



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

FEDERATED STATES OF MICRONESIA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Federated States of Micronesia

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director
Stanley Mickey Interim MCH Director smickey@fsmhealth.fm (691) 320-2619	Stanley Mickey Interim CSHCN Director smickey@fsmhealth.fm (691) 320-2619

SSDI Project Director	State Family Leader
Stanley Mickey Interim SSDI Project Director smickey@fsmhealth.fm (691) 320-7363	No Contact Information Provided

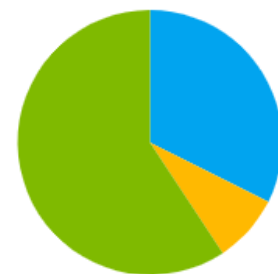
State Youth Leader
No Contact Information Provided

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$446,102
State MCH Funds	\$115,000
Local MCH Funds	\$816,225
Other Funds	\$0
Program Income	\$0

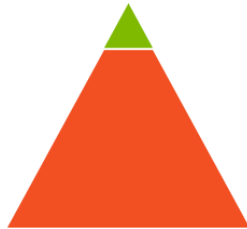
FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$440,000
Enabling Services	\$89,220	\$0
Public Health Services and Systems	\$356,882	\$0

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



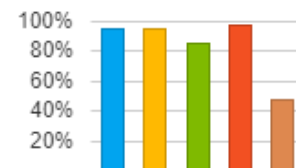
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	95.0%	\$137,855
Infants < 1 Year	95.0%	\$150,217
Children 1 through 21 Years	85.0%	\$236,970
CSHCN (Subset of all infants and children)	98.0%	\$285,210
Others *	48.0%	\$25,100

FY 2023 Expenditures Total: \$835,352



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Access to health services- Improve women’s health through cervical cancer and anemia screening</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percent of women, ages 18 through 44, attending community outreach events on preventive medical visits in the past year <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of women (15-44 years old) screened for anemia for the past year ● SPM 1: Percent of women ages 21-65 years old receiving cervical cancer (Pap & VIA) screening. 	<p>Women/Maternal Health</p>
<p>Improve perinatal/infant outcomes through early and adequate prenatal care services including Gestational Diabetes and anemia screening and promoting breastfeeding</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percent of new mothers who attended breastfeeding group workshops <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of pregnant women who are screened for gestational diabetes by 24-28weeks. 	<p>Perinatal/Infant Health</p>
<p>Improve child health through healthy weight through physical activity and nutrition promotion</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: Percent of schools providing at least 60 minutes daily physical activity opportunities for students before, during and after school day. 	<p>Child Health</p>

<p>Improve adolescent health by providing well medical visits, assessing violence and safety and promoting healthy adolescent behaviors and reducing risk behavior (i.e drug, alcohol use) and poor outcome</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Percent of adolescents ages 12 through 17 attending educational awareness on preventive medical visits in the schools <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Percent of adolescents aged 12-17 years who have attended educational awareness sessions on adolescent and behavioral health in the schools 	<p>Adolescent Health</p>
<p>Provide care coordination training for parents/caregivers of Children with Special Health Care Needs</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of CSHCN providers received specialty training from overseas consultants <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percent of parents/caregivers receiving components of the medical home training 	<p>Children with Special Health Care Needs</p>
<p>Provide postpartum checkup to Women within 12 weeks after giving birth and a postpartum checkup and recommended care component.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV <ul style="list-style-type: none"> ○ ESM PPV.1: Percent of women that attended Postpartum Visit 	<p>Women/Maternal Health</p>
<p>Provide a medical home to children with and without special health care needs</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of CSHCN providers received specialty training from overseas consultants 	<p>Child Health, Children with Special Health Care Needs</p>

Executive Summary

Program Overview

Program Overview

Politically, the FSM is freely associated nation with the United States under a Compact of Free Association entered into with the United States in 1986 with an amended compact entered into on June 30, 2004. Each of the four FSM States has its own constitution, elected legislature and governor. The governments of the FSM and the United States maintain deep ties and a cooperative relationship, with over 25 U.S. federal agencies that maintain programs in the FSM.

