



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

AMERICAN SAMOA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

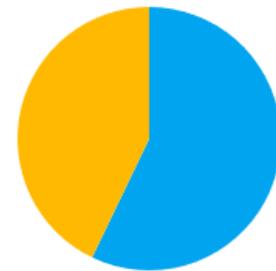
State Contacts

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

Source	FY 2018 Expenditures
Federal Allocation	\$490,711
State MCH Funds	\$368,100
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

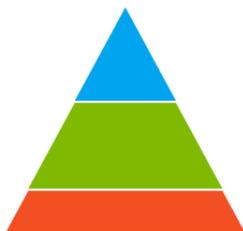
FY 2018 Expenditures



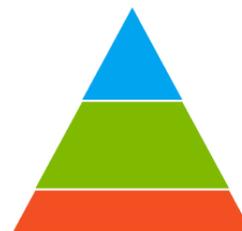
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$207,374	\$152,531
Enabling Services	\$190,710	\$143,033
Public Health Services and Systems	\$92,627	\$69,470

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



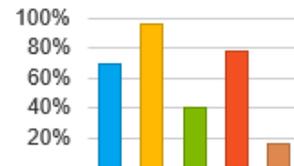
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	69.0%	\$100,992
■ Infants < 1 Year	96.0%	\$52,500
■ Children 1 through 21 Years	40.0%	\$262,500
■ CSHCN (Subset of all Children)	78.0%	\$280,655
■ Others *	16.0%	\$162,097

FY 2018 Expenditures
Total: \$858,744



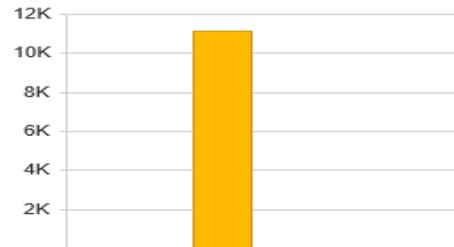
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	0
■ State Title V Social Media Hits:	11,112
■ State MCH Toll-Free Calls:	0
■ Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of media outlets utilized to promote preventive medical visits.
NPM 1	Well-Woman Visit	ESM 1.2	Percent of women registered during Women's Health Week for a preventive screenings.
NPM 1	Well-Woman Visit	ESM 1.3	Percent of Pregnant Women who has heard of the "Fight the Bite" Zika Campaign
NPM 4	Breastfeeding	ESM 4.1	Number of MCH staff attended the Certified Lactation Counselor training.
NPM 4	Breastfeeding	ESM 4.2	Percent of women participating at the Breastfeeding Week activities who confirm they are breastfeeding.
NPM 4	Breastfeeding	ESM 4.3	Percent of postpartum mothers reported that they received breastfeeding resources and reminders after delivery and before discharge.
NPM 6	Developmental Screening	ESM 6.1	Number of Providers utilizing a parent-completed screening tool in the past year to parents/guardians of children ages 9 through 35 months.
NPM 6	Developmental Screening	ESM 6.2	Percent of clinical staff trained in the standing operating procedures for referrals to Early intervention and other programs.
NPM 6	Developmental Screening	ESM 6.3	Percent of participants in Children's Oral Health awareness month activities.
NPM 10	Adolescent Well-Visit	ESM 10.1	Percent of schools covered by Immunization School Outreach Program.
NPM 10	Adolescent Well-Visit	ESM 10.2	Number of high schools covered by Immunization School Outreach Program.
NPM 11	Medical Home	ESM 11.1	Percent of CSHCN families who received care coordination services from CSHCN staff in the past year.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of Pregnant Women who tested Positive for Zika.	Women/Maternal Health
SPM 2	Percent of children, ages 1 through 3 years, who had a preventive dental service in the past year.	Child Health
SPM 3	Percent of children ages 3 who have completed their age-appropriate routine vaccinations.	Child Health
SPM 4	Rate per 10,000 children, ages 5 - 17, diagnosed with (A) Rheumatic Fever or (B) Rheumatic Heart Disease.	Child Health, Adolescent Health
SPM 5	Percent of families of children ages 0-3 years born with congenital ZIKV or born to pregnant women with ZIKV who reports they are satisfied with their care coordination services.	Children with Special Health Care Needs

