

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

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

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

\$ 469,747

Of the Federal Allocation (1 above), the amount earmarked for:

A. Preventive and primary care for children:

\$ 152,163 (32.39 %)

B. Children with special health care needs:

\$ 155,296 (33.06 %)

(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:

\$ 42,252 (8.99 %)

(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)

\$ 425,761

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)

\$ 425,761

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

\$ 395,500

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

\$ 895,508

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

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS:	\$	<u>0</u>
b. SSDI:	\$	<u>14,197</u>
c. CISS:	\$	<u>0</u>
d. Abstinence Education:	\$	<u>0</u>
e. Healthy Start:	\$	<u>0</u>
f. EMSC:	\$	<u>0</u>
g. WIC:	\$	<u>0</u>
h. AIDS:	\$	<u>0</u>
i. CDC:	\$	<u>0</u>
j. Education:	\$	<u>0</u>
k. Home Visiting:	\$	<u>200,000</u>
l. Other:		

ECCS	\$	<u>22,500</u>
EHD/UNHS	\$	<u>55,546</u>

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

\$ 292,243

11. STATE MCH BUDGET TOTAL

\$ 1,187,751

(Partnership subtotal + Other Federal MCH Funds subtotal)

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Form2_Main
Field Name: Education
Row Name: Other Federal Funds - Education
Column Name:
Year: 2013
Field Note:
The figures entered under the j. Education line item should have been entered under k. Home Visiting.

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 477,461	\$ 429,149	\$ 477,461	\$ 391,518	\$ 477,986	\$ 440,077
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form2)</i>	\$ 835,557	\$ 835,557	\$ 448,253	\$ 367,567	\$ 965,706	\$ 889,126
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>	\$ 418,968	\$ 418,968	\$ 316,175	\$ 259,264	\$ 191,334	\$ 176,161
7. Subtotal	\$ 1,731,986	\$ 1,683,674	\$ 1,241,889	\$ 1,018,349	\$ 1,635,026	\$ 1,505,364
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 3,767,998	\$ 3,767,998	\$ 4,775,433	\$ 3,915,855	\$ 27,200	\$ 25,043
9. Total <i>(Line11, Form2)</i>	\$ 5,499,984	\$ 5,451,672	\$ 6,017,322	\$ 4,934,204	\$ 1,662,226	\$ 1,530,407
(STATE MCH BUDGET TOTAL)						

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form2)</i>	\$ 470,757	\$ 376,606	\$ 469,747	\$ _____	\$ 469,747	\$ _____
2. Unobligated Balance <i>(Line2, Form2)</i>	\$ 0	\$ 0	\$ 0	\$ _____	\$ 0	\$ _____
3. State Funds <i>(Line3, Form2)</i>	\$ 395,500	\$ 395,500	\$ 395,500	\$ _____	\$ 425,761	\$ _____
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	\$ 866,257	\$ 772,106	\$ 865,247	\$ 0	\$ 895,508	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form2)</i>	\$ 518,644	\$ 518,644	\$ 286,476	\$ _____	\$ 292,243	\$ _____
9. Total <i>(Line11, Form2)</i>	\$ 1,384,901	\$ 1,290,750	\$ 1,151,723	\$ 0	\$ 1,187,751	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Form3_Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2011
Field Note:
Please see attachment

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

	FY 2008		FY 2009		FY 2010	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 17,642	\$ 15,878	\$ 61,405	\$ 50,352	\$ 61,404	\$ 56,535
b. Infants < 1 year old	\$ 17,641	\$ 15,878	\$ 61,405	\$ 50,352	\$ 61,404	\$ 56,535
c. Children 1 to 22 years old	\$ 157,825	\$ 142,043	\$ 153,480	\$ 125,854	\$ 153,480	\$ 141,309
d. Children with Special Healthcare Needs	\$ 146,117	\$ 131,505	\$ 158,765	\$ 130,187	\$ 158,245	\$ 145,696
e. Others	\$ 1,350,355	\$ 1,340,205	\$ 764,428	\$ 626,831	\$ 1,157,040	\$ 1,065,199
f. Administration	\$ 42,406	\$ 38,165	\$ 42,406	\$ 34,773	\$ 43,453	\$ 40,090
g. SUBTOTAL	\$ 1,731,986	\$ 1,683,674	\$ 1,241,889	\$ 1,018,349	\$ 1,635,026	\$ 1,505,364
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	\$ 94,644		\$ 94,644		\$ 10,000	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 1,344,745		\$ 0	
h. AIDS	\$ 351,769		\$ 345,366		\$ 1,500	
i. CDC	\$ 2,498,317		\$ 2,816,096		\$ 1,700	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 0	
l. Other						
HRSA-ECCS; CDC-ehdi	\$ 0		\$ 0		\$ 12,000	
Region IX - FP	\$ 0		\$ 0		\$ 2,000	
OPA Title X FP	\$ 174,582		\$ 174,582		\$ 0	
SAMHSA/HRSA	\$ 648,686		\$ 0		\$ 0	
III. SUBTOTAL	\$ 3,767,988		\$ 4,775,433		\$ 27,200	

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

	FY 2011		FY 2012		FY 2013	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 21,657	\$ 21,657	\$ 23,823	\$	\$ 26,865	\$
b. Infants < 1 year old	\$ 21,656	\$ 21,656	\$ 23,823	\$	\$ 26,865	\$
c. Children 1 to 22 years old	\$ 285,865	\$ 242,986	\$ 282,701	\$	\$ 286,563	\$
d. Children with Special Healthcare Needs	\$ 294,527	\$ 250,348	\$ 295,651	\$	\$ 295,518	\$
e. Others	\$ 164,589	\$ 164,589	\$ 160,590	\$	\$ 179,102	\$
f. Administration	\$ 77,963	\$ 70,870	\$ 78,659	\$	\$ 80,595	\$
g. SUBTOTAL	\$ 866,257	\$ 772,106	\$ 865,247	\$ 0	\$ 885,508	\$ 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	\$ 94,644		\$ 9,371		\$ 14,197	
c. CISS	\$ 0		\$ 0		\$ 0	
d. Abstinence Education	\$ 0		\$ 0		\$ 0	
e. Healthy Start	\$ 0		\$ 0		\$ 0	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Home Visiting	\$ 0		\$ 0		\$ 200,000	
l. Other						
ECCS	\$ 0		\$ 0		\$ 22,500	
EHDI/UNHS	\$ 0		\$ 87,505		\$ 55,546	
ECCS/Home Visiting	\$ 0		\$ 189,600		\$ 0	
CDC-EHDI	\$ 142,000		\$ 0		\$ 0	
HRSA-UNHS/ECCS	\$ 262,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 518,644		\$ 286,476		\$ 292,243	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2011
Field Note:
Expenditure on line item is 85% from the budgeted total. For further details, see budget narrative.
2. **Section Number:** Form4_I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2011
Field Note:
Expenditures on this line item is 85% from the budgeted total. For further details, see budget narrative.

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: MP

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.)	\$ 1,298,990	\$ 1,200,313	\$ 931,417	\$ 763,762	\$ 1,226,270	\$ 1,129,027
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.)	\$ 103,919	\$ 124,749	\$ 74,513	\$ 61,100	\$ 98,102	\$ 90,323
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 225,158	\$ 233,864	\$ 161,446	\$ 132,386	\$ 212,553	\$ 195,698
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.)	\$ 103,919	\$ 124,748	\$ 74,513	\$ 61,101	\$ 98,101	\$ 90,316
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 1,731,986	\$ 1,683,674	\$ 1,241,889	\$ 1,018,349	\$ 1,635,026	\$ 1,505,364

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: MP

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.)	\$ 649,693	\$ 555,542	\$ 648,935	\$	\$ 671,631	\$
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.)	\$ 51,976	\$ 51,976	\$ 51,915	\$	\$ 53,730	\$
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 112,613	\$ 112,613	\$ 112,482	\$	\$ 116,416	\$
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.)	\$ 51,975	\$ 51,975	\$ 51,915	\$	\$ 53,731	\$
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.)	\$ 866,257	\$ 772,106	\$ 865,247	\$ 0	\$ 895,508	\$ 0

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Form5_Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2011
Field Note:
Expended 91% of the total budget line item.

FORM 6

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

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

STATE: MP

Total Births by Occurrence: 1,033

Reporting Year: 2011

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%			No.	%
Phenylketonuria	0	0	0	0	0	
Congenital Hypothyroidism	0	0	0	0	0	
Galactosemia	0	0	0	0	0	
Sickle Cell Disease	0	0	0	0	0	
Other Screening (Specify)						
Hearing Screening	1,013	98.1	9	1	1	100
Screening Programs for Older Children & Women (Specify Tests by name)						
(1) Use occurrent births as denominator.						
(2) Report only those from resident births.						
(3) Use number of confirmed cases as denominator.						

FORM NOTES FOR FORM 6

The then Department of Public Health was not sending payment to the Oregon Public Health Laboratory and thus they stopped providing the service. With the lead of the medical director, we have been working on strategies to provide the service. There were no babies screened in 2011.

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:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
2. **Section Number:** Form6_Main
Field Name: Congenital_OneScreenNo
Row Name: Congenital
Column Name: Receiving at least one screen
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
3. **Section Number:** Form6_Main
Field Name: Galactosemia_OneScreenNo
Row Name: Galactosemia
Column Name: Receiving at least one screen
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
4. **Section Number:** Form6_Main
Field Name: SickleCellDisease_OneScreenNo
Row Name: SickleCellDisease
Column Name: Receiving at least one screen
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
5. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
6. **Section Number:** Form6_Main
Field Name: Congenital_Presumptive
Row Name: Congenital
Column Name: Presumptive positive screens
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
7. **Section Number:** Form6_Main
Field Name: Galactosemia_Presumptive
Row Name: Galactosemia
Column Name: Presumptive positive screens
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
8. **Section Number:** Form6_Main
Field Name: SickleCellDisease_Presumptive
Row Name: SickleCellDisease
Column Name: Presumptive positive screens
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
9. **Section Number:** Form6_Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
10. **Section Number:** Form6_Main
Field Name: Congenital_Confirmed
Row Name: Congenital
Column Name: Confirmed Cases
Year: 2013
Field Note:
There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.
11. **Section Number:** Form6_Main
Field Name: Galactosemia_Confirmed
Row Name: Galactosemia
Column Name: Confirmed Cases
Year: 2013
Field Note:

There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.

