



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

AMERICAN SAMOA

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

Title V Federal-State Partnership - American Samoa

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
Anaise M Uso MCH Program Coordinator anaise@doh.as (684) 633-4008	Ipuniuese Eliapo RHD Program Coordinator, Leo o Aiga Program Director ieliapo@doh.as (684) 633-7733

State Family Leader	State Youth Leader
No Contact Information Provided	No Contact Information Provided

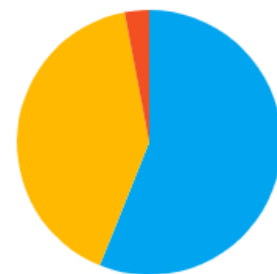
State Hotline

Toll-free hotline is not available

Funding by Source

Source	FY 2022 Expenditures
Federal Allocation	\$501,126
State MCH Funds	\$365,245
Local MCH Funds	\$0
Other Funds	\$26,635
Program Income	\$0

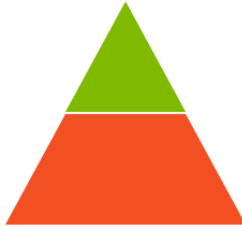
FY 2022 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$1,974	\$0
Enabling Services	\$248,335	\$163,151
Public Health Services and Systems	\$250,817	\$228,729

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



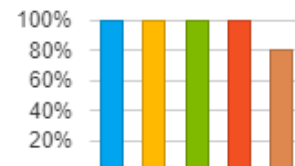
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	\$58,333
Infants < 1 Year	100.0%	\$76,874
Children 1 through 21 Years	100.0%	\$414,881
CSHCN (Subset of all infants and children)	100.0%	\$259,979
Others *	80.0%	\$40,874

FY 2022 Expenditures Total: \$850,941



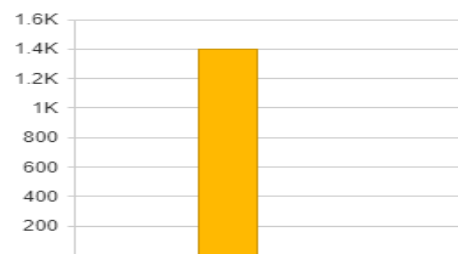
FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	1,400
State MCH Toll-Free Calls:	0
Other Toll-Free Calls:	0



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)
<p>Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: Percent of women who report scheduling a preventive visit based on information obtained through various media outlets. ○ ESM 1.2: Percent of Providers receiving Technical Assistance Training in Prenatal Care Standards of Care and Provider Competencies. ○ ESM 1.3: Percent of postpartum women who received a depression screening and were referred to a behavior health counselor/psychologist. ○ ESM 1.4: Percent of pregnant women who receive at least one preventive dental service in the past year. ○ ESM 1.5: Percentage of women who received the COVID-19 vaccine during a wellness visit. 	<p>Women/Maternal Health</p>
<p>Establish a Newborn Metabolic Screening Program in American Samoa</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of newborns receiving Blood Spot Screening 	<p>Perinatal/Infant Health</p>
<p>Families are empowered to make educated choices about infant health and well-being.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: Percentage of breastfeeding mothers who reported they were more confident breastfeeding in the first six months of birth after receiving breastfeeding education. ○ ESM 4.2: Percentage of providers and health educators who were more confident in providing breastfeeding education to pregnant women after receiving breastfeeding TA training. ○ ESM 4.3: Percentage of BF women who access the virtual chat room for lactation and peer counseling. ○ ESM 4.4: Percentage of postpartum women who received a home-visit from any DOH personnel that works closely with this population, providing breastfeeding reminders and support ○ ESM 4.5: Percentage of Breastfeeding Feeding Coalition Members who report they meet at least 6 times a year 	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM 4.6: Percent of House and Senate who are aware of the importance of paid Maternity Leave. 	
<p>Developmentally appropriate care and services are available for all children.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: Percent of providers serving children and families participating in learning collaborative. ○ ESM 6.2: Number of providers that initiated developmental screenings with parents during medical/home visits after receiving developmental screening training. ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: Percent of children 0-3 years receiving fluoride varnish at least twice a year. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of children ages 3 who have completed their age-appropriate routine vaccinations. 	<p>Child Health</p>
<p>Communities and providers support adolescents' physical, mental and emotional health.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. <ul style="list-style-type: none"> ○ ESM 10.1: Percent of adolescents who have a wellness check-up passport. ○ ESM 10.2: Percent of adolescents who received a depression screening during a wellness visit annually. ○ ESM 10.3: Percent of adolescents that scheduled a wellness checkup after hearing/reading the importance of an annual checkup through mass media campaigns. 	<p>Adolescent Health</p>
<p>Improve System of Care for Children and Youth with Special Health Care Needs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home <ul style="list-style-type: none"> ○ ESM 11.1: Percent of Providers Serving Children with Special Health Care Needs report they are confident in providing services for this population 	<p>Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM 11.2: Percent of providers that reported they were more confident using the MCHAT screener after receiving autism screening training ○ ESM 11.3: Percent of CSHCN families receive transition training. ○ ESM 11.4: The percentage of children ages 4 - 17 years of age who attends at least 90% of their appointed Bicillin shots. 	
<p>Establish a functional RHD registry in the MCH centralized Database SILAS.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Build a functional RHD Registry in SILAS to capture all presumptive and confirmed cases of Rheumatic Fever and Rheumatic Heart Disease. 	<p>Cross-Cutting/Systems Building</p>
<p>Reduce Rates of Rheumatic Heart Disease</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Rate per 10,000 children, ages 5 - 17, diagnosed with (A) Rheumatic Fever or (B) Rheumatic Heart Disease. 	<p>Children with Special Health Care Needs</p>

