



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **AMERICAN SAMOA**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

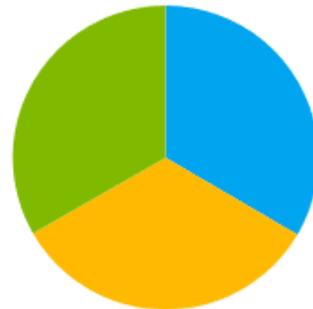
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Margaret Sesepasara Director of Nursing msesepasara@doh.as (684) 633-1944	Anaise Maree Uso MCH Title V Program Manager anaise@doh.as (684) 699-0617	Ipuniuese Eliapo CYSHCN & RHD Coordinator ieliapo@doh.as (684) 699-4623

### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$482,901
State MCH Funds	\$480,000
Local MCH Funds	\$480,604
Other Funds	\$0
Program Income	\$0

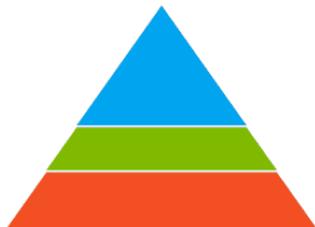
FY 2015 Expenditures



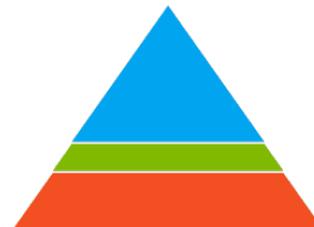
### Funding by Service Level

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 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



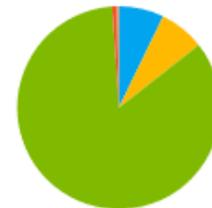
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	1,089	\$55,000	5.5%
Infants < 1 Year	1,094	\$55,000	5.5%
Children 1-22 Years	12,814	\$454,740	45.5%
CSHCN	110	\$363,161	36.4%
Others *	50	\$70,820	7.1%
<b>Total</b>	<b>15,157</b>	<b>\$998,721</b>	<b>100%</b>

FY 2015 Expenditures



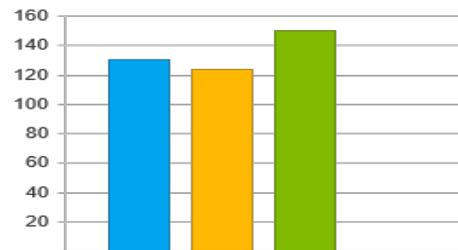
FY 2015 Individuals Served



\*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.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	130
State Title V Social Media Hits:	124
State MCH Toll-Free Calls:	150
Other Toll-Free Calls:	0



### Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	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

## Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of providers who received refresher training in discussing well-woman care at every visit including preconception care in the past year.
NPM 4	Breastfeeding	ESM 4.1	Percent of infants who have ever been breastfed in the past year.
NPM 4	Breastfeeding	ESM 4.2	Percent of infants who were breastfed up to 6 months of age.
NPM 6	Developmental Screening	ESM 6.1	Number of Providers receiving technical assistance on developmental screening.
NPM 8	Physical Activity	ESM 8.1	Number of schools who have been trained to adopt the Safe Route to School Policy.
NPM 9	Bullying	ESM 9.1	Number of schools implementing evidence-based bullying Policies.
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of providers who received a refresher training in discussing adolescent well check-up in every visit.
NPM 11	Medical Home	ESM 11.1	Percent of families of CYSHCN reporting they are satisfied with the communication among their child's doctors and other health care providers.
NPM 13	Preventive Dental Visit	ESM 13.1	Percent pregnant women who received a preventive dental visit during pregnancy.
NPM 13	Preventive Dental Visit	ESM 13.2	Percent of children, ages 1 to 3 who had a preventive dental visit in the past year.
NPM 13	Preventive Dental Visit	ESM 13.3	Percent children and youth with Special Health Care Needs who received at least one dental preventive service in the past year.

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Rate per 10,000 children, ages 4 - 19, diagnosed for (A) Rheumatic Fever or (B) Rheumatic Heart Disease.	Cross-Cutting/Life Course
SPM 2	Rate per 1,000 who smoke during pregnancy.	Women/Maternal Health, Perinatal/Infant Health
SPM 3	Percent of Children ages 3 years who have completed immunization.	Child Health
SPM 4	Percent of Pregnant Women who tested Positive for Zika.	Women/Maternal Health

### State Outcome Measures

SOM #	SOM Title	Population Domain(s)
SOM 1	Percentage of Pregnant Women Diagnosed with Zika Viral Infection during pregnancy.	Women/Maternal Health

## 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 2017 Application/2015 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. The Maternal and Child Health Program Coordinator, Dr. Anaise Uso and staff were tasked to implement necessary programmatic approaches and activities related to the selected priorities as determined from the Five Year Needs Assessment reported in last year's application. Such activities were to be 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.

