MCH staff also broadcast television shows on breastfeeding. Breastfeeding is also promoted by the Children's Oral health program to improve nutrition and avoid baby bottle tooth decay. In addition, the WIC program has initiated a media campaign that promotes breastfeeding on the radio.

c. Plan for the Coming Year

These activities will continue in the coming year.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

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	1736	1713	1720	1442	1291
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and			Yes	Yes	

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.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0

Notes - 2006

Hearing screening is not available in American Samoa .

Notes - 2005

American Samoa does not conduct hearing screening.

a. Last Year's Accomplishments

American Samoa does not conduct hearing newborn screening.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This measure not applicable.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Department of Health has applied for the Early Hearing Detection and Intervention Program. Approval and funding of this application are pending.

c. Plan for the Coming Year

Funding of the Early Hearing Detection and Intervention Program application of funding will have a significant impact on this measure. Implementation of this new program may be imminent in 2009.

Performance Measure 13: Percent of children without health insurance.

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	0	0	22720	26444
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and			Yes	Yes	

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.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	

Notes - 2006

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

Notes - 2005

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

a. Last Year's Accomplishments

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

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. This measure not applicable.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

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

c. Plan for the Coming Year

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

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				50	50
Annual Indicator			0.0	0.0	14.0
Numerator			0	0	1230
Denominator			2031	3341	8791
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.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	14	14	13	13	12

Notes - 2007

The data reported for this measure is of the children served at the Well Baby Clinics as WIC is unable to extract this data from the current WIC database.

a. Last Year's Accomplishments

Nutrition education is a requirement for all WIC participants and reinforced at the Well Child Clinics. Healthy food choices, iron rich foods, and obesity prevention are included in this education. The MCH/Nutrition staff have also implemented a number of community outreach activities to promote health nutrition for families which reached an audience of 1,249. In addition, multi-media education and public awareness is a continuous activity to address this measure.

The data reported for this measure are of the children enrolled in WIC who are served at the Well Baby Clinics. The WIC program has experienced difficulty retrieving this data from their own database. MCH has offered to provide assistance with this task in order to access this data.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to provide nutrition education and counseling to families at Well Baby/Child clinics.		X		
2. In partnership with the child care agency the MCH staff will provide nutrition education to all day care providers on Tutuila and Aunuu.				X
3. Continue to air public service announcement on healthy nutrition on local radio.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Program offers nutrition education and counseling for children at the well baby clinics, at the day cares and through public service announcements. Posters and pamphlets have been distributed and posted to all health centers and other public places to increase awareness about healthy nutrition. These materials have been adapted to feature local foods, both good and bad and have also been translated.

Nutrition is also a key component of the oral health education conducted by the MCH Dental Outreach team visiting the schools. The majority of elementary schools are visited each school year and oral health and nutrition education go hand in hand as they are taught to school aged children.

c. Plan for the Coming Year

These activities will continue in the coming year.

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				20	20

Annual Indicator			0.0	2.1	3.3
Numerator			0	30	10
Denominator			1720	1442	300
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.					
Is the Data Provisional or Final?				Provisional	
	2008	2009	2010	2011	2012
Annual Performance Objective	10	7	5	3	2

Notes - 2006

This data reported for this measure was collected from the pregnancy risk assessment survey started in May 2007. This data is not representative of all women who were pregnant as this data was only collected over a short period of time therefore the target for this measure will not be changed until more reliable data is available.

a. Last Year's Accomplishments

The data for this measure has been collected as an indicator of the Pregnancy Risk Assessment Survey conducted in 2007. Of the approximately 300 surveys administered and collected a very small number reported smoking during pregnancy. However optimally this number should be nil. In response the MCH staff have been trained in tobacco cessation and now have some experience in providing education and cessation activities for these mothers. The dangers of both smoking and second hand smoke are covered in the risk factor education done for prenatal clinic clientele. Smoking has also been included as a topic in the MCH media campaign.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH Health Education and Nutrition program staff will partner with the Tobacco Control Program to provide education and awareness activities on the dangers of tobacco use to prenatal mothers.		X		
2. Tobacco use prevention will also be included in the media campaign currently airing on the radio and public television station to target mothers and their families.		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH staff provide education on risk behaviors during pregnancy to all prenatal women. Women who do report they are smoking during pregnancy can be referred to the Tobacco Program (Cessation Program and Quit Line) for more help. MCH staff have also received training in smoking cessation and are also able to provide assistance to these mothers who need to smoke.

c. Plan for the Coming Year

The MCH Program will continue the PRAMS-like survey to obtain a better sampling of the annual births on this measure. The MCH staff will offer any assistance and referrals for all women who are smoking and need help quitting.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	44	43	41	40	40
Annual Indicator	43.1	41.5	0.0	0.0	0.0
Numerator	7	7	0	0	0
Denominator	16247	16857	5223	5430	5320
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.			Yes	Yes	Yes
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	39	38	30	30	28

Notes - 2006

Reporting for this measure has changed in from 2004 to 2005 and 2006. Previously (as in 2004) the data was reported in three year moving sums because that was how it had been reported since 2001. In 2005 the data were reported in 3 year moving averages, therefore there appears to be a significant decrease in the total number reported. This decrease is the difference between previous reporting practices of using a three sum versus using a three year average.

