



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTHERN MARIANA ISLANDS

State Snapshot

FY2026 Application / FY2024 Annual Report

December 2025

Title V Federal-State Partnership - Northern Mariana 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 FY2026 Application / FY2024 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
Heather Pangelinan Director of Public Health Services heather.pangelinan@chcc.health (670) 234-8950	Chrislaine Lely Family Peer Support Specialist

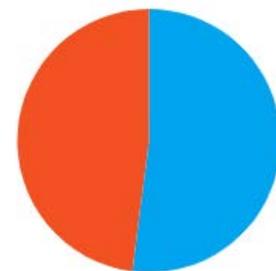
State Youth Leader
No Contact Information Provided

State Hotline: (670) 287-7718

Funding by Source

Source	FY 2024 Expenditures
Federal Allocation	\$488,206
State MCH Funds	\$0
Local MCH Funds	\$0
Other Funds	\$450,506
Program Income	\$0

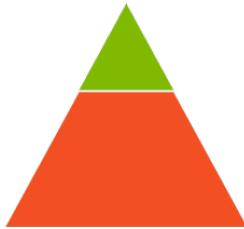
FY 2024 Expenditures



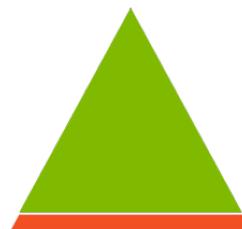
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$190,426	\$417,655
Public Health Services and Systems	\$297,780	\$32,841

FY 2024 Expenditures Federal



FY 2024 Expenditures Non-Federal



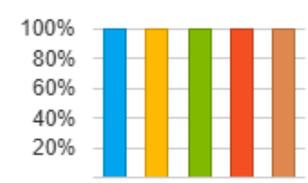
Percentage Served by Title V

Population Served	Percentage Served	FY 2024 Expenditures
Pregnant Women	100.0%	\$138,474
Infants < 1 Year	100.0%	\$138,475
Children 1 through 21 Years	100.0%	\$305,142
CSHCN (Subset of all infants and children)	100.0%	\$266,731
Others *	100.0%	\$46,417

FY 2024 Expenditures Total: \$895,239



FY 2024 Percentage Served



*Others– Women and men, over age 21.

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)
<p>Access to preventative medical visits</p> <p>NPMs</p> <ul style="list-style-type: none"> ● 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 <ul style="list-style-type: none"> ○ ESM PPV.1: Number of women that are accessing well woman visits, prenatal care visits, and postpartum visits via mobile clinic and other clinical outreach. 	Revised	Women/Maternal Health
<p>Access to Mental Health Services</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who were screened for depression or anxiety following a recent live birth - MHS <ul style="list-style-type: none"> ○ ESM MHS.1: Number of maternal health clinics that participated in the assessment and survey regarding depression screenings. 	Revised	Women/Maternal Health
<p>Education and services to help prevent premature births and low birthweight.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of CNMI resident women with live births who receive prenatal care beginning in the first trimester. <ul style="list-style-type: none"> ○ SPM ESM 1.1: Assessment to identify groups or reasons for not accessing early prenatal care completed (Y/N). 	Revised	Perinatal/Infant Health
<p>Education and support to help with breastfeeding</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percent of women enrolled in group prenatal care who exclusively breastfeed at 6 weeks postpartum. 	Continued	Perinatal/Infant Health