12. Section Number: Form6_Main

Field Name: SickleCellDisease_Confirmed

Row Name: SickleCellDisease

Column Name: Confirmed Cases

Year: 2013

Field Note:

There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.

13. Section Number: Form6_Main

Field Name: Phenylketonuria_TreatmentNo

Row Name: Phenylketonuria

Column Name: Needing treatment that received treatment

Year: 2013

Field Note:

There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.

14. Section Number: Form6_Main

Field Name: Congenital_TreatmentNo

Row Name: Congenital

Column Name: Needing treatment that received treatment

Year: 2013

Field Note:

There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.

15. Section Number: Form6_Main

Field Name: Galactosemia_TreatmentNo

Row Name: Galactosemia

Column Name: Needing treatment that received treatment

Year: 2013

Field Note:

There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.

16. Section Number: Form6_Main

Field Name: SickleCellDisease_TreatmentNo

Row Name: SickleCellDisease

Column Name: Needing treatment that received treatment

Year: 2013

Field Note:

There was no metabolic screening done in 2011. There is one private lab on Saipan but it does not perform this service. We are working on solutions to this problem.

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: MP

Number of Individuals Served - Historical Data by Annual Report Year					
Types of Individuals Served	2006	2007	2008	2009	2010
Pregnant Women	1,233	1,596	863	348	386
Infants < 1 year old	2,152	3,202	2,037	1,966	1,734
Children 1 to 22 years old	12,955	17,940	18,008	21,864	12,410
Children with Special Healthcare Needs	126	219	161	518	590
Others	14,324	32,948	13,702	14,046	14,539
Total	30,790	55,905	34,771	38,742	29,659

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	197	38.0	0.0	22.0	39.0	1.0
Infants < 1 year old	1,073	2.0	0.0	18.0	79.0	1.0
Children 1 to 22 years old	12,100	0.0	0.0	7.0	92.0	1.0
Children with Special Healthcare Needs	146	98.0	0.0	1.0	1.0	0.0
Others	21,998	67.0	0.0	3.0	30.0	0.0
TOTAL	35,514					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

None

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

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	1,033	6	2	0	539	414	71	1
Title V Served	1,033	6	2	0	539	414	71	1
Eligible for Title XIX	1,033	6	2	0	539	414	71	1
INFANTS								
Total Infants in State	1,073	4	1	6	569	492	0	1
Title V Served	1,073	4	1	6	569	492	0	1
Eligible for Title XIX	1,073	4	1	6	569	492	0	1

II. UNDUPLICATED COUNT BY ETHNICITY

	HISPANIC OR LATINO (Sub-categories by country or area of origin)							
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	1,033	0	0	0	0	0	0	0
Title V Served	1,033	0	0	0	0	0	0	0
Eligible for Title XIX	1,033	0	0	0	0	0	0	0
INFANTS								
Total Infants in State	1,073	0	0	0	0	0	0	0
Title V Served	1,073	0	0	0	0	0	0	0
Eligible for Title XIX	1,073	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: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2013
Field Note:
Data derived from RPMS.

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

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number			670-236-8703		
2. State MCH Toll-Free "Hotline" Name			Division of Public Health		
3. Name of Contact Person for State MCH "Hotline"			Ms. April Camacho		
4. Contact Person's Telephone Number			670-236-8703		
5. Contact Person's Email			dphsec1@gmail.com		
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: MP

	FY 2013	FY 2012	FY 2011	FY 2010	FY 2009
1. State MCH Toll-Free "Hotline" Telephone Number	670-236-8745	670-237-8745	670-664-4850/51	670-664-4850/51	670-664-4850/51
2. State MCH Toll-Free "Hotline" Name	Division of Public Health	Division of Public Health Hotline	Southern Community Wellness Center	Southern Community Wellness Center	Southern Community Wellness Center
3. Name of Contact Person for State MCH "Hotline"	Ms. Mel Rogolifoi	Ms. Mel Rogolifoi	Ms. Mel Rogolifoi	Ms. Mel Rogolifoi	Ms. Cindy Rodeo
4. Contact Person's Telephone Number	670-236-8745	670-236-8745	670-664-4850	670-664-4850	670-664-4850
5. Contact Person's Email	melrogo@yahoo.com	melrogo@yahoo.com	melrogo@yahoo.com	melrogo@yahoo.com	
6. Number of calls received on the State MCH "Hotline" this reporting period	0	0	60	88	208

FORM NOTES FOR FORM 9

Again, there are direct lines to all clinics and programs at the Corporation. The calls counted are ones that needed additional information or referrals to other partner programs. Brochures with contact information are available at the Division, Hospital and at offices of partners such as Medicaid, Head Start, Child Care Program, etc. Contact information is also listed in the CNMI-wide service directory.

FIELD LEVEL NOTES

1. **Section Number:** Form9_Main

Field Name: hname_2

Row Name: State MCH toll-free hotline name

Column Name: FY

Year: 2011

Field Note:

This is DPH community-based clinic.

2. **Section Number:** Form9_Main

Field Name: calls_2

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

Column Name: FY

Year: 2011

Field Note:

These calls are normally for referrals or additional information about service, provider, etc.

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

1. State MCH Administration:
(max 2500 characters)

The Maternal and Child Health Program is under the Division of Public Health, Commonwealth Healthcare Corporation. The Division administers all preventive programs including MCH, Home Visiting, Immunization, Family Planning, EIS/CSHCN.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 469,747
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 425,761
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)	\$ 895,508

9. Most significant providers receiving MCH funds

	Women's Clinic, including Rota and Tinian
	Children's Clinic, including Rota and Tinian
	Early Intervention Services/CSHCN
	Dental Unit

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

a. Pregnant Women	197
b. Infants < 1 year old	1,073
c. Children 1 to 22 years old	12,100
d. CSHCN	146
e. Others	21,998

11. Statewide Initiatives and Partnerships

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

Loaner Program: Equipment is loaned out to pregnant women with diabetes or gestational diabetes and hypertension to monitor their levels. Shriners Clinic: Coordination of services to children with orthopedic conditions

b. Population-Based Services
(max 2500 characters)

Triple Treat Class: Prenatal classes that addresses breastfeeding, nutrition, etc. School Dental Program: oral health education, oral examination, and fluoride varnish application provided to students enrolled in 1st, 5th, and 6th grades. Eligibility Assistance: Provided to EIS and CSHCN

c. Infrastructure Building Services
(max 2500 characters)

Training: include Perinatal Continuing Education Program, Data Infrastructure: Procure tablets for Labor and Deliver Nurses to electronically fill out birth certificate form New Grant: Submitted HRSA Oral Health Grant to States to Support Workforce Activities

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 Margarita Torres Aldan
 Title MCH Program Coordinator
 Address P.O. Box 500409
 City Saipan
 State MP
 Zip 96950
 Phone 670-236-8710
 Fax 670-236-8700
 Email mtaldan@gmail.com
 Web _____

Name Shiella Perez
 Title EHDI Follow-up Coordinator
 Address P.O. Box 500409
 City Saipan
 State MP
 Zip 96950
 Phone 670-236-8715
 Fax 670-236-8700
 Email shiella.perez@gmail.com
 Web _____

Name Sharleen Crisostimo
 Title Teen Talk Group Coordinator
 Address P.O. Box 500409
 City Saipan
 State MP
 Zip 96950
 Phone 670-287-4557
 Fax 670-236-8700
 Email crisostimo@gmail.com
 Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

1. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund1
Row Name:
Column Name:
Year: 2013
Field Note:
These include training, travel, supplies, equipment, educational materials, outreach activities, and awareness campaigns.
2. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund2
Row Name:
Column Name:
Year: 2013
Field Note:
Again, funds were used for training, supplies, educational materials, awareness campaigns, and equipment.
3. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund3
Row Name:
Column Name:
Year: 2013
Field Note:
Funds were used for child find and public awareness, educational materials, training, travel, transportation, and equipment.
4. **Section Number:** Form10_Most significant providers receiving MCH funds
Field Name: ProviderFund4
Row Name:
Column Name:
Year: 2013
Field Note:
Funds were used for awareness and outreach activities, sealant applications, and training.

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

Form Level Notes for Form 11

The increase in rate is because: 1. Immunization Program identified all babies that have moved off-island 2. Immunization walk-in clinic open Monday - Friday including lunch hour 3. Aggressive media campaign

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	97	98.5	98.5	100	100
Annual Indicator	0.0	100.0	100.0	100.0	100.0
Numerator	0	1	2	1	1
Denominator	1,385	1	2	1	1
Data Source		Lab	Lab	Lab and Metabolic Screening Database	Metabolic Screening Registry
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and			Yes	Yes	Yes
2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
<i>(Explain data in a year note. See Guidance, Appendix IX.)</i>					
Is the Data Provisional or Final?				Final	Final

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

Field Level Notes

1. Section Number: Fom11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2011

Field Note:

Please note that due to lack of budget the lab we were working in suspended the service until payment is received. We are looking at strategies to bring back this service. There were no newborn screening conducted in 2011. The only other private lab does not perform this service.

2. Section Number: Fom11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2010

Field Note:

There were 954 babies that receive screening for 7 disorders. This accounts for 89% of live births. We have 1 confirmed case (anemia). in 2010.

3. Section Number: Fom11_Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2009

Field Note:

There were 2 positive metabolic screening for GALT and Hemoglobin, both received treatment. Need to verify kind of treatment.

