

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

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

1. FEDERAL ALLOCATION		\$	252,495
(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:			
\$	75,749	(30 %)
B. Children with special health care needs:			
\$	75,749	(30 %)
(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]			
C. Title V administrative costs:			
\$	25,249	(10 %)
(The above figure cannot be more than 10%)[Sec. 504(d)]			
2. UNOBLIGATED BALANCE (Item 15b of SF 424)		\$	0
3. STATE MCH FUNDS (Item 15c of the SF 424)		\$	189,372
4. LOCAL MCH FUNDS (Item 15d of SF 424)		\$	0
5. OTHER FUNDS (Item 15e of SF 424)		\$	0
6. PROGRAM INCOME (Item 15f of SF 424)		\$	0
7. TOTAL STATE MATCH (Lines 3 through 6)		\$	189,372
(Below is your State's FY 1989 Maintenance of Effort Amount)			
\$	178,745		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)		\$	441,867
(Total lines 1 through 6. Same as line 15g of SF 424)			
9. OTHER FEDERAL FUNDS			
(Funds under the control of the person responsible for the administration of the Title V program)			
a. SPRANS:	\$	0	
b. SSDI:	\$	65,357	
c. CISS:	\$	50,000	
d. Abstinence Education:	\$	0	
e. Healthy Start:	\$	0	
f. EMSC:	\$	0	
g. WIC:	\$	0	
h. AIDS:	\$	0	
i. CDC:	\$	641,349	
j. Education:	\$	0	
k. Home Visiting:	\$	0	
l. Other:	\$	0	
<u>30+FP</u>	\$	297,375	
<u>CSAP</u>	\$	100,000	
10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)		\$	1,154,081
11. STATE MCH BUDGET TOTAL		\$	1,595,948
(Partnership subtotal + Other Federal MCH Funds subtotal)			

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: WIC
Row Name: Other Federal Funds - WIC
Column Name:
Year: 2013
Field Note:
RMI does not eligible for WIC under the RMI Compact of Free Associate with the U.S.

2. **Section Number:** Form2_Main
Field Name: HomeVisiting
Row Name: Other Federal Funds - Home Visiting
Column Name:
Year: 2013
Field Note:
RMI does not eligible for Home Visiting Grant under the RMI Compact with the U.S.A.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495	\$ 252,495
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372	\$ 189,372
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	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 1,088,724	\$ 1,088,724	\$ 1,088,724	\$ 1,088,724	\$ 1,088,724	\$ 1,088,724
9. Total <i>(Line11, Form2)</i>	\$ 1,530,591	\$ 1,530,591	\$ 1,530,591	\$ 1,530,591	\$ 1,530,591	\$ 1,530,591
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 252,465	\$ 252,465	\$ 252,465	\$	\$ 252,465	\$
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
3. State Funds <i>(Line3, Form2)</i>	\$ 189,372	\$ 189,372	\$ 189,372	\$	\$ 189,372	\$
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	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 1,038,724	\$ 1,038,724	\$ 971,724	\$	\$ 1,154,081	\$
9. Total <i>(Line11, Form2)</i>	\$ 1,480,591	\$ 1,480,591	\$ 1,413,591	\$ 0	\$ 1,595,948	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

None

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907	\$ 108,907
b. Infants < 1 year old	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274	\$ 86,274
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811	\$ 141,811
d. Children with Special Healthcare Needs	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625	\$ 79,625
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250	\$ 25,250
g. SUBTOTAL	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867
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	\$ 0		\$ 0		\$ 0	
c. CISS	\$ 50,000		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 641,349		\$ 641,349		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
30+FP	\$ 0		\$ 0		\$ 297,375	
CSAP	\$ 100,000		\$ 100,000		\$ 100,000	
330+FP	\$ 0		\$ 297,375		\$ 0	
330 + FP	\$ 297,375		\$ 0		\$ 0	
III. SUBTOTAL	\$ 1,088,724		\$ 1,088,724		\$ 1,088,724	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 108,907	\$ 108,907	\$ 108,907	\$	\$ 108,907	\$
b. Infants < 1 year old	\$ 86,274	\$ 86,274	\$ 86,274	\$	\$ 86,274	\$
c. Children 1 to 22 years old	\$ 141,811	\$ 141,811	\$ 141,811	\$	\$ 141,811	\$
d. Children with Special Healthcare Needs	\$ 79,625	\$ 79,625	\$ 79,625	\$	\$ 79,625	\$
e. Others	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$
f. Administration	\$ 25,250	\$ 25,250	\$ 25,250	\$	\$ 25,250	\$
g. SUBTOTAL	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 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	\$ 0		\$ 0		\$ 65,357	
c. CISS	\$ 0		\$ 50,000		\$ 50,000	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 614,349		\$ 0	
i. CDC	\$ 641,349		\$ 0		\$ 641,349	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
30+FP	\$ 297,375		\$ 297,375		\$ 297,375	
CSAP	\$ 100,000		\$ 10,000		\$ 100,000	
III. SUBTOTAL	\$ 1,038,724		\$ 971,724		\$ 1,154,081	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2012
Field Note:
NA for others
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersExpended
Row Name: All Others
Column Name: Expended
Year: 2010
Field Note:
NA for others

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: MH

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.)	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973	\$ 123,973
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.)	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250	\$ 125,250
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.)	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644	\$ 102,644
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.)	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867	\$ 441,867

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: MH

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.)	\$ 123,973	\$ 123,973	\$ 123,973	\$	\$ 123,973	\$
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.)	\$ 90,000	\$ 90,000	\$ 90,000	\$	\$ 90,000	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 125,250	\$ 125,250	\$ 125,250	\$	\$ 125,250	\$
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.)	\$ 102,644	\$ 102,644	\$ 102,644	\$	\$ 102,644	\$
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.)	\$ 441,867	\$ 441,867	\$ 441,867	\$ 0	\$ 441,867	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

None

FORM 6

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

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

STATE: MH

Total Births by Occurrence: 1,487

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	

Other Screening (Specify)

New Born Hearing Screening	995	66.9	0	0	0	
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Screening Programs for Older Children & Women (Specify Tests by name)

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

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Form6_Main
Field Name: Phenylketonuria_OneScreenNo
Row Name: Phenylketonuria
Column Name: Receiving at least one screen
Year: 2013
Field Note:
Not applicable to the RMI. However, if indicated by the doctors, then it is sent off island for testing.
2. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2013
Field Note:
Testing is available at present, but if indicated by doctors, then it is sent out for testing off island.
3. **Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2013
Field Note:
Test is not available at present, but if indicated it is sent off island for testing.
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2013
Field Note:
Testing is sent off island if indicated.
5. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2013
Field Note:
Not data is being reported.
6. **Section Number:** Form6_Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2013
Field Note:
No data is available.
7. **Section Number:** Form6_Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2013
Field Note:
No reporting cases.
8. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2013
Field Note:
No data is collected because no suspected cases.
9. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2013
Field Note:
No test is performed, unless it is indicated.
10. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2013
Field Note:
No test is being performed. However, if indicated by the doctors, then it is sent off island for testing and confirmation.
11. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2013
Field Note:
No data is being collected/no reported cases.

12. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Confirmed
Row Name: SickleCellDisease
Column Name: Confirmed Cases
Year: 2013
Field Note:
RMI does not performed this test. In case, it is indicated for testing, then it is sent off island for testing and confirmation.
13. **Section Number:** Form6_Main
Field Name: Phenylketonuria_TreatmentNo
Row Name: Phenylketonuria
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
N/A to the RMI, no indication.
14. **Section Number:** Form6_Main
Field Name: Congenital_TreatmentNo
Row Name: Congenital
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
N/A to RMI.
15. **Section Number:** Form6_Main
Field Name: Galactosemia_TreatmentNo
Row Name: Galactosemia
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
Galactosemia is not performed in RMI. Plans to review status in 2013.
16. **Section Number:** Form6_Main
Field Name: SickleCellDisease_TreatmentNo
Row Name: SickleCellDisease
Column Name: Needing treatment that received treatment
Year: 2013
Field Note:
SickleCellDisease test is not performed in RMI due to lack of capability or personnel. This area will be reviewed for more information and up-date in 2013.
17. **Section Number:** Form6_Other Screening Types
Field Name: Other
Row Name: All Rows
Column Name: All Columns
Year: 2013
Field Note:
New born hearing screening is provided to in Majuro Hospital only at this time. 108 needs consultancy with an audiologist

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: MH

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	1,568	1,552	1,526	1,537	1,396
Infants < 1 year old	1,568	7,632	1,526	1,652	1,630
Children 1 to 22 years old	31,319	20,727	26,632	31,048	31,016
Children with Special Healthcare Needs	435	241	261	458	395
Others	0		0	0	0
Total	34,890	30,152	29,945	34,695	34,437

Reporting Year: 2011

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,487	0.0	0.0	0.0	100.0	0.0
Infants < 1 year old	1,617	0.0	0.0	0.0	100.0	0.0
Children 1 to 22 years old	31,055	0.0	0.0	0.0	100.0	0.0
Children with Special Healthcare Needs	397	0.0	0.0	0.0	100.0	0.0
Others	0	0.0	0.0	0.0	0.0	0.0
TOTAL	34,556					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Form7_Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2013
Field Note:
Served under Title V. Number of pregnant women is based on number of births.
2. **Section Number:** Form7_Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2013
Field Note:
RMI is not eligible.
3. **Section Number:** Form7_Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2013
Field Note:
RMI is not eligible.
4. **Section Number:** Form7_Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2013
Field Note:
All pregnant women are covered under Title V.
5. **Section Number:** Form7_Main
Field Name: PregWomen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2013
Field Note:
None.
6. **Section Number:** Form7_Main
Field Name: PregWomen_Unknown
Row Name: Pregnant Women
Column Name: Unknown %
Year: 2013
Field Note:
None.
7. **Section Number:** Form7_Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Title V served. Source: Economic Planning, Policy, and Statistics Office Population Estimate released in April 2009
8. **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:
RMI is not eligible.
9. **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:
RMI is not eligible.
10. **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:
Service under this age is covered in the Basic Insurance of RMI.
11. **Section Number:** Form7_Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2013
Field Note:
None.

12. **Section Number:** Form7_Main
Field Name: Children_0_1_Unknown
Row Name: Infants <1 year of age
Column Name: Unknown %
Year: 2013
Field Note:
None.
13. **Section Number:** Form7_Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2013
Field Note:
Title V served. Source: Economic Planning, Policy, and Statistics Office Population Estimate released in April 2009
14. **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:
RMI is not eligible.
15. **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:
RMI is not eligible.
16. **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:
Included in the Basic Insurance of RMI.
17. **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:
RMI does not have Title XXI so data is not being reported.
18. **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:
None.
19. **Section Number:** Form7_Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2013
Field Note:
Source of data is MCH Program.
20. **Section Number:** Form7_Main
Field Name: CSHCN_XIX
Row Name: Children with Special Health Care Needs
Column Name: Title XIX %
Year: 2013
Field Note:
RMI is not eligible.
21. **Section Number:** Form7_Main
Field Name: CSHCN_XXI
Row Name: Children with Special Health Care Needs
Column Name: Title XXI %
Year: 2013
Field Note:
RMI is not eligible.
22. **Section Number:** Form7_Main
Field Name: CSHCN_Private
Row Name: Children with Special Health Care Needs
Column Name: Private/Other %
Year: 2013
Field Note:
None. All of the CSHCN are covered under Title V.
23. **Section Number:** Form7_Main
Field Name: CSHCN_None
Row Name: Children with Special Health Care Needs
Column Name: None %

Year: 2013

Field Note:
None.

24. Section Number: Form7_Main
Field Name: CSHCN_Unknown
Row Name: Children with Special Health Care Needs
Column Name: Unknown %
Year: 2013
Field Note:
None.

25. Section Number: Form7_Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2013
Field Note:
None.

26. Section Number: Form7_Main
Field Name: AllOthers_XIX
Row Name: Others
Column Name: Title XIX %
Year: 2013
Field Note:
None

27. Section Number: Form7_Main
Field Name: AllOthers_XXI
Row Name: Others
Column Name: Title XXI %
Year: 2013
Field Note:
None

28. Section Number: Form7_Main
Field Name: AllOthers_Private
Row Name: Others
Column Name: Private/Other %
Year: 2013
Field Note:
None

29. Section Number: Form7_Main
Field Name: AllOthers_None
Row Name: Others
Column Name: None %
Year: 2013
Field Note:
None

30. Section Number: Form7_Main
Field Name: AllOthers_Unknown
Row Name: Others
Column Name: Unknown %
Year: 2013
Field Note:
None

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

Reporting Year: 2011

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,487	2	0	0	11	1,449	25	0
Title V Served	1,487	2	0	0	11	1,449	25	0
Eligible for Title XIX	0	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	1,617	0	0	0	0	1,617	0	0
Title V Served	1,617	0	0	0	0	1,617	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0

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	1,486	1	0	1	0	0	0	0
Title V Served	1,486	1	0	1	0	0	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	1,617	0	0	0	0	0	0	0
Title V Served	1,617	0	0	0	0	0	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1. **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:
Not applicable to RMI
2. **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:
Not applicable to RMI
3. **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:
Not applicable to RMI
4. **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:
Not applicable to RMI
5. **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:
Not applicable to RMI
6. **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:
Not applicable to RMI
7. **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:
Not applicable to RMI
8. **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:
Not applicable to RMI
9. **Section Number:** Form8_I_ Unduplicated Count By Race
Field Name: InfantsTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2013
Field Note:
Data is not available.
10. **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:
Data not available.
11. **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:
Not applicable to RMI

12. **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:
 Not applicable to RMI
13. **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:
 Not applicable to RMI
14. **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:
 Not applicable to RMI
15. **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:
 Not applicable to RMI
16. **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:
 RMI does not have Title XIX.
17. **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:
 Not applicable to RMI
18. **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:
 Not applicable to RMI
19. **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:
 .
20. **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:
 Not applicable to RMI
21. **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:
 Not applicable to RMI
22. **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:
 Not applicable to RMI
23. **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:

Not applicable to RMI

24. **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:
Not applicable to RMI
25. **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:
Not applicable to RMI
26. **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:
Not applicable to RMI
27. **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:
Not applicable to RMI
28. **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:
Not applicable to RMI
29. **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:
Not applicable to RMI
30. **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:
Not applicable to RMI
31. **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:
Not applicable to RMI
32. **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:
Not applicable to RMI
33. **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:
Not applicable to RMI
34. **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:
Not applicable to RMI
35. **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:
Not applicable to RMI

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

	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: MH

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	(692)625-7588/455-8334	(692)625-7588/455-8334	(692)625/7588/455-8334	(692) 625-7588/455-8334	(692) 625-6941/4556941
2. State MCH Toll-Free "Hotline" Name	Hellen Jetnil-David	Hellen Jetnil-David	Hellen Jetnil-David	Hellen Jetnil-David	Hellen Jetnil
3. Name of Contact Person for State MCH "Hotline"	Hellen Jetnil-David	Hellen Jetnil-David	Hellen Jetnil-David	Hellen Jetnil-David	Hellen Jetnil
4. Contact Person's Telephone Number	(692) 625-7588/455-8334	(692)625-7588/4558334	(692)625-7588/455-8334	Hellen Jetnil-David	Hellen Jetnil
5. Contact Person's Email	davidh@ntamar.net	davidh@ntamar.net	davidh@ntamar.net	davidh@ntamar.net	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	55	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:
RMI does not have toll-free hotline number. However, we communicate be mobile phones and radio to outer islands.