Notes - 2005

There were no events to report for this measure in 2005.

a. Last Year's Accomplishments

In 2005 the MCH Program continued efforts to coordinate with other programs and agencies that provide counseling and other services related to teen suicide in order to connect with teens to determine the types of services needed. Other government and community based agencies provide preventive activities focused on teen suicides.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH staff will partner with the Teen Suicide Prevention coalition to provide services and connect with teens.				X
2. . The MCH staff will partner with other agencies and programs which provide services to teens to promote self esteem, and address issues surrounding teen suicide.				X
3.				

4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

In 2009 MCH will continue to coordinate and partner with other agencies and organizations that provide teen counseling and services related to teen suicide. The Department of Health does not currently have anyone on staff specifically trained to do counseling for teen suicide. Other government agencies with this type of capacity have taken the lead on this topic. The MCH program supports all efforts to prevent teen suicide in the Territory.

c. Plan for the Coming Year

These activities will continue in the coming year.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	0	1713	1720	1442	1291
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.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	0

Notes - 2006

There are no facilities specifically for high risk deliveries in American Samoa. There is only one delivery facility and it is the LBJ Tropical Medical Center.

Notes - 2005

There are no facilities specifically for high risk deliveries in American Samoa. There is only one delivery facility and it is the LBJ Tropical Medical Center.

a. Last Year's Accomplishments

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

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. There is only one birthing facility for all births.				X
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

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

c. Plan for the Coming Year

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

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	24	25	13	13	14
Annual Indicator	25.3	12.2	14.7	15.0	22.1
Numerator	165	65	73	82	96
Denominator	651	531	496	547	435
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	14	15	16	16	16

Notes - 2007

This is preliminary data collected thus far. It is a sampling of the prenatal records. This is only provisional and will be updated in the progress report in December 2008.

a. Last Year's Accomplishments

The MCH program continues to promote and encourage early access to prenatal care through public service announcements and TV programs in the local media. The importance of prenatal care is also emphasized during the Becoming Parents classes and at every available opportunity.

A review of the data sample for 2007 reveals a slight increase in early initiation and participation in prenatal care. This may be as a result of the new financial incentive package instituted by LBJ Tropical Medical Center in 2006. In order to qualify for a discounted rate for antenatal care women must access prenatal care in the first trimester and consistently attend all scheduled visits. The MCH and Nutrition staff make every effort to promote this program to all mothers and families to encourage early initiation and consistent participation in prenatal care services.

The MCH program continues to provide free prenatal care services in two dispensaries, including the Tafuna Family Health Center. These clinics are provided during regular working hours four days a week. In addition there are after hour clinics at two separate locations two days a week to accommodate women who are not able to access the clinic during normal working hours.

Also in 2007 the MCH staff commenced a pregnancy risk assessment survey similar to the CDC PRAMS survey. The core modules for the CDC PRAMS were reviewed and a set of relevant questions for American Samoa was selected for the local version of PRAMS. These questions were then translated and piloted, and the survey began implementation in the summer. To date, over 300 post-partum women have been surveyed. The survey results are being collected by the MCH staff and a full analysis is forthcoming. Items of particular interest for the survey were questions relating to initiation and participation in prenatal care, barriers to care, health education (topics that have been discussed at prenatal clinic), and risk behaviors. The results of this survey will enable the program to plan and implement services that are user friendly and client centered. The health education questions are also an evaluation activity for the health education efforts currently in place for this population.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide free prenatal care at the Tafuna Family Health Center, Amouli Health Center and after normal clinic hours at the Tafuna Family Health Center and the LBJ Tropical Medical Center OBGYN clinic.	X			
2. Provide education and community awareness of the newly implemented financial incentive package for early initiation of prenatal care at the LBJ Medical center.		X		
3. Continue a multimedia campaign airing public service announcements on the benefits and importance of continuous prenatal care beginning in the first trimester.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

All activities for this measure are continuous in 2008.

c. Plan for the Coming Year

These activities will be continued in the coming year. The pregnancy risk assessment survey will also continue in order to obtain a representative sample and will be analyzed in 2009. Results

will be incorporated into planning for future activities and reported in the 2008 annual report.

D. State Performance Measures

State Performance Measure 1: *Percent of infants born to women receiving adequate Prenatal Care according to the Kotelchuk Index.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				10	11
Annual Indicator	25.3	12.2	14.7	15.0	22.1
Numerator	165	65	73	82	96
Denominator	651	531	496	547	435
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	12	13	15	15	15

Notes - 2007

This data was collected from a random sample of prenatal records. Thus is provisional.