State Outcome Measures

SOM #	SOM Title	Reporting Domain(s)
SOM 1	RHD Mortality Rate for ages 5 - 17 years per 10,000.	Child Health

Executive Summary

Program Overview

Program Overview

American Samoa is a territory of the United States of America, classified more specifically as an unincorporated, unorganized territory of the United States. Simply, American Samoa is afforded diplomatic and military protection from the US, but not all of the provisions of the US Constitution apply to its people. An example would be American Samoa citizens classified as US Nationals, not US citizens. All American Samoa born citizens are considered US Nationals. American Samoa includes five volcanic islands (Tutuila, Aunu'u, and the Manu'a islands of Ofu, Olosega, and Ta'u) and two coral atolls (Rose and Swains atolls). This US affiliated group of islands shares maritime borders with another set of Samoan Islands (9 altogether) that operate under an independent type of government. Despite this difference, all of these Samoan island groups share the same ancestor lineage, language, and culture.



The geographical location of some of these islands compared to the main Tutuila island can, at times, cause difficulty in accessing care. For example, people residing in the Manu'a Islands and Aunu'u will have to travel by air or by boat to the mainland Tutuila to receive comprehensive care such as an x-ray, refill prescriptions, or surgical needs. Although there are healthcare centers in the Manu'a Islands, the available services are but a few.

The total population of American Samoa is 55,519 (2010 census). Over half (53%) of the population of American Samoa is less than 20 years of age. According to the 2010 census, there were 28,170 males (50.7%) and 27,349 (49.3%) females. A majority of the population resides in the Western District with 31,329 residents (56.4%). This is followed by the Eastern district with 23,030 residents (41.5%), then the Manu'a district with 1,143 residents (2.1%). The total fertility rate in American Samoa is 2.7 children born/woman. However, the population is decreasing due to out migration. About half of the people living in American Samoa were born there, with most immigrants coming from the Independent States of Samoa in search for jobs and to visit relatives. Many of them remain and establish families. There is no welfare system in American Samoa, however, a federally funded food stamp program is available for the elderly and children with special needs, as well as the Women, Infants, Children (WIC) Nutrition Program.

The territory experienced modest economic growth in 2014 and 2015, which was spurred, in part, by a large capital investment by Tri Marine International on the purchase and construction of facilities for processing and packaging locally harvested tuna. The cannery opened early in 2016, under the name Samoa Tuna Processors (STP). Competition from Asian-based canneries immediately put the company in a precarious position and processing operations permanently halted in late-2016. STP laid off at least 400 employees during the closure, which led to hundreds of additional job losses in related and support industries over the following year. Starkist Samoa Co., American Samoa's last remaining tuna processor, also faced setbacks in 2017. Availability of landed fish, along with a number of federally-mandated equipment upgrades, forced the company to temporarily halt operations for five weeks in the fourth quarter of 2017. The shutdown left thousands of employees without salaries to cover basic expenses and cost the local government more than half-a-million dollars in income tax revenues. The combined impact of the cannery closures contributed to a spike in the unemployment rate in the territory in 2017, from 10.5% in 2016 to 14.3%.

The recession may have extended into the following year, if not for a devastating storm that impacted much of American Samoa in February of 2018. By some estimates, Tropical Storm Gita caused as much as \$125 million in direct and indirect damages across the territory. At least 50% of all individuals in the territory were faced with significant damage to real and/or personal property during the storm. Food, water, and other basic necessities were in high demand throughout the days and weeks that followed. During that time, automated teller machines were persistently low on cash supplies as the people of the territory scrambled to draw enough to

cover immediate repair and replacement costs. Additionally, international relief agencies distributed pre-loaded gift cards to families and individuals that were most affected by the storm. Disaster relief funding is expected to contribute to consumer and government spending in 2018. Once the immediate effects of the tropical storm have diminished, so will many of the economic stimulus benefits.