It should be noted, the 2015 selected priorities and state action plans were moderately readjusted through this reporting year to coincide with established measures and domains. This was a result of collective input from stakeholders, families, and community meetings throughout this reporting year. We are confident in the changes made to selected priorities and the state action plan, which directly correlates to the national and state performance measures covering all six domains under the Maternal Child Health Program.

In the past year, the new leadership team for MCH Title V office has worked diligently with it's partners, families, and consumers to explore sustainable and economical interventions that address MCH population needs, as well as moving the needle forward to match evolving health transformations at the federal level. With technical assistance support provided through the MCH Workforce Development Center, AMCHP through the AIM (Alliance for Innovation in Maternal Child Health) Project, the ASMCH program feels confident in it's growth with program management and implementation for the coming years.

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 the concept of preventive care. Systems integration is continually taking precedence with focus on areas including prenatal care and education, oral health, prevention and control of Rheumatic Heart Disease among children and pregnant mothers, developmental screening, adolescent health, 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 hard 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.

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.

### Needs Assessment

For this reporting year, the needs assessment results were used to some extent in executing the state action plan as proposed in last year's application. However, input from stakeholder meetings throughout this year assisted in realigning priorities to national performance measures under each assigned domain.

**Title V MCH Selected Priorities, FY 2016–2020:**

1. **Reduce maternal morbidity rates by promoting preventive medical visits for female adolescents and women to address preconception health and NCD prevention.**
2. **Reduce preterm births by abstaining from smoking during pregnancy.**
3. **Reduce the rate of Zika infection during pregnancy.**
4. **Promote Breastfeeding.**
5. **Promote evidence based developmental screenings for children 0-5 years of age.**
6. **Reduce childhood obesity.**
7. **Reduce Acute Rheumatic Fever and Rheumatic Heart Disease.**
8. **Prevent Bullying among adolescents and CYSHCN.**
9. **Improve systems of care for CYSHCN**
10. **Promote oral health in all 6 domains.**

#### **Title V Emerging Needs and Five Year Action Plan**

Emerging needs are noted to derive from continual programmatic activities, data reporting, and public input. MCH plans to incorporate in increments, effective approaches to address these needs. The five-year action plan will also be adjusted accordingly to meet demands pertaining to the MCH populations. MCH Priorities above are further divided in the Action Plan Table section by population domain, including the population-based national performance measures (NPMs) chosen to track prevalence rates and demonstrate impact. In 2016 State performance measures (SPMs) were developed to address population needs that were identified through the 2015 Five Year Needs Assessment process but were not adequately addressed by the NPMs. Also in 2016, Evidence Based Strategy Measures (ESMs) were developed to demonstrate the Title V program's impact and progress relative to the associated National Performance Measure. The National Outcome Measures were picked as the ultimate goals that the federal and state MCH programs are striving to achieve through their Title V program efforts. Please see the Five Year Action Plan Table to review Title V supported strategies planned by American Samoa over the next 5 years.

#### **Challenges and Accomplishments:**

In the past year, MCH has managed to survive major changes that have impacted progress to some degree, within this program. Change in Management has forced ASMCH to reevaluate local efforts and align them with stateside transformations. These changes also have influenced workforce in that new staff required training and support while continuing staff had to adjust and shift focus to a different approach based on program requirements. With limited experience, new staff members face the challenge of familiarizing themselves with care coordination and all it entails. However, the concept of medical home has not been fully grasped by many of the more experienced staff within Department of Health.

The outbreak of Zika in American Samoa has also prompted several challenges for ASMCH. As an emerging health issue for our women and babies, ASMCH continually seeks to collaborate with existing partners in government and private sector to raise awareness on this issue. Zika has challenged ASMCH to revisit strategies that can increase access to prenatal and postnatal care, as well as strengthening systems to track babies born from Zika positive mothers with thorough follow up.

So far, ASMCH has been able to play a key role in weekly reviews with CDC and the Unified Health Command Team. ASMCH is able to report data that tracks all pregnant women and discuss issues related to Zika with partners from both local and national levels. The ASMCH Team also were able to use the Skills Building Training with the Workforce Center to determine some effective approaches to improve healthcare services for pregnant women in American Samoa.

Despite these changes, the MCH office highlights on small but effective progress that continues to revolve with time in many aspects of the work. National partners have enabled efforts to increase knowledge and capabilities within our local MCH program, improving our methods of operations, and expanding on our program outcomes.

Locally, ASMCH recognizes the significance of building partnerships not just with the government sectors, but also with private and faith-based organizations. Through the years and with many Public Health efforts, the idea of working closely with villages and their chief systems, as well as churches and their ministers, has proven to be highly effective. Establishing partnerships at every local level is vital to assuring we are closing gaps and healthcare efforts are conveyed even to single family units, while efforts are made together as communities rather than individuals. We can only hope to continue building on these efforts. We anticipate only moving forward from here on.