Notes - 2006

The data reported for this measure reflect only the total number of live births to women in the Tafuna district who are in the service area of the Community Health Center. This is the data available at the time of this report however it does not reflect all births for the Territory.

a. Last Year's Accomplishments

The MCH program continues to promote and encourage early access to prenatal care through public service announcements and TV programs in the local media. The importance of prenatal care is also emphasized during the Becoming Parents classes and at every available opportunity.

A review of the data sample for 2007 reveals a slight increase in early initiation and participation in prenatal care. This may be as a result of the new financial incentive package instituted by LBJ Tropical Medical Center in 2006. In order to qualify for a discounted rate for antenatal care women must access prenatal care in the first trimester and consistently attend all scheduled visits. The MCH and Nutrition staff make every effort to promote this program to all mothers and families to encourage early initiation and consistent participation in prenatal care services.

The MCH program continues to provide free prenatal care services in two dispensaries, including the Tafuna Family Health Center. These clinics are provided during regular working hours four days a week. In addition there are after hour clinics at two separate locations two days a week to accommodate women who are not able to access the clinic during normal working hours.

Also in 2007 the MCH staff commenced a pregnancy risk assessment survey similar to the CDC PRAMS survey. The core modules for the CDC PRAMS were reviewed and a set of relevant questions for American Samoa was selected for the local version of PRAMS. These questions were then translated and piloted, and the survey began implementation in the summer. To date, over 300 post-partum women have been surveyed. The survey results are being collected by the MCH staff and a full analysis is forthcoming. Items of particular interest for the survey were questions relating to initiation and participation in prenatal care, barriers to care, health education (topics that have been discussed at prenatal clinic), and risk behaviors. The results of this survey will enable the program to plan and implement services that are user friendly and client

centered. The health education questions are also an evaluation activity for the health education efforts currently in place for this population.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Provide free prenatal care at the Tafuna Family Health Center, Amouli Health Center and after normal clinic hours at the Tafuna Family Health Center and the LBJ Tropical Medical Center OBGYN clinic.	X			
2. Provide education and community awareness of the newly implemented financial incentive package for early initiation of prenatal care at the LBJ Medical center.	X			
3. Ensure that all eligible women are enrolled in the financial incentive prenatal package at LBJ Tropical Medical Center to subsidize the costs of antenatal care.	X			
4. 3. Provide education and community awareness of the newly implemented financial incentive package for early initiation of prenatal care at the LBJ Medical center.		X		
5. 4. Continue to pregnancy risk assessment survey that is PRAMS-like to determine the leading barriers for accessing prenatal care and ways to improve prenatal services for all women.				X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

All activities for this measure are continuous in 2008.

c. Plan for the Coming Year

These activities will be continued in the coming year. The pregnancy risk assessment survey will also continue in order to obtain a representative sample and will be analyzed in 2009. Results will be incorporated into planning for future activities and reported in the 2008 annual report.

State Performance Measure 2: *Percentage of annual re-evaluation of Children with Special Health Care Needs (CSHCN) by the Interdisciplinary Team.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				98	50
Annual Indicator	75.0	47.6	97.9	76.4	87.9
Numerator	108	70	143	107	123
Denominator	144	147	146	140	140

Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	70	80	90	90

a. Last Year's Accomplishments

The CSHCN Team strives to coordinate with other agencies and service systems in the community to ensure that services for CSHCN are coordinated and comprehensive. Strong collaborative relationships have been developed between early intervention, LBJ Pediatrics, community advocacy groups, and the Interagency Leadership team around serving this population.

The success in 2007 was also due to the joined activities between the CSHCN and the Dental Outreach team. Many of these children were seen at school and were able to access both medical and dental services.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. The CSHCN staff continue to work with the other service providers such as Early Intervention and Special Education to ensure services are provided to all children.				X
2. 2. The MCH Program is an active member of the Interagency Leadership Team which coordinates planning activities for children and families with special needs.				X
3. 3. The CSHCN staff provide workshops for parents and caregivers of infants and toddlers enrolled in the early intervention program on topics appropriate to their needs (hygiene, feeding, positioning, etc).		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The CSHCN staff continues to partner with families and service agencies to ensure comprehensive and timely delivery of necessary services for CSHCN. The activities to address this measure are centered on collaborative methods to reach children where they are. This will include the CSHCN team joining the MCH Dental Outreach team in their visits to the schools so that CSHCN receive both dental and medical services in a manner that is less disruptive than physically coming to the Public Health clinics/offices.

The CSHCN team works closely with the early intervention staff and continues to provide services together, often visiting children in the homes and schools as a team. The community family advocacy group has also been included in home visits with children and their families. This also helps avoid confusion among the parents regarding different service providers in the community.

c. Plan for the Coming Year

The CSHCN program will continue these activities in 2009. As staffing shortage continues to be an issue for the MCH program, the CSHCN team will join efforts with other service and outreach programs such as the MCH Dental Outreach Team, the Immunization Program, Early Intervention and the Center for Families of Individuals with Developmental Disabilities in order to provide service to all CSHCN and their families.