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

1. State MCH Administration:
(max 2500 characters)

The RMI Ministry of Health (MOH) MCH Program is responsible to facilitate the needs assessment process and administers MCH grant funds. The mission statement of the Ministry is "To provide high quality, effective, affordable, and efficient health services to all people of the Marshall Islands, through a primary care program to improve the health statistics, and build the capacity of each community, family and the individual to care for their own health. To the maximum extent possible, the MOH pursues these goals using the national facilities, staff and resources of the RMI. MCH Program provides health care to MCH population groups: Pregnant women, mothers and infants, Children and adolescents, Children with special health care needs, Men and Women of Reproductive Age Group. The MOH key staff for various areas and programs met as a group to review and identify data and areas of concern. The following issues were identified as areas that needed improvement. Pregnant Women, Mothers and Infants 1. Increase prenatal care in the first three months of pregnancy 2. Increase access to cancer screening, e.g. pap smear test and follow-up services 3. Management of high risk pregnancy 4. Decrease the RMI low birth weight rate 5. Expand newborn hearing screening 6. Promote health education/nutrition education throughout all MCH clinics Children and Adolescents 7. Decrease rate of teen pregnancy 8. Promote dental services in the schools up to grade 6 9. Increase family planning acceptors for teenagers 10. Promote sexually transmitted disease (STD) counseling and health information dissemination 11. Increase access to programs and services addressing the teenage population Children with Special Health Care Needs (CSHCN) 1. Develop and implement a database system on infants who have special health care needs (CSHCN) within 6 months after birth 2. Improve service delivery for CSHCN and families and follow-up services 3. Coordination of better referral for CSHCN to the program

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 252,495
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 189,372
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)	\$ 441,867

9. Most significant providers receiving MCH funds

_____	1 Physician (OB/GYN)
_____	1 Counselor, 2 staff nurse
_____	1 health educator
_____	1 dental assistant

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

a. Pregnant Women	1,487
b. Infants < 1 year old	1,617
c. Children 1 to 22 years old	31,055
d. CSHCN	397
e. Others	0

11. Statewide Initiatives and Partnerships

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

In Majuro and Ebeye, Kwajalein Atoll, staff from Immunization, STI/HIV, Leprosy, Tuberculosis, Non Communicable Disease Program, MCH Program, and Health Promotion/Education conduct outreach activities to zones. This is a daily activity. Designated staff go out to the community to provide Primary Health Care services. For Outer Islands, mobile teams travel to the 60 health centers. Services provided are Immunization, STI/HIV Screening, TB Screening, Leprosy Screening, Diabetes and Hypertension Screening, Prenatal Services, Women's Health Services like pap smear testing, and health education. There are several challenges that the administration and the mobile teams meet when they conduct outreach activities like transportation, supplies, leaving their families for at least 2 weeks, etc. MOH tried its best to provide health care to the 60 scattered health centers in RMI.

b. Population-Based Services
(max 2500 characters)

The health care system in the RMI is provided through two hospitals located in Majuro and Ebeye and 57 health centers that are scattered in the 29 inhabited islands and atolls throughout. Population based services are accessible in the two main hospitals in Majuro and Ebeye. Although prenatal clinics are held in a public health setting, an obstetrician-gynecologist (OB-GYN) physician provides health services in prenatal clinics for pregnant women and performs their deliveries in the hospital. Prenatal care is provided in the Division of Maternal and Child Health the RH Clinics. Services provided to pregnant mothers include support services from the laboratory, dental services, family planning, immunizations, nutrition counseling, STD tests, and pharmaceuticals. The pregnant women are referred to the two hospitals for delivery. In May 2010, New Born Hearing Screening started in Majuro Hospital. It will expand to Ebeye Hospital on the 3rd Year of the grant. For Outer Islands, health centers provide minimal health care services to MCH population like prenatal, delivery, postnatal, well baby clinic, and family planning services. For high risk pregnancies in the Outer Islands, patients are referred to the 2 main hospitals located in Majuro and Ebeye, Kwajalein. Mobile teams provide more detailed services when they conduct their outreach activities in the Outer Islands.

c. Infrastructure Building Services
(max 2500 characters)

The Ministry is implementing a Ministry of Health Integrated Information System composed of Vital Statistics, Hospital Information System, Public Health Information System, Medical Referral System and Management Information System. The Ministry expected that combined with the renewed emphasis on data management, the MHIS will assist in improving the ministry data collection, dissemination, analysis, and reporting capabilities. This improvement will directly benefit the MCH and CSHCN population. Currently, we are slowly implementing modules for the system. We are applying for the SSDI grant that will help us in our implementation and maintenance of our information system. We received a technical support in the finalization of our MCH Need Assessment.

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 Justina R. Langidrik MPH
 Title Secretary of Health
 Address P.O. Box 16

Name Justina R. Langidrik MPH
 Title Secretary of Health
 Address P.O. Box 16

Name Justina R. Langidrik MPH
 Title Secretary of Health
 Address P.O. Box 16

City _____ Majuro
State _____ Marshall Islands
Zip _____ 96960
Phone _____ (692) 625-5660/61
Fax _____ (692) 625-3432
Email _____ jusmche@ntamar.net
Web _____

City _____ Majuro
State _____ RMI
Zip _____ 96960
Phone _____ (692) 625-5660/61
Fax _____ (692) 625-3432
Email _____ jusmche@ntamar.net
Web _____

City _____ Majuro
State _____ RMI
Zip _____ 96960
Phone _____ (692) 625-5660/61
Fax _____ (692) 625-3432
Email _____ [Jusmche@ntamar.net](mailto:jusmche@ntamar.net)
Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

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

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	0	10	15	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,591	1,526	1,517	1,396	1,487
Data Source		Medical Record	Medical Record	Medical Record	Medical 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.)

Yes No Yes No Yes No

Is the Data Provisional or Final?

Final Provisional Final 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

1. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2011

Field Note:

RMI does not have Metabolic Newborn Screening Program due to inadequate availability of facilities. However, blood test for any newborn found to have problems or special conditions is sent to off island laboratory (DLS - Honolulu) for testing.

2. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2010

Field Note:

RMI does not have Metabolic Newborn Screening Program due to inadequate facilities. However, blood test for any newborn found to have problems or special conditions is sent to off island laboratory in Honolulu for testing.

3. Section Number: Form11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

RMI does not have Metabolic Newborn Screening Program due to inadequate availability of facilities. However, blood test for any newborn found to have problems or special conditions that place him/her on special condition and needs special blood test then blood test is sent off island (Honolulu) for testing.

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)

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>9</u>	<u>100</u>	<u>100</u>	<u>50</u>	<u>55</u>
Annual Indicator	<u>100.0</u>	<u>100.0</u>	<u>45.0</u>	<u>52.2</u>	<u>55.5</u>
Numerator	<u>445</u>	<u>461</u>	<u>206</u>	<u>253</u>	<u>286</u>
Denominator	<u>445</u>	<u>461</u>	<u>458</u>	<u>485</u>	<u>515</u>
Data Source		MCH program survey.	MCH program survey.	MCH program survey.	MCH program survey.
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>60</u>	<u>62</u>	<u>65</u>	<u>67</u>	<u>70</u>
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:
- New survey tool was implemented in 2009.

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	100	100	100	50	100
Annual Indicator	100.0	100.0	45.0	100.0	0.0
Numerator	445	461	206	485	0
Denominator	445	461	458	485	515
Data Source		MCH program survey.	MCH program survey.	MCH program survey.	MCH program survey.
<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	Final

	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 #3
Field Name: PM03
Row Name:
Column Name:
Year: 2011
Field Note:
 Based on definition of medical home, RMI don't have a medical home. We provide health care to CSHCN in the hospitals, health centers and also by house to house visits.
- Section Number:** Form11_Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2010
Field Note:
 RMI considered medical home as their own home where they are being provided healthcare by the MCH Staff.
- Section Number:** Form11_Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2009
Field Note:
 Results from program survey.

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)

	2007	2008	2009	2010	2011
Annual Performance Objective	95	100	100	100	100
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	445	461	458	485	510
Denominator	445	461	458	485	510
Data Source		MCH Program	MCH Program	MCH Program	MCH 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?				Final	Final

	2012	2013	2014	2015	2016
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2011
Field Note:
 RMI Basic Health Care Insurance provide 100% coverage.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2010
Field Note:
 RMI Basic Health Insurance provide 100% coverage.
- Section Number:** Form11_Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2009
Field Note:
 Results from program short survey.

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	95	100	100	50	55
Annual Indicator	100.0	100.0	45.0	52.2	55.9
Numerator	445	461	206	253	288
Denominator	445	461	458	485	515
Data Source		MCH program survey.	MCH program survey.	MCH program survey.	MCH program survey.
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	60	60	65	65	70
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:

In 2009, the RMI collected information on NPM #05 by conducting a questions/survey to 458 parents and out off this number, 206 (45%)of the total parents satisfied with the existing service for their children. The RMI continues to seek other possible ways to improve it service to children and families with disabilities by doing more outreach or home visits to follow up with families to identify their needs.