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>87</u>	<u>88</u>	<u>88</u>	<u>88</u>	<u>59</u>
Annual Indicator	<u>87.0</u>	<u>87.0</u>	<u>59.0</u>	<u>59.0</u>	<u>59.0</u>
Numerator	<u>147</u>	<u>147</u>	<u>79</u>	<u>79</u>	<u>79</u>
Denominator	<u>169</u>	<u>169</u>	<u>134</u>	<u>134</u>	<u>134</u>
Data Source		CSHCN survey	CSHCN survey	CSHCN survey	CSHCN 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	<u>59</u>	<u>59</u>	<u>60</u>	<u>60</u>	<u>60</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2011
Field Note:
 In the 2010-2011 Family Survey conducted by the Early Intervention Services Program 92% of participants said they know their rights and 93% said they effectively communicate their children's needs.
 We are in the process of printing the 2012 survey. We will be conducting it from September to December 2012. We will report survey results next year.
- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2010
Field Note:
 We plan to conduct the survey every 3 years which will be in 2012 so we will be using same data at past 2 years. In the 2009-2010 Family Survey conducted by the Early Intervention Services Program 94% of participants said they know their rights and 93% said they effectively communicate their children's needs.
- Section Number:** Form11_Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2009
Field Note:
 CSHN Survey 2009
 175 were respondents
 134 were qualified

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	69	69	70	70	26.9
Annual Indicator	68.0	68.0	26.9	26.9	26.9
Numerator	115	115	36	36	36
Denominator	169	169	134	134	134
Data Source		CSHCN survey	CSHCN survey	CSHCN survey	CSHCN 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

	2012	2013	2014	2015	2016
Annual Performance Objective	26.9	27	27	27	27
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

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

Field Name: PM03

Row Name:

Column Name:

Year: 2011

Field Note:

We will be conducting the 2012 survey from September to December.

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

Field Name: PM03

Row Name:

Column Name:

Year: 2009

Field Note:

53 within medical home. 36 received coordinated, ongoing, comprehensive care.

PERFORMANCE MEASURE # 04

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	69	70	70	70	59
Annual Indicator	68.6	68.6	59.0	59.0	59.0
Numerator	116	116	79	79	79
Denominator	169	169	134	134	134
Data Source		CSHCN survey	CSHCN survey	CSHCN survey	CSHCN 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	59	59	60	60	60
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2011

Field Note:

We reviewed insurance status of children enrolled in EIS and 89% of all children are Medicaid enrollees. In addition out of 96 records we reviewed for the Shriners Clinic, 73% are Medicaid enrollees. There are no uninsured in EIS and 11 of the 96 records we reviewed for Shriners Clinic are uninsured. We included again the question of "Does your child's health insurance pay for off-island costs?" on the 2012 CSCHN survey

2. Section Number: Form11_Performance Measure #4

Field Name: PM04

Row Name:

Column Name:

Year: 2009

Field Note:

134 respondents

112 were qualified

79 have adequate insurance to pay services they need

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	45	46	46	46	52.2
Annual Indicator	43.2	43.2	52.2	52.2	52.2
Numerator	73	73	70	70	70
Denominator	169	169	134	134	134
Data Source		CSHCN survey	CSHCN survey	CSHCN survey	CSHCN 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	52.2	53	53	55	55
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2011

Field Note:

From the EIS Family survey, 74% has written comments regarding their positive experiences with the EIS Program – “The staff are very accommodating to our child’s and family needs. They are patient with our child and has helped him move forward on his language delay”; “They help us understand our child’s medical needs”; and “Some positive experience my family has had with the early intervention service are social emotional need/ ways to meet children’s needs, to feel safe and secure, to feel worthy and loyal, to feel acknowledged

2. **Section Number:** Form11_Performance Measure #5

Field Name: PM05

Row Name:

Column Name:

Year: 2009

Field Note:

134 respondents

50 reported community based service are organized

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	<u>7</u>	<u>7</u>	<u>8</u>	<u>8</u>	<u>6.7</u>
Annual Indicator	<u>5.9</u>	<u>5.9</u>	<u>6.7</u>	<u>6.7</u>	<u>6.7</u>
Numerator	<u>10</u>	<u>10</u>	<u>9</u>	<u>9</u>	<u>9</u>
Denominator	<u>169</u>	<u>169</u>	<u>134</u>	<u>134</u>	<u>134</u>
Data Source		CSHCN survey	CSHCN survey	CSHCN survey	CSHCN 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	<u>6.7</u>	<u>7</u>	<u>7</u>	<u>8</u>	<u>8</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

1. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2011

Field Note:

We again include the question "Does your child's health care provider discussed transition from pediatrician to adult provider?" in the 2012 CSHCN survey we will be conducting.

2. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2010

Field Note:

One survey question was asking if child health care provider has discussed the move to adult provider and all 9 participants that have YSHCN said no. One of our activities is to work with providers to create a written transition health care plan.

We have plans to conduct another survey in the last part of 2012 so our numbers will next year will still be the same.

3. Section Number: Form11_Performance Measure #6

Field Name: PM06

Row Name:

Column Name:

Year: 2009

Field Note:

131 respondents

9 received services to make transitions to aspects of adult life

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>75</u>	<u>88</u>	<u>88.5</u>	<u>88.5</u>	<u>77</u>
Annual Indicator	<u>76.9</u>	<u>77.1</u>	<u>86.8</u>	<u>77.0</u>	<u>87.2</u>
Numerator	<u>1,109</u>	<u>1,125</u>	<u>1,386</u>	<u>1,091</u>	<u>1,306</u>
Denominator	<u>1,442</u>	<u>1,459</u>	<u>1,596</u>	<u>1,417</u>	<u>1,488</u>

Data Source	Immunization Registry	Immunization Registry	Immunization Registry	Immunization Registry
-------------	-----------------------	-----------------------	-----------------------	-----------------------

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

Field Level Notes

- Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2011

Field Note:

The Immunization walk-in clinic is open Monday to Friday including lunch hours.

- Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2010

Field Note:

The reduction in hours contributes to the decrease in numbers. The Immunization Program has increased their awareness campaign and started providing gas vouchers as incentives for parents to bring in their children for immunization. They have plans to bring the services out to the villages.

- Section Number: Form11_Performance Measure #7

Field Name: PM07

Row Name:

Column Name:

Year: 2009

Field Note:

1386 children aged 19-35 months completed Immunization screening in 2009.

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	30	26.5	26.5	26.5	29
Annual Indicator	21.5	20.3	22.2	37.5	27.1
Numerator	33	32	35	45	29
Denominator	1,533	1,573	1,577	1,200	1,069
Data Source		live birth certificates	Live Birth Certificates	Birth Certificate Database	Birth Certificate Database
Check this box if you cannot report the numerator because					
1. There are fewer than 5 events over the last year, and					
2. The average number of events over the last 3 years is fewer than 5					
and therefore a 3-year moving average cannot be applied.					
(Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

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

Field Level Notes

1. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2011

Field Note:

Source of denominator data is from the US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year.

2. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2010

Field Note:

We modified our future objectives as we continue with our work with our partners to decrease the rate of teen births overall. The denominator source is from the 1999 SPC Pop Est. All 2010 and 2011 population data adjusted to estimates based on the current 2010 Census data.

3. Section Number: Form11_Performance Measure #8

Field Name: PM08

Row Name:

Column Name:

Year: 2009

Field Note:

35 total teens aged 15-17 years delivered in 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	60	66	67	79	87.6
Annual Indicator	65.9	90.7	78.5	87.6	90.0
Numerator	1,907	691	2,099	1,943	2,114
Denominator	2,892	762	2,673	2,217	2,349
Data Source		Dental program	Dental Program	School Dental Program	School 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?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	90	90	90	92	92
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:

Please note that these are students enrolled in 1st, 5th, and 6 grades. For school year 2010-2011 only public elementary school students participated in the program. Head Start also participated but is not include in the reporting.

2. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2010

Field Note:

Please note that these are students enrolled in 1st, 5th, and 6 grades. For school year 2010-2011 only public elementary school students participated in the program. Head Start also participated but is not include in the reporting.

3. Section Number: Form11_Performance Measure #9

Field Name: PM09

Row Name:

Column Name:

Year: 2009

Field Note:

Of the 2,673 (1st, 5th, and 6th grade) enrollees, 2,099 received protective sealant in 2009. 1st graders data is pending and will be subsequent data submission.

PERFORMANCE MEASURE # 10

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

	2007	2008	2009	2010	2011
Annual Performance Objective	6	0	10	10	0
Annual Indicator	0.0	6.1	6.2	0.0	0.0
Numerator	0	1	1	0	0
Denominator	16,443	16,372	16,244	13,946	13,555
Data Source		Death certificates	Death certificates	Death certificates	Death certificates

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Yes Yes Yes

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 #10
Field Name: PM10
Row Name:
Column Name:
Year: 2011
Field Note:
 There was no child death caused by motor vehicle crashes in 2011. Denominator source data is from the US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2010
Field Note:
 There was no child death caused by motor vehicle crashes in 2010. A 3 year moving average would still be less than 5. Denominator source is from the 1999 SPC Pop Est. All 2010 and 2011 population data adjusted to estimates based on the current 2010 Census data.
- Section Number:** Form11_Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2009
Field Note:
 Only 1 motor vehicle fatality in 2009 for 14 yrs and below.

PERFORMANCE MEASURE # 11

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	80	80	33	37	25.5
Annual Indicator	35.0	19.4	36.9	25.1	51.6
Numerator	485	245	527	252	464
Denominator	1,385	1,266	1,427	1,003	899
Data Source		WIC program	WIC program	WIC program	WIC 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	52	52	53	53	54
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2011
Field Note:
 The data is only WIC participants. There were 899 mothers with 6 month old babies enrolled in WIC in 2011.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2010
Field Note:
 The data is only WIC participants. There were 1003 mothers with 6 month old babies enrolled in WIC.
- Section Number:** Form11_Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2009
Field Note:
 In 2009, 1,427 number of mothers served under WIC program and 527 infants were breastfed at 6 months of age. 154 never breastfed. The implementation of the WIC Program data system has allowed for the program to provided more accurate counts and also the establishment of the clinic for 2 years now has enabled partners to refer to the WIC Program thus the increase in the numerator.

