



**Maternal and Child Health Services
Title V Block Grant**

**State Narrative for
Northern Mariana
Islands**

**Application for 2009
Annual Report for 2007**



Document Generation Date: Sunday, September 21, 2008

Table of Contents

I. General Requirements	4
A. Letter of Transmittal.....	4
B. Face Sheet	4
C. Assurances and Certifications.....	4
D. Table of Contents	4
E. Public Input.....	4
II. Needs Assessment.....	6
C. Needs Assessment Summary.....	6
III. State Overview	7
A. Overview.....	7
B. Agency Capacity.....	12
C. Organizational Structure.....	19
D. Other MCH Capacity	21
E. State Agency Coordination.....	24
F. Health Systems Capacity Indicators.....	30
Health Systems Capacity Indicator 01:	30
Health Systems Capacity Indicator 02:	31
Health Systems Capacity Indicator 03:	32
Health Systems Capacity Indicator 04:	32
Health Systems Capacity Indicator 07A:.....	33
Health Systems Capacity Indicator 07B:.....	34
Health Systems Capacity Indicator 08:	35
Health Systems Capacity Indicator 05A:.....	35
Health Systems Capacity Indicator 05B:.....	36
Health Systems Capacity Indicator 05C:.....	37
Health Systems Capacity Indicator 05D:.....	37
Health Systems Capacity Indicator 06A:.....	38
Health Systems Capacity Indicator 06B:.....	38
Health Systems Capacity Indicator 06C:.....	39
Health Systems Capacity Indicator 09A:.....	40
Health Systems Capacity Indicator 09B:.....	41
IV. Priorities, Performance and Program Activities	43
A. Background and Overview	43
B. State Priorities	44
C. National Performance Measures.....	47
Performance Measure 01:.....	48
Performance Measure 02:.....	49
Performance Measure 03:.....	50
Performance Measure 04:.....	51
Performance Measure 05:.....	53
Performance Measure 06:.....	54
Performance Measure 07:.....	55
Performance Measure 08:.....	56
Performance Measure 09:.....	57
Performance Measure 10:.....	59
Performance Measure 11:.....	60
Performance Measure 12:.....	61
Performance Measure 13:.....	62
Performance Measure 14:.....	63
Performance Measure 15:.....	65
Performance Measure 16:.....	66
Performance Measure 17:.....	67
Performance Measure 18:.....	68

D. State Performance Measures.....	69
State Performance Measure 1:	69
State Performance Measure 2:	71
State Performance Measure 3:	72
State Performance Measure 4:	73
State Performance Measure 5:	74
State Performance Measure 6:	76
State Performance Measure 7:	77
E. Health Status Indicators	78
F. Other Program Activities	79
G. Technical Assistance	81
V. Budget Narrative	82
A. Expenditures.....	82
B. Budget	83
VI. Reporting Forms-General Information	84
VII. Performance and Outcome Measure Detail Sheets	84
VIII. Glossary	84
IX. Technical Note	84
X. Appendices and State Supporting documents.....	84
A. Needs Assessment.....	84
B. All Reporting Forms.....	84
C. Organizational Charts and All Other State Supporting Documents	84
D. Annual Report Data.....	84

I. General Requirements

A. Letter of Transmittal

The Letter of Transmittal is to be provided as an attachment to this section.

An attachment is included in this section.

B. Face Sheet

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. Assurances and Certifications

Signed copies of Assurances and Certifications along with the Organizational Chart and the Maternal and Child Health grant application are on file at the Division of Public Health. All Division staff have knowledge of this information and have access to the files.

//2008/ There are no changes here. //2008//

//2009/ Signed copies of Assurances and Certifications and a copy of the MCH grant application report are on file at the Division of Public Health.//2009//

D. Table of Contents

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; expires May 31, 2009.

E. Public Input

Public input is gathered from the following sources:

- Advisory committee (please note that we also get comments/inputs from other committees such as Interagency Coordinating Council, Head Start Health Advisory Committee, Family Planning Advisory Committee)
 - Surveys and focus groups-- i.e., tobacco survey, community health survey, patient satisfaction survey, prenatal focus group
 - Radio, television, and newspaper -- we also appear on a local live tv show with a call-in format
 - Brochures about services we provide with contact names and numbers
 - Community events -- we have a jar full of questions such as how often must a woman get a pap smear, what is prenatal, recommendations to improve service delivery, etc. so that we can raise awareness of preventive services
 - Presentations at leadership meetings such as the Public School System Leadership Team meeting
 - CNMI state point of contact for grants is the Office of Management and Budget -- this year we will be sending out hrsa mchb's Title V web-site address to various agencies
- //2008/ The different programs at the Division have advisory committees/coalition, continue to participate in community events, conduct media campaigns, are members of advisory committees for different agencies, etc. Grant applications are also available to the public. One very successful committee is the Early Childhood Comprehensive System Committee - 22 members from agencies, parents, and community members. Some of our members appeared in the local tv show talking about medical homes, parent education, family support, mental health, and early care and education. Survey results are printed in newspapers. //2008//

//2009/ A suggestion box was put at the Dental Clinic, Immunization Clinic and the

Southern Community Wellness Center from November 2007 to May 2008. Some of the comments are:

-Open clinic up in San Roque -- Due to staffing shortage and budget cutbacks -- the Division closed the clinic that is located in the northern part of Saipan. We are in discussion regarding having other federally funded programs such as WIC use the clinic. Although the facility is there, there are other needs such as generator, water pump, utilities payment, etc. Other comments include "where's the doctor". The Wellness Center has Women's Health Nurse Practitioners and the medical director comes to the Center once a week.

-Translator-on-site: The garment factories provided translators for their employees but since the closing of the factories clients are coming in with not translators. The range for Chinese and Koreans interpreters is \$50-\$75 per hour; also costly to translate materials in these languages. We do have Filipino, Chinese, and Korean staff.

-Dental appointment too long -- Due to an illness that required off island care, one of the 2 dentists was away for 6 months. Fees too high -- there have been no changes in fees for dental services since 1986. The fees were changed 2 years -- it is still lower than the private dental clinics. Dental assistants are rude -- this is addressed but has to do with waiting too long.

Thank you for opening the walk-in clinic for Immunization. Please open on weekends. Due to austerity measures no overtime is approved regardless of funding source.//2009//

II. Needs Assessment

In application year 2009, it is recommended that only Section IIC be provided outlining updates to the Needs Assessment if any updates occurred.

C. Needs Assessment Summary

/2009/Some of the work we are doing to conduct the needs assessment includes:

Prenatal Care Assessment -- The main purpose of this report is to assess the process of prenatal care at the Southern Community Wellness Center and hence a) determine the flow of patient care at the clinic, b) the types of prenatal screenings and tests administered, and c) determine areas for improvement and need. It a process assessment and information presented is a compilation of general facts of the overall prenatal care service at the SCWC.

It is hoped that through this assessment, information will be made available that can determine gaps in the prenatal care process at the SCWC, areas of need for both provider and patients can be identified, and ways to better integrate other pertinent PH programs needed for healthy birth outcomes for both mother and child can also be identified. Other prenatal care service areas will be assessed and evaluated in the future and this assessment is one of the first phases of the MCH Program's initiative in improving the quality and access of prenatal care here in the CNMI. Attached are some of the findings from the assessment.

2008 Health Services Report: The Health Statistics Report Committee was formed consisting of program manager. A memo requesting for data elements to be used in the report has been given to all program managers. The format to report data elements will be similar to information on performance measures detail sheet.

Focus Group: We conducted focus groups on students at all the public high schools for the HPV School Campaign. One of the questions was on priorities for adolescent health. We used the format from last year's training by Dr. Gwendolyn Adams on Adolescent Health Leadership.

We will continue to conduct focus groups or meet with different ethnic group, review data system especially on linkage, conduct patient satisfaction survey, assess Dental Clinic i.e., also write a strategic plan for dental unit, conduct PRAMS-like survey and CSHCN survey, use information on YRBS and YTS, work with other programs and their committees/coalition, evaluate health status indicators by ethnicity, complete 2008 Health Services Report, recruit staff for data collection and analysis, etc.//2009//

An attachment is included in this section.

III. State Overview

A. Overview

The Commonwealth of the Northern Mariana Islands (CNMI), an archipelago of 14 volcanic islands, is approximately 3,700 miles west of Hawaii, 1,300 miles from Japan and 2,900 miles east of the Philippines. (See Map) The population of CNMI lives primarily on three islands, the major island being Saipan (12.5 miles long by 5.5 miles wide), followed by Tinian and Rota. CNMI became a U.S. Commonwealth in 1975 and its residents (excluding foreign contract workers) are U.S. citizens. The 2000 U.S. Census reported the total population of the CNMI at 69,221 residents with Chamorros and Carolinians (indigenous population) comprising 34% of the total population with approximately 90% living in Saipan. The remaining 66% of the population is comprised of guest workers from the Philippines, China, and other Asian countries; business owners from Japan and Korea; other Pacific Islanders; and Caucasians.

The Department of Public Health is a line department in the Executive Branch. The CNMI's State Title V Program is administered through the Division of Public Health's Maternal and Child Health Program, including Children with Special Health Care Needs. Maternal and child health services are provided at the following:

- Northern Community Wellness Center located in the village of San Roque;
- Southern Community Wellness Center located in the village of San Antonio;
- Women's and Children's Clinic located in the village of Garapan at the Commonwealth Health Center;
- Rota and Tinian Health Center.

Services are provided in collaboration with other agencies, both private and governmental. For example, through a memorandum of agreement, immunization services are provided at five private health clinics on the island of Saipan.

The authorized representative is the Secretary of Public Health, James U. Hofschneider, MD, who is appointed by the Governor. The Governor also appoints the Deputy Secretary for Public Health Administration, Pedro T. Untalan, MHA.

The Department of Public Health (DPH) is the sole provider of comprehensive health care services in the CNMI. The Department, through the Commonwealth Health Center (CHC), provides a wide range of preventative (public health) and curative health services aimed at protecting and improving the health and quality of life for the people of the CNMI. CHC is a 74 bed capacity facility located on Saipan. Sub-hospitals are located on the islands of Rota and Tinian. The single greatest factor straining the resources of the health care system is the rapid population growth over the past decade. As a result of this unanticipated population increase, the health care system cannot provide adequate services. There has not been an expansion of the health care infrastructure considering the rapid increase in population. Insufficient human and material resources hamper strategic health planning.

The Division of Public Health's initiatives include:

- To lessen health disparities by providing accessible primary care, enhancing disease prevention activities and intensifying public health awareness.
- To provide appropriate primary care to everyone in the CNMI, especially for targeted populations such as women and children, including children with special health care needs, indigent, and the elderly.
- To provide sustainable school based clinic programs in the high schools.
- To establish a fully operational community health center in Kagman/Chacha and to expand and renovate the wellness centers in San Antonio and San Roque.
- To establish a comprehensive approach to health problems rather than a vertical approach such as more multi-sectored that would include major stakeholders.
- To "delink" structurally and programmatically from the Hospital Division in such areas as data and financial system.

- To develop a data infrastructure unique to the needs of all the programs in the Division;
- To decrease the burden of diabetes such as the high incidence of end stage renal disease associated with diabetes, lower extremity amputations and blindness by detection, management, and education of the community.
- To reestablish environmental health as an integral component in the health care model.
- To build up local manpower capacity for sustainability;
- To continually review how we deliver care (acute, prevention, promotion) and develop innovative processes to address budgetary and manpower constraints.

The need to build and improve our current local health care manpower for sustainability of our public health programs is imperative to improving delivery of services to our community. This is also in line with the strategic plan for future health initiatives stated in the Institute of Medicine (IOM) report. One of the four recommended approaches includes promoting the education and training of the health care workforce (IOM, 1998). Through the University of Hawaii, John A. Burns School of Medicine, the CNMI has an Area Health Education Center (AHEC) grant. The CNMI AHEC's mission is to improve the health services of the Commonwealth by establishing a sustainable healthcare manpower program through strengthening CNMI's capacity to recruit and retain allied health professions to serve the health needs of the islands. The program will develop competent, committed and compassionate health professionals for the CNMI. Its vision is to improve the quality of healthcare services and reduce disparities in health conditions in the CNMI. In addition, there are currently three Division staff attending the MCH Certificate Program from the University of Hawaii; we are in collaboration with WHO, Dr. Peter Milgram from University of Washington and Dr. Ohnmar Tut from the Republic of Marshalls to conduct training for Dental Assistants to effectively conduct outreach activities in oral health; and in collaboration with the Pacific Islands Health Officers Association (PIHOA) we are sponsoring a series of courses dealing with public health disease surveillance and investigation. The shortage of local manpower impacts health service delivery in that there is the need to recruit manpower from the U.S. or other countries such as Canada. This recruitment process is lengthy and at a high cost for the Department plus the turnover rate is high.

The need to improve our data infrastructure impacts the way we plan activities for the programs and evaluate the effectiveness of services/activities we provide to the community. Data elements were submitted to the system administrator using the MCH performance measure detailed sheet format for warehousing. Key staff has had meetings with other Departments regarding required data needs for grant submissions.

Other factors impacting health services delivery include the size of the facilities -- plans are underway to begin renovation and expand both facilities in July 2005 - and shortage of funds and availability and accessibility of health services.

The development of homestead lots in the CNMI is growing rapidly and is a geographic challenge in reducing health disparities. These homestead lots are both residential and farming community. Majority of the larger homestead lots are located miles away from the nearest health facility -- private or governmental. There is no public transportation on the island. This has pose as a challenge for the Division in ensuring the availability and accessibility of services. For example, the Kagman Homestead area is located in the northeast side on the island of Saipan with a population of about 8,000. These are young families living in the area. There is two Head Start Schools, one elementary, middle, and high schools. The nearest health facility is located on the west side of the island which is about 7 miles away.

The CNMI Division of Public Health, Department of Public Health, conducted the Kagman Community Health Survey to examine the health care status and health care needs of residents in the village of Kagman. The results of this survey were included in a pending community health center Section 330 grant application. The Division of Public Health conducted a house-to-house survey in the village of Kagman in April and May of 2004. Four hundred and fifty eight household residents participated in the survey. Kagman village is one of the fastest growing villages in the

CNMI with a projected growth to 10,000 within the next three years. It is a residential and farming community. Survey results indicate that 24% of those surveyed were unemployed. The following are some key findings of the Kagman Community Health Survey (Please see attached Kagman Community Health Survey Report):

- 91% responded that distance and lack of transportation are the major factors for not getting health care for their family;
- 75% receive their health care from public health facilities;
- 61.7% of the household respondents admitted that they are not getting regular medical care for their chronic illness due to financial, lack of transportation, and distance to the nearest health facility;
- As far as health insurance, 37.3% said Medicaid; 22.5% said government health insurance, and 10.7% are uninsured.

The Division will start renovation of the former Juvenile Detention Building to establish the Kagman Community Health Center. The health center will be a freestanding, single facility outpatient clinic for all residents of District 10. The Health Center will combine both wellness services focusing on preventive programs, along with low-cost but effective primary care services. The proposed service delivery model and programs will be focused on comprehensive outpatient primary care to include, but not limited to, prevention, outreach, community education, dental care, school-based health programs, case management of high risk patients, especially those with or at-risk for diabetes, and substance abuse and mental health counseling. Enabling services will also be provided to those who are identified as being in need of such services. Community outreach workers will work with other social service providers for eligibility assistance.

Another challenge in reducing health disparities involves the Medicaid Program and the government sponsored health insurance plan. Out of approximately 30,000 women of childbearing age within the CNMI, only 8,723 (men and women) people were enrolled in the Medicaid program. The Medically Indigent Assistance Program had only 912 enrollees in FY2002. The Medicaid program, itself, is very limited because the US federal government caps CNMI Medicaid expenditures--effectively creating a block grant program that remains at the same level regardless of expenditures. Currently, the CNMI Medicaid program spends \$7,297,828 (FY'04) per year but gets only \$2,381,000 (FY'04) in federal Medicaid funds. This accounts for 18% of the total expenditures. Medicaid is only accepted at the government run health facilities. This presents a unique challenge in reducing health disparities in that Medicaid clients cannot access the health care available at the private clinics. In addition, Medicaid's first priority for payment is the off-island providers. Also, the government sponsored health insurance plan (HPMR) is currently not being accepted at the private clinics due to non-payment for the past three years. Again, the priority for the insurance program is to pay off-island providers first.

Finally, employers of contract workers (imported laborers brought on contract to work in CNMI) are required to pay either directly or through insurance for the people they employ. The contract workers are usually low-paid service jobs including garment workers; hotel, restaurant, and domestic; construction; and agricultural workers. More than 15,000 women are non-resident workers whose employers pay for emergency medical care and childbirth costs. However, some employers comply with this requirement but many do not. Therefore, majority of non-resident workers that deliver had no prenatal visits.

/2007/ The newly appointed Secretary of Public Health is Mr. Joseph Kevin Villagomez, MA. Ms. Lynn F. Tenorio is the newly appointed Deputy Secretary for Public Health Administration.

Updates on some of the public health initiatives:

- To decrease health disparities: Some activities to enhance disease prevention activities and increase public health awareness include printing of health/program information (see attached) in the local television program, newspaper, including magazines and North Star -- flu ad, prenatal ad, and the breast and cervical. The Division continues to host the annual Basketball Jam, Open House for the Early Intervention Services Program, Pressure Point Project,

and the Pap project. As an activity for the Women's Health Week, public health staff went to the beach pathway where we distributed the 'Important Tests for a Woman's Good Health' brochures. We discussed the different tests and part of the information that we were giving to the women was where they can go to get the tests (besides the Commonwealth Health Center), costs of the tests, and whether insurance covered the tests. We also asked them what topics they would like to be put on the agenda for a future Women's Health Conference. We continue to participate in events sponsored by other agencies.

- To build up local manpower capacity for sustainability: The NCLEX review class was conducted to 15 ADNs; 4 have passed the NCLEX. Training consisted of 3 months didactic instruction weekly and 2 weeks intensive test preparation. The case management training consisted of 20 hours training on case management skills for all direct service providers in the CNMI including Tinian and Rota. A total of 115 personnel participated; 40 participants applied and received 3 credits of CEU from Eastern Michigan University. Participants included MCH staff from CSHCN and immunization, STD/HIV Prevention Program, Public School System school counselors, Division of Youth Services and Child Protection Service social workers, Head Start, Work Investment Agency, Probation, and Northern Marianas College. Through the AHEC grant, we support health career opportunities for high school students. The two graduates of the Women's Health Care Nurse Practitioner Program at University of California Los Angeles Medical Center just finished their clinical rotations. Two of our staff continued with the MCH Certificate Program with University of Hawaii this summer. The Dental Assistant Outreach Training was completed by 9 Dental Assistants and 2 nurses; participants included Rota and Tinian. This was done in collaboration with WHO, RMI Dental Unit, and University of Washington.

- To establish a fully operational community health center in Kagman/Chacha and to expand and renovate the wellness centers in San Antonio and San Roque. Department of Public Health's Section 330 grant application to open a health center in the Kagman/Chacha vicinity was denied. Although local funds from the Tobacco Sin Tax money was appropriated to the renovation project last summer, other priorities took the funding away. We continue to host events such as the Kagman Community Health Fair and Immunization campaigns to the residents. Renovation to Southern Community Wellness Center was completed December 2005.

- To develop a data infrastructure unique to the needs of all the programs in the Division: The Public Health Information Technology (PHIT) office is continually working toward improving the technology infrastructure within the Department of Public Health as well as between the Department and outside partners. In the past few years, the Division of Public Health has expanded its Local Area Network (LAN) into a Wide Area Network (WAN) by allowing its peripheral offices and clinics to access the data system located at the Commonwealth Health Center via Virtual Private Networking (VPN). Improvements to the WAN are in progress, and greater usability is expected in the near future. Additionally, PHIT is working with the Maternal and Child Health program as well as other Division of Public Health programs to develop a more effective and efficient data management system. Currently, data is being kept in silos, and horizontal expansion and linkage between databases is needed. While it is not feasible at this time to launch a public health information system which can manage all the data the Department of Public Health needs to collect, analyze and report, PHIT is taking small steps to improve systems which are already in place as well as ensure new systems will be compatible to exchange data. Currently, PHIT is working with the Commonwealth Health Center to upgrade the health information system, RPMS, which is used at the hospital. The Commonwealth Health Center is expected to switch to the Veteran Affairs' VistA system within the next few years. An implementation and planning group is currently forming and PHIT is ensuring that Public Health is involved in this process.

- To decrease the burden of diabetes such as the high incidence of end stage renal disease associated with diabetes, lower extremity amputations and blindness by detection, management, and education of the community: The Diabetes Resource Center was opened last

year. One activity is the "Cooking Show" with a live audience. We solicit the help of community volunteers to come and do healthy cooking demonstration. We continue with the Walk on Wednesday Project. The Wound Care Course was conducted and the Foot Clinic was initiated.