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	91	93	95	65	70
Annual Indicator	54.2	60.7	61.1	61.1	55.9
Numerator	241	280	280	280	288
Denominator	445	461	458	458	515
Data Source		MCH program survey.	MCH program survey.	MCH program survey.	MCH program survey.
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	60	65	70	75	80
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

None

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>73</u>	<u>95</u>	<u>95</u>	<u>95</u>	<u>95</u>
Annual Indicator	<u>82.0</u>	<u>88.1</u>	<u>89.0</u>	<u>84.1</u>	<u>71.2</u>
Numerator	<u>1,649</u>	<u>1,728</u>	<u>1,621</u>	<u>1,381</u>	<u>1,207</u>
Denominator	<u>2,010</u>	<u>1,961</u>	<u>1,821</u>	<u>1,643</u>	<u>1,695</u>

Data Source

Immunization Logbook

National Immunization Program

National Immunization Program

National Immunization Program

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>80</u>	<u>80</u>	<u>85</u>	<u>85</u>	<u>90</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

There were 1,695 registered 19 to 35 months children into our Immunization System. Out of the 1,695 registered 19 to 35 months children, there were 1,207 fully immunized.

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	100	95	46	28	30
Annual Indicator	44.9	39.5	28.8	32.9	45.2
Numerator	92	79	52	60	85
Denominator	2,050	2,000	1,803	1,826	1,882
Data Source		Health Planning.	Office of Health Planning & Statistics, MOH	Office of Planning, Policy, and Statistics	Office of Planning, Policy, and Statistics
<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	Final
	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	40	40	38	38	38
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

There were 85 birth occurrence for 15-17 years old in RMI.

Majuro : 68

Ebeye: 11

Outer Islands 6

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

Data for 15-17 years old female population came from EPPSO's Population Estimate of April 2009.

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	85	90	85	70	75
Annual Indicator	64.2	85.3	68.4	70.5	75.1
Numerator	1,355	1,800	512	589	638
Denominator	2,110	2,110	748	835	849
Data Source		MOH	Dental Program	Dental Program	Dental Program

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	77	77	79	79	81
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2011
Field Note:
 Dental Program have visited 9 elementary schools.

2. **Section Number:** Form11_Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2009
Field Note:

We don't have dental hygienist in Ebeye in FY 2009, so school dental services was provided by limited staff in staff so it was a challenge for Ebeye staff, plan to increase trained dental staff for is currently in place. Also, we encountered problems in our local airline. Most of the time, flights were cancelled due to airplane problem so dental services to outer islands slowed down in 2009 and due to transportation problem, NPM #09 was slightly lower than 2008, but this covered the RMI data.

PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>9</u>	<u>8</u>	<u>9</u>	<u>8</u>	<u>8</u>
Annual Indicator	<u>18.5</u>	<u>9.2</u>	<u>8.9</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>4</u>	<u>2</u>	<u>2</u>	<u>0</u>	<u>0</u>
Denominator	<u>21,597</u>	<u>21,839</u>	<u>22,582</u>	<u>22,752</u>	<u>22,877</u>
Data Source		Medical Record.	Health Planning Office	Office of Health Planning, Policy, and Statistics	Office of Health Planning, Policy, and 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?

_____ Yes

Final Final

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

Field Level Notes

None

PERFORMANCE MEASURE # 11

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	75	98	98	93	90
Annual Indicator	91.9	93.1	92.3	87.4	90.2
Numerator	1,644	1,608	1,781	1,188	1,317
Denominator	1,788	1,727	1,930	1,359	1,460
Data Source		Nutrition Program	Nutrition Program	Well Baby Clinic	Well Baby Clinic

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

Annual Objective and Performance Data

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

Field Level Notes

None

PERFORMANCE MEASURE # 12

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	30	35	35	40	50
Annual Indicator	0.0	0.0	0.0	46.3	66.9
Numerator	0	0	0	647	965
Denominator	1,591	1,526	1,517	1,396	1,487
Data Source		Medical Record.	MCH	New Bom Hearing Screening	New Bom Hearing Screening
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)			Yes		
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	55	55	60	60	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number: Fom11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2011

Field Note:

The data for the new born hearing screening is Majuro Hospital only. We haven't started our new born hearing screening in Ebeye Hospital.

- Section Number: Fom11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2010

Field Note:

New Bom Hearing screening was started in May 2010 at Majuro Hospital only. In 2011, New Bom Hearing Screening will be available in Ebeye Hospital.

- Section Number: Fom11_Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2009

Field Note:

RMI don't have newborn hearing screening test in Majuro. We just started our newborn hearing screening in May 2010. However, after the starting of the newborn health screening program in late May 2010 and July 15, 2010, there was 64 Majuro Hospital births that only 55 of the births occurred in this period were screened for hearing problem. More data and information will be provided with FY 2011 reporting cycle.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	100	100	2	1	1
Annual Indicator	2.0	2.0	1.9	1.9	1.9
Numerator	500	500	500	500	500
Denominator	25,050	25,000	26,259	26,488	26,748
Data Source		Health Planning.	Health Planning	Office of Health Planning, Policy & Statistics	Office of Health Planning and 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?

Final

Final

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

Field Level Notes

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

Field Name: PM13

Row Name:

Column Name:

Year: 2009

Field Note:

In April 2009, the Economic Planning and Statistics Office released Population Estimate which is categorized in single age. 500 children children of non-Marshalles reside in RMI. The RMI Universal Insurance Policy, all Marshallese are covered under this policy. However, this policy does not covered out-patient care, including medication costs, that means, it covers for all medical cost if a person is being referred out off island for medical treatment or care and has approved under the MOH Referral Guideline (if services/care/treatment is not availabl on island.

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	10	15	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	5,993	6,117	6,217	6,301	6,353
Data Source		MCH Program	MCH Program	MCH Program	MCH Program

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final Final

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

Field Level Notes

- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 RMI is not eligible for WIC.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 RMI is not eligible for WIC, therefore RMI report 0 for this NPM.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 Under the Compact with the U.S.A., RMI does not eligible for WIC, therefore RMI report 0 for this NPM.

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	100	2	2	2	2
Annual Indicator	2.5	2.6	2.7	2.0	2.0
Numerator	40	40	41	28	29
Denominator	1,591	1,526	1,517	1,396	1,487
Data Source		Medical Records	MCH	MCH Program	MCH Program

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- 1. Section Number: Form11_Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2009

Field Note:

In the last three months of pregnancy, data is being collected as part of the prenatal interview, so based on results from data collected, it was estimated that less than 3% still smoke at this stage. Counseling on dangerous of smoking on both mother and her baby is provided for mother throughout her pregnancy and also at postpartum (6 weeks after delivery).

PERFORMANCE MEASURE # 16

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	8	200	20	20	20
Annual Indicator	15.2	31.7	65.0	0.0	48.4
Numerator	1	2	4	0	3
Denominator	6,568	6,319	6,152	6,107	6,202
Data Source		Health Planning.	Health Planning	Office of Health Planning, Policy & Statistics	Office of Health Planning, Policy & 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.)					Yes
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	40	40	30	30	30
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 There were 3 males who committed suicide by hanging. 2 are from Majuro and 1 from the Outer Islands. 2 - 19 years old and 1 - 16 years old.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 RMI data shown here is based on per/1,000 total population 15-19 years old since RMI population in this age group is less than 10,000 as indicated in this NPM. RMI reported that only 4 suicide ages 15-19 were completed in 2009.

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	0	1	1	60	65
Annual Indicator	0.0	0.0	0.9	1.5	1.1
Numerator	0	0	3	4	4
Denominator	12	18	350	267	355
Data Source		Health Planning.	Office of Health Planning & Statistics, MOH	Office of Health Planning, Policy & Statistics	Office of Health Planning, Policy & 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?

Final Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	2	2	2	1	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2011
Field Note:
 We only have 2 hospitals which handles high risk deliveries.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2010
Field Note:
 RMI considered the two Urban Center of Majuro and Ebeye high risk facility. These urban centers have better equipments, trained staff, to provide high risk deliveries, and they are also considered, high risk facility.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2009
Field Note:
 RMI considered the two Urban Center of Majuro and Ebeye high risk facility. These urban centers have better equipments, trained staff, to provide high risk deliveries, and they are also considered, high risk facility. In 2009 on 17 babies were considered Very Low Births and 10 of this number (17) delivered at high risk facility.

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	55	80	75	65	50
Annual Indicator	79.9	70.5	63.3	39.8	34.3
Numerator	1,272	1,076	961	566	510
Denominator	1,591	1,526	1,517	1,396	1,487
Data Source		MCH Program	MCH Program	MCH Program	MCH Program

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50	55	60	65	70
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2009

Field Note:

The % of 1st visit was slightly lower in 2009 this maybe due to births decreasing and pregnancy women migrating out off the country.