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	100	99	99	99	98
Annual Indicator	97.7	98.3	98.7	97.9	98.1
Numerator	1,353	1,244	1,096	1,049	1,013
Denominator	1,385	1,266	1,110	1,072	1,033
Data Source		EHDI	EHDI	EHDI Surveillance System	EHDI Surveillance System
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	98.5	98.5	98.5	99	99
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2011
Field Note:
 The babies that were not screened had other immediate medical needs, were sent off-island for care, or born to tourist mothers.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2010
Field Note:
 The 26 babies that were not screened were either because parents refused (a waiver form was signed) or they had other urgent medical needs. In 2009 CDC data showed that over 97% of newborns were screened for hearing loss in the U.S. Please note that we have reduced our percent on loss to follow up from 15.63% in 2009 to 5.33% in 2010.
- Section Number:** Form11_Performance Measure #12
Field Name: PM12
Row Name:
Column Name:
Year: 2009
Field Note:
 In 2009, 1096 of newborn had hearing screening before hospital discharge. Early Hearing Detection and Intervention surveillance system provided us with the data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	44	43	60	60	80
Annual Indicator	50.7	61.7	61.0	80.0	68.4
Numerator	9,961	12,155	12,000	12,894	10,959
Denominator	19,636	19,707	19,657	16,115	16,024
Data Source		RPMS	RPMS	RPMS	RPMS

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	68.4	68.4	68.4	68	68
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2011
Field Note:
 Source of denominator data is from the US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2010
Field Note:
 Data is collected through the RPMS and denominator source is the 1999 SPC Pop Est. All 2010 and 2011 population data adjusted to estimates based on the current 2010 Census data.
- Section Number:** Form11_Performance Measure #13
Field Name: PM13
Row Name:
Column Name:
Year: 2009
Field Note:
 12000 children without health insurance including 101 visitors derived from RPMS.

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	50	50	30	35	22
Annual Indicator	0.0	25.9	34.8	22.6	23.3
Numerator	1	308	984	1,041	1,084
Denominator	5,220	1,188	2,824	4,602	4,645
Data Source		WIC program	WIC program	WIC Program	WIC 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	23	23	23	22	22
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2011
Field Note:
 The WIC Program has been a key partner in our work to decreasing childhood obesity. The increase in WIC participants is attributed to reduction of working hours, unemployment, high cost of utility and fuel, etc.
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2010
Field Note:
 The WIC Program has been a key partner in our work to decreasing childhood obesity. The increase in WIC participants is attributed to reduction of working hours, unemployment, high cost of utility and fuel, etc. Please note that we modified our future objectives as we want to reduce our percentage of children, ages 2 to 5 years, with a BMI at or above the 85th percentile (WIC Program clients)
- Section Number:** Form11_Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2009
Field Note:
 There were 2,824 total children under WIC program. A total of 984 children at or above the 85th percentile BMI and 2,270 children below the 85th percentile BMI.

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	1	60	20	5	1
Annual Indicator	100.0	6.1	5.0	1.1	1.4
Numerator	1	76	55	12	14
Denominator	1	1,255	1,107	1,072	1,033
Data Source		Birth Certificates	Birth Certificates	Birth Certificates	Chart Review

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.4	1.4	1.4	1	1
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2011
Field Note:
 Again, this information is not being completed on the birth certificate forms. We are working with Mgr of Vital Statistics Office and Nursing Director on making sure that this information is completed. We conducted a 106 chart reviews of mothers that gave birth last year and found 14 said yes to tobacco. However, it was not documented whether this was smoking or chewing. Betel nut chewing with tobacco is practice here in the CNMI.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2010
Field Note:
 We continue to bring referral cards to the Tobacco Program in addition to the Quitline Number to our patients. This is also provided at the private health clinics. We are currently gathering this data from the Labor and Delivery Unit in addition to chewing betel nut with tobacco.
- Section Number:** Form11_Performance Measure #15
Field Name: PM15
Row Name:
Column Name:
Year: 2009
Field Note:
 In 2009 birth certificate registration, women were generally asked if they use tobacco or smoking during their pregnancy. 2010 revision questions were more detailed about smoking during 1st, 2nd, and 3rd trimesters. 55 pregnant women used tobacco/smoking during their pregnancy in 2009.

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	5	1	20	0	0
Annual Indicator	0.0	18.9	0.0	0.0	0.0
Numerator	0	1	0	0	0
Denominator	4,762	5,279	5,470	4,608	4,308
Data Source		Death certificates	Death certificates	Death certificates	Death Certificates
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?			Yes	Yes	Yes
				Final	Final

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

Field Level Notes

- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2011
Field Note:
 There were no suicide deaths this year among youths aged 15 through 19. Denominator data source is US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2010
Field Note:
 There is no suicide deaths among youths aged 15 through 19 for the past 2 years. The 3 year moving average is still fewer than 5 events. Please note that we want our objective to be 0 for future years

 Source of all denominator data is from the US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year 2011.
- Section Number:** Form11_Performance Measure #16
Field Name: PM16
Row Name:
Column Name:
Year: 2009
Field Note:
 No suicide fatality for teens 15-19 yrs of age 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	1	1	1	1	1
Annual Indicator	100.0	100.0			
Numerator	1	1			
Denominator	1	1			
Data Source		No high risk facility	No high risk facility	Exempted from reporting	Exempted from reporting
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

- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2011
Field Note:
 The CNMI is exempted from reporting on this performance measure as we are not a high-risk facility.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2010
Field Note:
 The CNMI is exempted from reporting on this performance measure as we are not a high-risk facility.
- Section Number:** Form11_Performance Measure #17
Field Name: PM17
Row Name:
Column Name:
Year: 2009
Field Note:
 CNMI is excluded from this performance measure due to no high risk facility on island.

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	<u>29</u>	<u>29.9</u>	<u>30</u>	<u>30.9</u>	<u>29.5</u>
Annual Indicator	<u>29.1</u>	<u>17.2</u>	<u>28.2</u>	<u>29.4</u>	<u>25.8</u>
Numerator	<u>403</u>	<u>219</u>	<u>316</u>	<u>315</u>	<u>266</u>
Denominator	<u>1,385</u>	<u>1,272</u>	<u>1,119</u>	<u>1,072</u>	<u>1,033</u>
Data Source		Birth registration	Birth registration	Birth registration	Labor and Delivery Records
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	<u>25.8</u>	<u>25.8</u>	<u>27</u>	<u>27</u>	<u>27.5</u>
Annual Indicator					
Numerator					
Denominator					

Field Level Notes

- Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2011

Field Note:

There are 185 missing records in the birth certificate database. We will be pulling medical records to get data on when they came in for first prenatal visits and insurance status.

- Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2010

Field Note:

Although Medicaid is accepted at 4 private health clinics that provide prenatal care services, transportation continues to be a barrier for our community. Per postpartum survey results, women would come for prenatal if they had transportation. We have plans to conduct prenatal care at 4 villages on Saipan.

- Section Number: Fom11_Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2009

Field Note:

There were 316 pregnant women received prenatal care in the first trimester.

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

Form Level Notes for Form 11

The increase in rate is because: 1. Immunization Program identified all babies that have moved off-island 2. Immunization walk-in clinic open Monday - Friday including lunch hour 3. Aggressive media campaign

STATE PERFORMANCE MEASURE # 1 - REPORTING YEAR

The percent of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	64
Annual Indicator	_____	_____	_____	64.4	39.0
Numerator	_____	_____	_____	690	403
Denominator	_____	_____	_____	1,072	1,033
Data Source				Birth Records	Discharge Records
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	65	66	67	68	68
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

- Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2011

Field Note:

This data is from the Labor and Delivery Unit logbooks. We are working with Labor and Delivery, Nursery, and Health and Vital Statistics new Electronic Birth Record systems to collect more accurate data for this state priority.

- Section Number:** Form11_State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2010

Field Note:

This data is from the birth certificate. We are working with Labor and Delivery and Nursery to collect more accurate data for this state priority.

STATE PERFORMANCE MEASURE # 2 - REPORTING YEAR

Percent of pregnant women enrolled in the Medicaid Program receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	30
Annual Indicator	_____	_____	_____	28.6	20.0
Numerator	_____	_____	_____	103	72
Denominator	_____	_____	_____	360	360
Data Source				Birth Registration	Chart Review
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	30	30	30	30	30
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:** Fom11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2011

Field Note:

According to the logbook from the women's clinic there were 40 women enrolled in Medicaid Program receiving prenatal care beginning in the first trimester at CHCC. Please note that there are 4 other private clinics on Saipan performing prenatal services. Also note that we were not able to get the denominator before the due data from the Medicaid Program, so we will use last year's number. Chart review conducted after data submission.

2. **Section Number:** Fom11_State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2010

Field Note:

This is our first year to report on this state priority. The denominator (360) reflects the total number of pregnant women enrolled in the Medicaid Program that receive prenatal care. Of these 103 received prenatal care beginning in the first trimester.

STATE PERFORMANCE MEASURE # 3 - REPORTING YEAR

Provision of case management of pregnant women identified as "high risk"

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 1
Annual Indicator	_____	_____	_____	_____ 12	_____ 16
Numerator	_____	_____	_____	_____ 12	_____ 16
Denominator	_____ 1	_____ 1	_____ 1	_____ 1	_____ 1
Data Source				MCH Program	Women's Clin
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 1	_____ 1	_____ 1	_____ 1	_____ 1
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 #3

Field Name: SM3

Row Name:

Column Name:

Year: 2011

Field Note:

There were 49 women that were either diabetics or developed gestational diabetes and 9 women with elevated BP last year. Please note that there is only 1 OB/GYN now at the Women's Clinic. With the departure of Dr. Grant no supplies (strips) were ordered and I met with the nurse to inform her to let me know and MCH will procure the needed supplies.

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

Field Name: SM3

Row Name:

Column Name:

Year: 2010

Field Note:

This performance measure is based on scale rating (see attached)

STATE PERFORMANCE MEASURE # 8 - REPORTING YEAR

The rate of birth (per 1,000) for Chamorro teenagers aged 15 through 18 years

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	29
Annual Indicator	_____	_____	_____	29.1	27.2
Numerator	_____	_____	_____	45	42
Denominator	_____	_____	_____	1,544	1,544
Data Source				Birth Certificate	Birth Records
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	29	27	25	25	25
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 #8

Field Name: SMB

Row Name:

Column Name:

Year: 2011

Field Note:

Due to unavailability of 2010 US Census Report denominator data source is 1999 SPC Pop Estimate. Per the 2011 YRBS, Among high school students who had sexual intercourse during the past 3 months, the percentage who used birth control pills to prevent pregnancy before last sexual intercourse remained the same 13.9 in 2009 and 13.9 in 2011. Denominator: Pending release of 2010 Census Data with ethnic breakdown of population.

2. **Section Number:** Form11_State Performance Measure #8

Field Name: SMB

Row Name:

Column Name:

Year: 2010

Field Note:

There were 45 teen births aged 15-18 years. Per 1999 SPC Pop Est there are 1,544 teens aged 15-18 years in the CNMI.