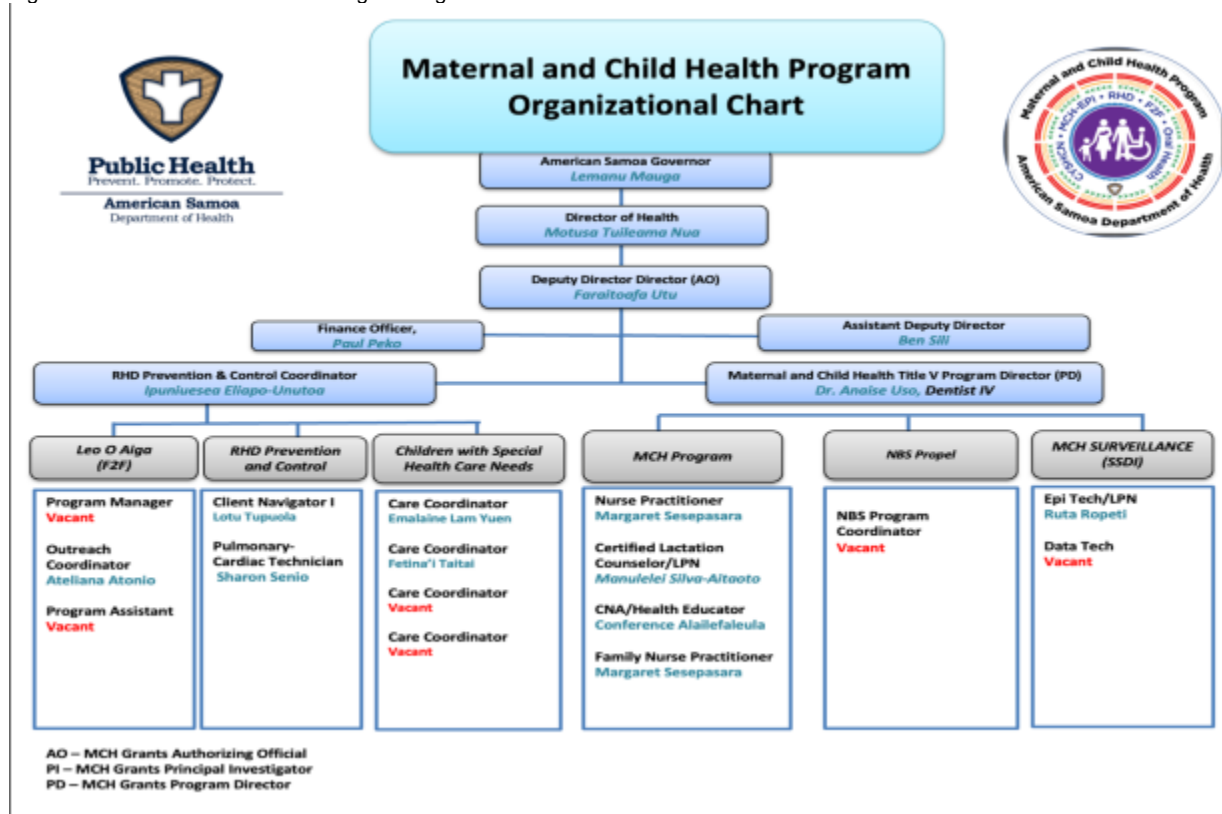
Executive Summary

Program Overview

PROGRAM OVERVIEW:

The American Samoa Maternal and Child Health (ASMCH) Program under the Department of Health receives funding from the federal Health Resources and Services Administration (HRSA) Title V Block Grant, towards improving the lives and overall health of women and children, including children and youth with special health care needs in the territory. MCH is currently under the leadership of the Deputy Director Fara Utu, who reports to the Director of Public Health. An organizational chart is displayed in Figure 1.

Figure 1: American Samoa MCH Program Organizational Chart:



Needs Assessment Findings:

The MCH Title V Program continues to use the block grant logic model to guide the development of the 5-year program plan. From the initial year of the 5-year cycle, the needs assessment process is strategically done to gather information leading to priority needs on all MCH populations. Throughout the year 2022, the Title V program staff were heavily involved in overall DOH COVID response as the territory of American Samoa faced the reality of having this viral infection spread in the community.

In working through these COVID response efforts, the MCH staff incorporated opportunities to continually monitor and assess priority needs from its designated populations. Most clinical services were forced to close for some time while manpower was redirected to assist in COVID vaccination campaigns and sites for COVID treatments across the islands. The only clinics that were allowed to open was the RHD Bicillin clinic and the well child clinic but with restrictions such as social distancing and masking. The MCH team utilized COVID outreach efforts such as call centers, vaccination campaigns, treatment sites, quarantine operations, and surveillance work to reach clients and their families throughout the year.

Internally, the MCH team engaged in reviews to compare the initial needs assessment of the five-year cycle to the collective data sources for 2022. The MCH Title V staff collaborated with partners and agencies who are Data Sources in order to collect and analyze the most up to date and accurate data information during the annual Needs Assessment for 2022. This helped to obtain most Quantitative data beside those provided in national and jurisdictional surveys. There was no opportunity to collect qualitative data from consumers and service providers in various focus groups, however feedback and recommendations were obtained and utilized from MCH stakeholders', other major coalitions and advisory group meetings. This includes meetings by COVID-19 Taskforce (daily then weekly in 2022), NCD Workgroup Committee (weekly), Special Education Board (monthly), DOH Children's Services Programs (quarterly), Leo o Aiga Support Group for Parents of children with Autism (monthly), Parents for children

special needs Network, Medicaid workshop (annual), Money Follow the Person Advisory Group (monthly), DOH Medical Staff CME (weekly), and DOH Key Leaders Meeting (weekly). MCH utilized these opportunities to also obtain information that can be used to gauge changes and progress in the State Action Plan.

ASMCH Priority Needs and Emerging Needs:

POPULATION DOMAIN	ASMCH Priority Needs	NEW, REVISED OR CONTINUED PRIORITY NEED FOR THIS FIVE-YEAR REPORTING PERIOD		
		NEW	REVISED	CONTINUE
Women	1. Women have access to and receive coordinated, comprehensive services before, during and after pregnancy.			X
Perinatal and Infants	2. Families are empowered to make educated choices about infant health and well-being.			X
Perinatal and Infants	3. Establish a Blood Spot Screening Program in American Samoa.			X
Children	4. Developmentally appropriate care and services are available for all children.			X
Adolescent	5. Communities and providers support adolescents' physical, mental and emotional health.			X
CYSHCN	6. Establish a Blood Spot Screening Program in American Samoa.			X
CYSHCN	7. Reduce acute Rheumatic Fever and Rheumatic Heart Disease.		X	
Crosscutting	8. Build a functional RHD Registry in SILAS		X	

The MCH Team and stakeholders identified priority needs at the start of this 5 year plan, that are specific to American Samoa with distinct variations directly related to cultural, economic, and geographical challenges and expectations, but are very similar to the needs of women and children across the vast United States. These needs range from improving healthcare early in a young woman's life, before, during, and after pregnancy, to ensuring best health outcomes for children from newborn to adulthood. These determinations were also based on the critical changes, challenges, and positive outcomes that derived from the COVID pandemic, and other outbreaks experienced by the territory in the past few years.