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

Form Level Notes for Form 11

None

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

To reduce the rates of sexually transmitted diseases among women of child bearing age

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	5
Annual Indicator	_____	3.5	4.8	5.0	11.2
Numerator	_____	227	336	421	413
Denominator	_____	6,511	7,058	8,434	3,694
Data Source		Office of Health Planning, Policy, & Statistics			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	10	7	5	5	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 # 2 - REPORTING YEAR

To reduce the maternal mortality rate

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 0
Annual Indicator	_____	0.0	2.6	1.4	1.3
Numerator	_____	0	4	2	2
Denominator	_____	1,526	1,517	1,396	1,487
Data Source		Office of Health Planning, Policy & Statistics			
Is the Data Provisional or Final?				Final	Final

	<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 #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

In FY2011, there were 2 maternal deaths. The 1st case was a 34 years old that died because of disseminated intravascular coagulation and amniotic fluid embolism. Second is a 43 years old that died because of amniotic fluid embolism with term pregnancy. In FY 2010, we have 2 maternal deaths. Post partum hemorrhage and retained placenta are the causes of death for the two maternal deaths. One died in Majuro Hospital which is a 23 year old pregnant woman and the other one died in Outer Islands which is a 35 year old pregnant woman. In FY 2009, we have 4 maternal deaths. Preeclampsia, post partum hemorrhage, obstructive labor and gestational hypertension are the causes of these 4 maternal deaths.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

To reduce the infant mortality rate

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective					24
Annual Indicator		30.8	25.7	22.2	22.9
Numerator		47	39	31	34
Denominator		1,526	1,517	1,396	1,487
Data Source		Office of Health Planning, Policy & Statistics			
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	22	20	18	16	15
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

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

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

In FY2011, there were 24 infant deaths in Majuro, 3 infant deaths in Ebeye, and 7 infant deaths in the Outer Islands. The top 5 leading cause of death for infant deaths are premature, malnutrition, pneumonia, asphyxia/sepsis, and gastroenteritis/drowning.

STATE PERFORMANCE MEASURE # 4 - REPORTING YEAR

To increase the percentage of teenage (15-17 years old) acceptors of modern contraception

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	30
Annual Indicator	_____	1.9	3.4	2.3	2.0
Numerator	_____	72	124	86	77
Denominator	_____	3,717	3,677	3,736	3,871
Data Source		Office of Health Planning, Policy, & Statistics	Office of Health Planning, Policy, & Statistics	Office of Health Planning, Policy, & Statistics	MCH Program/OHPPS
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	10	10	15	15	20
Annual Indicator	Future year objectives for state performance measures from needs assessment period 2006-2010 are view-only. If				
Numerator	you are continuing any of these measures in the new needs assessment period, you may establish objectives for				
Denominator	those measures on Form 11 for the new needs assessment period.				

Field Level Notes

None

STATE PERFORMANCE MEASURE # 5 - REPORTING YEAR

To increase the percentage of mothers who breastfeed their newborns at 12 months after delivery.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 82
Annual Indicator	_____	84.1	80.2	80.6	82.0
Numerator	_____	483	369	311	493
Denominator	_____	574	460	386	601
Data Source		Well Baby Clinic	Well Baby Clinic	Well Baby Clinic	Well Baby Clinic
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 82	_____ 85	_____ 85	_____ 87	_____ 87
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

To increase the percentage of mothers who receive nutrition counseling during prenatal care.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>75</u>	<u>80</u>	<u>96</u>
Annual Indicator	<u>79.9</u>	<u>70.5</u>	<u>100.0</u>	<u>95.3</u>	<u>92.4</u>
Numerator	<u>1,272</u>	<u>1,076</u>	<u>1,537</u>	<u>1,309</u>	<u>1,374</u>
Denominator	<u>1,591</u>	<u>1,526</u>	<u>1,537</u>	<u>1,373</u>	<u>1,487</u>
Data Source		RH Clinics	RH Clinics	RH Clinics	RH Clinics
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>93</u>	<u>93</u>	<u>95</u>	<u>95</u>	<u>96</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 # 7 - REPORTING YEAR

To increase the number of women who are screened for cervical cancer.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>100</u>	<u>100</u>	<u>30</u>	<u>35</u>	<u>20</u>
Annual Indicator	<u>9.9</u>	<u>20.2</u>	<u>20.7</u>	<u>18.8</u>	<u>14.2</u>
Numerator	<u>1,153</u>	<u>2,351</u>	<u>2,624</u>	<u>2,391</u>	<u>1,807</u>
Denominator	<u>11,594</u>	<u>11,642</u>	<u>12,685</u>	<u>12,690</u>	<u>12,690</u>
Data Source		MCH Program	MCH Program	MCH Program	MCH Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>16</u>	<u>20</u>	<u>28</u>	<u>30</u>	<u>33</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 # 9 - REPORTING YEAR

To decrease overweight and obese school children by 5% yearly.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	40
Annual Indicator	_____	0.0	0.0	0.0	11.0
Numerator	_____	0	0	0	222
Denominator	_____	1	1	1	2,019
Data Source		School Health	School Health	School Health	School Health
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	30	25	20	15	10
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: 2011

Field Note:

We have visited 5 schools and assessed 2,019 school children. BMI Screening in school started in 2011. There are more schools to cover.

2. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2010

Field Note:

This is a new State performance. We will conduct the BMI testing this coming school year.

3. **Section Number:** Form11_State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2009

Field Note:

This is a new State performance. We will conduct the BMI testing this coming school year 2011-2012.

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

To improve accessibility to the MCH/CSHCN services for children 0-21 and their families.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 90
Annual Indicator	_____	83.9	86.9	84.5	79.2
Numerator	_____	387	398	410	408
Denominator	_____	461	458	485	515
Data Source		MHC Program	MHC Program	MHC Program	MHC Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 82	_____ 82	_____ 85	_____ 85	_____ 85

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 # 11 - REPORTING YEAR

To increase the percentage of mothers who access prenatal care in the first trimester of pregnancy.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 50
Annual Indicator	_____	70.5	63.3	39.8	34.3
Numerator	_____	1,076	961	566	510
Denominator	_____	1,526	1,517	1,396	1,487
Data Source		MCH Program	MCH Program	MCH Program	MCH Program
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 50	_____ 55	_____ 60	_____ 65	_____ 70

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

OUTCOME MEASURE # 02

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective	0	0	0	0	0
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	1,591	1,526	1,517	1,396	1,487
Data Source		Ministry of Health's Statistics Office	Office of Health Planning & Statistics, MOH	Office of Health Planning, Policy & Statistics	Office of Health Planning, Policy & 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?

Final

Final

Yes

Annual Objective and Performance Data

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

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

Field Level Notes

None

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	9	9	9	12	14
Annual Indicator	9.4	9.8	12.5	15.8	16.8
Numerator	15	15	19	22	25
Denominator	1,591	1,526	1,517	1,396	1,487
Data Source		Ministry of Health's Statistics Office	Office of Health Planning & Statistics, MOH	Office of Health Planning, Policy, & Statistics	Office of Health Planning, Policy, & 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?

Final

Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	14	14	12	12	12
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	6	6	20	15	15
Annual Indicator	22.6	21.0	15.2	6.4	10.8
Numerator	36	32	23	9	16
Denominator	1,591	1,526	1,517	1,396	1,487
Data Source		Ministry of Health's Statistics Office	Office of Health Planning & Statistics, MOH	Office of Health Planning, Policy, and Statistics	Office of Health Planning, Policy, & 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?

Final Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	9	8	8	7	7
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

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	19	25	15	20	20
Annual Indicator	16.2	11.1	21.6	22.0	24.5
Numerator	26	17	33	31	37
Denominator	1,604	1,531	1,531	1,411	1,508

Data Source

Ministry of Health's Statistics Office	Health Planning Office	Office of Health Planning, Policy, & Statistics	Office of Health Planning, Policy, & 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?

Yes

Final

Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	22	22	20	20	18
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	20	100	50	90	80
Annual Indicator	105.0	68.9	100.3	80.5	56.4
Numerator	21	14	21	17	12
Denominator	20,006	20,313	20,930	21,122	21,260
Data Source		Ministry of Health's Statistics Office	Health Planning Office	Office of Health Planning, Policy, & Statistics	Office of Health Planning, Policy, & 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?

