

TITLE V BLOCK GRANT APPLICATION

FORMS (2-21)

STATE: **AS**

APPLICATION YEAR: **2013**

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FORM 2
MCH BUDGET DETAILS FOR FY 2013
[Secs. 504 (d) and 505(a)(3)(4)]
STATE: AS

1. FEDERAL ALLOCATION		\$	495,334
	(Item 15a of the Application Face Sheet [SF 424])		
	Of the Federal Allocation (1 above), the amount earmarked for:		
	A. Preventive and primary care for children:		
	\$ 149,600 (30.2 %)		
	B. Children with special health care needs:		
	\$ 149,600 (30.2 %)		
	(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]		
	C. Title V administrative costs:		
	\$ 25,000 (5.05 %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
2. UNOBLIGATED BALANCE	(Item 15b of SF 424)	\$	0
3. STATE MCH FUNDS	(Item 15c of the SF 424)	\$	404,180
4. LOCAL MCH FUNDS	(Item 15d of SF 424)	\$	0
5. OTHER FUNDS	(Item 15e of SF 424)	\$	0
6. PROGRAM INCOME	(Item 15f of SF 424)	\$	0
7. TOTAL STATE MATCH	(Lines 3 through 6)	\$	404,180
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ 318,604		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	899,514
	(Total lines 1 through 6. Same as line 15g of SF 424)		
9. OTHER FEDERAL FUNDS			
	(Funds under the control of the person responsible for the administration of the Title V program)		
a. SPRANS:	\$	0	
b. SSDI:	\$	100,000	
c. CISS:	\$	0	
d. Abstinence Education:	\$	0	
e. Healthy Start:	\$	0	
f. EMSC:	\$	0	
g. WIC:	\$	0	
h. AIDS:	\$	0	
i. CDC:	\$	0	
j. Education:	\$	0	
k. Home Visiting:	\$	0	
l. Other:	\$	0	
	\$	0	
	\$	0	
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	100,000
11. STATE MCH BUDGET TOTAL		\$	999,514
	(Partnership subtotal + Other Federal MCH Funds subtotal)		

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

None

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: AS

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 541,064	\$ 541,064	\$ 516,208	\$ 498,448	\$ 538,894	\$ 538,894
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 405,798	\$ 405,798	\$ 387,156	\$ 387,156	\$ 404,180	\$ 404,180
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal	\$ 946,862	\$ 946,862	\$ 903,364	\$ 885,604	\$ 943,074	\$ 943,074
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 165,000	\$ 165,000	\$ 100,000	\$ 100,000	\$ 100,000	\$ 100,000
9. Total <i>(Line11, Form2)</i>	\$ 1,111,862	\$ 1,111,862	\$ 1,003,364	\$ 985,604	\$ 1,043,074	\$ 1,043,074
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE
[Secs. 505(a) and 506(a)(1-3)]
STATE: AS

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 498,448	\$ 498,448	\$ 497,378	\$	\$ 495,334	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 509,523	\$ 509,523	\$ 404,180	\$	\$ 404,180	\$
4. Local MCH Funds <i>(Line4, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
5. Other Funds <i>(Line5, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
6. Program Income <i>(Line6, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
7. Subtotal	\$ 1,007,971	\$ 1,007,971	\$ 901,558	\$ 0	\$ 899,514	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 100,000	\$ 100,000	\$ 100,000	\$	\$ 100,000	\$
9. Total <i>(Line11, Form2)</i>	\$ 1,107,971	\$ 1,107,971	\$ 1,001,558	\$ 0	\$ 999,514	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

None

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
[Secs 506(2)(2)(iv)]
STATE: AS

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 142,029	\$ 142,029	\$ 135,505	\$ 135,505	\$ 138,679	\$ 138,679
b. Infants < 1 year old	\$ 142,029	\$ 142,029	\$ 135,504	\$ 135,504	\$ 158,679	\$ 158,679
c. Children 1 to 22 years old	\$ 284,058	\$ 284,058	\$ 271,009	\$ 271,009	\$ 297,358	\$ 297,358
d. Children with Special Healthcare Needs	\$ 284,058	\$ 284,058	\$ 271,010	\$ 253,250	\$ 269,402	\$ 269,402
e. Others	\$ 36,526	\$ 36,526	\$ 35,000	\$ 35,000	\$ 28,956	\$ 28,956
f. Administration	\$ 58,162	\$ 58,162	\$ 55,336	\$ 55,336	\$ 50,000	\$ 50,000
g. SUBTOTAL	\$ 946,862	\$ 946,862	\$ 903,364	\$ 885,604	\$ 943,074	\$ 943,074
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
MCB SOHCS	\$ 65,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 165,000		\$ 100,000		\$ 100,000	

FORM 4
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)
[Secs 506(2)(2)(iv)]
STATE: AS

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 149,534	\$ 149,534	\$ 138,631	\$	\$ 138,631	\$
b. Infants < 1 year old	\$ 152,857	\$ 152,857	\$ 158,437	\$	\$ 158,437	\$
c. Children 1 to 22 years old	\$ 454,947	\$ 454,947	\$ 265,279	\$	\$ 273,234	\$
d. Children with Special Healthcare Needs	\$ 149,535	\$ 149,535	\$ 258,776	\$	\$ 258,776	\$
e. Others	\$ 51,254	\$ 51,254	\$ 56,466	\$	\$ 45,436	\$
f. Administration	\$ 49,844	\$ 49,844	\$ 23,969	\$	\$ 25,000	\$
g. SUBTOTAL	\$ 1,007,971	\$ 1,007,971	\$ 901,558	\$ 0	\$ 899,514	\$ 0
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
III. SUBTOTAL	\$ 100,000		\$ 100,000		\$ 100,000	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

None

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: AS

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 407,150	\$ 407,150	\$ 397,480	\$ 397,480	\$ 424,383	\$ 424,383
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 151,497	\$ 151,497	\$ 117,438	\$ 117,438	\$ 141,461	\$ 141,461
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 236,715	\$ 236,715	\$ 225,841	\$ 208,081	\$ 226,339	\$ 226,339
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 151,500	\$ 151,500	\$ 162,605	\$ 162,605	\$ 150,891	\$ 150,891
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 946,862	\$ 946,862	\$ 903,364	\$ 885,604	\$ 943,074	\$ 943,074

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES
[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]
STATE: AS

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 503,986	\$ 503,986	\$ 419,224	\$	\$ 413,776	\$
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 151,196	\$ 151,196	\$ 130,726	\$	\$ 130,429	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 251,992	\$ 251,992	\$ 216,374	\$	\$ 220,382	\$
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 100,797	\$ 100,797	\$ 135,234	\$	\$ 134,927	\$
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,007,971	\$ 1,007,971	\$ 901,558	\$ 0	\$ 889,514	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

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

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

STATE: AS

Total Births by Occurrence: 1,287

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	
Other Screening (Specify)						
Hearing Screening	1,171	91	4	0	0	
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

NA – American Samoa does not mandate a Newborn Metabolic Screening Program.

