



Commonwealth Healthcare Corporation

Improving CNMI health and wellbeing through excellence and innovation in service.

Community Health Improvement Plan 2025-2030

Navigating to Better Health

Commonwealth of the Northern Mariana Islands

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Prepared By:

REDSTAR
INTERNATIONAL



Acknowledgments

Many internal and external partners of Commonwealth Healthcare Corporation (CHCC) contributed to developing the Community Health Improvement Plan 2025-2030. We are grateful to CHCC leadership, management, and staff who supported and led this process, and to community partners for their participation in the planning. (See Appendix A: CHIP Community Partner Participation List) We would also like to thank the community health partners who provided input and context for the health concerns for the people of the Commonwealth of the Northern Mariana Islands.

We are grateful to the Steering Committee for their efforts and service to the CNMI Community Health Improvement Plan:

Heather Pangelinan, MS
Director for Public Health Services

Halina Palacios, MPH
Chief of Operations for Population Health

Bel Busby
Director for Health Information Technology

Maxine Pangelinan, MBA
MICAH Programs Administrator

Vanessa Quitugua
Director for the Rota Health Center

Amber Romolor
Non-Communicable Disease Programs Administrator

Reyna Saures
Director for the Community Guidance Center

John Tagabuel
Environmental Health & Disease Prevention Administrator

Vicenta Tenorio
Communicable Disease Programs Administrator

Wilbert Rospel
HVSO Registrar

Jennifer Dudek, MPH
CHCC Epidemiologist

Keith Nabors
Director for Lucia “Chiang” Villagomez Arizapa Health Center

Jesse Tudela
Chief Operations Officer for Ancillary and Support Services

Daisy Villagomez-Bier
Public Health Workforce Development Manager

Remy Deleon Guerrero
Oral Health Program Manager

Andrzej Szeffler, MD
Medical Director of Public Health Services

For more information about this report, please contact Heather Pangelinan, Commonwealth Healthcare Corporation, Director for Public Health Services at heather.pangelinan@chcc.health



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands
1178 Hinemlu’ St. Garapan, Saipan, MP 96950



February 28, 2025

Hafa Adai yan Tirow!

We are pleased to share with you the updated **Community Health Improvement Plan (CHIP)** for the Commonwealth of the Northern Mariana Islands (CNMI). This document represents our collective commitment to enhancing the health and well-being of all residents across our islands.

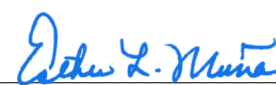
The CHIP is a comprehensive, community-driven plan that addresses the most pressing health issues facing our population. It was developed with the input and collaboration of public health professionals, healthcare providers, local leaders, and residents like you. Through this plan, we have identified key health priorities and set clear, achievable goals for improvement. These goals focus on a variety of areas including, but not limited to, access to care, chronic disease prevention, mental health support, health equity, and environmental health.


We recognize that the health of our community is not solely the responsibility of the public health system, but rather, it requires the involvement of every sector—from government agencies and healthcare providers to schools, employers, and individuals. As such, we invite you to take an active role in the implementation of the strategies outlined in the CHIP. Your involvement will be critical to ensuring that we can make real and lasting improvements in the health outcomes for our people.

The **Community Health Improvement Plan** will serve as a guiding document to align efforts, prioritize resources, and track our progress over time. By working together, we can achieve measurable improvements in the overall health and quality of life in the CNMI.

We encourage you to read through the document, understand the goals and strategies, and consider how you or your organization can contribute to its success.

Thank you for your ongoing support and dedication to improving the health of our community. Together, we can build a healthier future for all CNMI residents.


Esther L. Muna, PhD.
Chief Executive Officer


Halina Palacios, MPH
Chief Operations Officer for
Population Health



Heather S. Pangelinan, MS
Director of Public Health
Services



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For More Information:
 Commonwealth Healthcare Corporation
 P.O. Box 500409 CK
 Saipan, MP 96950

