HRSA
Health Resources & Services Administration



Title V MCH Block Grant Program

AMERICAN SAMOA

State Snapshot

FY2027 Application / FY2025 Annual Report

November 2026

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 FY2027 Application / FY2025 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 Director anaise@doh.as (684) 633-4008	Ipuniuesea Eliapo Unutoa CYSHCN Program Director ieliapo@doh.as (684) 633-4008

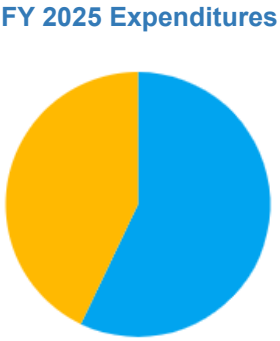
SSDI Project Director	State Family Leader
Anaise M Uso MCH Program Director anaise@doh.as (684) 633-4008	Pai Sialega Leo O Aiga Parent Volunteer

State Youth Leader
No Contact Information Provided

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2025 Expenditures
Federal Allocation	$520,074
State MCH Funds	$390,751
Local MCH Funds	$0
Other Funds	$0
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$12,355	$0
Enabling Services	$442,719	$390,751
Public Health Services and Systems	$65,000	$0

FY 2025 Expenditures Federal



FY 2025 Expenditures Non-Federal



Percentage Served by Title V

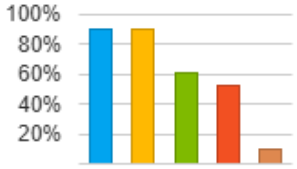
Population Served	Percentage Served	FY 2025 Expenditures
Pregnant Women	90.0%	$67,266
Infants < 1 Year	90.0%	$56,251
Children 1 through 21 Years	61.0%	$287,389
CSHCN (Subset of all infants and children)	52.0%	$377,211
Others *	10.0%	$309

*Others– Women and men, over age 21.

FY 2025 Expenditures
Total: $788,426



FY 2025 Percentage Served



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 2025 Needs Assessment reporting cycle. 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	Priority Need Type	Reporting Domain(s)
Improve care coordination for postpartum women. NPMs • A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV ○ ESM PPV.1: Percent of postpartum women contacted by a patient navigator within two weeks of delivery.	New	Women/Maternal Health

Improve infant feeding and nutrition.
 	
NPMs
• A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF
  ○ ESM BF.1: Percent of infants who were ever breastfed.
  ○ ESM BF.2: Percent of eligible mothers participating in breastfeeding support programs.
  ○ ESM BF.3: 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 BF.4: Number of breastfeeding promotional materials disseminated throughout the community were translated into Samoan.
  ○ ESM BF.5: Percent of ASG workplaces who received a talk on breastfeeding support and FLSA.
	Revised	Perinatal/Infant Health

Developmentally appropriate care and services are available for all children.
 	
NPMs
• Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS
  ○ ESM DS.1: Percent of providers serving children and families participating in Developmental Screening Training.
  ○ ESM DS.2: Percent of providers that initiated developmental screenings with parents during
	Continued	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
medical/home visits after receiving developmental screening training. ○ ESM DS.3: Number of ASQ questionnaires printed and disseminated to all Well Child Clinics (WCC). ○ ESM DS.4: Percentage of children ages 9 through 35 months completing an ASQ questionnaire in the past 12 months. ○ ESM DS.5: Translate the ASQ tools into the Samoan language. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percentage of active CYSHCN clients who completed an annual medical check-up in the past 12 months. ○ ESM MH.2: Percent of patient navigators who meet or exceed competency standards for care coordination. ○ ESM MH.3: Percent of CYSHCN ages 14 to 17 engaging in at least 1 transition meeting. ○ ESM MH.4: Not applicable. This is an SPM Measure (repetitive) ○ ESM MH.5: Not applicable. This is an SPM Measure (repetitive) ○ ESM MH.6: Not applicable. This is an SPM Measure (repetitive). ○ ESM MH.7: Not applicable. This is an SPM Measure (repetitive) ○ ESM MH.8: Official MOU for preventive medical screenings in school to include vision is endorsed by governing directors. SPMs ● SPM 1: Percent of children ages 5 through 10 who received a vision screening in the past year. ○ SPM ESM 1.1: Percentage of elementary schools who participated in the vision screening program in the past year.		
Promote adolescent health through effective care coordination. NPMs ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percent of adolescents who had a preventive medical visit in the past year ○ ESM AWV.2: Percent of adolescents ages 12 through 17 participated in wellness check-up promotional talks in school or community events.	New	Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
○ ESM AWV.3: Percent of children ages 12 through 17 receiving reproductive health talk in schools. ○ ESM AWV.4: Percentage of children ages 12 through 17 who are detected obese or overweight and referred to CHC for a medical check-up.		
Enhance System of Care for Children and Youth with Special Health Care Needs. NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Percentage of active CYSHCN clients who completed an annual medical check-up in the past 12 months. ○ ESM MH.2: Percent of patient navigators who meet or exceed competency standards for care coordination. ○ ESM MH.3: Percent of CYSHCN ages 14 to 17 engaging in at least 1 transition meeting. ○ ESM MH.4: Not applicable. This is an SPM Measure (repetitive) ○ ESM MH.5: Not applicable. This is an SPM Measure (repetitive) ○ ESM MH.6: Not applicable. This is an SPM Measure (repetitive). ○ ESM MH.7: Not applicable. This is an SPM Measure (repetitive) ○ ESM MH.8: Official MOU for preventive medical screenings in school to include vision is endorsed by governing directors.	Revised	Children with Special Health Care Needs
Mitigating and addressing Rheumatic Heart Disease as a critical healthcare focus. SPMs ● SPM 2: Percentage of school age children ages 5 through 17 years who received a heart echocardiogram screening for RHD in the past year. ○ SPM ESM 2.1: Percentage of schools who participated in the RHD Screening Program in the past year. ● SPM 3: Percent of RHD clients ages 5 through 21 yrs compliant with at least 90% of their scheduled prophylaxis. ○ SPM ESM 3.1: Percent of newly diagnosed RHD cases enrolled in care coordination within 30 days of diagnosis.	Continued	Adolescent Health, Children with Special Health Care Needs