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
2. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
3. **Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
5. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
6. **Section Number:** Form6_Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
7. **Section Number:** Form6_Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
8. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
9. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
10. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
11. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.

12. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
13. **Section Number:** Form6_Main
Field Name: Phenylketonuria_TreatmentNo
Row Name: Phenylketonuria
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
14. **Section Number:** Form6_Main
Field Name: Congenital_TreatmentNo
Row Name: Congenital
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
15. **Section Number:** Form6_Main
Field Name: Galactosemia_TreatmentNo
Row Name: Galactosemia
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.
16. **Section Number:** Form6_Main
Field Name: SickleCellDisease_TreatmentNo
Row Name: SickleCellDisease
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
NA – American Samoa does not have a Newborn Metabolic Screening Program.

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

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

STATE: AS

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	1,424	1,291	1,284	1,349	1,276
Infants < 1 year old	1,442	1,326	1,348	1,361	1,279
Children 1 to 22 years old	2,967	3,267	4,582	3,312	3,623
Children with Special Healthcare Needs	140	140	136	146	151
Others	357	360	341	259	232
Total	6,330	6,384	7,691	6,427	6,561

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,260	0.0	100.0	0.0	0.0	0.0
Infants < 1 year old	1,287	0.0	100.0	0.0	0.0	0.0
Children 1 to 22 years old	3,525	0.0	100.0	0.0	0.0	0.0
Children with Special Healthcare Needs	148	0.0	100.0	0.0	0.0	0.0
Others	475	100.0	0.0	0.0	0.0	0.0
TOTAL	6,695					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: Preg/Women_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2013
Field Note:
There are no available records of individuals who have private or any other primary sources of coverage.
2. **Section Number:** Form7_Main
Field Name: Children_0_1_Private
Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2013
Field Note:
There are no available records of individuals who have private or any other primary sources of coverage.
3. **Section Number:** Form7_Main
Field Name: Children_1_22_Private
Row Name: Children 1 to 22 years of age
Column Name: Private/Other %
Year: 2013
Field Note:
There are no available records of individuals who have private or any other primary sources of coverage.
4. **Section Number:** Form7_Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2013
Field Note:
There are no available records of individuals who have private or any other primary sources of coverage.
5. **Section Number:** Form7_Main
Field Name: AllOthers_Private
Row Name: Others
Column Name: Private/Other %
Year: 2013
Field Note:
There are no available records of individuals who have private or any other primary sources of coverage.

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

Reporting Year: 2011

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,287	2	0	0	9	1,276	0	0
Title V Served	1,287	2	0	0	9	1,276	0	0
Eligible for Title XIX	1,287	2	0	0	9	1,276	0	0
INFANTS								
Total Infants in State	1,287	2	0	0	9	1,276	0	0
Title V Served	1,287	2	0	0	9	1,276	0	0
Eligible for Title XIX	1,287	2	0	0	9	1,276	0	0

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,287	0	0	0	0	0	0	0
Title V Served	1,287	0	0	0	0	0	0	0
Eligible for Title XIX	1,287	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	1,287	0	0	0	0	0	0	0
Title V Served	1,287	0	0	0	0	0	0	0
Eligible for Title XIX	1,287	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Contact Person's Email					
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	681-633-4616	681-633-4616	684-633-4616	684-633-4616	684-633-4616
2. State MCH Toll-Free "Hotline" Name	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti	Tina & Tamaiti
3. Name of Contact Person for State MCH "Hotline"	Jacki Tulafono, MCH Coordinator	Jacki Tulafono, MCH Coordinator	Jacki Tulafono, MCH Coordinator	Jacki Tulafono, MCH Coordinator	acki Tulafono, MCH Coordinator
4. Contact Person's Telephone Number	684-633-4616	684-633-4616	684-633-4616	684-633-4616	684-633-4616
5. Contact Person's Email	jacki@doh.as;jmtulafono@gmail.com	jmtulafono@gmail.com	jmtulafono@gmail.com	200	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	175	150	250

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2013
[Sec. 506(a)(1)]
STATE: AS

1. State MCH Administration:
(max 2500 characters)

The MCH Title V program is currently administered under the Acting Director of Health, Mz. Elizabeth Ponausia, in the administration offices of the Department of Health.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>495,334</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>404,180</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>899,514</u>

9. Most significant providers receiving MCH funds:

Tafuna Family, Amouli, Leone Health Centers

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

a. Pregnant Women	<u>1,260</u>
b. Infants < 1 year old	<u>1,287</u>
c. Children 1 to 22 years old	<u>3,525</u>
d. CSHCN	<u>148</u>
e. Others	<u>475</u>

11. Statewide Initiatives and Partnerships

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

MCH Program continue to work collaboratively with the community health centers and the American Samoa Medical Authority to provide direct health services to pregnant women, infants, and children. These services are provided through the Well Baby/Child and Prenatal clinics with referrals to the hospital for acute and/or treatment services. The Dental Team provide fissure sealant and other preventative services for third grade children

b. Population-Based Services
(max 2500 characters)

MCH continues to partner with the immunization Program to provide population based services such as immunization to infants and children. The Helping Hands program is also an important partner, providing newborn hearing screening services.

c. Infrastructure Building Services
(max 2500 characters)

MCH Staff continue to engage key partners and stakeholders in program planning and decision making relative to MCH services. MCH Staff and clinicians provide leadership within the Department of Health and the community centers

12. The primary Title V Program contact person:

Name Jacki Tulafono
 Title MCH Coordinator
 Address P.O. Box 7132
 City Pago Pago
 State American Samoa
 Zip 96799
 Phone 6846334616
 Fax 6846334617
 Email jacki@dohas
 Web _____

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

Name Jacki Tulafono
 Title MCH Coordinator
 Address P.O. Box 7132
 City Pago Pago
 State American Samoa
 Zip 96799
 Phone 6846334616
 Fax 6846334617
 Email jacki@dohas
 Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

None

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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	10	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,291	1,338	1,361	1,194	1,287
Data Source		Newborn records	Newborn records	Newborn records	Newborn records

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Yes	Yes	Yes
	Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2011

Field Note:

NA - American Samoa does not have a state mandated newborn screening program. In Form 6, a total number of 1171 infants (90.8% of live births) were screened for Hearing.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2010

Field Note:

Despite the fact that American Samoa does not conduct metabolic screening, there is ongoing hearing screenings for newborns before hospital discharge. The Early Hearing and Detection Intervention Program (EHDI) reported that they had conducted hearing screenings for 88.3% of all newborns in 2010. Part C reported that 77% of those screened initially passed the test. Those who did not pass the screening (23%) were reappointed for additional screenings (and possible audiological evaluation) and are then referred to the American Samoa Early Intervention Program (ASEIP) for early intervention services. Both EHDI and ASEIP are under Part C.

