



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTHERN MARIANA ISLANDS

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 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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Funding by Source

Source	FY 2023 Expenditures
■ Federal Allocation	\$489,239
■ State MCH Funds	\$0
■ Local MCH Funds	\$0
■ Other Funds	\$463,932
■ Program Income	\$0

FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$267,586	\$422,019
Public Health Services and Systems	\$221,653	\$41,914

FY 2023 Expenditures Federal



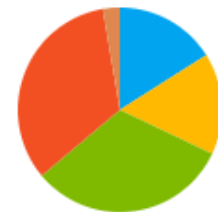
FY 2023 Expenditures Non-Federal



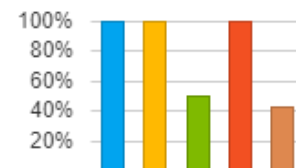
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$146,076
Infants < 1 Year	100.0%	\$146,078
Children 1 through 21 Years	50.5%	\$289,931
CSHCN (Subset of all infants and children)	100.0%	\$304,533
Others *	43.2%	\$24,549

FY 2023 Expenditures Total: \$911,167



FY 2023 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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>Ability to find and see a doctor when needed (access to health services)</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percentage of women ages 18 through 44 who reported accessing preventive services at all CHCC health service sites. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<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 (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percentage of WIC infants who were breastfed at 6 months. 	<p>Perinatal/Infant Health</p>
<p>Prevention of premature births and infant mortality and prevention of alcohol and drug exposure and related developmental delays through prenatal care</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percent of live births to resident women with first trimester prenatal care. 	<p>Perinatal/Infant Health</p>
<p>Obesity related issues including nutrition/food security and safe school and neighborhood programs to promote 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 (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> ○ ESM PA-Child.1: Percentage of referrals by MCH who reported completing at least 75% of the EFNEP program curriculum. 	<p>Child Health</p>

<p>Coping skills and suicide prevention</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 (Adolescent Well-Visit, Formerly NPM 10) - 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 	<p>Adolescent Health</p>
<p>Helping parents/caregivers navigate the health care system for coordinated care</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 (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percentage of families served by the Family to Family Health Information Center who reported having a medical home. ● 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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percentage of high school students served by SPED who received information on transition 	<p>Child Health, Adolescent Health, Children with Special Health Care Needs</p>
<p>Support individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful.</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 (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percentage of families served by the Family to Family Health Information Center who reported having a medical home. 	<p>Children with Special Health Care Needs</p>
<p>Professionals have the knowledge and skills to address the needs of maternal and child health populations</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percentage of CHCC Public Health Services (PHS) staff and MCH serving professionals who complete training on MCH priorities and related topics. 	<p>Cross-Cutting/Systems Building</p>

Executive Summary

Program Overview

The mission of the CNMI's Title V MCH Program is to promote and improve the health and wellness of women, infants, children - including children with special health care needs (CSHCN) - adolescents, and their families, through the delivery of quality prevention programs and effective partnerships. In the CNMI, Title V supports a spectrum of services, from infrastructure-building services like quality assurance and policy development, to gap-filling of direct health care services for CSHCN.

In the CNMI, the MCH Title V Block Grant award is administered under the Commonwealth Healthcare Corporation, with the Chief Executive Officer as the Authorizing Official and the Public Health Services Director designated as the Project Director. Federal regulations require that at least 30% of the funding must be used for services and programs for children and another 30%, at a minimum, must be used for services and programs for CSHCN. No more than 10% may be used for administrative costs. Jurisdictions must provide a \$3 match for every \$4 in federal funds received. Although there are no minimum spending requirements, funding is also to be spent on preventive and primary care services for pregnant women, mothers, and infants up to age one. The CNMI MCH Block Grant funds support state and local program and staff, and are administered by the Maternal, Infant, Child and Adolescent Health (MICAH) unit of the Commonwealth Healthcare Corporation (CHCC).

Every five years, the CHCC conducts a comprehensive, statewide needs assessment to assess the gaps in needs, strengths, and limitations of services available to MCH populations across six domains. The CNMI uses the "Title V Needs Assessment, Planning Implementation, and Monitoring Framework" to guide the needs assessment and program planning process for each five-year cycle, with emphasis placed on engaging stakeholders and community partners. For the 2020 Needs Assessment, the MCH Program contracted with a consultant to conduct needs assessment activities, assist with building the state action plan, and perform data collection and analysis. The MCH program worked with partners and stakeholders to identify the CNMI's final priority needs, which included primary and secondary data collection, health themes, and stakeholder input on prioritization of the most significant health needs for the CNMI's families. An analysis of strengths, weaknesses, opportunities, and threats (SWOT analysis) was conducted. The final selection of priorities was based on programmatic capacity, evidence-base, cost, and feasibility in making measurable impact.