State Performance Measure 3: *Percent of 2, 3, and 4 year old children who are seen in the in the MCH Well Child Clinics who access dental health services.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				12	14
Annual Indicator			35.3	10.8	14.9
Numerator			1067	362	563
Denominator			3020	3341	3791
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	16	18	20	22	22

a. Last Year's Accomplishments

For this performance measure, a total number of 1269 were covered for this age-group, by the MCH Dental Team. A combination of dental outreach activities were carried out to obtain this data. This data also include the Early Childhood Education, ECE, seen by the SCHIP dentist based at their headquarters. This data also include home visits for CSHCN children, as well as those seen during the Disability month, Manua Island clinics, and the Well Baby Clinics during the Dental Month activities in February.

In February 2007 the MCH Program celebrated National Children's Dental Health Month. For this month the MCH Dental Team had a number of promotional activities to promote children's oral health. In strengthening the partnership between the dental team and the primary care providers, the MCH dentists shadowed the MCH pediatric providers in the Well Baby Clinics to conduct fluoride varnish for all children seen. While the dentist and physician performed the dental exam, varnish application and physical exam, the dental assistant provided oral health instruction for parents and children in the waiting areas of the clinics. This was done in all 4 Well Baby Clinics. Parents were also given goody bags with toothbrushes for their children to reinforce the tooth brushing demonstration and encourage good oral hygiene.

During Children's Dental Health Month the MCH Program conducted a 3 day dental clinic open to the public to provide free dental check ups and oral health promotion. The event was advertised on the TV, newspaper and radio. As a result 144 2, 3, and 4 years old children were served during these 3 days. Children were each given a dental exam/check-up, oral health instruction, fluoride application, and emergency treatments were done. Children were given goody bags containing toothbrushes, toothpaste, floss and a brochure on dental sealants.

Due to the Manua Islands being isolated without any immediate access to any kind of dental services, a team from the department of health traveled in March 2007 to the two islands to provide medical and dental acute services. A total of 23 children were seen by this team. Emergency cases received immediate attention and received dental restorations and extractions.

Fluoride varnish was also applied but no chance of any sealant application due to the time factor as well as the fact that the team concentrated on providing emergency dental treatment only.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 3. Partner with the LBJ dental department to increase the number of well baby referrals who actually receive dental services.				X
2. 2. Provide inservices and protocols for all Well Baby/Child clinicians on application of flouride varnish.				X
3. 1. Work with the nursing and clinical staff of the well baby clinics to increase referral of 1, 2, 3, 4 year olds to the dentist.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Currently one of the MCH dentists has been working at the Tafuna Family Health Center to provide free dental assessments and fluoride varnish to children accessing Well Baby Clinic. In collaboration with the Nursing services the MCH program has set up a referral program to provide free dental assessments for all infants and toddlers.

c. Plan for the Coming Year

These activities will continue in the coming year.

State Performance Measure 4: *Percentage of 4 month olds in Well Baby Clinics who are exclusively breastfed.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				25	25
Annual Indicator			31.2	27.1	31.2
Numerator			516	416	353
Denominator			1652	1534	1132
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	30	31	31	32	32

a. Last Year's Accomplishments

The MCH Health Educator and Nutrition staff provide breastfeeding education and counseling at the community health center well baby, prenatal and post partum clinics. Breastfeeding remains one of the topics on the continuous media campaign. In 2007, 1150 women receive breastfeeding education and counseling at the prenatal clinics, maternity ward, and the Well Baby Clinics. This education included correct latching on and positioning, prevention and remedies for engorgement and breast soreness, breastfeeding after a cesarean section, nutritional importance of breastfeeding and colostrums for the baby, and encouragement and follow up for mothers at the Well Baby Clinics. The MCH and Nutrition staff along with the WIC staff ran a breastfeeding promotion during the month of August which included information/education booths set up at different public locations, media advertising on radio and television and other activities to promote breastfeeding in the community.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Provide health education on breastfeeding to women attending prenatal clinics in the community health centers and the LBJ Tropical Medical Center OBGYN clinic.		X		
2. 3. Continue to broadcast TV shows on breastfeeding on the Department of Health sponsored TV show "O Lou Soifua Maloloina" or Here's to Your Health.		X		
3. 5. Continue to provide education and breastfeeding tips to mothers attending Well Baby Clinic at the community health centers.		X		
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH staff continues breastfeeding education and counseling to women accessing prenatal care in all of the community health centers as well as the LBJ OBGYN clinic. One on one counseling is also conducted at the Maternity Ward after the women have delivered. The staff are on hand to provide support and coaching for mothers who need help with breastfeeding initiation. The MCH hotline telephone number is also given out for mothers to call if they need additional support at home. Breastfeeding is one of the nutritional topics covered in education and counseling at the well baby clinics for mothers who are bringing in their infants or toddlers in for a check up.