AS MCH Title V and partners have reviewed the Strategic Plan and has made two revisions to the current plan in terms of its priority needs. One priority need was slightly revised accordingly to meet the emerging needs of building a more functional RHD registry (Priority Need # 8) for better tracking and reporting in SILAS (MCH centralize electronic database). The second priority need was moving the RHD priority need and strategies from Children to the CYSHCN Domain. This is a more appropriate domain for RHD cases because they meet the definitions for CYSHCN. Most of the objectives for each domain were also revised to reflect future years. Some of the strategies achieved in 2022 were either removed or revised to achieve improved services and health outcomes for the MCH population.

Revisions to plan strategies and activities continued with delays in the plan implementation as a response to everchanging pandemic circumstance/conditions. Key highlights are provided by domain and priority health issue:

DOMAIN: Women/Maternal Health

Promote early prenatal care

- Collaborate with all Prenatal Care Providers and support programs (BCCP, MIECHV, CHC, HIV/STD, NCD, Primary Care, Prenatal Clinics, WIC, Intersections Inc., Media) to promote and refer women for early prenatal care services.

Promote postpartum check-up and postpartum depression screening

- translate health educational materials and disseminate them

DOMAIN: Perinatal/Infant Health

Promote exclusive breastfeeding

- Promote baby friendly hospital
- Facilitate trainings for programs and service providers, including home visitors

DOMAIN: Perinatal/Infant Health

Establish a newborn bloodspot Screening program.

- Initiate NBS for congenital hypothyroidism (CH).
- Initiate CCHD screening by pulse oximetry.
- AS DOH and New Zealand NBS will identify appropriate Advisory Committee membership, to include families and community members, and form a project Leadership Team.
- Develop a Birth Condition Surveillance reporting system
- Partner with NBS Excel Awardee

DOMAIN: Child Health

Promote developmental screening

- facilitate a refresher course for service providers
- Translate questionnaires

DOMAIN: Child Health

Promote routine vaccinations

- collaborate with the Immunization Program and the service providers to promote routine immunizations.

DOMAIN: Child Health

Promote fluoride varnish for children 1 through 3 years of age.

- Revise current standard operating procedures and provide refresher training for all medical staff at dental clinics and well baby clinics, at least twice a year.
- Provide promotional oral hygiene kits to give out in the month of February, Children's Dental Health Month.
- Record a Samoan PSA video promoting what to

DOMAIN: Adolescent Health

Improve annual checkups for adolescents

- Initiate a Taskforce who will introduce to legislatures a Healthy Schools Policy to mandate all school children in Elementary and High Schools to receive a wellness check-up within 3 months prior to the start of every school year.
- Generate an Adolescent Health Check-up Passport according to the Well-visit roadmap. - Weight management (7th grade)- Reproductive health (8th grade) - Mental health (9th grade)
- Collaborate with related partners such as Intersections Inc., ASNOC, Faithbased Youth Organizations, Teen Challenge, DOE and Private schools to refer clients and students for annual medical check-ups.

DOMAIN: CYSHCN

Improve health care system for CYSHCN

- Update Standard operating procedures for care coordination
- Autism screening and referral training
- Transition training for providers

DOMAIN: CYSHCN

Reduce Rates of Rheumatic Heart Disease

- Continue call reminders 1 week, then 1 day prior to the appointment date.
- Continue to provide mass media campaigns in promoting RHD Clinic.
- Ensure to enter encounters and Bicillin shots in SILAS to build the RHD Registry for tracking and monitoring.

DOMAIN: Cross-Cutting/Systems Building

Establish a functional Rheumatic Heart Disease (RHD) registry in SILAS to improve the monitoring, surveillance, and management of these conditions.

- Build an accessible RHD registry in SILAS and ensures it has the capability for appointment reminders, antibiotic documentations, Cardio echo results, cardiology notes and other medical reports.

Some of the positive efforts during the COVID response in 2022 include strengthening partnerships with other existing programs in the community to address priority concerns in our strategic plan. DOH rolled out community vaccination clinics daily to continue increasing the coverage for COVID vaccinations protecting the general public from severe illness and death. Call centers were created to remind people to follow through with second doses and booster shots if they were eligible. MCH staff were part of all these efforts, and at the same time, continually followed up with program clients who needed assistance during these operations. Families of CYSHCN were identified to receive support services such as transportation to a drive through vaccination site, or be referred to a home visiting nursing team to receive their vaccinations or COVID treatment at the comfort of their own homes.

