



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

# **NORTHERN MARIANA ISLANDS**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

### 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 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>)

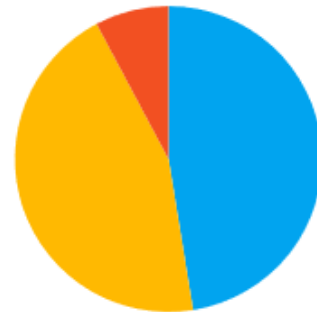
#### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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#### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$458,832
State MCH Funds	\$433,257
Local MCH Funds	\$0
Other Funds	\$75,000
Program Income	\$0

FY 2015 Expenditures



#### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$47,384	\$316,439
Enabling Services	\$165,430	\$0
Public Health Services and Systems	\$246,018	\$116,818

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	1,331	\$114,784	13.5%
Infants < 1 Year	1,342	\$64,315	7.6%
Children 1-22 Years	2,992	\$239,040	28.1%
CSHCN	789	\$284,844	33.5%
Others *	529	\$148,002	17.4%
<b>Total</b>	<b>6,983</b>	<b>\$850,985</b>	<b>100%</b>

FY 2015 Expenditures



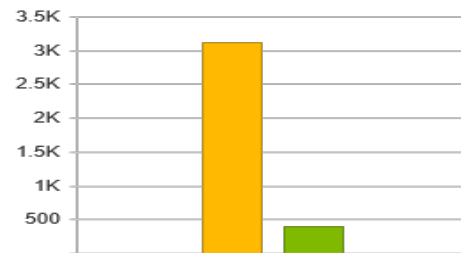
FY 2015 Individuals Served



\*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:	0
State Title V Social Media Hits:	3,128
State MCH Toll-Free Calls:	400
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 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	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	Percent of women ages 15-44 that receive preventive health service through the mobile clinic or during outreach events.
NPM 1	Well-Woman Visit	ESM 1.2	Percentage of women ages 15-44 that receive Title X Family Planning services.
NPM 4	Breastfeeding	ESM 4.1	Percentage of women that accessed WIC's Breastfeeding Peer Counselor.
NPM 4	Breastfeeding	ESM 4.2	Number of CHCC hospital nurses and providers that complete training to support the implementation of the hospital breastfeeding policy.
NPM 5	Safe Sleep	ESM 5.1	Percentage of community partner agencies that receive training on safe sleep recommendations.
NPM 6	Developmental Screening	ESM 6.1	Percentage of children who complete an ASQ screening at a well-child visit
NPM 9	Bullying	ESM 9.1	Percentage of schools that have implemented policies and/or programs to address health- risk behaviors, including bullying.
NPM 11	Medical Home	ESM 11.1	Percentage of identified CSHCN that have a shared plan of care.
NPM 13	Preventive Dental Visit	ESM 13.1	Percentage of pregnant women seen at CHCC Dental Clinic for preventive oral healthcare.
NPM 13	Preventive Dental Visit	ESM 13.2	Percentage of children ages one (1) through 17 years old seen at the CHCC Dental clinic for preventive services.
NPM 15	Adequate Insurance	ESM 15.1	Percentage of CHCC hospital and clinic nurses that complete training on the Medicaid application process and eligibility requirements.

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Increase anemia screening among women of child bearing age	Women/Maternal Health
SPM 2	Increase the number of resident women receiving prenatal care beginning in first trimester	Women/Maternal Health
SPM 3	Increase the number of children receiving recommended vaccinations	Child Health

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SPM 4	Decrease the rate of adolescent suicide ideation	Adolescent Health
SPM 5	Decrease teen pregnancy rates among 15-17 year olds	Adolescent Health

## Executive Summary

The mission of the Maternal and Child Health (MCH) Bureau is to promote and improve the health and wellness of women, infants, children, including children with special health care needs, adolescents, and their families through the delivery of quality prevention programs and effective partnerships. The MCH Bureau, under the Commonwealth Healthcare Corporation (CHCC), manages the MCH Program, Early Childhood Comprehensive Systems Project, Healthy Outcomes for Maternal and Early Childhood (H.O.M.E.) Visiting Program, Family Planning Program, Early Hearing and Detection Intervention Program, Children with Special Healthcare Needs Program, Oral Health- Teeth for Health Initiative, and State Systems Development Initiative Project.