Finally, the 6th Micronesian Games got underway on Saipan on June 23 with 9 of the 10 Micronesian islands participating in the regions celebration of unity in diversity through friendly sports competition.//2007//

//2008//Updates: Due to budget cuts, working hours was reduced to 72 hours in September 2006. This means that every other Friday government offices are closed. This affects the Southern Community Wellness Center and the Women's Clinic where MCH services are provided. Services at Northern Community Wellness Center have been suspended temporarily. There has been a decrease in patient flow to the clinics and an explanation for this is that there are people that are not renewing their health insurance due to the cutback in salary. In addition, the CNMI has the highest utilities rate (.23 cents per kilowatt) and also gas prices (\$3.55) has continued to increase. Although we do not have the numbers, there has been a decreased enrollment in private insurance and an increase in enrollment in the Medicaid Program which puts a strain on the Program. The closing of 5 garment factories left thousands of workers, mostly from China, jobless. Although there are some that opted to leave the island, some also opted to stay. Again, these workers don't have any health insurance and they do not qualify for Medicaid.

We continue to enhance our work to ensure that the community is well informed with information and tools to empower them to live healthier lifestyles. The programs have intensified media campaigns for oral health, prenatal care, immunization, developmental delays, newborn screening and newborn hearing screening and intervention, breast and cervical screening, childhood obesity, prevention of diabetes, STD/HIV prevention, Flu Watch, etc. Informational booths during community events continue to be set up. The HIV/STD Prevention Program's collaboration with the only community-based organization -- NAPU Life -- has been very successful in outreach activities and conducting surveys. The MCH Program has very good working relationships with the Public School System Early Intervention Services Program and the Head Start Program, and Division of Youth Services. In our work to provide access to care for the women in our community we have formed a partnership with the Catholic Church on the Wise Women Village Project. We will be going to churches' social halls at each village and provide pelvic exam, pap test, and breast exam in addition to counseling and health education three times a month. Please note that we continue to collaborate with our partners, both public and private, and the community on activities to decrease health disparities.

The Division through its leadership has been successful in getting back the Tobacco sin tax funds. We will be purchasing a mobile clinic with the funds. This will provide the programs with the ability to go into the community to provide preventative services such as dental exams and women's exam in addition to counseling and health information.

Training continues for dental staff, Bureau of Environmental Health staff, and nursing staff. Trainings include the Risk Communication Training for all Department of Public Health Staff; two Dental Staff are attending a preventive oral health training (one of the objectives of the training is to integrate Oral Health into MCH and other Public Health Programs and identify ways to further collaborate with other agencies to support efforts); Training to early intervention and related service staff in all elements of programming for infants and toddlers with hearing loss and their families was conducted; in addition the trainer provided consultation to staff who will receive these infants in pre-school settings; There was also training for clinical providers on HIV.//2008 //

/2009/The impact of meeting the health care needs of the CNMI residents within the struggling CNMI health care system plays an important role in overwhelming the capacity of the system. A large portion of our population is considered hard to reach due to socioeconomic, cultural, and language barriers that make it difficult for them to not only communicate their health care needs but to understand the information and services that

we provide. To improve access to care, Medicaid recipients can now seek health care services at 2 private clinics since February 2008. As was previously mentioned our residents consists of two indigenous population -- Chamorro and Carolinian, Micronesians from FSM, Republic of the Palau and the Marshall Islands and foreign contract workers from Asia (primarily Chinese and Filipino) which comprise over half of the population. Of the entire CNMI population, 28 percent are age 19 years or under, 41 percent are age 20-34, 18 percent are age 35-44, 9 percent are age 45-54, and 4 percent are age 55 or older. Females outnumber males, comprising 54 percent of the population.

The past year the Division of Public Health's initiatives included HPV School Campaign, Prenatal Care Campaign, PRAMS-like survey, Collaborative work with Northern Marianas College in the planning of the meeting to write the 5-Year Strategic Plan to address nutrition and non-communicable diseases in the CNMI (meeting will be held July 15-17), and Wise Women Village Project. The MCH Program is a key partner in all the initiatives. The HPV School Campaign created a model for other prevention programs by localizing education materials and going beyond the clinic-based setting. The focus is educating parents and high school girls on cervical cancer and HPV vaccine and providing the HPV vaccine at all the public and private schools in Saipan, Tinian, and Rota to all girls with signed consent forms. The community as a whole was educated on the importance of pap smear in cervical cancer prevention and the benefits of HPV vaccine. The partnership and the involvement of students made the campaign successful. 80% of the students received the first shot.

The Wise Women Village Project completed it first year with services provided at 9 villages in Saipan and Rota and Tinian Health Centers. In Saipan, 188 women received women preventive health screening services including culturally and linguistically appropriate counseling on healthy behaviors. We conducted the project in Tinian and Rota last month. We will start the second year of the project in Saipan on July 13. The project consultant from the Office of Women's Health ASSIST 2010 Program conducted a site visit earlier this year. The strongest collaborative community partner for this project is the Diocese of Chalan Kanoa.

The headlines in the local newspapers tell the story of the declining economic situation for the residents. Headlines include: Gas prices up 25 cents (\$5.05 per gallon); NAP needs \$5 million to meet rising food costs; Another garment factory closed; NMHC (Housing Corporation): Most residents are low-income earners; CHC (Hospital) maximizing workforce; Residents face highest every electric rate -- 38 cents per kilowatt; Closure on garment factory leaves 144 homeless; etc. On the other hand visitor arrivals up nearly 21 percent in April and 3 percent increase in June compare to last year.//2009//

B. Agency Capacity

The Maternal and Child Health Program is under the Division of Public Health. We provide comprehensive and holistic community health services, including medical, dental, mental health, substance abuse counseling, perinatal, nutrition, and family planning, all supplemented by enabling services including outreach, case management, and transportation to MCH target population. The strategy is to work with the community so that we can empower the community with tools and information to live healthier lifestyles. Other strategies are: 1) work with schools to ensure that all children enrolled are up to date with their immunization; 2) collaborate and partner with other agencies, both private and governmental, during island-wide community events which will strongly emphasize lifestyle behavioral changes especially with health care practices, diet, and physical fitness; 3) establish a network linkage with other providers to inform them of health news, health alerts, awareness events, training, etc.; 4) develop partnership with other agencies to ensure continuity of care.

Preventive and primary care services for pregnant women and mothers:

- Prenatal Care: Prenatal care is provided at the Southern and Northern Community

Wellness Centers, Women's Clinic located at the Commonwealth Health Center, and Rota and Tinian Health Center. It is also provided at the Adolescent Health Center. The first visit involves prenatal first visit intake/interview by nurse, physical exam (pap smear), blood work, counseling, including HIV testing. The revisit exams include monitoring fetal's growth and development and the mother's condition, and providing education. Information on the prenatal education classes is provided at this time. As mentioned in the organizational structure narrative, staffing at the Northern and Southern Community Wellness Center includes a family practitioner, a midwife, two women's health nurse practitioners, two nursing assistants, one LPN, and six registered nurses. There are four OB/GYNs at the Women's Clinic for referrals of high risk cases such as diabetes, heart problems, or with a special health need. Please note that the Women's and Children's Clinic is under the organizational structure of the Hospital Division. Prenatal care visits are provided five days a week from 7:30 a.m. to 4:30 p.m. Increasing the percentage of adequate prenatal care visits, especially during first trimester, continues to be a focus for the Division. Another focus area is to have all mothers screened during pregnancy for the following: Hepatitis B, Syphilis, Gonorrhea, Chlamydia, Rubella, Diabetes, Hypertension, Cervical Cancer, Group B Streptococcus, and antibody screening.

- **Postpartum Care:** Postpartum clinic is held on Mondays, Tuesdays, and Thursdays. There is a one-week postpartum clinic in which women are educated on body changes, breastfeeding, nutrition, etc one week after delivery. The six weeks postpartum clinic provides family planning counseling and contraceptives.
- **Breastfeeding Clinic:** Newborn assessments -- make sure that lungs are clear, weight gain is appropriate, regular rhythm of the heart, condition of cord, check testicles for boys, vaginal discharge. Check mother's breast for nipple sores, engorgement, reinforce breastfeeding techniques. We send two staff to attend a breastfeeding training this year. This service is provided on Mondays, Tuesdays, Wednesdays, and Fridays.
- **Family Planning:** The primary focus of the Family Planning Program is to reduce the numbers of unplanned pregnancies and the prevention of teen pregnancy. More than 55 percent of all pregnancies occurring in the Commonwealth of the Northern Mariana Islands were unintended in 2004. One important determinant of pregnancy and birth rates is contraceptive use. The proportion of all females aged 15-44 years who currently are practicing contraception in the CNMI is unknown. However, in the CNMI's 2004 Family Planning Annual Report, we recorded 1,471 unduplicated female family planning users of various methods. Using this known number of female family planning users, we can estimate that less than five percent of females within the total female childbearing population of the CNMI [30,703 women] utilize a family planning method through the CNMI Title X Family Planning program. Services are provided every day for scheduled appointments and walk-ins.
- **STD/HIV Prevention:** The program moved into their new office, STD/HIV Resource and Treatment Center, in December 2002. The center, located away from the Commonwealth Health Center, provides pre and post counseling, partner identification and notification, treatment, and case management. Some goals of the program include opening test sites out in the community and mass media campaigns emphasizing on behavioral change. It works closely with the school system and other community groups to conduct educational awareness activities. Training for staff, including nurses at the public and private sectors, on HIV pre and post counseling is done every two years. The program has an educational booth at the Northern Marianas College. There are plans to include testing at the college. Testing is currently done at the Northern and Southern Wellness Centers, Adolescent Health Center, and the Commonwealth Health Center.

There have been a total of twenty-eight (28) persons with known HIV infection in the CNMI since 1997. No new HIV infection reported from 2002 to 2005. Twenty-four (24) persons tested positive for HIV in the CNMI. Four (4) migrated to the islands and were already diagnosed HIV positive (+) elsewhere.

- All of the twenty-eight cases (28) consist of the following risk transmission:
 - a) Two (2) perinatal transmissions (1 male/1 female).

- b) Seven (7) men who have sex with other men (MSM).
 - c) Fifteen (15) were of heterosexual background (4 male/11 female).
 - d) Four (4) were of unknown preferences (3 male/1 female).
- Out of the twenty-four (24) cases/including the four (4) people that migrated to the islands and were already HIV (+), thirteen (13) tested positive through the Alien Health Screening (contract workers). All of the thirteen (13) contract workers voluntarily left the CNMI and have gone back to their place of origin. Nine (9) have died - five (5) died in CNMI and four (4) died elsewhere. The remaining six (6) (2 originally diagnosed outside CNMI -- HI, Guam) are still residing in the CNMI and are receiving care, four (4) are in Saipan and one (1) in Tinian.

The program works closely with the Office of Health Promotion and Wellness in promoting public awareness regarding STD/HIV prevention. Community outreach activity is done in collaboration with other agencies, such as the public and private schools, and Karidat. The Program provides health education and awareness, as well as HIV testing, to private entities and surveys are also conducted. The primary challenge is to modify the behavior of the populace in regards to their sexual behavior, e.g., understanding the consequences of engaging in high-risk behavior and being responsible for their health.

- Breast and Cervical Screening: Breast cancer and cervical cancer screening exams such as pap smears, clinical breast exams, and mammograms are provided to women over 40 years of age at no cost to women that meet the program's criteria. Eligibility assistance and transportation is provided to clients; transportation includes air fare tickets to clients in Rota and Tinian for mammograms. In addition, program staff conducts outreach presentations on early detection and prevention including risk factors. Supplemental activities include providing services at night and free mammograms for one month for all women. The program is currently being funded by the Tobacco Control Fund since 1999.

- Women's Health: Gynecological services -- pap smears and consultations - are provided at the Wellness Centers, and Rota and Tinian Health Centers. The referral clinic for complicated cases to the Women's Clinic.

Preventive and primary health care services for infants and children:

- Immunization: The Immunization Program provides the vaccines for children, works with the schools to ensure that all children are up to date with their vaccinations, collaborates with the private clinics to ensure availability and accessibility of service, continues to work with different ethnic groups to promote awareness of the importance of age appropriate immunization, and overall continue to work to achieve goals and objectives in the measles elimination plan for the CNMI. Immunization is provided at the public health facilities and all of the six private clinics. The basic immunization series includes Diphtheria, Pertussis and Tetanus (DPT), Polio (OPV), Mumps, Measles, and Rubella (MMR), Hepatitis B (HBV), and Hemophilus influenza type b (Hib).

The staff are daily tracking children that are not up-to-date and making telephone calls to parents. For those children that have no transportation the nurse goes on home visits to give the shots. Supplemental activities are done during immunization awareness month with extended clinic hours, providing immunization during community events, going to the villages, and collaboration with other agencies. Walk-in policy has been reinstated. One of the challenges that the program has struggled with is that we have no idea how to identify children that have exited the islands. As an update to this challenge, we have met with the Secretary of Labor and Immigration and we have worked out a solution to this challenge.

In addition, the program is responsible for the issuance of the school health certificate upon completion of immunization. By law, all children are required to be up-to-date on their immunizations before they can enter school.

- Well Baby/Child Clinic: Well Baby/Child Clinic is provided at the two wellness centers and the Children's Clinic. The function has been transferred out to the wellness centers and appointments are made to the Children's Clinic only if parents make a request. Services provided include immunization, health education and counseling including nutrition, assessment and

monitoring for growth and development and other underlying health problems, and physical examinations. Referrals are also being done such as for dental care, hearing screening, early intervention services, specialty clinics, and home visits. The promotion of breastfeeding is actively done during these visits. Physical examinations include vision and hearing screening. Again, the referral site for complicated cases or for consultation is the Children's Clinic. There are currently four full-time pediatricians. This clinic is held every Mondays, Tuesdays, and Thursdays.

- **Outreach Program:** This consists of the home visit nurses. The two barriers to the program are first the inadequate numbers of staff to fully attend to the increase load for home visit and transportation.

- **School Health Program:**

1. A school health certificate is required for all children entering school for the first time in the CNMI. In order to get the school health certificate a physical examination (including hearing and vision screening) is required and they must have completed the required immunization series for that age group. Parents continue to call to schedule physical examinations in late July and August. Physical examination is also provided at the private clinics.

2. **Dental Fluoride and Sealant Program:** This program has proven to be one of the successful collaboration between the Division and the School System (both public and private) and the parents. Our collaboration with the Public School System involves the Head Start Program and children in grades first, fifth, and sixth, the same for the private schools. Our collaboration with the Head Start Program involves parents bringing their children to the Dental Clinic for fluoride varnish and sealant application. Oral health education is also provided at the Clinic. During school year 2003-2004, we have started for children requiring treatment and procedures. In addition, the staff follows up with telephone call reminders. There have been a high number of no shows for the scheduled appointments. The Head Start Program provides the Division with fluoride and sealant application kits and toothbrushes. They also pay for travel for Dental staff to go to Rota and Tinian to conduct outreach activities and also to assist with the program in each island. The children in first, fifth, and sixth grades in the public and private schools, including Rota and Tinian, are bussed to the Dental Clinic per an agreement with the public school system. Services provided include mouth examination in which they are assessed for caries and periodontal diseases, sealant application, and education. The children are given report cards on their dental assessments so parents can make necessary appointments for further dental treatment and procedures.

The Dental Clinic provides services that include general dentistry such as sealant application, fluoride tablets, education/counseling, community outreach activities, cleaning, extraction, fillings, prophylaxis, and dentures. With the recruitment of another dental hygienist, more awareness and education on oral health will be provided at the school level. Building up the skills of staff and replacing/upgrading the equipment continues to be a focus of the Dental Unit.

- **Mental Health and Social Services:** School counselors and other service providers work closely with the staff of the Community Guidance Center. Health. The staff consists of two Clinical Psychologists, two Psychiatrists, three substance abuse counselors, two Social Worker I, three Social Worker II, one Mental Health Counselor and administrative and support staff.

Services for children with special health care needs:

The Children with Special Health Care Needs (CSHCN) Program: is a component of the MCH Program. Services are set up to promote an integrated service delivery system for CSHCN from birth to twenty-one years of age and their families. We work to ensure that children not only receive specialized health care that they need but that they are up-to-date with their immunizations and that they avail, if qualified, to the different social service programs on island. One priority of the program is to identify these children at the earliest age possible, preferably right after birth. The entry point is a referral to the early intervention services program located at the Children's Developmental Assistance Center. However, most of our referrals are for children

8 months and older. We want to make the referral age to be at 7 months. There are care coordinators, special education teachers, social worker, and occupational, physical, and speech therapists on staff for the 0-3 years old. We have a community health nurse who oversees the coordination of specialty care that our children need.

The Program works collaboratively and cooperatively with other agencies and departments to provide appropriate education and support services needed to meet their social, emotional, physical, and medical needs. Specialty clinics, such as Pediatric Cardiology, and Shriners, are conducted throughout the year. We continue with activities such as parents' night.

The challenges of the program include the following:

- the lack of qualified professionals on-island for specialized services;
- clients who do not qualify for SSI, Medicaid, etc., because of citizenship status
- the lack of respite care facility for families of CSHCN -- please note that through the CNMI Developmental Disabilities Council in which the MCH Coordinator is the secretary of the executive council, we did apply for a Real Choice Systems grant to provide respite care. However, funds are not enough for everyone and only one provider applied.
- Pediatricians are on a two year contract and we continue to struggle with the shortage of pediatricians. Parents/children get use to one particular provider and after two years he/she does not renew and thus a change in provider. This was one thing mentioned from the survey as far as continuity of care.

Preventive and primary health care services for adolescents:

The Division of Public Health, through its preventive and primary health care service delivery, continues to emphasize decreasing the numbers of unplanned pregnancies and teen births in the CNMI. Our goal is to provide comprehensive interventions at age-appropriate levels in a culturally sensitive manner that will impact the possibilities of teenage sexual activity, including, but not limited to unplanned pregnancies and teen births, HIV in the adolescent and young adult population, sexually transmitted infections, and emotional and physical coercion in sexual activity. Through the Adolescent Health Center, the Division has managed to remove the barrier of access to service by meeting teens in their environment thus eliminating disparities. This clinic meets the students in a confidential setting where education and clinical exams are achieved on site. On-site educational and clinical services in the high school setting allow ease of access, confidentiality, and personal counseling within an environment that is neither restrictive nor intimidating. Students are always encouraged to include their parents or families in decision-making about sexuality. We have plans to implement a collaborative effort with the Public School System to introduce an abstinence curriculum into the middle schools, including sexuality and STIs in addition to clinical services.

For the Healthy Teen Pilot Program Grant Proposal a survey was conducted to 174 students from Marianas High School. Some services that students would like to be offered at the school clinic include HIV/STD (70%), Physical Examinations (64%), Suicide/Substance abuse counseling (61%), Diet and Nutrition (60%), Family Planning (47%), and Immunization (46%). These services are currently being provided at the Adolescent Health Center. Some barriers that were mentioned in preventing students from visiting Public Health Clinics include No Time (39%), Money (36%), Shame (30%), Transportation (29%), Afraid of Result (26%), and Afraid of Parents finding out (24%). When asked if there was a need for a school-based health center 83% responded yes and 14% responded no. The Community Health Nurse stationed at the Health Center also works closely with school counselors in providing education and educational materials to the students.

//2007// Newborn hearing screening is conducted to all babies born at the Commonwealth Health Center. We submitted the Early Childhood State Comprehensive System (ECCS) grant and the Early Hearing Detection and Intervention (EHDI) grant. We are working on recruitment of a Data Surveillance and Tracker and we have contracted a consultant for the development of the EHDI Tracking and Surveillance System. We have been working collaboratively with the Public School System Head Start Program and the Childcare Program and the Day Care Centers in the

development of the Health and Safety Manual, collaborated with the Reach Out and Read group in purchasing of reading materials to be used by volunteer readers at the clinics and wellness centers, and updating and printing of the resource directory in collaboration with other agencies such as the Ayuda Network. We are also in the process of recruiting an ECCS project coordinator.

An MOA is signed with SPC to conduct the Second Generation HIV Surveillance. With the recruitment of the public health dietician, case management is provided pregnant women with gestational diabetes. We are also continuing with the Pap Project in which the clinic is open in the evening for those women that have been identified as not having a pap test for the past 5 years. The protocols and procedure manual for the family planning has been completed and implemented.

The Adolescent Health Center sees an average of 178 students per month. The overall goal of the Center is to make health services available to teen while educating them on how to take responsibility for their own wellness. Clinic appointments are often full booked. Other Department staff continue to provide services at the Center including Community Guidance Center, STD/HIV Prevention Program, Family Planning Program, etc. One full-time RN staffs the clinic and other providers are rotated through to provide specialized services. Educational pamphlets on health issues specific to adolescents are readily available and classroom presentations are provided upon request.

The Shriners Children Hospital from Honolulu comes to Saipan, Rota, and Tinian twice a year to evaluate children that have bone and muscle problems or problems related to burns. When an orthopedic procedure cannot be performed on Saipan, the child is referred to the Shriners Hospital in Honolulu in which they cover the cost of the hospitalization. 7 children were sent to Honolulu in 2005. There are currently 156 children from Saipan being served. In addition, Shriners send a specialist in orthotics to come and fit children for braces and to monitor their effectiveness four times a year.

We have formed a partnership with a non-profit organization, Reach out Pacific (REPAC) Foundation, which takes surplus hospital supplies from Hawaii and delivers them throughout Micronesia. The foundation donated three wheelchairs, a case of braces, canes, and a number of diaper boxes.