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Enhance the MCH information system, to support comprehensive Title V reporting and program management. SPMs • SPM 4: Percent of required Title V reports that can be generated directly from SILAS.	Revised	Cross-Cutting/Systems Building

Executive Summary

Program Overview

Healthy families are the foundation of a thriving American Samoa. The Maternal and Child Health (MCH) Program is a major division within the American Samoa Department of Health (DOH), dedicated to improving the health and well-being of mothers, infants, children, adolescents, children and youth with special health care needs (CYSHCN), and their families.

Through a comprehensive network of programs, services, and partnerships, MCH advances the Department's mission by strengthening prevention, early identification, care coordination, and access to quality, family-centered services. MCH works collaboratively with Community Health Centers, LBJ Hospital providers, related health agencies and community partners to ensure families receive timely, professional, and culturally appropriate care.

MCH is currently led by Director Dr. Saipale Fuimaono, with direct supervision by Deputy Director for Programs Fara Utu. An organizational chart is displayed in Figure 1.

Figure 1: American Samoa MCH Program Organizational Chart



Needs Assessment Findings:
Internally, the MCH team has consistently engaged with partners to gather and review current community feedback on MCH priorities. These efforts included community forums, advisory councils, community outreach and school screenings, continuing education sessions, and special projects. These efforts also provided information to gauge changes and progress in the State Action Plan.

Table 1: ASMCH Priority and Emerging Needs (2026-2030)

Population Domain	Priority Need
Women/Maternal Health ***(New)***	Improve care coordination for postpartum women.
Perinatal/Infant Health ***(Revised)***	Improve infant feeding and nutrition.
Child Health ***(Continued)***	Ensure developmentally appropriate care for all children.

Population Domain	Priority Need
Adolescent Health ***(New)***	Support adolescent health via care coordination.
Children with Special Health Care Needs ***(Revised)***	Enhance systems of care for CYSHCN.
Children with Special Health Care Needs ***(Revised)***	Address rheumatic heart disease as a critical focus.
Cross-Cutting ***(Revised)***	Enhance SILAS database for all MCH reporting.

Summary of ASMCH Priority Needs (2026-2030)
The American Samoa Maternal and Child Health (ASMCH) program identified priority needs for the 2025-2030 period based on community feedback from forums, outreach, and school screenings. These priorities were established through consistent stakeholder engagement, including community forums and advisory councils, to ensure the State Action Plan reflects the current needs of the American Samoa community.

1. **Population Domain: Women/Maternal Health**

Priority Need: Improve care coordination for postpartum women (New)
NPM: A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth.
Objective: By 2030, increase the percentage of women who attended a postpartum checkup within 12 weeks after giving birth from 26% to 31%.
Strategy: Patient Navigation
ESM PPV1: "Percent of postpartum women contacted by a patient navigator within two weeks of delivery." (revised)

2. **Population Domain: Perinatal/Infant Health**

Priority Need: Improve infant feeding and nutrition (Revise)
NPM A) Percent of infants who are ever breastfed
Objective: By 2030, increase the percentage of infants ever breastfed from 73% to 80%.
Strategy: Participating in breastfeeding education during pregnancy. (New)
ESM BF 1: Percent of mothers participating in breastfeeding education during pregnancy (revised).
NPM B) Percent of children, ages 6 month through 2 years, who were breastfed exclusively for 6 months
Objective 2: By 2030, increase the percentage of infants exclusively breastfed through the first 6 months, from 16% to 21%.
Strategy: Expand lactation counseling and breastfeeding support services. (Revised)
ESM BF 2: Percent of eligible mothers participating in breastfeeding support programs. (Revised)