STATE PERFORMANCE MEASURE # 9 - REPORTING YEAR

Percentage of high school students who ever had a drink of alcohol, other than a few sips

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	15
Annual Indicator	_____	_____	0.2	0.2	50.4
Numerator	_____	_____	12	12	2,569
Denominator	_____	_____	6,229	6,229	5,083
Data Source			MCH Program	MCH Program	PSS - YRBS
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	50.4	50	50	50	50
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:

Per the 2011 YRBS, the Percentage of high school students who had at least one drink of alcohol on one or more of the past 30 days 38.8 in 2009; 41.4 in 2011. The data for this SPM is from YRBS as recommended by partners.

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

Field Name: SM9

Row Name:

Column Name:

Year: 2010

Field Note:

Although we have conducted activities for this priority need, we will do a scale rating to measure it. For now we are reporting the number of presentations we have conducted at the high school level.

STATE PERFORMANCE MEASURE # 10 - REPORTING YEAR

Input information on infants with a diagnosis at birth into the Birth Defects Registry within 6 months.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____ 3
Annual Indicator	_____	_____	25	25	2.5
Numerator	_____	_____	27	27	26
Denominator	_____	_____	1,072	1,072	1,033
Data Source			Birth Defects Database	Birth Defects Database	Birth Defects Database
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 1.2	_____ 1.5	_____ 2	_____ 2.5	_____ 3
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 #10

Field Name: SM10

Row Name:

Column Name:

Year: 2011

Field Note:

The low number is because this information is not being completely filled out in the birth certificate form. MCH is providing staffing support to ensure completion of information. Also, birth certificate forms will be color coded so that individuals responsible to fill out information will know which ones to complete. Numerator updated; data source is Early Intervention Services due to incomplete data in Birth Certificates.

2. **Section Number:** Form11_State Performance Measure #10

Field Name: SM10

Row Name:

Column Name:

Year: 2010

Field Note:

These are the numbers of birth certificates that has information on anomalies filled out. We are working with providers to ensure that information are filled out completely and accurately on the birth certificates. There were 48 referrals to early intervention services last year. Please note that this is the first time we are reporting on this state priority.

STATE PERFORMANCE MEASURE # 11 - REPORTING YEAR

Percent of children aged 6 months to 5 years that receive fluoride varnish application at the Children's Clinic

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	15.9
Numerator	_____	_____	_____	_____	739
Denominator	_____	_____	_____	_____	4,645
Data Source					Dental Clinic; WVC Program
Is the Data Provisional or Final?					Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	_____ 15.9	_____ 16	_____ 16	_____ 17	_____ 17
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

- Section Number:** Form11_State Performance Measure #11
Field Name: SM11
Row Name:
Column Name:
Year: 2011
Field Note:
 Please note that these were the number of children we saw at the WVC Clinic last summer (2 month period). We will be tracking the numbers with Children's Clinic for reporting next year. The numerator was provided by the Dental Clinic and denominator was provided by WVC Program. These are children we saw age 2 to 5.

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

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	6.5	6	6	5	3
Annual Indicator	4.3	3.9	1.8	3.7	2.9
Numerator	6	5	2	4	3
Denominator	1,385	1,266	1,110	1,072	1,033
Data Source		Death Certificates	Death Certificates	Death Certificates	Death Certificates

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	3	3	2.5	2.5	2
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

1. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2011

Field Note:

There were 2 neonatal deaths and 1 postneonatal deaths with a total of 3.

2. Section Number: Form12_Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2010

Field Note:

There were 2 neonatal deaths and 2 postneonatal deaths with a total of 4.

OUTCOME MEASURE # 02

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

Annual Objective and Performance Data

	2007	2008	2009	2010	2011
Annual Performance Objective				0	0
Annual Indicator	0.0	0.0	0.0		
Numerator	0	0	0		
Denominator	1	1	1		
Data Source		Death Certificate	Death Certificate		

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final? Yes

Annual Objective and Performance Data

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

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

Field Level Notes

- 1. Section Number: Form12_Outcome Measure 2
- Field Name: OM02
- Row Name:
- Column Name:
- Year: 2009
- Field Note:
The CNMI is waived from reporting this outcome measure.

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	4	4	4	4	3.5
Annual Indicator	2.9	3.2	0.9	1.9	1.9
Numerator	4	4	1	2	2
Denominator	1,385	1,266	1,110	1,072	1,033
Data Source		Livebirth certificates	Livebirth Certificate	Live Birth Certificates	Live Birth Certificates

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

Annual Objective and Performance Data

	2012	2013	2014	2015	2016
Annual Performance Objective	3.5	3	3	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	1	1	1	1	1.5
Annual Indicator	1.4	0.8	0.9	1.9	1.0
Numerator	2	1	1	2	1
Denominator	1,385	1,266	1,110	1,072	1,033
Data Source		Death Certificates	Death Certificates		

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

Is the Data Provisional or Final?

			Yes	Yes	Yes
				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	1.5	1.5	1	1	1
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- 1. Section Number: Form12_Outcome Measure 4
- Field Name: OM04
- Row Name:
- Column Name:
- Year: 2009
- Field Note:
- Only 1 postneonatal mortality

OUTCOME MEASURE # 05

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	3	11	11	10	9
Annual Indicator	11.4	4.7	6.3	9.3	8.6
Numerator	16	6	7	10	9
Denominator	1,404	1,272	1,119	1,080	1,043
Data Source		Vital Stats	Vital Stats	Vital Stats	Vital Stats

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	9	9	8.5	8	8
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2011
Field Note:
 There were 7 fetal deaths, 28 weeks or more gestational weeks, and 1 neonatal death occurring under 7 days. There were 1033 live births in 2011 plus 10 fetal deaths.
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2010
Field Note:
 There were 8 fetal deaths and 2 early neonatal deaths for a total of 10.
- Section Number:** Form12_Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2009
Field Note:
 There were 1110 live births plus 9 fetal deaths.

OUTCOME MEASURE # 06

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

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	24.7	24	24	24	18
Annual Indicator	6.6	32.7	43.5	18.6	34.6
Numerator	1	5	8	3	5
Denominator	15,264	15,284	18,403	16,115	14,438
Data Source		Death certificates	Death Certificates	Death Certificates	Death Certificates

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	18	17	16	15	15
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

- Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator Data Source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year.

- Section Number: Form12_Outcome Measure 6

Field Name: OM06

Row Name:

Column Name:

Year: 2010

Field Note:

The casues of the 3 deaths are due to established conditions such as cerebral palsy and others. Denominator source is the 1999 Secretariat of the Pacific Community (SPC) population estimate. All 2010 and 2011 adjusted to estimates based on the most current census (2010). In the past, you have been provided estimates based on HIES since we did not have a mid-decade census. The HIES is just a sample of the CNMI pop and estimates were based on a sample. The estimates provided by USCB are based on a census of the CNMI. It is the most accurate estimate out there.

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

Form Level Notes for Form 12

None

STATE OUTCOME MEASURE # 1 - REPORTING YEAR

The fetal death rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	2007	2008	2009	2010	2011
Annual Performance Objective	_____	_____	_____	_____	7
Annual Indicator	_____	_____	_____	7.4	9.6
Numerator	_____	_____	_____	8	10
Denominator	_____	_____	_____	1,080	1,043
Data Source				Death Certificate	Death Certificate
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2012	2013	2014	2015	2016
Annual Performance Objective	7	6	6	5	5
Annual Indicator					
Numerator					
Denominator					

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

Field Level Notes

None

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

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

_____ 3

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

_____ 3

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

_____ 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).

_____ 3

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

_____ 2

Total Score: _____ 15

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

1. **Section Number:** Form13_Main
Field Name: Question1
Row Name: #1. Family members participate on advisory committee or task forces...
Column Name:
Year: 2013
Field Note:
Our challenge with this is that most of our family members are the same ones that volunteer to participate every year. These family members have been helping the program to recruit others.
2. **Section Number:** Form13_Main
Field Name: Question2
Row Name: #2. Financial support (...) is offered for parent activities or parent groups.
Column Name:
Year: 2013
Field Note:
We bring some of our parents to meetings (one came to the 2010 block grant review). We also provide childcare during family events and trainings.
3. **Section Number:** Form13_Main
Field Name: Question4
Row Name: #4. Family members are involved in service training of CSHCN staff and providers.
Column Name:
Year: 2013
Field Note:
The involvement of family members in service training is more evident for the early intervention services program. Families allow us to conduct home visits with trainers and to do developmental assessments with their children.
4. **Section Number:** Form13_Main
Field Name: Question5
Row Name: #5. Family members hired as paid staff or consultants to the State CSHCN program...
Column Name:
Year: 2013
Field Note:
Again, the EHDI Follow-up Coordinator is a parent of a youth with special health care needs. Please note that she participates in events for CSHCN and EIS. She coordinates the Shriners Outreach Clinic and is instrumental in having Shriners Hospital pay for air fare costs of children needing to go to Honolulu for surgery.
5. **Section Number:** Form13_Main
Field Name: Question6
Row Name: #6. Family members of diverse cultures are involved in all of the above activities
Column Name:
Year: 2013
Field Note:
Our most active family members are Filipinos and other Micronesians.

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE MP 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. The percent of mothers who breastfeed their infants at hospital discharge
2. Percent of infants born to Medicaid enrolled pregnant women receiving prenatal care in the first trimester
3. Provision of case management of pregnant women identified as 'high-risk'
4. The rate of birth (per 1,000) for Chamorro teenagers aged 15-18
5. Percentage of high school students who ever had a drink of alcohol, other than a few sips
6. Percent of children aged 6 months to 5 years that received fluoride varnish application at the Children's Clinic.
7. Input information on infants with a diagnosis at birth into the Birth Defects Registry within 6 months
- 8.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MP

APPLICATION YEAR: 2013

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Medical Home Provider Training and Implementation	Ensure on-going, coordinated comprehensive care for all children	AAP
2.	General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: N/A	Life Course Theory	To incorporate into performance improvement activities and non communicable disease work	No Known
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: MP

SP() # _____ 1

PERFORMANCE MEASURE:

The percent of mothers who breastfeed their infants at hospital discharge.