/2007/ Newborn hearing screening is conducted to all babies born at the Commonwealth Health Center. We submitted the Early Childhood State Comprehensive System (ECCS) grant and the Early Hearing Detection and Intervention (EHDI) grant. We are working on recruitment of a Data Surveillance and Tracker and we have contracted a consultant for the development of the EHDI Tracking and Surveillance System. We have been working collaboratively with the Public School System Head Start Program and the Childcare Program and the Day Care Centers in the development of the Health and Safety Manual, collaborated with the Reach Out and Read group in purchasing of reading materials to be used by volunteer readers at the clinics and wellness centers, and updating and printing of the resource directory in collaboration with other agencies such as the Ayuda Network. We are also in the process of recruiting an ECCS project coordinator. On December 30, 2005, the Department of Public Health was awarded a \$4.6 million grant through the Food and Nutrition Services (FNS), a Federal agency of the U.S. Department of Agriculture, to establish and operate the Women, Infants, and Children Program-- better known as the WIC Program -- in the CNMI. WIC is a special supplemental nutrition program which serves to safeguard the health of low-income women, infants, & children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to other health services. The CNMI WIC program is presently setting up its infrastructure to provide these services. Projected date of opening clinic is in FY 2006.

With the assistance of CDC, the Department recruited Dr. JP Chaine as the Regional Public

Health Consultant. He will provide assistance by working as a member of the Regional Immunization Program management team in order to implement an effective program within the policy and general organizational structure of the region. He is responsible for providing assistance and oversight with the National Immunization Program (NIP) Project officer for the Pacific Islands to provide technical assistance on immunizations to the program managers of American Samoa, Commonwealth of the Northern Mariana Islands, Guam, Federated States of Micronesia, Republic of the Marshall Islands and the Republic of Palau.

Pandemic Influenza Preparedness:

1. CNMI Pandemic Influenza Plan was developed, finalized and approved March 2006. The plan is an annex to the Department's All Hazards Emergency Operations Plan.
2. The Plan utilized the guidelines established by CDC and WHO and is NIMS based.
3. Recently, DPH with CDC conducted a tabletop and field exercise of the CNMI Pandemic Influenza Plan. The after action report is now being prepared but as a whole, the response to the exercise was good.
4. Initiated Public Awareness Campaign through the electronic and print media. DPH is also conducting regional Pan Flu Summit in Rota, Tinian, and Saipan.
5. During the FY 06 -- 07 Public Health Emergency Preparedness grant, DPH will work with the MCH Coordinator and the CNMI Council on Developmental Disabilities to identify and plan for the population with special needs.//2007//

/2008/ The WIC Program will start services on August 8. The challenge was the recruitment of the director and the nutritionist. We continue to request for assistance in training for our staff from institutions such as University of Hawaii's Area Health Education Center (AHEC) and WHO. The ECCS Coordinator was recruited and we received technical assistance from MCHB and Health System Research Inc in the development of our ECCS strategic plan. We have a strong ECCS coalition working together to assist families in the development of their children aged 0-5 years. The Department's grant application for the CDC Breast and Cervical Screening program was approved. We are working on our implementation plans for the program. We submitted two Office of Women's Health grant to assist the Division in providing well-women exams in the evenings and at the villages and the Targeted State MCH Oral Health Service Systems grant.//2008//

/2009/There is currently 87 staff working in the Division of Public Health. The staffing for the MCH Program consists of program manager, nurses, dental assistants, social worker, public health analyst, case management workers, clinical attendants, data clerk, CSHCN Coordinator, and nutritionist. The MCH program partners and collaborates with other Division programs such as Immunization Program, HIV/STD Prevention Program, Diabetes Prevention and Control Program, WIC Program, and with Community Guidance Center, Hospital Division, and Rota and Tinian Health Centers to provide preventive and primary care services to the community. We have facilities that are located away from the Commonwealth Health Center such as the wellness center located in the southern part of the island, Children's Developmental Assistance Center located in the village of Garapan, Adolescent Health Center at Marianas High School, and at the Navy Hill campus such as WIC Program, HIV/STD Resource and Treatment Center, Diabetes Resource Center, and Bureau of Environmental Health. The Wise Women Village Project works out of social halls of the churches that are located throughout the villages in Saipan. The Immunization Walk-in Clinic is located at the Old Children's Clinic at CHC. Again, we set up informational exhibits/booths at various community events.//2009//

C. Organizational Structure

A Secretary of Public Health who is appointed by the Governor and serves as a Cabinet Member heads the Department of Public Health (DPH). DPH consists of three Divisions: the Hospital Division (Commonwealth Health Center), Public Health Division, and the Community Guidance Center. A Deputy Secretary that is appointed by the Governor with the recommendation of the Secretary of Public Health oversees the three Divisions. There are two Program Offices: Medicaid Program and the Medical Referral Program. The mission of the Department is to "Promote the health and well being of the residents of the Northern Mariana Islands by protection through sanitation, immunization, and other communicable and non-communicable disease programs; Improve the quality of life through encouraging and empowering the community to achieve its highest possible level of wellness and; Ensure the availability of efficient and quality health care and prevention services".

The Department is under the umbrella of the CNMI government. PL 1-8, Chapter 12, SS2 give the Department the powers and duties:

- to maintain and improve health and sanitary conditions;
- to minimize and control communicable disease;
- to establish standards of medical and dental care and practice and to license medical and dental practitioners;
- to establish and administer programs regarding vocational rehabilitation, crippled children's services, infant care, Medicaid, Medicare, mental health and related programs including substance abuse;
- to establish standards for water quality; and
- to administer all government-owned health care facilities.

The Division of Public Health is responsible for administering the State's Title V Maternal and Child Health Program, including children with special health care needs. It is responsible for preventative health programs such as Diabetes Prevention and Control, Breast and Cervical Screening, Immunization, Prenatal and Postpartum Care, Women, Infants, and Children's Program, and Health Promotion. It also is responsible for the Bureau of Environmental Health; Early Intervention Services Program-Children with Special Health Care Needs, Adolescent Health Center, Public Health Liaison Office, Dental Unit, Chest Clinic. Other units include Health and Vital Statistics Office, Accounting and Administrative Support Service. There are program managers that oversee these different programs/units. These services are also provided at the Tinian and Rota Health Centers. A Resident Director oversees services provided in Rota and Tinian.

The Division of Public Health, headed by the Deputy Secretary for Public Health Administration, currently operate and administer two wellness centers in the southern and northern communities on Saipan.

The Southern Community Wellness Center (SCWC) located in San Antonio village encounters approximately 300 women each month. The clientele is very diverse, including indigenous women and women who are non-resident workers in the garment and tourism industry, coming to Saipan from other Micronesian islands, China, Korea, Japan, the Philippine Islands, Thailand, Vietnam, Bangladesh and others. This clinic is dynamic and fast-paced. A permanently-assigned Women's Health Nurse Practitioner (WHNP) provides care to the majority of women with the nursing staff playing a large role in this nurse-run clinic. The Public Health Medical Director supervises clinical practice of midlevel providers. Consultation and referral to the obstetrics/gynecology unit is always available.

(See attached Map of Saipan)

The Northern Community Wellness Center (NCWC) located in San Roque village opened its doors approximately 21 months ago and has enjoyed steady growth. It offers the same services

as the southern clinics and services approximately 175 women per month. A WHNP provides clinical services under the supervision of the Medical Director. This is a quieter, more rural area of the island.

The Adolescent Health Center, a school-based health center, opened on April 19, 2004, on the campus of Marianas High School. The CNMI Department of Public Health has collaborated with the CNMI Public School System (PSS) through a pilot study grant that the PSS received from the office of the CNMI Governor Juan Baubata. The Healthy Student Pilot Program from the Governor's Education Initiative provided grant funding, effective 2/1/2004 and has ended on 2/1/2005. The grant funds were deposited with the Public School System's account and the Division of Public Health is reimbursed through this account. This pilot program has been very successful in opening dialogue with teens about abstinence, sexuality, and STD/HIV. The clinic was closed during the summer months of June and July for summer break, reopening in August, 2004. (Detailed narrative is provided in the needs assessment section)

The Women's Clinic is situated within the main Commonwealth Health Center complex. Four US board-certified obstetrician/gynecologists provide care to complicated gynecology, and high-risk pregnancies as well as routine gynecology and prenatal care. The ob/gyn unit acts as consultants and referral physicians to the other clinics, including Rota and Tinian. This clinic is the referral center for abnormal pap test management, gynecology pathology suspected at the community-based level and high-risk pregnancies. Recently, these physicians have been able to see patients for evaluation in the community clinics on a scheduled basis.

Rota and Tinian Health Centers provide preventive and primary care also with a Resident Director in charge. Each health center employs a full-time WHNP to provide reproductive health care under the supervision of a physician. These sites maintain contact with the program manager with monthly reports. The program manager maintains contact regarding supply inventories, policies and procedures, clinical updates, and plans to organize continuing education and staff development offerings.

Commonwealth Health Center (CHC), managed by the Hospital Division is a 74-bed Medicare-certified acute care facility. It houses an internal medicine clinic, women's clinic, pediatric clinic, as well as the in-patient services which include ICU, NICU, surgical department, medical/surgical units, labor/delivery/postpartum, hemodialysis and an emergency department. A privately owned pharmacy is situated within the CHC complex.

(Please refer to attached Organizational Chart)

The Department of Public Health under the authorized representative of the Secretary of Public Health is responsible for the administration of all federally funded programs. These include DHHS/HRSA grants such as Title V and the Early Childhood Comprehensive System grant to Centers for Disease Control and Prevention grants such as Immunization and the STD Prevention.

The Department of Finance and Accounting is responsible for the financial management of all funds, both local and federal. The Department is responsible for draw downs, submission of financial status reports, and checking/approving all funds to be used. The Governor's Office approves all usage of funds such as personnel, travel, purchase orders, contracts, etc.

/2007/ There are no major changes in the organizational structure for the Division of Public Health, Department of Public Health. However, as previously mentioned, due to the new administration a new Secretary of Public Health and a new Deputy Secretary of Public Health Administration was appointed. We are happy to mention that the CNMI's Women Infant Children application was approved. We have been working on building the WIC infrastructure such as the facility, program policies, recruitment of staff, information system, etc. We also have the Area Health Education Center which provides the foundation to sustain local manpower with trainings,

health opportunity programs, etc. Rota and Tinian Health Centers received their Hill-Burton certification.//2007//

/2008/ Due to the reduction in work hours, the Women's Clinic and the SCWC is closed every other Friday since September 2006. The major update is the addition of the WIC Program to the Organization Chart that was signed earlier this year. //2008//

/2009/The Secretary of Public Health is the authorized representatives for the Department of Public Health. All program staff working in the Division of Public Health is under the direct supervision of the Deputy Secretary for Public Health Administration. These include MCH, Immunization, HIV/STD Prevention, Diabetes Prevention and Control, Breast and Cervical Screening, Family Planning and Reproductive Health, Wise Women Village Project, Bureau of Environmental Health, Tuberculosis Control, Dental Clinic, etc. (Please see attached organizational chart)//2009//

An attachment is included in this section.

D. Other MCH Capacity

Key personnel involved in MCH activities include the:

Secretary of Public Health: /2007/ Mr. Joseph Kevin Villagomez, MA was appointed by Governor Benigno R. Fitial to be the Secretary of Public Health in 2006. Mr. Villagomez holds a B.S. in Psychology from Washington State University where he graduated with honors and holds a Masters of Science in Counseling Psychology from Antioch University of New England where he also graduated with honors. Mr. Villagomez established the first ever Substance Abuse Treatment Program and the Substance Abuse Prevention Program in 1993. He has been with the Department since 1992 and he was the former Secretary of Public Health from 1998-2002. He was also the primary reviewer for American Samoa's MCH grant application in 2001.//2007//

Deputy Secretary for Public Health Administration: /2007/ Ms Lynn Tenorio holds a Bachelor's Degree of Science in Bacteriology from the University of Wisconsin-Madison, Madison, Wisconsin. Ms. Tenorio is responsible for the management of the Division of Public Health under the Department of Public Health. She oversees management, administrative and fiscal responsibilities of local and federal funded public health related programs and activities. She was the former program manager for the Diabetes Control and Prevention Program.//2007//

Public Health Medical Director: Richard Brostrom, MD, has been the Public Health Medical Director since July 2001. He received his medical degree with honors from University of North Carolina School of Medicine. He also received his MSPH from North Carolina School of Public Health. He is a licensed physician and is board certified by the American Board of Family Practice. He currently provides leadership and expertise for the Division's many programs. He continues to provide regular medical care services focusing on women's health, obstetrics, and pediatrics.

Area Health Education Center Director: /2007/ Faye Untalan, MSW, MPH, DSW, is the Director of the CNMI Area Health Education Center Program. She is also an associate Professor at the University of Hawaii.//2007//

/2008/ AHEC moved to the Northern Marianas College. The Department continues to work with the program to provide training to build manpower capacity. //2008//

Public Health Dentist: Dr. Alberto Ventura received his Doctorate degree in Dental Medicine (Cum Laude) from the University of the East, Manila, Philippines. He is licensed by the CNMI Medical Profession Licensing Board, and has been providing his services to the Division since 1982. He performs a wide variety of dental work such as teeth and gum examinations, administers anesthesia for fillings and extractions, performs minor and major dental surgery,

attends to prosthetic cases, and prescribes dental related medications. /2007/ Dr. Irma Hallaby, Doctor of Dental Surgery, received her doctorate from the Columbia Dental University. She is licensed by the CNMI Medical Profession Licensing Board and board certified by the Dental Board and Department of Commerce and Consumer Affairs from the State of Hawaii. Dr. Hallaby worked at the Public Health Dental Unit in 1999-2000. She rejoined the Unit April of this year.//2007//

Nursing Manager: Ms. Latisha Lochabay MSN, CNM has extensive experience as a midlevel clinician and clinical services manager. She was recruited in January 2004. She also teaches the prenatal education classes.

/2007/ Ms. Lochabay is currently the Family Planning Program Manager.//2007//

Women's Health Nurse Practitioner: /2007/ Mrs. Luise Q. Noisom, RN, BSN, WHNP, is a nationally licensed Women's Health Nurse Practitioner since 2002. She has been working for the Division of Public Health since 2001; however, she has been practicing as a nurse for the Commonwealth Health Center since 1989. Mrs. Noisom received advanced education and training from a master's certificate Women's Health Care Program at the University of Texas, Southwestern Medical Program in 2000. She currently works in the outreach public health clinics, which is the Southern and Northern Community Wellness Centers functioning as a primary care provider. The services provided include pap smears, prenatal care, family planning, STD screening and treatment, and other related health promotions.//2007//

Women's Health Nurse Practitioner: /2007/ Mrs. Bertha Peters Camacho is a nationally licensed Women's Health Nurse Practitioner since 2001. She has been working for the Division of Public Health since September 2001; however, she has been practicing as a nurse for the Commonwealth Health Center since September 1997. After working for 2.5 years as a nurse at the Commonwealth Health Center, she received advanced education and training from a master's certificate Women's Health Care Program at the University of Texas, Southwestern Medical Program in 2000. She currently work in an outreach public health clinic, which is the Southern Community Wellness Center functioning as a primary care provider. As with the mission of public health, she aims to increase access to care and promote preventive health care to decrease the morbidity and mortality of preventive health illness. Mrs. Camacho is a scholarship recipient of the MCH Certificate Program from the University of Hawaii.//2007//

Pediatric Nurse Practitioner: Ms. Barbara Reilley-Schmidt, ARNP, joined the Division of Public Health in March of this year. She provides pediatric services at the wellness centers as well as the Children's Clinic. Her special interest is in reducing the incidence of bottle mouth syndrome. She received her education from University of Oklahoma and the University of Colorado. /2008/ This position is vacant with the resignation of Ms. Reilley-Schmidt in March 2007. //2008//

Public Health Program Analyst: Ms. Roxanne Diaz received her Bachelor's Degree of Science in Biology from Chaminade University, Honolulu, Hawaii. Her primary function is to monitor all federally and locally funded programs, correspond with the local academic community, explore and identify various education, training, funding, and/or technical assistance available that may be beneficial to the Department.

/2007/ Ms. Diaz is a participant of the MCH Certificate Program from the University of Hawaii.//2007//

MCH Coordinator: The MCH Coordinator is Mrs. Margarita Torres-Aldan. Mrs. Torres-Aldan holds a Master's Degree in Public Health (Health Service Administration) from the University of Hawaii and A Bachelor of Science Degree from the University of Colorado, Denver. She has experience in the field of social work, including interagency liaisons, adolescent health, and services for children with special health care needs. She has been the MCH Coordinator since October 1996.

Community Health Nurse: Ms. Carol Paez, RN joined the Division in August of 2004. She

received her nursing degree from the University of Hawaii. She currently provides services and manages the Adolescent Health Center. In addition, Ms. Paez is the liaison for specialty clinics/providers for our children with special health care needs.

Public Health Registered Dietitian: /2007/ Ms. Louise Oakley received her Bachelor of Human Ecology Degree with a major in foods and nutrition from the University of Manitoba; Winnipeg, Manitoba, Canada. She completed a one year dietetic internship at the Health Sciences Centre in Winnipeg, Manitoba. Ms. Oakley is licensed with the College of Dietitians of Manitoba and holds a professional membership with Dietitians of Canada. She provides nutrition counseling on an outpatient basis to clients of all ages with varying nutritional disorders. She also works closely with the Diabetes Prevention and Control Program and does presentations to the public as requested.//2007//

Epidemiologist: Mr. Edward Diaz, graduated with a Masters of Public Health Degree in Epidemiology from the University of Hawaii. He joined the Division staff in May 1998. Some of his professional interests include disease intervention programs, data collection, disease reporting, and health information system, communicable and non-communicable disease surveillance and outbreak investigation. He currently is the director for the communicable disease program.

Statistician IV: Mr. Isidro Ogarto joined the Division in April of 2003. He brings his statistics experience with him working at the Department of Commerce, Central Statistics Division.

System Administrator: Ms. Elizabeth Palacios was recruited in April of 2004. She graduated from Florida State University in management information system and multinational business operations. She has been instrumental in the installments of VPN and LAN. /2007/ Ms. Palacios is currently attending the Telecommunications and Information Resource Management Graduate Certificate Program out of University of Hawaii.//2007//

Accountant IV: Ms. Frances Pangelinan has been with the Division for the past 15 years. She has extensive experience in banking and financial management. She currently manages all federal and local accounts.

Laboratory Manager: /2007/ Mr. Albert Gurusamy resigned in February 2006. The current Acting Lab Manager is Mr. John Duenas.//2007//

Immunization Program Manager: Ms. Mariana Sablan has been with the VFC Immunization Program since 1995. She is responsible for the administration of the program and consults with the PHA Medical Director in regards to vaccines and other medical assistance. Ms. Sablan is also responsible for the coordination and collaboration with the Rota and Tinian Health Centers, public and private schools, as well as private health clinics on administering vaccines and following immunization standards and protocols. /2008/ Ms. Sablan is also the Clinical Coordinator for the wellness center. //2008//

Breast and Cervical Screening Program Manager: Ms. Jocelyn Songsong has been with the Division of Public Health since August 1998, and currently manages the Breast and Cervical Screening Program. She received her associate degree in Liberal Arts at the Northern Marianas College in 1995 and has attended various professional education sessions. /2008/ Ms. Songsong has been the Acting WIC Director since October 2005. //2008//

Diabetes Control and Prevention Program Manager: /2007/ Ms. Tayna Belyeu-Camacho is the Program Manager.//2007//

Health Promotion Program Manager: //2006// Ms. Rosa Palacios, MPH, retired from government service in December of 2005. There is currently no one in the position.//2006//

HIV/STD Program Manager: /2007/ Ms. Ayesha Adelbai, DCHMS, resigned from this position earlier this year. The Epidemiologist is currently the acting manager for this program.//2007// /2008/ Mr. John Moreno took over this position late last year. //2008//

Current administrative staff provides support in clerical, procurement of supplies, inventory control, processing of travel papers, and time and attendance. The Health and Vital Statistics Office is responsible for processing birth and death certificates in addition to data collection for the Division.

Parents of CSHCN have been active since the creation of the Parent-to-Parent group. We provide transportation, educational materials, translation, and other enabling services that are requested. Although, there is no parent of a child with special health needs employed in the Division, we do have staff that has family members with children with special needs. We have on staff care coordinators, social worker, registered nurses, and have referral sites for pediatricians. We also continue to include parents/families in training to educate and empower them to advocate for their children. In addition, we solicit and include their input in our public awareness and child find activities. We continue the annual meeting with service providers and agencies such as Medicaid, SSI, Public School System, Hospital Division, MCH Program, etc. When the CSHCN survey was being conducted, we had telephone calls from parents that were willing to participate in the survey and also provide referrals. Parent/family referral was our number three referral source to the early intervention services program.