3. **Population Domain: Child Health**

Priority Need: Developmentally appropriate care and services are available for all children (Continue)
1. **NPM.** Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

Strategy: Provider Training
Objective: By 2030, increase the percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year from 16.5% to 21.5%.
ESM DS.1 - Percent of providers serving children and families participating in learning collaborative.
ESM DS.2 - Number of providers that initiated developmental screenings with parents during medical/home visits after receiving developmental screening training.
ESM DS.3 - Number of ASQ questionnaires disseminated to all Well Child Clinics

2. **NPM:** Medical Home

Five-Year Objective: By 2030, increase the percentage of children without special healthcare needs, ages 0 through 17 years, who have a medical home, from 43% to 48%. (Data Source: Jurisdictional Survey)
Strategies: Medical Home Care Coordination
ESM MH 1: Percent of children without special healthcare needs, ages 0 through 17 years, who participated at any community outreach or school screening activity funded by Title V.

3. **SPM:** Percentage of school age children ages 5 through 10 years who received a vision screening in the past year.

Objectives: Increase the percentage of children ages 5 through 10 who received a vision screening in the past year from 6.7% to 27% by 2030.
Strategy: Expand school-based vision screening through formal partnership with DOE and private schools to streamline parental consent and program implementation.
ESM: Percentage of elementary schools who participated in the vision screening program in the past year.
SPM: Percentage of school age children ages 5 through 11 years who received a heart echocardiogram screening in the past year.

Objectives: Increase the percentage of children ages 5 through 11 who received an echocardiogram screening in the past year from 17.5% to 23.5% by 2030.
Strategy**:** School-based cardiac-echo screening and follow-up.
ESM*: Percentage of schools who participated in the RHD Screening Program in the past year.*

4. Population Domain: Adolescent Health

Priority Need: Support adolescent health through care coordination (New).
NPM: Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination.
Objective: By 2030, increase the percentage of adolescents ages 12-17 requiring care coordination who receive coordinated follow-up services by 5%.
Strategy: Patient Navigator
***ESM*: Percent of adolescents screened at school needing follow-up care, received care coordination.**

5. Population Domain: Children with Special Health Care Needs

Priority Need: Expand/Enhance System of Care for Children and Youth with Special Health Care Needs (Revise).
NPM: Percent of children with and without special healthcare needs, ages 0 through 17 years, who have a medical home.
Medical Home-Care Coordination: Number of children with and without special health care needs, ages 0 through 17, who are reported by a parent to have received all needed help with care coordination.
Strategy: Patient Navigator
Objective: By 2030, increase the percent of children with and without special healthcare needs, ages 0 through 17 years, who have a medical home, from 43% to 48%. (Data Source: Jurisdictional Survey)
ESM: Percent of patient navigators who meet or exceed competency standards for care coordination.

6. Population Domain: Children with Special Health Care Needs

Priority Need: Mitigating and addressing rheumatic heart disease as a critical healthcare focus (Revise).
SPM: Percent of RHD clients ages 0 through 21 yrs compliant with at least 80% of their scheduled prophylaxis.
Objective: Increase the percent of RHD clients compliant with at least 80% of their scheduled prophylaxis from 88.7% to 90% by 2030.
Strategy**:** "Multimodal patient reminder system
ESM: ***The percentage of scheduled appointments where RHD patients attended their appointment after receiving an automated text/email or phone reminder. (revise)***
SPM: Percentage of New RHD cases screened in school, ages 3 through 21 receiving care coordination.
Objective: By 2030, increase the percentage of new RHD cases screened in school, ages 0 through 21, receiving care coordination from 63.6% to 90% by 2030"
ESM: ***Percent of newly diagnosed RHD cases enrolled in care coordination within 30 days of diagnosis"***

7. Population Domain: Crosscutting

Priority Need: Enhance the SILAS, MCH Information system, to support comprehensive Title V reporting and program management (Revise).
Strategy**:** Data Capacity Infrastructure Development
Objective: By 2030, SILAS will capture at least 80% of the data elements required to report Title V NPMs, SPMs, and NOMs.
SPM 3: **Percent of required Title V reports that can be generated directly from SILAS.**
ESM: ***Percent of MCH data reports built or updated in SILAS to reflect current reporting measures (NPMs, ESMs, SPMs).***

Program Evaluation:
●Actively solicits feedback from community members and stakeholders regarding progress made during interim periods to gauge the impact of initiatives.
●Fosters engagement through various channels, including the administration of brief surveys and the facilitation of focused discussions with parent and family groups.
●Assesses programmatic growth and success by analyzing enrollment trends and comprehensive data collection.
●Utilizes digital outreach via social media platforms to disseminate vital information, measuring impact through audience engagement metrics such as follower growth and post interactions.
●Uses mass media—specifically television and radio—throughout 2025 to promote the Title V program and its diverse contributions to community health.