Based on the results of the 2020 needs assessment, the CNMI selected eight MCH Priorities across the respective population domains. The information below details the selected priorities for CNMI and the corresponding population domain and performance measure.

CNMI MCH leadership developed a state action plan with specific objectives and strategies to address the eight MCH priorities. The following sections present these objectives and an abbreviated description of notable strategies by each domain area.

WOMEN'S/MATERNAL HEALTH Access to health services was chosen as the priority for the women/maternal domain. It was the primary priority identified by the public input survey conducted in 2020, shows room for improvement based on the 2016 CNMI NCD data of only **43.2% of women reporting completing pap testing** within the past 2 years, and was ranked high for feasibility and impact as well as program capacity to affect change. Additionally, based on an MCH survey conducted in 2023 indicated that just **55% of women ages 18-44 years reported completing an annual preventive visit**, a slight decrease from 57% in 2022. Public input data suggested that screening for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues would be integrated into the women/maternal health visits to respond to this identified need. This priority aligns with National Performance Measure (NPM) #1- Well-woman visit.

Priority Need 1: Ability to find and see a doctor when needed (access to health services)

National Performance Measure 1: Percentage of women ages 18-44 years with a past year preventive visit.

Objectives: By 2025, increase the percentage of women who access preventive visits to 65%, an increase from the baseline of 55%.

Strategy: Expand access: Outreach and/ or increase clinic hours.

For FY2025, the CHCC PHS will conduct the following activities to improve women's health:

- ✓ **Utilize the CHCC mobile clinic to provide access to primary care and preventive screenings for women.**
- ✓ **Conduct community awareness activities to promote primary care and preventive screenings for women.**

INFANT HEALTH Through a stakeholder input survey of infant health priorities conducted in 2020, education and support for breastfeeding and prenatal care were identified as priorities for the CNMI. Early identification of developmental delays and the need for intervention services (ranked first), reducing infant mortality (ranked third), services and treatment for babies born exposed to certain substances such as alcohol or drugs (ranked fourth), and education and services to help prevent and care for premature babies (ranked seventh). These issues were combined into the following priorities for which MCH has program capacity to affect change. This combined priority ranked high for feasibility and impact. **First trimester prenatal care rates among CNMI resident women in 2022 was 62% and remained consistent in 2023 with 61% accessing prenatal care during the first trimester of pregnancy.** The CNMI infant mortality was at 13.8 per 1,000 live births in 2023, and increase from the rate of 12.7 per 1,000 in 2022. Because the CNMI does not have a level III neonatal intensive care unit, this priority will be a State Performance Measure (SPM) evaluated by early prenatal care.

Priority Need 2: Breastfeeding

National Performance Measure 4 – A) Percent of infants who are ever breastfed and

B) Percent of infants breastfed exclusively through 6 months

Objective: By 2025, increase of the percentage of infants breastfed through 6 months to 54%, an increase from the baseline of 44%.

Strategy: Implement workplace breastfeeding policies/support

For FY2025, the CHCC PHS will conduct the following activities to improve breastfeeding rates:

- ✓ **Make enhancements/modifications or customize the existing workplace breastfeeding toolkit identified for use to support the workplace breastfeeding initiative.**
- ✓ **Partner with 3 businesses/employers (2 government agencies and 1 private employer).**
- ✓ **Conduct survey of workplace breastfeeding initiative participation to gather feedback on implementation process and identify opportunities for improvement.**
- ✓ **Publish Community awareness products and other messaging to promote the workplace breastfeeding initiative.**

Priority Need 3: Prevention of adverse birth outcomes through Prenatal Care.

State Performance Measure 1: Percent of live births to resident women with first trimester prenatal care.

Objective: By 2025, increase the number of pregnant women with first trimester prenatal care to 75%, an increase from the baseline percentage of 55%.

Strategy: Provide service navigation for pregnant women.

For FY2025, the CHCC PHS will conduct the following activities to improve prenatal care rates:

- ✓ **Promote early prenatal care and access to prenatal service navigation in the CNMI community through social media, radio and newspaper advertisements.**
- ✓ **Provide training to clinic staff at the Tinian Health Center and Rota Health Center on service navigation for pregnant women so that services are also available on those islands.**
- ✓ **Increase partnerships to strengthen identification and referral of pregnant women for service navigation by providing in-service training and community outreach.**
- ✓ **Partner with Family Planning to promote free pregnancy testing to identify pregnant women early and connect with service navigation when needed.**

CHILD HEALTH The top three public input priorities from the 2020 stakeholder survey, information and support to help children reach and stay at a healthy weight [obesity]; information and support about healthy eating options and how to make sure a family has enough food [nutrition/food security]; and safe schools and neighborhood programs, were combined into the priority identified below. The overall economics of the CNMI population makes food security and nutrition for children an explicit issue.

