

American Samoa		State Action Plan Table		2026 Application/2024 Annual Report	
Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Improve care coordination for postpartum women.	To increase the percentage of women who attended a postpartum checkup within 12 weeks after giving birth from 26% to 31% by 2030	Patient Navigation	ESM PPV.1 - Percent of postpartum mom receiving a reminder call.	NPM - Postpartum Visit	<u>Linked NOMs:</u> Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety
Perinatal/Infant Health					
Improve infant feeding and nutrition.	Increase the percentage of infants exclusively breastfed through 6 months by 5% from 16% to 21% by 2030.	Breastfeeding Promotion Programs	ESM BF.1 - Percent of postpartum women who ever breastfed at discharge after birth. ESM BF.2 - Percentage of providers and health educators who were more confident in providing breastfeeding education to pregnant women after receiving breastfeeding TA training. ESM BF.3 - Percentage of postpartum women who received a home-visit from any DOH personnel that works closely with this	NPM - Breastfeeding	<u>Linked NOMs:</u> Infant Mortality Postneonatal Mortality SUID Mortality

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			population, providing breastfeeding reminders and support ESM BF.4 - Number of breastfeeding promotional translated materials disseminated throughout the community. ESM BF.5 - Percent of workplaces who received a talk on breastfeeding support and FLSA.		
Child Health					
Developmentally appropriate care and services are available for all children.	Increase the Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year by 5%, from 16.5% to 21.5% by 2030.	Provider Training	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	NPM - Developmental Screening	<u>Linked NOMs:</u> School Readiness Children's Health Status

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			(WCC). <i>Inactive - ESM DS.4</i> - Percentage of children ages 9 through 35 months completing an ASQ questionnaire in the past 12 months. <i>Inactive - ESM DS.5</i> - Translate the ASQ tools into the Samoan language.		
Developmentally appropriate care and services are available for all children.	Increase the percent of children with a medical home in 2030 by 5%.	Care Coordination	ESM MH.1 - Percent of Providers Serving Children with Special Health Care Needs report they are confident in providing services for this population ESM MH.2 - The percentage of children ages 4 - 17 years of age who attends at least 90% of their appointed Bicillin shots. <i>Inactive - ESM MH.3</i> - Official MOU for preventive medical screenings in school to include vision is endorsed by governing directors. ESM MH.4 - Percent of children ages 3 through 14 years received a vision	NPM - Medical Home	<u>Linked NOMs:</u> Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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			screening. ESM MH.5 - Percentage of active CYSHCN clients who completed an annual medical check-up in the past 12 months. ESM MH.6 - Percent of CYSHCN ages 33-36 months, and ages 14 to 17 engaging in at least 1 transition meeting. ESM MH.7 - Percent of children ages 0 through 17 tested for Strep throat infections and treated. ESM MH.8 - Percentage of children ages 3 through 17 screened for RHD using echocardiography in the past year.		
Adolescent Health					
Promote adolescent health through effective care coordination.	Increase the percentage of children with and without special health care needs, ages 0 through 17, who receive needed care coordination from 50% to 55% by 2023.	Patient Navigator	ESM AWW.1 - Percent of adolescents who received a depression screening during a wellness visit annually. ESM AWW.2 - Percent of adolescents ages 12 through 17 receiving cardiology screening for Rheumatic Heart	NPM - Adolescent Well-Visit	<u>Linked NOMs:</u> Teen Births Adolescent Mortality Adolescent Motor Vehicle Death Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety CSHCN Systems of Care

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			Disease in schools. ESM AWV.3 - Percent of children ages 12 through 17 receiving reproductive health talk in schools. ESM AWV.4 - Percentage of children ages 4 to 17 screened positive for RHD in schools.		Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Children with Special Health Care Needs					
Enhance System of Care for Children and Youth with Special Health Care Needs.	Increase the percent of children 0 -17 with special health care needs having a medical home from 7.9% to 13% by 2030.	Patient Navigator	ESM MH.1 - Percent of Providers Serving Children with Special Health Care Needs report they are confident in providing services for this population ESM MH.2 - The percentage of children ages 4 - 17 years of age who attends at least 90% of their appointed Bicillin shots. <i>Inactive - ESM MH.3 - Official MOU for preventive medical screenings in school to include vision is endorsed by governing directors.</i> ESM MH.4 - Percent of children ages 3 through 14 years	NPM - Medical Home	Linked NOMs: Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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			<p>received a vision screening.</p> <p>ESM MH.5 - Percentage of active CYSHCN clients who completed an annual medical check-up in the past 12 months.</p> <p>ESM MH.6 - Percent of CYSHCN ages 33-36 months, and ages 14 to 17 engaging in at least 1 transition meeting.</p> <p>ESM MH.7 - Percent of children ages 0 through 17 tested for Strep throat infections and treated.</p> <p>ESM MH.8 - Percentage of children ages 3 through 17 screened for RHD using echocardiography in the past year.</p>		
Mitigating and addressing rheumatic heart disease as a critical healthcare focus.	Increase the percent of RHD clients compliant with at least 80% of their scheduled prophylaxis from 90% to 95% by 2030.	Text Message-Based Appointment Reminders	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Percent RHD patients ages 4 through 21 who are at least 80% compliant with their secondary prophylaxis in the past year.	
Mitigating and addressing rheumatic heart disease as a critical	Increase the percent of new RHD cases receiving care coordination by 5% in 2030.	Patient Navigation.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Rate per 1,000 of children, ages 3 through 17, diagnosed with Rheumatic Heart Disease.	

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healthcare focus.					
Cross-Cutting/Systems Building					
Refine the MCH database in SIILAS to capture all MCH reporting needs.	At least 80% of NOMs are captured in SILAS by 2030.	MCH Database Infrastructure Improvement	No ESMs were created by the State. ESMs are optional for this measure.	SPM 3: Percent of MCH data reports readily available in SILAS.	