### Annual Needs Assessment

The Northern Mariana MCH Program completed a review of data related to health indicators for the maternal and child populations in the Northern Mariana, which included data from the following sources: CHCC hospital record data, Health & Vital Statistics Office, WIC program, Public School System surveys, Children with Special Healthcare need survey, and the Maternal, Infant, and Early Child Home Visiting (MIECHV) Home Visiting Program. Feedback, through survey, is also gathered from partnering agencies and families during partnership and/or stakeholder meetings. Together with the Needs Assessment Workgroup, the MCH director, CSHCN Director, and the MCH Epidemiologist analyze results in an effort to ensuring that strategies implemented effectively meet the needs of the women, children, and families we serve.

### PRIORITIES

Women's/Maternal Health- Improve women's health through cervical and breast cancer and anemia screening.

Perinatal/Infant Health- Improve perinatal/infant outcomes through early and adequate prenatal care services and promoting breastfeeding and safe sleep

Child Health- Improve child health through providing vaccinations and screening for developmental delays.

Adolescent Health- Improve adolescent health by promoting healthy adolescent behaviors and reducing risk behavior (i.e. drug and alcohol use, bullying) and poor outcomes (i.e. teen pregnancy, injury, suicide).

CSHCN-Provide a medical home for children identified as CSHCN; Improve identification through screening for development delays.

Cross Cutting-Improve oral health for children and pregnant women; Improve insurance status of children and pregnant mothers.

### ACCOMPLISHMENTS & PLANS

Maternal/Women Health: In 2015 MCHB, together with partnering agencies, worked to increase awareness surrounding early prenatal and adequate care, preconception health, and reproductive health.

#### Accomplishments:

- MCHB participated in several outreach and educational awareness events to promote health and available preventive services. Events included the Kagman Community Health Fair, Marianas March Against Cancer, Oral Health Cancer Awareness Month, and Healthy Babies Fair. In addition, MCHB was able to conduct educational awareness and outreach on the outlying islands of Tinian and Rota during the Early Intervention Services Program's Parent Night event.
- MCHB was able to offer free preventive screenings through the Public Health Mobile Clinic by collaborating with partners such as the CNMI Nursing Association, Northern Marianas College Nursing Department, Breast and Cervical Screening Program, Title X Family Planning Program, and the Nutrition Assistance Program. Over 800 individuals in the community who participated at these events were screened for high blood pressure, diabetes, and anemia.
- The 2<sup>nd</sup> Annual Women's Health Month was spearheaded by the MCHB through collaboration with other community agency partners, both private and public, as well as community members.
- Collaborated with Division of Public Health Services Medical Director and the CHCC Information Technology Department allowed for the first time use of the hospital Electronic Health Record (EHR) data system for screening information/data to be entered during community outreach events. While needed improvements have been identified in increasing efficiency for using the EHR during outreach events, the opportunity to utilize the system while out on the field is of significant benefit as this will improve our capacity to assess the health of the population served.
- Collaborated with the WIC program to complete 4 cohorts of the Prenatal Care and Support group facilitated at the WIC clinic to promote early and adequate prenatal care among WIC recipients
- Program efforts in assisting women enroll into the Medicaid program and conducting community education and awareness campaigns on prenatal care has led to the increase in the number of infants who were born to mothers who received prenatal care during the first trimester from 33.8 percent in 2014 to 51.5 percent in 2015.