/2008/ The CSHCN Coordinator has been very successful in her work with parents of cshcn. She has improved the attendance and participation/involvement of parents in training, care coordination, referral, etc. She is multi-lingual and has a nursing background. Please see the updates by each key personnel. //2008//

/2009/ We are pleased to welcome Ms. Ariiel Buyum, RN, BSN, MPH, to the Division as the Family Planning Program Manager. She comes to the CNMI with thirteen years of nursing experience and a Master of Public Health from Emory University. We were successful in our grant application for the ASSIST 2010 - Wise Women Village Project (WWVP). Ms. Latisha Lochabay, MSN, CNM is the WWVP coordinator. Ms. Lochabay has extensive experience as a midlevel clinician and clinical services manager. She was the Family Planning Program Coordinator for the Division. There are currently 87 staff in the Division of Public Health providing direct health care services - i.e., Southern Community Wellness Center, Immunization Clinic, and Dental Clinic; Enabling services - i.e., transportation, case management, eligibility assistance, outreach activities; Population-based services - i.e. early intervention services and Immunization; infrastructure building - i.e., health and vital statistics, tracking, coalition building, training. We have campuses located away from the Commonwealth Health Center like the Diabetes Resource Center, WIC, and HIV/STD Prevention Office. We continue to work with parents from CSHCN/EIS Program. Finally, we want to mention the death of our dear colleague Ms. Elizabeth Palacios who was the Systems Administrator under the SSDI grant in March. //2009//

E. State Agency Coordination

The Department of Public Health includes the Division of Public Health, Hospital Division, and the Community and Guidance Center. As mentioned previously, the Commonwealth Health Center is the only hospital in the CNMI; Rota and Tinian have health centers. The Commonwealth Health Center (CHC) serves as the central acute care facility in the CNMI. Many patients from Rota and Tinian are referred to CHC. Almost all of health and human services are provided through the Commonwealth of the Northern Mariana Islands (CNMI) government including the Public School

System, Department of Community and Cultural Affairs, CNMI Developmental Disabilities Council, Medicaid, and Office of Vocational Rehabilitation. All of the departments and/or agencies within the CNMI government have secretaries and/or directors that are appointed by the Governor and are all members of the executive cabinet.

The Department of Public Health is the only government-run health care facility here in the CNMI thus collaboration and partnership with other agencies, both public and private, is important to ensure the continuity of the delivery of services to the people of the CNMI. Collaborative efforts in prevention and educational outreach activities among the programs within the Department are necessary to ensure accomplishments in improving the health and quality of life for the people of the CNMI. The State System Development Initiative Grant has greatly enhanced the MCH Program's efforts in primary and preventive care services. Infrastructure building for the CNMI includes training, improving systems of care, especially in the area of information system. Funds have been used for training of care coordinators, nurses, staff from the Health and Vital Statistics, administrative support staff in the areas of computer, outreach program, nursing home care, telemedicine, etc. It has been instrumental in the efforts to improve not only data collection for the MCH Program but for the Division of Public Health. Funds were also used to purchase computer equipment for the different units and other programs to ensure data collection.

Collaboration and partnership among the different programs within the Division of Public Health:

- Funding for HIV prevention and STD prevention comes from the Centers for Disease Control. Training to clinical staff to provide pre and post counseling for HIV to pregnant women is a collaborative activity with the HIV/STD program. In addition, counseling and testing for STD, including HIV, amongst the young adult population is another collaborative work with the maternal and child health program. Staff from the program comes to the Northern and Southern Community Wellness Centers and the Adolescent Health Center to provide services on site.
- In addition we receive funding from the Centers for Disease Control for the Diabetes Control and Prevention Program. Tracking pregnant women with gestational diabetes is a collaborative activity with the Program. Another activity is providing intervention measures, i.e., educational outreach presentations, to the schools, including Rota and Tinian.
- The Breast and Cervical Screening Program was federally funded from 1996-2002 from the Centers for Disease Control and Prevention. The maternal and child health program staff and the breast and cervical screening program staff collaborated to provide a more effective case management of patients. However, funding was not renewed in 2003. Through the hard work, dedication, and commitment of senior management and program staff, we were able to receive funding from the CNMI legislature from the "sin tax" revenue. We continue to work together to develop protocols, i.e., Management of Pap Test Results, and to provide services to women, especially those of low-income and that are uninsured. In addition, we provide eligibility assistance to Medicaid and the Medically Indigent Assistance Program. Local funding supports the salaries of current staff.
- The Immunization and Vaccines for Children Program also receives funding the Centers for Disease Control and Prevention. Collaborative work include opening after normal operating hours including Saturdays; conducting outreach presentations; developing protocols, etc. The assessment coverage survey will be conducted in July to determine the true coverage rate of children 19 to 35 months.
- Family Planning Program is funded by Office of Population Affairs. Training for family planning counseling and conducting outreach activities provided by the program to MCH staff. Local funds support salaries for registered nurses and mid-level providers.

Community Guidance Center: Staff from the Community Guidance Center provides substance abuse counseling and education on-site at the Adolescent Health Center. We also collaborate in conducting outreach presentations such as betel nut chewing. The center is the referral site for pregnant women that want to stop smoking. The community guidance center provides the wellness centers and the adolescent health center with educational materials. The Tobacco and Substance Abuse Program conducts public education on tobacco prevention through radio announcements, community events and school activities. Laws against selling cigarettes to

minors have been passed and occasionally sotes are checked for compliance with this law.

Hospital Division -- The Medical Referral Program at the Hospital Division has provided off-island medical care services for CSHCN. The Program facilitates the referral of clients to recognized referral health care facilities outside the CNMI for extended medical care. It provides financial assistance for medical care and other related costs (i.e., lodging) outside the CNMI.

The Division of Public Health's collaboration with other Departments and/or Agencies:
Public School System -

- Early Intervention Services Program -- Since the inception of the early intervention services program in 1986, the Public School System has been lead agency. Through an MOU (please see attached), early intervention services is provided to children and families 0-3 years of age. The program is housed at the Children's Developmental Assistance Center (C*DAC) and we are responsible for maintenance of the facility and for providing public awareness and child find activities. The salaries for Care Coordinators and the Social Worker is supported by the Department of Public Health while the Public School System employs the related services providers including special education teachers and data management.
- Newborn Hearing Screening Program: This has been one of the "best practice" in the area of collaboration. The support for collaboration between the two agencies made possible for the grant application to be submitted. The services is provided at the Commonwealth Health Center and key staff are members of the advisory committee with the Audiologist from the Public School System taking the lead in tracking the success of the program. Please note that the MCH Coordinator and the Audiologist recently applied for the Early Hearing and Detection Tracking and Surveillance grant and we received word in June that the grant was approved for funding. We also submitted a grant application for the Early Comprehensive Childhood System Grant.
- Oral Health: The provision of transportation of children by the Public School System has been the key factor for the success of the school health program fluoride varnish and sealant application component. The MCH Coordinator will take the lead in writing the grant application for the Administration for Young Children and Families Oral Health Initiative Grant for Head Start Children.

Northern Marianas College (NMC) --

As was mentioned in the State Overview narrative section, one of the Division of Public Health's initiatives is building local staff capacity. The Department is working the college in the area of nursing and allied health area. In addition, we collaborate in working together the NMC -- Cooperative Research Education Extension Services to provide nutritional education and also in cooking demonstrations. The nursing students at the college volunteer for screening activities during community events for the Department.

Department of Community and Cultural Affairs (DCCA)--

Training for public health staff to be certified to provide parenting skills class such as parents anonymous was provided by DCCA Division of Youth Services staff. We also provide counseling and conduct presentations to the youths at the Juvenile Detention facility.

Department of Commerce -- we work closely with the Central Statistics Unit in the area of data collection and population estimates.

University of Hawaii, John A. Burns School of Medicine --

Area Health Education Center (AHEC) -- The CNMI government became a subcontractor of the Hawaii/Pacific Basin Area Health Education Center in September 2004. The AHEC's goal is to improve the health of the underserved through collaborative regional training initiatives across the Pacific. The CNMI AHEC's mission is to improve the health services of the Commonwealth by establishing a sustainable healthcare manpower program through strengthening CNMI's capacity to recruit and retain allied health professions to serve the health needs of the islands. Its vision is to improve the quality of health care services thus reducing disparities in health conditions in the CNMI.

Maternal and Child Health Certificate Program -- One of our women's health nurse practitioner, Ms. Bertha P. Camacho, received a scholarship to attend this program.

Healthy Living in the Pacific Islands survey is currently being conducted to help determine some of the health needs of the islands' children.

Western Michigan University -- "Project Familia" - provides intervention measures to decrease physical inactivity and improve dietary habits thus ensuring living healthier lifestyle.

Developmental Disabilities Council -- The MCH program staff has been executive members for the past 6 years. We have been able to assist in grant writing for transportation -- CALL-A-RIDE - and respite care -- LITTLE DARLINGS and assistive technology.

Medicaid Program -- eligibility assistance for clients coming to the wellness centers. Medicaid program staff has consistently been panel members for forums to parents of children with special health care needs.

Karidat, a non-profit agency, has assisted in enhancing our outreach activities by allowing public health staff use of their "Manhoben (Chamorro word meaning young) Center" to conduct outreach activities. In addition, staff provides health education classes during their summer camps. They also have assisted us with our indigent clients for provision of clothing, shelter, and food items.

The Ayuda Network, another non-profit agency, collaborates with the MCH program in the developing and printing of resource directory for our clients.

As was mentioned earlier, our most successful collaboration with all the private clinics on the island of Saipan is with the Immunization Program. During awareness events, i.e., public health awareness week, women's health week, and breast and cervical cancer prevention awareness month, we have collaborated with two private clinics in providing pap smears to our indigent population. We have revisited with participating providers and others to continue this collaboration. We have also collaborated with private dental clinics to provide outreach activities.

Secretariat of the Pacific Community (SPC) -- training, pacific public health surveillance network, health alerts.

Please note that we also collaborate in serving our target population by being members of councils, advisory committees, board members, etc. and vice versa.

/2007/ Update on collaborative projects:

1. Secretariat of the Pacific Community (SPC): Second Generation HIV Surveillance for youths and pregnant women. We have been meeting with Mr. Tim Sladen from SPC about this project since last year. We have revised the questionnaires and have signed a Memorandum of Agreement but because of the new senior level management and travel/work schedule issues we have had to hold off the project. We will be starting on this project next month.
2. University of Hawaii: MCH Certificate Program: Mrs. Bertha P. Camacho, WHNP, and Ms. Roxanne Diaz, PH Program Analyst, continued on with the program. They took PH 647 -- Analytic Approaches to MCH and PH 671 -- Community & Public Health Practice. .
3. University of Hawaii -- Healthy Living in the Pacific Islands: Below is the preliminary findings on the survey: (Survey Purpose: To identify rates of overweight & obesity among children in CNMI and related risk factors for chronic disease and To identify dietary, physical activity, and socio-economic factors influencing nutrition)

EXECUTIVE SUMMARY

Four hundred twenty children, ages six months-10 years old were studied for indicators of nutrition and health in the Commonwealth of the Northern Mariana Islands in June and July of 2005 using a two-stage cluster survey. Seventy-three percent were breast fed. 25% were still

breastfeeding at six months and 22% were still breastfeeding at 12 months. Nine percent breastfed exclusively until six months. 47% introduced complementary food before six months.

In preliminary analysis of the diets of 60 children, high energy intakes were found, especially from protein and fat sources. Sodium (salt) intake was high and calcium intake was low. Only one quarter of the children met Healthy People 2010 objectives of <10% of calories from saturated fat and =30% of calories from total fat.

One third of children had no physical activity in school. Most children had three days of physical activity per week (both in school and outside of school) and watched television an average of four hours per day.

Thirty-four percent of children over two years were overweight or at risk for overweight. Overweight prevalence was similar across ethnic groups. One fifth of the children had high blood pressure. Nine cases of Acanthosis nigricans were identified, all among overweight children. These children were significantly more likely to have high blood pressure and early pubertal maturation.

Between 2-5% of children were identified as underweight (using different indicators) and, 26% of children under five years had anemia, as did 17% of 5-10 year old children.

Alternative activities to television and video games and alternative foods to high fat meats are recommended to improve nutritional status, weight status and health among children in the CNMI.

4. Public School System: We submitted the Early Childhood Comprehensive System Grant. Part of the planning include establishment of a committee, recruitment of an ECCS Project Coordinator, partnering with other agencies to ensure that topics on early childhood including mental health, parenting skills, family support, etc., are provided to families, procurement of educational resource materials, development of health and safety manual for childcare providers, resource directory, etc. We will include a copy of the final survey report in next year's application.

5. Council on Developmental Disabilities: Families are being referred to the Family Hope Center, which is a one-stop referral and information service center. When the staff from the Family Hope Center goes to Tinian and Rota, the early intervention services program staff calls up the families for the appointments. The Center has been instrumental in assisting families fill out forms for other services.

6. Northern Marianas College: We continue with the planning and conducting of outreach activities to promote healthy lifestyles in the CNMI.//2007//

/2008/ Updates:

1) The HIV Second Generation Surveillance Survey (SGSS) youths and pregnant women have been completed. We are working with SPC in the analysis and final report of the survey.

2) An STD intensive training for health care providers, including the private clinics was conducted in March 2007. The training provided continuing medical education for the participants.

3) The Division of Public Health submitted the BCSP grant application in March 2006. The MCH Program Coordinator was a member of the grant writing committee assigned to write the grant application. We are happy to announce that the grant was approved. We continue to collaborate during Women's Health Week in education of early screening and detection.

4) Please see attached executive summary for the 2005 Immunization Coverage Survey report in the Discussion of National Performance Measures Narrative Section.

5) The Wise Women Village Project will start June 2007. We have formed a partnership with faith-based organizations and we will be at different villages for one month providing pap test, breast exam, and education. Again, the MCH Program Coordinator is a member of a grant writing team that is currently working on grant applications from the Office of Women's Health to ensure sustainability of project. Also, the pressure point projects have been successful in bringing in adolescents aged 11-18 years through the schools to use any media form to promote skills building sessions.

- 6) The No Smoking, No Chewing Policy for the Department of Public Health has been strict on enforcing policy for both employees and visitors to the health care facility. CGC has a hotline to assist those that want to quit. One key component for the Office of Women's Health Grant is to provide tobacco cessation service. If the grant gets approved we will develop a memorandum of agreement with Community Guidance Center to provide such service to our target population.
- 7) The Director of Medical Affairs, who also specializes in Internal Medicine, has been assisting with projects of the various programs at the Division. For example, he has been providing medical counseling for the women coming to the Wise Women Village Project.
- 8) Through the Early Childhood Comprehensive System Strategic Plan, training to assist clients fill the application and assess eligibility will be provided to Clinical Attendants in August by Medicaid Program staff.
- 9) The nursing students played a big role in the success of the two Mass Flu Vaccination Drive event. Please note that these nursing students from the Northern Marianas College Nursing School are very instrumental in the Department's health screening activity.
- 10) Staff conducted presentations during Division of Youth's Services' Family Support Week.//2008//

/2009/ Forming collaboration and partnership has been very successful with state human services agencies and the Department of Public Health. We have memorandum of understanding with Medicaid Program for outreach activities and data sharing and Public School System for provision of services for early intervention and also Head Start. We are committee members of VocRehab, Developmental Disabilities, Tobacco Coalition, Division of Youth Services, etc. As mentioned, there is only one government run hospital located in Saipan that provides primary care. There are two smaller health centers located in Tinian and Rota. These are under the umbrella of the Department of Public Health. The Medical Referral Program works with off-island tertiary care facilities in Hawaii and Philippines for patients needing such care. The Pacific Islands Health Officers Association (PIHOA) consists of health officers from the six jurisdictions. The Northern Mariana Islands is considered a manpower shortage area. Therefore, we work with NHCS to recruit physicians and dentists to work at the Department. We also have students working on their MPH come to the CNMI to work on projects such as Childhood Obesity and currently PRAMS. One of the Department's strategic plans is building local manpower capacity so we continue to partner with University of Hawaii, SPC, WHO, USDA, FDA, University of Michigan, Northern Marianas College, CDC, MCHB, etc. for training. There is currently 7 staff participating in the MCHB MCH Leadership Competencies Project. The WIC clinic was opened in August 2007. There are currently 2,819 participants. A site visit for the WIC Program was conducted in June. An ISA (Information Sharing Agreement) has been drafted with all programs and WIC that will include for general information sharing such as name, contact information and reason for referral, eligibility status, etc. The WIC Program Outreach Plan in coordination with the MCH Program includes awareness promotion activities, referral system, building community partnerships, and increasing accessibility. Clinical staff, CSHCN staff, and EIS staff received training on Medicaid eligibility assistance. The Social Worker also assists parents with other applications such as food stamp, SSA, housing, utilities. The annual Parent forum was conducted. The forum brings in a panel of service providers for parents of CSHCN that include SSA and VocRehab. The panel format is a short presentation and then questions and answers. There are interpreters at the forum. Questions from parents who do not want to talk are given to staff or interpreter to ask to the panel members. Group family support activities were conducted: Trainer demonstrated strategies early intervention services staff who are not professional counselors can use to facilitate a family support group with associated children's program. The second family retreat was held: Family Counselor Marlyn Minkin worked with parents individually and in groups, provided counseling, and trained EIS and SPED staff. Two CSHCN parents will be attending a family support conference in July//2009//.

F. Health Systems Capacity Indicators

Introduction

/2009/The MCH Program works with 1) all programs within the Division of Public Health 2) Hospital Division 3) Community Guidance Center 4) other agencies to report on health systems capacity indicators including participating or supporting activities. There is a memorandum of understanding with the Medicaid Program to provide data and eligibility assistance training to MCH Program staff. Our continued challenge is developing databases so that we can gather data/information electronically. With the unexpected death of the Division's Systems Administrator, Ms. Elizabeth Palacios, we have no one working on this. For the upcoming needs assessment, one of the area we are looking into is again data collection method and the quality of the data collected. We will review health status indicators by ethnicity, insurance status, residence, etc./2009//

Health Systems Capacity Indicator 01: *The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	164.6	91.0	184.7	186.9	77.8
Numerator	91	51	106	110	47
Denominator	5530	5606	5738	5886	6045
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

47 children aged 0-4 hospitalized for asthma

Notes - 2006

110 less than 5 yrs hospitalized for asthma.

Notes - 2005

Updated denominator from US census bureau. 106 children 0-4yrs hospitalized in 2005 for asthma.

Narrative:

The data is collected through the RPMS - the health information system for the Department of Public Health. Because albuterol treatments for asthma are provided at the Children's Clinic this may affect the true rate of hospitalization. In addition, nebulizer machines can be purchased by insurance, including Medicaid. The most current effort is our discussion with the Area Health Education Center Program that will be bringing a consultant whose expertise is in developing asthma surveillance system next month. The MCH Program continues to purchase materials per pediatrician's recommendations for parents. We continue to participate in activities of the Community Guidance Center on second hand smoking. Please note, that because we are in the same Department and the same facility, MCH Program can access this information.

/2009/The Program continues to work with providers to educate parents on asthma and

upper respiratory illnesses with materials. We release public service announcements when there's a volcano eruption or fire that affects the air quality on the islands. The nurses provide albuterol treatments at Children's Clinic. We also collaborate with Immunization Program to prioritize children with asthma for the flu shot. The Hospital Division is scheduled to upgrade from MSM to Cache. This will allow CHC (Commonwealth Health Center) to progress to electronic medical records. It is the goal of the SSDI project to assist CHC in this upgrade so that the Maternal and Child Health program has data of a higher quality on a timely manner. Other collaborations include promoting smoke free policies and information on second hand smoking.//2009//

Health Systems Capacity Indicator 02: *The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	40.8	36.1	24.4	37.0	43.3
Numerator	553	489	325	526	438
Denominator	1354	1353	1332	1422	1012
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

1012 medicaid enrollees less than 1 year old in 2007; 438 under medicaid had initial screen. Need to finalize figure.

Notes - 2006

526 medicaid enrollees aged less than 1 year received at least one initial periodic screen in 2006. Data derived from RPMS. Denominator revised from 1422 to 1129, medicaid enrollees in 2006

Notes - 2005

Medicaid and SCHIP merged.

Narrative:

Medicaid enrollees whose age is less than one year received their health care only at public health clinics -- Southern Community Wellness Center, Children's Clinic, Commonwealth Health Center, Tinian Health Center, Rota Health Center, and the Dental Clinic. The MCH Program continues to work with the well baby care clinic and the Immunization Program to track Medicaid enrollees. We have been in discussion with both the Immunization Program and the WIC Program to assist us in our tracking efforts and to make sure these enrollees receive screenings. The new Immunization Registry -- Web IZ - will be implemented next month. This will greatly influenced our ability to improve our work to plan for activities. Please note that we also continue to work with Medicaid Program in educating their clients about the importance of accessing and utilizing preventive health care services. Brochures are provided to the Medicaid Program.

//2009/As of February 2008, Medicaid enrollees can access health care services at two private clinics. This has been a strategy for many years for we wanted to make sure the enrollees have options for health care. This will also help out with the limited resources of

the hospital. There are currently 3 pediatricians staffing the Children's Clinic. Another new initiative is that developmental screening information is included in the new "My Baby's Health Passport" record. We also have MOUs with private clinics and one of the private clinics does waive immunization administrative fee. We continue with outreach activities on preventive services with Medicaid Program. We are also in discussion regarding allowing enrollees to access dental care at private clinics.//2009//

Health Systems Capacity Indicator 03: *The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	40.8	36.1	24.4	46.6	43.3
Numerator	553	489	325	526	438
Denominator	1354	1353	1332	1129	1012
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

SCHIP same as medicaid.