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

American Samoa does not have a state mandated newborn screening program.

PERFORMANCE MEASURE # 02

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

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	45	90	90	75	77
Annual Indicator	89.3	89.3	75.0	75.0	88.6
Numerator	125	125	30	30	39
Denominator	140	140	40	40	44
Data Source		CSHCN Program records	CSHCN Program Survey	CSHCN Program Survey	CSHCN Program Survey
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	90	90	91	91	92
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2011
Field Note:
 This data is an estimate based on the survey carried out in 2009 by the Children and Youth with Special Health Care Needs Staff. The MCH Program recently obtained an additional staff on a temporary basis, Ms Gaase, who is currently conducting the survey by telephone. If the results are in by the time this application is due then this data will be revised and edit.
- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2010
Field Note:
 This data is based on the survey carried out in 2009 by the Children and Youth with Special Health Care Needs Staff. The team implement this survey every two years. Challenges are related to the shortage of personnel and the difficulty in hiring a nurse and therapists. Ms. Ipu Eliapo had just completed her master's degree in Occupational Therapy and had started working early July, 2010. It is with optimistic anticipation that her presence will improve quality of services delivered as well as feedback from clients and their families.
- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2009
Field Note:
 This data was reported by the CSHCN team after completing a telephone survey of 40 families. This is 27.4% of the total CSHCN population. Results showed that over half of those surveyed were very satisfied, 18% were somewhat satisfied, 7% were not satisfied.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	65	90	90	100	30
Annual Indicator	89.3	89.3	20.0	20.0	79.5
Numerator	125	125	8	8	35
Denominator	140	140	40	40	44
Data Source		CSHCN Program	CSHCN Program	CSHCN Program	CSHCN Program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	81	82	83	84	85
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2011
Field Note:
 The denominator is the total number of clients that were interviewed.
- Section Number:** Form11_Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2010
Field Note:
 This estimate is based on the 2009 survey.
- Section Number:** Form11_Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2009
Field Note:
 This data was reported by the CSHCN team after completing a telephone survey of 40 families. This is 27.4% of the total CSHCN population. 20% of those surveyed reported that services were coordinated and comprehensive within a medical home.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	140	136	146	146	44
Denominator	140	136	146	146	44
Data Source		CSHCN Program	CSHCN Program	CSHCN Program	CSHCN Program

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	60	43	43	45	75
Annual Indicator	42.9	42.9	75.0	75.0	86.4
Numerator	60	60	30	30	38
Denominator	140	140	40	40	44
Data Source		CSHCN Program	CSHCN Program Survey	CSHCN Program Survey	CSHCN Program
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.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	87	88	89	90	91
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2010

Field Note:

Estimated data is based on the 2009 survey.

2. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

This data was reported by the CSHCN team. The same percentage of those who reported satisfactory with services they received, also thought that the community-based service systems were also organized.

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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>50</u>	<u>22</u>	<u>23</u>	<u>63</u>	<u>65</u>
Annual Indicator	<u>21.4</u>	<u>21.4</u>	<u>61.5</u>	<u>61.5</u>	<u>0.0</u>
Numerator	<u>30</u>	<u>30</u>	<u>8</u>	<u>8</u>	<u>0</u>
Denominator	<u>140</u>	<u>140</u>	<u>13</u>	<u>13</u>	<u>10</u>
Data Source		CSHCN Program	CSHCN Program	CSHCN Program	CSHCN Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

None of the parents/caregivers reported that their 16 to 18 years old teen perceived that their child received any services to transition to adult life.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

This data was reported by the CSHCN team. It is reported that 13 clients were identified as youth in need of transition. Only 8 clients were successfully transitioned. The CSHCN team includes partners from Department of Education, Social Services as well as medical providers in planning and implementing the transitional phase. Families and caregivers are also included in all decision makings.

3. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

This data was reported by the CSHCN team. It is reported that 13 clients were identified as youth in need of transition. Only 8 clients were successfully transitioned.

PERFORMANCE MEASURE # 07

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>72</u>	<u>73</u>	<u>70</u>	<u>60</u>	<u>75</u>
Annual Indicator	<u>69.7</u>	<u>68.9</u>	<u>56.0</u>	<u>74.3</u>	<u>81.9</u>
Numerator	<u>1,667</u>	<u>1,540</u>	<u>540</u>	<u>923</u>	<u>1,346</u>
Denominator	<u>2,390</u>	<u>2,234</u>	<u>965</u>	<u>1,242</u>	<u>1,643</u>

Data Source

Immunization Coverage Survey Well Baby Clinic records for Amouli, Tafuna and Le Immunization Program Immunization Program

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>83</u>	<u>84</u>	<u>85</u>	<u>86</u>	<u>87</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

This data improved from 2009 because the American Samoa Immunization Program (ASIP) finalized their survey of Well Baby Records at the end of August, 2011. The ASIP have been increasing community outreach efforts by utilizing their mobile van during week-ends as well as opening the clinics after hours. The only reason why the objective for this year, 60, had decreased from the projected 70 in 2009 was because of the drop in the 2009 annual indicator to 56. Next year, it is hoped that the objective will remain at 75 or higher.

2. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

This data was generated from the community health centers' Well Baby Clinic records, in Amouli, Tafuna and Leone. The ASIP have yet to finalize their report for their 2009 survey.

PERFORMANCE MEASURE # 08

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	11	10	14	18	17
Annual Indicator	14.8	15.6	18.9	17.6	29.2
Numerator	27	29	29	27	44
Denominator	1,828	1,856	1,535	1,535	1,507

Data Source

Vital Statistics

Labor and Delivery
Logbook and Vital
Statistics

Vital Statistics

Vital Statistics

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	29	28	27	26	25
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

This data is provisional and will be finalized once data is accurately determined.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

The denominator is an estimate from 2009.

PERFORMANCE MEASURE # 09

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	32	45	45	45	47
Annual Indicator	44.1	60.7	43.0	62.4	64.2
Numerator	631	639	459	654	661
Denominator	1,430	1,053	1,067	1,048	1,030

Data Source

MCH School Outreach Data MCH School Outreach MCH School Outreach Data MCH School Outreach

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	65	66	67	68	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 10

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

	2007	2008	2009	2010	2011
Annual Performance Objective	4	4	3	1	1
Annual Indicator	3.8	0.0	4.5	5.1	5.1
Numerator	1	0	1	1	1
Denominator	26,444	25,783	22,212	19,425	19,425
Data Source		Vital Statistics	Death Data from HISO-ASHA	Vital Statistics	DOH - HIS
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and			Yes	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. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	3	3	2	2	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 Denominator based on the American Samoa 2010 Census.

2. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 Vital Statistics is the Data Source. This was a pedestrian who died due to a motor vehicle. The denominator has been updated from the 2010 Census.

3. **Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 The Death Data reported by HISO ASHA has one case categorised under this age group.

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	36	36	37	37	48
Annual Indicator		45.0	19.4	47.4	56.6
Numerator		605	42	405	172
Denominator		1,345	216	855	304
Data Source		Well Baby clinic Data	Leone & Amouli Well Baby Clinic Data	Leone, Amouli, Tafuna Clinics	Leone & Amouli clinic
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	57	57	58	59	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Fom11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2011
Field Note:
 Data reported is from the Well Baby Clinics of Leone and Amouli.
- Section Number:** Fom11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2010
Field Note:
 Data reported are from the Well Baby Clinics of Leone and Amouli.
- Section Number:** Fom11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2009
Field Note:
 Data reported for this measure is a sample survey of mothers who access services at the Leone (western district) and Amouli (eastern district) clinics but does not include the two larger clinics in the central areas.

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	30	91	92
Annual Indicator	0.0	0.0	91.2	88.3	91.0
Numerator	0	0	1,241	1,129	1,171
Denominator	1,291	1,338	1,361	1,279	1,287
Data Source		No Data source	Part C & HISO-ASHA	Part C & HISO-ASHA	EHDI & DOH-HIS

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	92	93	93	94	95
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 This numerator is based on the 2011 EHDI data, and the denominator was reported by the DOH - HIS.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 The Early Hearing and Detection Intervention Program (EHDI) reported that they had conducted hearing screenings for 88.3% of all newborns in 2010. Part C reported that 77% of those screened passed the test. Those who did not pass the screening (23%) were reappointed for additional screenings (and possible audiological evaluation) and are then referred to the American Samoa Early Intervention Program (ASEIP) for early intervention services. Both EHDI and ASEIP are under Part C. Screenings are extended to toddlers who did not receive screening prior to discharge or were born out of the country.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 This data was reported by Part C, Helping Hands Early Intervention. Their program staff carries out newborn hearing screening at the LBJ Medical Center's nursery room prior to discharge.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	Annual Objective and Performance Data				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>26,444</u>	<u>26,863</u>	<u>26,863</u>	<u>25,721</u>	<u>25,721</u>
Data Source		Census Estimates	Census Estimates	2010 Census	2010 Census

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

			<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
				Final	Final

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2011

Field Note:

This measure is not applicable for American Samoa. American Samoa law mandates 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 healthcare are facility costs of \$10 charged per visit at the hospital. This also included all CHC dental and primary health clinics.

2. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2010

Field Note:

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 healthcare are the administrative fees charged at the hospital.

3. **Section Number:** Form11_Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

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 healthcare are the administrative fees charged at the hospital.

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.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	50	14	14	33	33
Annual Indicator	14.0	14.3	34.1	36.5	32.7
Numerator	1,230	1,053	1,429	1,461	1,097
Denominator	8,791	7,358	4,185	4,005	3,359
Data Source		Well Baby database	ASWC	ASMC	ASMC

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	32	31	30	29	28
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 The indicator decreased from 36.5 to 32.7.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 This indicator is increasing yearly and have been declared by the Department of Health and key stakeholders as a health concern, not only in the children population but the adult population as well.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 This data was reported by American Samoa's WIC Program.

PERFORMANCE MEASURE # 15

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	20	10	7	5	1.4
Annual Indicator	3.3	2.5	2.5	1.5	2.2
Numerator	10	8	8	19	28
Denominator	300	314	314	1,279	1,260
Data Source		PRAMS-like survey	PRAMS-like survey	Prenatal Clinics	Prenatal Clinics

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

			Yes	Yes	Yes
				Provisional	Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	2	2	1.3	1.2	1.2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2010

Field Note:

Planning for a PRAMS-like survey to be conducted by November 2011 have been initiated by the MCH staff.

2. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2009

Field Note:

No data is available at this time. This data was usually collected from the pregnancy risk assessment survey. But there was no PRAMS-like survey for 2009.

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,291	1,338	1,361	1,279	1,289
Data Source		Vital statistics	HISO-ASHA	HISO-ASHA	DOH - HIS

Check this box if you cannot report the numerator because
 1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

	Yes	Yes	Yes	Yes
			Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2011

Field Note:

NA - American Samoa does not have a high risk birthing facility. The LBJ Hospital's Nursery had registered 43 births were less than 2500 grams. Three under 1500grams died (two were twins) and four lived. Of those who weighed 1500grams to 2500grams, thirty-four (including 8 who were twins) lived and two died (twins).

2. Section Number: Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2010

Field Note:

NA - No high-risk newborn facility in American Samoa but 5 very low birth weight infants were delivered in the main hospital's, labour and delivery. Vital Statistics recently turned in data that showed that over 50% of IMR was due to infants ages 28 weeks or less. Vital Statistics also reported that the second most common cause of infant deaths was related to premature births. The most common cause was due to heart problems.

3. Section Number: Fom11_Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2009

Field Note:

American Samoa does not have a high risk birthing facility.

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	14	14	19	22	42
Annual Indicator	22.1	19.5	23.1	41.0	45.4
Numerator	96	225	155	332	431
Denominator	435	1,153	670	809	950
Data Source		MCH Database	MCH Kotelchuck Index Data	MCH Kotelchuck Index Data	MCH Kotelchuck
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	46	47	48	49	50
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: The denominator is a total number of postpartum and newborn cards collected by MCH staff.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2010
Field Note:
 American Samoa does not collect birth data on the current birth certificate. Therefore those data are not available from vital statistics. The data reported for this measure is a sampling of post partum records with completed data, meaning all data field required to calculate the KI was documented.
- Section Number:** Form11_Performance Measure #18
Field Name: PM18
Row Name:
Column Name:
Year: 2009
Field Note:
 American Samoa does not use the US Standard Birth Certificate, therefore the data reported for this measure is collected manually by MCH staff from prenatal and maternity records.

