

TITLE V BLOCK GRANT APPLICATION
FORMS (2-21)
STATE: FM
APPLICATION YEAR: 2013

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

1. FEDERAL ALLOCATION		\$	<u>537,887</u>
	(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:		
	\$ <u>161,366</u> (<u>30</u> %)		
	B. Children with special health care needs:		
	\$ <u>166,745</u> (<u>31</u> %)		
	(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:		
	\$ <u>53,788</u> (<u>10</u> %)		
	(The above figure cannot be more than 10%)[Sec. 504(d)]		
2. UNOBLIGATED BALANCE	(Item 15b of SF 424)	\$	<u>0</u>
3. STATE MCH FUNDS	(Item 15c of the SF 424)	\$	<u>440,000</u>
4. LOCAL MCH FUNDS	(Item 15d of SF 424)	\$	<u>0</u>
5. OTHER FUNDS	(Item 15e of SF 424)	\$	<u>0</u>
6. PROGRAM INCOME	(Item 15f of SF 424)	\$	<u>0</u>
7. TOTAL STATE MATCH	(Lines 3 through 6)	\$	<u>440,000</u>
	(Below is your State's FY 1989 Maintenance of Effort Amount)		
	\$ <u>440,000</u>		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	<u>977,887</u>
	(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:	\$	<u>0</u>
	b. SSDI:	\$	<u>65,357</u>
	c. CISS:	\$	<u>0</u>
	d. Abstinence Education:	\$	<u>0</u>
	e. Healthy Start:	\$	<u>0</u>
	f. EMSC:	\$	<u>0</u>
	g. WIC:	\$	<u>0</u>
	h. AIDS:	\$	<u>0</u>
	i. CDC:	\$	<u>0</u>
	j. Education:	\$	<u>0</u>
	k. Home Visiting:	\$	<u>0</u>
	l. Other:	\$	<u>0</u>
		\$	<u>0</u>
		\$	<u>0</u>
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	<u>65,357</u>
11. STATE MCH BUDGET TOTAL		\$	<u>1,043,244</u>
	(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: FM

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 563,713	\$ 533,633	\$ 563,713	\$ 339,327	\$ 582,617	\$ 526,140
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 440,000	\$ 440,000	\$ 440,000	\$ 440,000	\$ 440,000	\$ 440,000
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	\$ 1,003,713	\$ 973,633	\$ 1,003,713	\$ 779,327	\$ 1,022,617	\$ 966,140
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 1,391,168	\$ 1,391,168	\$ 1,343,676	\$ 1,343,676	\$ 250,000	\$ 250,000
9. Total <i>(Line11, Form2)</i>	\$ 2,394,881	\$ 2,364,801	\$ 2,347,389	\$ 2,123,003	\$ 1,272,617	\$ 1,216,140
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 586,600	\$ 213,453	\$ 539,323	\$	\$ 537,887	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 306,018	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 440,000	\$ 180,400	\$ 440,000	\$	\$ 440,000	\$
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	\$ 1,026,600	\$ 699,871	\$ 979,323	\$ 0	\$ 977,887	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 990,058	\$ 990,058	\$ 272,260	\$	\$ 65,357	\$
9. Total <i>(Line11, Form2)</i>	\$ 2,016,658	\$ 1,689,929	\$ 1,251,583	\$ 0	\$ 1,043,244	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

//2013/ FSM requested the amount of \$586600 in the application but was awarded only \$525,011. //2013//

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2011
Field Note:
//2013/ This amount includes unliquidated obligation. //2013//
2. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2010
Field Note:
//2012// The total expenditure reported based on the total award in FY-2010. //2012//
3. **Section Number:** Form3_Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2011
Field Note:
//2013/ This unobligated amount is based on the actual award of \$525011. //2013//
4. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2011
Field Note:
//2013/ The expended amount reflects 84% of the total state funds available during this budget period. //2013//
5. **Section Number:** Form3_Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2010
Field Note:
//2012// The amount of \$440,000 is a maintenance of efforts for the FSM. //2012//

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 148,855	\$ 142,375	\$ 148,855	\$ 119,745	\$ 148,855	\$ 135,360
b. Infants < 1 year old	\$ 154,772	\$ 150,876	\$ 154,772	\$ 142,355	\$ 166,263	\$ 152,745
c. Children 1 to 22 years old	\$ 211,969	\$ 210,343	\$ 211,969	\$ 179,669	\$ 212,955	\$ 199,763
d. Children with Special Healthcare Needs	\$ 276,968	\$ 264,456	\$ 276,968	\$ 139,376	\$ 283,968	\$ 278,550
e. Others	\$ 104,933	\$ 102,433	\$ 104,933	\$ 97,829	\$ 104,360	\$ 101,551
f. Administration	\$ 106,216	\$ 103,150	\$ 106,216	\$ 100,353	\$ 106,216	\$ 98,171
g. SUBTOTAL	\$ 1,003,713	\$ 973,633	\$ 1,003,713	\$ 779,327	\$ 1,022,617	\$ 966,140
II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 47,492		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 339,367		\$ 339,367		\$ 0	
i. CDC	\$ 904,309		\$ 904,309		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
l. EHDI:	\$ 0		\$ 0		\$ 150,000	
III. SUBTOTAL	\$ 1,391,168		\$ 1,343,676		\$ 250,000	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 142,779	\$ 85,910	\$ 142,255	\$	\$ 138,228	\$
b. Infants < 1 year old	\$ 168,755	\$ 117,991	\$ 158,645	\$	\$ 162,056	\$
c. Children 1 to 22 years old	\$ 214,833	\$ 164,189	\$ 210,625	\$	\$ 204,280	\$
d. Children with Special Healthcare Needs	\$ 286,484	\$ 227,409	\$ 270,660	\$	\$ 270,010	\$
e. Others	\$ 105,339	\$ 50,077	\$ 98,114	\$	\$ 103,911	\$
f. Administration	\$ 108,410	\$ 54,295	\$ 99,024	\$	\$ 99,402	\$
g. SUBTOTAL	\$ 1,026,600	\$ 699,871	\$ 979,323	\$ 0	\$ 977,887	\$ 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		\$ 97,260		\$ 65,357	
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	\$ 179,585		\$ 175,000		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
EHDI	\$ 300,000		\$ 0		\$ 0	
Title X Family Plann	\$ 410,473		\$ 0		\$ 0	
III. SUBTOTAL	\$ 990,058		\$ 272,260		\$ 65,357	

FORM NOTES FOR FORM 4

/2013/ The expended amount is based on the actual award received in the Notice of Grant Award for FY 2011. The budgeted amount for 2011 was based on the amount FSM submitted in the grant application. Please note that the grant award was far less than what FSM initially requested for that fiscal year 2011. //2013//

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2011
Field Note:
/2013/ The expended amount was based on the actual award received for 2011. The budgeted amount was based on proposed budget submitted in the grant application. //2013//
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2011
Field Note:
/2013/ The expended amount was based on the actual award received for 2011. The budgeted amount was based on proposed budget submitted in the grant application. //2013//
3. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2011
Field Note:
/2013/ The expended amount was based on the actual award received for 2011. The budgeted amount was based on proposed budget submitted in the grant application. //2013//
4. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
/2013/ The expended amount was based on the actual award received for 2011. The budgeted amount was based on proposed budget submitted in the grant application for fiscal year 2011. //2013//
5. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2011
Field Note:
/2013/ The expended amount was based on the actual award received for 2011. The budgeted amount was based on proposed budget submitted in the grant application. //2013//
6. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2011
Field Note:
/2013/ The expended amount was based on the actual award received for 2011. The budgeted amount was based on proposed budget submitted in the grant application. //2013//

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

TYPE OF SERVICE	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 489,113	\$ 483,275	\$ 489,113	\$ 385,775	\$ 495,135	\$ 489,161
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 185,454	\$ 175,253	\$ 185,454	\$ 123,875	\$ 188,545	\$ 170,655
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 209,428	\$ 204,635	\$ 209,428	\$ 176,245	\$ 217,428	\$ 195,824
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 119,718	\$ 110,470	\$ 119,718	\$ 93,432	\$ 121,509	\$ 110,500
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.)	\$ 1,003,713	\$ 973,633	\$ 1,003,713	\$ 779,327	\$ 1,022,617	\$ 966,140

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

TYPE OF SERVICE	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 495,340	\$ 413,658	\$ 491,156	\$	\$ 159,517	\$
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.)	\$ 192,541	\$ 110,285	\$ 120,289	\$	\$ 226,753	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 217,333	\$ 136,651	\$ 234,628	\$	\$ 229,326	\$
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.)	\$ 121,386	\$ 40,277	\$ 133,250	\$	\$ 362,291	\$
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.)	\$ 1,026,600	\$ 699,871	\$ 979,323	\$ 0	\$ 977,887	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2011
Field Note:
/2013/ The amount expended was based on the award; the budgeted amount was based on the original request submitted. //2013//
2. **Section Number:** Form5_Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2011
Field Note:
/2013/ The amount expended was based on the award; the budgeted amount was based on the original request submitted. //2013//
3. **Section Number:** Form5_Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2011
Field Note:
/2013/ The amount expended was based on the award; the budgeted amount was based on the original request submitted. //2013//
4. **Section Number:** Form5_Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2011
Field Note:
/2013/ The amount expended was based on the award; the budgeted amount was based on the original request submitted. //2013//