Notes - 2006

SCHIP same as Medicaid.

Notes - 2005

SCHIP same as medicaid.

Narrative:

/2009/The SCHIP is used as an expansion of the Medicaid Program, thus our work with SCHIP enrollees is the same as HSCI #02.//2009//

Health Systems Capacity Indicator 04: *The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	10.3	18.2	24.2	32.8	
Numerator	139	172	323	466	
Denominator	1354	943	1332	1422	
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	

Notes - 2007

Beginning with the 2007 annual report, the Pacific Basin Jurisdictions may have changed to the World Health Organization (WHO) standard rather than the Kotelchuck Index to report indicator data for HSCI04. The WHO standard recommends as essential that pregnant women make four prenatal care visits.

Notes - 2006

499 women were in the kotelchuck index and 156 were at 80 and above percentile kotelchuck index. 446 is the representation of the 1422 pregnant women

Notes - 2005

1332 number of live births; 323 at 80 and above percentile.

Narrative:

Once we get the women in for the initial visit they complete their visits. Thus through our review of our prenatal care data, we need to enhance our work to make sure that pregnant women do come in for early prenatal care visit. The public health medical director conducted a presentation on prenatal care visit using the Kotelchuck Index in 2004. We have plans to do another one in September. We will conduct the PRAMS-like survey this coming October. There are 3 private clinics that provide prenatal care services. Some of our awareness activities include billboards, educational materials, and focus groups.

Health Systems Capacity Indicator 07A: *Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	25.8	31.9	26.1	29.3	24.0
Numerator	5240	6673	6313	7261	6113
Denominator	20326	20934	24150	24808	25466
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

6,113 children 1-21 yrs received service paid by Medicaid Program. Data derived from RPMS.

Notes - 2006

Medicaid enrollees 1-21 yrs received service paid by Medicaid Program. Data derived from RPMS. Denominator revised to reflect children 1-21 year old in state.

Notes - 2005

children under medicaid 1-18 years of age. Denominator revised to reflect children 1-21 year old in state

Narrative:

The MCH Program does not assist in efforts to receive payment from the Medicaid Program for provision of services to Medicaid Program. This is true for both the current enrollees and the

potentially Medicaid eligible children. The Medicaid program is very limited because the US federal government caps CNMI Medicaid expenditures. For example, the CNMI Medicaid program spend \$7,297,828 in FY'04 but got only \$2,381,000 in federal Medicaid funds. This accounts for 18% of the total expenditures. Medicaid is only accepted at the government run health facilities. This presents a unique challenge in reducing health disparities in that Medicaid clients cannot access the health care available at the private clinics. Thus, the MCH Program works to provide Medicaid enrollees or potentially eligible enrollees access to health care service regardless of insurance status.

/2009/All public health clinics and the Commonwealth Health Center (Hospital) provide services to residents of the CNMI regardless of insurance status or ability to pay. When patients inform us that they have submitted Medicaid applications or are waiting for their Medicaid Card, we do put write this down as part of their patient information on the insurance section./2009//

Health Systems Capacity Indicator 07B: *The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	17.6	17.3	23.9	18.9	20.5
Numerator	869	889	1267	1035	1165
Denominator	4942	5124	5307	5489	5671
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

1,165 children 6-9 years received dental services in 2007. Data derived from RPMS, Need to verify figure.

Notes - 2006

1,035 EPST aged 6-9 yrs received dental services in 2006.

Notes - 2005

1,267 EPST age 6-9 yrs received dental services in 2005.

Narrative:

The Dental Clinic has a School Oral Health Program in which fluoride varnish and sealant application are provided to students in Head Start, first, fifth, and sixth grades enrolled in public and private schools. These children are bussed to the clinic by the Public School System. Services include mouth examination, education -- including the parents -- and a 'report card' detailing the treatment plan required. Last school year, we worked with the Head Start Program to bring in the children enrolled in Medicaid to start their treatment plan. We submitted the Targeted State MCH Oral Health Service Systems Program grant application last month to assist us in our work to improve access to dental services.

/2009/The School Dental Program assists the MCH Program in improving this health system capacity indicator. We conduct mouth examination, do sealant application, and

provide oral health education during the visits. The program is set up for 1st, 5th, and 6th grades. The percent of 1st grade EPSDT eligible children that were assessed was 58%. A database is being created at the Dental Clinic so that we can collect this information electronically.//2009//

Health Systems Capacity Indicator 08: *The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.*

Health Systems Capacity Indicators Forms for HSCI 01 through 04, 07 & 08 - Multi-Year Data

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Indicator	51.6	45.4	45.4	89.7	94.0
Numerator	158	147	147	209	221
Denominator	306	324	324	233	235
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional

Notes - 2007

Children 16 and less receiving SSI

Notes - 2006

209 < 16yrs received SSI payments in 2006. 233 beneficiaries in 2006.

Notes - 2005

Pending SSI Department report.

Narrative:

The CSHCN Program is stationed at a community-based center -- Children's Developmental Assistance Center (C*DAC). We work with the Public School System to provide early intervention services which includes physical therapy, occupational therapy, speech therapy, etc. There is a physical therapy unit at the Commonwealth Health Center.

//2009//The number of state SSI beneficiaries for those that are less than 16 years old is reported in the Social Security Administration, Supplemental Security Record. Rehabilitative service such as physical therapy is provided at the home -- Early Intervention Services Program, the hospital -- Physical Therapy Unit, and at the schools -- Public School System Special Education Program. The challenge for getting data is that majority of programs, including public health, do not collect SSI information. We do provide SSI information and assist with application process but we do not keep a record whether they are receiving SSI benefits.//2009//

Health Systems Capacity Indicator 05A: *Percent of low birth weight (< 2,500 grams)*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid,</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL

non-Medicaid, and all MCH populations in the State					
Percent of low birth weight (< 2,500 grams)	2007	payment source from birth certificate	28.6	69.4	3.5

Notes - 2009

49 (3.5%) low birth weight; 18% (9) insurance not reported in low birth weight; 14 under medicaid; 34 non-medicaid.

Narrative:

We provide a copy of this health system capacity indicator to the Medicaid Program Director. We really do work with the program to provide awareness to utilization of preventive services. In addition, we also work with service providers that have Medicaid clients to assist us in our work. The MCH Program Coordinator will meet with the MCH Advisory Committee to assist the Program in planning activities. We will also work with the Early Childhood Comprehensive System Coalition in our promotional activities. Our clinic and nursing staff are multi-lingual and they do appear on radio and television campaigns to promote prenatal care, nutrition, etc.

//2009/We have provided the two private clinics with brochures such as prenatal care. We are consistent with our message to seek well care exams on a timely manner. We are currently conducting the PRAMS-like survey to provide us with additional information for program planning. For the upcoming needs assessment, one of the criteria we will review on the health status indicators is insurance status -- Medicaid, other private insurance, and uninsured. We will work with other programs, agencies, and community to assist us in developing strategies to improve outcomes. The Programs continue to provide information to the Medicaid Program Office on prenatal care, growth and development, oral health, nutrition, immunization, mammogram, pap smear, etc.//2009//

Health Systems Capacity Indicator 05B: Infant deaths per 1,000 live births

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Infant deaths per 1,000 live births	2007	payment source from birth certificate	0	0	1.5

Notes - 2009

6 infant death in 2007; medicaid data will be provided later.

Narrative:

We continue to put our work into educating the community to importance of prenatal care visits, immunization, well baby care visits etc. We provide training to clinical staff and again we provide information in the prenatal care packages, the public health clinics, private clinics, Medicaid Program Office, and other service providers. We will be working with the ECCS Coalition in our work to increase awareness.

//2009/Our work in this health system capacity is the same at HSCI 05A. Although, we did not conduct a chart review for infant mortality, we did conduct one for fetal death in which insurance status is one maternal risk factor we looked at.//2009//

Health Systems Capacity Indicator 05C: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2007	payment source from birth certificate	24.3	75.7	29.1

Notes - 2009

386 (27.9%) PNC visit were not reported; 98 under medicaid in 1st trimester; 303 non-medicaid in 1st trimester; 403 total visit in 1st trimester.

Narrative:

This would be the same as #04. Once we get the women in for the initial visit they complete their visits. Thus through our review of our prenatal care data, we need to enhance our work to make sure that pregnant women do come in for early prenatal care visit. The public health medical director conducted a presentation on prenatal care visit using the Kotelchuck Index in 2004. We have plans to do another one in September. We will conduct the PRAMS-like survey this coming October. There are 3 private clinics that provide prenatal care services. Some of our awareness activities include billboards, educational materials, and focus groups.

/2009/We continue to inform Medicaid clients that come to public health clinics that they can now seek health care services at two private clinics. We have the names, phone numbers, and location of the two clinics. This is per our 2006-2207 goals in our Evaluation of Prenatal Care in the CNMI for 2006 report: 1) CNMI DPH should continue to focus on moving low-risk prenatal patients into the private sector and 2) CNMI DPH must work to improve the availability of Medicaid for those who are pregnant and eligible Program - eligibility assistance training was conducted to Clinical Attendants. We will gather more information on Medicaid clients for the upcoming needs assessment./2009//

Health Systems Capacity Indicator 05D: *Percent of pregnant women with adequate prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])*

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
Percent of pregnant women with adequate	2007	matching data files	20	54	1

prenatal care(observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])					
--	--	--	--	--	--

Notes - 2009

In reviewing previous years for Kotelchuck data, although we stated that we need to improve availability of Medicaid and find out payment source for those that do not qualify for the program, we did not look at health insurance. We are currently reviewing our files and will have a update on this number. This is because we have to figure out what is self-pay - uninsured or co-payment for insurance.

Narrative:

Our work in this will be the same as #04 and #05C. We will provide this information to the Medicaid Program Director. Once we get the women in for the initial visit they complete their visits. Thus through our review of our prenatal care data, we need to enhance our work to make sure that pregnant women do come in for early prenatal care visit. The public health medical director conducted a presentation on prenatal care visit using the Kotelchuck Index in 2004. We have plans to do another one in September. We will conduct the PRAMS-like survey this coming October. There are 3 private clinics that provide prenatal care services. Some of our awareness activities include billboards, educational materials, and focus groups.

Health Systems Capacity Indicator 06A: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1)*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Infants (0 to 1)	2007	150
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Infants (0 to 1)	2007	150

Notes - 2009

Eligibility poverty level at 150% across the board

Notes - 2009

same as medicaid poverty level

Narrative:

/2009/The percent of poverty level required for program eligibility in the State's Medicaid and SCHIP programs for infants, children, and pregnant women is at 150%. Again, please note that enrolling our target population into the Medicaid Program is being actively being done. We work with other service providers with the same target population Early Childhood Comprehensive System Coalition, Head Start, etc. Again, Medicaid Program staff conducted a training on eligibility assistance to Clinical Attendants./2009//

Health Systems Capacity Indicator 06B: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children*

INDICATOR #06 The percent of poverty level for eligibility in the State's	YEAR	PERCENT OF POVERTY LEVEL
--	-------------	---------------------------------

Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.		Medicaid
Medicaid Children (Age range 1 to 4) (Age range 5 to 10) (Age range 11 to 18)	2007	150 150 150
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Medicaid Children (Age range 1 to 4) (Age range 5 to 10) (Age range 11 to 18)	2007	150 150 150

Notes - 2009

Eligibility poverty level across the board

Notes - 2009

same as medicaid poverty level

Narrative:

/2009/The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs for infants, children, and pregnant women is at 150%. Again, please note that enrolling our target population into the Medicaid Program is being actively being done. We work with other service providers with the same target population: Early Childhood Comprehensive System Coalition, Head Start Program, etc. Eligibility assistance is provided at the wellness center. We also continue with referrals to Medicaid Program and we also bring completed application form to the Medicaid Program Office as requested./2009//

Health Systems Capacity Indicator 06C: *The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Pregnant Women*

INDICATOR #06 The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL Medicaid
Pregnant Women	2007	150
INDICATOR #06 The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, Medicaid and pregnant women.	YEAR	PERCENT OF POVERTY LEVEL SCHIP
Pregnant Women	2007	150

Notes - 2009

Eligibility for pregnant women poverty level at 150%

Notes - 2009

same as medicaid poverty level

Narrative:

/2209/The same as HSCI #06A and 06B./2009//

Health Systems Capacity Indicator 09A: *The ability of States to assure Maternal and Child Health (MCH) program access to policy and program relevant information.*

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3)	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
<u>ANNUAL DATA LINKAGES</u> Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
<u>REGISTRIES AND SURVEYS</u> Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

Notes - 2009

This linkage has been in place. The Health and Vital Statistics Office processes infant and birth certificates

The WIC Program was implemented in July of 2007. There has been discussions with the Program to look at the feasibility of linkage.

The barrier with the Lab Unit is that the data system is not working for their purpose. However, Lab Unit has purchased an upgrade for Laboratory software and hardware. This is scheduled to be operational by the end of August 2008. We will look into working on this linkage then.

Please note that the Hospital Division and the Division of Public Health are in the same Department and the same facility. We get information as we request.

We have started discussions with the developer of the EHDI tracking and surveillance system to assess the feasibility of developing a birth defects surveillance system. He will be coming to Saipan in September.

The MCH Program is currently conducting the first PRAMS-like survey. The plan is to continue conducting this survey every 3 years. We will report on survey results on next year's grant application.

We do not have the capacity at the present time to do this linkage. We have an MOU with Medicaid Program to provide MCH Program information on a timely manner.

Narrative:

Again, please note that although we do not have direct access to the electronic database, the MCH Program can get the key public health data sets related to women, children, and families. We do have access to the department's health information system, Resource Patient Management System (RPMS) and is MUMPs based. With previous funding from the SSDI grant, two staff from the Health and Vital Statistics Office has attended trainings on the system. We also have direct access to standalone databases such as the Early Hearing Detection and Intervention surveillance system and the birth and death certificates. Another factor is that there is one systems administrator at the Division that works with all the programs.

//2009/The MCH Program's strength is its collaboration with Division programs and other agencies. Some of the methods to assure access to policy and program relevant information include Memorandum of Understanding (MOU) -- Information Sharing Agreement ((ISA with WIC Program), committee members for other agencies such as Developmental Disabilities, and finally participating in events such as DYS Family Fun Day, PSS Teen Symposium, Connecting Families Inc., Open House at day care centers, etc.//2009//

Health Systems Capacity Indicator 09B: *The Percent of Adolescents in Grades 9 through 12 who Reported Using Tobacco Product in the Past Month.*

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
CNMI Youth Tobacco Survey	3	Yes

Notes - 2009

DPH assists the Public School System in conducting YRBS.

An attachment is included in this section.

Narrative:

The YRBS is conducted every two years here in the CNMI. The lead agency is the Public School System. The Division of Public Health assists in conducting the survey. Community Guidance Center (CGC) staff provides counseling services at the Adolescent Health Center located at one of the public high schools. Our work in the area is to provide the educational materials and participate in events and activities of CGC such as Kick Butt Day and Sting Operation. We conduct activities to encourage and promote healthy life choices.

//2009/Continued collaboration with Public School System with the Adolescent Health Center, outreach activities, and conducting YRBS and the Community Guidance Center YTS (Youth Tobacco Survey) are assisting the MCH Program in our work for this indicator. The 2004 YTS shows that 39.3% currently smokes cigarettes and 52.5% currently uses other tobacco products. 2,439 students in grades 9-12 participated in the survey. The YTS will be conducted this coming school year. In the YRBS, the percentage of students who

ever tried cigarette smoking, even one or two puffs went from 82.7 in 2005 to 78.1 in 2007. One new strategy is promoting smoke free environment at work places and at restaurants.//2009//

IV. Priorities, Performance and Program Activities

A. Background and Overview

/2009/ SPM#1: The percent of unplanned pregnancies for women aged 15-44 years. Reducing unplanned pregnancies is possible and necessary. The result of unplanned pregnancy is that the mother is less likely to seek prenatal care during first trimester and less likely to have any prenatal care. The child of such a pregnancy is at greater risk of low birth weight and other complications. There were 69% reported unplanned pregnancies last year. We will be conducting chart reviews on maternal characteristics of low birth weight babies for 2007, including planned or unplanned. A graduate student is currently working on a project reviewing data on mothers that have babies less than two years apart and will set up a system so that we can collect this data efficiently. We continue to work with the Family Planning (FP) Program for counseling, education, contraceptives, fee waiver for adolescents. Key staff continues to participate annually in the Title X Pacific Basin FP conference. Two local nurses are certified women's health nurse practitioners and are providing services at AHC (Adolescent Health Center) and Southern Community Wellness Center.

SPM#2: Percent of women who ever received a pap test. In the September 2004 issues of Pacific Health Dialog, a 10 year study (1991-2001) of cancer among women in the CNMI shows that of the 304 cancer 29% were breast cancer and 20% were cervical cancer. The MCH Program continues to work with the BCCSP (Breast and Cervical Cancer Screening Program) to increase access to pap services and awareness and outreach activities. Furthermore, because we saw the need to implement gender-focused free preventive health screenings, community education, and medical management, we implemented the Wise Women Village Project in which MCH Program is a key partner. We bring women's preventive health screening services out into the community on Saturdays. This health care delivery utilizes holistic woman-centered focus. We also have the Wise Women Pap Project that provides free well-women exams during the evenings at the Women's Clinic. Additional staff has been recruited under the CDC grant for case management, outreach activities, data collection, etc. There were 15,543 women aged 25-60 years that were identified as not having had a pap smear for the past 4 years in 2004. We have been collaborating with 2 private clinics to provide this service to these identified women.

SPM#3: Percent of women who have ever received a mammogram. Of the 304 cases of cancer in females from 1991-2001, 29% were breast cancer. Findings suggest that cancer is the second-leading cause of death in CNMI. Because the most prevalent cancers in women in the CNMI are those that could be prevented and/or cured with early detection and treatment, we must overcome cultural barriers and educate women on the importance of screening and in making sure that they have access to these screenings. Clinical breast exam is one of the preventive health screening provided at the village project and the evening clinic. Women needing mammography services are referred. The cost of cancer screening tests and the lack of radiologist continue to be significant barriers. There have been discussions regarding contracting U.S. certified radiologists from the Philippines to come to Saipan. There are about 1,000 mammograms done every month.

SPM#4: Percent of eligible infants with disabilities under 1 year receiving early intervention services. The CNMI provides early intervention services to infants and toddlers, birth through age three, and their families in collaboration with the Public School System (lead agency) since 1986. This is the entry point for children identified with special health care needs. Majority of the children being referred for EIS (early intervention services) program is mostly older than 1 year of age. There are 68 children enrolled in the EIS Program in

which 1% is under one year of age. The program received 107 referrals last year. There were 42 infants referred that are under the age of 1. 41% of our referral source is from the NICU at the hospital, 29% from the PH facilities, and 10% from parent/family. We will continue with our work to emphasize early identification and early intervention for this target population using interdisciplinary team approach. The CSHCN Coordinator works with EIS Program staff in this area which includes early intervention teachers and related services staff such as physical and speech therapists. We continue with child find and public awareness activities.

SPM#5: *The rate of Chlamydia for adolescents aged 13-17 years. In the 2007 YRBS survey results show that the percentage of high school students who ever had sexual intercourse was 49.7 and 18.4 for the middle school. The percentage of high school students who used a condom during last sexual intercourse went from 43.1 in 2005 to 40.1 in 2007. The percentage of high school students who had sexual intercourse with 4 or more people during their life was 19.6. STD testing at AHC is limited to gonorrhea and chlamydia, with approximately 10% of tested students coming up positive for chlamydia. Adolescents can also access testing at other public health clinics including the HIV/STD Resource and Treatment Center. We continue collaboration to provide testing, medications, tracking, outreach activities and presentations at the schools and community events. Condoms are available for free at all the PH clinics.*

SPM#6: *The degree to which State provides nutrition education information to students aged through 11 years. The CNMI ranked third in the world for prevalence of Type II diabetes. Obesity has been growing at a fast pace in the CNMI. The rates are higher than those of the US mainland, and this is evident when looking at any typical classroom. Head Start data (p. 400) from School Year 07-08 indicated that 14.3% of children are at risk of overweight (85th-95th%), and 17.5% of children are already overweight (>95th %). The WIC Program will have better information of BMIs in children once their electronic data system is operational. Some of our collaboration with other programs includes Cooking Show, Healthy Snacks Recipe, Cooking with Colors, and bottle weaning. The nutritionist has been going into individual classrooms to educate children on healthy alternatives to their current diets, and the consequences of obesity. In 2005 the Healthy People Living in the Pacific Islands survey was conducted to 420 children 6 months to 10 years old. Using CDC cut off points, 34% of the children in the survey were found to be at risk for overweight. For those aged 5 to 10 years, 68% has no physical activity outside of school.*

SPM#7: *Percent of pregnant women who are screened for Chlamydia. An STD intensive training was provided to medical providers from Saipan, Tinian, Rota, the private clinics, and Guam was conducted last year. In addition a CTR in-service was conducted to clinical staff. Our main work is to increase the awareness of early and continuous prenatal care visits which will make sure that all pregnant women are screened for STDs. The MCH Program continues to collaborate with the other programs to provide counseling, interviewing, and case management training to clinical staff. STDs brochures are provided to clients and available at all clinics in the CNMI, including private. The HIV/STD Prevention Program has recruited an STD case worker. We continue collaboration with other programs in providing free STD testing and medications for indigent women of childbearing age and their partner(s).//2009//*

B. State Priorities

Direct Health Care: Currently, the greatest challenge to the health care system is to meet the increasing demand of human and financial resources for prevention, medical management, and off-island referral. The capacity and resource capability of the Division of Public Health to help achieve the goals of the national and state performance measures is very limited. The Division,

through leadership of Mr. Pete T. Untalan, has reorganized its public health care facilities by bringing it out to the community. The Southern and Northern Community Wellness Centers are located in villages that are within several miles from the Commonwealth Health Center. Mid-level providers staff the wellness centers with support from the Medical Director who is a family practitioner. The Adolescent Health Center is the first ever school-based health center in the CNMI. Other new facilities that were established and are located away from the Commonwealth Health Center facility are the HIV/STD Treatment and Resource Center, The Diabetes Prevention Research and Resource Center, and the Bureau of Environmental Health. Renovations are pending for the Area Health Education Center and the Kagman Community Health Center. The strength in providing direct health care services for the maternal and child population is the dedication, competency, and commitment of the current staff.