<p>Access to healthy physical activity</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: PA-Child.1 - Percentage of referrals by MCH who reported completing at least 75% of the EFNEP program curriculum. ○ ESM PA-Child.2: Number of children ages 6-11 years who enroll in after school sports or other group activities. 	<p>New</p>	<p>Child Health</p>
<p>Access to teen pregnancy and sexually transmitted infection prevention programs</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Percentage of adolescents ages 12 through 17 years who access preventive care visit at all CHCC sites ○ ESM AWV.2: Percentage of Public School System (PSS) students ages 12-17 years who had an adolescent well-visit in the past year. ○ ESM AWV.3: Number of teens who completed the PATCH Peer-to-Peer Workshops in the past year. 	<p>New</p>	<p>Adolescent Health</p>
<p>Bullying prevention and support</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: Percent of schools who have implemented evidence based bullying prevention programs. 	<p>New</p>	<p>Adolescent Health</p>
<p>Access to care coordination and navigation of healthcare and community programs</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH <ul style="list-style-type: none"> ○ ESM MH.1: Number of pediatric providers who received medical home training and implemented at least one component (e.g., care coordination, family engagement, team-based care). 	<p>Revised</p>	<p>Child Health, Children with Special Health Care Needs</p>

<p>Parent training to support Transition from pediatric to adult healthcare</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC <ul style="list-style-type: none"> ○ ESM TAHC.1: Percentage of high school students served by SPED who received information on transition ○ ESM TAHC.2: Number of parents who complete transition training. 	<p>New</p>	<p>Children with Special Health Care Needs</p>
<p>Clear communication about health services and supports available for MCH populations</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of progress milestones completed toward the development and implementation of a centralized, user-friendly digital platform. <ul style="list-style-type: none"> ○ SPM ESM 2.1: User research (i.e. surveys and focus groups) completed. 	<p>New</p>	<p>Cross-Cutting/Systems Building</p>

Executive Summary

Program Overview

Overview of the CNMI Title V Program

The mission of the CNMI MCH Title V Program is “To promote and improve the health and wellness of women, infants, children, including children with special healthcare needs, adolescents, and their families through the delivery of quality prevention programs and effective partnerships.” Title V funds are administered through the Division of Public Health Services unit under the Commonwealth Healthcare Corporation (CHCC).

The CHCC is the only health department in the CNMI and provides all public health services, including direct, enabling and infrastructure building to all islands within the territory.

The CHCC Division of Public Health Services unit is comprised of 6 sections:

- Maternal, Infant, Child & Adolescent Health (MICAH) Programs
- Non-Communicable Disease Programs
- Communicable Disease Program
- Environmental Health & Disease Prevention (EHDP)
- Data, Surveillance, and Performance Management
- Health Promotions & Partnerships

Each of these sections includes several programs and provides services for the entire CNMI population. The MICAH Programs section is comprised of the following programs:

- Adolescent & Reproductive Health
- WIC Program
- Children with Special Health Care Needs (CSHCN)
- Home Visiting Program
- MCH Program
- ERASE Maternal Mortality

The State Systems Development Initiative (SSDI) and the Pregnancy Risk Assessment Monitoring System (PRAMS) were restructured into the Data, Surveillance, and Performance Management section under Public Health.

CNMI MCH Program Family Engagement and Partnerships

The CNMI Maternal and Child Health (MCH) Program emphasizes strong family and community involvement in all aspects of its work. Family engagement is coordinated largely through the Family-to-Family Health Information Center (F2F HIC), which empowers parents and caregivers of children with special health care needs (CSHCN) through training, peer support, and leadership opportunities. Parent leaders actively participate in key advisory committees to shape program policies and decisions.

The program collaborates closely with local groups—including church and women’s organizations—to extend support and advocacy. New initiatives like the PATCH Program engage teens to improve adolescent healthcare experiences. Partnerships with Commonwealth Health Care Corporation providers and mobile clinics increase access to care on remote islands, addressing barriers like transportation and provider shortages.

Regionally, CNMI works with Pacific Island health organizations to share expertise and strengthen health systems. National partnerships with CDC, HRSA, and other agencies provide critical funding, training, and technical support for immunization, chronic disease prevention, and maternal-child health programs.

These coordinated efforts have improved data-driven interventions, workforce capacity, healthcare access, community engagement, and emergency response, advancing the health of CNMI’s mothers, children, and youth.