STATUS:

Active

GOAL:

To increase the percent of mothers who breastfeed their infants at hospital discharge

DEFINITION:

Numerators will be number of mothers who breastfeed before hospital discharge. Denominator - # of live births

Numerator:

Number of mothers who breastfeed at hospital discharge

Denominator:

Number of live births

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE:

Related to objective 16-19

Increase the proportion of mothers who breastfeed their babies.

DATA SOURCES AND DATA ISSUES:

Birth certificates, WMC Program, Postpartum Care Clinic, Immunization Clinic, Labor and Delivery Unit.

SIGNIFICANCE:

Rates of breastfeeding has been decreasing in the CNMI. Research has shown that exclusive breastfeeding is the ideal nutrition. There has been significant reliable evidence produced over recent years to show that breastfeeding has important advantages for both infant and mother. With the high prevalence of diabetes in the CNMI, we need to increase our education benefits of breastfeeding for babies such as it may protect your child from obesity later on in life; may protect your baby from developing type 1 diabetes, protection against heart diseases and mothers such as decreased risks of osteoporosis, breast and ovarian cancers, and type-2 diabetes. This will assist MCH and its partners such as WMC to expand our work with our mothers to continue breastfeed their infants for the first 6 months after birth.

SP() # 2

PERFORMANCE MEASURE:

Percent of pregnant women enrolled in the Medicaid Program receiving prenatal care beginning in the first trimester.

STATUS:

Active

GOAL

Increase initiation of prenatal care visits during first trimester for pregnant women enrolled in the Medicaid Program

DEFINITION

Numerator: # of live births with reported first prenatal care visit during first trimester (before 13 weeks gestation) to women enrolled in Medicaid in the calendar year Denominator: # of Medicaid enrolled pregnant women receiving prenatal care services in the calendar year.

Numerator:

Number of live births with reported first prenatal care visit during first trimester (before 13 weeks gestation) to women enrolled in Medicaid in the calendar year

Denominator:

Number of Medicaid enrolled pregnant women that received prenatal care in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Related to objective 16-16

Increase the proportion of pregnant women who received early and adequate prenatal care.

DATA SOURCES AND DATA ISSUES

Birth certificates, Postpartum Care Clinic, Labor and Delivery Unit.

SIGNIFICANCE

From the post partum evaluation survey we learned that women that are enrolled in the Medicaid Program do not access early and continuous prenatal care. The results also shows that these women know about importance of prenatal care; in fact some states that they would get the care in their next pregnancy. MCH Program needs to increase its work with it partners to educate women about the prenatal benefits of the Medicaid Program and to work with them to take advantage of it.

SP() # _____ 3

PERFORMANCE MEASURE:

Provision of case management of pregnant women identified as "high risk"

STATUS:

Active

GOAL

To provide the system in place to ensure that pregnant women are identified and provided case management during their pregnancy

DEFINITION

We would use a scale rating such as 1 - not met; 2 - mostly met; 3 met

Numerator:

Rank the following such as policies and procedures, training, glucometer program, eligibility assistance, etc.

Denominator:

Same as numerator

Units: 1 **Text:** Scale

HEALTHY PEOPLE 2020 OBJECTIVE

Related to Healthy People 16-10

Reduce low birth weight (LBW) and very low birth weight (VLBW)

DATA SOURCES AND DATA ISSUES

Women's Clinic, private clinics, MCH Program, WIC Program

SIGNIFICANCE

The importance of identification of high risk pregnancy is significant to the birth outcomes and the mother's health. This allows for individualized intervention, keep the physician informed and follows prescribed treatment plan. Some intervention could be providing education, referral for specialty care, home care, etc.

SP() # _____ 8

PERFORMANCE MEASURE:

The rate of birth (per 1,000) for Chamorro teenagers aged 15 through 18 years.

STATUS:

Active

GOAL

To lower the birth rate among Chamorro teenager aged 15-18.

DEFINITION

Numerator: Number of live births to Chamorro teenagers aged 15-18 years in the calendar year. Denominator: Number of Chamorro females aged 15 through 18 years in the calendar year.

Numerator:

Number of live births to Chamorro teenagers aged 15-18 years in the calendar year.

Denominator:

Number of Chamorro females aged 15 through 18 years in the calendar year.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

Related to objective 9-7

Reduce pregnancies among adolescent females

DATA SOURCES AND DATA ISSUES

Birth certificates, Postpartum Care Clinic, Labor and Delivery Unit.

SIGNIFICANCE

The costs of teen pregnancy are enormous, to teens and their children, as well as the public sector. Children born to teens are two times more likely to suffer abuse and neglect than the children of older mothers. In addition teen mothers generally end up dropping out of high school.

SP() # _____ 9

PERFORMANCE MEASURE:

Percentage of high school students who ever had a drink of alcohol, other than a few sips

STATUS:

Active

GOAL

To lower behaviors that lead to unintentional injuries, sexually transmitted diseases, teenage pregnancy and other risk behaviors associated with alcohol use.

DEFINITION

Denominator: Number of high school students enrolled at participating high schools

Numerator:

Number of high schools students that participated in the Youth Risk Behavioral Surveillance Survey.

Denominator:

Number of high school students enrolled at participating high schools

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Related to objective 26-9

Increase the age and porportion of adolescents who remain alcohol and drug free

DATA SOURCES AND DATA ISSUES

CNMI YRBSS, Student surveys

SIGNIFICANCE

The results from the Adolescent Health Determinant work group identified alcohol and other drug use as the important/most common and/or most concerning adolescent issues related to 1) Behaviors that contribute to unintentional and intentional injuries; 2) Sexual activity that leads to unintended pregnancy and sexually transmitted diseases 3) Mental Health and 4) Alcohol, Tobacco, and other drug use. Furthermore, students ranked alcohol and other drug use the highest amongst the list of priority needs.

SP() # 10

PERFORMANCE MEASURE:

Input information on infants with a diagnosis at birth into the Birth Defects Registry within 6 months.

STATUS:

Active

GOAL

To increase early identification and intervention

DEFINITION

Numerator: Number of babies born and identified as child with special health care needs. Denominator: Number of live births for the year

Numerator:

Number of babies born and identified as child with special health care needs as is stated on the birth certificate.

Denominator:

Number of live births for the year

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

Related to objective 23-5

Increase the proportion of leading health indicators, health status indicators, and priority data needs

DATA SOURCES AND DATA ISSUES

MCH Program, Early Intervention Services Program, Birth Certificate

SIGNIFICANCE

One of the priority from parents of children with special health care needs and early intervention services provider is early identification and intervention. Our challenge here in the CNMI is the identification of children. The development of the birth defects registry will improve our work in early identification, intervention, and tracking.

SP() # _____ 11

PERFORMANCE MEASURE:

Percent of children aged 6 months to 5 years that receive fluoride varnish application at the Children's Clinic

STATUS:

Active

GOAL

To lower tooth caries among children in the CNMI.

DEFINITION

Numerator: Number of children aged 6 months to 5 years that received fluoride varnish application at the Children's Clinic.
Denominator: Number of children aged 6 months to 5 years that visit the Children's Clinic in the reporting year.

Numerator:

Number of children aged 6 months to 5 years that received fluoride varnish application at the Children's Clinic.

Denominator:

Number of children aged 6 months to 5 years that visit the Children's Clinic in the reporting year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2020 OBJECTIVE

OH-1 Reduce the proportion of children and adolescents who have dental caries experience in thei

DATA SOURCES AND DATA ISSUES

Fluoride Varnish tracking sheet (will be converted to database)

SIGNIFICANCE

Data from the 2010-2011 PH Head Start Fluoride Varnish Program shows that 66% of the children who were assessed had dental caries. In the 2010 Maternal and Child Health Needs Assessment, it was also reported that for school year 2009-2010, 73% of the children from eleven schools in the CNMI in grades first, fifth and sixth that participated in the PH School Sealant Program had dental caries. Continued support for effective oral disease prevention and oral health promotion is essential in our work to improve children's oral health.

SO() # _____ 1

OUTCOME MEASURE:

The fetal death rate per 1,000 live births

STATUS:

Active

GOAL

To reduce number of fetal deaths.

DEFINITION

Numerator: Number of deaths to infants; Denominator: Number of live births. Units: 1,000 Text: Rate per 1,000.

Numerator:

Number of fetal deaths (greater than 20 weeks gestation)

Denominator:

Total number of live births + fetal deaths

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2020 OBJECTIVE

16-1 Reduce fetal and infant deaths

16-1a. Fetal deaths at 20 or more weeks of gestation.

16-1b. Fetal and infant deaths during perinatal period (28 weeks of gestation to 7 days or more after birth).

DATA SOURCES AND DATA ISSUES

Vital Statistics Office (death certificate database)

SIGNIFICANCE

The importance of ensuring that we are reaching high risk groups when program/projects are being implemented or evaluating those program/projects that are in existence depends on looking at outcome data.

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: MP

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	83.5	296.9	168.6	242.9	519.9
Numerator	47	167	94	156	285
Denominator	5,627	5,624	5,576	6,423	5,482

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

- Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2011

Field Note:

Numerator data source is RPMS. Denominator data source is US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year. Please note that a presentation on Asthma is one of the topics addressed at the in-service for Head Start teachers.

- Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2010

Field Note:

We are working with pediatricians on updating asthma education resources for families.

- Section Number: Form17_Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2009

Field Note:

94 children aged 0-4 yrs were hospitalized for asthma.

HEALTH SYSTEMS CAPACITY #02

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

	2007	2008	Annual Indicator Data		2011
			2009	2010	
Annual Indicator	43.3	32.5	95.7	34.7	33.1
Numerator	438	267	265	573	316
Denominator	1,012	821	277	1,663	954

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: RPMS, Immunization Cohort Population. The discussion with Children Clinic providers will include data collection and reporting on areas such as this HSCI.

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2010

Field Note:

RPMS Qman Query

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

Field Name: HSC02

Row Name:

Column Name:

Year: 2009

Field Note:

265 received at least initial periodic screen within 6 wks immunization.

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.

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	43.3	32.5	95.7	34.7	33.1
Numerator	438	267	265	573	316
Denominator	1,012	821	277	1,663	954

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Final

Final

Field Level Notes

1. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source: RPMS, Immunization Cohort Population

2. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2010

Field Note:

RPMS Qman Query

3. **Section Number:** Form17_Health Systems Capacity Indicator #03

Field Name: HSC03

Row Name:

Column Name:

Year: 2009

Field Note:

Same as Medicaid. Actual figure pending immunization.