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(ii) AND 486 (a)(2)(A)(ii)]
STATE: AS

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

Percent of 15 month old children with completed immunizations.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	86
Annual Indicator	_____	_____	_____	85.6	81.9
Numerator	_____	_____	_____	666	1,346
Denominator	_____	_____	_____	778	1,643
Data Source				Immunization Program	IP
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	83	84	85	86	87
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

None

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of pregnant women who receive adequate prenatal care based on the Kotelchuck Index.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	39
Annual Indicator	_____	_____	_____	40.2	32.7
Numerator	_____	_____	_____	325	405
Denominator	_____	_____	_____	809	1,240
Data Source				Postpartum Records	Postpartum Records
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	34	35	36	37	38
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- 1. **Section Number:** Form11_State Performance Measure #2
- Field Name:** SM2
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**
A total number of 1240 postpartum cards were recorded by MCH.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Percent of 1 year old children attending well baby clinics who receive a package of oral hygiene services (caregiver education, fluoride varnishes, 1 toothbrush/washcloth, sticker)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	41
Annual Indicator	_____	_____	_____	41.1	23.8
Numerator	_____	_____	_____	526	306
Denominator	_____	_____	_____	1,279	1,287
Data Source				Well Baby Clinics	Leone & Amouli WCC
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	24	25	26	27	28
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #3

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

Data was collected and it was concluded that all Well Baby Clinics provided the services except for the Central Clinic. Policies and training will be implemented so that all clinics provide the service and in a more consistent manner.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent of 2-5 year old children in well baby clinics not receiving WIC who have a BMI equal to or greater than 85%.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	34
Annual Indicator	_____	_____	_____	34.4	40.4
Numerator	_____	_____	_____	32	21
Denominator	_____	_____	_____	93	52
Data Source				Well Child Clinics	Leone & Amouli WCC
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	39	38	37	36	35
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

Percent of 1 year old children attending well baby clinic who received a Hgb screening.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	36
Annual Indicator	_____	_____	_____	36.4	16.0
Numerator	_____	_____	_____	466	86
Denominator	_____	_____	_____	1,279	536
Data Source				Well Child Clinics	Leone & Amouli WCC
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 17	_____ 18	_____ 19	_____ 20	_____ 20
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

1. **Section Number:** Form11_State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2010

Field Note:

All clinics provide this screening except for the Central Clinic. This clinic's supervisor claimed that it does not have the resources to provide this service.

STATE PERFORMANCE MEASURE # 6 - REPORTING YEAR

Percent of CSHCN who have annual assessments completed.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	100
Annual Indicator	_____	_____	100.0	100.0	40.5
Numerator	_____	_____	146	151	60
Denominator	_____	_____	146	151	148
Data Source			CSHCN Program	CSHCN Program	CSHCN Program
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 42	_____ 43	_____ 45	_____ 46	_____ 47
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If you are continuing any of these measures in the new needs assessment period, you may establish objectives for those measures on Form 11 for the new needs assessment period.				
Numerator					
Denominator					

Field Level Notes

- 1. **Section Number:** Form11_State Performance Measure #6
- Field Name:** SM6
- Row Name:**
- Column Name:**
- Year:** 2011
- Field Note:**

This data is an estimate of CSHCN children who have an annual assessment done by the CSHCN team. Once data is confirmed, it will be finalized.

STATE PERFORMANCE MEASURE # 7 - REPORTING YEAR

Number of youth and families who participate in BodyWorks class during the project year.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	86
Annual Indicator	_____	_____	_____	85.5	85.5
Numerator	_____	_____	_____	165	165
Denominator	_____	_____	_____	193	193
Data Source				Boys and Girls Club	BGC
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	86	87	87	88	88
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

None

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (a)(2)(B)(ii) AND 506 (a)(2)(A)(ii)]
STATE: AS

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	10	10	10	11	11
Annual Indicator	8.5	11.6	8.8	14.9	7.8
Numerator	11	16	12	19	10
Denominator	1,291	1,375	1,361	1,279	1,287
Data Source		HISO-ASHA	HISO-ASHA	DOH - HIS	DOH - HIS
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	7	7	6	6	6
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 02

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective				0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,291	1,375	1,361	1,279	1,287
Data Source		HISO-ASHA	HISO-ASHA	HISO-ASHA	

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

_____ Yes _____ Yes _____ Yes

Is the Data Provisional or Final?

Provisional Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. Section Number: Form12_Outcome Measure 2
- Field Name: OM02
- Row Name:
- Column Name:
- Year: 2010
- Field Note:
There have been no report of Black infants born in American Samoa

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	6	5	5	8	7
Annual Indicator	5.4	5.8	4.4	10.2	
Numerator	7	8	6	13	
Denominator	1,291	1,375	1,361	1,279	
Data Source		HISO-ASHA	HISO-ASHA	HISO-ASHA	

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	7	6	6	6	
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	4	3	3	8	7
Annual Indicator	3.1	5.8	4.4	4.7	3.1
Numerator	4	8	6	6	4
Denominator	1,291	1,375	1,361	1,279	1,287
Data Source		HISO- ASHA	HISO-ASHA	HISO-ASHA	DOH - HIS

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	4	3	3	2	2
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 05

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	16	15	15	15	15
Annual Indicator	11.6	11.6	6.6	6.2	4.6
Numerator	15	15	9	8	6
Denominator	1,298	1,298	1,364	1,285	1,293
Data Source		Vital Statistics	Vital Statistics	HISO-ASHA	DOH - HIS

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	4	4	3	3	3
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	54	53	52	58	58
Annual Indicator	15.9	58.1	58.1	14.5	24.2
Numerator	4	12	12	3	5
Denominator	25,154	20,648	20,648	20,648	20,648
Data Source		2000 Census	2000 Census	2000 Census	DOH - HIS

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	24	24	23	23	22
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. Section Number: Form12_Outcome Measure 6
- Field Name: OM06
- Row Name:
- Column Name:
- Year: 2011
- Field Note:
This data was provided by the Department of Health's HIS Program.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (a)(2)(B)(ii) AND 506 (a)(2)(A)(ii)]
STATE: AS

Form Level Notes for Form 12

None

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

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

_____0

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

_____0

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

_____0

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

_____0

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

_____0

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

_____0

Total Score: _____0

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE AS FY: 2013

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

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

1. Increasing immunization coverage for young children.
2. Increasing adequacy of prenatal care for pregnant women.
3. Improving oral health services in the Well Baby clinics.
4. Improving BMI of children 2-5 years old.
5. Improving nutritional status of infants, children and their families.
6. Increase the number of infants who are breastfed.
7. Improve oral health in children 0 - 5 years.
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: AS

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ N/A	Implementation of Life Course Health Developmental Model	1)Improve health care services for at risk populations, including communities of color and low income families 2) Strengthen families and communities 3)Address social and economic inequalities over the life course	Unknown
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National			

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

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # _____ 1

PERFORMANCE MEASURE:

Percent of 15 month old children with completed immunizations.

STATUS:

Active

GOAL:

Improve immunization coverage for children.

DEFINITION:

4 DtaP 3 Hepatitis 1 MMR 3 Polio 3 Hib

Numerator:

Number of 15 month olds who have completed immunizations.

