HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

FEDERATED STATES OF MICRONESIA

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 FY2024 Application / FY2022 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
Dionisio Saimon Family Health Program Manager desaimon@fsmhealth.fm (691) 320-2619	Dionisio Saimon Family Health Program Manager desaimon@fsmhealth.fm (691) 320-2619

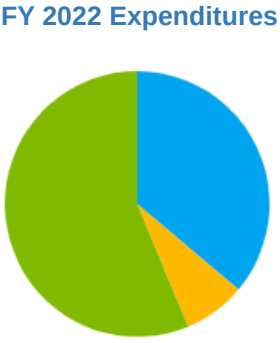
State Family Leader	State Youth Leader
Arlynn Linny System Manager arlinny@fsmhealth.fm (691) 320-2619	Stanley Mickey Family Planning Coordinator smickey@fsmhealth.fm (691) 320-2619

State Hotline

Toll-free hotline is not available

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	$523,967
State MCH Funds	$110,000
Local MCH Funds	$816,225
Other Funds	$0
Program Income	$0

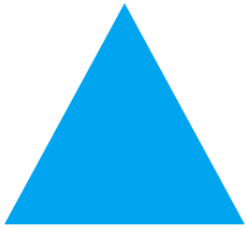


Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$440,000
Enabling Services	$270,485	$0
Public Health Services and Systems	$253,482	$0

FY 2022 Expenditures Federal

FY 2022 Expenditures Non-Federal



Percentage Served by Title V

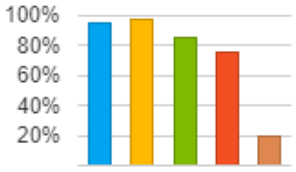
Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	94.0%	$155,432
Infants < 1 Year	97.0%	$217,440
Children 1 through 21 Years	85.0%	$257,180
CSHCN (Subset of all infants and children)	75.0%	$280,298
Others *	20.0%	$6,315

*Others– Women and men, over age 21.

FY 2022 Expenditures

Total: $916,665

FY 2022 Percentage Served



Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	0
Other Toll-Free Calls:	0

State does not have a toll-free hotline.

State did not provide a State Title V Program Website or State Title V Social Media Website.

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.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
Access to health services- Improve women's health through cervical cancer and anemia screening SPMs • 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.	Women/Maternal Health
Improve perinatal/infant outcomes through early and adequate prenatal care services including Gestational Diabetes and anemia screening and promoting breastfeeding NPMs • NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months ○ ESM 4.1: Percent of new mothers who attended breastfeeding group workshops SPMs • SPM 3: Percent of pregnant women who are screened for gestational diabetes by 24-28weeks.	Perinatal/Infant Health
Improve child health through healthy weight through physical activity and nutrition promotion NPMs • NPM 8.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day ○ ESM 8.1.1: Percent of schools providing at least 60 minutes daily physical activity opportunities for students before, during and after school day.	Child Health
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 SPMs	Adolescent Health

Priority Needs and Associated Measures	Reporting Domain(s)
• SPM 4: Percent of adolescents aged 12-17 years who have attended educational awareness sessions on adolescent and behavioral health in the schools	
Provide care coordination training for parents/caregivers of Children with Special Health Care Needs SPMs • SPM 5: Percent of parents/caregivers receiving components of the medical home training	Children with Special Health Care Needs
Improve screening and treatment for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues during well women, well adolescent and prenatal care visits. NPMs • NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year ○ ESM 1.1: Percent of women, ages 18 through 44, attending community outreach events on preventive medical visits in the past year	Women/Maternal Health
Improve health promotion communication NPMs • NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ○ ESM 10.1: Percent of adolescents ages 12 through 17 attending educational awareness on preventive medical visits in the schools	Adolescent Health

Executive Summary

Program Overview

Program Overview

The goal of the Federated States of Micronesia (FSM) Maternal Child Health (MCH) Program is to provide comprehensive, coordinated and preventative services to pregnant women, post-partum women, infants and children, adolescent, and children with special healthcare needs (CSHCN).

There are two levels of government in the FSM, the National Government level and the State Government level. The National MCH Coordinator works in collaboration with other coordinators at the national level. The administration and management of the Title V Program is under the direct control of the National MCH Coordinator, who provides guidance and works closely with each of the four state MCH Coordinators for the planning, implementation and provision of direct services to the maternal, infant, child, and adolescent populations. Health services in the FSM are designed and delivered at the State level. The MCH Program provides primary care and preventive services to pregnant women; mothers and infants; preventive and primary care for children; and services for CSHCN.

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.

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.