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>43.5</u>	<u>13.6</u>	<u>19.6</u>	<u>22.5</u>	<u>21.1</u>
Numerator	<u>515</u>	<u>170</u>	<u>216</u>	<u>241</u>	<u>218</u>
Denominator	<u>1,183</u>	<u>1,246</u>	<u>1,103</u>	<u>1,072</u>	<u>1,033</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2011
Field Note:
 Data Source: Women's Clinic; Dr. Grant

HEALTH SYSTEMS CAPACITY #07A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>27.4</u>	<u>29.2</u>	<u>34.1</u>	<u>29.0</u>	<u>27.7</u>
Numerator	<u>6,113</u>	<u>6,550</u>	<u>7,685</u>	<u>6,808</u>	<u>6,504</u>
Denominator	<u>22,319</u>	<u>22,409</u>	<u>22,527</u>	<u>23,509</u>	<u>23,509</u>
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied. (Explain data in a year note. See Guidance, Appendix IX.)					
Is the Data Provisional or Final?				Provisional	Provisional

Field Level Notes

- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2011
Field Note:
 Please note that this is only for children that access health care at the public health clinics. Due to unavailability of the 2010 US Census Population data, denominator source still remains the 1999 SPC Pop Estimate.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2010
Field Note:
 Please note that this is only for children that access health care at the public health clinics. Denominator source is the 1999 SPC Pop Est.
- Section Number:** Form17_Health Systems Capacity Indicator #07A
Field Name: HSC07A
Row Name:
Column Name:
Year: 2009
Field Note:
 7685 received service paid by medicaid program aged 1-21 yrs

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	27.8	22.8	19.3	13.6	12.0
Numerator	1,165	967	827	422	432
Denominator	4,186	4,238	4,291	3,112	3,608

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2011

Field Note:

This number is only from the RPMS at the Department of Public Health therefore these are children that come to the Public Health Dental Clinic. There are 4 private dental clinics that participates in the Medicaid program. Due to unavailability of the 2010 US Census Population data, denominator source still remains the 1999 SPC Pop Estimate. All 2010 and 2011 adjusted to estimates based on the most current census (2010). In the past, you have been provided estimates based on HIES since we did not have a mid-decade census. The HIES is just a sample of the CNMI pop and estimates were based on a sample. The estimates provided by USCB are based on a census of the CNMI. It is the most accurate estimate out there.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2010

Field Note:

This number is only from the RPMS at the Department of Public Health therefore these are children that come to the Public Health Dental Clinic. There are 4 private dental clinics that participates in the Medicaid program. All 2010 and 2011 adjusted to estimates based on the most current census (2010). In the past, you have been provided estimates based on HIES since we did not have a mid-decade census. The HIES is just a sample of the CNMI pop and estimates were based on a sample. The estimates provided by USCB are based on a census of the CNMI. It is the most accurate estimate out there.

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

Field Name: HSC07B

Row Name:

Column Name:

Year: 2009

Field Note:

In 2009, 827 medicaid enrollees received dental services.

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	88.0	87.4	94.9	72.0	50.0
Numerator	221	236	282	203	141
Denominator	251	270	297	282	282

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2011

Field Note:

Please note that numerator was obtained from Shriners patients and Early Intervention Services Program. We were not able to get numbers from the Special Education Program before submission of application

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2010

Field Note:

These are CSHCN enrolled in early intervention services or in the spec. ed. program that are receiving rehabilitative services.

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

Field Name: HSC08

Row Name:

Column Name:

Year: 2009

Field Note:

282 <16yrs old SSI beneficiaries received services.

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

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	Payment source from birth certificate	0.7	6.4	7.2
b) <i>Infant deaths per 1,000 live births</i>	2011	Payment source from birth certificate	0	0	0
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2011	Matching data files	15	82	5
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	17	75	7

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

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	_____150_____
b) <i>Medicaid Children</i> (Age range _____1 to _____21) (Age range _____ to _____) (Age range _____ to _____)	2011	_____150_____
c) <i>Pregnant Women</i>	2011	_____150_____

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

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	_____ 150
b) <i>Medicaid Children</i> (Age range _____ 1 to _____ 21) (Age range _____ to _____) (Age range _____ to _____)	2011	_____ 150 _____ _____
c) <i>Pregnant Women</i>	2011	_____ 150

FORM NOTES FOR FORM 18

Data Source: Women's Clinic; Dr. Grant

FIELD LEVEL NOTES

1. **Section Number:** Form18_Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2013
Field Note:
Data Source: Women's Clinic; Dr. Grant
2. **Section Number:** Form18_Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2013
Field Note:
Data Source: Women's Clinic; Dr. Grant

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

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

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

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: Youth Tobacco Survey	3	No

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

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

FORM NOTES FOR FORM 19

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 MCH Program through the SSDI Project Coordinator and other MCH staff have direct access to the database for analysis. The MCH Program provides assistance in cross checking data entries.
2. **Section Number:** Form19_Indicator 09A
Field Name: BAW
Row Name: Annual linkage of birth certificates and WIC eligibility files
Column Name:
Year: 2013
Field Note:
 Since the CNMI WIC's program database is managed by Arizona's WIC Program, we will not be able to have direct access to the database. But through an Information Sharing Agreement between CHCC and the CNMI WIC Program, the MCH Program will have access to names and contact information of clients participating in program and we do receive data in a timely matter. The WIC Program still plans for a complete upgrade to the infrastructure that will shift WIC over to a .NET database at which point we will request the ability to link tables to our birth records. We have met with them to partner in the tracking of children for services such as newborn hearing screening.
3. **Section Number:** Form19_Indicator 09A
Field Name: BAN
Row Name: Annual linkage of birth certificates and newborn screening files
Column Name:
Year: 2013
Field Note:
 The SSDI Project Coordinator and PISHIS Program Manager will work with EHD Database Consultant to complete linkages with newly implemented electronic birth records system
4. **Section Number:** Form19_Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2013
Field Note:
 The SSDI Project Coordinator will work closely with HVSO Manager to ensure data is inputted within 6 months.
5. **Section Number:** Form19_Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2013
Field Note:
 The MCH Program conducted a PRAMS-like survey and through the SSDI program, we have plans to conduct another one in 2014.
6. **Section Number:** Form19_Indicator 09B
Field Name: YRBSS_09B
Row Name: Youth Risk Behavior Survey (YRBS)
Column Name:
Year: 2013
Field Note:
 The Public School System conducts the YRBS every two years. The Division of Public Health does not have direct access to the database but we get CD and hard copies of the survey when final reports come out.
7. **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:
 At present, the software developer is finalizing the networking and providing staff training on entry and management of new data system. The contractor will then develop an information gateway between Medicaid, birth records, and other relevant MCH data linkage needs. The PISHIS Program Manager and SSDI Project Coordinator have identified the data fields to be exported from the Medicaid system into an export file for use by the MCH program with the developer. Due to privacy concerns brought up by Medicaid Director, the export file did not allow for a linkage between birth records and Medicaid files. The MCH Program and Health and Vitals Statistics Office (HVSO) will need to meet with management of CNMI Medicaid Program to include common identifiers in the export file to allow for matching of birth records with Medicaid Eligibility files. One of the objectives for the SSDI Project is to revise the Memorandum of Agreement between MCH and Medicaid to include relevant data for MCH Program and (HVSO).

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

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	5.8	5.8	7.8	7.3	7.3
Numerator	80	74	87	78	75
Denominator	1,385	1,266	1,110	1,072	1,033

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2011

Field Note:

Data source is Labor and Delivery logfiles and Birth Registration.

2. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2010

Field Note:

Data source is birth certificate registration

3. Section Number: Form20_Health Status Indicator #01A

Field Name: HSI01A

Row Name:

Column Name:

Year: 2009

Field Note:

87 low birth weight in 2009 with 1110 live birth.

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	5.3	3.9	7.0	6.8	6.6
Numerator	73	50	78	72	67
Denominator	1,385	1,266	1,110	1,054	1,009

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

1. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source is Labor and Delivery Unit and Birth Registration files. There were 1009 Singleton births in 2011

2. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2010

Field Note:

Data source is birth certificate registration.

3. Section Number: Form20_Health Status Indicator #01B

Field Name: HSI01B

Row Name:

Column Name:

Year: 2009

Field Note:

78 singleton less than 2500g

HEALTH STATUS INDICATOR #02A

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

	2007	2008	Annual Indicator Data		
			2009	2010	2011
Annual Indicator	<u>0.5</u>	<u>0.2</u>	<u>0.5</u>	<u>1.0</u>	<u>1.0</u>
Numerator	<u>7</u>	<u>3</u>	<u>5</u>	<u>11</u>	<u>10</u>
Denominator	<u>1,385</u>	<u>1,266</u>	<u>1,110</u>	<u>1,072</u>	<u>1,033</u>

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source is Labor and Delivery Unit and Birth Registration files.

2. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2010

Field Note:

Data Source is birth certificate registration

3. Section Number: Form20_Health Status Indicator #02A

Field Name: HSI02A

Row Name:

Column Name:

Year: 2009

Field Note:

5 very low birth weight <1500g. All 5 were preterm less than 37 gestational age.

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	0.5	0.2	0.5	0.9	1.0
Numerator	7	3	5	10	10
Denominator	1,385	1,266	1,110	1,070	1,009

Check this box if you cannot report the numerator because

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

Is the Data Provisional or Final?

Provisional

Provisional

Field Level Notes

1. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2011

Field Note:

Data Source is Labor and Delivery Unit and Birth Registration files.

2. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2010

Field Note:

Data source is birth certificate registration

3. Section Number: Form20_Health Status Indicator #02B

Field Name: HSI02B

Row Name:

Column Name:

Year: 2009

Field Note:

5 singleton very low birth weight <1500g; 2 preterm births.

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	0.0	18.3	6.2	0.0	0.0
Numerator	0	3	1	0	0
Denominator	16,443	16,372	16,244	13,946	13,555

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 #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year.

2. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2010

Field Note:

The causes of death for 3 children last year was due to an established condition. Population data source changed to USCB estimates based on most current 2010 Census Data.