In addition, 31.5% of public input survey respondents in 2020 did not believe children of the CNMI have access to healthy physical activities. Although nutrition/ food security and obesity was ranked high for feasibility and impact as well as program capacity to affect change, safe schools and neighborhood programs was not.

In 2019, it was estimated by data collected on an MCH survey that 53% **of children ages 6 through 11 years in the CNMI were reported by their parents to be physically active at least 60 minutes per day**. In 2021, this rate decreased to 43.5 percent and then increased to **60.7 percent in 2023**.

Though the CHCC has limited capacity to affect change to physical and structural barriers, it was determined that promotion of the safe physical activity options that do exist was a valid priority for this population. This priority aligns with NPM #8- Physical activity.

Priority Need 4: Obesity related issues including nutrition and physical activity

National Performance Measure 8- Percent of children ages 6 through 11 years who are physically active at least 60 minutes per day.

Objective: By 2025, increase the percentage of children ages 6 through 11 years who report being active at least 60 minutes a day to 63%, an increase from the baseline percentage of 53%.

Strategies: 1) Increase the number of families who enroll in and evidence nutrition and physical activity program; 2) Increase community awareness on the importance physical activity for children.

For FY2025, the CHCC PHS will conduct the following activities to improve rates of physical activity among children 6 through 11 years:

- ✓ **Support the Public Health Non-Communicable Disease Programs to identify community partners to engage in sports clinic planning and nutrition education programming**
- ✓ **Work with community partners to develop a monthly calendar of sports clinic events and nutrition education sessions**
- ✓ **Promote sports clinics and nutrition education programming in the CNMI**
- ✓ **Conduct a monthly meeting or provide monthly updates to community partners on sports clinics and nutrition education outcomes, attendance/participation rates.**
- ✓ **Conduct post event or post session evaluations to gather input or feedback from community members for improving the quality and impact of physical activity and nutrition focused programming.**
- ✓ **Develop, revise, finalize and publish social media advertisements, TV commercial content, radio scripts, and newspaper content layout.**

ADOLESCENT HEALTH It was determined that screening for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues would be integrated into the adolescent health visits to response to this identified need. Both the original and the adolescent specific surveys showed that coping skills, suicide prevention and mental and behavioral health in general are of utmost importance. In addition, 2021 CNMI YRBS data shows that 29% of CNMI high school student reported seriously considering attempting suicide, a slight increase from 28.5% reported in 2019.

Suicide prevention was also ranked high for feasibility and impact as well as program capacity to affect change during the 2020 CNMI comprehensive MCH needs assessment. This priority aligns with NPM #10- Adolescent well-visit. MCH intends to promote well visits for adolescents at which a holistic approach including promoting coping skills and preventing suicide as part of a behavioral health screening and assessment to be conducted at the well-visit.

In addition, Priority Need 7, Support individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful was determined to be an area of focus for adolescents with and without special healthcare needs that needed to be addressed.

Priority Need 5: Coping Skills and Suicide Prevention

National Performance Measure 10: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year.

Objective: By 2025, increase the percentage of adolescents who access well visits to 55%, an increase from the baseline of 42%.

Strategy: Partner with the Public School System to increase the number of adolescents accessing preventive visits.

For FY2025, the CHCC PHS will conduct the following activities to support coping skills and suicide prevention for adolescents:

- ✓ **Partner with the CNMI PSS to develop an outreach schedule for school-based presentations, screenings, and referrals for accessing adolescent well visits**
- ✓ **Expand outreach and screenings to include more public high schools**

Priority Need 7: Support for individuals, families, and communities to make changes that will make it more likely for youth to be healthy and successful.

National Performance Measure 12: Transition- Percent of adolescents with and without special healthcare needs, ages 12 through 17 years, who received services necessary to make transitions into adult health care.

Objective: By 2025, increase the percentage of adolescents ages 12 through 17 years with and without special healthcare needs who receive transition services to 74% and 61%, respectively, an increase from baseline percentages of 51% and 48%, respectively.

Strategy: Provide education, presentations, and support to high school students and/or their parents in making transition into adult healthcare.