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 or bilingual in another language, e.g. Japanese. Most of the younger population has basic English proficiency skills. In the FSM 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. Health literacy across all inhabitants is low as higher education is not common in FSM. 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.

In 2020 the MCH Program conducted a community and stakeholder driven programmatic Needs Assessment of services provided to mothers and children in the FSM. FSM chose a conceptual

framework for the needs assessment process that uses a primary prevention and early intervention –based approach with the goal of optimizing health and well-being among the MCH population across the life course, taking into account the many factors that contribute to health outcomes. The needs assessment served as an essential tool to direct focus on system changes and examine the health status of FSM's families. 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. Based on the assessment, FSM identified seven (7) MCH priorities that will provide guidance for MCH related activities and funding during 2020-2025.

The FSM MCH program convened an annual meeting on site at the Department of Health and Social Affairs office to review the progress of the 2022 work plan and plan for the 2024 grant application. The meeting was in-person represented by the FSM State MCH coordinators, data clerks and CHSCN coordinators. This was the first MCH annual meeting held since the outbreak of the COVID 19 pandemic.

The tools used to measure the progress of the MCH program was based on the State's progress reports and program monitoring visits to the States. 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. Some relevant examples are listed below:

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. Once again, clients need not make multiple appointments or visit multiple clinics to participate in these program services, thereby allowing for comprehensive and cohesive preventive health care.

All the FSM States experienced setbacks and challenges with program implementation as a result of the COVID 19 pandemic responses. All public health employees including MCH staff were repositioned to man and support the COVID 19 response plans both at the hospital settings and during repatriation flights into the FSM. In the State of Yap, health care workers went on strike and health care services shifted to the Independent Community Health Centers (CHC) to supplement the impacts of public health 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. Streamlining the process may increase prenatal care attendance. Even amongst those seeking prenatal care, that care is not always adequate. 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 and dispensaries in remote villages.

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. However, the MCH and public health education and awareness campaigns and services were interrupted by the COVID 19 pandemic and the Government's response to keep the virus out of the country. MCH programs including other public health programs were repositioned and mandated to support the Government's COVID 19 response measures to minimize its negative impacts.

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. FSM children experience a higher rate of being overweight as compared to the US. Unfortunately, post WWII with the introduction of western culture, locals began eating processed foods such as canned meats and rice. This diet has been integrated into the culture of the locals and is considered "traditional food". 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.

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.

Currently developmental screenings are only completed on the MCH population but not the population at large. Current screening tools are developed up until age 18 months and no standardized tool exists beyond that age group. 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.

Public Health awareness in the schools were limited due to the Covid 19 response plan in 2022 that restricted social gathering and social distancing and schools were close down during the pandemic.

ADOLESCENT HEALTH

In 2022, Public Health awareness in the schools were limited due to the Covid 19 response plan that restricted social gathering and social distancing and schools were closed during the pandemic. MCH program encountered shortage of staff to implement health awareness activities at the schools and communities due to most program staff were pull to do covid-19 activities. And despite the CO VID 19 restrictions, the MCH program continued to partner with other Public Health programs (PREP,FP , HIV.STIs) and other government agencies (AG Office, DOE, Public safety) in doing awareness on Teen pregnancy, STIs, Drugs and alcohol use and domestic violence and with the inclusion of the importance of early medical check-up since its staff were part of the National and State Task Forces.

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 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 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.

Revisions to the existing ESM and strategies continued with delays in the plan implementation as an effect of pandemic conditions. Key highlights are provided by domain and priority health issues. Evidenced-Based Informed Strategic Measures for the selected Child NPM and Strategies was modified and the remaining SPMs will be tract in 2024.

The FSM revisited the seven priorities and strategies based on the 2022 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
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
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).

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

As usual 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. Additionally, funds are used to support workforce development towards building capacity among MCHB staff and partners who impact FSM's Title V Priorities.

MCH Success Story

Kosrae Cancer Survivor Group SUCCES STORY

The Kosrae Cancer Survivors Organization is a sub-group with the Kosrae Comprehensive Cancer Coalition formulated during the year 2006 or thereabout and was tasks with the important responsibility to provide health education about cancer and its effects in the people of the State of Kosrae.

The group was very active at the beginning but became a bit inactive when the Program Manager who organized this group moved on. In 2020, the Kosrae Cancer Survivor Organizations was reactivated. When this group get back together, there were about thirty members. Some died and some migrated to seek medical support outside of the FSM.

This group supported and contributed a lot to the MCH program. Their main goal was to convince more women to come for early breast and cervical cancer screening. They were recruiting and advocating for early screenings by sharing their own journeys and stories. They also did outreach activities by stressing the importance of early screening; as a result, more women became aware and wanted to be screened early.

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 2022.

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.