3. **Section Number:** Form20_Health Status Indicator #03A

Field Name: HSI03A

Row Name:

Column Name:

Year: 2009

Field Note:

Only 1 fatal unintentional injury for children 14 and less.

HEALTH STATUS INDICATOR #03B

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	0.0	6.1	6.2	0.0	0.0
Numerator	0	1	1	0	0
Denominator	16,443	16,372	16,244	13,946	13,555

Check this box if you cannot report the numerator because

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

			Yes	Yes	Yes
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Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

1. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year. Per the 2011 YRBS for middle school, the Percentage of students who ever rode in a car driven by someone who had been drinking alcohol was 58.1 in 2009 and 59.1 in 2011.

2. Section Number: Form20_Health Status Indicator #03B

Field Name: HSI03B

Row Name:

Column Name:

Year: 2010

Field Note:

There was no death for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes in 2010. Population data source changed to USCB estimates based on most current 2010 Census Data.

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	19.0	9.7	19.6	11.8	24.5
Numerator	2	1	2	1	2
Denominator	10,516	10,271	10,198	8,473	8,159

Check this box if you cannot report the numerator because

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

_____ Yes _____ Yes _____

Is the Data Provisional or Final?

Provisional

Final

Field Level Notes

1. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year. Per the 2011 YRBS, the Percentage of high school students who drove a car or other vehicle one or more times during the past 30 days when they had been drinking alcohol – 13.7 in 2009 and 15.1 in 2011

2. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2010

Field Note:

Data source was from death certificate database. Denominator source is the 1999 SPC Pop Est. Population data source changed to USCB estimates based on most current 2010 Census Data

3. **Section Number:** Form20_Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2009

Field Note:

2 MVA fatality.

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	<u>2,882.7</u>	<u>2,504.3</u>	<u>1,391.3</u>	<u>2,975.8</u>	<u>1,541.9</u>
Numerator	<u>474</u>	<u>410</u>	<u>226</u>	<u>415</u>	<u>209</u>
Denominator	<u>16,443</u>	<u>16,372</u>	<u>16,244</u>	<u>13,946</u>	<u>13,555</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 #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2011

Field Note:

Data source: RPMS. Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year.

2. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2010

Field Note:

Data generated from RPMS. Population data source changed to USCB estimates based on most current 2010 Census Data

3. Section Number: Form20_Health Status Indicator #04A

Field Name: HSI04A

Row Name:

Column Name:

Year: 2009

Field Note:

226 total non fatal injuries for children less than 15 yrs

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	150.3	61.1	166.2	86.0	81.2
Numerator	24	10	27	12	11
Denominator	15,966	16,372	16,244	13,946	13,555

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 #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2011

Field Note:

Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year.

2. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2010

Field Note:

Population data source changed to USCB estimates based on most current 2010 Census Data

3. **Section Number:** Form20_Health Status Indicator #04B

Field Name: HSI04B

Row Name:

Column Name:

Year: 2009

Field Note:

There were 27 MVA nonfatal injuries with children less than 15 yrs

HEALTH STATUS INDICATOR #04C

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

	Annual Indicator Data				
	2007	2008	2009	2010	2011
Annual Indicator	<u>351.8</u>	<u>311.6</u>	<u>147.1</u>	<u>330.5</u>	<u>220.6</u>
Numerator	<u>37</u>	<u>32</u>	<u>15</u>	<u>28</u>	<u>18</u>
Denominator	<u>10,516</u>	<u>10,271</u>	<u>10,198</u>	<u>8,473</u>	<u>8,159</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 #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2011**Field Note:**

Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year.

2. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2010**Field Note:**

Population data source changed to USCB estimates based on most current 2010 Census Data

3. **Section Number:** Form20_Health Status Indicator #04C

Field Name: HSI04C**Row Name:****Column Name:****Year:** 2009**Field Note:**

There were 15 MVA injuries for 15-24 yrs of age.

HEALTH STATUS INDICATOR #05A

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

Annual Indicator Data

	2007	2008	2009	2010	2011
Annual Indicator	11.9	8.6	15.1	13.9	5.3
Numerator	30	22	39	64	23
Denominator	2,517	2,544	2,582	4,608	4,308

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 #05A

Field Name: HSI05A**Row Name:****Column Name:****Year:** 2011**Field Note:**

Data Source: HIV/STD Program. Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year. Please note that the reduction in work hours and budget cuts have also closed the access sites for testing. Per 2011 YRBS, Among high school students who had sexual intercourse during the past 3 months, the percentage who used a condom during last sexual intercourse was 42.8 in 2009 and 42.4 in 2011.

2. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A**Row Name:****Column Name:****Year:** 2010**Field Note:**

There were 316 teens aged 15-19 that got tested for chlamydia. Of these there were 64 that tested positive. Per 1999 SPC Pop Est there are 5,581 teens aged 15-19 years in the CNMI. Please note that these are numbers (tested and positive) from the Department of Public Health Lab Unit and does not include the private lab. Population data source changed to USCB estimates based on most current 2010 Census Data.

3. **Section Number:** Form20_Health Status Indicator #05A

Field Name: HSI05A**Row Name:****Column Name:****Year:** 2009**Field Note:**

39 cases of chlamydia for women 15-19 years of age.

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	5.5	2.1	5.2	7.7	3.2
Numerator	89	32	74	96	39
Denominator	16,320	14,888	14,156	12,422	12,063

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:

Denominator data source is US Census Bureau, International Programs, International Database. All estimates are based on calendar year.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2010

Field Note:

There were 776 in these age group that got tested for chlamydia. Of these 96 tested positive. Per the 1999 SPC Pop Est there are 13,783 women aged 20 through 44 years in the CNMI. Again, these numbers are from the Department of Public Health Laboratory Unit and does not include the private lab. Population data source changed to USCB estimates based on most current 2010 Census Data.

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

Field Name: HSI05B

Row Name:

Column Name:

Year: 2009

Field Note:

74 cases of chlamydia for women aged 20-44.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

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

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

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	1,159	16	1	0	317	510	306	9
Children 1 through 4	4,635	64	3	0	1,268	2,040	1,224	36
Children 5 through 9	5,424	65	4	0	1,100	2,750	1,465	40
Children 10 through 14	4,379	55	4	0	725	2,515	1,050	30
Children 15 through 19	3,944	25	4	0	1,175	2,060	665	15
Children 20 through 24	11,169	60	4	0	5,265	1,775	4,030	35
Children 0 through 24	30,710	285	20	0	9,850	11,650	8,740	165

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

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	1,159	0	9
Children 1 through 4	4,635	0	36
Children 5 through 9	5,424	0	40
Children 10 through 14	4,379	0	30
Children 15 through 19	3,944	0	15
Children 20 through 24	7,569	0	35
Children 0 through 24	27,110	0	165

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

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? Final

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	1	0	0	0	0	1	0	0
Women 15 through 17	30	0	0	0	1	24	5	0
Women 18 through 19	60	0	0	0	7	43	10	0
Women 20 through 34	710	3	1	0	354	296	55	1
Women 35 or older	232	3	1	0	177	50	1	0
Women of all ages	1,033	6	2	0	539	414	71	1

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

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	1	0	0
Women 15 through 17	30	0	0
Women 18 through 19	60	0	0
Women 20 through 34	710	0	1
Women 35 or older	232	0	0
Women of all ages	1,033	0	1

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

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

For both parts A and B: Reporting Year: 2011 Is this data from a State Projection? No Is this data final or provisional? 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	4	0	0	0	3	1	0	0
Children 1 through 4	2	0	0	0	0	1	1	0
Children 5 through 9	1	0	0	0	0	1	0	0
Children 10 through 14	2	0	0	0	0	1	1	0
Children 15 through 19	2	0	0	0	0	2	0	0
Children 20 through 24	0	0	0	0	0	0	0	0
Children 0 through 24	11	0	0	0	3	6	2	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	0	0	0
Children 1 through 4	0	0	0
Children 5 through 9	0	0	0
Children 10 through 14	0	0	0
Children 15 through 19	0	0	0
Children 20 through 24	0	0	0
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

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	19,541	225	16	0	4,585	9,875	4,710	130	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	17,232	126	10	0	5,394	11,691	0	11	2011
Number enrolled in SCHIP	17,232	126	10	0	5,394	11,691	0	11	2011
Number living in foster home care	7	0	0	0	5	2	0	0	2011
Number enrolled in food stamp program	7,963	24	0	0	2,142	5,484	0	313	2011
Number enrolled in WIC	4,275	12	12	2	1,948	2,301	0	0	2011
Rate (per 100,000) of juvenile crime arrests	218.0	4.0	0.0	0.0	21.0	191.0	0.0	2.0	2011
Percentage of high school drop-outs (grade 9 through 12)	1.5	0.0	0.0	0.0	19.0	81.0	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	19,541	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	17,232	0	0	2011
Number enrolled in SCHIP	17,232	0	0	2011
Number living in foster home care	7	0	0	2011
Number enrolled in food stamp program	7,963	0	0	2011
Number enrolled in WIC	4,275	0	0	2011
Rate (per 100,000) of juvenile crime arrests	218.0	0.0	0.0	2011
Percentage of high school drop-outs (grade 9 through 12)	1.5	0.0	0.0	2011

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

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

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	0
Living in urban areas	0
Living in rural areas	19,541
Living in frontier areas	0
Total - all children 0 through 19	19,541

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

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

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

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

POVERTY LEVELS	TOTAL
Total Population	53,883
Percent Below: 50% of poverty	19.1
100% of poverty	69.2
200% of poverty	82

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MP

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

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

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	19,541
Percent Below: 50% of poverty	1
100% of poverty	1
200% of poverty	1

FORM NOTES FOR FORM 21

Data source is US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year. Please note that among population the highest ethnic group is either Asians or Native Hawaiian or Other Pacific Islander. We rarely have Hispanic or Latino ethnicity.

FIELD LEVEL NOTES

1. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2013
Field Note:
Currently waiting on 2010 Census Results
2. **Section Number:** Form21_Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2013
Field Note:
Not Applicable in the CNMI
3. **Section Number:** Form21_Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2013
Field Note:
Data Source: 2010 Census CNMI Population Statistics
4. **Section Number:** Form21_Indicator 12
Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2013
Field Note:
Source of all population data is from the US Census Bureau, International Programs, International Data Base. All estimates are based on calendar year. Poverty level based on 2005 HIES Report.