To understand the challenges and context of the FSM, a brief review of the geographical location, political status, population, and the significant ethnic and linguistic diversity of the FSM is necessary. The FSM is an island nation with a total population of approximately 104,832 spread out over some 607 widely dispersed islands in the Western Pacific Ocean. The FSM is a constitutional federation incorporating four main states: Pohnpei, Chuuk, Yap and Kosrae. Kosrae State is the only FSM State composed of a single island. Surrounding each of the other three States are sparsely inhabited outer islands. Each of the FSM States are separated by hundreds of miles of Pacific Ocean accessible only by airplane or boat.

The people of the FSM are highly diverse with nine main and different ethnic groups speaking some thirteen (13) different languages. This highly diverse population with different languages or dialect use English to communicate across the four FSM states. English proficiency levels vary, with most of the older population being monolingual in their own native language. Most of the younger population has basic English proficiency skills. In the public school classrooms, children are taught in both their native language and English from first to third grade, after which English is used almost exclusively in middle-elementary to high school. What is truly unique about the linguistic context of the FSM is that each major language is not interrelated with the other language. Each has its own linguistic structure, pronunciation, vocabulary, sentence structures, and semantic, syntactic, and pragmatic rules. With the arrival of many Asian businesses to the FSM, other languages are being introduced, such as Filipino and Chinese. The MCH Program respects this cultural and linguistic diversity and seeks appropriately paired demographics within its staff, community leaders and families that participate in the program on each island state.

Although there have been improvements in some areas, there continue to be disparities which still present challenges. The effects of the remote location preventing access to basic services as well as the population demographics affecting health literacy was seen in the identified priorities. The MCH Program has been instrumental in forging strong partnerships to enhance disease prevention and public awareness activities. Much of the work accomplished by MCH staff is done in collaboration with other state agency staff, particularly Public Health and Education. MCH personnel work with other state agency staff on a nearly daily basis through coalitions, task forces, advisory groups, committees, and through cooperative agreements. The FSM MCH Program is well-integrated with Family Planning Program, Immunization Program, Substance Abuse and Mental Health Program, HIV/STD Prevention Program, Non-Communicable Disease Unit including Diabetes, Cancer, Tobacco Control, and the FSM Department of Education, in particular the Early Intervention Service. The MCH Program works with each FSM State's Community Health Centers to improve accessibility and expand primary care services for low-income and vulnerable populations. The MCH Program has an established working partnership with the College of Micronesia for training needs of both clinical and programmatic staff, conducting awareness activities in nutrition and physical activity, and to prevent and control non-communicable disease. The MCH Program staff at the state level work closely with parents' support groups, church leaders, women's groups, and community and traditional leaders.

The annual meeting for all FSM MCH programs was done in June 10-14, 2024 in the State of Chuuk to review the progress of the 2023 work plan and the upcoming plan for the 2025 grant application. The meeting was in-person represented by the FSM State MCH coordinators, data clerks and CHSCN coordinators. Although there were slight improvements in alignment of NPMs, SPMs, and ESMs in this year's reporting period, there are still existing challenges around measuring the stated indicators due to insufficient data and data sources.

One of the major discussions during the annual meeting was the change in the budget for MCH program in the upcoming implementation year. All three FSM states had legislation on salary increase for all government staff including the MCH employees. This mandate will have an impact on how national MCH program will work with the State MCH programs in terms of budget adjustment within categories.

Upon reviewing the 2023 progress, FSM MCH program will continue to implement existing strategies and activities in the 2025 Plan including preliminary activities with the new additional NPMs on medical home and postpartum.