Breastfeeding radio spots air continuously on the local radio stations throughout the year. The MCH staff also broadcast television shows on breastfeeding. Breastfeeding is also promoted by the Children's Oral health program to improve nutrition and avoid baby bottle tooth decay. In addition, the WIC program has initiated a media campaign that promotes breastfeeding on the radio.

c. Plan for the Coming Year

These activities will continue in the coming year.

State Performance Measure 5: *Percent of 14-17 year olds attending school who admitted to smoking in the last 30 days.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				40	39
Annual Indicator			0.0	40.0	24.2
Numerator			0	614	878
Denominator			1535	1535	3625
Is the Data Provisional or Final?				Provisional	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	24	24	22	22	20

Notes - 2007

The numerator reported for this measure is the total number of survey participants in the 2007 YRBS, which had greater success in response rate than in previous years.

Notes - 2006

This data reflects the last YRBS data that was available for 1999. The most current YRBS data has yet to be released by the Department of Education and CDC.

a. Last Year's Accomplishments

The data for this performance measure is derived from the YRBS data from the Department of Education however that data was not available at the time of this report. The Department of Education (DOE) is the lead agency for conducting the YRBS. DOE as released the results of the survey conducted in 2007. The data reported for this measure specifically shows the number of students who reported using a tobacco product in the last month at 25.4%. This data may be attributed to the current ban on smoking in public transportation, increased efforts to ensure vendor compliance with laws regulating selling of tobacco to minors, efforts to maintain tobacco and drug free school campuses as well as increased education and tobacco use prevention activities.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. The MCH Health Education and Nutrition program staff will partner with the Tobacco Control Program to provide education and awareness activities on the dangers of tobacco use to school children.		X		
2. 2. Tobacco use prevention will also be included in the media campaign currently airing on the radio and public television station to target children and their families.		X		
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Effective July 1, 2008 a law banning smoking on public transportation including buses and taxis went into effect. The law is a result of joint efforts of the community, the American Samoa Cancer Coalition, the American Samoa Environmental Protection Agency and the Department of Health. This is one of the first steps toward adoption of a Clean Air Act for American Samoa. The American Samoa Cancer Coalition, Department of Health, governmental and non-governmental agencies as well as community members are currently working on a draft of the bill that will be introduced. The goal is to have the Clean Air Bill introduced in January 2009.

c. Plan for the Coming Year

The MCH will continue to partner with Gear Up, Department of Social Services substance abuse prevention projects, and other partners to address this issue. MCH staff will work closely with the adolescents (Gear Up) population on tobacco use prevention activities include health education and awareness. The MCH is also partnering with the Cancer Control program and has planned to implement a tobacco use prevention peer mentoring program in conjunction with the Substance Abuse Prevention program at the Department of Social Services.

State Performance Measure 6: To decrease the percentage of 1 year olds with low hemoglobin (less than 11)

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				54	29
Annual Indicator			30.0	31.0	10.9
Numerator			517	484	157
Denominator			1726	1562	1440
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	29	28	28	27	27

Notes - 2007

In 2007 there was equipment failure with the hemoglobin testing units. For this reason the data reported for this year reflects a much smaller number of children screened. The program has since ordered new machines and this data is expected to be a better reflection of hemoglobin testing in 2009.

a. Last Year's Accomplishments

Infants and children continue to be screened for hemoglobin levels at the well baby clinics. Nutrition education is provided in both individual and group settings. The MCH program has also used public service announcements in the media to increase awareness on nutrition issues. Children with low hemoglobin levels receive individualized education and counseling, iron supplementation and are followed up in one months time to resolve this health risk.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. Continue to provide nutrition education and awareness to families at Well Baby/Child clinics.		X		
2. 2. Provide hemoglobin screening for infants and 1 year olds at the Well Baby Clinic along with nutrition education.	X			
3. 3. Provide iron supplements to families with children who have	X			

low hemoglobin levels free of charge.				
4. 4. Provide multivitamin supplements to all children free of charge with nutrition counseling and education.	X			
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

Current activities include nutrition education and awareness in the Well Baby/Child and Prenatal clinics, radio spots and TV programs. The MCH program has partnered with the child care agency to provide health education to all day care center providers on nutrition, safety and hygiene. All centers have been visited once this year and followup visits will be conducted this summer. The MCH program partners with the Preventive health, Tobacco Control, and Diabetes programs to promote community wellness and healthy nutrition for all families.

c. Plan for the Coming Year

The media campaign on both radio and TV will continue along with education activities provided to Well Baby/Child and Prenatal participants. The partnership to provide nutrition education to the child care centers will also continue. The MCH program will build new partnerships with the local nutrition coalition, head start, and the agricultural programs in the community to promote health nutrition and local foods in the community.

State Performance Measure 7: Percent of children among the children with special needs who are known to the CSN Program who receive an annual dental assessment.

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective					60
Annual Indicator			20.5	57.9	87.9
Numerator			30	81	123
Denominator			146	140	140
Is the Data Provisional or Final?				Provisional	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	62	64	66	68	68

a. Last Year's Accomplishments

In 2007 activities to meet this measure were very successful through the school outreach team. By partnering the CSHCN team with the dental outreach team the majority of CSHCN clients have received dental assessments and referrals as necessary. Home visits were conducted for those children who were not able to be seen at school.