Non-communicable diseases (NCDs) continue to be the leading causes of morbidity and mortality for adults in American Samoa, similar to other US Affiliated Pacific Islands Jurisdictions. Recently released was the American Samoa 2018 Adult Hybrid Survey, a population-based household survey, combined NCD and associated risk factor indicators and substance use conducted between 2017-2018. From 2004 to 2018, cigarette smoking and alcohol consumption prevalence decreased, although binge drinking prevalence and remained about the same. Overweight/obesity (94.7%) and diabetes (45.4%) prevalence remains high in American Samoa.

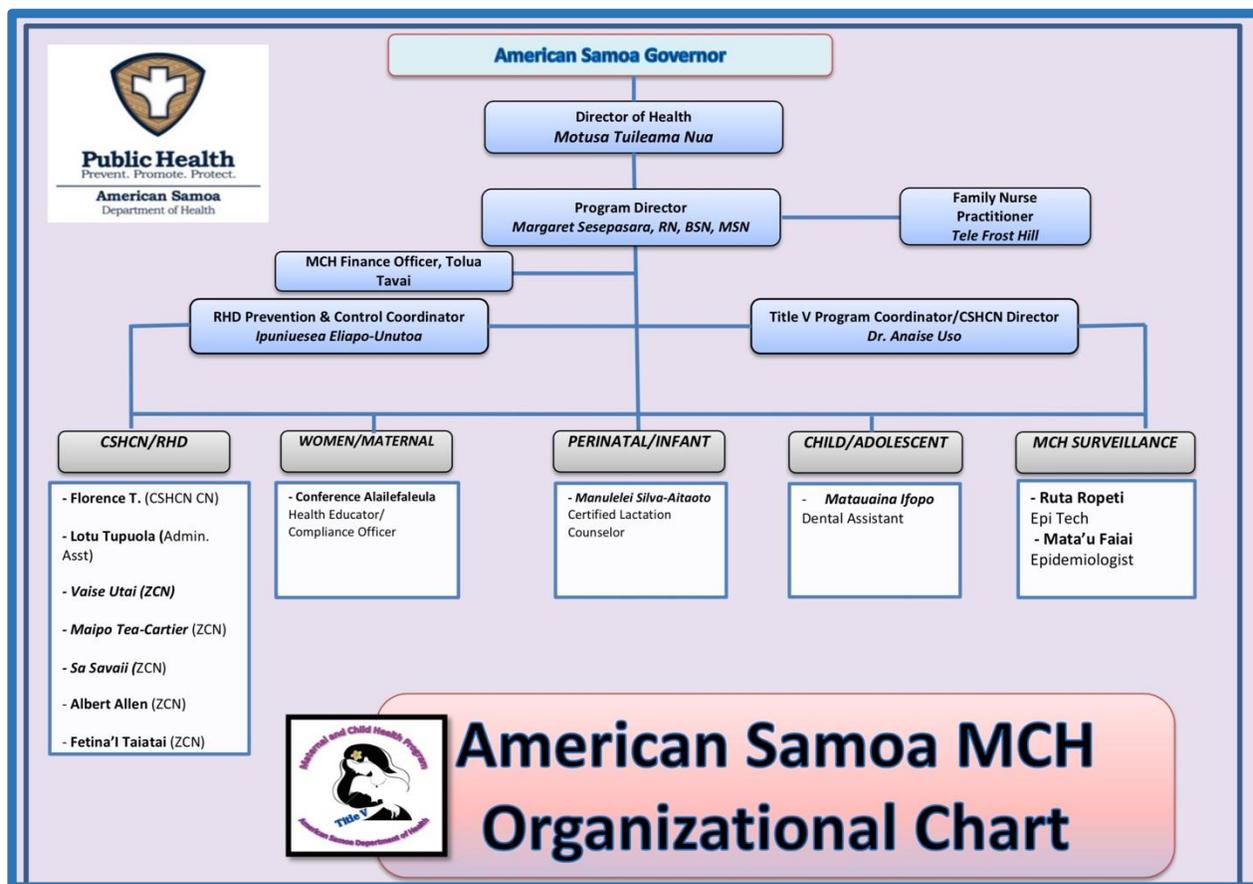
The healthcare system in American Samoa is comprised of one local hospital; one federally funded community health center and 5 satellite health clinics throughout the island of Tutuila and Manu'a, as well as an outpatient veteran's clinic. There are a few private clinics ranging from optometry to general health available for public access. There is no health insurance program for the whole of the territory, except for those in the armed forces and some private companies. Most people will have pay out of pocket for healthcare; however, most people are unable to afford healthcare costs, so these folks seek health services only on necessary conditions.

