



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTHERN MARIANA ISLANDS

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 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>)

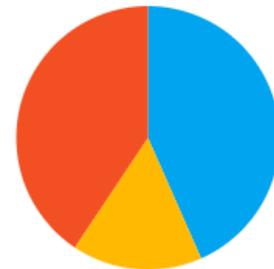
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Heather S. Panegelinan MCH Bureau Administrator hsantasmch@gmail.com (670) 664-8701	Youn Jung, Danielle, Su Child Health Coordinator dsumch@gmail.com (670) 664-8701	No Contact Information Provided

Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$463,450
 State MCH Funds	\$170,866
 Local MCH Funds	\$0
 Other Funds	\$434,011
 Program Income	\$0

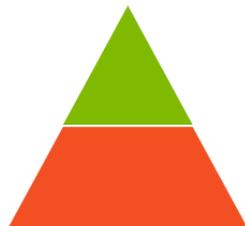
FY 2018 Expenditures



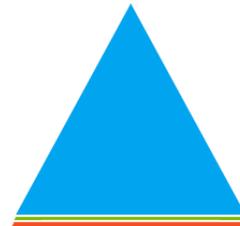
Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$0	\$414,976
 Enabling Services	\$249,721	\$6,036
 Public Health Services and Systems	\$213,729	\$12,999

FY 2018 Expenditures Federal



FY 2018 Expenditures Non-Federal



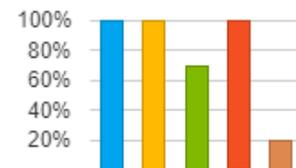
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	100.0%	\$106,210
■ Infants < 1 Year	100.0%	\$106,211
■ Children 1 through 21 Years	69.0%	\$355,399
■ CSHCN (Subset of all Children)	100.0%	\$239,330
■ Others *	20.0%	\$49,519

FY 2018 Expenditures
Total: \$856,669



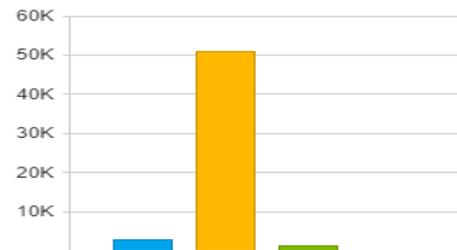
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	2,653
■ State Title V Social Media Hits:	50,757
■ State MCH Toll-Free Calls:	1,282
■ 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 9	Bullying	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Child Health

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 18 thru 44 seen at mobile clinic outreach events.
NPM 1	Well-Woman Visit	ESM 1.2	Percent of women ages 18 thru 44 seen at the Family Planning Program.
NPM 4	Breastfeeding	ESM 4.2	Percent of infants enrolled in Home Visiting breastfed through 6 months.
NPM 6	Developmental Screening	ESM 6.1	Percent of children who complete an ASQ screening at the CHCC Children's Clinic during a well-child visit.
NPM 9	Bullying	ESM 9.1	Percent of schools that have implemented evidence based programs to address bullying.
NPM 11	Medical Home	ESM 11.2	Percentage of well-child clinics that receive training on care coordination.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Percent of children from public elementary schools who receive dental sealants through the Public Health School Sealant Program.

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	Percent of women of childbearing age with anemia.	Women/Maternal Health
SPM 2	Percent of deliveries to resident women receiving prenatal care beginning in the first trimester of pregnancy.	Perinatal/Infant Health
SPM 3	Percent of children receiving routine vaccines.	Child Health
SPM 4	Percent of high school students that report thoughts of suicide.	Adolescent Health
SPM 5	Birth rate among 15-17 year olds	Adolescent Health
SPM 6	Percent of resident children, ages 0 thru 17 years, seen at any CHCC site with continuous health insurance coverage.	Child Health

Executive Summary

Program Overview

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 Northern Mariana Islands MCH Bureau manages the MCH Title V Program, Healthy Outcomes for Maternal and Early Childhood (H.O.M.E.) Visiting Program, Family Planning Program, Newborn Screening, Children with Special Healthcare Needs Program, Oral Health Program, and State Systems Development Initiative Project. The CNMI MCH Bureau receives approximately \$458,000 each year from the Title V Maternal and Child Health Services Block Grant.