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. 1. The CSHCN and dental team will partner to ensure children with special health care needs who are attending school are seen by the school dental team.				X
2. 2. The CSHCN and dental teams will provide dental	X			

assessments to children with special health care needs in the homes.				
3. 3. Children with special health care needs will be seen in the community health center nearest to them for dental treatments.				X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The MCH Dental Outreach Team and the CSHCN team are currently working on the schedule for next school year and intend on continuing this collaboration for 2009.

c. Plan for the Coming Year

These activities will continue in 2009.

E. Health Status Indicators

Annual reporting on the Health Status Indicators has enabled the MCH Program and the Department of Health to evaluate its current data collection and reporting systems. The systems currently in place are not adequately or accurately meeting the data needs of the Department of Health. Without current and accurate data the Department cannot fulfill its role of monitoring and surveillance. This has been a long standing unmet need for many years. However, the MCH Program and the Data Committee are taking a leadership role in building a partnership between the LBJ Medical Authority and the Department of Health to meet the health information needs of the community as a team.

An initial Memorandum of Agreement has been signed by both entities in order to establish a unified electronic health record system. The objectives of this MOA are:

- ? To improve the quality of care provided to all patients.
- ? To decrease the cost of care by eliminating duplication of services.
- ? To provide health care providers with accurate patient information needed to make effective treatment decisions.

The initial linkage between the hospital and the public health clinics occurred in May 2006. Tafuna Health Center and the Communicable Disease clinics of the Department of Health are currently using the same electronic health record system in use at the hospital. The MCH Program plans to further develop this system to meet the reporting needs for Title V and the Department through the SSDI Project in 2007 -2011.

F. Other Program Activities

Filariasis Elimination Campaign: The Title V staff have and will continue to expend a noteworthy amount of time working on the Filariasis Elimination campaign. This is a joint effort with the World Health Organization and CDC that was initiated in 2001 and will continue for five years. The major thrust of the Filariasis Elimination campaign is a Mass Drug Administration (MDA). Title V staff serve in leadership roles for the Community Health Services and Nursing Division in the planning and implementation of the MDA. MCH staff continues to volunteer time after regular working hours to support this campaign. Title V staff continued to participate in this campaign in

2005 & 2006.

Title V participated in disabilities awareness week. Staff members conducted outreach and health education activities including a trip to the outer islands of Manu'a to provide screening and assessments for children there. This was done in collaboration with the early intervention program. Since the MCH pediatrician has come on staff in 2006 he has been to Manu'a twice with the MCH dentists and assessed over 300 children.

Title V staff will participate in a number of conferences and workshops held off-island:

Two MCH staff members will attend the MCH Grant Review in Honolulu.

Title V staff will be represented at the annual Partnership meeting. Travel funds previously budgeted for travel have been reallocated to allow for other inputs, more vital to Title V programming.

MCH HOTLINE

The MCH hotline number is widely publicized and members of the public are urged to call with concerns.

The MCH Coordinator is an active member of the Department of Health Data Committee which coordinates data planning activities for the Department. The MCH staff played a key role in facilitating partnerships and linkages for data sharing between the hospital and public health. In 2006 the Department of Health and the LBJ Medical Authority entered into a Memorandum of Agreement to share an electronic health record system. In May 2006 a team of information technology specialists arrived in the Territory and set up access to the electronic health record system from the Tafuna Health Center and the Communicable Diseases clinic. This has enabled clinicians at both entities to share the same electronic patient records and created a long anticipated data linkage. The MCH Staff will continue to work on this project with members of the LBJ Medical Authority and the Data Committee.

G. Technical Assistance

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

In 2006 the Department of Health and the LBJ Medical Authority entered into a Memorandum of Agreement to share an electronic health record system. In May 2006 a team of information technology specialists arrived in the Territory and set up access to the electronic health record system from the Tafuna Health Center and the Communicable Diseases clinic. This has enabled clinicians at both entities to share the same electronic patient records and created a long anticipated data linkage.

However this is the beginning of a longer process that has so far taken the hospital over two years to accomplish and will require further work and fine tuning to ensure this electronic health record system will work for the Department of Health. Currently most of the data reported by Title V is generated and/or collected at the hospital however the mechanisms have not been developed for appropriate and consistent reporting of these data.

The MCH Program is requesting support to contract the same technical team that has been working with LBJ and public health to continue working with the Department of Health to customize and develop the current system to meet all of the reporting and clinical management needs.

V. Budget Narrative

A. Expenditures

The expenditures reported for 2007 reflect a difference in the amount originally budgeted for that fiscal year and the actual amount expended. There is a difference of \$35, 517 as the amount budgeted far exceeded the actual amount awarded for that year.