Enabling: The Division in its commitment to ensure 100% accessibility to health care services has been providing transportation assistance to the community. In the brochure on the Northern and Southern Wellness Centers it is stated "Please call us if you cannot get to the clinic because you do not have a ride and we will do our best to help you". The Breast and Cervical Screening Program and the Children with Special Health Care Needs Program do provide transportation for doctor's appointment. Furthermore, we also provide transportation to other appointments, i.e., Nutrition Assistance Program, and the Social Worker assist with filling applications for parents of children with special health care needs. Division staff comes from multi-cultural background so translation is usually not a problem. The only thing is that we need to expand the translation of resource materials to other languages such as Bangladesh and Thai. We are working closely with the World Health Organization to focus training of staff to behavior change modification.

Population-based: The Office of Special Education conducted a site visit to the Early Intervention Services Program at the Children's Developmental Assistance Center. As was mentioned, early intervention services are provided in collaboration with the Public School System, Early Childhood Special Education Program. In the Memorandum of Understanding, the Division of Public Health is responsible to ensure a comprehensive public awareness and child find system. Activities we reported for public awareness and child find include radio interviews with early intervention providers and parents in the different languages, Open House at the Center (parents actively participate in this event -- they talk to the media and visitors about the benefits of the program), participation in community events, disseminate developmental checklist to all clinical providers, put program brochures at all health facilities and prenatal package, referral procedures provided to private clinics with an in-service, giveaways, information tables at local grocery stores, coordinate public awareness and child find activities with other departments/agencies, etc. It was highly recommended that materials be translated to other languages, i.e., Pohnapeian and Chinese. The results of the children with special health care needs survey was presented to parents of children enrolled in the early intervention services during their monthly parent night. Although, parents of children with special health care needs are generally satisfied with their child's care, more resources need to be dedicated to assisting them to access other services, i.e., assistive technology. As public health staff, we need to be more active team members in the development of the Individualized Education Plan. Due to limited resources, services for children with special health care needs are provided in collaboration with other departments/agencies. We are fortunate to have a community health nurse that is a registered nurse to be the coordinator for the specialty clinics for children with special health care needs. The recruitment of the pediatric nurse practitioner and the dental hygienist will enhance the work of the Division in providing education to the community in oral health including baby bottle syndrome, prenatal and oral health, providing outreach at the schools, etc. The pediatric nurse practitioner has been active in promoting awareness of child health issues. She was one of the trainers, along with the dentist, in providing in-service to the interviewers for the Healthy Living in the Pacific Islands survey.

Infrastructure Building: The Division of Public Health has made great strides in strengthening the current workforce capabilities to ensure sustainability of staff in providing services to the community. The most significant achievement is that the CNMI received the Area Health

Education Center (AHEC) grant from the John A. Burns School of Medicine. Funds from the AHEC grant are currently supporting the NCLEX review class for thirteen local nurses. The CNMI Department of Public Health currently relies on recruiting nurses and other health professionals from the Republic of the Philippines. One recommendation from the prenatal focus group is to recruit nurses from other places. This will be one way to reduce recruitment costs and not to mention remove the burden of the lengthy process involved in the recruitment process. Another area that AHEC is supporting is that it provided funds and arrangements for high school students to go to Honolulu, Hawaii to attend the University of Hawaii --Kapiolani Community College health careers opportunity program. The students were introduced to different health careers. In addition, three science teachers, including the students, attended the 3rd Annual Health Professional Summer Institute. The recruitment of the System Administrator has assisted programs to submit data elements to be warehoused. The Division is seeking technical assistance in the implementation of an electronic medical record and data linkage to other units within the hospital.

The Division submitted the Community Health Center section 330 grant application, Early Childhood Comprehensive State System grant application, and the Early Hearing Detection and Intervention Surveillance and Tracking grant application and the WIC State Plan. The MCH Coordinator is working in collaboration with the Head Start Program to submit the Head Start Oral Health Initiative application.

/2007/ The residents of the CNMI, specifically the indigenous population of Chamorros and Carolinians, have a high rate of diabetes and breast and cervical cancer remain the first and second most prevalent cancers and the first and third leading causes of cancer deaths in women. Programs such as Maternal and Child Health, Breast and Cervical Screening Program, and the Diabetes Control and Prevention has been instrumental in its efforts to improve service delivery to empower the community through education and information to assist them live healthier lifestyles. Breastfeeding promotion, provision of nutrition and physical activity events, WIC Program, etc. decreases obesity among children and the Division in their collaboration with other agencies work to provide families the tools and skills in their lives tools to help them make better decisions. Prevention of vaccine preventable diseases and the sealant and fluoride varnish application supports our work to ensure that children are healthy and ready to learn. We continue to work hard to provide families of children with special health care needs with the comprehensive and continuous care coordination to assist them with the specialized care of their children. We bring in off-island physicians with specializations in pediatric cardiology, orthopedic problems, neurology, etc. and we also refer off-island for care and treatment. Regardless of austerity measures, we continue to recruit providers and train staff to enhance skills to provide primary and preventive health care services to the community. We also continue to apply for federal funds to assist the Department in its work to ensure a healthier community.//2007//

/2008/ Due to the economic crisis, the government working hours has been reduced from 80 hours to 72 hours. The need to enhance and strengthen our work to educate and provide the community with tools and knowledge to live healthier lifestyles is more critical now. Here in the CNMI we are facing factors such as decrease in salary, high utilities cost, high fuel costs, factories and other private businesses closing thus no jobs, budget cutbacks (Head Start Program budget was reduced by 35% thus need to decrease enrollment), and high health care costs. Our priority is to provide primary and preventive health care service to our community. This is evident with the opening of the WIC Program, HIV/STD Resource and Treatment Center, Adolescent Center, Wise Women Pap Project, Wise Women Village Project, and Breast and Cervical Cancer Screening Program (our CDC grant application for this program has been approved). Through the Early Childhood Comprehensive System strategic plan we need to work with our partners to assist families in the development of their children so that they are healthy and ready to learn at school entry. Because we have high rate of breast and cervical cancer, high rate of childhood obesity, high rate of Type II diabetes, children engaging in sexual activity at a much younger age, low prenatal care rate, we have to work with our community to assist them make healthier life choices. Most of the Division programs have advisory committees or coalitions. We also continue to collaborate with institutions such as University of Hawaii to

conduct surveys to provide us with information to help us tell our stories to the community. Signs that we are getting through to our community includes 1) seeing more people out walking or running at the walkways/pathways, 2) more accessible places to exercise, 3) agencies, both public and private, giving staff time off to exercise, 4) water only at parties and fiestas, 5) the Sabalu Market in which farmers sell their crops is now held on Tuesday nights also, and 6) food is not allowed to be served at the church during rosary -- 9 nights of prayers held at the church in which dinner is served every night.//2008//

/2009/The priority needs for the CNMI MCH Program focuses on provision of direct health care services that was determined by conducting the needs assessment and using information such as health status indicators, performance measures, outcomes, resources and capabilities for the mch population to identify these needs. This in turn is strengthened by provision of enabling and population-based services and by improving or building infrastructure, including collaboration and surveillance, to ensure a system of care is in place. In collaboration with the BCSP (Breast and Cervical Screening Program) and the Wise Women Village Project, we are working to strengthen the public health infrastructure by providing access to pap test and mammograms to women. The target population for the MCH Program is all women whereas the target group for BCSP has to fall within the program's eligibility guidelines and the target group for WWVP is local indigenous women. Therefore, we refer women (especially those with no insurance) that qualify for these programs and plan and conduct outreach and awareness activities. In addition, we provide staffing for the evening clinics and the village clinics and in turn we get staffing assistance on case management for abnormal test results from BCSP. A major intervention activity for WWVP is participant education regarding physical activity, BMI, nutrition, and tobacco cessation counseling. These activities are related to Performance Measure #15, #18, and State Performance Measure #1, #2, and #6. We distribute information on the importance of all preventive screenings.

The CNMI conducted the HPV School Campaign in collaboration with Immunization Program, MCH Program, Commonwealth Cancer Association, Stellar Marianas, student organizations, and the Public School System. We provided HPV vaccines to girls in all the high schools in Saipan, Tinian, and Rota. This is because most of the cancers in women are those that can be cured with early detection. And every year 6 women are diagnosed with cancer in the CNMI. We make sure that preventive health screenings are part of the messages in our awareness campaigns. The activities are related to performance measure #08, #16, and SPM #4.

Because of the importance of providing early intervention services, we continue to enhanced child find and public awareness activities with our partners. Through these activities our referral numbers have increased thus an increase in the percentage of infants served. One of our collaboration is that we put developmental screening information on the new shot record which is called "My Child's Health Passport". (Please see attached) This activity is also related to performance measure #2-5 and SPM #6. Our media campaign focused on importance of prenatal care. Prenatal care information are in all local newspapers and tv spots in the local talk show, and guest appearances by provider (public and private) to discuss prenatal care. Some of the information focused on gestational diabetes -diabetic and being pregnant, nutrition and physical activity, what is prenatal care, and also on postpartum care. This activity is related to PM#18 and SPM #7.

Our strength in our work is in our collaboration but we continue with challenges such as shortage of staff, budget cutbacks, high costs for health care services -- i.e., mammogram, geographic location, etc.//2009//

C. National Performance Measures

Performance Measure 01: *The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	75	80	82	96.5	97
Annual Indicator	93.0	87.0	96.1	91.6	98.1
Numerator	1259	1177	1280	1303	1358
Denominator	1354	1353	1332	1422	1385
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	98.5	98.5	98.5	98.5	98.5

Notes - 2007

1,358 newborn Hearing Screening in 2007

Notes - 2006

Metabolic screened 1303.

Notes - 2005

1280 metabolic screened

a. Last Year's Accomplishments

Posters and flyers were printed regarding newborn screening and were put on display at the public health clinics, hospitals, and the private clinics. The use of the data clerk to assist with tracking of overall results was not successful. One key activity that we have been working diligently on is to make sure that results are put in the medical charts.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Lab Unit has purchased an upgrade for Laboratory software and hardware. This is scheduled to be operational by the end of August 2008.			X	X
2. Procure brochures to be included in the prenatal care packet		X	X	
3. Discussions to link newborn screening and birth records			X	X
4. EHDI data clerk assists with tracking		X	X	X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

We continue to work with the Lab Unit at the Hospital Division and the Medical Records to make sure that results are in the medical charts. We also continue to work with the nurses and providers to make sure that results are provided to the providers. We continue to provide newborn screening information through brochures in the prenatal packet. Please note that there has not been a Lab Unit Manager for the past 3 years which has been a barrier for this performance measure.

An attachment is included in this section.

c. Plan for the Coming Year

One project under the SSDI grant is to work with the Systems Administrator for the RPMS information system to be granted access to the Lab module of the system.

Performance Measure 02: *The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			87	87	87
Annual Indicator	87.0	87.0	87.0	87.0	87.0
Numerator	147	147	147	147	147
Denominator	169	169	169	169	169
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	88	88	88	88	88.1

Notes - 2007

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

1. Formed a committee to conduct the CSHN survey
2. Draft CSHCN survey
3. Conduct Shriners Outreach Clinic
4. Opened Parent Resource Learning Center
5. Conduct parent survey for families with children enrolled in the Early Intervention Services Program

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conduct CSHCN survey		X	X	X
2. Procure additional materials for Parent Resource Center		X	X	
3. Provide interpreters for doctor's appointment when requested	X	X	X	
4. Provide additional information as needed (Parent Resource Library)		X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Case Management
2. Training on eligibility assistance for Medicaid Program
3. Provide translation and transportation
4. Analysis of parent survey of children receiving early intervention services
5. Conduct CSHCN survey

c. Plan for the Coming Year

The analysis of the CSHCN survey.

Performance Measure 03: *The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)*

Tracking Performance Measures
[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			68	69	69
Annual Indicator	68.0	68.0	68.0	68.0	68.0
Numerator	115	115	115	115	115
Denominator	169	169	169	169	169
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	69	70	70	70	70

Notes - 2007

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

1. Worked with the Immunization Program to assess immunization status of our children with special health care needs
2. Immunization Clinic was conducted once a week in the evening for one month at the Children's Developmental Assistance Center (this also included the flu shot)
3. Translated brochures of programs such as newborn hearing screening in Tagalog (see attached)

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conduct CSHCN survey		X	X	X
2. Collaborate with Hospital Division to bring specialist on island	X	X	X	
3. Collaborate with Medical Referral Program for off-island care	X	X	X	
4. Medicaid clients can now avail health care services at two private clinics	X		X	X
5. Case management training for CSHCN Coordinator	X	X	X	X
6. Provide transportation to appointment		X	X	
7. Provide training to CSHCN, EIS, and related service staff in all elements of programming for infants and toddlers with hearing loss and their families	X	X	X	X
8. Flu vaccinations was provided for CSHCN and their families during the evenings at C*DAC (Children Developmental Assistance Center)	X	X	X	X
9.				
10.				

b. Current Activities

1. Continue to work with Specialty Clinics
2. Continue to work with Medical Referral Program for off-island medical care
3. Provide eligibility assistance for Medicaid Program

c. Plan for the Coming Year

1. Analysis of CHSCN survey.

Performance Measure 04: *The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
---------------------------------------	------	------	------	------	------

Annual Performance Objective			68	69	69
Annual Indicator	68.6	68.6	68.6	68.6	68.6
Numerator	116	116	116	116	116
Denominator	169	169	169	169	169
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	70	70	70	70	70

Notes - 2007

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

1. Social Worker working for Early Intervention Services Program and CSHCN Program is stationed once a week at the Medicaid Program to assist in processing application forms for our clients
2. Eligibility assistance training to clinical staff

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conduct CSHCN survey		X	X	X
2. Eligibility assistance training for Medicaid Program		X	X	X
3. Social Worker stationed at Medicaid Office to assist with applications		X	X	X
4. Referral to Medicaid Program and Medically Indigent Assistance Program		X	X	
5. Provide preventive health services at Southern Community Wellness Center	X	X	X	X
6. Open Immunization Walk-in Clinic	X	X	X	X
7. Immunization administrative fee waived at one private clinic	X	X	X	X
8. Collaborate with other agencies for related services	X	X	X	X
9.				
10.				

b. Current Activities

1. Provide eligibility assistance
2. Provide information and referral to the Medically Indigent Assistance Program
3. Conduct CSHCN survey

c. Plan for the Coming Year

1. Analysis of CSHCN survey

Performance Measure 05: *Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			44	45	45
Annual Indicator	43.2	43.2	43.2	43.2	43.2
Numerator	73	73	73	73	73
Denominator	169	169	169	169	169
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	46	46	46	46	46.1

Notes - 2007

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

1. Held Family Retreat - one component of the retreat is working with families to organize support groups; this session also included working with CSHCN/EIS staff to facilitate and assist in these support groups
2. New model for Family/Professional Sign Classes was designed which utilizes "Dramatic Play" and games

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conduct CSHCN survey		X	X	X
2. Continue collaboration with Family Hope Center, Parent Support groups, Public School System		X	X	X
3. EIS and CSHCN staff facilitates and assist with support		X	X	X

groups				
4. Annual Parent Forum		X	X	X
5. Application forms for community-based services are available at C*DAC - mostly government agencies/services		X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Continue to work and partner with other service providers
2. Analysis of survey of families of children enrolled in Early Intervention Services Program
3. Member of Developmental Disabilities Council
4. Conduct CSHCN survey

c. Plan for the Coming Year

1. Analysis of CSHCN survey.

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective			6	6	7
Annual Indicator	5.9	5.9	5.9	5.9	5.9
Numerator	10	10	10	10	10
Denominator	169	169	169	169	169
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	7	8	8	8	8

Notes - 2007

The data reported in 2007 are pre-populated with the data from 2005 for this performance measure.

Notes - 2006

The data reported in 2006 are pre-populated with the data from 2005 for this performance measure.

Notes - 2005

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

a. Last Year's Accomplishments

1. Community Health Nurse member of IEP
2. Member of Developmental Disabilities Council

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conduct CSHCN survey		X	X	X
2. Community Nurse at AHC member of IEP team	X	X	X	X
3. Committee members of VocRehab and Developmental Disabilities Council			X	X
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Worked in collaboration with other service providers on the Parent Forum - presentors include Social Security, Vocational Rehabilitation, Developmental Disabilities Council, Family Hope Center, etc.
2. Provide consultation on health care plan for YSCHN

c. Plan for the Coming Year

1. Analysis of CSHCN survey

Performance Measure 07: *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	90	90	90	75	75
Annual Indicator	74.5	67.8	66.9	72.3	76.9
Numerator	1252	1167	852	1273	1109
Denominator	1681	1720	1274	1761	1442
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	88	88.5	88.5	88.5	89

Notes - 2007

1,335 19-35 month old received full immunization schedule

Notes - 2006

1273 19 to 35 months olds received full schedule of age appropriate immunization.

Notes - 2005

852 had complete immunization

a. Last Year's Accomplishments

1. Conducted the 2007 Immunization Coverage Survey in Saipan, Tinian, and Rota
2. Assess immunization status of CSCHN
3. Provided immunization services, including flu shots, to CSCHN during the evenings

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Conduct Second Immunization Coverage Survey		X	X	X
2. Open Immunization Walk-in Clinic	X	X	X	X
3. Telephone call reminders		X	X	
4. Implementation of WEBIZ immunization registry		X	X	X
5. Recruitment of WEBIZ System Administrator		X	X	X
6. Collaborate with other programs for referrals of children that are not up-to-date with their immunization	X	X	X	X
7.				
8.				
9.				
10.				

b. Current Activities

1. Continue working with CDC National Immunization Program on survey analysis
2. Opened the Immunization walk-in clinic
3. Implemented new Child's Health Passport

An attachment is included in this section.

c. Plan for the Coming Year

1. Recruitment of WEBIZ administrator
2. Prepare plans for 2009 Immunization Coverage Survey

Performance Measure 08: *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	33	30	28	31	30
Annual Indicator	43.2	35.4	31.3	27.3	26.8
Numerator	49	41	37	33	33
Denominator	1135	1159	1184	1208	1233
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year					

moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	26.5	26.5	26.5	26.5	26.5

Notes - 2007

33 births for mothers 15-19 years old in 2007

Notes - 2006

33 teenagers aged 15-17 years for 2006.

Notes - 2005

37 teen deliveries in 2005.

a. Last Year's Accomplishments

1. Key staff attended training on Adolescent Health Service at last year's Title X Pacific Basin Family Planning Conference
- 2.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide services at AHC (Adolescent Health Center				
2. Involve student organizations in public health activities, i.e., HPV School Campaign				
3. Collaborate with other programs and agencies in outreach activities				
4. Partner with Family Planning Program - waive fees for adolescents	X	X	X	X
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Recruitment of Family Planning Program Manager
2. Continue to provide services at the Adolescent Health Center and the Southern Community Wellness Center
3. Continue to collaborate with other Division of Public Health programs and outside agencies on outreach activities

c. Plan for the Coming Year

1. Work with Public School System and other programs at the Division to open the Adolescent Health Center at another public high school

Performance Measure 09: *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	82.5	82	81.5	60	60
Annual Indicator	54.1	56.9	58.8	65.0	65.9
Numerator	1816	1564	1582	1650	1907
Denominator	3358	2748	2690	2537	2892
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	66	67	68	68.5	69

Notes - 2007

1,907 1st, 5th, and 6th graders received protective sealant in 2007; 2,892 1st, 5th, and 6th grade enrollees.

Notes - 2006

1st, 5th, & 6th graders received sealants for 2006.