The MCH Bureau is a unit within the Division of Public Health under the Commonwealth Healthcare Corporation (CHCC). Established in 2011, the CHCC is a semi-autonomous quasi-governmental corporation and is the operator of the Commonwealth of the Northern Mariana Islands' (CNMI) healthcare system and primary provider of healthcare and related public health services in the CNMI. The CHCC provides management and oversight of the CNMI's only hospital, public health programs and mental and behavioral health programs. And, while budget constraints and workforce issues continue to challenge the CHCC, its organizational composition is positioned to effectively integrate medical, mental/behavioral health, and public health services.

The CNMI MCH continues to collect and analyze data through the various programs under the CNMI MCHB, CHCC hospital, CNMI Health and Vital Statistics Office, and other partners such as the CNMI Public School System and WIC. MCH continues to work with members of the MCH Needs Assessment Steering Committee to assess the impact of strategies implemented towards addressing the priority needs of the populations served. Focus groups with key stakeholders and interviews with medical providers and other program managers are also conducted to gather information in assessing the needs of the MCH populations.

The changing MCH population demographics, emerging health trends and shifting of program capacity require that the MCH Bureau routinely engage in assessing the needs of the CNMI. In 2015 the CNMI MCHB completed a 5-year comprehensive needs assessment in which we examined areas of priority and alignment between local MCH priority needs and the national Title V National Outcome Measures (NOMs) and National Performance Measures (NPMs). The process resulted in the selection of at least one NPM in each of the five population health domains for programmatic focus over the 5 year cycle and development of State Performance Measures (SPMs) for priorities not addressed by NPMs.

PRIORITY	PERFORMANCE MEASURE
<i>Women's/Maternal Health</i>	
Improve women's health through breast, cervical, and anemia screening.	NPM 1 Percent of women with a past year preventive medical visit
	SPM 1 Percent of women of childbearing age with anemia
<i>Infant/Perinatal Health</i>	
Improve perinatal/infant outcomes through early and adequate prenatal care services and promoting breastfeeding and safe sleep	NPM 4 Percent of infants who are ever breastfed and percent of infants who are breastfed exclusively till 6 months
	SPM 2 Percent of deliveries to resident women receiving prenatal care beginning in the first trimester of pregnancy
<i>Child Health</i>	
Improve child health through providing vaccinations and screening for developmental delays	NPM 6 Percent of children ages 9 to 35 months, receiving developmental screening using a parent completed screening tool
	SPM 3 Percent of children receiving routine vaccines
Improve oral health of children	NPM 13.2 Percent of children ages 1 through 17 who had a preventive dental visit in the past year.
<i>Adolescent Health</i>	
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)	NPM 9 Percent of adolescents ages 12 to 17, who are bullied or who bully others
	SPM 4 Percent of high school students that report thoughts of suicide
	SPM 5 Pregnancy Rate among 15-17 year olds
<i>Children with Special Health Care Needs</i>	
Provide a medical home for children identified as Children with Special Health Care Needs	NPM 11 Percent of children with and without special health care needs having a medical home.
Improve insurance status of children and pregnant mothers	NPM 15 Percent of children ages 0 through 17 who are adequately insured.

Through Title V Block Grant funds, the CNMI MCH Bureau works to support and assure comprehensive, coordinated and family-centered services, including services for children with special healthcare needs, by providing infrastructure- building services (policy development, monitoring, training, and information systems), population-based services (newborn screening, oral health promotion, public education and outreach), and enabling services (clinic outreach, health education, family support services, case management/coordination). These activities are coordinated through partnerships with local programs across systems that serve the MCH populations in the CNMI. Formal partnerships established between the CNMI MCH Bureau and partner programs include: Medicaid, WIC, Division of Youth Services, DCCA Child Care Development Fund, Public School System, Early Intervention

Program, Head Start & Early Head Start, Community Guidance Center, Commonwealth Office of Transit Authority, and other non-profit and/or non-governmental organizations. These partnerships are critical in the MCH Bureau's efforts in expanding its reach for serving target groups and for integrating services to support a comprehensive systems of care for the women, children, and their families.

The information submitted in the CNMI Title V Block Grant Annual Report/Application reflects the efforts over the past year in implementing strategies identified in the State Action Plan to address CNMI MCH Priorities across the five health domains: Women/Maternal Health, Perinatal/Infant Health, Child Health, Adolescent Health, and Children with Special Healthcare Needs. The following is a summary of accomplishments during 2018, challenges, and plans for the 2020.

Maternal/Women Health

Priority: Improve women's health through cervical and breast cancer and anemia screening.