B. Budget

MCH BUDGET FY 2009 JUSTIFICATION

PERSONNEL

MCH	Total
PERSONNEL	
CSN Nurse	\$ 18,000
Community Health Assistant (Roe)	\$ 9,431
Community Health Assistant (Sauni)	\$ 13,867
Data Clerk - (Anetta)	\$ 10,657
Dental Assistant (vacant)	\$ 8,500
Dentist (Uso)	\$ 36,452
MCH Pediatrician (Fuimaono)	\$ 41,652
Family Nurse Practitioner (Hill)	\$ 39,572
MCH Nurse (LPN 3)	\$ 14,000
MCH Coordinator (Tulafono)	\$ 33,332
Health Care Provider (Sesepasara)	\$ 39,572
Health Education Manager (Utu)	\$ 24,580
Nutritionist 1 (Meleisea)	\$ 17,231
Nutritionist 2 (Leiato)	\$ 19,058
Physician	\$ 35,000
Total Salaries	\$ 360,904
Fringe Benefits Local (Salary X 16.2%)	\$ 58,466
TOTAL PERSONNEL	\$ 419,370

CSN Nurse (100% FTE): Vacant This professional will be responsible for case management and nursing responsibilities for the Children with Special Health Care Needs program. The CSN nurse will work closely with the MCH physicians, nurse practitioners, Public Health nurses in the dispensaries and other health care providers to ensure that all CSHCN clients are re-assessed annually and receive all services recommended in their individual care plans.

2 Community Health Assistant (100% FTE): One CHA currently works at the Amouli dispensary assisting the MCH Practitioners in the Well Baby and Prenatal/Postpartum clinics. The second CHA serves as a dental assistant on the MCH Dental Outreach team.

Data Clerk (100% FTE): The incumbent of this position is responsible for entering MCH data at the second largest dispensary (Central 2) in American Samoa. She was previously a community health assistant with the CSHCN program and with that experience she also assists with the Well Baby Clinic at the Central 2 dispensary.

Dental Assistant: (100% FTE): Vacant This is a new position for 2009 and is requested in order to meet the needs of the MCH Dental Outreach Team. Currently there are 2 dentists but only one dental assistant on the team. A second assistant is requested to enable the dentists to work

more efficiently thereby making it possible to serve more children each year.

Dentist (100% FTE): This professional is a member of the Dental Outreach Team who provides preventive and restorative services to children in the schools. The MCH Dentist is responsible for all oral health activities, with emphasis on providing dental sealants to 3rd graders. In FY 2009 the Dentist will also provide services to the CSHCN population. The MCH Dentist provides technical assistance in the development of health education campaign on oral health.

Family Nurse Practitioner (100% FTE): This practitioner is responsible for all medical needs of the MCH population. They provide medical coverage for Well Baby/Child Clinics and the Prenatal/Postpartum clinics, as well as provide home visits to CSHCN for assessments and follow-up. The practitioners also provide technical assistance and training to the MCH and Public Health staff, instructions/health education to parents pertaining to the care of the children particularly CSHCN. They are involved in the establishment of policies and procedures for services provided by Title V as well as the planning process for the Title V programs.

MCH Pediatrician (100% FTE) : This physician works primarily in the Well Baby/Child clinics to provide direct health care services to all infants and children who access services at these clinics. The MCH Pediatrician also serves children in the CSHCN needs, provides medical services to the Sexually Transmitted Disease program clients, as well as serves as the Medical Advisor for the Immunization Program.

MCH Nurse (100% FTE): The incumbent of this position currently serves the population of the Swains islands. The Swains atoll is remotely located away from the rest of the American Samoa islands, historically a part of the Tokelau island chain. There are approximately 30 residents of the island. The MCH nurse is the only health care worker on Swains island and provides primary and emergency care services for the residents there. Swains island is only accessible by ocean, with vessels traveling between Swains and the main island of Tutuila every other month.

MCH Coordinator (100% FTE): This is a new position in FY 2009. The Director of Nursing previously absorbed the responsibilities of this position. The responsibilities of coordination for the MCH program require a full time person. The incumbent will be responsible for organizing program activities, working with various staff members to ensure performance measures are met, collecting and reporting of all data on the National and State Performance and Outcome Measures and submission of the grant application and ERP annually.

MCH Health Educator (100% FTE): This individual is responsible for all health education activities relative to the MCH population. The Nutrition staff have combined efforts with the Health Educator to provide health education, counseling and outreach on all MCH topics including breastfeeding, importance of prenatal care, pregnancy and infant care, nutrition, obesity prevention and physical activity, etc.

Women's Health Nurse Practitioner (100% FTE): This practitioner is responsible for the women's health services including the Prenatal, Postpartum, and Family Planning clinics. She also provides routine screening and educational services on a variety of women's health issues including cancer screening and education.

Nutritionists 1 & 2 (100% FTE): These professionals provide nutrition and breastfeeding education to clients in the Well Baby/Child, Prenatal/Postpartum clinics at the 5 clinic sites. They also provide education on these topics to postpartum women in the Maternity ward prior to discharge. The Nutrition staff have combined efforts with the Health Educator to provide health education, counseling and outreach on all MCH topics including breastfeeding, importance of prenatal care, pregnancy and infant care, nutrition, obesity prevention and physical activity, etc.