Notes - 2005

1st, 5th, & 6th graders received sealants.

a. Last Year's Accomplishments

1. Two dental assistants went to Republic of the Marshall Islands to work with the School Oral Health Program which includes working with the families
2. Although we did not get grant approval, we submitted the HRSA Oral Health Grant Application (this was the first time ever for our Division to submit an Oral Health Grant)

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Procure sealant application kit		X	X	
2. Training for dental assistants	X	X	X	X
3. Continue collaboration with Public School System for bussing of children to Dental Clinic		X	X	X
4. Conduct oral health presentations at the schools		X	X	
5. Submitted HRSA's Oral Health Grant Application	X	X	X	X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Developing local Oral Health educational materials
2. Work with Public School System to provide bus transportation for the School Dental Program
3. Purchase of fluoride varnish and sealant application kits
4. Although this is for 3rd grade children, we want to mention that the Dental Assistants are working the the Head Start Program's Family Advocates in which they go to the homes of the

children to provide basic oral health education such as brushing, what is fluoride varnish and sealant, healthy foods and drinks - they see all the children in that family
An attachment is included in this section.

c. Plan for the Coming Year

1. Training for Dentist in the area of CSHCN
2. Develop database for the Dental Unit

Performance Measure 10: *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	20.5	20	20	6	6
Annual Indicator	6.3	0.0	12.5	12.5	0.0
Numerator	1	0	2	2	0
Denominator	15854	15699	15978	15973	15966
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	Yes
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	0	0	0	0	30

Notes - 2006

Average number for the last 3 years is 2, fewer than 5, therefore a 3 year moving average cannot be applied.

Notes - 2005

denominator for 2003 to 2005 were changed based on new population estimate from census bureau.

a. Last Year's Accomplishments

1. Provided information that was used billboards

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Development of public awareness materials with partners - participate in Child Safety Awareness events		X	X	X
2. Referrals to Office of Highway Safety for \$75 coupon towards purchase of car seats		X	X	
3. Provide education and materials on child safety	X	X	X	X
4.				
5.				
6.				
7.				

8.				
9.				
10.				

b. Current Activities

1. Continue to provide informational materials on child safety
2. Partner with Department of Public Safety on activities for "Child Safety Awareness" week
3. Work with other agencies in developing messages in regards to motor vehicle accidents that are put up in billboards around the island
4. Continue to refer to Office of Highway Safety for vouchers for the purchase of car seats

An attachment is included in this section.

c. Plan for the Coming Year

1. Training for clinical staff on counseling or providing health education
2. Assist families of CSHCN in the area of car seats

Performance Measure 11: *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				80	80
Annual Indicator				47.8	35.0
Numerator				680	485
Denominator				1422	1385
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	80	80	80	80	50

Notes - 2007

Data provided by WIC, incomplete 2007.

Notes - 2006

WIC data not available yet. These figures are estimated from the birth registration. However, data from WIC will be collected for this performance measure.

Notes - 2005

Data will be collected through the 6 months well baby check for mothers who breastfeed their infants at 6 months.

a. Last Year's Accomplishments

1. Implemented WIC Program

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. WIC Program Clinic opened August 2007	X	X	X	X
2. Collaborate with WIC Clinic on promotion of breastfeeding		X	X	
3. WIC Program staff and MCH Program staff are working with health care providers and hospital administration to re-implement Baby Friendly Policy		X	X	X
4. Conduct PRAMS-like survey		X	X	X
5. Breastfeeding materials provided in the prenatal care packet		X	X	
6. Improve data collection method		X	X	X
7.				
8.				
9.				
10.				

b. Current Activities

1. Continue to work with WIC to promote benefits of breastfeeding
2. Draft MOU with WIC that includes providing breastfeeding data
3. PRAMS-like survey currently being conducted which asked this specific question
4. Key MCH staff including CSHCN and Dental attend a training on Developing Health Education Materials for your community

c. Plan for the Coming Year

1. Develop local materials on breastfeeding with other programs
2. Analysis of PRAMS-like survey

Performance Measure 12: *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	100	100	100	100	100
Annual Indicator	96.4	100.0	99.3	99.4	97.7
Numerator	1305	1353	1323	1414	1353
Denominator	1354	1353	1332	1422	1385
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	99	99	99	99	99

Notes - 2007

1,383 newborns screened before discharge in 2007

Notes - 2005

Angie will provide data. 6/23 iro

a. Last Year's Accomplishments

1. Linkage of EHDI tracking system and birth certificates
2. Training of CSHCN Coordinator to conduct newborn hearing screening
3. Translated materials to Tagalog

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue successful collaboration with Public School System	X	X	X	X
2. Contract Audiologist for services during the summer	X	X	X	X
3. Submitted HRSA UNHS and CDC EHDI tracking and surveillance grant applications		X	X	X
4. Newborn screening information is printed on the Immunization Program "My Baby's Health Passport" record		X	X	
5. CSHCN Coordinator trained to conduct newborn hearing screening	X	X	X	X
6. Referrals and tracking with other programs		X	X	
7.				
8.				
9.				
10.				

b. Current Activities

1. Awareness campaign on newborn hearing screening
2. Preparing for site visit in September
3. Provide annual training to nurses at Maternity Ward on newborn screening
4. Translation of materials to Chinese

An attachment is included in this section.

c. Plan for the Coming Year

1. Training for Audiologist to upgrade skills
2. Bring training from off-island to provide training and to evaluate the program

Performance Measure 13: *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	14.9	13.9	12.9	44	44
Annual Indicator	25.3	15.6	44.6	48.7	45.7
Numerator	4935	3138	9211	10335	9961
Denominator	19481	20064	20647	21230	21813
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional

	2008	2009	2010	2011	2012
Annual Performance Objective	43	43	40.9	41	45

Notes - 2007

9,961 children 17 years and under without health insurance in 2007

Notes - 2006

Data derived from RPMS. Total number of non-insured children Less than 18 yrs were 10,335 for 2006. Will meet with Medical Records staff to explain variables of insurance coverage in the RPMS system.

Notes - 2005

children with health insurance data derived from RPMS system. Self pay refers to those who don't have health insurance coverage.

a. Last Year's Accomplishments

1. Administrative fee for Immunization services waived at one of the private clinics
- 2.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Eligibility assistance training for the Medicaid Program conducted to Clinical Attendants		X	X	X
2. Referrals to Medicaid Program and Medically Indigent Assistance Program		X	X	
3. Staff brings completed application forms to Medicaid Program Office		X	X	
4. Provide transportation or interpreter when requested and available		X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Training on eligibility assistance for Medicaid Program to clinic staff
2. Assist with processing of applications
3. Continue to refer to Medicaid Program and the Medically Indigent Assistance Program
4. Continue to provide services with no charges at the Adolescent Health Center

c. Plan for the Coming Year

1. We will continue to work with our partners in the ECCS Coalition to look for funding opportunities to provide services either with fees waived or using the sliding fee scale rate.

Performance Measure 14: *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				50	50
Annual Indicator				0.0	0.0
Numerator				1	1
Denominator				5059	5220
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	50	50	50	50	50

Notes - 2007

Estimated population 2-5 years in 2008. Data not readily available during this report

Notes - 2006

Number of children 2-5 years for 2006 is 5,059. WIC is not in operation yet.

Notes - 2005

WIC is not in operation yet. Performance measure will be collected through the WIC clinic.

a. Last Year's Accomplishments

1. WIC Program Manager and Nutritionist were recruited
2. The WIC Clinic opened its doors August 2007

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. WIC Clinic opened August 2007	X	X	X	X
2. WIC Program's System Administrator received training on their electronic data system with Oracle backbone to be implemented August 2008		X	X	X
3. Developed ISA (Information Sharing Agreement) for general information sharing with WIC Program and Division of Public Health's Program		X	X	X
4. Collaborate with WIC Program on promotion and outreach activities		X	X	
5. WIC Program staff and MCH Program Coordinator will take part in the Health Promotion Council's writing of the 5-year Strategic Plan to address nutrition and non-communicable diseases in the CNMI (to be held July 15-17)		X	X	X
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Working on WIC database
2. Draft MOU includes providing this information
3. Recruitment of a nutritionist that is an RD from Saipan
4. Continue to promote healthy eating and drinks with WIC and other programs through cooking shows, cooking contest, healthy recipes using WIC foods such as lentils, etc
5. Continue to promote physical activities

c. Plan for the Coming Year

1. To have MOU signed and to have this information for next year's grant application

Performance Measure 15: *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				1	1
Annual Indicator			100.0	100.0	100.0
Numerator			1	1	1
Denominator			1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	60	55	50	50	45

Notes - 2007

Data on women smoked in the 3 months of pregnancy is not available at the time of reporting

Notes - 2006

Surveillance on women smoked in the 3 months has not being implemented in the Women's Clinic, hence annual performance objective cannot be determined yet.

Notes - 2005

Surveillance on women who smoke in the last 3 months has not being implemented in the Women's Clinic. Hence, annual performance objective cannot be determined at this time.

a. Last Year's Accomplishments

1. No Smoking, No Chewing Betel Nut Policy was implemented at the Department of Public Health
- 2.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Tobacco Cessation Program	X	X	X	X
2. Referrals to Tobacco Cessation Program (will bring completed referral card to the office)		X	X	

3. Tobacco Quit Line is everywhere at Public Health Clinics and/or Centers		X	X	
4. Conduct PRAMS-like survey		X	X	X
5. Improve data collection method			X	X
6. Include questions in the birth certificate (currently question ask if smoke during pregnancy)		X	X	X
7.				
8.				
9.				
10.				

b. Current Activities

1. PRAMS-like survey currently being conducted
2. Continue to refer to Tobacco Cessation Program
3. Provide quitline (hotline) card
4. Review birth certificate information
5. Continue to participate in the annual Kick Butt day rally

An attachment is included in this section.

c. Plan for the Coming Year

1. Analysis of PRAMS-like survey

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	53	50.5	50.5	5	5
Annual Indicator	0.0	0.0	0.0	0.0	0.0
Numerator	0	0	0	0	0
Denominator	4294	4411	4528	4645	4762
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	0	0	0

Notes - 2007

No case of suicide for 15-19 years teens in 2007

Notes - 2006

No cases of deaths 15-19 yrs for 2006. Average 3 yrs, zero.

Notes - 2005

No suicide deaths in 2005 age 15-19 yrs.

a. Last Year's Accomplishments

1. Participated in the Teen Symposium sponsored by the Youth Congress

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Counseling provided at AHC by Community Guidance Center staff	X	X	X	X
2. Continue collaboration with student organizations on public health activities – i.e., HPV School Campaign		X	X	X
3. Conduct presentations on life building skills		X	X	
4. Referrals to CGC and also to DYS parenting program		X	X	
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Continue to provide counseling services at the Adolescent Health Center
2. Continue to collaborate with our partners such as the Public School System to provide activities for our students to promote healthy life choices
3. Continue to participate and conduct outreach activities during community and school events
4. Worked with teens at the private and public high schools in conducting the HPV Campaign

c. Plan for the Coming Year

1. Overall, we continue to make sure that adolescents are involved in the planning of services or activities

Performance Measure 17: *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	1	1	1	1	1
Annual Indicator	100.0	100.0	100.0	100.0	100.0
Numerator	1	1	1	1	1
Denominator	1	1	1	1	1
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	1	1	1	1	1

Notes - 2007

CNMI is excluded from this PM. There is no high risk facility in the CNMI.

Notes - 2006

CNMI is excluded from this PM.

Notes - 2005

CNMI is excluded from this PM.

a. Last Year's Accomplishments

The Commonwealth Health Center is not a facility for high-risk deliveries and neonates, thus we are exempted from reporting on the performance measure.

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The CNMI is excluded from reporting on the performance measure				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

b. Current Activities

The Commonwealth Health Center is not a facility for high-risk deliveries and neonates, thus we are exempted from reporting on the performance measure.

c. Plan for the Coming Year

The Commonwealth Health Center is not a facility for high-risk deliveries and neonates, thus we are exempted from reporting on the performance measure.

Performance Measure 18: *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	29	30.2	31.4	28	29
Annual Indicator	26.1	26.2	28.2	22.9	29.1
Numerator	354	354	375	326	403
Denominator	1354	1353	1332	1422	1385
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Final	Final

	2008	2009	2010	2011	2012
Annual Performance Objective	29.9	30	30.9	31	31

Notes - 2007

Derived from Birth certificates. 403 first visit in the 1st trimester 2007.

Notes - 2006

Based on the live birth registration data, only 326 women received prenatal care beginning in the 1st trimester in 2006.

Notes - 2005

375 mothers had prenatal care in the 1st trimester, birth certificates

a. Last Year's Accomplishments

1. Met with key program managers to discuss prenatal care awareness campaign

Table 4a, National Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Prenatal care provided at all public health clinics and five private clinics	X	X	X	X
2. Medicaid clients can avail prenatal care services at two private clinics	X	X	X	X
3. Prenatal care media campaign		X	X	
4. Improve data collection methods			X	X
5. Educational materials on prenatal care provided at all public health and private clinics		X	X	
6.				
7.				
8.				
9.				
10.				

b. Current Activities

1. Processing purchase order for public education spots to be aired on the "John Gonzales Live"
2. 30 seconds information being aired
3. Working on developing more public education spots with nurse practitioners
4. Updating materials and resources for prenatal care packet
5. Conducting PRAMS-like survey

An attachment is included in this section.

c. Plan for the Coming Year

1. Analysis of PRAMS-like survey
2. Develop outreach plan for survey results
3. Review awareness campaign

D. State Performance Measures

State Performance Measure 1: *The percent of unplanned pregnancies of birth (per 1,000) for women aged 15-44 years*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				52.5	50
Annual Indicator		55.0	55.4	57.8	78.8
Numerator		744	738	822	1091
Denominator		1353	1332	1422	1385
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	75	70	65	60	50

Notes - 2007

Total intended pregnancies in 2007 is 294, unintended 1091

Notes - 2006

822 women 15-44 yrs had unplanned pregnancies for 2006. Data derived from the Women's Clinic logbook.

Notes - 2005

No surveillance yet for unplanned pregnancies at the Women's Clinic.

a. Last Year's Accomplishments

1. Continue collaboration with other programs on providing family planning and reproductive health services
2. Two nurses certified as Women's Health Nurse Practitioner
3. Attended Title X Pacific Basin Family Planning Conference

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Provide FP services at public health clinics including Adolescent Health Center	X	X	X	X
2. Provide educational materials		X	X	
3. Review and set up system to capture data on mothers that give birth less than 2 years apart		X	X	X
4. Include reproductive health counseling in the Wise Women Village Project	X	X	X	X
5. Participate in the Title X Annual Pacific Basin Conference		X	X	X
6. Recruitment of Family Planning Coordinator that has nursing background	X	X	X	X
7. Waive contraceptive fees for those eligible		X	X	
8.				
9.				
10.				

b. Current Activities

1. Review and set up a system to capture data of mothers that have babies less than two years apart
2. Explore culturally-appropriate initiatives to increase condom use and male involvement in family planning
3. Continue collaboration to build bridges into the community to grow awareness of family planning benefits and options

4. Conducting PRAMS-like survey

c. Plan for the Coming Year

1. Review maternal characteristics of low birth weight babies, including planned and unplanned

State Performance Measure 2: *Percent of women who have ever received a pap smear.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				7.9	7.9
Annual Indicator		7.4	7.9	6.8	6.8
Numerator		2550	2808	2512	2623
Denominator		34239	35634	37028	38422
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	7.9	8	8	8	8

Notes - 2007

Preliminary data.

Notes - 2006

There were 2,512 women received pap smear in 2006. Data derived from Lab, Becky. Vital stats will set a collection system to keep track of all lab tests and newborn screenings.

Notes - 2005

Number of women 18 yrs and over.

a. Last Year's Accomplishments

1. Provided outreach activities in the community on women's preventive health screenings for Women's Health Awareness Week
2. Participant in the annual Marianas March Against Cancer (MMAC)
3. Submitted ASSIST 2010 grant application

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Submitted ASSIST 2010 grant application	X	X	X	X
2. Implementation of Wise Women Village Program	X	X	X	X
3. Provision of women's preventive health screenings in the villages	X	X	X	X
4. Collaboration with faith-based organization		X	X	X
5. Open evening pap clinic	X	X	X	X
6. Recruitment of additional staff for BCCSP including data collection & case management		X	X	X
7. Recruited physician for referrals for village project	X	X	X	X
8.				
9.				
10.				

b. Current Activities

1. Continue collaboration with other programs in outreach activities
2. Provide women's preventive health services in the villages in collaboration with other program and faith-based organization
3. Provide transportation for appointments
4. Informational booths at community events on Wise Women Village Project and BCSP
5. Recruitment of staff for data collection and case management
6. Conducted mass media campaign on HPV vaccine for High School Girls in collaboration with the Immunization Program, Breast and Cervical Screening Program, Public Health Administration, Commonwealth Cancer Association, Catholic Diocese, and Stellar Marianas (the islands' non-profit pageant and talent group).

c. Plan for the Coming Year

1. We will continue to collaborate with other programs to improve case management, access to care, data collection and program evaluation

State Performance Measure 3: *Percent of women who have ever received a mammogram.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				12.8	12.8
Annual Indicator		14.2	12.8	13.1	6.5
Numerator		1084	1014	1087	558
Denominator		7615	7949	8283	8617
Is the Data Provisional or Final?				Final	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	12	12	12	12.5	12.5

Notes - 2007

The decrease in mammography was due to lack of Radiologist in 2007.

Notes - 2006

There were 1,087 women received mammogram in 2006. Data derived from radiology unit, Mina.

Notes - 2005

Number of women 40 yrs and over in the CNMI.

a. Last Year's Accomplishments

1. Submitted ASSIST 2010 grant application
2. Development of the CNMI Comprehensive Cancer Control Plan
3. Activities for for annual Breast Cancer Prevention awareness month
4. Completed production of localized breast cancer awareness video

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Submitted ASSIST 2010 grant application	X	X	X	X
2. Implementation of Wise Women Village Program	X	X	X	X
3. Provision of women's preventive health screenings in the villages	X	X	X	X
4. Referrals for mammogram	X	X	X	
5. Conduct media awareness campaign Key staff attended		X	X	

training on developing educational materials				
6. Conduct media awareness campaign		X	X	
7.				
8.				
9.				
10.				

b. Current Activities

1. Implementation of Wise Women Village Program - provision of free women's preventive health screenings in the villages
2. Referrals for mammogram
3. Conduct media awareness campaign
4. Key staff attended training on developing educational materials
5. Develop localized health planners
6. Continue collaboration with other programs and agencies
7. CNMI Comprehensive Cancer Control Plan with broad involvement throughout the process

c. Plan for the Coming Year

1. Our main emphasis is to work with Hospital Division in bringing in radiologist from other places, i.e. Philippines

State Performance Measure 4: *Percent of eligible infants with disabilities under the age of 1 year receiving early intervention services.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				132	132
Annual Indicator			132.9	17.6	30.3
Numerator			177	25	42
Denominator			1332	1422	1385
Is the Data Provisional or Final?				Provisional	Final
	2008	2009	2010	2011	2012
Annual Performance Objective	30	35	40	45	50

Notes - 2007

42 under 1 year old C DAC services in 2007

Notes - 2006

C DAC database. 99 were referrals and 25 received early intervention services.

Notes - 2005

177 children less than 1 yr received early intervention services

a. Last Year's Accomplishments

1. Child find and public awareness activities
2. Open House at the Children's Developmental Assistance Center (C*DAC)
3. Orientation on EIS Program to public and private clinics
4. Program brochures provided to all clinics
5. Continue with informational booths during community events

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Child find and public awareness activities - provide brochures		X	X	
2. Orientation on EIS Program to public and private clinics		X	X	X
3. Program brochures at all clinics		X	X	
4. Free developmental screening	X	X	X	
5. Follow-up of referrals	X	X	X	
6. Staff development training: Reflections on Working with CSHCN; Transition to Oral Feeding by babies who are Tube fed; Program Status: How are we doing? and Program Operations; and Developmental Evaluation Training for Children 0-5 yrs	X	X	X	X
7. Developmental checklist provided to all clinics		X	X	
8. Developmental screening information put on the new "Your Baby's Health Passport"	X	X	X	X
9.				
10.				

b. Current Activities

1. Free developmental screening - Information is on back of My Baby's Health Passport book
2. Follow-up of referrals
3. Staff development training: Reflections on Working with Children with Special Needs; Transition to Oral Feeding by babies who are Tube fed; Program Status: How are we doing? and Program Operations; and Developmental Evaluation Training for Children 0-5 yrs
4. Conducted parent survey for EIS clients
5. Analysis of EIS parent survey
6. Working on Early Childhood Comprehensive System strategic to implement a developmental screening tool for public health clinics and private clinics

An attachment is included in this section.

c. Plan for the Coming Year

1. Continue collaboration with the Public School System to improve referrals from private and public agencies.
2. Continue collaboration with ECCS coalition to work on strategic plan in improving access to medical home for families

State Performance Measure 5: *The rate of chlamydia for adolescents aged 13-19 years.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective				7	7
Annual Indicator	7.5	8.4	9.3	3.4	4.5
Numerator	45	52	59	22	30
Denominator	6027	6191	6355	6519	6683
Is the Data Provisional or Final?				Final	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	6	6	6	6	6

Notes - 2007

15-19 year old with chlamydia in 2007. 13-19 is pending.

Notes - 2006

Adolescents aged 13-19 yrs positive for chlamydia were 22 in 2006.

