



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

MARSHALL ISLANDS

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – Marshall Islands

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
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$252,494
State MCH Funds	\$189,372
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$184,494	\$158,748
Enabling Services	\$30,000	\$15,000
Public Health Services and Systems	\$38,000	\$15,624






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	1,204	\$98,335	22.3%
 Infants < 1 Year	1,511	\$97,343	22.0%
 Children 1-22 Years	29,800	\$123,092	27.9%
 CSHCN	294	\$123,092	27.9%
 Others *	0	\$0	0.0%
Total	32,809	\$441,862	100%

FY 2014 Expenditures



FY 2014 Individuals Served







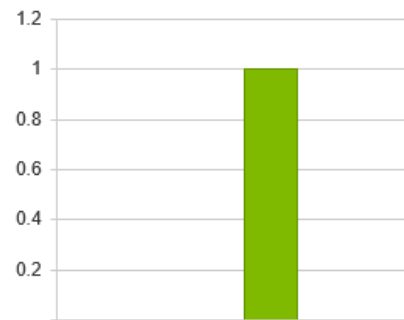
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 2	Low-Risk Cesarean Delivery	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

Communication Reach

Communication Method	Amount
 State Title V Website Hits:	0
 State Title V Social Media Hits:	0
 State MCH Toll-Free Calls:	1
 Other Toll-Free Calls:	0



Executive Summary

Program Activities Related to Performance Measure

Direct Health Care Services: The RMI will continue to focus its preventive and health care services for pregnant women, mothers and children and CSHCN in the country. These health care services will be provided to the two hospitals, health centers in the outer atolls, Public Health clinics and during our community outreach and activities.

Enabling Services: MCH/CSHCN will continue to collaborate with the Health Education and Health Promotion Unit (Nutrition Unit) and Public Health Programs in conducting its community outreach and health promotion activities for women, children, pregnant women and infants both in the urban centers and the remote atolls.

Population-Based Services: The MCH/CSHCN program will strengthen its screening efforts to providing Pap smear to all women who attend the Public Health clinics and those are at risk for developing cervical cancer. This will be done in the clinics as well as during community outreach activities. The MCH/CSHCN will improve its screening efforts for children with special health care needs in addition to the coordination and referral to the CSHCN program. Additionally, the RMI will improve its dental health care service and school health programs, which will include immunization, Vitamin A distribution, and fluoride distribution, for the school children. Community outreach will continue to develop its primary health care programs to provide immunization, screening and health promotion at the community level.

Below are the Marshall Islands State Priorities:

To reduce the maternal mortality rates. (Continue)	State needs.
Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool (New)	
Increase percent of infants breastfed exclusively through 6 months (New)	
Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (New)	
To increase the rates of teenager 15-19 years old acceptors of modern contraceptive. (Replace)	Not duplicate with NPM.
To increase the percentage of women who screened for cervical cancer. (Continue)	Not duplicate with NPM.
To increase the number of children, ages 1 through 17, who had a preventive dental visit in the	
To increase number of CSHN entry into the program. (New)	Not duplicate with NPM.
To increase the number of women who have a preventive medical visit (New)	
To decrease the number of hospital admissions for non-fatal injury among children ages 0 through 19. (New)	