FORM 6

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

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

STATE: FM

Total Births by Occurrence: 2,374

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						
Congenital Hypothyroidism						
Galactosemia						
Sickle Cell Disease						
Other Screening (Specify)						
Early Newborn Hearing Screening	1,801	75.9	425	20	20	100
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

//2013// FSM has no capability to screen for the conditions listed on this form. Not applicable to FSM. //2013//

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2013
Field Note:
//2013/ This data reflects all live births; hospital and home births or deliveries. //2013//
2. **Section Number:** Form6_Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2013
Field Note:
//2013// FSM does not have the capability to do this screening test. //2013//
3. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2013
Field Note:
//2013// FSM does not have the capability to do this screening test. //2013//
4. **Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2013
Field Note:
//2013// FSM does not have the capability to do this screening test. //2013//
5. **Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2013
Field Note:
//2013// FSM does not have the capability to do this screening test. //2013//
6. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2013
Field Note:
//2013/ The number of children screened for hearing loss reflects the number of hospital births alone. //2013//

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

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

STATE: FM

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	0	3,206	2,193	2,265	2,049
Infants < 1 year old	0	1,768	2,429	3,018	2,010
Children 1 to 22 years old	0	8,863	26,447	62,700	49,740
Children with Special Healthcare Needs	0	1,320	1,198	1,215	1,271
Others	0	4,122	3,553	2,157	9,210
Total	0	19,279	35,820	61,355	64,280

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	2,360	0.0	0.0	80.0	0.0	20.0
Infants < 1 year old	2,460	0.0	0.0	80.0	0.0	20.0
Children 1 to 22 years old	50,528	0.0	0.0	80.0	0.0	20.0
Children with Special Healthcare Needs	1,204	0.0	0.0	90.0	0.0	10.0
Others	6,030	0.0	0.0	80.0	0.0	20.0
TOTAL	62,582					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. Not Applicable to FSM. //2013//
2. **Section Number:** Form7_Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XXI. Not Applicable to FSM. //2013//
3. **Section Number:** Form7_Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2013
Field Note:
//2013// The data reported is based on our best Estimate. //2013//
4. **Section Number:** Form7_Main
Field Name: PregWomen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2013
Field Note:
//2013// No Data Reported.//2013//
5. **Section Number:** Form7_Main
Field Name: PregWomen_Unknown
Row Name: Pregnant Women
Column Name: Unknown %
Year: 2013
Field Note:
//2013// The data reported is based on our best Estimate. //2013//
6. **Section Number:** Form7_Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. Not Applicable to FSM. //2013//
7. **Section Number:** Form7_Main
Field Name: Children_0_1_XXI
Row Name: Infants <1 year of age
Column Name: Title XXI %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XXI. Not Applicable to FSM. //2013//
8. **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:
//2013// The data reported is based on our best Estimate. //2013//
9. **Section Number:** Form7_Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2013
Field Note:
//2013// No Data Reported.//2013//
10. **Section Number:** Form7_Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2013
Field Note:
//2013// The data reported is based on our best Estimate. //2013//
11. **Section Number:** Form7_Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. Not Applicable to FSM. //2013//

12. **Section Number:** Form7_Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age
Column Name: Title XXI %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XXI. Not Applicable to FSM. //2013//
13. **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:
//2013// The data reported is based on our best Estimate. //2013//
14. **Section Number:** Form7_Main
Field Name: Children_1_22_None
Row Name: Children 1 to 22 years of age
Column Name: None %
Year: 2013
Field Note:
//2013// No Data Reported.//2013//
15. **Section Number:** Form7_Main
Field Name: Children_1_22_Unknown
Row Name: Children 1 to 22 years of age
Column Name: Unknown %
Year: 2013
Field Note:
//2013// The data reported is based on our best Estimate. //2013//
16. **Section Number:** Form7_Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. Not Applicable to FSM. //2013//
17. **Section Number:** Form7_Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XXI. Not Applicable to FSM. //2013//
18. **Section Number:** Form7_Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2013
Field Note:
//2013// The data reported is based on our best Estimate. //2013//
19. **Section Number:** Form7_Main
Field Name: CSHCN_None
Row Name: Children with Special Health Care Needs
Column Name: None %
Year: 2013
Field Note:
//2013// No Data Reported.//2013//
20. **Section Number:** Form7_Main
Field Name: CSHCN_Unknown
Row Name: Children with Special Health Care Needs
Column Name: Unknown %
Year: 2013
Field Note:
//2013// The data reported is based on our best Estimate. //2013//
21. **Section Number:** Form7_Main
Field Name: AllOthers_Private
Row Name: Others
Column Name: Private/Other %
Year: 2013
Field Note:
//2013// This data is based on our best estimate. //2013//
22. **Section Number:** Form7_Main
Field Name: AllOthers_None
Row Name: Others
Column Name: None %
Year: 2013
Field Note:
//2013// No Data Reported.//2013//
23. **Section Number:** Form7_Main
Field Name: AllOthers_Unknown
Row Name: Others
Column Name: Unknown %

Year: 2013

Field Note:

//2013// *The data is based on our best estimate.* //2013//

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

Reporting Year: 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	2,360					2,360		
Title V Served	2,360					2,360		
Eligible for Title XIX	1					1		
INFANTS								
Total Infants in State	2,306					2,306		
Title V Served	2,306					2,306		
Eligible for Title XIX	1					1		

II. UNDUPLICATED COUNT BY ETHNICITY

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	2,360							
Title V Served	2,360							
Eligible for Title XIX	1							
INFANTS								
Total Infants in State	2,306							
Title V Served	2,306							
Eligible for Title XIX	1							

FORM NOTES FOR FORM 8

//2013/ No other races or ethnic groups were reported; only FSM Nationals. //2013//

FIELD LEVEL NOTES

1. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_White
Row Name: Total Deliveries in State
Column Name: White
Year: 2013
Field Note:
//2013// None Reported //2013//
2. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Black
Row Name: Total Deliveries in State
Column Name: Black or African American
Year: 2013
Field Note:
//2013// None Reported //2013//
3. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Indian
Row Name: Total Deliveries in State
Column Name: American Indian or Native American
Year: 2013
Field Note:
//2013// None Reported //2013//
4. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Asian
Row Name: Total Deliveries in State
Column Name: Asian
Year: 2013
Field Note:
//2013// None Reported //2013//
5. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_Hawaiian
Row Name: Total Deliveries in State
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
//2013/ No other race was reported; only FSM Nationals. //2013//
6. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_More
Row Name: Total Deliveries in State
Column Name: More Than One Race Reported
Year: 2013
Field Note:
//2013// None Reported //2013//
7. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTotal_RaceOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// None Reported //2013//
8. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2013
Field Note:
//2013// None Reported //2013//
9. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Black
Row Name: Title V Served
Column Name: Black or African American
Year: 2013
Field Note:
//2013// None Reported //2013//
10. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2013
Field Note:
//2013// None Reported //2013//
11. **Section Number:** Form8_I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Asian
Row Name: Title V Served
Column Name: Asian
Year: 2013
Field Note:
//2013// None Reported //2013//

12. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_More
Row Name: Title V Served
Column Name: More Than One Race Reported
Year: 2013
Field Note:
//2013// None Reported //2013//
13. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// None Reported //2013//
14. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2013
Field Note:
//2013// FSM is not eligible for Title XIX. The number is a "dummy". //2013//
15. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
16. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
17. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
18. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
19. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
//2013// FSM is not eligible for Title XIX. The number is a "dummy". //2013//
20. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
21. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
22. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_White
Row Name: Total Infants in State
Column Name: White
Year: 2013
Field Note:
//2013// None Reported //2013//
23. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTotal_Black
Row Name: Total Infants in State
Column Name: Black or African American

Year: 2013

Field Note:

//2013// None Reported //2013//

24. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_Indian

Row Name: Total Infants in State

Column Name: American Indian or Native American

Year: 2013

Field Note:

//2013// None Reported //2013//

25. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_Asian

Row Name: Total Infants in State

Column Name: Asian

Year: 2013

Field Note:

//2013// None Reported //2013//

26. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_Hawaiian

Row Name: Total Infants in State

Column Name: Native Hawaiian or Other Pacific Islander

Year: 2013

Field Note:

//2013/ No other race was reported; only FSM Nationals. //2013//

27. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_More

Row Name: Total Infants in State

Column Name: More Than One Race Reported

Year: 2013

Field Note:

//2013// None Reported //2013//

28. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTotal_RaceOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2013

Field Note:

//2013// None Reported //2013//

29. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_White

Row Name: Title V Served

Column Name: White

Year: 2013

Field Note:

//2013// None Reported //2013//

30. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_Black

Row Name: Title V Served

Column Name: Black or African American

Year: 2013

Field Note:

//2013// None Reported //2013//

31. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_Indian

Row Name: Title V Served

Column Name: American Indian or Native American

Year: 2013

Field Note:

//2013// None Reported //2013//

32. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_Asian

Row Name: Title V Served

Column Name: Asian

Year: 2013

Field Note:

//2013// None Reported //2013//

33. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_More

Row Name: Title V Served

Column Name: More Than One Race Reported

Year: 2013

Field Note:

//2013// None Reported //2013//

34. Section Number: Form8_I. Unduplicated Count By Race

Field Name: InfantsTitleV_RaceOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2013

Field Note:

//2013// None Reported //2013//

35. Section Number: Form8_I. Unduplicated Count By Race

- Field Name: InfantsTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2013
Field Note:
/2013/ FSM is not eligible for Title XIX. The number is a "dummy". //2013//
36. Section Number: Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
37. Section Number: Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Black
Row Name: Eligible for Title XIX
Column Name: Black or African American
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
38. Section Number: Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
39. Section Number: Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Asian
Row Name: Eligible for Title XIX
Column Name: Asian
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
40. Section Number: Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_Hawaiian
Row Name: Eligible for Title XIX
Column Name: Native Hawaiian or Other Pacific Islander
Year: 2013
Field Note:
/2013/ FSM is not eligible for Title XIX. The number is a "dummy". //2013//
41. Section Number: Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_More
Row Name: Eligible for Title XIX
Column Name: More Than One Race Reported
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
42. Section Number: Form8_I. Unduplicated Count By Race
Field Name: InfantsTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
43. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalNotHispanic
Row Name: Total Deliveries in State
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
/2013/ No other ethnic groups were reported. Only FSM Nationals. //2013//
44. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_TotalHispanic
Row Name: Total Deliveries in State
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
//2013// None Reported. //2013//
45. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_NotReported
Row Name: Total Deliveries in State
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
//2013// None Reported. //2013//
46. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Mexican
Row Name: Total Deliveries in State
Column Name: Mexican
Year: 2013
Field Note:

//2013// None Reported. //2013//

47. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_Cuban
Row Name: Total Deliveries in State
Column Name: Cuban
Year: 2013
Field Note:
//2013// None Reported. //2013//
48. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_PuertoRican
Row Name: Total Deliveries in State
Column Name: Puerto Rican
Year: 2013
Field Note:
//2013// None Reported. //2013//
49. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_CentralAmerican
Row Name: Total Deliveries in State
Column Name: Central and South American
Year: 2013
Field Note:
//2013// None Reported. //2013//
50. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTotal_EthnicityOther
Row Name: Total Deliveries in State
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// None Reported. //2013//
51. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
//2013// None Reported. //2013//
52. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
//2013// None Reported. //2013//
53. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2013
Field Note:
//2013// None Reported. //2013//
54. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2013
Field Note:
//2013// None Reported. //2013//
55. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2013
Field Note:
//2013// None Reported. //2013//
56. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2013
Field Note:
//2013// None Reported. //2013//
57. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// None Reported. //2013//
58. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
//2013// FSM is not eligible for Title XIX. The number is a "dummy". //2013//

59. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
60. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
61. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
62. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
63. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
64. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
65. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: DeliveriesTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
66. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalNotHispanic
Row Name: Total Infants in State
Column Name: Total Not Hispanic or Latino
Year: 2013
Field Note:
//2013// No other ethnic groups were reported. Only FSM Nationals. //2013//
67. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_TotalHispanic
Row Name: Total Infants in State
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
//2013// None Reported. //2013//
68. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_NotReported
Row Name: Total Infants in State
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
//2013// None Reported. //2013//
69. Section Number: Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Mexican
Row Name: Total Infants in State
Column Name: Mexican
Year: 2013
Field Note:
//2013// None Reported. //2013//

70. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_Cuban
Row Name: Total Infants in State
Column Name: Cuban
Year: 2013
Field Note:
 //2013// None Reported. //2013//
71. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_PuertoRican
Row Name: Total Infants in State
Column Name: Puerto Rican
Year: 2013
Field Note:
 //2013// None Reported. //2013//
72. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_CentralAmerican
Row Name: Total Infants in State
Column Name: Central and South American
Year: 2013
Field Note:
 //2013// None Reported. //2013//
73. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTotal_EthnicityOther
Row Name: Total Infants in State
Column Name: Other and Unknown
Year: 2013
Field Note:
 //2013// None Reported. //2013//
74. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_TotalHispanic
Row Name: Title V Served
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
 //2013// None Reported. //2013//
75. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_NotReported
Row Name: Title V Served
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
 //2013// None Reported. //2013//
76. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Mexican
Row Name: Title V Served
Column Name: Mexican
Year: 2013
Field Note:
 //2013// None Reported. //2013//
77. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_Cuban
Row Name: Title V Served
Column Name: Cuban
Year: 2013
Field Note:
 //2013// None Reported. //2013//
78. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_PuertoRican
Row Name: Title V Served
Column Name: Puerto Rican
Year: 2013
Field Note:
 //2013// None Reported. //2013//
79. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_CentralAmerican
Row Name: Title V Served
Column Name: Central and South American
Year: 2013
Field Note:
 //2013// None Reported. //2013//
80. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleV_EthnicityOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2013
Field Note:
 //2013// None Reported. //2013//
81. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalNotHispanic
Row Name: Eligible for Title XIX
Column Name: Total Not Hispanic or Latino

Year: 2013
Field Note:
//2013// FSM is not eligible for Title XIX. The number is a "dummy". //2013//

82. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_TotalHispanic
Row Name: Eligible for Title XIX
Column Name: Total Hispanic or Latino
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
83. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_NotReported
Row Name: Eligible for Title XIX
Column Name: Ethnicity Not Reported
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
84. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Mexican
Row Name: Eligible for Title XIX
Column Name: Mexican
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
85. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_Cuban
Row Name: Eligible for Title XIX
Column Name: Cuban
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
86. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_PuertoRican
Row Name: Eligible for Title XIX
Column Name: Puerto Rican
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
87. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_CentralAmerican
Row Name: Eligible for Title XIX
Column Name: Central and South American
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//
88. **Section Number:** Form8_II. Unduplicated Count by Ethnicity
Field Name: InfantsTitleXIX_EthnicityOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2013
Field Note:
//2013// FSM is not Eligible for Title XIX. //2013//

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

	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: FM

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	0000000000	0000000000	0000000000	0000000000	0000000000
2. State MCH Toll-Free "Hotline" Name	No name	No Name	No Name	No Name	No Name
3. Name of Contact Person for State MCH "Hotline"	Mr. Dionis E. Saimon	Mr. Dionis Saimon	Mr. Dionis Saimon	Mr. Dionis Saimon	Mr. Dionis Saimon
4. Contact Person's Telephone Number	691-320-2619	691-320-2619	691-320-2619	691-320-2619	691-320-2619
5. Contact Person's Email	desaimon@smhealth.fm	desaimon@smhealth.fm	desaimon@smhealth.fm	desaimon@smhealth.fm	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main
Field Name: hnumber_2
Row Name: State MCH toll-free hotline telephone number
Column Name: FY
Year: 2013
Field Note:
//2013// FSM Telecommunications Corporation has no capability to run Toll Free Numbers in the FSM. //2013//

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

1. State MCH Administration:
(max 2500 characters)

//2013// As documented in the Statement of Assurances in Section III, Requirements for Application, the Federated States of Micronesia assures the Secretary of DHHS that no more than 10% of the funds will be used for administrative costs of each program component. The FSM further assures the Secretary that it defines these administrative costs as the salary of the Federal Grants Coordinator, fringe benefits, travel for the National MCH Program staff and expendable supplies to support the administration of the Program at the FSM National Government. //2013//

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 537,887
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 440,000
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 977,887

9. Most significant providers receiving MCH funds:

_____	Public Health Services in the four (4) FSM States.
_____	Dental Services in the four (4) FSM States.

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

a. Pregnant Women	2,360
b. Infants < 1 year old	2,460
c. Children 1 to 22 years old	50,528
d. CSHCN	1,204
e. Others	6,030

11. Statewide Initiatives and Partnerships:

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

//2013// The MCH Program in the FSM continues to provide a large segment of the Direct Health care and Enabling Services for the maternal and infant population. Direct Care Services include prenatal care services, screening, general physical exam, risk assessment, and general counseling. Enabling Services include education and counseling on family planning, nutrition, breastfeeding and normal pregnancy, etc. //2013//

b. Population-Based Services
(max 2500 characters)

//2013// Population-Based Services include Pap smear, hemoglobin and hepatitis B screening, STI screening and gonorrhea, chlamydia, HIV, and syphilis and immunization to prevent childhood diseases. //2013//

c. Infrastructure Building Services
(max 2500 characters)

//2013// Infrastructure Based Services include Quality Assurance Programs which mandates development of policy and procedure manuals for every program at Public Health, which contains Prenatal Clinic (PNC) Goals and Objectives, Program Responsibilities, Management of Programs, Program Coordinators' Responsibilities, Prenatal Clinics, Schedules of Clinic Visits, High Risk Clients, and Prenatal Care and Ultrasound Schedule. Well Baby Care Services also has its own policy and procedural manual. //2013//