Notes - 2005

Number of teens aged 13-19 years

a. Last Year's Accomplishments

1. Continue collaboration with other program on provision of adolescent health services including awareness and outreach activities
2. Nursing staff attended the annual Title X Pacific Basin Family Planning Conference
3. Procurement of brochures and other resources
4. Presentations during sports events
5. Conducted "Choose Respect" event which employs the Choose Respect community outreach kit to reach more adolescents with a simple, direct, easy to remember project phrase
6. Conducted STD Intensive Training for medical providers from Guam, Saipan, Tinian, Rota and private clinics

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue collaboration with other program on provision of adolescent health services including awareness and outreach activities	X	X	X	X
2. Recruitment of STD Case Worker	X	X	X	X
3. Provide testing, medication, and tracking at Adolescent Health Center	X	X	X	X
4. Nursing staff attended the annual Title X Pacific Basin Family Planning Conference		X	X	X
5. Procurement of computer equipment		X	X	X
6. Educational materials available		X	X	
7.				
8.				
9.				
10.				

b. Current Activities

1. Recruitment of STD Case Worker
2. Provide testing, medication, and tracking at Adolescent Health Center
3. Procurement of computer equipment
4. Working with CDC's STD Prevention Program in implementing database for the Adolescent Health Center - a site visit was conducted in which the lack of a database was a weakness
5. Assist in disseminating 2007 YRBS survey results
6. HPV School Campaign

An attachment is included in this section.

c. Plan for the Coming Year

1. To input statistical data from previous school years into a database created by the CDC specifically for the
2. Continued partner tracking and services for STD positive referrals in all DPH sites including Rota and Tinian Health Centers

State Performance Measure 6: *The degree to which State provides nutrition education information to children aged 6 through 11 years.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	59	65	71.5	50	50
Annual Indicator	70.5	16.1	20.3	18.2	15.1
Numerator	2106	140	468	800	525
Denominator	2986	872	2310	4400	3485
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	52.5	55	55	55	55

Notes - 2007

Preliminary figure for nutrition education 6-11 yr old.

Notes - 2006

2006 data is estimated only. Actual numbers pending Nutritionist.

Notes - 2005

Nutrition and physical fitness activities were conducted to 4 of the elementary schools. Also, the Public Health Dietician was recruited in March of 2006.

a. Last Year's Accomplishments

1. Opening of WIC Clinic
2. MCH Program sponsored a Cooking Show that featured healthy snacks
3. Water is Cool campaign

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH Program a key partner in drafting a 5 year CNMI nutrition action plan per Healthy People Living in the Pacific Islands survey results		X	X	X
2. Opening of WIC Clinic	X	X	X	X
3. Collaboration with WIC Program in areas such as breastfeeding and nutrition counseling, awareness and outreach activities, developing materials and data collection		X	X	X
4. Drafted ISA (Information Sharing Agreement) document with WIC Program			X	X
5. MCH Program sponsored a Cooking Show that featured healthy snacks		X	X	
6. Continue activities at the schools and community events		X	X	
7.				
8.				
9.				
10.				

b. Current Activities

1. MCH Program a key partner in drafting a 5 year CNMI nutrition action plan per Healthy People Living in the Pacific Islands survey results
2. Collaboration with WIC Program in areas such as breastfeeding and nutrition counseling,

- awareness and outreach activities, developing materials and data collection
3. Drafted ISA (Information Sharing Agreement) document with WIC Program
 4. Continue collaboration on activities at the schools and community events focusing on healthy eating and physical activities
 5. Recruitment of a local Nutritionist (RD) for the WIC Program
 6. Nutrition education provided at the Wise Women Village Project

c. Plan for the Coming Year

1. We will continue to collaborate with other agencies on this performance measure. We currently have 2 full-time nutritionist working at the Division of Public Health. There is one that is on a contractual basis but will be moving off-island in August.
2. Two localized brochures have been developed focusing on parents and children. We are currently conducting field tests in the community

State Performance Measure 7: *The percent of pregnant women that are screened for chlamydia.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2003	2004	2005	2006	2007
Annual Performance Objective	94	96	98	99	100
Annual Indicator	84.0	100.0	96.2	124.5	102.9
Numerator	1138	1353	1281	1770	1425
Denominator	1354	1353	1332	1422	1385
Is the Data Provisional or Final?				Provisional	Provisional
	2008	2009	2010	2011	2012
Annual Performance Objective	100	100	100	100	100

Notes - 2007

Provisional figure for pregnant women screened for chlamydia in 2007

Notes - 2006

1770 women were screened for chlamydia in 2006. 1422 pregnant women delivered in 2006.

a. Last Year's Accomplishments

1. Conducted STD Intensive Training for medical providers from Guam, Saipan, Tinian, Rota and private clinics

Table 4b, State Performance Measures Summary Sheet

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Continue to collaborate with other programs in provision of services and awareness activities	X	X	X	X
2. Review data to improve collection and tracking		X	X	X
3. Continue collaboration with other programs in providing free STD testing and medications for indigent women of childbearing age and their partner(s)	X	X	X	X
4.				
5.				
6.				
7.				
8.				

9.				
10.				

b. Current Activities

1. Implementation of the Family Planning/ HIV Integration Grant -- a clinical project to provide HIV testing for family planning adults, adolescents, and pregnant women.
2. Continued partnership with DPH peripheral clinics and other programs in screening all prenatal women for STDs and HIV.
3. Conduct PRAMS-like survey
4. Recruited new HIV and STD Case Workers
5. Referrals to STD Prevention Office

c. Plan for the Coming Year

1. Finish collecting survey data in collaboration with the Secretariat of the Pacific Communities on the Second Generation Survey on HIV/STD risk behaviors, knowledge and attitudes towards CNMI's at risk populations of the youth (400), prenatal women (300), and MSMs (men that have sex with men) (150)
2. Analysis of PRAMS-like survey

E. Health Status Indicators

Some of the methods use to provide information on State's residents include:

1. Surveys: When we are done with a survey, we meet with the participants to show them the findings of the survey. For example, when we conducted the CSHCN survey in 2004, we did a presentation during the Parents Night monthly meeting. We also present results from surveys of other agencies such as the YRBS when we are talking about a particular population..
2. Committees such as the MCH Advisory Committee, Family Planning Advisory Board Committee, and the Diabetes Coalition. Community members are part of the committees. Division of Public Health program staff are also committee members for other agencies.
3. Publication of Progress Report and/or Program
4. Public Hearings
5. MCH grant application and all programs are available to the public.
6. Participating in community events such as the Arts Festival, Eco-Fair, School events, Church events, etc.
7. Media campaigns
8. Division of Public Health staff are available to conduct presentations as requested.

One of the presentations conducted to the MCH Advisory Committee is the health status indicators including infant mortality, immunization coverage rate, prenatal care rate, low birth weight, teen pregnancy, STD incidence, number of diabetes, cancer, etc. When we reported on the findings that breast and cervical cancer remain the first and second most prevalent cancers and the first and third leading causes of cancer death in women in the CNMI, it was decided to focus efforts into increasing the proportion of women aged 18 years and older who have ever received a pap test and increasing the proportion of women aged 40 years and older who have ever received a mammogram. We have a list of strategies on addressing this area, including barriers. The first thing we did was identified women that have not had a pap test or mammogram for the part 4 years or more. There were more than 15,000 local (Chamorro and Carolinian) women identified. Because of the shortage of providers, we applied for funds to send two nurses to attend the Women's Health Care Nurse Practitioner's Program at the University of California in Los Angeles. The CNMI Breast and Cervical Cancer Screening Program have been without federal funding since 2003. Monies from the Tobacco Control Fund have been supporting the program's work. However, the TCF monies were re-appropriated in August 2005 due to severe governmental budget issues. We again applied for federal funds for the Pap

Project. We are also in the process of purchasing portable exam tables to use for the village project to address this priority. The MCH Program works with the Family Planning Program and the STD/HIV Prevention Program. We are also preparing to apply for the CDC National Breast and Cervical Screening Program grant.

There is a need to review clinical, administrative and programmatic standard for the programs at the Division. For example, because there is no lab unit at the wellness centers and although we do have one staff that brings the lab work to the Lab Unit at the Commonwealth Health Center, staff do allow women to bring their lab work to the Lab Unit if they want to do it. We also conduct annual patient satisfaction survey.

/2008/There is really no changes in our methods to provide information to our community. Through advisory committees and coalition groups we do implement projects or activities that will assist the community access not just health care but education and information including counseling. One of our successful projects is the Walk on Wednesday (WOW) in which health screenings and nutrition information by the nutritionist are provided every Wednesday from 5:00 p.m. to 6:00 p.m at the pathway. We even incorporated foot care service once a month. This was initiated by the Diabetes Prevention and Control Program through its coalition members. The WOW project started in 2003. We also continue to provide these indicators to agencies working with infants, children, children with special health care needs, adolescents, and women to assist them in their planning activities. The Health Status of the CNMI report is currently in printing. We will disseminate the report to not just agencies but to the community. //2008//

F. Other Program Activities

-Food and Drug Administration (FDA) Regional Food Code Training -- inspectors from Guam and CNMI Bureau of Environmental Health were trained on food code standards.

One staff attended the Food and Drug Administration Inspection Standardization Training in Guam.

-Training for Bio-Terrorist First Respondents -- a multidisciplinary approach on responding to major disasters and/or bioterrorist. Trainees from Saipan, Rota, and Tinian that attended were from Emergency Management System, Division of Public Health, Hospital Division, Department of Public Safety, Fire Department, and Commonwealth Ports Authority (Seaport/Airport).

-Eco-Arts Festival -- awareness and education on using environmental friendly products. Festival activities included were using local products for cooking and serving food on recycled products, and making clothes from recycled products for the fashion show.

-Asunton Hinemlo -- quarterly newsletter that is given out to the community. The newsletter contains information about some of the Division's projects/activities, gives background information of staff, provide contact information, calendar of events, and tips on staying healthy.

-Village Inspections - inspections at all the villages to provide education on vector borne places, etc.

Cooperative-Education Program -- students from two public high schools came to work at the Division of Public Health. They rotated among all the programs and then did an evaluation of the programs.

-Hillbloom Pacific Resident Training Program -- Third year residents in pediatric and internal medicine from the University Of San Francisco School Of Medicine will do clinical rotations at the Commonwealth Health Center as part of their training program. They will provide clinical services to the community and will be potential recruits for longer term employment in the future.

-Pacific Basin Interagency Leadership Conference -- CNMI hosted the conference this year. Participants from the Pacific Jurisdictions attended the conference. The CSHCN survey results were presented at one of the session. The conference brought together all the different agencies/disciplines that serve people with disabilities.

-Smokefree Facility -- TDepartment of Public Health facility is a smoke-free facility; Quitline -- a Hotline for people who needs help to stop smoking; Smoking Cessation Class -- in collaboration with Community Guidance Center, Medical Director facilitates the class with the staff of the Tobacco Prevention Program. The patch is also provided to participants.

- The Division's staff attended the annual infection control in-service that is mandatory for all health care workers with patient contact.
- Division of Public Health Employees Rules and Regulations manual was completed.
- Family Health Fair -- This is the second year for this event in which the Division of Public Health were a committee members. Over 300 people attended the health fair. We noted that 190 stopped by Division of Public Health's informational table. We had the opportunity to talk about preventative services and provided education/information. We also asked for recommendations on how to improve our services.
- Walk on Wednesday (WOW) -- blood pressure and glucose screening is provided along with nutritional and physical fitness information.
- Speaker's Bureau -- Speakers from the Division are identified as to the specific topics they can talk on. This makes any request from the community much easier for referral.
- Leadership Award -- For the first time, Mr. Pete Untalan, Deputy Secretary for Public Health Administration, nominated all program managers for the Department's Leadership Award.

/2007/ The Department of Public Health has reinforced its Non-smoking and no chewing betel nut policy.

Pressure Point Project - a community outreach project on preventing sexual coercion targeted at middle and high school adolescents. The format for the outreach project is theatrical or performance format such as short film, one-act play, music-oriented and other performance venues to explore empowerment of our youth to resist sexual pressure or coercion, thus assisting them in building skills and self-confidence to make better choices in their lives and extending their options. All renovation projects are completed except for the Kagman Wellness Center.

Environment health awareness - DPH collaborated with the Department of Environmental Quality to educate the community in keeping a health CNMI environment. "Our Environment, the Pride of the Marianas" is the theme for last year's environmental awareness week. The Department adopted a beach in which staff go and clean the beach and surrounding areas once a month. In addition, the Department has provided trash receptacles (drum cans) for beach goers. Future plans include providing more trash receptacles and also recyclable bins; conduct outreach to business owners, provide "No Littering" signboards; recommend legislation for lids for trash receptacles, fix and paint pavilions, etc.

Parent Resource Library in which we provide not just reading materials but computers for internet access, web-sites, DVDs, and names of speakers with expertise in parenting skills, anger management, health related topics, family support group, etc. //2007//

/2008/ 1)Mass Flu Drive 2) Exhibits at the Marianas Basketball League 3) HPV Vaccination Initiative 4) Completed the Immunization Handbook 5) G-mail training 6)Foot Care Training 7) Diabetes presentation at the Aging Center//2008//

/2009/The second Immunization Coverage Survey was conducted. We are waiting for survey analysis from CDC National Immunization Program.

The CNMI Comprehensive Cancer Control Plan was developed. The plan describes priorities for cancer prevention and control activities in the following sections: Burden; Prevention; Screening and Early Detection; Diagnosis; Treatment; Survivorship; Palliative Care; Data, Registry and Surveillance and, Implementation, Evaluation and Evolution. The achievement of such comprehensive cancer care, include partnerships with our communities, non-governmental organizations, regional and international partners. In July 2007, The CNMI was awarded \$200,000 to implement the proposed plans.

The Family Planning/ HIV Integration Grant provide HIV testing for family planning adults, adolescents, and pregnant women.

Participated in Head Start Program Advisory Council, Special Education Interagency Coordinating Council, and Connecting Families, Inc.

An emergency preparedness tabletop exercise was also conducted last year.

The Division continues to provide training, partner and collaborate with other agencies' awareness events, work with families, including CSHCN, provide enabling services to the

community, and continue to put in more effort to bring services out into the community like the Wise Women Village Project.//2009//

G. Technical Assistance

We are requesting technical assistance not just from MCHB but also from CDC for the following:

Evidenced-based training: There has been newly hired staff at the Division that work for the maternal and child health program. Because we are data driven in the work that we do, we want all staff to receive this training. We have also been looking into having three key staff be trained so that they can come back home to conduct the training to the Department staff.

Research Report Writing: In order to enhance our service delivery, the Division has conducted and will be conducting more community health surveys. Again, we have key staff that has not have training in writing reports from data that was analyzed from surveys.

PRAMS Survey: The CNMI Division of Public Health has conducted surveys and focus group regarding prenatal care but we have never done a PRAMS or PRAMS-like study. In reviewing our prenatal care numbers, we are very much interested in doing one so that we can have a guide on where to focus our efforts and resources.

Data Linkage: Because the units, i.e., Laboratory, all have their own data system, we are requesting for technical assistance to link and/or network the different units within the hospital so that we can better case managed clients and gather data for grant purposes.

Electronic Medical Records: We currently transport medical charts of patients to and from the two wellness centers and the Hospital. We want to implement the electronic medical record system at the wellness centers.

/2007/ PRAMS Survey: One of our goal for this coming year is to conduct this survey. I will be talking to Ms. Cassie Lauver and Mr. Michael Kogan regarding this activity during the Partnership meeting in October. This is one of the projects for the SSDI grant. We have already formed a committee that is reviewing the survey.

Data Linkage: We really still need help in this area - linkage between the databases. We have a contract for the development of the Early Hearing Detection and Intervention Surveillance Tracking System.//2007//

/2008/ Assessment of the Division of Public Health's data infrastructure and analysis of the PRAMS-like survey//2008//

/2009/ Our technical assistance for 2009 is the analysis of the PRAMS-like survey; we have plans to apply for the CDC PRAMS grant.//2009//

V. Budget Narrative

A. Expenditures

/ 2007/ This year's reporting required of us to fill in the FY2005 expenditure total. The FY2005 budget period is from 10/01/04 through 09/30/06, therefore, the annual final Financial Status Report will not be due until 12/31/06.

At this time when we are preparing the FY2007 budget, the FY2005 expenditure projection is at 72%. The unobligated total is due to difficulty in filling positions, e.g. Children with Special Health Care Needs Specialist and Nutritionist, and also there were lapsed funding due to prolong recruitment processing when vacated positions are being fulfilled. Where there is unobligated cost in personnel, there would be an unobligated cost as well on the fringe benefits and on the indirect cost line items.

There is updated information of FY2004 expenditures. The final Financial Status Report was completed and the expenditure for FY2004 was at 85.44% instead of 92% projected amount reported last year. Amendments on the figures were adjusted and notes were indicated.

Other expenditures incurred, as follow:

Training - In collaboration with the Public School System a Child Health Assessment Workshop was conducted; the MCH Program had contributed to the Diabetes and Obesity conference; presentation at the Headstart Symposium on oral education; assisted on the project oversight of the CNMI Area Health Education Center; recruited a consultant to provide case management skills in interviewing and counseling to personnel involved in direct client/case services, those who have responsibility to conduct case assessments and prepare service plans, implement service plans, monitor and evaluate client services, etc.; and continue to enhance the MCH Program by sending key personnel to the MCH annual and the MCH Epidemiology conferences.

Supplies - Support the costs of replacing worn out operational clinic supplies, such as , stethoscopes, sphygmomanometer, and blood pressure monitors.

Other costs -- Support the costs of communication, printing of educational materials and replenishment of clinic forms, repair cost for office equipment and vehicles, courier services and fuel./2007//

/2008/ This year's (2008) reporting required of us to fill and finalize the FY2006 expenditure (budget period 10/10/04 through 09/30/06) in the FY2006 expenditure total. The FY2007 budget period is from 10/01/05 through 09/30/07, therefore, the annual final Financial Status Report will not be due until 12/31/07.

At this time when we are preparing the FY2008 budget, the FY2007 expenditure projection is at 85%. The unobligated total is due to difficulty in filling positions, e.g. Nutritionist and Health Promotion/Wellness Coordinator, and also there were lapsed funding due to prolong processing in filling in vacated positions, e.g. Community Health Worker, Nursing Assistant, and a Dental Assistant.

Where there is unobligated cost in personnel, there would be an unobligated cost as well on the fringe benefits and on the indirect cost line items.

The financial reporting (Form 3) showed completed reporting on both the budgeted and expended columns from period FY2001 through FY2006.

This is a recap report on the last three years of final and completed reporting, as follow:

Period	Budgeted	Expended	Expenditure percentage
FY2004	504,836	444,633	88.1%
FY2005	500,990	395,483	79%
FY2006	498,075	344,613	69.2%

Other expenditures include off-island travel to attend mandatory meetings, Training, and purchase of education materials/resources, supplies, assist parent support group activities, assist collaborative work with other agencies, etc. //2008//

/2009/ This year's (2009) reporting required of us to fill and finalize the FY2007 expenditure (budget period 10/10/05 through 09/30/07) on the FY2007 expenditure total. 78% of the total budget of FY2007 was expended. The unobligated total is due to vacancy positions not being filled - Nutritionist and Dental Asst.; lapsed funding from vacated positions - Nursing Assistant and Clinical Attendant.

Where there is unobligated cost in personnel, there would be an unobligated cost as well on the fringe benefits and on the indirect cost line items. The financial reporting on Form 3 showed completed reporting on both the budgeted and expended columns on period FY2007.

This is a recap report on the last four years of final and completed reporting, as follow:

Period	Budgeted	Expended	Expenditure percentage
FY2004	504,836	444,633	88.1%
FY2005	500,990	395,483	79%
FY2006	498,075	344,613	69.2%
FY2007	498,075	394,261	78%

The final Financial Status Report for FY2008 will expire on 12/31/2008, therefore, the expenditure amount is projected at 85% of total budget.

Other expenditures include off-island travel to attend mandatory meetings, Training, and purchase of education materials/resources, supplies, assist parent support group activities, assist collaborative work with other agencies, etc. //2008//

B. Budget

The budget justification that is attached outlines the allocation of funds used within the Maternal and Child Health block grant and the State. It describes the required 30-30-10 allocation by category and by services, for example children with special health care needs is allocated at 33%, children and adolescent at 32% and the administrative or indirect cost at 8.88% (not exceeding 10%) The CNMI Department of Finance and Accounting will be limited to use 8.88% of total grant amount for indirect cost even though the negotiated indirect cost is currently at 14.57%. The Department of Finance and Accounting ensures that funds are expended accordingly and processes the Financial Status Reports for all programs at the Division of Public Health.

***/2009/ Please see attached budget justification //2009//
An attachment is included in this section.***

VI. Reporting Forms-General Information

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. Performance and Outcome Measure Detail Sheets

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. Glossary

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. Technical Note

Please refer to Section IX of the Guidance.

X. Appendices and State Supporting documents

A. Needs Assessment

Please refer to Section II attachments, if provided.

B. All Reporting Forms

Please refer to Forms 2-21 completed as part of the online application.

C. Organizational Charts and All Other State Supporting Documents

Please refer to Section III, C "Organizational Structure".

D. Annual Report Data

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.