For FY2025, the CHCC PHS will conduct the following activities to improve the percentage of teens accessing transition services:

- ✓ **Work with youth serving partners to provide education and information to parents/caregivers and teens they serve regarding transition into adult healthcare**

CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN) Coordinated care and assisting parents and caregivers navigate the health care system was chosen as the priority for the children with special health care needs domain. It was the primary priority identified by the public input survey, shows room for improvement based on the data from the CNMI MCH survey identifying **only 14.1% of children with special health care needs reported having a medical home**, the vast array of programs and agencies that contribute to services in this domain, and was ranked high for feasibility and impact as well as program capacity to affect change. This priority aligns with NPM #11- Medical home.

Priority Need 6: Helping parents/caregivers navigate the healthcare system

National Performance Measure 11: Percent of CSHCN ages 0 through 17 years who have a medical home.

Objective: By 2025, increase the percentage of CSHCN who report having a medical home to 25%, an increase from a baseline percentage of 13%.

Strategy: Strengthen partnerships with the CNMI Disability Network Partners (DNP) to establish referral mechanisms to connect CSHCN to medical homes.

For FY2025, the CHCC PHS will conduct the following activities to improve the percentage of CSHCN that report having a medical home:

- ✓ **Conduct Outreach & In-Service presentations to Parent Teacher Student Association (PTSA), school teachers/staff and high-school clubs.**
- ✓ **Strengthen partnership with DNP members by providing updates on the number of families accessing peer supports, training and other events that help connect children to medical homes.**
- ✓ **Conduct evaluation or feedback survey on presentations and peer support services.**
- ✓ **Conduct outreach in Rota and Tinian to enroll potential parent leaders for F2F HIC as part of efforts to connect families and children on those islands to medical homes.**

SYSTEMS BUILDING Building workforce capacity to improve the maternal and child health services in the CNMI was chosen as priority need 8. Participants voiced a need for trained, qualified professionals who could deliver services across domains. This incorporates the survey findings related to priority, family engagement and parent education. The second priority topic chosen by respondents was better and clearer communication about healthy behaviors, health services and supports available in the community. Community outreach was chosen as the preferred method for family engagement with 72.7% of respondents choosing that method. Home visiting was chosen as the preferred method of receiving parent education with 57.6% of respondents choosing that method.

Priority Need 8: Professionals have the knowledge and information to address the needs of maternal and child health populations
State Performance Measure 2: Percentage of CHCC Public Health Services (PHS) staff who complete training on MCH priorities and related topics.

Objectives: By 2025, increase the number of CHCC Public Health staff (PHS) who complete training on MCH priorities and topics by 25% from baseline.

Strategy: Provide training to CHCC Public Health staff on MCH priorities and other related topics.

For FY2025, the CHCC PHS will conduct the following activities to increase the number of PHS staff that complete training on MCH topics:

- ✓ **Implement a learning management system to provide training and capture completion rates**

How Federal Title V Funds Complement State-Supported MCH Efforts

MCH Block Grant funds are used to support the overall MCH efforts in the Northern Mariana Islands. Primarily, 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, 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 used to support workforce development towards building capacity among MCH staff, nurses, and partners who impact CNMI Title V priorities.

MCH Success Story

Family engagement in MCH Title V work continues to expand in the CNMI. In FY2023, MCH partnered with Dr. Patrick Castillon, a 5th grade Public School educator and his wife Leah Castillon. Both are active Parent Leaders who support activities for families of Children with Special Healthcare Needs (CSHCN) out of the Family to Family (F2F) Health Information Center. Samuel, their youngest child is diagnosed with Down Syndrome and both Mr. and Mrs. Castillon work to promote awareness about the condition in the CNMI. Working with the F2F, they spearheaded the development of the CNMI Support Group for families of children with Down Syndrome. In FY2023, the support group had 4 active families who participated and completed 8 support meetings.



Contributed Photo: Dr. Castillon & family

In addition to the support group, he and his family coordinate events such as playdates at the park, read aloud at Headstart centers and wear crazy socks on Wednesdays to promote Down Syndrome awareness. Wanting to reach out to more families, he also worked with CNMI F2F Family Support Specialist on a social media campaign to further promote awareness. The awareness materials were shared on the CHCC Public Health Services social media accounts as well as disseminated via WhatsApp messaging.

The CNMI MCH Title V continues to prioritize effective partnerships with parent leaders such as Dr. Castillon and Leah Castillon. In FY2023, the MICAH Programs provided stipends to parent leaders to compensate for their time, a venue to conduct support group meetings, and staff time to develop and publish awareness materials.

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 2023.

[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.