Final

Final

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	54	50	45	45	40
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

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

Form Level Notes for Form 12

None

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

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.

_____ 1

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

_____ 2

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

_____ 2

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

_____ 1

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

_____ 2

Total Score: _____ 10

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 MH 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. To reduce the rates of sexually transmitted diseases among women of child bearing age
2. To reduce the maternal mortality rate.
3. To reduce the infant mortality rate.
4. To increase the percentage of teenage (15-17 years old) acceptors of modern contraception.
5. To increase the percentage of mothers who breastfeed their newborns at 12 months after delivery.
6. To increase the percentage of mothers who receive nutrition counseling during prenatal care.
7. To increase the number of women who are screened for cervical cancer.
8. To increase the percentage of mothers who access prenatal care in the first trimester of pregnancy.
9. To decrease overweight and obese school children by 5% yearly.
10. To Improve accessibility to the MCH/CSHCN services for children 0-21 and their families.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MH

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.	Other If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>NA</u>	MCH Block Grant Administration	The MCH Program is still having difficulties trying to utilize fundings. Most of times, we are informed that the program have so much left over funds at the end of Fical Year. Often, there is confuson regarding spending part.	HRSA to identify consultant. RMI would perfer if HRSA works with the MCH Block Grant provide this TA to RMI.
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure			

to which this issue pertains by entering
the measure number here: _____

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

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

SP() # _____ 1

PERFORMANCE MEASURE:

To reduce the rates of sexually transmitted diseases among women of child bearing age

STATUS:

Active

GOAL:

To reduce the number of babies born with complications due to mothers that are exposed to sexually transmitted diseases.

DEFINITION:

To calculate the number of women in child bearing age with positive STDs during the reporting period.

Numerator:

Number of positive STDs among women in child bearing age (15-44 years old) during the reporting period

Denominator:

Number of women in child bearing age that were tested on STDs during the reporting period

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Prenatal database, STD/HIV Program, Medical Records, Log books, and Annual Reports.

SIGNIFICANCE

To give birth to healthy babies without complications related to STDs.

SP() # 2

PERFORMANCE MEASURE:

To reduce the maternal mortality rate

STATUS:

Active

GOAL

To reduce maternal deaths and to keep mothers healthy before and after the delivery.

DEFINITION

To calculate the maternal mortality rate per 1000 livebirths.

Numerator:

Number of maternal deaths occurring in the reporting period.

Denominator:

Number of live births in the reporting period.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

MICH HP2020-3

DATA SOURCES AND DATA ISSUES

Medical Records, Outer Islands Health Centers, and Vital Statistics Office.

SIGNIFICANCE

To improve maternal health.

SP() # 3

PERFORMANCE MEASURE:

To reduce the infant mortality rate

STATUS:

Active

GOAL

To reduce infant mortality rates

DEFINITION

To reduce infant death not related to congenital abnormalities.

Numerator:

Number of infant death during the reporting period

Denominator:

Number of live births during the reporting period

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

MICH HP2020-15

DATA SOURCES AND DATA ISSUES

Medical Records, Outer Islands Health Centers, and Vital Statistics Office.

SIGNIFICANCE

In reducing the infant mortality rate, it will define the increase of standard of living in the community.

SP() # _____ 4

PERFORMANCE MEASURE:

To increase the percentage of teenage (15-17 years old) acceptors of modern contraception

STATUS:

Active

GOAL

Increase the number of teen acceptors of modern contraception.

DEFINITION

The percentage of teen (15 to 17) acceptors of modern contraception.

Numerator:

Total number of teens (15 to 17) acceptors of modern contraception.

Denominator:

Total number of teens (15 to 17) in the population.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program and Family Planning

SIGNIFICANCE

The number of teenage pregnancies is high and increasing. Health education programs geared towards this age group has focused on providing information on the availability of family planning methods and the advantages of practicing safe sex and planned pregnancies.

SP() # 5

PERFORMANCE MEASURE:

To increase the percentage of mothers who breastfeed their newborns at 12 months after delivery.

STATUS:

Active

GOAL

To increase the percentage of mothers who breastfeed their newborns at 12 months after delivery.

DEFINITION

Percent of mothers in the State who breastfeed their newborns up to 12 months of age.

Numerator:

The number of mothers who still breastfeed their newborns up to 12 months of age in the reporting period

Denominator:

Number of 1 year old seen at Well Baby Clinic

Units: 100 Text: Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Maternity Ward, Health Promotion, Well Baby Clinic and MCH Program

SIGNIFICANCE

The advantage of breastfeeding are indisputable and include nutritional immunological and psychological benefits to both infant and mother, as well as economic benefits.

SP() # _____ 6

PERFORMANCE MEASURE:

To increase the percentage of mothers who receive nutrition counseling during prenatal care.

STATUS:

Active

GOAL

Increase to 90% mothers who receive nutrition and family planning counseling during prenatal care visits

DEFINITION

Calculate mothers who receive nutrition and family planning counseling during prenatal care visits

Numerator:

Total number of mothers who receive nutrition counseling during prenatal care visits.

Denominator:

Total number of mothers who attend prenatal care clinics.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program, Outpatient prenatal care visits, Medical Records

SIGNIFICANCE

Childhood malnutrition has been increasing in recent years. In addition, unplanned pregnancies have been increasingly reported. As a result, the MCH program has implemented a protocol in which mothers who attend prenatal clinics are given information and counseling on nutritin

SP() # _____ 7

PERFORMANCE MEASURE:

To increase the number of women who are screened for cervical cancer.

STATUS:

Active

GOAL

To increase the number of women who receives Pap smear screening so that those who need treatment and subsequent follow-up can be identified

DEFINITION

Data for women in child bearing age that receive pap smear screening for the reporting period.

Numerator:

The total number of women who receive Pap smear screening.

Denominator:

The total number of women who needs a Pap smear .

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program, Family Planning, Outpatient data, HMIS, Medical Records

SIGNIFICANCE

With the increasing number of reproductive cancers seen in women in the Marshall Islands, Pap smear screens provide the best method of identifying those women who may have the early signs of cancer. Early detection will go a long way to reducing the number of deaths due to reproductive cancers.

SP() # 9

PERFORMANCE MEASURE:

To decrease overweight and obese school children by 5% yearly.

STATUS:

Active

GOAL

BMI Monitoring in School will be available.

DEFINITION

The MCH Program will provide assistance to the NCD Program so they can include BMI monitoring in their school health activities from 2nd to 8th grader.

Numerator:

Number of school children that are overweight and obese during the school year.

Denominator:

Number of that participated in BMI screening during the school year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Ministry of Education, NCD Program, MCH Program, School Health.

SIGNIFICANCE

There is a problem with obesity in early age which is a priority.

SP() # _____ 10

PERFORMANCE MEASURE:

To improve accessibility to the MCH/CSHCN services for children 0-21 and their families.

STATUS:

Active

GOAL

To Improve accessibility to the MCH/CSHCN services for children 0-21 and their families. o Obj. 10.1 By October 2011, direct service care for children with special needs are provided to all CSHCN who may require care. o Obj. 10.2 By January 2012, the CSHCN Database will have been updated to show appropriate case load. o Obj. 10.3 By January 2012, a SLAITS-like survey will have been implemented to enable RMI MCH Program to respond to the NP on CSHCN.

DEFINITION

RMI Definition of CHSCN is any children under 21 years old who has abnormal condition that may hinder them living normally.

Numerator:

Number of enrolled CSHCN who received update care and service within the reporting period

Denominator:

Number of enrolled CSHCN during the reporting period.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program-CSHCN

SIGNIFICANCE

Provide proper health care to CSHCN.

SP() # _____ 11

PERFORMANCE MEASURE:

To increase the percentage of mothers who access prenatal care in the first trimester of pregnancy.

STATUS:

Active

GOAL

Increase the percentage of pregnant women who access prenatal care in the 1st trimester of pregnancy to 90%.

DEFINITION

To provide thorough prenatal care on the 1st trimester of pregnancy.

Numerator:

Nb. of pregnant women who attended prenatal care in the 1st trimester of pregnancy in the reporting period.

Denominator:

Total number of live births in the reporting period

Units: 100 Text: Percent

HEALTHY PEOPLE 2020 OBJECTIVE

DATA SOURCES AND DATA ISSUES

MCH Program

SIGNIFICANCE

The first prenatal visit is the most thorough. A complete medical history is taken, a physical examination is conducted, as well as certain tests and procedures are performed to assess the initial health of the mother and the embryo.