There are limitations on specialty care availability on the island. Most healthcare providers are general practitioners with limited training or exposure in special areas of medicine. If specialty care is available, they are likely contracted for a specific brief period of time. Many of the students who leave the island to seek further education to become a healthcare provider don't return because the earnings are not sufficient. Due to shortages of physicians, nurses, and other healthcare professionals, at times clinics are left with only an administrator or an assistant and the public is referred to clinics that may be of further distance where a provider is available.

The local health department envisions Healthy FAMILIES, Healthy COMMUNITIES, and Healthy AMERICAN SAMOA. Its mission statement states "To effectively and efficiently deploy available public health, human and material resources: to PROMOTE physical and mental health; to PREVENT disease, injury, and disability; and to PROTECT individual rights to access quality and affordable health care services for all residents of American Samoa". In support of women and children, the local health department partners with the federal government to ensure healthcare services for the MCH population is continually addressed and improved.

The American Samoa Maternal and Child Health (ASMCH) Program under the Department of Health receives federal funding, from the federal Health Resources and Services Administration Title V Block Grant, towards improving the health and overall lives of women and children, including children and youth with special health care needs. ASMCH is currently under the leadership of the Nursing Director, who reports directly to the Director of Public Health. An organizational chart is displayed in Figure 1.

Figure 1: American Samoa MCH Program Organizational Chart:



Majority of the MCH direct services occur in the community health centers (Prenatal and Well Child Clinics). With Title V funds, nurse practitioners, dental assistant, health educators and special needs client navigators, are fully funded by the MCH Program to provide services at these centers. The local health agency influences and supports Title V priorities by integrating existing programs to work with each other, creating bigger outcomes and more successful results. An example would be having a family access both well child and prenatal services at the community health center. These services are supported by not only MCH, but also with Tobacco/Diabetes Program, Breast & Cervical Cancer Program, NCD program and of course CHC overall. Each program targeting their own agenda and task while the family is able to access comprehensive care, a win-win situation for everyone involved.

There are only a handful of pediatric trained providers on the island. The health care centers employ 3 pediatric trained physicians, however, only one provides services directly for children through the well child clinics, the other two are assigned administrative roles and serve the general public. So, all children, with and without special needs are primarily cared for at the local hospital, which is Supporting services such as behavioral, mental, and social aspects are offered through the Department of Human and Social Services. Non-profit organizations also play a significant role in the care of children in the territory, providing necessities and support through groups and pertinent information.

Specialty care is dependent upon traveling consultants and recruitment. When specialty care is not available, children and their families are often recommended for off-island referral. Air travel is covered by the local hospital; however, all other associated costs are imposed on the family to cover. Some families never return home due to continuous need of care and lack of available resources on the island.

According to the Medicaid Title XIX program, all children and pregnant mothers are eligible for Medicaid coverage. However, women, children including children with special needs are still required to pay out of pocket for their medical expenses, particularly if services are accessed through the local hospital. This is a complication that the Title V and Title XIX are currently working on to resolve, as there are incongruities in the law that needs modifications. The health department overall provides oversight and guidance so that these efforts are integrated into the system of care, which will expect to increase access for all pregnant women and children in American Samoa.

The ASDOH receives approximately \$485,500.00 in Title V dollars annually to assure access to preventive and primary health care services for the required population groups of: (1) preventive and primary care services for pregnant women, mothers and infants; (2) preventive and primary care services for children; and (3) services for children with special health care needs (CSHCN). Federal law requires each state to allocate a minimum of 30 percent of available funds to services for children with special health care needs, and a minimum of 30 percent of available funds to services for children and adolescents.

In the table below, it lists all the domain related priority needs and American Samoa's selection is based on the 2015 Needs Assessment listed in Table 1 below.