Accomplishments:

- Continue offering preventive screening and health education (Breast and Cervical Cancer, Diabetes, Hypertension, and Anemia Screening) as part of Clinic Outreach events to women who may have not accessed preventive care otherwise. A total of 10 clinic outreach events were conducted in 2018 in partnership with the Family Planning and Breast and Cervical Cancer Screening programs.
- Conduct community awareness activities through radio and social media advertisements and partner with the Centers for Disease Control and Prevention on the development of culturally appropriate health information material.
- Facilitate the 4th Annual CNMI Women's Health Month highlighting women's preventive healthcare providing preventive health screenings to 330 community members.
- Increase the number of women of reproductive age who access preventive health and reproductive life planning services through Family Planning from 10.4% in 2017 to 14.1% in 2018.

Challenges:

- Provider turnover and nursing staff shortage continues to challenge access to women preventive healthcare.
- Mobile clinic was repositioned to the island of Rota as a response to damages to the Rota community from typhoon Mangkhut. Lack of mobile clinic on Saipan is a challenge for clinic outreach.
- The Medicaid cap and depletion and expiration of the Affordable Care Act Medicaid expansion funding is a threat to healthcare across all population health domains.

Plans for 2019:

- Strengthen clinic outreach efforts by offering preventive medical services and screenings at designated village centers on a monthly basis.
- Promote reproductive life planning and preconception care throughout the CNMI.
- Increase access to anemia screening.

Perinatal/Infant Health

Priority: Improve perinatal/infant health through early and adequate prenatal care services and promoting breastfeeding and safe sleep.

Accomplishments:

- MCH was able to continue its longstanding partnership with the WIC program in improving breastfeeding rates. In 2017, based on data gathered from the CNMI Health & Vital Statistics Office, 94.7 % of infants in the CNMI were breastfed and in 2018 there was an increase with 95.8% of infants being reported to have been breastfed.
- Ninety-nine percent (99%) of babies in the CNMI completed a hearing screen before discharge after birth.
- Almost half of all Home Visiting Program participants (45.1%) were reporting to be breastfeeding their babies through 6 months of age.
- Increase in the number of pregnant women accessing prenatal care during the first trimester of pregnancy, from 45.8% in 2017 to 47.5% in 2018.
- Conducted capacity building/training in partnership with WIC for Labor & Delivery and OB unit nurses and partners such as the Division of Youth Services, Home Visiting, Family Planning on Breastfeeding/Lactation Education and Support.

Challenges:

- Population transportation challenges for accessing preventive healthcare such as prenatal and postpartum care.
- Newborn bloodspot screening rate at just 50%. Limitations around shipping of blood specimens to Oregon Public Health impact these rates. Additionally, patients seen by private providers have a lower screening rate.

Plans for 2019:

- Increase access to breastfeeding support and education by integrating support and education materials into outpatient clinics at the Women's and Children's Clinic at various time points after birth.
- Increase the number of community agency partners that are aware and offer information to clients and the community on available breastfeeding support services (i.e WIC Breastfeeding Peer Counselor).
- Increase community awareness campaigns on the importance of early and adequate prenatal care.
- Offer Free Pregnancy Testing to support early identification of pregnancy and early entry in care.

Child Health

Priority: Improve child health by increasing vaccination and developmental screening rates.

Accomplishments:

- Increase in the number of children receiving a developmental screening through the use of an evidence based, parent administered developmental screening tool called the ASQs from 10.2% in 2017 to 12.1% in 2018.
- For children seen at the CHCC Children's Clinic, there was an increase the percentage of children who completed a developmental screening, from 53.6% in 2017 to 61.2% in 2018.
- Newborn packets were disseminated to all women who had babies at CHCC which included information on monitoring for child development.
- Provided training to 15 child care centers/providers on developmental screening
- Expand preventive dental programs to the islands of Tinian and Rota. The school based dental sealant program is now provided to all 2nd and 6th public school students on Tinian and Rota.

Challenges:

- The lack of a centralized data system for ASQ developmental screening continues to pose a challenge for accurately assessing developmental screening rates.
- Limited pool of dental professionals in the CNMI is a barrier for increasing access to public health dental programs.

Plans for 2019:

- Develop and implement centralized developmental screening database to improve data capacity, management of screening programs, and referrals for services.
- Expand access to developmental screening by increasing training for early care and education providers and clinics
- Partner with the CHCC Public Health Dental clinic to expand school based oral health prevention programs to 1st graders and middle and high school students.