Denominator:

Total number of 15 month olds.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

HP 2010 Obj. 14-24

DATA SOURCES AND DATA ISSUES

Immunization Registry, Census Data, ASMCA Medical Records/CPRS, Health center records.

SIGNIFICANCE

Infectious disease remain important causes of preventable illness in the US despite significant reductions in incidence in the past 100 years. Vaccines are among the safest and most effective preventive measures.

SP() # 2

PERFORMANCE MEASURE:

Percent of pregnant women who receive adequate prenatal care based on the Kotelchuck Index.

STATUS:

Active

GOAL

To increase the percent of women with a live birth who have received adequate prenatal care as determined by the Kotelchuck Index.

DEFINITION

Prenatal care is considered Adequate when care was initiated in the first 13 weeks, and 80% - 109% of expected prenatal visits were received.

Numerator:

Number of pregnant women with adequate prenatal care based on the Kotelchuck Index.

Denominator:

Total number of births

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Postpartum Data

SIGNIFICANCE

This will significantly improve infant mortality rate and health outcomes.

SP() # _____ 3

PERFORMANCE MEASURE:

Percent of 1 year old children attending well baby clinics who receive a package of oral hygiene services (caregiver education, fluoride varnishes, 1 toothbrush/washcloth, sticker)

STATUS:

Active

GOAL

Improve oral health status of infants and children 0-5 years of age.

DEFINITION

oral hygiene

Numerator:

Number of 1 year old children attending well baby clinic who receive the total package of oral hygiene services

Denominator:

Total number of 1 year old children attending well baby clinic.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Reduce the proportion of children and adolescents who have dental caries experience in their primary

DATA SOURCES AND DATA ISSUES

Well Baby Clinics Data

SIGNIFICANCE

Decrease prevalence of dental caries in children.

SP() # _____ 4

PERFORMANCE MEASURE:

Percent of 2-5 year old children in well baby clinics not receiving WIC who have a BMI equal to or greater than 85%.

STATUS:

Active

GOAL

Decrease percent of 2-5 year old with a BMI equal to or greater than 85%.

DEFINITION

BMI

Numerator:

Number of 2-5 year old children attending well baby clinics but not receiving WIC services and have BMI greater than or equal to 85%.

Denominator:

Total number of 2-5 year old children attending well baby clinic.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Reduce the proportion of children and adolescents who are overweight or obese.

DATA SOURCES AND DATA ISSUES

Well Baby Clinics

SIGNIFICANCE

Decrease number of overweight and obese children in American Samoa.

SP() # 5

PERFORMANCE MEASURE:

Percent of 1 year old children attending well baby clinic who received a Hgb screening.

STATUS:

Active

GOAL

Improve anemia screening for children.

DEFINITION

Anemia is defined as Hgb reading <11gm/dl.

Numerator:

Number of 1 year old children attending well baby clinic who received a Hgb test after 9 months of age

Denominator:

Total number of 1 year old children attending well baby clinic

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

HP 2010 Obj. 19.12

Iron deficiency in young children and in females of childbearing age.

DATA SOURCES AND DATA ISSUES

Well Baby Clinic

SIGNIFICANCE

Improve the number of children who are healthy and not Anemic.

SP() # _____ 6

PERFORMANCE MEASURE:

Percent of CSHCN who have annual assessments completed.

STATUS:

Active

GOAL

Increase percentage of CSHCN clients who receive an annual assessment.

DEFINITION

CSHCN assessments

Numerator:

Number of CSN in the program who have received an annual assessment

Denominator:

Number of CSN known to the program

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Obj. 16.22

Increase the proportion of CSHCN who have a medical home.

DATA SOURCES AND DATA ISSUES

CSHCN

SIGNIFICANCE

Improve quality of health care services that are available and utilized by CSHCN clients. This will definitely improve their health outcomes.

SP() # 7

PERFORMANCE MEASURE:

Number of youth and families who participate in BodyWorks class during the project year.

STATUS:

Active

GOAL

Promote healthy living in American Samoa.

DEFINITION

The BodyWorks curriculum will be used for healthy lifestyle class.

Numerator:

of families who complete the BodyWorks class.

Denominator:

of families served by MCH.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

19-3

DATA SOURCES AND DATA ISSUES

Health Education records, clinic records.

SIGNIFICANCE

Overweight and obesity are epidemic in American Samoa. Overweight is associated with increased prevalence of chronic diseases such as cardiovascular disease, and type 2 diabetes mellitus.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	162.6	160.9	25.6	35.2	63.9
Numerator	143	152	16	22	40
Denominator	8,796	9,445	6,256	6,256	6,256

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5
 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Reported from the American Samoa Medical Center Authority.

2. **Section Number:** Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

There is a discrepancy in the data reported for this measure in both numerator and denominators. The discrepancies are attributed to reporting issues each year. The denominator data were different population estimates, the number reported for 2009 was based on the 2000 Census. The number reported for 2008 was based on an inter-census estimate. The number of reported cases are from the discharge data reported by the hospital.

HEALTH SYSTEMS CAPACITY #02

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>71.7</u>	<u>63.3</u>	<u>65.5</u>	<u>61.5</u>	<u>61.9</u>
Numerator	<u>926</u>	<u>1,315</u>	<u>1,362</u>	<u>1,279</u>	<u>1,287</u>
Denominator	<u>1,291</u>	<u>2,078</u>	<u>2,078</u>	<u>2,078</u>	<u>2,078</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

The denominator for this measure is a mid-sensus estimate, and the numerator is the number of children seen by MCH in the Well Baby Clinics. There is no Medicaid eligibility criteria, therefore impossible to report for this measure.

2. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

NA - all children are considered medicaid eligible. Data provided are total livebirths for 2010.

3. **Section Number:** Form17_Health Systems Capacity Indicator #02

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

The denominator for this measure is a mid-sensus estimate, and the numerator is the number of children seen by MCH in the Well Baby Clinics. There is no Medicaid eligibility criteria, therefore impossible to report for this measure.

HEALTH SYSTEMS CAPACITY #03

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>71.7</u>	<u>63.0</u>	<u>65.3</u>	<u>61.3</u>	<u>61.7</u>
Numerator	<u>926</u>	<u>1,315</u>	<u>1,362</u>	<u>1,279</u>	<u>1,287</u>
Denominator	<u>1,291</u>	<u>2,087</u>	<u>2,087</u>	<u>2,087</u>	<u>2,087</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Fom17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

NA - all children are considered SCHIP eligible. Data provided are total livebirths for 2011 whom are also seen at WBCs.

2. **Section Number:** Fom17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

NA - all children are considered SCHIP eligible. Data provided are total livebirths for 2010.

3. **Section Number:** Fom17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

The denominator for this measure is a mid-sensus estimate, and the numerator is the number of children seen by MCH in the Well Baby Clinics. There is no Medicaid eligibility criteria, therefore impossible to report for this measure.

