



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

AMERICAN SAMOA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

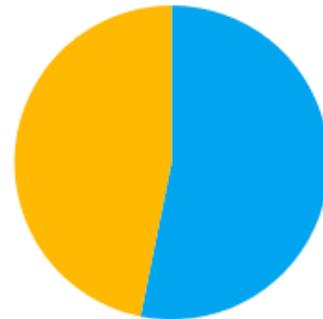
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Margaret Sesepasara	Dr. Anaise Uso	Ipuniuese Eliapo
Director of Nursing Division	Acting MCH Program Coordinator	RHD Coordinator
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$482,901
State MCH Funds	\$425,424
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$262,901	\$263,424
Enabling Services	\$94,000	\$52,020
Public Health Services and Systems	\$126,000	\$109,980

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	1,067	\$31,067	8.1%
Infants < 1 Year	1,072	\$31,072	8.1%
Children 1-22 Years	12,212	\$167,227	43.5%
CSHCN	331	\$155,346	40.4%
Others *	0	\$0	0.0%
Total	14,682	\$384,712	100%

FY 2014 Expenditures



FY 2014 Individuals Served



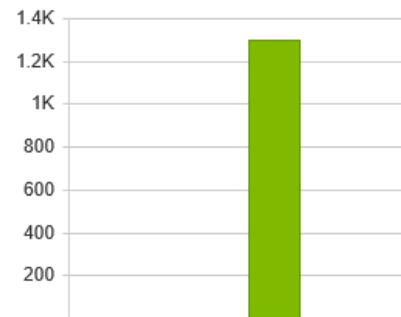
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 9	Bullying	Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	1,300
Other Toll-Free Calls:	0



Executive Summary

I.E. APPLICATION / ANNUAL REPORT EXECUTIVE SUMMARY

Talofa!

As Director of the American Samoa Title V Program, it is my pleasure to provide this Executive Summary of the **Maternal and Child Health (MCH) Services Block Grant 2016 Application/2014 Annual Report**.

The purpose of this summary is to highlight key programmatic themes and data points, provide specific examples of MCH program activities in American Samoa.

Each year, a vast amount of information and data is collected as part of the federal application for MCH funding. In addition to federal reporting, the MCH Services Block Grant data are used to prioritize initiatives related to the MCH Needs Assessment. Title V legislation directs states to conduct a statewide MCH Needs Assessment every five years to identify the need for preventive and primary care services for pregnant women, infants, children, adolescents, and individuals with special health care needs. From this assessment, states select seven to ten priorities for focused programmatic efforts over the five-year reporting cycle. The Maternal and Child Health Division Head, Aileen Solaita and the American Samoa Maternal and Child Health Title V Program (ASMCH) Staff was tasked to spent the past year conducting the needs assessment with an approach focused on not only creating a meaningful, responsive action plan, but also building a strong platform to maximize resources, develop and sustain mutually reinforcing relationships, and deliver outcomes. Unfortunately, the Needs Assessment data was not validated by the department's Health Information Systems office (HIS) Epidemiologist, Mr. Scott Anesi, who agrees that there is lack of substantial data to back-up the Needs Assessment process and findings. There was lack of coordination and reporting by the previous MCH Coordinator with/to the MCH Director and hence there is no evidence that such a Needs Assessment and Prioritization of Health Needs was made. There is lack of confidence by the Department of Health that the Priority Needs and State performance measures identified in original application was achieved in a well-coordinated, comprehensive, documented process or that informed decisions were made with key leaders, stakeholders, families and community to provide input or feedback with the final application prior to submission. This issue was mentioned during American Samoa's Grant Review September 3rd, 2015, in Hawaii.

As MCH Director, I request that your office will grant another chance for ASMCH to conduct a second Needs Assessment in the first 6 months of FY2016 in order to establish a more definite baseline data. American Samoa will then work closely with providers and key stakeholders including family advocates and the community to prioritize health needs and enable informed decisions to finalize our State Performance Measures. In the past month, ASMCH have been working closely with the HIS office to retrieve as much information and data currently in the MCH database but Mr. Scott is willing to take the lead in conducting the second Needs Assessment with the assistance of the SSDI grant. The SSDI Coordinator, Susan Valoaga, CYSHCN Coordinator Jacinta Tialavea and Mrs. Solaita have all been terminated by the Department for various reasons including mismanagement of programs and not performing with the best interest of the Department of Health (DOH).

I have recently appointed Dr. Anaise Uso as the Acting Program Coordinator (until JD is officially adjusted by Department of Human Resources) and will be performing as the Assistant MCH Director when I am away from my post. Dr. Uso will also be the CYSHCN Director and will work closely with CSHCN Program Coordinator and staff to ensure all their program and staff needs are addressed by the MCH Director. Occupational Therapist Mrs. Ipu Eliapo will be the CYSHCN/RHD Coordinator and will be overseeing the CYSHCN staff with their daily operations as well as the MCH Family Coordinator, who will ensure that families and their needs are addressed by staff and/or providers and stakeholders.

Mr. Anesi will be overseeing all SSDI (and/or until an SSDI Coordinator will be hired and who will be working closely with Mr. Anesi) activities who will work closely with the MCH Program Staff to improve MCH Data Capacity and reporting.