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: MH

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY #01

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

	2007	2008	Annual Indicator Data		2011
	2009	2010	2009	2010	2011
Annual Indicator	123.2	83.9	163.5	158.1	175.8
Numerator	94	65	131	127	141
Denominator	7,632	7,748	8,011	8,031	8,020

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Final

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	1,591	1,526	1,652	1,630	1,617

Check this box if you cannot report the numerator because

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

Yes Yes Yes

Is the Data Provisional or Final?

Final Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2011
Field Note:
 RMI don't have Medicaid. Denominator is population for less than 1 year old.
2. **Section Number:** Form17_Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2010
Field Note:
 RMI don't have Medicaid. Denominator is population for less than 1 year old.
3. **Section Number:** Form17_Health Systems Capacity Indicator #02
Field Name: HSC02
Row Name:
Column Name:
Year: 2009
Field Note:
 Not applicable to the RMI since RMI don't have Medicaid.

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>0.0</u>	<u>0.0</u>	<u>0.0</u>	<u>0.0</u>
Numerator	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Denominator	<u>1,591</u>	<u>1,526</u>	<u>1,652</u>	<u>1,630</u>	<u>1,617</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and			<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. <i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2011
Field Note:
 RMI don't have SCHIP. We have a local health insurance wherein it covers children less than one year. Denominator is population for less than 1 year old.

2. **Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2010
Field Note:
 RMI don't have SCHIP. Denominator is based on less than 1 year old population from EPSSO Population Estimate of April 2009.

3. **Section Number:** Form17_Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2009
Field Note:
 RMI don't have SCHIP. Denominator is based on less than 1 year old population from EPSSO Population Estimate of April 2009.

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.

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	<u>75.1</u>	<u>70.5</u>	<u>70.0</u>	<u>54.4</u>	<u>32.4</u>
Numerator	<u>1,188</u>	<u>1,076</u>	<u>1,001</u>	<u>729</u>	<u>477</u>
Denominator	<u>1,581</u>	<u>1,526</u>	<u>1,431</u>	<u>1,339</u>	<u>1,470</u>
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

None

HEALTH SYSTEMS CAPACITY #07A

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	0.0				0.0
Numerator	0				0
Denominator	29,900	29,816	20,930	29,721	29,823
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			Yes	Yes	Yes
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Final

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2011
Field Note:
 RMI don't have Medicaid Program.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2010
Field Note:
 RMI don't have Medicaid Program.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2009
Field Note:
 RMI don't have Medicaid Program.

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	7,000	6,005	5,880	5,866	5,889

Check this box if you cannot report the numerator because

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

Yes _____ Yes _____ Yes _____

Is the Data Provisional or Final?

Final

Final

Field Level Notes

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

RMI don't have Medicaid.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

RMI don't have Medicaid Program.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

RMI don't have Medicaid Program.

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	0.0
Numerator	0	0	0	0	0
Denominator	25,264	25,000	28,734	24,060	23,913

Check this box if you cannot report the numerator because

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

			Yes	Yes	Yes
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Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

RMI is not eligible.

2. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

RMI is not eligible.

3. Section Number: Form17_Health Systems Capacity Indicator #08

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

RMI is not eligible.

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

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	Matching data files	0	100	12
b) <i>Infant deaths per 1,000 live births</i>	2011	Matching data files	0	100	27.6
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Matching data files	0	100	34.3
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2011	Matching data files	0	100	93.1

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

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	2011	_____100_____
b) <i>Medicaid Children</i> (Age range _____ to _____) (Age range _____ to _____) (Age range _____ to _____)		_____ _____ _____
c) <i>Pregnant Women</i>	2011	_____100_____

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

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:
RMI don't have Medicaid.
2. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2013
Field Note:
RMI don't have Medicaid.
3. **Section Number:** Form18_Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
RMI don't have Medicaid.
4. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Infant
Row Name: Infants
Column Name:
Year: 2013
Field Note:
RMI don't have SCHIP
5. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2013
Field Note:
RMI don't have SCHIP
6. **Section Number:** Form18_Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2013
Field Note:
RMI don't have SCHIP
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:
RMI don't have Medicaid.
8. **Section Number:** Form18_Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2013
Field Note:
RMI don't have Medicaid.
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:
RMI don't have Medicaid.
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:
RMI don't have Medicaid.

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

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

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	2	Yes
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: MH

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

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

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

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Form19_Indicator 09A

Field Name: BAD

Row Name: Annual linkage of infant birth and infant death certificates

Column Name:

Year: 2013

Field Note:

The Office of Health Planning, Policy, and Statistics (OHPPS) in the Ministry of Health is responsible in processing the birth certificate, death certificate, and fetal death certificate. Two main hospitals (Majuro and Ebeye) and the 60 health centers submit draft certificates to the OHPPS. OHPPS finalizes it and submit it to Ministry of Internal Affairs for certification. Ministry of Internal Affairs release the certificates to the public.

We have challenges in timely data collection. There are circumstances that the submission of data from Ebeye Hospital and health centers in the Outer Islands are delayed. The staff of OHPPS visit Ebeye Hospital quarterly to gather data. Staff from Outer Islands Health Center office located in Majuro use radio to call the health centers for birth, death, and fetal death occurrence.

2. **Section Number:** Form19_Indicator 09A

Field Name: BAW

Row Name: Annual linkage of birth certificates and VMC eligibility files

Column Name:

Year: 2013

Field Note:

RMI don't have VMC.

3. **Section Number:** Form19_Indicator 09B

Field Name: YRBSS_09B

Row Name: Youth Risk Behavior Survey (YRBS)

Column Name:

Year: 2013

Field Note:

The Ministry of Education is the responsible agency for the YRBS.

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:

RMI don't have Medicaid.

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

Form Level Notes for Form 20

None

HEALTH STATUS INDICATOR #01A

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

	<u>Annual Indicator Data</u>				
	2007	2008	2009	2010	2011
Annual Indicator	12.9	13.8	14.1	13.5	12.2
Numerator	206	210	214	189	181
Denominator	1,591	1,526	1,517	1,396	1,478

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

There were 114,57 and 10 low birth weight for Majuro, Kwajalein, and Outer Islands respectively.

2. **Section Number:** Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

The % of live births less than 2,500 gms. is slightly increased in 2009 in contrast to 2008 which was 13.8. It is believed that it was due to life style concerning diet. People seemed to eat more imported foods from outside the country rather than eat our own local foods. The program has put more effort in coordination with the MOH health educators to provide more information thru media regarding nutrition in different kinds of foods/rih foods to eat. Young mother had also contributed to this VLBW babies that staff is been providing educational and information on Reproductive Health in the community.

HEALTH STATUS INDICATOR #01B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>12.8</u>	<u>13.0</u>	<u>13.6</u>	<u>13.3</u>	<u>11.7</u>
Numerator	<u>204</u>	<u>199</u>	<u>207</u>	<u>185</u>	<u>173</u>
Denominator	<u>1,591</u>	<u>1,526</u>	<u>1,517</u>	<u>1,386</u>	<u>1,478</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Low birth weight - singleton birth : Majuro - 106, Kwajalein - 57 and Outer Islands - 10.

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

Please, refer to HSI 01A Notes.

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>0.8</u>	<u>1.2</u>	<u>1.1</u>	<u>1.1</u>	<u>0.7</u>
Numerator	<u>12</u>	<u>18</u>	<u>17</u>	<u>15</u>	<u>10</u>
Denominator	<u>1,591</u>	<u>1,526</u>	<u>1,517</u>	<u>1,366</u>	<u>1,478</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Majuro - 5, Kwajalein - 4 and Outer Islands - 1.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

In 2009, % of live births and singleton births less than 1,500 gms. was slightly lower than 2008.

HEALTH STATUS INDICATOR #02B

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>0.7</u>	<u>0.9</u>	<u>1.0</u>	<u>1.1</u>	<u>0.5</u>
Numerator	<u>11</u>	<u>14</u>	<u>15</u>	<u>15</u>	<u>8</u>
Denominator	<u>1,591</u>	<u>1,526</u>	<u>1,517</u>	<u>1,386</u>	<u>1,478</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Majuro - 3, Kwajalein - 4, and Outer Islands - 1.

2. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2009

Field Note:

Refer to HSI # 02A Notes.