HEALTH SYSTEMS CAPACITY #04

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>22.1</u>	<u>19.5</u>	<u>70.3</u>	<u>40.2</u>	<u>44.3</u>
Numerator	<u>96</u>	<u>225</u>	<u>471</u>	<u>325</u>	<u>401</u>
Denominator	<u>435</u>	<u>1,153</u>	<u>670</u>	<u>809</u>	<u>905</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2011

Field Note:

A total number of 401 women were between the ages of 15 and 44. The Data Source is from 905 postpartum cards that had completed data information.

2. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source is the Kotelchuck Index

3. **Section Number:** Form17_Health Systems Capacity Indicator #04

Field Name: HSC04

Row Name:

Column Name:

Year: 2009

Field Note:

American Samoa does not collect birth data on the current birth certificate. Therefore those data are not available from vital statistics. The data reported for this measure is a sampling of post partum records with completed data, meaning all data field required to calculate the KI was documented.

HEALTH SYSTEMS CAPACITY #07A

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>	<u>100.0</u>
Numerator	<u>4,756</u>	<u>4,598</u>	<u>4,598</u>	<u>4,598</u>	<u>4,359</u>
Denominator	<u>4,756</u>	<u>4,598</u>	<u>4,598</u>	<u>4,598</u>	<u>4,359</u>
<p>Check this box if you cannot report the numerator because</p> <p>1. There are fewer than 5 events over the last year, and</p> <p>2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)</p>					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2011
Field Note:
 This data is reported from children seen by MCH at the Well Child Clinics, where 100% of children are presumed Medicaid eligible.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2010
Field Note:
 This data is reported from children seen by MCH at the Well Child Clinics, where 100% of children are presumed Medicaid eligible.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2009
Field Note:
 This data is reported from children seen by MCH at the Well Child Clinics, where 100% of children are presumed Medicaid eligible.

HEALTH SYSTEMS CAPACITY #07B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	56.6	60.7	50.6	62.4	64.2
Numerator	810	639	540	654	661
Denominator	1,430	1,053	1,067	1,048	1,030

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

NA - American Samoa does not have an EPSDT Program

The denominator is the total number of 6 to 9 yrs old children that have received any dental service from the MCH Outreach team.

2. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

NA - American Samoa does not have an EPSDT Program

In the past years, this data was reported from the Dental Outreach Program that provides preventive dental services for this age group.

3. **Section Number:** Form17_Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

The data reported for this measure reflects the number of 3rd grade children seen by the School Outreach team. Second grades were also seen but data is not yet available. There is no Medicaid/SCHIP eligibility criteria, all children are presumed eligible.

HEALTH SYSTEMS CAPACITY #08

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	100.0	100.0	100.0	0.0	0.0
Numerator	1	1	1	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes	Yes	Yes
-----	-----	-----

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

NA - American Samoa does not have an SSI Program

2. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

NA - American Samoa does not have an SSI Program

3. **Section Number:** Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

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

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2011	Other	2.5	0	2.5
b) <i>Infant deaths per 1,000 live births</i>	2011	Other	7.7	0	7.7
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Other	26	0	26
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2011	Other	31.4	0	31.4

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2011	100
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 5 </u>) (Age range <u> 5 </u> to <u> 14 </u>) (Age range <u> 14 </u> to <u> 21 </u>)	2011	100 100 100
c) <i>Pregnant Women</i>	2011	100

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	2011	100
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 5 </u>) (Age range <u> 5 </u> to <u> 14 </u>) (Age range <u> 14 </u> to <u> 21 </u>)	2011	100 100 100
c) <i>Pregnant Women</i>	2011	100

FORM NOTES FOR FORM 18

NA - There are no Medicaid or SCHIP enrollees in American Samoa. All children are expected to be eligible.

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2013
Field Note:
DOH - HIS
2. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
Data Source: DOH - HIS
3. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2013
Field Note:
Data Source: MCH Kotelchuck Index
4. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2013
Field Note:
Data Source: Kotelchuck Index

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

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

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	2	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	2	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

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

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

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

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2013
Field Note:
There is no linkage between the Vital Statistics and WIC.
2. **Section Number:** Form19_Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2013
Field Note:
There is no surveillance system of any kind for birth defects and the LBJ Hospital does not conduct annual survey for birth defects.
3. **Section Number:** Form19_Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2013
Field Note:
The Department of Education conducts the YRBS and who does not provide direct access to its database but they share results with MCH.
4. **Section Number:** Form19_Indicator 09A
Field Name: BAM
Row Name: Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files
Column Name:
Year: 2013
Field Note:
There is no Medicaid eligibility in American Samoa. All babies born in American Samoa are considered eligible.

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	3.3	1.6	0.7	1.3	3.0
Numerator	42	21	10	16	38
Denominator	1,291	1,338	1,361	1,279	1,287

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)*

Is the Data Provisional or Final?

Provisional Provisional

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2011
Field Note:
Data Source: LBJ Nursery

HEALTH STATUS INDICATOR #01B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	3.0	1.5	0.1	1.3	2.3
Numerator	38	20	2	16	30
Denominator	1,271	1,320	1,349	1,273	1,279

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
 - 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

None

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>0.5</u>	<u>0.4</u>	<u>0.1</u>	<u>0.4</u>	<u>0.3</u>
Numerator	<u>7</u>	<u>6</u>	<u>1</u>	<u>5</u>	<u>4</u>
Denominator	<u>1,291</u>	<u>1,338</u>	<u>1,361</u>	<u>1,279</u>	<u>1,287</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

- 1. Section Number: Form20_Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2011
Field Note:
Data Source: LBJ Medical Center Authority's Nursery

HEALTH STATUS INDICATOR #02B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	0.6	0.5	0.1	0.4	0.3
Numerator	7	6	1	5	4
Denominator	1,271	1,320	1,349	1,273	1,279

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes

Yes

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: LBJ Nursery

HEALTH STATUS INDICATOR #03A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	<u>3.8</u>	<u>3.9</u>	<u>0.0</u>	<u>10.3</u>	<u>0.0</u>
Numerator	<u>1</u>	<u>1</u>	<u>0</u>	<u>2</u>	<u>0</u>
Denominator	<u>26,444</u>	<u>25,783</u>	<u>25,783</u>	<u>19,425</u>	<u>19,425</u>

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes _____ Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

Source is 2010 Census.

2. Section Number: Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is from the 2010 Census.

HEALTH STATUS INDICATOR #03B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	3.8	0.0	3.9	0.0	0.0
Numerator	1	0	1	0	0
Denominator	26,444	25,783	25,783	19,425	19,425

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

_____	_____	Yes	Yes	Yes
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Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2011

Field Note:

A total of zero was reported by DOH - HIS for this data. Denominator is from the 2010 Census.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2010

Field Note:

HIS has no current data for this indicator. Denominator is from the 2010 Census.