12. The primary Title V Program contact person:

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

14. State Family or Youth Leader Contact person:

Name _____	Mr. Dionis E. Saimon	Name _____	Mr. Dionis E. Saimon	Name _____	Mr. Dionis E. Saimon
Title _____	Program Manager	Title _____	Program Manager	Title _____	Program Manager
Address _____	P.O. Box PS 70	Address _____	P.O. Box PS 70	Address _____	P.O. Box PS 70
City _____	Paliikr, Pohnpei	City _____	Paliikr, Pohnpei	City _____	Paliikr, Pohnpei
State _____	Federated States of Micronesia	State _____	Federated States of Micronesia	State _____	Federated States of Micronesia
Zip _____	96941	Zip _____	96941	Zip _____	96941
Phone _____	691-320-2619	Phone _____	691-320-2619	Phone _____	691-320-2619
Fax _____	691-320-5263	Fax _____	691-320-5263	Fax _____	691-320-5263
Email _____	desaimon@smhealth.fm	Email _____	desaimon@smhealth.fm	Email _____	desaimon@smhealth.fm
Web _____		Web _____		Web _____	

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Form10_The Family Participation contact person

Field Name: FamilyParticipationContact

Row Name:

Column Name:

Year: 2013

Field Note:

//2013/ Currently, FSM has not designated someone for this role. FSM will select someone during the next FSM MCH Annual Workshop. In the meantime, the National MCH Coordinator will be the family contact. //2013//

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

Form Level Notes for Form 11

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	0	85	87	90	80
Annual Indicator	0.0	0	0.0	0.0	
Numerator	0		0	0	
Denominator	1		1	1	1
Data Source		Newborn Screening Program	Newborn Screening Program	Newborn Screening Program	Newborn Screening Program
<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. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2012	2013	2014	2015	2016
Annual Performance Objective	0	1	2	3	4
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:
//2013// National Performance Measure #1 is Not Applicable to FSM. The number is a dummy so please ignore it. //2013//

2. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2010
Field Note:
//2012/ Not applicable to FSM. The data is a dummy so please ignore it. //2012//

3. **Section Number:** Form11_Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2009
Field Note:
//2010// Not Applicable to FSM. FSM lacks the capability to carry out metabolic screening. Numbers are dummies so please ignore them. However, FSM plans to meet with the other Pacific Island Jurisdictions, like Palau, Guam, CNMI to find out what they are doing for this Performance Measure. If it is feasible, FSM might engage in an overseas contract to get this screening done overseas, similar to what FSM is doing for the reading of Pap Smears. //2010//

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	80	85	95	95	80
Annual Indicator	100.0	92.5	73.1	74.6	53.7
Numerator	1	1,159	914	948	647
Denominator	1	1,253	1,251	1,271	1,204
Data Source		Public Health Records	Public Health Records	IEP/CSHCN Program	IEP/CSHCN Program
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and			Yes		
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Provisional	Provisional

	Annual Objective and Performance Data				
	2012	2013	2014	2015	2016
Annual Performance Objective	55	60	65	70	80
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #2

Field Name: PM02

Row Name:

Column Name:

Year: 2009

Field Note:

//2010// The data provided is based on our best estimate. FSM plans to carry out a follow-up survey next year to find out if families are satisfied with the services. However, parents are the decision makers when initiating care plans for their children. Every time a special child came to the clinics, parents are the first one to decide what they want the service providers to do for the special child. Care plan forms are provided to parents and after counseling, screening, assessing the child and the parents then consents are obtained to carry out the services. After 6 months to a year then the care plans are reevaluated to see if the parents are satisfied with the services provided. Currently CSN and Special Ed programs are conducting parental workshops to make the parents know the importance of their partner in decision making.//2010//

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)

	2007	2008	2009	2010	2011
Annual Performance Objective	70	70	85	85	85
Annual Indicator	0.0	81.2	79.2	83.6	55.3
Numerator	0	1,017	991	1,062	666
Denominator	1	1,253	1,251	1,271	1,204
Data Source		Public Health Record	Public Health Record	Public Health Record	Public Health Record

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

	2012	2013	2014	2015	2016
Annual Performance Objective	58	60	65	70	75
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1. **Section Number:** Form11_Performance Measure #3

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

//2010// MCH/CSN programs are working with the chiefs of staff and the nurses to assure that the protocols for the CSHCN program are followed as well as the referral process to the assessment and re-evaluation. Currently there is a designated physician in place, and for some states there is an alternate physician, which means that there are two physicians ready to see the CSHCN clients who will come to the hospital or even at home who need services. //2010//

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	30	60	70	80	70
Annual Indicator	0.0	67.0	67.1	11.7	13.2
Numerator	0	839	839	149	159
Denominator	1	1,253	1,251	1,271	1,204
Data Source		Public Health Record	Public Health Record	Public Health Record	Public Health Record

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	15	15	20	25	30
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:

//2010// FSM has a government owned Health Insurance Scheme (MICARE) for the government employees. Parents who are covered under the scheme also have their children covered under their policies. Those children whose parents do not work for the government and have no insurance policies are not covered. The FSM MCH/CSHCN Programs are providing counseling and education programs to parents regarding the importance of insurance. In the FSM, a child cannot be denied health care simply because they do not have insurance. However, having insurance is very important for those children with special conditions which require referral to overseas hospitals in Hawaii or the Philippines. Having some insurance policy will assist to expedite the referral process. Those without insurance may be referred by the respective State Hospitals but will have to wait until funding is available. The State MCH/CSHCN Programs are collaborating with Women Groups, government and non-governmental organizations, to include the topic of importance of insurance in their community outreach activities. //2010//

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	40	60	85	90	80
Annual Indicator	0.0	82.7	56.6	79.0	46.3
Numerator	0	1,036	708	1,004	535
Denominator	1	1,253	1,251	1,271	1,156
Data Source		Public Health Record	Public Health Record	Public Health Record	Public Health Record

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	50	50	55	60	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

//2010// Each FSM State has a committee represented by the parents, teachers, health, education, and state leaders in each community so this committee at the community level will report whatever needed to the upper level. Each committee member is known to all CSN parents in order for them to know who to contact when there is a need. //2010//

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>30</u>	<u>60</u>	<u>70</u>	<u>75</u>	<u>70</u>
Annual Indicator	<u>0.0</u>	<u>69.5</u>	<u>23.5</u>	<u>24.5</u>	<u>25.2</u>
Numerator	<u>0</u>	<u>871</u>	<u>294</u>	<u>311</u>	<u>304</u>
Denominator	<u>1</u>	<u>1,253</u>	<u>1,251</u>	<u>1,271</u>	<u>1,204</u>
Data Source		Public Health Record	Public High School	Public High School	Public High School
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	<u>26</u>	<u>28</u>	<u>30</u>	<u>32</u>	<u>35</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Fom11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

//2010// So far Health care provide services starting from birth all the way to death but for Special education they start from 5 yrs up to 21yrs only and so far services continued and we are trying to put more effort to prepare the youths for transition. Since FSM does not have government established or supported transition programs, the transition process is being undertaken by the respective parents in the Micronesia way. Transition, in this respect, is to prepare the children with special health care need with skills to do certain things on his/her own. However, in the FSM, children having special conditions are considered "very special" and they stay with parents, other siblings, and close relatives as long as they live. //2010//

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>70</u>	<u>80</u>	<u>90</u>	<u>95</u>	<u>70</u>
Annual Indicator	<u>68.8</u>	<u>63.4</u>	<u>67.8</u>	<u>53.1</u>	<u>48.2</u>
Numerator	<u>1,860</u>	<u>1,616</u>	<u>1,537</u>	<u>2,061</u>	<u>1,694</u>
Denominator	<u>2,703</u>	<u>2,548</u>	<u>2,268</u>	<u>3,880</u>	<u>3,516</u>

Data Source

Immunization data/Census Immunization Record Immunization Record Immunization Record

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	<u>50</u>	<u>50</u>	<u>53</u>	<u>55</u>	<u>58</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

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	50	40	40	30	30
Annual Indicator	21.1	15.4	21.6	18.7	12.3
Numerator	109	76	106	88	92
Denominator	5,170	4,951	4,915	4,666	7,482
Data Source		Birth Certificate/Census Data	Birth Certificate/Census Data	Birth Certificate/Census Data	Birth Certificate/Census Data

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	12	10	10	8	8
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	75	75	75	80	75
Annual Indicator	64.4	39.7	56.2	49.3	47.3
Numerator	1,479	857	1,391	1,437	1,805
Denominator	2,296	2,157	2,473	2,916	3,815
Data Source		Dental Program/Dept. of Education Data	Dental Program/Dept. of Education	Dental Program/Dept. of Education	Dental Program/Dept. of Education
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	50	50	55	60	65
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

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	80	85	90	95	75
Annual Indicator	74.9	73.2	73.4	61.7	65.8
Numerator	1,428	1,500	1,223	845	981
Denominator	1,907	2,048	1,666	1,369	1,492
Data Source		MCH Program Data/Birth Certificate	MCH Program Data	MCH Program Data	MCH Program Data
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	70	70	75	80	85
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

PERFORMANCE MEASURE # 12

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

	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	80	80	90
Annual Indicator	0.0	0.0	46.6	86.5	90.6
Numerator	0	0	1,006	1,633	1,801
Denominator	1	1,087	2,157	1,888	1,987
Data Source		Birth Certificate/Vital Statistics	Hearing Screening Program/Birth Certificates	Hearing Screening Program/Birth Certificates	Hearing Screening Program/Birth Certificates