#### Plans for 2017:

- Increase awareness of preconception health
- Partner with the Title X Family Planning program to increase awareness of the importance of having a reproductive plan
- Advocate for health insurance coverage and improvements

- Establishing baseline data for new priorities
- Improving partnership with breast and cervical screening services
- Improving access to services

Perinatal/Infant Health: The 2015 activities aimed at improving the CNMI's perinatal and infant health included the ongoing participation in the Infant Mortality (IM) Collaborative Improvement and Innovation Network (CoIIN) through monthly webinars and calls aimed at improving regional data capacity; applying for state membership to the Child Safety (CS) CoIIN to advance evidence-based strategies for injury and violence prevention; providing outreach and public awareness on safe-sleep practices, fetal and infant death, both preconception and early prenatal care.

Accomplishments:

- Complete reinstatement of the Newborn Screening program at CHCC made possible through collaboration with the CHCC Hospital Administrator and Laboratory Director.
- Selection and participation in the Child Safety Collaborative Innovation and Improvement Network (CoIIN). This included completing an MOU with the CNMI Department of Public Safety on child passenger safety.
- Continuous quality improvement work and collaboration with CHCC nurses has led to newborn hearing screening rates at 98.8 of infants being screened for hearing loss before hospital discharge
- Partner with the MIECHV HOME Visiting Program to promote safe sleep by distributing cribs to families with newborns/infants

Plans for 2017:

- Promote early and adequate prenatal care
- Partner with WIC and the H.O.M.E. Visiting Program to improve breastfeeding and safe sleep practices
- Improve access to prenatal care services through the use of mobile clinic, extension of sites, and health coverage assistance
- Enhance data collection
- Engage providers in breastfeeding and safe sleep strategies

Child Health: In 2015, MCH was able to provide training to child care employees, nurses, and providers on ASQ developmental screening administration. The HOME Visiting and CYSHCN programs continue to provide case management and referrals for families enrolled in their programs, which include ensuring that children within households enrolled receive recommended vaccinations, complete well child visits, assisting with Medicaid application processing, and connecting children and their families to available community resources.

Accomplishments:

- Implementation of the Ages and Stages Questionnaire (ASQ) developmental screening tool during well child visits at Kagman Community Health Center and on the outlying islands of Tinian and Rota were completed
- Refresher training as well as new user trainings on the ASQs were provided throughout the year for providers, nurses, and other early care and education professionals
- A total of 2 additional MCHB staff received certification to train using the ASQs. This increases capacity for continued training and technical assistance to be provided to ASQ users.
- MCHB continued to support the CHCC Labor and Delivery department in providing newborn folders with valuable community service and supports information, application, and enrollment forms which are distributed to all moms at discharge.
- Collaborated with the CNMI Child Care Development Fund to facilitate the Annual Health and Safety Training for child care workers and other early childhood service providers to enhance skills and build capacity among early child service providers.

Plans for 2017:

- Supporting providers to integrate developmental screenings as a part of routine care
- Implementing a social emotional standard screening tool
- Implementing the Well Child module in the CHCC Electronic Health Records
- Increasing immunization rates by aligning and strengthening program efforts with CHCC Immunization Program
- Disseminating child health data to community partners
- Partner with H.O.M.E. Visiting Program and Community Guidance to increase awareness of adverse childhood experiences in the community

Adolescent Health: Upon receiving Title X funding in July of 2015, MCH has worked diligently in ensuring that Title X services are strongly linked with MCH's adolescent health priorities. MCH, the Title X program and the HIV/STD program have gained significant partnership with PSS and the PREP program over the last couple of months and an MOU is now being drafted to formalize this service integration.

Accomplishments:

- Developed an MOU between MCHB and the CNMI PSS for collaboration towards addressing adolescent health priorities, including the reduction of teen pregnancy rates and interpersonal violence
- Collaborate with the Title X Family Planning program to produce a "teen friendly" brochure to increase adolescent awareness of services
- Produce an anti-bullying commercial that was shared with the CNMI PSS and aired during bullying prevention month.
- Partner with the Title X Family Planning Program to offer adolescent health services through the use of the Public Health Mobile Clinic at a high school campus
- Report a decrease in the rate of birth to teenagers ages 15 through 17 from 24.1 to 21.5 out of a 1,000 births. This is largely attributed to the reinstatement of Title X funding, the partnership develop with the Public School System, and community education and awareness campaigns.