How Federal Title V Funds Complement State-Supported MCH Efforts

The American Samoa Department of Health (ASDOH) receives an annual Maternal and Child Health (MCH) Title V Block Grant to support population-based maternal and child health services throughout the Territory. In FY 2025, the federal Title V allocation totaled **$520,074**. Annual funding levels vary based on Congressional appropriations and the Title V funding formula, which considers each jurisdiction's population size.

Under the Title V Block Grant requirements, American Samoa provides a **75 percent non-federal match** of the federal allocation. In addition, the Territory must maintain a minimum level of financial support for maternal and child health programs, consistent with the longstanding **Maintenance of Effort (MOE)** agreement established between the U.S. federal government and American

Samoa at the inception of the Title V Block Grant. The Territory's required MOE remains approximately **$385,000**, ensuring continued local investment in maternal and child health services.

As a population-based funding source, the Title V Block Grant provides the flexibility to address priority maternal and child health needs that may not be supported through other federal or local funding streams. Federal law requires that **at least 30 percent** of available Title V funds be dedicated to services for **children with special health care needs (CSHCN)** and **at least 30 percent** support preventive and primary healthcare services for **children and adolescents**. The remaining funds support services for pregnant women, mothers, infants, and cross-cutting public health initiatives that strengthen the Territory's maternal and child health system.

Title V funding is complemented by numerous federal, territorial, and community programs that collectively support the MCH population, including Medicaid, Federally Qualified Health Centers, the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program, Early Hearing Detection and Intervention (EHDI), Helping Hands Early Intervention, Family to Family Health Information Center, LBJ Tropical Medical Center, the Department of Education Special Education Program, Behavioral Health Services, and other federal and community partners.

As the Territory's payer of last resort, Title V strategically fills gaps where services are unavailable or insufficient through other funding sources. The program supports care coordination for children with special health care needs, rheumatic heart disease prevention and treatment, developmental and school-based screening programs, maternal and child health education, medications and medical supplies for eligible children with chronic conditions, immunization outreach, and other evidence-based initiatives designed to improve health outcomes and reduce disparities among women, children, and families in American Samoa.

MCH Success Story

Success Story 2025

In 2025, the American Samoa Department of Health MCH CYSHCN Program continues to exemplify the principles of coordinated care, wherein persistence, strategic partnerships, and dedicated service converge to significantly enhance the well-being of children and families.

A prominent illustration of this impact involved a mother advocating on behalf of her young son, who lives with cerebral palsy. She contacted the MCH program with an urgent concern regarding an extended delay in the procurement of a required wheelchair. This request represented an essential requirement for the child’s physical comfort, mobility, and daily dignity. In response, the CYSHCN team systematically monitored the case, maintaining consistent communication and collaborating with Medicaid and associated partners over a multi-month period to advance the administrative process. Following these coordinated efforts, the customized wheelchair was delivered on December 9, 2025. The arrival of this specialized equipment at the beginning of the holiday season provided the family with substantial relief and restored the child’s independence.

The program's broader public health impact is additionally reflected in the operations of the Rheumatic Heart Disease (RHD) division. In response to continuous radio broadcast awareness campaigns, a mother originally from Tonga presented her child at the Tafuna Community Health Center following recurrent emergency evaluations for cough and pharyngitis. Following a clinical assessment, laboratory work, and an echocardiogram, the child was diagnosed with RHD and enrolled in the CYSHCN RHD program. The patient now receives ongoing clinical monitoring and monthly Penicillin prophylaxis to ensure long-term secondary prevention.

This continuity of clinical care is sustained through the established MOU with LBJ, which eliminates financial barriers by providing required medications and medical supplies at no cost to CYSHCN-enrolled children.

Furthermore, the program demonstrates an ability to execute rapid, critical interventions when urgent medical circumstances arise. During the October clinical visit of the BYU Rheumatic Heart Relief team and cardiology specialists from Oregon Health and Science University (OHSU), a pediatric patient presenting with severe RHD required immediate advanced intervention. Through expedited inter-agency coordination, the patient was medically evacuated off-island on the same day to receive specialized tertiary care. Collectively, these outcomes represent more than a statistical summary of delivered services. They demonstrate a systematic reduction in barriers to care, improved healthcare access for previously underserved populations, and an agile public health infrastructure. Optimizing the CYSHCN and RHD programs remains essential to mitigating financial burdens, preserving patient dignity, and ensuring that children with special healthcare needs within American Samoa have access to the resources necessary for optimal development and long-term health stabilization.

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 2025.

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.