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

	2012	2013	2014	2015	2016
Annual Performance Objective	92	92	95	96	98
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 //2010// FSM started Newborn Hearing Screening in 2008. This is the first year that FSM is providing data on newborn hearing screening before hospital discharge. //2010//

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	10	9	8	8	30
Annual Indicator	90.6	73.4	59.7	38.2	52.8
Numerator	46,963	38,337	31,453	16,762	23,198
Denominator	51,824	52,215	52,700	43,911	43,937
Data Source		MCH Program Data/Census Data	MCH Data/Census Data	MCH Data/Census Data	MCH Data/Census Data

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

Provisional Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	50	50	45	40	35
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

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		15	30	50	70	7
Annual Indicator		0.0	12.7	3.3	7.7	7.4
Numerator		0	230	80	99	93
Denominator		1	1,813	2,407	1,288	1,250
Data Source			Public Health Data	ECE Program	ECE Program	ECE Program
<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. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>						
Is the Data Provisional or Final?					Provisional	Provisional
		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective		7	5	5	3	3
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

None

PERFORMANCE MEASURE # 15

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

		<u>Annual Objective and Performance Data</u>				
		2007	2008	2009	2010	2011
Annual Performance Objective	<u>2.5</u>	<u>2</u>	<u>1.7</u>	<u>1.7</u>	<u>1.5</u>	
Annual Indicator	<u>2.0</u>	<u>3.2</u>	<u>2.0</u>	<u>2.1</u>	<u>2.1</u>	
Numerator	<u>45</u>	<u>70</u>	<u>46</u>	<u>44</u>	<u>46</u>	
Denominator	<u>2,283</u>	<u>2,205</u>	<u>2,265</u>	<u>2,087</u>	<u>2,240</u>	
Data Source		Public Health Record/Vital Statistics	Public Health Record/Vital Statistics	MCH/ANC Registry	MCH/ANC Registry	
<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. (<i>Explain data in a year note. See Guidance, Appendix IX.</i>)</p>						
Is the Data Provisional or Final?				Provisional	Provisional	
		<u>Annual Objective and Performance Data</u>				
		2012	2013	2014	2015	2016
Annual Performance Objective	<u>2</u>	<u>2</u>	<u>1.6</u>	<u>1.3</u>	<u>1</u>	
Annual Indicator						
Numerator						
Denominator						

Field Level Notes

None

PERFORMANCE MEASURE # 16

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

	2007	2008	2009	2010	2011
Annual Performance Objective	15	3	3	2	2
Annual Indicator	28.9	0.0	21.5	58.6	8.6
Numerator	4	0	3	7	1
Denominator	13,849	13,944	13,970	11,939	11,621

Annual Objective and Performance Data

Vital Statistics/Census Data Vital Statistics/Census Vital Statistics/Census Vital Statistics/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?

Provisional Provisional

	2012	2013	2014	2015	2016
Annual Performance Objective	8	8	7	6	5
Annual Indicator					
Numerator					
Denominator					

Annual Objective and Performance Data

Field Level Notes

None

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		
Numerator	0	0	0		
Denominator	1	1	1	1	1
Data Source		Hospital Discharge/Birth Certificate	Hospital Discharge Record/Birth Certificate	Hospital Discharge Record/Birth Certificate	Hospital Discharge Record/Birth Certificate

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	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number: Form11_Performance Measure #17
 Field Name: PM17
 Row Name:
 Column Name:
 Year: 2011
 Field Note:
 /2013/ Not Applicable to FSM. The number is a dummy so please ignore it. //2013//
- Section Number: Form11_Performance Measure #17
 Field Name: PM17
 Row Name:
 Column Name:
 Year: 2010
 Field Note:
 /2012/ Not applicable to FSM. The data is a dummy so please ignore it. //2012//

PERFORMANCE MEASURE # 18

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	28	60	80	80	50
Annual Indicator	30.3	40.4	34.7	30.1	19.9
Numerator	696	854	748	605	459
Denominator	2,299	2,113	2,157	2,010	2,306
Data Source		Birth Certificate	Birth Certificate	Birth Certificate	Birth Certificate

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	20	25	30	35	40
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

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

Form Level Notes for Form 11

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	40	80	80	90	50
Annual Indicator	17.5	40.0	36.2	36.9	23.7
Numerator	412	1,216	1,121	944	779
Denominator	2,353	3,042	3,083	2,558	3,288
Data Source		MCH Program Data	MCH Program Data	MCH Program Data	MCH Program Data
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	25	30	35	40
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 # 2 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>40</u>	<u>60</u>	<u>70</u>	<u>80</u>	<u>30</u>
Annual Indicator	<u>19.7</u>	<u>26.3</u>	<u>18.7</u>	<u>16.6</u>	<u>3.2</u>
Numerator	<u>254</u>	<u>310</u>	<u>234</u>	<u>213</u>	<u>39</u>
Denominator	<u>1,289</u>	<u>1,177</u>	<u>1,251</u>	<u>1,280</u>	<u>1,230</u>
Data Source		CSHCN Program Data	CSHCN Registry	CSHCN Registry	CSHCN Registry
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>30</u>	<u>3</u>	<u>3</u>	<u>2.5</u>	<u>2.3</u>
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 # 3 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>95</u>	<u>100</u>	<u>100</u>	<u>100</u>	<u>100</u>
Annual Indicator	<u>98.6</u>	<u>94.9</u>	<u>98.7</u>	<u>92.5</u>	<u>92.6</u>
Numerator	<u>2,256</u>	<u>2,081</u>	<u>2,176</u>	<u>2,022</u>	<u>2,172</u>
Denominator	<u>2,289</u>	<u>2,193</u>	<u>2,205</u>	<u>2,186</u>	<u>2,345</u>
Data Source		Prenatal Clinic Data	Prenatal Clinic/Lab	Prenatal Clinic/Lab	Prenatal Clinic/Lab
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>100</u>	<u>95</u>	<u>95</u>	<u>97</u>	<u>99</u>
Annual Indicator					
Numerator					
Denominator					

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.

Field Level Notes

None

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

Percent children 1-5 years old who treated for fluoride varnish.

	<u>Annual Objective and Performance Data</u>					
	2007	2008	2009	2010	2011	
Annual Performance Objective	<u>20</u>	<u>30</u>	<u>50</u>	<u>70</u>	<u>30</u>	
Annual Indicator	<u>20.3</u>	<u>27.3</u>	<u>18.8</u>	<u>26.4</u>	<u>21.4</u>	
Numerator	<u>1,706</u>	<u>3,943</u>	<u>2,519</u>	<u>3,379</u>	<u>3,251</u>	
Denominator	<u>8,423</u>	<u>14,432</u>	<u>13,379</u>	<u>12,799</u>	<u>15,190</u>	
Data Source		Well Baby Clinic Data/ECE Data/Dental Program Data	Well Baby Clinic/ECE Data	Well Baby Clinic/ECE Records	Well Baby Clinic/ECE Records	
Is the Data Provisional or Final?				Provisional	Provisional	
		<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016	
Annual Performance Objective	<u>30</u>	<u>25</u>	<u>28</u>	<u>30</u>	<u>35</u>	
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 # 5 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>70</u>	<u>70</u>	<u>75</u>	<u>80</u>	<u>40</u>
Annual Indicator	<u>34.7</u>	<u>35.7</u>	<u>35.8</u>	<u>29.4</u>	<u>38.0</u>
Numerator	<u>452</u>	<u>430</u>	<u>448</u>	<u>374</u>	<u>457</u>
Denominator	<u>1,302</u>	<u>1,203</u>	<u>1,251</u>	<u>1,271</u>	<u>1,204</u>
Data Source		CSHCN Program Data	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	<u>40</u>	<u>40</u>	<u>45</u>	<u>50</u>	<u>55</u>
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 # 6 - REPORTING YEAR

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>0</u>	<u>50</u>	<u>70</u>	<u>80</u>	<u>60</u>
Annual Indicator	<u>34.5</u>	<u>47.7</u>	<u>52.7</u>	<u>53.4</u>	<u>40.6</u>
Numerator	<u>7,295</u>	<u>11,741</u>	<u>13,765</u>	<u>13,040</u>	<u>16,164</u>
Denominator	<u>21,157</u>	<u>24,612</u>	<u>26,143</u>	<u>24,427</u>	<u>39,783</u>
Data Source		Public Health Record/Census Data	Public Health Record/Census	Public Health Records	Public Health Records
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>60</u>	<u>50</u>	<u>55</u>	<u>60</u>	<u>65</u>
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 # 7 - REPORTING YEAR

The rate of maternal deaths in the reporting year.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	3	3	2	0
Annual Indicator	_____	_____	0.0	0.0	1.7
Numerator	_____	_____	0	0	4
Denominator	_____	_____	2,190	2,049	2,360
Data Source		Death Certificate	Death Certificate/Vital Statistics Record	Prenatal Clinic Data	Prenatal Clinic Data
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	0	0	0	0	0
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 #7
- Field Name:** SM7
- Row Name:**
- Column Name:**
- Year:** 2010
- Field Note:**
//2012// "0" means no death during this reporting period. //2012//