Physician: Vacant This practitioner is responsible for all medical needs of the MCH population. He/she will provide medical coverage for Well Baby/Child Clinics and the Prenatal/Postpartum clinics, as well as provide home visits to CSHCN for assessments and follow-up. The practitioner will also provide technical assistance and training to the MCH and Public Health staff, instructions/health education to parents pertaining to the care of the children particularly CSHCN.

SUPPLIES

Medical Supplies for CSN	\$		1,500
Dental screening supplies	\$		3,000
Health Education Supplies	\$		2,000
General Office Supplies:	\$		1,500
Urine dip sticks	\$	1,000	
Multivitamins/flouride	\$	3,000	
Iron Supplements	\$		3,000
HGB lancets & slides	\$	3,000	
SUPPLY TOTAL	\$		18,000

The following items are requested in supplies that include multivitamin and iron supplements for infants, children with special health care needs and children, hemoglobin testing supplies, and prenatal testing supplies (urine test strips). The local/state MCH dollars allow for personnel costs only, supplies and other categories come from federal partnerships such as the MCHB/State partnership. Although hemoglobin testing and physical assessments have shown many children have low hemoglobin levels very few families are able to afford therapeutic iron supplements. American Samoa also lacks water fluoridation and children sometimes do not get the recommended level of nutrients from their diets. For this reason funding is requested to purchase multivitamin and fluoride supplements. Funds are also requested for medical supplies for Children with Special Health Care Needs team for home visits such as gloves, gauze, ointments, and other necessary items. General office supplies are also requested such as paper, pens, toner, and other miscellaneous office items.

EQUIPMENT

EQUIPMENT	Total	
Dental screening equipment	\$	4,000
Total	\$	4,000

The 2009 budget request includes dental screening equipment for the MCH Dental outreach team. This equipment will be used to provide dental screening and sealants to 3rd grade children meeting National Performance Measure 9. The equipment currently in use is several years old and it is anticipated some of the equipment will need to be replaced and/or repaired in the new school year.

OTHER

OTHERS		
Media costs	\$	5,000
Printing costs	\$	1,000
CSHCN Family Participation	\$	1,500
Staff Development	\$	5,000
CSHCN Assistive Devices	\$	1,000
AMCHP Membership	\$	1,000
Telephone costs	\$	1,000
Prenatal Laboratory Reagents	\$	3,000
OTHER TOTAL	\$	18,500

Media Costs: The health education program will utilize TV, and Radio to increase awareness of services provided by Title V. The MCH Program maintains advertising contracts with the local media to maximize awareness on such topics as prenatal care, breastfeeding, oral health and physical activity.

Printing Costs: Each MCH Program has printing needs for health education materials and other activities.

CSHCN Family Participation: This amount will be used for CSHCN family participation activities such as Parent Group meetings, in-service/training and transportation costs.

Staff Development: In 2009 the MCH Program is sponsoring staff development for the Children with Special Health Care Needs program staff. The Occupational Therapy Aide employed by MCH is currently enrolled in the Occupational Therapy Program at Loma Linda University. For several years the MCH program has made efforts to recruit a certified occupational therapist for the CSHCN program with no success. For the long term benefit of the children served by this program the MCH program is training current staff members in hard to fill positions to meet the needs. This staff member has signed a contractual agreement whereby for each year MCH sponsors her training program she will return to serve a year as an Occupational Therapist for the CSHCN program.

CSHCN Assistive Devices: The CSHCN program plans on developing Assistive devices for children in the program who have limited abilities (feeding, clothing, etc) to allow them to live independently and to their fullest potential.

AMCHP Membership: The American Samoa MCH program wishes to continue its partnership with AMCHP.

Telephone Costs: This amount will enable the MCH program to make long distance phone calls as appropriate.

Prenatal Care Lab Reagents: In an effort to make prenatal services more affordable and accessible for women served at the Tafuna Family Health Center, the MCH Program has allocated money to subsidize the lab tests necessary for the first prenatal exam. As cost has been identified as a barrier to prenatal services this cost is included in the 2009 budget.

TRAVEL

TRAVEL

2 persons to travel to the MCH

Grant review in Honolulu

Airfare 2000 x 2	\$	4,000
Per Diem 2 x 167 x 7	\$	2,338
	\$	6,338

Travel funds are requested for the mandatory MCH meetings, the block grant review in Honolulu, Hawaii. American Samoa has experienced an increase in travel cost over the last year. Therefore travel requests are limited to required meetings.

An attachment is included in this section.

VI. Reporting Forms-General Information

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

VII. Performance and Outcome Measure Detail Sheets

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

VIII. Glossary

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

IX. Technical Note

Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents

A. Needs Assessment

Please refer to Section II attachments, if provided.

B. All Reporting Forms

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

C. Organizational Charts and All Other State Supporting Documents

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

D. Annual Report Data

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