Summary of FY 2024 Activities by Health Domain

Women’s Maternal Health

In FY2024, the end of the Public Health Emergency and Medicaid Presumptive Eligibility prompted CNMI’s MCH Program to enhance strategies preserving preventive care access for women ages 18–44. Despite stable preventive service rates (~57% through 2022), utilization declined to 54.5% in 2023, with CHCC-specific service use dropping sharply from 50% to 21.5%. Pap test rates also fell 37% from 2023 to 2024.

Strategies included:

- Mobile Clinic expansion on Saipan and Rota, reaching 252 women on Saipan and 185 women in Rota.
- Targeted outreach via a new Health Promotion Unit, generating 24,000+ digital impressions during Women’s Health Month.
- Policy and workflow updates in collaboration with outpatient clinics.

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The Family Planning program maintained steady service to 14.7% of women, crucial amid Medicaid coverage disruptions. The MCH Program aims to improve access and reach 63% preventive service utilization by 2030 through sustained mobile health, partnerships, outreach, and data monitoring.

Perinatal and Infant Health

Focus on breastfeeding and early prenatal care aligned with national performance goals:

- **Breastfeeding:**
 - 93.5% infants ever breastfed (above U.S. average 83.2%)
 - Exclusive breastfeeding rose slightly to 11.6% but remains below the U.S. average (44.2%)

Strategies included peer specialist support, lactation supplies, clinical consultations, and community engagement during World Breastfeeding Week.

- **Prenatal Care:**
 - 68% initiated prenatal care in the first trimester (up 7 points from 2023)
 - Preterm birth rate fell from 10.5% to 7.5%, and low birthweight rate from 10.5% to 7.3%

Service navigation via Community Health Workers improved Medicaid enrollment, referrals, and care continuity. Workplace breastfeeding policy efforts are planned for FY2025.

Child Health

Priority Need 4 targets child obesity through improved nutrition and physical activity:

- Physical activity among ages 6–11 rebounded to 60.7% in 2023, a 17-point rise since 2021.
- A new Registered Dietitian led nutrition initiatives, including CNMI's first Produce Prescription pilot at CHCC Women's Clinic for pregnant women.
- Community events (e.g., a 5K Fun Run) maintained youth engagement despite some program pauses.
- Well-child visits and vaccination clinics continued outreach, supporting 23 school-based vaccination clinics.

Adolescent Health

Focus on preventive visits, coping skills, and transition to adult care revealed challenges:

- Preventive visit rates dropped from 42.4% (2020) to 27.3% (2024).
- Transition service receipt slightly declined from 41.7% to 39.6%.

Strategies included:

- School-based screenings and health education reaching 1,328 students.
- The PATCH peer education program held six workshops, increasing teen and parent engagement.
- Sexual and reproductive health services expanded, with increased teen and first-time male teen participation.
- Ongoing efforts to improve transition to adult care through partnerships with schools and youth programs.

Children with Special Healthcare Needs (CSHCN)

Efforts focused on family support and healthcare transitions:

- The Family-to-Family Health Information Center provided peer support, training, and outreach, reaching ~1,000 community members.
- Transition education in schools boosted special education students receiving transition info from 34.4% (2023) to 78.5% (2024).
- Medical home access remains limited (~12.5% overall), but 41% among families engaged with F2F.

Cross-agency collaborations enhanced family engagement and system navigation.

Despite challenges from policy changes and utilization declines, CNMI's MCH Program made meaningful progress across maternal, perinatal, child, adolescent, and special healthcare needs domains in FY2024. Sustained investments in mobile outreach, data-driven strategies, community partnerships, and workforce development remain critical to improving health and achieving long-term goals.

5 Year Comprehensive Needs Assessment Activities & Priorities for 2025- 2030

In FY2025, the CNMI conducted a comprehensive Title V needs assessment, in alignment with the mission to improve the health and well-being of mothers, infants, children, youth—including those with special healthcare needs—and their families. This assessment, required every five years to secure Title V funding, aimed to identify priority health needs for CNMI's MCH populations and guide program goals, objectives, and resource allocation for 2025–2030.