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

The percent of one year old babies with anemia.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	60	50	30	20
Annual Indicator	_____	95.6	26.9	21.7	30.5
Numerator	_____	3,548	122	237	922
Denominator	_____	3,710	454	1,093	3,024
Data Source		Well Baby Clinic Data	Well Baby Clinic Data	Well Baby Clinic	Well Baby Clinic
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____10	_____15	_____13	_____10	_____5
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 # 9 - REPORTING YEAR

Percent of children 5-21 years old diagnosed with Rheumatic Fever

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	20
Annual Indicator	_____	_____	_____	22.5	29.6
Numerator	_____	_____	_____	1,780	79
Denominator	_____	_____	_____	7,896	267
Data Source				Public Health Data	Public Health Data
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	20	25	10	5	3
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 #9

Field Name: SM9

Row Name:

Column Name:

Year: 2010

Field Note:

//2012// FSM will start reporting on this State Performance Measure next year. //2012//

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

Percent of Childbearing Women with Anemia, <35hct.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	50
Annual Indicator	_____	_____	_____	62.0	6.0
Numerator	_____	_____	_____	62	767
Denominator	_____	_____	_____	100	12,766
Data Source				Public Health Data	Public Health Data
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	5	4	3	2
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 #10

Field Name: SM10

Row Name:

Column Name:

Year: 2011

Field Note:

//2013// This is a New State Performance Measure that was added as a result of the 2010 Needs Assessment. Last year coverage was low because the data submitted did not cover for the entire year. The increase in this year's data reflects a full year of screening for the target population. //2013//

2. Section Number: Form11_State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2010

Field Note:

//2012// FSM will start reporting on this measure next year. //2012//

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

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	15	10	10	8	8
Annual Indicator	20.6	17.0	13.0	11.9	17.8
Numerator	49	36	28	24	41
Denominator	2,374	2,113	2,157	2,011	2,306
Data Source		Vital Statistics	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. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
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	5	5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 02

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1	1	1	1	1
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1
Data Source		Vital Statistics Data	Vital Statistics Data	Vital Statistics Data	Vital Statistics Data
<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. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i></p>					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1	1	1	1	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2011
Field Note:
//2013/ Not applicable to FSM. The number is a dummy so please ignore it. //2013//
- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2010
Field Note:
 Not applicable to FSM.
- Section Number:** Form12_Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2009
Field Note:
 Not applicable.

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	14.5	10	8	6	6
Annual Indicator	13.9	13.7	9.3	10.9	11.3
Numerator	33	29	20	22	26
Denominator	2,374	2,113	2,157	2,011	2,306
Data Source		Vital Statistics Data	Vital Statistics Data	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

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	5	5	4	4	4
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	7	5	4	3	2
Annual Indicator	5.5	4.3	3.7	1.0	6.5
Numerator	13	9	8	2	15
Denominator	2,374	2,113	2,157	2,011	2,306
Data Source		Vital Statistics Data	Vital Statistics Data	Vital Statistics Data	Vital Statistics Data

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

Annual Objective and Performance Data

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

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

Field Level Notes

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	20	30	25	20	20
Annual Indicator	42.7	25.6	31.5	32.8	30.7
Numerator	104	56	69	68	73
Denominator	2,435	2,185	2,190	2,075	2,374
Data Source		Vital Statistics Data	Vital Statistics Data	Vital Statistics Data	Vital Statistics Data

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	15	15	10	10	10
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 06

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	60	50	40	30	20
Annual Indicator	151.1	46.3	35.9	25.4	43.9
Numerator	58	18	14	9	17
Denominator	38,377	38,854	39,013	35,365	38,750
Data Source		Vital Statistics Data	Vital Statistics Data	Vital Statistics Data	Vital Statistics Data

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	15	15	10	10	10
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

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

Form Level Notes for Form 12

None

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

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

2

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

3

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

3

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

3

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

2

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

2

Total Score: 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE FM FY: 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. //2012// To increase the percentage of pregnant women attending Antenatal Care in the first trimester to at least 75%. //2012// /2013/ No Change. //2013//
2. //2012// To decrease Infant Mortality for the FSM to 10/1,000 live births. //2012// /2013/ No Change. //2013//
3. //2012// To improve the nutritional status of mothers, infants, and children. //2012// /2013/ No Change. //2013//
4. //2012// To increase the percentage of immunization coverage of 2year olds. //2012// /2013/ No Change. //2013//
5. //2012// To decrease incidence of STIs among childbearing-age women, including teen agers. //2012// /2013/ No Change. //2013//
6. //2012// To decrease the rate of teenage pregnancy for the 17 yrs. olds and under. //2012// /2013/ No Change. //2013//
7. //2012// To improve Oral Health status among the school-aged children- ECE to 3rd Grades. //2012// /2013/ No Change. //2013//
8. To increase the number of new born screened and diagnosed for potential hearing loss for early intervention services. //2012// No Change. //2012// /2013/ No Change. //2013//
- 9.
- 10.

FORM NOTES FOR FORM 14

//2013// The State Priorities Remain the Same this year. No Change in the State Priorities. //2013//

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: FM

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.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	Technical Assistance is needed to train the MCH program staff, including MCH Data Clerks with SLAIT - Like, PRAMS, and YRBS Survey Questionnaires so they carry out the Surveys. Training is also needed to analyze the Survey Data.	To better respond to National Performance Measures #2-6 and help program staff understand the psychosocial and behavior of our mothers and youths better so work plans can be streamlined to address their needs.	Berry Moon Watson from Palau. Berry had provided Technical assistance for us before and we are happy with it. Also, Palau is close to FSM so it is cheaper. Finally, the surveys we using were adopted from the Palau MCH Program.
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: _____			

Performance measure issue categories
above, identify the performance measure
to which this issue pertains by entering
the measure number here: _____

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # _____ 1

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL:

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

DEFINITION:

Numerator:

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

Denominator:

Number of women receiving MCH program services

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 2

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Active screening is necessary to identify those children with developmental delays so early intervention services can be provided to prevent long-term affects on their lives.

Numerator:

Number of children identified with developmental delays and were admitted into the CSHCN Program.

Denominator:

Number of children who were screened for developmental delays during the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Clinician assessment of the child development

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

DATA SOURCES AND DATA ISSUES

CSN Registry and data system

SIGNIFICANCE

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

SP() # _____ 3

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Numerator:

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

Denominator:

Number of women who attend the first prenatal care visit.

Units: 100 Text: Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal logbook

SIGNIFICANCE

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

SP() # _____ 4

PERFORMANCE MEASURE:

Percent children 1-5 years old who treated for fluoride varnish.

STATUS:

Active

GOAL

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

DEFINITION

Children one to five year olds will be treated with fluoride varnish early in life to protect their teeth. Dental health is one of the major problems facing children in the FSM.

Numerator:

Number of one to five year olds who receive fluoride varnish.

Denominator:

Number of one year old to five year old children who attend the well baby clinic and Early Childhood Education Program.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Well Baby Clinic data base and Early Childhood Education data.

SIGNIFICANCE

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

SP() # 5

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

Numerator:

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

Denominator:

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Children with Special Needs Program data base

SIGNIFICANCE

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

SP() # _____ 6

PERFORMANCE MEASURE:

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

STATUS:

Active

GOAL

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

DEFINITION

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

Numerator:

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

Denominator:

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

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # _____ 7

PERFORMANCE MEASURE:

The rate of maternal deaths in the reporting year.

STATUS:

Active

GOAL

To reduce maternal deaths in the FSM.

DEFINITION

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

Numerator:

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

Denominator:

Total number of pregnant women during the reporting year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

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

SIGNIFICANCE

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

SP() # 8

PERFORMANCE MEASURE:

The percent of one year old babies with anemia.

STATUS:

Active

GOAL

To reduce anemia for one year old babies

DEFINITION

Any child having HCT below 35 mg% is considered to be anemic.

Numerator:

Number of one year olds with HCT below 35 mg%.

Denominator:

Total number of one year olds during the reporting year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Medical records, Well Baby Clinic records, Birth records,

SIGNIFICANCE

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

SP() # _____ 9

PERFORMANCE MEASURE:

Percent of children 5-21 years old diagnosed with Rheumatic Fever

STATUS:

Active

GOAL

To reduce the percent of 5-21 years old with Rheumatic Fever in the FSM.

DEFINITION

Rheumatic Fever is suspected to be high among the 5-21 year old population. FSM Needs verify and develop programs and activities for intervention to reduce the incidence of Rheumatic Fever in the FSM.

Numerator:

Total Number of children diagnosed with Rheumatic Fever.

Denominator:

Total 5-21 years old in the State during the reporting year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Hospital Records

SIGNIFICANCE

Rheumatic Fever is suspected to be high among the 5-21 years old population in the FSM.

SP() # 10

PERFORMANCE MEASURE:

Percent of Childbearing Women with Anemia, <35hct.

STATUS:

Active

GOAL

To reduce the percent of childbearing women with Anemia.

DEFINITION

Anemia is a problem for pregnant women in the FSM. It is better to track and treat anemia before a woman gets pregnant.