Table 1: American Samoa MCH Title V Priority Needs

Population Domain	AS MCH Priority Needs	New (N), Revised (R) or Continued (C) Priority Need for this five-year reporting period		
		N	R	C
Women	Promote preventive medical visits for women ages 21 – 44. NPM1			X
	2. Reduce pregnant women diagnosed with Zika viral infection. SPM1			X
Perinatal and infants	3. Promote breastfeeding for infants 0-6 months. NPM4			X
Children	4. Promote evidence based developmental screenings for children ages 0 – 3 years. NPM6			X
	5. Promote Oral Health for children ages 0-3 years. SPM2			X
	6. Promote immunization coverage for children ages 3. SPM3			X
	7. Reduce Acute Rheumatic Fever and Rheumatic Heart Disease. SPM4			X
Adolescent	8. Promote preventive medical services for adolescents ages 12-17. NPM10			X
CYSHCN	9. Improve system of care for CYSHCN. NPM11			X
	10. Promote care coordination services for children ages 0-3 years born with congenital ZIKV or born to pregnant women with ZIKV. SPM5			X

American Samoa MCH Title V's five-year State Action Plan was developed to assist in aligning program strategies and activities with identified needs and performance measures. Each year the American Samoa Title V updates on progress toward the identified measures and implement changes to strategies and activities as appropriate.

Together with local funds and other additional federal funds, the Title V MCH block grant is used to address American Samoa's MCH priority needs, improve performance related to targeted MCH outcomes, and expand systems of care for the MCH and CSHCN populations. American Samoa's Title V Leadership Team—which includes the Title V MCH director, Title V CSHCN director, and key Title V administrative staff—meets on a regular basis to discuss all aspects of Title V, including the budget and how federal and non-federal funds are used to address the state's MCH needs.

The key accomplishments for FY 2018 and plans for FY 2020 are summarized below.

DOMAIN: WOMEN'S/MATERNAL HEALTH

Promote preventive medical visits.

Accomplishments: Title V is a key partner in driving the planning and implementation of women's health services at the department of health and community health centers including NCD screening and management; depression screening and referral; breast and cervical screening; family planning measures; dental screening and management; depression and tobacco screening, cessation counseling and referrals.

Challenges: Acquiring timely data to monitor project benchmarks and complete evaluation has been challenging.

Plans: Collaborate with Well Child Clinics to send postpartum mothers for check-up and family planning. Will also focus on public awareness and messaging to promote healthy behaviors including preventive women's health visits and reproductive life planning.

DOMAIN: PERINATAL/INFANT HEALTH

Promote breastfeeding.

Accomplishments: MCH Title V staff continues to partner with MEICHV, WIC, OBGYN, LBJ Nursery and Community Health Centers to promote breastfeeding initiatives including celebrating BF Week in August, annually. Home visitors have more than 70% success rate in achieving an 80% successful rate in clients enrolled in MEICHV. WIC continues to be a key partner due to its successful Breastfeeding Peer Counselor Project.

Challenges: Territorial Breastfeeding Coalition is inactive and needs to reconvene, plan and implement a Strategic BF Plan.

Plans: Promote and support breastfeeding in government and non-governmental workplaces such as supporting at least 2 hours break for breastfeeding. Conduct a BF workgroup to draft and approve the American Samoa Territorial Breastfeeding Plan.

DOMAIN: CHILD HEALTH

Promote evidence based developmental screenings for children ages 0 – 3 years.

Preventive Dental services

Complete age appropriate vaccinations

Prevent Rheumatic Fever and Rheumatic Heart Disease

Accomplishments: Completed training of Client Navigators to boost developmental screenings. This current year, MCH program finally had a dental assistance on board who will boost preventive dental screenings, fluoride varnish and referrals for treatment at Tafuna and Fagaalu Well Baby Clinics. Vaccination coverage have improved slightly. Another accomplishment was identifying all RHD diagnosed patients in the territory to build an RHD registry with the assistance of a CDC Epi Aid.

Challenges: Key challenges include promoting greater collaboration across the service system to strengthen the impact and sustainability of prevention programs, and identifying effective/affordable evaluation measures for population-based prevention activities/campaigns.