WOMAN AND MATERNAL HEALTH

The FSM maternal health clinics serve as many women's first entry into medical care or their medical home. MCH recommends and provides preventive health services in accordance with recognized standards of care. The program aims to improve clients' access to preventive health services through cervical cancer (Pap & VIA) and anemia screening. Because the preventive health clinics of the FSM all exist within the public health facilities, clients can avail themselves of multiple public health screening and preventive services in one visit. In this way, The MCH Program serves as the gateway to care through partnerships with other public health programs and other health and social programs.

PERINATAL AND INFANT HEALTH

MCH Program continues to strive to improve prenatal care adequacy. The process of prenatal care at the clinic may be a deterrent to some women. There is limited pregnancy expectation education so the community is unaware of what to anticipate during pregnancy and prenatal care. Unplanned pregnancy, late access and inadequate prenatal care, limited preventive health screening services, and poverty play a significant role in poor birth outcomes, causing additional stressors on the family, community, the health care system and the government. The MCH Program is committed to improving prenatal care access and adequacy through the MCH clinics CHCs, and dispensaries on the main island and in remote areas.

Breastfeeding education and awareness continue to be a priority for mothers since childcare education is lacking in the FSM. New mothers rely on families for childcare rearing and for healthy feeding practices.

CHILD HEALTH

Physical activity is not tracked well in the FSM. In addition, it is uncertain if all children's health care providers are aware of the recommendations for physical activity for children and if this is promoted during well children visits. Processed foods are affordable and plentiful in this remote area where fresh ingredients are often hard to come by, perishable and expensive for the average FSM resident. This highly processed diet in a population with a strong genetic propensity to diabetes and hypertension leads to devastating rates of diabetes, heart disease, stroke, renal failure and dialysis in patients much younger than the average age in the US mainland. FSM MCH Program intends to start young to combat obesity and nutrition to prevent non-communicable diseases.

Currently developmental screenings are only completed on the MCH population but not the population at large. Currently, screening tools are developed by an Australian volunteer Speech pathologist, who assisted 2 of the FSM States (Pohnpei and Kosrae) in developing the screening tools for up to 4 years old in children. Diagnosis often depends on specialist visits from off island so MCH provides gap care until the next specialist is on island. Interventions for those with delays do not begin until age 3 with Special Education, therefore the MCH program provides gap care for these children as well.

ADOLESCENT HEALTH

FSM teens have a high rate of pregnancy, sexually transmitted diseases, alcohol use, non-fatal motor vehicle crashes and suicide. The MCH goal is to encourage positive health behavior activity in adolescents, through comprehensive interventions at age-appropriate levels in a culturally-sensitive manner that will impact the frightening possibilities of adolescent risk behavior activity. Currently the FSM MCH program provides school physicals until age 12 but not again unless required for college entry. As such, well adolescent visits do not occur with regularity. The Program plans to expand these school physicals into the high school grades. During these well adolescent visits, youth will receive assessment on violence and safety and information and education on risky behavior and its possible negative outcomes.

CSHCN

FSM's MCH Program historically has a solid working collaboration with the public and private sectors as well as governmental and non-governmental organizations.

The Program tracks percent of children identified with a special health care need that are part of the CSHCN Program especially among hard of hearing clients. Most children in the program are identified through Child Find a program of Special Education, when diagnosed as deaf or hard of hearing, or seen and referred by Shriners during Shriners annual visit. However, specialty care and specialists in country continues to be a major problem in all FSM States.

The FSM revisited the seven priorities and strategies based on the 2023 Summary Review:

Access to health services- Improve women's health through cervical cancer and anemia screening

Improve perinatal/infant outcomes through early and adequate prenatal care services including Gestational Diabetes and anemia screening

Improve child health through healthy weight through physical activity and nutrition promotion

Improve adolescent health by providing well medical visits, assessing violence and safety and promoting healthy adolescent behaviors and reducing risk behavior

Provide care coordination training for parents/caregivers of Children with Special Health Care Needs