Numerator:

Total number of 14-44 diagnosed with Anemia.

Denominator:

Total number of 15-44 years old in the State during the reporting year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Public Health Records

SIGNIFICANCE

FSM decides to detect and treat anemia early before pregnancy to avoid complication of anemia during pregnancy.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 17

//2013/ Based on the Revised Guidelines for the Narrative Discussions of the Health System Capacity Indicators and Health Status Indicators, FSM opted to prioritize HSCI #4 in its discussion, provided trend analysis, provided our expected outcome, and how it impacts our program planning for the coming year. //2013//

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.

	2007	2008	Annual Indicator Data		
	2009	2010	2011		
Annual Indicator	21.5	21.1	33.8	14.1	39.1
Numerator	28	27	44	70	52
Denominator	13,042	12,791	13,031	49,610	13,299

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

Field Level Notes

None

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.

Annual Indicator Data

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

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

//2013// Not applicable in FSM. The data is a dummy so please ignore it. //2013//

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

//2012// Not applicable to FSM. //2012//

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

Not applicable to FSM.

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>0.0</u>	<u></u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u></u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1</u>	<u></u>	<u>1</u>	<u>1</u>	<u>1</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

- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2011
Field Note:
//2013// Not applicable in FSM. The data is a dummy so please ignore it. //2013//
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2010
Field Note:
//2012// Not applicable to FSM. //2012//
- Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2009
Field Note:
 Not applicable to FSM.

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.

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	55.2	41.7	59.6	51.5	46.3
Numerator	520	383	566	494	428
Denominator	942	919	949	960	924
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 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	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2011

Field Note:

//2013// Not applicable in the FSM. The data is a dummy so please ignore it. //2013//

2. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2010

Field Note:

//2012// Not applicable to FSM. //2012//

3. Section Number: Form17_Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2009

Field Note:

Not applicable to FSM.

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	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1	1	1	1	1

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and

2. The average number of events over the last 3 years is fewer than 5

and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

//2013// Not applicable in FSM. The data is a dummy so please ignore it. //2013//

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

//2012// Not applicable to FSM. //2012//

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

Not applicable to FSM.

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	0.0		0.0	0.0	0.0
Numerator	0		0	0	0
Denominator	1		1	1	1

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

//2013// Not applicable in FSM. The data is a dummy so please ignore it. //2013//

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

//2012// "0" means not applicable to FSM. //2012//

3. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

Not applicable to FSM.

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

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2011	Other	_____	_____11	_____11
b) <i>Infant deaths per 1,000 live births</i>	2011	Other	_____	_____2	_____2
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Other	_____	_____20	_____20
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	_____	_____46	_____46

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

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

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

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

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
//2013// FSM is not Eligible for Medicaid. Not Applicable to FSM. //2013//
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2013
Field Note:
//2013// FSM is not Eligible for Medicaid. Not Applicable to FSM. //2013//
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
//2013// FSM is not Eligible for Medicaid. Not Applicable to FSM. //2013//
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the SCHIP Program. Not Applicable to FSM. //2013//
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the SCHIP Program. Not Applicable to FSM. //2013//
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the SCHIP Program. Not Applicable to FSM. //2013//
7. **Section Number:** Form18_Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2013
Field Note:
//2013// FSM is not Eligible for Medicaid. Not Applicable to FSM. //2013//
8. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
//2013// FSM is not Eligible for Medicaid. Not Applicable to FSM. //2013//
9. **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:
//2013// FSM is not Eligible for Medicaid. Not Applicable to FSM. //2013//
10. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2013
Field Note:
//2013// FSM is not Eligible for Medicaid. Not Applicable to FSM. //2013//

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

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

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

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

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

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	1	Yes
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

//2013// FSM has been working with Envision Technologies to develop a Web-Based data collection and reporting system through its WEBIZ System. Data fields have been identified and layout determined and submitted to Envision for customizing. We are hopeful that the WeMCH Module should be fully operational by the end of the year. //2013//

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:
//2013// FSM is Not Eligible for the WIC Program. Not Applicable to FSM. //2013//
2. **Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2013
Field Note:
//2013// FSM included in this year's SSDI Grant Application Budget to do training of Surveyors and carry out a PRAMS Survey. A training to conduct PRAMS Survey has been scheduled for October 2012. A contract is being processed for Ms. Berry Moon Watson of Palau to assist FSM in this endeavor. //2013//
3. **Section Number:** Form19_Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2013
Field Note:
//2013// FSM included in the SSDI Grant Application funding for training and conduct of YRBS Survey in 2013. Although FSM MCH Program did not do a YRBS Survey this year, we are able to obtain information on Tobacco Use from the FSM Tobacco Program for program planning purposes. //2013//
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:
//2013// FSM is Not Eligible for Medicaid or Medicare. Not Applicable to FSM. //2013//

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	2007		2008		<u>Annual Indicator Data</u>		
	2009	2010	2011	2009	2010	2011	
Annual Indicator	8.4	7.0	11.1	8.5	11.4		
Numerator	199	147	239	171	262		
Denominator	2,374	2,113	2,157	2,011	2,306		

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 #01B

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	<u>7.2</u>	<u>6.5</u>	<u>10.2</u>	<u>7.9</u>	<u>10.7</u>
Numerator	<u>167</u>	<u>136</u>	<u>218</u>	<u>158</u>	<u>245</u>
Denominator	<u>2,323</u>	<u>2,089</u>	<u>2,141</u>	<u>1,999</u>	<u>2,286</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

None

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	<u>1.0</u>	<u>1.5</u>	<u>0.8</u>	<u>0.3</u>	<u>1.9</u>
Numerator	<u>23</u>	<u>31</u>	<u>17</u>	<u>6</u>	<u>43</u>
Denominator	<u>2,374</u>	<u>2,113</u>	<u>2,157</u>	<u>2,011</u>	<u>2,304</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

None

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	1.3	0.7	0.3	2.0
Numerator	13	27	16	6	42
Denominator	2,323	2,089	2,141	1,999	2,088

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 #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	14.9	5.1	30.5	2.6	5.2
Numerator	6	2	12	1	2
Denominator	40,339	39,066	39,313	37,861	38,750

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 #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	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	40,339	39,391	39,313	37,861	38,750

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 #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2011

Field Note:

//2013// No deaths due to unintentional injuries among children 14 years and younger due to motor vehicle crashes reported in the FSM during this reporting period. //2013//

2. Section Number: Fom20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2010

Field Note:

0 means no Fatal Unintentional Injuries during this reporting period.

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	8.3	12.4	4.1	4.6	0.0
Numerator	2	3	1	1	0
Denominator	24,162	24,284	24,591	21,647	21,418

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 #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

//2013// No deaths due to unintentional injuries among children aged 14 years and younger reported in the FSM during this reporting period. //2013//

HEALTH STATUS INDICATOR #04A

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	1,036.2	58.9	366.6	195.5	487.7
Numerator	418	23	152	74	189
Denominator	40,339	39,066	39,313	37,861	38,750

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 #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	168.6	20.4	25.4	42.3	23.2
Numerator	68	8	10	16	9
Denominator	40,339	39,197	39,313	37,861	38,750

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 #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	<u>471.8</u>	<u>70.0</u>	<u>36.6</u>	<u>92.4</u>	<u>42.0</u>
Numerator	<u>114</u>	<u>17</u>	<u>9</u>	<u>20</u>	<u>9</u>
Denominator	<u>24,162</u>	<u>24,284</u>	<u>24,591</u>	<u>21,647</u>	<u>21,418</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

None

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		2011
			2009	2010	
Annual Indicator	<u>1.2</u>	<u>3.8</u>	<u>13.2</u>	<u>33.7</u>	<u>12.5</u>
Numerator	<u>9</u>	<u>27</u>	<u>95</u>	<u>266</u>	<u>133</u>
Denominator	<u>7,498</u>	<u>7,127</u>	<u>7,191</u>	<u>7,886</u>	<u>10,646</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

None

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	1.4	6.6	13.9	36.5	12.5
Numerator	25	114	242	582	341
Denominator	18,480	17,243	17,377	15,929	27,230

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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

For both parts A and B: Reporting Year: 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	2,062	0	0	0	0	2,062	0	0
Children 1 through 4	10,683	0	0	0	0	10,683	0	0
Children 5 through 9	12,527	0	0	0	0	12,527	0	0
Children 10 through 14	12,589	0	0	0	0	12,589	0	0
Children 15 through 19	11,939	0	0	0	0	11,939	0	0
Children 20 through 24	9,708	0	0	0	0	9,708	0	0
Children 0 through 24	59,508	0	0	0	0	59,508	0	0

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	2,062	0	0
Children 1 through 4	10,683	0	0
Children 5 through 9	12,527	0	0
Children 10 through 14	12,589	0	0
Children 15 through 19	11,939	0	0
Children 20 through 24	9,708	0	0
Children 0 through 24	59,508	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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