Plans for 2017:

- Establish a school-based Adolescent Health Program to improve adolescent health services and reduce risk behavior
- Formalize partnership with the PSS PREP and the youth centers
- Initiate partnership with the youth group YEAH; a strategy to engaging youth to guide adolescent services
- Disseminate adolescent health data to community partners
- Establish relevant campaign strategies to engage public in addressing areas of improvement for this group

Children with Special Health Care Needs (CSHCN): In the past five years, services provided for CSHCN were through collaboration with the Public School System, Early Intervention Services for infants, 0-3 years old. Also, through a partnership with Shriners Hospital of Hawaii specialty services in Cardiology, ENT, Orthopedics, and selected surgeries are available at least once a year.

Accomplishments:

- Collaboration with the CHCC Chair of Pediatrics, NMC School of Nursing, and Marianas Health Services to offer the 2<sup>nd</sup> Annual Bleeding Disorder Conference. 34 families from the islands of Saipan, Tinian, and Rota participated.
- Continued collaboration with the Part C: Early Intervention Services Program to refer and enroll infants and children.
- Continued case management and service coordination for children who have been identified as having a special healthcare need
- Collaboration with Shriner's outreach clinic for families with children who need services to be referred. MCHB was able to coordinate the Shriner's visit twice in 2015.

Plans for 2017:

- Support providers to include development screenings as a part of routine care
- Ensure modification and linkage of the CSHCN database with CHCC's EHR and RPMS
- Begin case management of CSCHN from birth to 21 years old
- Link families to medical homes and community resources

Cross-Cutting: In 2015, MCH continued to assist women, children, and families in obtaining insurance through Medicaid and worked to expedite application processing through an existing Memorandum of Understanding (MOU) with the CNMI State Medicaid Office. In addition, Family Partner Advocates under the H.O.M.E. Visiting Program provided assistance to families enrolled on completing new or renewal applications and linked their program participants to the MCH Service Coordinator to assist with expediting application processing.

The Oral Health Program continued to provide protective sealants to students within the Public School System (PSS) through a collaborative agreement. The Oral Health Program provided protective sealants through the School Sealant Program to 531 students in 2015.

Plans for 2017:

- Support providers to integrate oral health screenings for children and pregnant mothers as part of routine visits
- Advocate for dental health coverage
- Improve access to dental health services for outer islands
- Establish baseline data for betel nut chewing among children and pregnant mothers
- Develop data systems to track and report betel nut chewing
- Improve access to insurance coverage by increasing community awareness of eligibility and application requirements including Medicaid
- Improve access to Medicaid coverage by decreasing application processing time
- Establish an evaluation and tracking system for insurance status



#### Emerging Issues

##### Prenatal Use of Smoking Tobacco

CNMI Data reviewed for the past five (5) years indicates a steady increase in smoking among pregnant women, increasing from 1.4 percent in 2011 to 3.9 percent in 2015. The MCHB will increase efforts in collaborating with the CNMI Non-Communicable Disease Bureau through its Tobacco Cessation Program to identify and implement tobacco cessation strategies targeting pregnant tobacco users.

##### Neonatal Abstinence Syndrome

The CNMI is currently experiencing the effects of the increase in illicit drug use, specifically methamphetamine, referred to as "ice" in the CNMI. 2015 data indicates that infants born with neonatal abstinence syndrome is at a rate of .9 out of 1,000 births. However, MCHB predicts, based on data analyzed as of the date this report is being prepared, that the rate of babies being born with NAS will increase. The MCHB intends to work with the newly established CNMI Drug Court Program and the State Mental Health Agency, known as the Community Guidance Center, to identify and/or develop interventions or services to address this issue.