HRSA

Health Resources & Services Administration

Title V MCH Block Grant Program

FEDERATED STATES OF MICRONESIA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

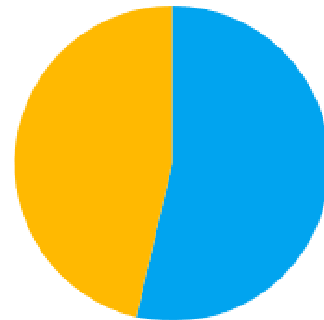
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Mr. Dionis E. Saimon	Mr. Dionis E. Saimon	No Contact Information Provided
Program Manager	Program Manager	
desaimon@fsmhealth.fm	desaimon@fsmhealth.fm	
(691) 320-2619	(691) 320-2619	

Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	$509,729
State MCH Funds	$440,000
Local MCH Funds	$0
Other Funds	$0
Program Income	$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$509,729	$440,000
Enabling Services	$0	$0
Public Health Services and Systems	$0	$0

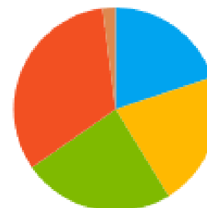
FY 2014 Expenditures Federal

FY 2014 Expenditures Non-Federal

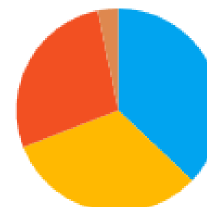
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	2,266	$176,901	19.9%
Infants < 1 Year	1,957	$189,505	21.3%
Children 1-22 Years	1	$213,904	24.1%
CSHCN	1,687	$289,561	32.6%
Others *	200	$18,305	2.1%
Total	6,111	$888,176	100%

FY 2014 Expenditures



FY 2014 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	4
Other Toll-Free Calls:	0

Executive Summary

The **Federated States of Micronesia** (FSM), an island-nation in the Western Pacific Ocean which is in free association with the United States, consists of approximately 607 islands, with four island groupings or states (Chuuk, Kosrae, Pohnpei and Yap). The FSM government is submitting this grant application, in response to the announcement from HRSA for availability of funding for MCH Program Services for the period "2016 to 2020 Program Cycle to implement its Maternal and Child Health (MCH) Program in each of its four states' Health Departments based on an integrated health model in a scattered island environment. This application is requesting a sum of $2,873,245 for a period of five years to strengthen MCH Program Services in the FSM.

1. Problem Statement

FSM has a very high percentage of families living below the federal poverty level, resulting in a very large underserved population who are not receiving recommended annual preventive health services. The FSM has a high rate of teen pregnancies (43.6 per 1,000 women 15-17 years), relatively high infant mortality rate (21.5 per 1,000 live births) and a low birth weights percentage of 11% of live singleton births. The FSM National Government provides coordination of services and supplies between the states and the four separate, autonomous state governments are primarily responsible for delivery of services. This poses a coordination challenge that impacts the efficiency of service delivery. The health delivery system is set up in a 'hospital oriented' way, with the majority of resources being allocated to curative rather than preventive services. Currently, most MCH Program services and related preventive health services are centralized at the major clinic in the State's Divisions of Public Health, limiting accessibility to on-going high quality MCH and related preventive health services by the hard to reach communities and vulnerable populations.