The multi-method assessment process included:

- A review of existing data sources such as prior needs assessments, program reports, and administrative records.
- Administration of priority health issue surveys to youth and professionals, collecting approximately 2,900 responses from Saipan, Tinian, and Rota.
- Community engagement through interviews and focus groups held on Saipan, Tinian, and Rota, where participants examined survey findings and shared insights based on their lived experiences to contextualize and validate priority health concerns.

The final set of priorities for 2025- 2030 identified through the needs assessment is summarized in the table below:

Table A. Final Priorities by MCH Domain

Woman/Maternal
<ul style="list-style-type: none"> • Access to preventative medical visits • Access to mental health services
Perinatal/Infant
<ul style="list-style-type: none"> • Education and services to help prevent premature births and low birthweight • Education and support to help with breastfeeding
Child
<ul style="list-style-type: none"> • Access to healthy physical activities
Adolescent
<ul style="list-style-type: none"> • Bullying prevention and support • Access to teen pregnancy and sexually transmitted infection (STI) prevention services
Children with Special Health Care Needs
<ul style="list-style-type: none"> • Access to care coordination and navigation of healthcare and community programs • Parent training • Access to specialty healthcare services
Cross-Cutting
<ul style="list-style-type: none"> • Clear communication about health services and supports available in each area

How Federal Title V Funds Complement State-Supported MCH Efforts

MCH Block Grant funds are used to support the overall MCH efforts in the Commonwealth of the Northern Mariana Islands (CNMI). Primarily, the Block Grant funds support Enabling Services to improve and increase access to health care and improve health outcomes of the CNMI MCH population. The types of enabling services supported include Care/Service Coordination for pregnant women and Children of Special Healthcare Needs, Laboratory Supplies for Newborn Screening, Eligibility Assistance, Contraceptive Supplies, 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 CNMI is critical for the efforts being made towards improving population health. Specifically, the MCH Block Grant funds are used to support policy development, annual and five-year needs assessment activities, education and awareness campaigns, program development, implementation and evaluation. Additionally, funds are utilized to support workforce development towards building capacity among MCH staff, nurses, and partners who impact CNMI Title V priorities.

MCH Success Story

Empowering Teens as Health Advocates through the PATCH CNMI Program

In a powerful demonstration of cross-sector collaboration to improve adolescent health, the CNMI MICAHA Programs, in partnership with the CNMI Division of Youth Services (DYS) and with funding support from the Association of Maternal and Child Health Programs (AMCHP), successfully implemented the PATCH CNMI Teen Educator Program in 2025.

PATCH—Providers and Teens Communicating for Health—is a nationally recognized program designed to equip youth with the tools, knowledge, and confidence to be active participants in their own healthcare. Through a 20-hour intensive training, utilizing

DYS village youth centers, the MICAH Programs trained 10 Teen Educators, representing high schools throughout Saipan, to lead peer workshops and serve as youth health advocates in their communities.

The Teen Educators now serve in dual roles: educating their peers on navigating healthcare systems, making informed health decisions, and advocating for their needs; and conducting outreach to community organizations, healthcare providers, and youth-serving agencies. Their workshops aim to build adult providers' capacity to deliver youth-friendly, respectful, and inclusive services—ultimately improving the way adolescents' access, receive, and experience healthcare in the CNMI.

This collaborative effort, supported by AMCHP funding, directly aligns with CNMI's Title V Maternal and Child Health priorities by promoting adolescent health, strengthening youth engagement, and supporting systems that are responsive to young people's needs. The PATCH CNMI program demonstrates how partnerships between public health, youth services, and national organizations can create lasting impact by empowering youth as leaders and advocates in shaping a healthier future for their communities.



Maternal and Child Health Bureau (MCHB) Discretionary Investments - Northern Mariana Islands

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 2024.

[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.