American Samoa, along with many national and regional organizations, is exploring options to improve health in communities through increasing collaborative relationships between primary care providers and public health. Successful models of integration share common goals of improving population health, involving the community in defining and addressing needs, relying on strong leadership across disciplines, and sharing data and analysis. Systems integration is taking shape in American Samoa with focus on areas including prenatal care and education, oral health, prevention of Rheumatic Heart Disease, developmental screening, immunization and childhood obesity. The MCH Program values its partnerships and collaborations. Together, we can achieve the common goal of improving the health of mothers, children, and families in American Samoa.

Thank you for all your great work and continuous support to ensure our maternal and children population get their health care needs addressed in order to reduce health disparities in American Samoa.

Margaret Sesepasara,

American Samoa MCH Title V Director

Department of Health

The Title V Block Grant is a Federal-State partnership program to improve the health of mothers, children, and adolescents including children and youth with special health care needs. In American Samoa, the Title V program is managed by the American Samoa

Department of Health, also known as the Maternal and Child Health Program (ASMCH). Allocation of Title V funds are based on the American Samoa's maternal and child health priorities.

Each year American Samoa submit an Application/Annual Report for Federal funds for their Title V MCH Services Block Grant to States Program to the Maternal and Child Health Bureau (MCHB) in the Health Resources and Services Administration (HRSA), U.S. Department of Human and Health Services (HHS). Without Title V, American Samoa would not have dedicated funding to support core MCH public health functions. Title V is an essential mechanism to assure the health and safety of our nation's most precious resources: mothers, infants, and children.

The Title V Block Grant program requires all states and territories to report on maternal and child health performance measures and outcomes every year. The application includes: a comprehensive description of strategies and activities that support progress towards achieving national and state goals and data on performance measures and health outcomes.

The Title V program in American Samoa is managed by the Department of Health's Maternal and Child Health Program (ASMCH), under the Nursing Division. Services funded by Title V can be envisioned as a pyramid of three tiers consisting of:

- Direct Health Care Services
- Enabling Services
- Public Health Services and Systems

The framework for delivery of MCH services is based on the 10 Essential Public Health Services. Allocation of funds within these categories is based on the state's maternal and child health priorities. These priorities were developed in 2015 following a needs assessment analysis.

Needs Assessment

Every five years an assessment of maternal and child health (MCH) needs, and needs for children and youth with special health care needs (CYSHCN), is conducted. The 2015 Needs Assessment Plan will address national and state priorities and performance measures for FY2016 to FY2020. Priorities established from the Needs Assessment guide the use of Title V grant dollars by the Maternal and Child Health Program. The Needs Assessment and corresponding performance measures address the six MCH population health domains: 1) Women's/Maternal Health; 2) Perinatal/Infant's Health; 3) Child Health; 4) Children with Special Health Care Needs (CSHCN); 5) Adolescent Health; and 6) Cross-Cutting or Life Course.

Title V Maternal and Child Health Priorities, FY 2015–2019: (Numbered according to Priority)

1. Improve system of care for families with children and youth with special health care needs.
2. Increase access and awareness to adequate prenatal care.
3. Reduce smoking among child bearing age women before, during and after pregnancies.
4. Reduce Infant Mortality rate
5. Reduce the incidence of Rheumatic Heart Disease.
6. Increase Breastfeeding in 3 and 6 months infants.
7. Increase evidence based screening for all children 0-5 years of age.
8. Increase access and services to oral health care.
9. Increase immunization coverage rates

Title V Emerging Needs and Five Year Action Plan

The Maternal and Child Health Priorities for FY2016-2020 are divided by population domain and described below, including the population-based national performance measures (NPMs) chosen to track prevalence rates and demonstrate impact. State performance measures (SPMs) will be reported in 2016. Current status and activities are summarized, as well as a sample of the Title V supported strategies planned by the ASMCH Program to address the Health Priorities over the next five years. There is no current substantial data to support the Needs Assessment previous MCH Division Head Aileen Solaita reported in the original application narrative submitted in July. Current MCH Director, Mrs. Margaret Sesepasara; Acting ASMCH Title V Coordinator, Dr. Anaise Uso; current MCH staff; and DOH Epidemiologist, Scott Anesi, have decided that American Samoa's MCH Title V and its partners will collaborate to plan and implement a second Needs Assessment which will be conducted in the first 6 months of FY2016 so that a more definite report with baseline data will be established. State Performance Measures will then be finalized and ready to be reported by June 2016.

ASMCH Title V office is currently working closely with Mr. Anesi to identify at least 7-8 Priority Needs based on current data ASMCH and HIS have. They are mentioned above. Changes are anticipated concerning the current Priority Health Needs of American Samoa mentioned in the original 2016 Application Narrative. Once the Needs Assessment is completed, the ASMCH Title V office will then identify the top 7 – 8 Priority Needs and the 5-Year Strategies and Planned Activities will be revised and reported by June 2016.

Challenges and Accomplishments:

It has been challenging to complete program mission with previous management team, however, with current changes in place, and continual support from department key leaders at the National, State, and Local Community levels, ASMCH anticipates future improvements in executing goals and objectives. We anticipate a huge need to strengthen existing partners and collaborating efforts

in order to leverage resources and achieve better health outcomes for the MCH population. There is a need to improve service capacity and competency within existing health workforce by providing quality technical assistance at the local and national level. There is also a need to assure standardized service delivery by identify quality improvement projects to monitor progress. MCH will continue to identify evidence based strategies and innovative approaches that are culturally sensitive and acceptable to increase access to care. MCH will continue to inform and increase awareness and strengthen it's presence in the community of not only the program's goals and objectives, but also to continue engaging family participation in all program activities.