Although the pandemic response efforts have made some negative impact along the way, there were still some positive outcomes that impacted the lives and wellbeing of the women and children we serve. American Samoa reached over 85% of full vaccination for the total population, which is an effort to be recognized as it meant great coverage for our families, our women, and our children. Despite challenges and obstacles, MCH populations continue to thrive and survive through the COVID pandemic.

Program Evaluation:

MCH gathered input from stakeholders and community participants on the work that was provided and supported for women and children, as well as children with special healthcare needs and their families. The ASMCH program and its non-profit organization partners in the community retains a strong partnership, where consistent discussions and meetings occur to evaluate efforts that target our specific populations. SWOT analysis are done annually to ensure program staff and key stakeholders are made aware of strengths, weaknesses and opportunities for improvements.

How Federal Title V Funds Complement State-Supported MCH Efforts

The ASDOH receives approximately \$500,000.00 in Title V dollars annually to assure access to preventive and primary health care services for the required population groups of: (1) preventive and primary care services for pregnant women, mothers and infants; (2) preventive and primary care services for children; and (3) services for children with special health care needs (CSHCN). American Samoa Title V allocates a minimum of 30 percent of available funds to services for children with special health care needs, and a minimum of 30 percent of available funds to services for children and adolescents. Together with State funds, other additional federal funds, as well as non-governmental organizations, the Title V MCH block grant is used to address American Samoa's MCH priority needs, improve performance related to targeted MCH outcomes through evidence-based practices, and expand systems of care for the MCH and CYSHCN populations. Other associated federal funds include but not limited to the following:

- A. Medicaid
- B. Federally Qualified Health Centers
- C. Family to Family Health Information Center
- D. Preventive Health & Health Services Funding
- E. Public Health Emergency Preparedness
- F. STD/HIV funding
- G. Breast & Cervical Cancer Program
- H. Comprehensive Cancer Control Program
- I. Behavioral Health Services
- J. Early Intervention Program *"Helping Hands"*
- K. Early Hearing Detection & Intervention Program *"Helping Babies Hear"*
- L. Maternal Infant Early Childhood Home-Visiting Program *"MIECHV"*
- M. Department of Education Special Education

The AS MCH Title V funds complement the State Plan in supporting healthcare for women and children by addressing gaps and priority needs which are not achieved by State funds or other federal dollars. Such examples include health education materials for women's health services, rheumatic heart disease clinical support, telehealth equipment support for satellite clinics in remote areas of American Samoa, school screenings and vaccination campaigns, and many other efforts that address health disparities among women and children.

MCH Success Story

2022 Success Story

Efforts to increase accessibility to healthcare services for CYSHCN and their families were ongoing following the COVID pandemic. The MCH team continued to work on a contract with the LBJ hospital to pay for fees that would apply to healthcare costs for CYSHCN which would not be covered by Medicaid funds.

By February 2022, the contract started, allowing for families of CYSHCN to access pertinent care that can only be provided at the LBJ hospital. MCH budgeted ten thousand dollars for a 19-month period, outlining specifics on requirements of who can benefit from this contract.

CYSHCN Care Coordinators and the entire MCH team identified clients and families who were in need of this assistance and assured the appropriate process and paperwork was in place. This contract allowed for families to receive necessary medical equipment and supplies to help with children who were medically fragile and were not able to afford these necessities. This funding also allowed for CYSHCN to receive prescribed medication on a timely basis that would otherwise be skipped by families due to inability to afford the costs.

Families who received assistance were then able to shift their priorities to other areas of care for their child with special healthcare needs, such as education, social interaction, transition, and transportation. Children who needed speech therapy and physical therapy were able to access these services through LBJ Hospital's contract therapist, with assistance from MCH care coordinators.

CYSHCN clients who were chronically ill and were consistently hospitalized also benefitted from this contract by having their medical bills taken care of if Medicaid was not an option. Through this assistance, families have become more cooperative and

receptive to working with MCH staff and services in caring for their children. Families are taking the initiative to call or come to the MCH office for assistance with healthcare services.

Affording medical needs is a priority for all CYSHN families in American Samoa. This contract with LBJ Hospital has proven many speculated reasons as to why CYSHCN do not receive timely appropriate comprehensive and culturally appropriate healthcare services. Covering costs that would somewhat hinder families and their children to receive much needed services will continue to be a priority for MCH and its partners in the years to come. Every child with special healthcare needs deserves as much.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - American Samoa

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.