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	23.2	18.3	22.1	8.8	0.0
Numerator	5	4	5	2	0
Denominator	21,597	21,839	22,582	22,752	22,877

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Fom20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2010**Field Note:**

For 2010, there is 2 deaths due to unintentional injury. One infant died in the Outer Islands due to drowning. The other one died due to severe malnutrition and severe facial rat bites in Majuro.

2. **Section Number:** Fom20_Health Status Indicator #03A

Field Name: HSI03A**Row Name:****Column Name:****Year:** 2009**Field Note:**

In 2009, death rates (0-14) was slightly increased, it was believed that it was due children unattended by parents and steps have taken place in better coordination with our social workers.

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	18.5	9.2	8.9	0.0	0.0
Numerator	4	2	2	0	0
Denominator	21,597	21,839	22,582	22,752	22,877

Check this box if you cannot report the numerator because

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

Yes Yes Yes

Is the Data Provisional or Final?

Final Final

Field Level Notes

- 1. Section Number: Form20_Health Status Indicator #03B
- Field Name: HSI03B
- Row Name:
- Column Name:
- Year: 2009
- Field Note:
- Refer to HSI 04A Notes

HEALTH STATUS INDICATOR #03C

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	0.0	0.0	0.0	0.0	8.1
Numerator	0	0	0	0	1
Denominator	12,761	12,681	12,522	12,384	12,306

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.)

			Yes	Yes	Yes
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Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

There is 1 death due to MVA. He is a 20 year old from Majuro Atoll who suffered from severe head injury and hypovolemic shock because of motor vehicle accident.

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		
			2009	2010	2011
Annual Indicator	217.6	64.1	22.1	52.7	61.2
Numerator	47	14	5	12	14
Denominator	21,597	21,839	22,582	22,752	22,877

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

- Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

Non-fatal injury hospital discharge due to drowning, motor vehicle accident, rat bite and burn by hot substance.

- Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Non-fatal injury hospital discharge due to drowning, accidental poisoning by petroleum product, accident cause by electric current, motor vehicle accident, and burn.

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	23.2	13.7	17.7	4.4	21.9
Numerator	5	3	4	1	5
Denominator	21,597	21,839	22,582	22,752	22,877

Check this box if you cannot report the numerator because

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

Yes _____ Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

There are 5 non fatal injury due to MVA. Three are four years old, one is five years old and one is nine years old. All of them were discharged with improved condition.

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	15.7	15.8	16.0	8.1	0.0
Numerator	2	2	2	1	0
Denominator	12,762	12,681	12,522	12,384	12,306

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.)

Yes Yes Yes

Is the Data Provisional or Final?

Final

Final

Field Level Notes

- 1. **Section Number:** Form20_Health Status Indicator #04C
- Field Name:** HSI04C
- Row Name:**
- Column Name:**
- Year:** 2009
- Field Note:**
Please, refer to HSI #4A & B Notes.

HEALTH STATUS INDICATOR #05A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>2.8</u>	<u>5.8</u>	<u>4.7</u>	<u>24.1</u>	<u>18.8</u>
Numerator	<u>9</u>	<u>18</u>	<u>14</u>	<u>72</u>	<u>57</u>
Denominator	<u>3,189</u>	<u>3,083</u>	<u>3,008</u>	<u>2,966</u>	<u>3,025</u>

Check this box if you cannot report the numerator because

1. There are fewer than 5 events over the last year, and
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. Section Number: Fom20_Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2009

Field Note:

In 2009 for age groups 15-19, data has shown that the rate is lower than in 2008. The program has taken steps for better coordination and collaboration with Youth to Youth In Health Program, as well as with other Youth Groups, such as Churches, other government sectors. Ebeye Hospital in Kwajalein Atoll don't have Chlamydia testing in 2009.

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	2.4	4.6	7.6	18.9	21.0
Numerator	20	39	66	165	185
Denominator	8,405	8,559	8,665	8,711	8,805

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2011

Field Note:

in 2011, Majuro Public Health and Ebeye Public Health started the presumptive chlamydia treatment.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

The increased is due to more female seeking medical care.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

Rates of Chlamydia was found to be higher among 20-44 years old, this was believed to have something with individual behavior. The program has begun more coordination with Family Life Program to provide information to the population through Churches, Women's Organizations, and provide counseling in our regular clinics for both male and female.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

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	3,223	0	0	0	0	3,223	0	0
Children 1 through 4	6,403	0	0	0	0	6,403	0	0
Children 5 through 9	7,444	0	0	0	0	7,444	0	0
Children 10 through 14	7,413	0	0	0	0	7,413	0	0
Children 15 through 19	6,202	0	0	0	0	6,202	0	0
Children 20 through 24	6,103	0	0	0	0	6,103	0	0
Children 0 through 24	36,788	0	0	0	0	36,788	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	3,223	0	0
Children 1 through 4	6,403	0	0
Children 5 through 9	7,444	0	0
Children 10 through 14	7,413	0	0
Children 15 through 19	6,202	0	0
Children 20 through 24	6,103	0	0
Children 0 through 24	36,788	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

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	0	0	0	0	0	0	0	0
Women 15 through 17	85	0	0	0	0	83	2	0
Women 18 through 19	137	0	0	0	0	134	3	0
Women 20 through 34	1,132	2	0	0	11	1,100	19	0
Women 35 or older	133	0	0	0	0	132	1	0
Women of all ages	1,487	2	0	0	11	1,449	25	0

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

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	0	0	0
Women 15 through 17	85	0	0
Women 18 through 19	137	0	0
Women 20 through 34	1,131	1	0
Women 35 or older	133	0	0
Women of all ages	1,486	1	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

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

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

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	41	0	0	0	0	41	0	0
Children 1 through 4	9	0	0	0	0	9	0	0
Children 5 through 9	0	0	0	0	0	0	0	0
Children 10 through 14	3	0	0	0	0	3	0	0
Children 15 through 19	7	0	0	0	0	7	0	0
Children 20 through 24	9	1	0	0	1	7	0	0
Children 0 through 24	69	1	0	0	1	67	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	41	0	0
Children 1 through 4	9	0	0
Children 5 through 9	0	0	0
Children 10 through 14	3	0	0
Children 15 through 19	7	0	0
Children 20 through 24	9	0	0
Children 0 through 24	69	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

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	29,080	0	0	0	0	29,080	0	0	2011
Percent in household headed by single parent	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Number enrolled in Medicaid	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	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2011

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

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19	29,080	0	0	2011
Percent in household headed by single parent	0.0	0.0	0.0	2011
Percent in TANF (Grant) families	0.0	0.0	0.0	2011
Number enrolled in Medicaid	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	0.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	0.0	0.0	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

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

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	29,080
Living in urban areas	29,080
Living in rural areas	0
Living in frontier areas	0
Total - all children 0 through 19	29,080

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

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

Reporting Year: 2010 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Total Population	54,998
Percent Below: 50% of poverty	2
100% of poverty	56
200% of poverty	70

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MH

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: 2010 Is this data from a State Projection? Yes Is this data final or provisional? Provisional

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	29,080
Percent Below: 50% of poverty	2
100% of poverty	56
200% of poverty	70

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_Children
Row Name: All children 0 through 19
Column Name:
Year: 2013
Field Note:
RMI Census was conducted in 2011. Economic Planning, Policy and Statistics Office hasn't released the final census report. We are still using the estimated population that they released in 2009.
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
RMI don't have TANF.
3. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
RMI don't have Medicaid.
4. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
RMI don't have SCHIP.
5. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2013
Field Note:
RMI don't have food stamp program.
6. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2013
Field Note:
RMI don't have WIC Program.
7. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2013
Field Note:
RMI don't have Medicaid.
8. **Section Number:** Form21_Indicator 09B
Field Name: HSIethnicity_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2013
Field Note:
RMI don't have SCHIP.
9. **Section Number:** Form21_Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2013
Field Note:
RMI Census was conducted in 2011. Economic Planning, Policy and Statistics Office hasn't released the final census report. We are still using the estimated population that they released in 2009. The estimated population don't have presentation per geographic living area.
10. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2013
Field Note:
RMI don't have foster home care. But over 4 in 10 Marshallese households included one or more children who were staying with neither their natural father nor their natural mother. There was a higher percentage of households with foster children in rural areas than in urban areas (50 percent and 44 percent respectively). This data came from Demographic Health Survey 2007/