Plans: Continue to promote early developmental screenings and referrals for early interventions, promote oral health, immunization coverage and implementing a robust RHD program that includes free secondary prophylaxis to prevent further damages to hearts of RHD clients.

DOMAIN: ADOLESCENT HEALTH

Promote preventive medical services for teens.

Accomplishments: Continue to collaborate with the CHCs and Immunization Program to promote HPV and in turn teens are also receiving medical check-ups. Partnered with the American Samoa Athletic Association to ensure all teens playing any sport comes in before school starts to get a medical check-up in any of the community health center.

Challenges: Ongoing efforts are being made to engage more adults and service providers to help adolescents understand the importance of an annual wellness visit and encourage teens to independently seek care.

Plans: Continue to partner with key stakeholders including NGOs like Intersections Inc. to empower adolescents to promote health lifestyles and come in for early medical check-ups and screenings.

DOMAIN: CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN)

Improve systems of care for CSHCN.

Accomplishments: The CYSHCN program staff was able to provide care coordination to majority of clients that were recruited into the program. These clients received components of a well-functioning system, to include family partnership, medical home, early screening, adequate insurance, easy access to services, and preparation for adult transition.

Challenges: Establishing partnerships with adult health care agencies and providers to promote transition planning is a challenge given shortages of adult health care providers, especially for CSHCN. Developing methods to measure the effectiveness of education/outreach activities is also an ongoing process.

Plans: Development of education and assessment materials will be completed, as well as the data monitoring system. Education and public awareness on transition to adult health care will continue. CYSHNS will also partner with the Title V Adolescent Health Program to increase outreach to all adolescents, with and without special health care needs.

Five Year Needs Assessment

The Title V needs assessment plan is completed, and implementation has begun in FY 2019 including both primary and secondary data collection with technical assistance from the University of Hawaii's Office of Public Health Studies. MCH Title V has formed a needs assessment collaborative to utilize resources from several ASDOH programs including Title V, MIECHV, EI, the Community Health Centers, and other external key stakeholders. New five-year priorities will be identified by October 2019 and plan strategies, activities, and strategy measures will be selected by May 2020.

How Federal Title V Funds Support State MCH Efforts

The ASDOH receives approximately \$485,500.00 in Title V dollars annually to assure access to preventive and primary health care services for the required population groups of: (1) preventive and primary care services for pregnant women, mothers and infants; (2) preventive and primary care services for children; and (3) services for children with special health care needs (CSHCN). American Samoa Title V allocate a minimum of 30 percent of available funds to services for children with special health care needs, and a minimum of 30 percent of available funds to services for children and adolescents.

Together with State funds, and other additional federal funds, the Title V MCH block grant is used to address American Samoa's MCH priority needs, improve performance related to targeted MCH outcomes, and expand systems of care for the MCH and CSHCN populations. The ASMCH Title V funds compliment the State Plans in supporting healthcare for women and children by addressing gaps and priority needs which are not achieved by State funds or other federal dollars.

MCH Success Story

For the year 2018, success of the RHD control & prevention work:

- American Samoa Community Health Centers were approved for the 340B Discount. The RHD program was able to put in a request through CHC to purchase bicillin injections at a discount. The approval allowed the RHD program to purchase a box of 10 injections for only 20 cents apiece. The original cost of this box through the hospital is earmarked at \$160 dollars per box. This has allowed the RHD program and the FQHC's to incorporate a plan to provide bicillin to the public – for free.
- Two schools offered donations as part of the student's community projects, to support RHD efforts. Altogether, a donation of \$10,000 was donated towards bicillin and specialty care.
- Training for echo technicians was implemented in early 2018, for 7 local health workers from both the LBJ Hospital and DOH.
- Images that are captured from this screening clinic are uploaded to a cloud-based HIPAA certified system, which tags volunteer Cardiologists to examine and diagnose each case.

There is much work to be done, however, in reviewing the impact that has happened so far for the RHD population, MCH Title V should be recognized as one of the leading support for all these successes.

Maternal and Child Health Bureau (MCHB) Discretionary Investments – American Samoa

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.