Adolescent Health

Priority: Improve adolescent health by promoting healthy adolescent behaviors to reduce risk behavior (i.e. drug use, alcohol, and bullying) and poor outcomes (i.e. teen pregnancy, injury, suicide).

Accomplishments:

- Provided training on bullying prevention to agency partners such as the Division of Youth Services and the Office on Youth Affairs.
- Conducted community awareness through print and social media advertisements on bullying prevention.
- Partnered with the Public School System on the Middle School Conference which provided training/presentation to middle school students and their parents on various teen health issues, including adolescent mental health and sexual and reproductive health.
- Provided teen health clinic outreach to all high schools in the CNMI in partnership with the Family Planning and HIV/STD Prevention programs. Teens were able to access free, confidential services from medical professionals on school campus.

Challenges:

- Coordinating school based clinics is a challenge.
- Limited access to youth friendly clinics.

Plans for 2019:

- Expand the use of evidence based bullying prevention curriculum throughout the public school system.
- Increase parent engagement in bullying prevention activities/efforts.
- Increase teen access and awareness of mental/behavioral health supports.
- Increase access to confidential youth friendly health services.

Children with Special Health Care Needs (CSHCN)

Priority: Provide a medical home for children identified as having a special healthcare need.

Accomplishments:

- In 2018, 99% of babies born in the CNMI received a newborn screening prior to discharge.
- There was a 23% increase in the number of referrals to the Early Intervention Program as part of child find activities.
- Continued case management and service coordination for children enrolled in Early Intervention Services approximately 80 families served through Early Intervention.
- A total of 365 children seen through the Shriner's Honolulu Hospital Outreach to the CNMI, 49 children received orthotics, and 9 were referred to the Honolulu Shriner's Hospital for Children for surgery.

Challenges:

- One of the main challenges for the CNMI special needs population is the lack of specialty care on islands. Families are referred off-island for care which adds financial burden.

Plans for 2019:

- Increase awareness among community members and families regarding medical homes.
- Increase family engagement among families of children and youth with special healthcare needs.
- Conduct child find activities and initiate referral and enrollment to early intervention services and supports for children identified as having a special healthcare need or disability.
- Continue providing service coordination for all families enrolled in early intervention programs.
- Coordinate Shriners Children's Hospital of Honolulu outreach for families in the CNMI.

How Federal Title V Funds Support State MCH Efforts

MCH Block Grant funds are used to support the overall MCH efforts in the Northern Mariana Islands. Primarily, Block Grant funds support Enabling Services to improve and increase access to health care and improve health outcomes of the CNMI MCH population. The types of enabling services supported include: Care/Service Coordination for Children of Special Healthcare Needs, Laboratory Supplies for Newborn Screening, Eligibility Assistance, Health Education and Counseling for Individuals, Children, and Families, Outreach, and Referrals.

Public Health Services and Systems are also supported through MCH Block Grant dollars. Supporting activities and infrastructure to carry out core public health functions in the CNMI is critical for the efforts being made towards improving population health. Specifically, MCH Block Grant funds are used to support policy development, annual and five year needs assessment activities, education and awareness campaigns, program development, implementation and evaluation. Additionally, funds are used to support workforce development towards building capacity among MCHB staff, nurses, and partners who impact CNMI Title V priorities.

MCH Success Story

Response to Super Typhoon Yutu

Characterized as the strongest storm to impact any part of the United States since 1935, category 5 Super Typhoon Yutu devastated the Northern Mariana Islands on October 24, 2018, leaving severe destruction to infrastructure services and hundreds of families displaced or homeless. Electricity and water services were cut off for weeks, ports in and out of the CNMI were closed for over 2 weeks due to extensive damage, and the entire territory prioritized response & recovery.

As hundreds of families, including many women and children, took refuge in public schools turned into disaster shelters immediately following the storm, MCHB prioritized plans for reaching MCH populations. Outreach to families displaced in shelters throughout the islands of Saipan and Tinian included distribution of hygiene kits and cribs to families with infants with no safe space to sleep. In addition, staff of MCH Bureau Programs were instrumental in assessing the needs of families and linking them to services such as prenatal care, vaccines and flu shots, family planning, other needed medical care.

Prompt response to the needs of the MCH population displaced due to the Super Typhoon Yutu would not have been possible without the resiliency and determination of the CNMI Title V staff, whom many of which endured the same traumatic experience and loss as those served.



Maternal and Child Health Bureau (MCHB) Discretionary Investments - Northern Mariana Islands

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.