HEALTH STATUS INDICATOR #03C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	0.0	8.5	17.0	19.6	0.0
Numerator	0	1	2	2	0
Denominator	11,546	11,772	11,772	10,187	10,187

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes _____ Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

DOH - HIS reported zero for this indicator.

2. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2010

Field Note:

Denominator is from the 2010 Census.

HEALTH STATUS INDICATOR #04A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	94.5	77.6	275.4	0.0	0.0
Numerator	25	20	71	0	0
Denominator	26,444	25,783	25,783	19,425	19,425

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
 (Explain data in a year note. See Guidance, Appendix IX.)

Yes	Yes	Yes
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Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

DOH-NNIS reported zero for this indicator. Denominator is the 2010 Census data.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

HIS has no data available to report for this indicator.

HEALTH STATUS INDICATOR #04B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	41.6	38.8	0.0	0.0	0.0
Numerator	11	10	0	0	0
Denominator	26,444	25,783	25,783	19,425	19,425

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes _____ Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

DOH - HIS reported zero for this indicator.

2. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

HIS has no data available for this indicator.

HEALTH STATUS INDICATOR #04C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	129.9	101.9	0.0	0.0	39.3
Numerator	15	12	0	0	4
Denominator	11,546	11,772	11,772	10,187	10,187

Check this box if you cannot report the numerator because

- 1. There are fewer than 5 events over the last year, and
- 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Yes _____ Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: DOH - HIS

2. Section Number: Form20_Health Status Indicator #04C

Field Name: HSI04C

Row Name:

Column Name:

Year: 2010

Field Note:

HIS has no available data for this indicator. Denominator based on the 2010 Census.

HEALTH STATUS INDICATOR #05A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	10.2	10.7	6.1	8.4	8.1
Numerator	30	32	15	26	25
Denominator	2,946	2,994	2,476	3,078	3,078

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
- (Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2011

Field Note:

This was reported by DOH-HIS.

2. **Section Number:** Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2010

Field Note:

The denominator is an estimated total number of women aged 15 through 19 years. It is not yet determined what the actual total number screened for this age group. Data Source was obtained from the HIV program who had collected these data from OBGYN and the three prenatal clinics in the Community Health Centers.

HEALTH STATUS INDICATOR #05B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	4.4	7.0	0.0	13.2	13.1
Numerator	54	86	0	118	117
Denominator	12,138	12,348	10,197	8,966	8,966

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.
(Explain data in a year note. See Guidance, Appendix IX.)

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

This is an estimate and data will be finalized once it is confirmed by DOH HIS.

2. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

The denominator is an estimated total number of women aged 20 through 40 years. It is not yet determined what the actual total number screened for this age group. Data Source was obtained from the HIV program who had collected these data from OBGYN and the three prenatal clinics in the Community Health Centers. There is a major difference in the annual indicator in 2010 compared to 2009 because the MCH Program did not receive any 2009 data to be reported.

3. **Section Number:** Fom20_Health Status Indicator #05B

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

The numerator is not actually zero but it was not reported by the HIV Program who had reported the data for 2010. The HIV Program is currently collecting data for 2009 and will report their findings to the MCH Program once their numbers are finalized.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,287	2	0	0	9	1,276	0	0
Children 1 through 4	4,732	6	0	0	59	4,667	0	0
Children 5 through 9	6,535	0	0	0	30	6,505	0	0
Children 10 through 14	6,279	0	0	0	21	6,258	0	0
Children 15 through 19	6,296	0	0	0	10	6,286	0	0
Children 20 through 24	3,891	0	0	0	15	3,876	0	0
Children 0 through 24	29,020	8	0	0	144	28,868	0	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,287	0	0
Children 1 through 4	4,732	0	0
Children 5 through 9	6,535	0	0
Children 10 through 14	6,279	0	0
Children 15 through 19	6,296	0	0
Children 20 through 24	3,891	0	0
Children 0 through 24	29,020	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1	0	0	0	0	1	0	0
Women 15 through 17	38	0	0	0	0	38	0	0
Women 18 through 19	224	0	0	0	1	223	0	0
Women 20 through 34	842	2	0	0	10	830	0	0
Women 35 or older	182	0	0	0	4	178	0	0
Women of all ages	1,287	2	0	0	15	1,270	0	0

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

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1	0	0
Women 15 through 17	38	0	0
Women 18 through 19	224	0	0
Women 20 through 34	842	0	0
Women 35 or older	182	0	0
Women of all ages	1,287	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	10	0	0	0	0	10	0	0
Children 1 through 4	1	0	0	0	0	1	0	0
Children 5 through 9	1	0	0	0	0	1	0	0
Children 10 through 14	4	0	0	0	0	4	0	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	2	0	0	0	0	2	0	0
Children 0 through 24	20	0	0	0	0	20	0	0

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

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

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

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	32,485	8	0	0	129	32,348	0	0	2011
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Number enrolled in Medicaid	32,485	8	0	0	129	32,348	0	0	2011
Number enrolled in SCHIP	32,485	8	0	0	129	32,348	0	0	2011
Number living in foster home care	0	0	0	0	0	0	0	0	2011
Number enrolled in food stamp program	140	0	0	0	5	135	0	0	2011
Number enrolled in WIC	7,397	8	0	0	68	7,321	0	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	32,485	0	0	2011
Percent in household headed by single parent	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	0.0	0.0	0.0	2011
Number enrolled in Medicaid	32,485	0	0	2011
Number enrolled in SCHIP	32,485	0	0	2011
Number living in foster home care	0	0	0	2011
Number enrolled in food stamp program	140	0	0	2011
Number enrolled in WIC	7,397	0	0	2011
Rate (per 100,000) of juvenile crime arrests	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*
 Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	3,614
Living in rural areas	9,474
Living in frontier areas	12,633
Total - all children 0 through 19	25,721

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

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

Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	55,519
Percent Below: 50% of poverty	28
100% of poverty	60
200% of poverty	87

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: AS

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

Reporting Year: 2011 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	25,721
Percent Below: 50% of poverty	28
100% of poverty	60
200% of poverty	87

FORM NOTES FOR FORM 21

Data provided by the DOH-HIS and based on 2010 Census.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
100% considered eligible.
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
100% are considered eligible
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
This number is an estimate until the true number is available.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
This data is not available at this time. Once it is available it will be reported.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
Data is not available at this time. It will be reported once it is available.
6. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
This number is an estimate until the true number is available.
7. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2013
Field Note:
This data is not available at this time. Once it is available it will be reported.
8. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2013
Field Note:
This data is not available at this time. Once it is available it will be reported.