For both parts A and B: Reporting Year: 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	13	0	0	0	0	13	0	0
Women 15 through 17	84	0	0	0	0	84	0	0
Women 18 through 19	177	0	0	0	0	177	0	0
Women 20 through 34	1,123	0	0	0	0	1,123	0	0
Women 35 or older	566	0	0	0	0	566	0	0
Women of all ages	1,963	0	0	0	0	1,963	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	13	0	0
Women 15 through 17	84	0	0
Women 18 through 19	177	0	0
Women 20 through 34	1,123	0	0
Women 35 or older	566	0	0
Women of all ages	1,963	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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

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

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	40	0	0	0	0	40	0	0
Children 1 through 4	14	0	0	0	0	14	0	0
Children 5 through 9	2	0	0	0	0	2	0	0
Children 10 through 14	2	0	0	0	0	2	0	0
Children 15 through 19	7	0	0	0	0	7	0	0
Children 20 through 24	11	0	0	0	0	11	0	0
Children 0 through 24	76	0	0	0	0	76	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	40	0	0
Children 1 through 4	14	0	0
Children 5 through 9	2	0	0
Children 10 through 14	2	0	0
Children 15 through 19	7	0	0
Children 20 through 24	11	0	0
Children 0 through 24	76	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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

Is this data final or provisional? Provisional

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	32,968	0	0	0	0	32,968	0	0	2011
Percent in household headed by single parent	2.0	0.0	0.0	0.0	0.0	2.0	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	0	0	0	0	0	0	0	0	2011
Number enrolled in SCHIP	0	0	0	0	0	0	0	0	2011
Number living in foster home care	0	0	0	0	0	0	0	0	2011
Number enrolled in food stamp program	0	0	0	0	0	0	0	0	2011
Number enrolled in WIC	0	0	0	0	0	0	0	0	2011
Rate (per 100,000) of juvenile crime arrests	30.0	0.0	0.0	0.0	0.0	30.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	12.0	0.0	0.0	0.0	0.0	12.0	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	32,968	0	0	2011
Percent in household headed by single parent	2.0	0.0	0.0	2011
Percent in TANF (Grant) families	0.0	0.0	0.0	2011
Number enrolled in Medicaid	0	0	0	2011
Number enrolled in SCHIP	0	0	0	2011
Number living in foster home care	0	0	0	2011
Number enrolled in food stamp program	0	0	0	2011
Number enrolled in WIC	0	0	0	2011
Rate (per 100,000) of juvenile crime arrests	30.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	12.0	0.0	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*
 Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	11,539
Living in rural areas	19,781
Living in frontier areas	1,648
Total - all children 0 through 19	32,968

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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

Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	103,204
Percent Below: 50% of poverty	0
100% of poverty	100
200% of poverty	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: FM

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

Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	32,968
Percent Below: 50% of poverty	0
100% of poverty	100
200% of poverty	0

FORM NOTES FOR FORM 21

//2013// *The data does not include any race or ethnic group. It covers FSM Nationals alone. No other race or ethnic group was reported. In the FSM Residential areas are categorized into three major areas: 1) Urban - this is similar to a city, the center of business; 2) Rural - Country Side and where most people are living in doing farming and fishing as a way of life; and c) Frontier - communities deeper in-land and close to the mountains and Outer Islands, where services are not quite accessible. Meanwhile, FSM is a developing or under-developed nation and all residents are deemed to be living at the 100% Poverty Level, per the U.S. Poverty Guidelines. //2013//*

FIELD LEVEL NOTES

1. Section Number: Form21_Indicator 06A
Field Name: S06_Race_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
//2013// No other race was reported, beside FSM nationals. //2013//
2. Section Number: Form21_Indicator 06A
Field Name: S06_Race_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
//2013// No other race was reported, beside FSM nationals. //2013//
3. Section Number: Form21_Indicator 06A
Field Name: S06_Race_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
//2013// No other race was reported, beside FSM nationals. //2013//
4. Section Number: Form21_Indicator 06A
Field Name: S06_Race_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
//2013// No other race was reported, beside FSM nationals. //2013//
5. Section Number: Form21_Indicator 06A
Field Name: S06_Race_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
//2013// No other race was reported, beside FSM nationals. //2013//
6. Section Number: Form21_Indicator 06A
Field Name: S06_Race_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
//2013// No other race was reported, beside FSM nationals. //2013//
7. Section Number: Form21_Indicator 06B
Field Name: S06_Ethnicity_Infants
Row Name: Infants 0 to 1
Column Name:
Year: 2013
Field Note:
//2013// No other ethnicity was reported, beside FSM nationals. //2013//
8. Section Number: Form21_Indicator 06B
Field Name: S06_Ethnicity_Children1to4
Row Name: children 1 through 4
Column Name:
Year: 2013
Field Note:
//2013// No other ethnicity was reported, beside FSM nationals. //2013//
9. Section Number: Form21_Indicator 06B
Field Name: S06_Ethnicity_Children5to9
Row Name: children 5 through 9
Column Name:
Year: 2013
Field Note:
//2013// No other ethnicity was reported, beside FSM nationals. //2013//
10. Section Number: Form21_Indicator 06B
Field Name: S06_Ethnicity_Children10to14
Row Name: children 10 through 14
Column Name:
Year: 2013
Field Note:
//2013// No other ethnicity was reported, beside FSM nationals. //2013//
11. Section Number: Form21_Indicator 06B
Field Name: S06_Ethnicity_Children15to19
Row Name: children 15 through 19
Column Name:
Year: 2013
Field Note:
//2013// No other ethnicity was reported, beside FSM nationals. //2013//

12. **Section Number:** Form21_Indicator 06B
Field Name: S06_Ethnicity_Children20to24
Row Name: children 20 through 24
Column Name:
Year: 2013
Field Note:
//2013/ No other ethnicity was reported, beside FSM nationals. //2013//
13. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
//2013/ The data is based on our best estimate. //2013//
14. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the TANF Program. Not Applicable for FSM. //2013//
15. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the Medicaid Program. Not Applicable to FSM. //2013//
16. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the SCHIP Program. Not Applicable for FSM. //2013//
17. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the Food Stamp Program. Not Applicable to FSM. //2013//
18. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2013
Field Note:
//2013// FSM is Not Eligible for the WIC Program. Not Applicable to FSM. //2013//
19. **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:
//2013// The State Department of Public Safety in the four FSM States were unable to provide the data in time for this report. However, based on our discussions, the rate of juvenile crime arrests for the FSM is estimated to be at the rate of about 30/100,000. //2013//
20. **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:
//2013// The National Department of Education was unable to provide the data in time for this report. However, based on our discussions the department gave their best estimate at about 12%. //2013//
21. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
//2013// The data is based on our best estimate. //2013//
22. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
//2013// Not Applicable to FSM. //2013//
23. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid

- Column Name:
Year: 2013
Field Note:
//2013// Not Applicable to FSM. //2013//
24. Section Number: Form21_Indicator 09B
Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
//2013// Not Applicable to FSM. //2013//
25. Section Number: Form21_Indicator 09B
Field Name: HSIethnicity_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
//2013// Not Applicable to FSM. //2013//
26. Section Number: Form21_Indicator 09B
Field Name: HSIethnicity_WCNo
Row Name: Number enrolled in WC
Column Name:
Year: 2013
Field Note:
//2013// Not Applicable to FSM. //2013//
27. 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:
//2013// The rate is based on our best estimate. //2013//
28. 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:
//2013// The data is based on our best estimate. //2013//
29. Section Number: Form21_Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2013
Field Note:
//2013// During this reporting period, it was estimated that about 19,781 (60%) of the total 0-19 years old population are living in the Rural areas, 11,539 (35%) were living in the Urban areas, and about 1,648 (5%) are living in-land and Outer Islands of the Main Islands of FSM. //2013//
30. Section Number: Form21_Indicator 10
Field Name: Rural
Row Name: Living in rural areas
Column Name:
Year: 2013
Field Note:
//2013// During this reporting period, it was estimated that about 19,781 (60%) of the total 0-19 years old population are living in the Rural areas, 11,539 (35%) were living in the Urban areas, and about 1,648 (5%) are living in-land and Outer Islands of the Main Islands of FSM. //2013//
31. Section Number: Form21_Indicator 10
Field Name: Frontier
Row Name: Living in frontier areas
Column Name:
Year: 2013
Field Note:
//2013// During this reporting period, it was estimated that about 19,781 (60%) of the total 0-19 years old population are living in the Rural areas, 11,539 (35%) were living in the Urban areas, and about 1,648 (5%) are living in-land and Outer Islands of the Main Islands of FSM. //2013//
32. Section Number: Form21_Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2013
Field Note:
//2013// FSM is a developing or under-developed nation and all residents are deemed to be living at 100% Poverty Level, per the U.S. Poverty Guidelines. //2013//
33. Section Number: Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2013
Field Note:
//2013// The data is the projected population of the 0 to 19 age group using 2010 Census as benchmark. All residents of this age group fall within the 100% Poverty Level of the U.S. Poverty Guidelines. //2013//
34. Section Number: Form21_Indicator 09A
Field Name: HSIrace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2013

Field Note:

//2013// *FSM does not have Foster Homes. Not Applicable for FSM.* //2013//

35. **Section Number:** Form21_Indicator 09B

Field Name: HSIethnicity_FosterCare

Row Name: Number living in foster home care

Column Name:

Year: 2013

Field Note:

//2013// *Not Applicable to FSM.* //2013//