2. Implementation Plan and Approach

Every five years, the Federated States of Micronesia (FSM) is required by the Title V legislation to develop a comprehensive statewide needs assessment. This needs assessment requires ongoing sources of information about maternal and child health (MCH) status, risk factors, access, capacity and outcomes. Needs assessment of the MCH population is critical to program planning and development and enables the State to target services and monitors the effectiveness of interventions that support improvements in the health, safety and well-being of the MCH population. 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 overall goal of the process focused on identifying a set of definite priorities that could be acted upon at some depth so that results, even preliminary ones, would be achievable and evident in five years. The needs assessment served as a vital planning process for determining where best to focus FSM's MCH efforts to implement programs, policies and systems building efforts that will measurably demonstrate impact within five years. FSM also employed a strategic planning process to examine how these new priority areas can be incorporated into the existing MCH scope of work. The FSM's needs assessment process was guided by the MCH Needs Assessment Steering Committee which comprised of the National MCH Coordinator, Family Planning Program Coordinator, National CSHCN Physician, the four State MCH Coordinators and a contracted consultant in partnership and collaboration with our Stakeholders. Stakeholders included representation from national and state MCH programs (including MCH Needs Assessment Steering Committee members), family/youth serving agencies, faith-based agencies, and other key MCH community partners such as health care providers and community-based agency staff, along with representatives from other state agencies and academic institutions. Stakeholders included representatives from public health and other governmental agencies (e.g., the FSM Department of Education and Department of Safety, etc.), staff from community-based organizations and advocacy/interest groups (e.g., Chuuk Women's Counsel, Our Yap, etc.) along with health care providers/organizations (e.g., The Wa'ab and Pohnpei Community Health Centers, etc.) and academic partners (College of Micronesia). Criteria used for selecting stakeholders included their area of expertise and workplace setting (e.g., geographic perspective), training and experience, knowledge of public health, and their ability to conceptualize at the strategic level, while not solely advocating for a single issue. Members solicited feedback from their own constituencies/ stakeholders in between meetings which greatly expanded the reach of this effort.

As an outcome of the Needs Assessment, the following nine priority areas were identified as the priority for which MCH resources will target for the next program cycle:

1. Improve women's health through cervical cancer and anemia screening;
2. Improve perinatal/infant outcomes through Gestational Diabetes and anemia screening during early and adequate prenatal care services, hearing and anemia screening of the infant and promoting breastfeeding;
3. Improve child health through providing vaccinations and screening for developmental delays;
4. Reduce childhood injury;
5. Improve adolescent health by providing well medical visits and promoting healthy adolescent behaviors and reducing risk behavior (i.e. drug and alcohol use) and poor outcomes (i.e. teen pregnancy, injury, suicide);
6. Provide a transitional services for youth identified as having Special Health Care Needs;
7. Improve identification of CSHCN through screening for developmental delays;
8. Improve oral health of children;
9. Reduce tobacco use in pregnant women

FSM chose the following eight national performance measures (NPM) by domain:

Women's/Maternal Health

NPM 1. Increase women receiving a well woman visit including Pap or VIA

Infant/Perinatal Health

NPM 4. Increase women reporting exclusive breastfeeding through 6 months

Children's Health

NPM 6. Increase children receiving developmental screening

NPM 7. Reduce rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9

Adolescent Health

NPM 10. Increase adolescents receiving a well visit

Children with Special Health Care Needs

NPM 12. Increase CSHCN receiving transitional services

Cross-Cutting

NPM 13. Increase children receiving a preventative dental visit

NPM 14. Decrease percent of women who use tobacco during pregnancy

FSM MCH Program and partners developed the following state performance measures to address the priorities:

Increase children receiving routine vaccines

Increase women and infants screened for anemia

Increase pregnant women screened for Gestational Diabetes

Reduce infant/fetal death

Increase newborns screened for hearing

The assessment of the data shows that the health status of the MCH Population had not improved substantially. In fact, in some areas it shows that health status outcomes had worsened. The FSM MCH Program has planned for and will continue with a community based approach to the delivery of MCH Program services and related preventive health services. This involves bringing maternal and child health services, health education and screening programs directly to residents of the areas. Management training programs will be conducted directly for the program managers and service providers as a means to improving efficiency and effectiveness of the program. The services will be conducted at public health clinics, community clinics, local parish halls, schools, community centers and sport facilities in close cooperation with more than ten local community organizations. MCH Program outreach workers with community experience will work with individuals and organizations to promote participation by support groups, such as the mental health and tobacco coalitions, to also generate demand. They will conduct follow-up by contacting the participants to determine whether the information gained through the program is being applied in their daily lives.

3. Evaluation Method

Both process and outcome evaluation methodologies will be utilized. Unmet need for the MCH Program and rates of service indicators will be used for evaluating clients' needs for services during the project period. Infant and maternal mortality and morbidity rates will be used as outcome indicators. Other process criteria for evaluation will include: the total number of unduplicated clients attending MCH Program services; numbers served versus the target number; the extent of community interest and support for the program. Monthly and quarterly statistical and narrative reports will be used and on-site monitoring will be conducted. Technical assistance will be provided from the National Government as well as AMCHP and other regional and international organization providing program of assistance to the FSM.