PRIORITIES AND NATIONAL PERFORMANCE MEASURES

Priority	Performance Measure
Women/Maternal	
Access to health services- Improve women’s health through cervical cancer and anemia screening	SPM #1 Percent of women ages 21-65 years old receiving cervical cancer (Pap & VIA) screening
	SPM #2. Percent of women (15-44 years old) screened for anemia in the past year
	NPM: Postpartum
Perinatal/Infant	
Improve perinatal/infant outcomes through early and adequate prenatal care services including Gestational Diabetes and anemia screening	SPM #3 - Percent of pregnant women who received early and adequate prenatal care services beginning during the first trimester including gestational diabetes screening by 24-28 weeks.
Child	
Improve child health through healthy weight through physical activity and nutrition promotion	NPM #8 Physical activity: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
	NPM: Medical Home
Adolescent	
Improve adolescent health by providing well medical visits, assessing violence and safety and promoting healthy adolescent behaviors and reducing risk behavior and poor outcomes	SPM #4 - Percent of adolescents aged 12-17 years who have attended educational awareness sessions on adolescent and behavioral health in the schools
CSHCN	
Provide care coordination training for parents/caregivers of CSHCN	SPM #5 - Percent of parents/caregivers receiving and completed training in Care Coordination of services for children with special health care needs (CSHCN).
	NPM: Medical Home

The FSM does not have the following programs or services: Title V- H.O.M.E. Visiting, Title XIX - Medicaid, Title XXI - Child Health Insurance Program, Social Services, Child Welfare Programs, Social Security Administration, WIC Program, or Rehabilitation Services.

The MCH Program leverages funds and resources from and works with international agencies such as Red Cross, World Health Organization and United Nations Children’s Fund and Population Fund.

How Federal Title V Funds Complement State-Supported MCH Efforts

How Federal Title V Funds Support State MCH Efforts

Similar to previous years, the MCH Block Grant Fund supports the overall MCH efforts in the Federated States of Micronesia (FSM). Primarily, the Block Grant fund supports Enabling Services to improve and increase access to health care and improve health outcomes of the FSM MCH population. The types of enabling services supported include: Care/Service Coordination for Children of Special Healthcare Needs, Laboratory Supplies for Newborn Screening, Health Education and Counseling for Individuals, Children, and Families, Outreach, and Referrals. Public Health Services and Systems are also supported through MCH Block Grant dollars. Supporting activities and infrastructure to carry out core public health functions in the FSM is critical for the efforts being made towards improving population health. Specifically, MCH Block Grant funds are used to support policy and system development,

annual and five-year needs assessment activities, education and awareness campaigns, program development & implementation, monitoring, evaluation and screening. Most of the Title V MCH funds used to support workforce development towards building capacity among MCHB staff and partners who impacted FSM's Title V Priorities.

MCH Success Story

Pohnpei Success Story

In late 2022, the Pohnpei MCH Program embarked on a project with UNICEF Ms. Yumiko Shinya to develop SMS Reminder system for the Antenatal Care Clinic (ANC). This project uses the RapidPRO app to generate text messages using patient expected date of delivery (EDD) to calculate when the client's next ANC visit would be. An automated text would be sent out to registered clients with cellphones (sim cards) reminding them of their next ANC visit as well as send monthly educational awareness on the certain labs and services provided during pregnancy and importance and benefits of these services. This app allows the program staff to send instant messages to either specific clients or all active ANC clients who are registered on the app. This enables the program to send messages regarding sudden changes in ANC schedules or if clinics are closed on holidays that coincide with clinic days. The concerns for those with devices without sim cards is now being addressed as the team is working on a facebook messenger version. The project is now being piloted with over 250 clients registered on the app and receiving SMS reminders and SMS educational awareness on ANC services. This project has gone further to include a module for immunization appointment reminder which is just completed and set to start registering clients this year. The team is currently working to create a module for RHD as well as Family Planning module to allow for clients in these programs to also be reminded via text messages on their next appointments. This project will aid in improving patient revisits and help reduce patient lost to follow-up.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Federated States of Micronesia

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.