Phone: 670.234.8950
 Visit <https://chcc.health>



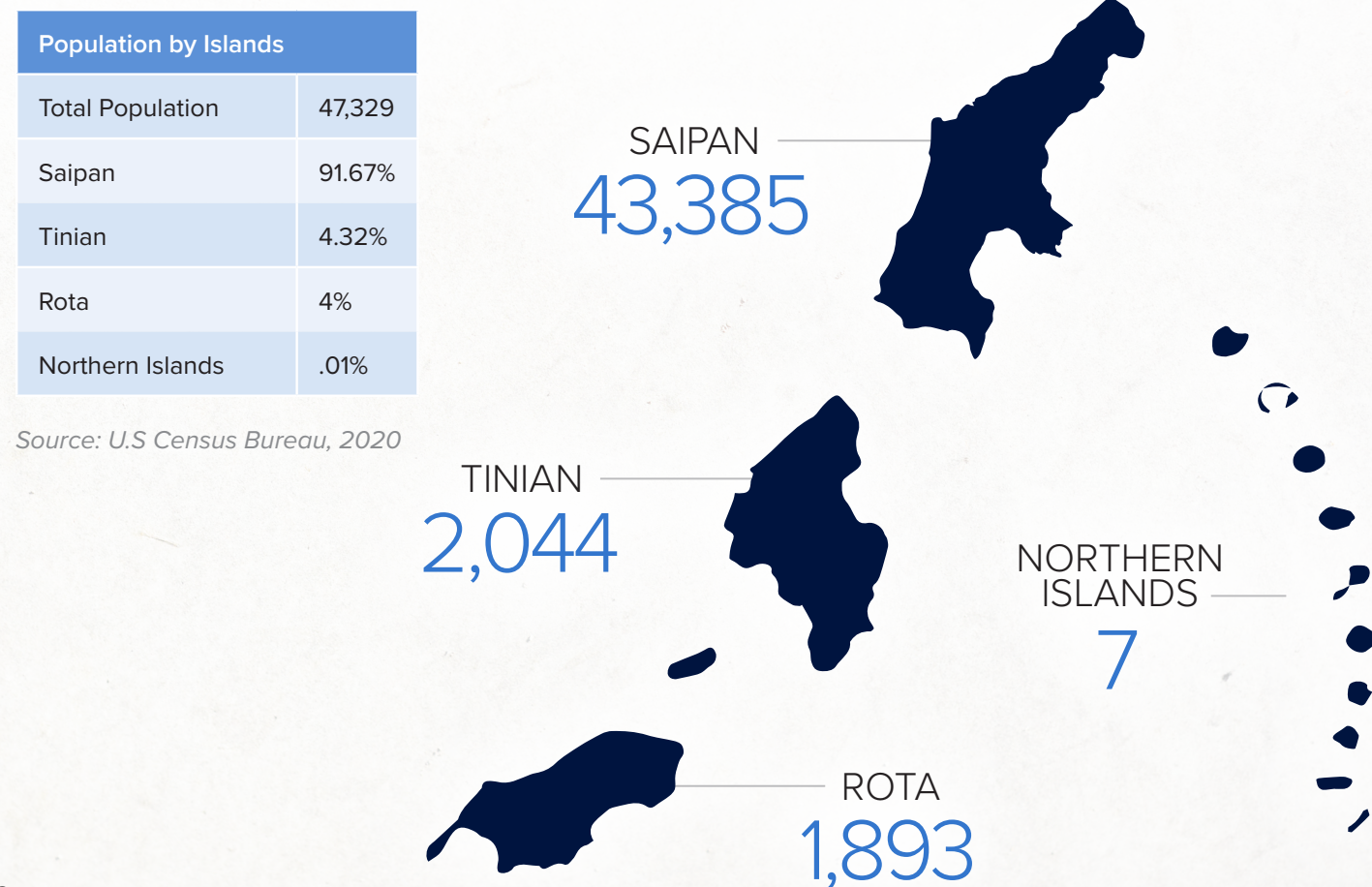
Introduction

This Community Health Improvement Plan (CHIP) is a roadmap for improving community health and wellness by addressing priority issues identified in the Commonwealth of the Northern Mariana Islands (CNMI) Community Health Assessment (CHA) 2024 Report. Together, the CHA and the CHIP encompass the social determinants of health and focus on ways to eliminate root causes and behaviors that impact the community's health. The recently completed CNMI CHA provides a snapshot of our communities' strengths, needs, and health priorities and serves as the foundation for developing this CHIP.

About the Commonwealth of the Northern Mariana Islands

The CNMI's land base is 179 square miles. Most people live on the three southern islands of Saipan, Tinian, and Rota. According to the most recent U.S. Census Bureau estimates in 2020, the CNMI population is estimated at 47,329. Approximately 92% of the population resides on the island of Saipan, 4% on Tinian, and 4% on Rota. Chamorros, the islands' original inhabitants, were joined by the Carolinians in the 19th century. Chamorros and Carolinians are considered indigenous to the CNMI, and both languages are official in the Commonwealth, as is English. The population of the CNMI is quite diverse due to a colonial history with Spain, Germany, Japan, and the United States. In recent years, the CNMI has become even more diverse due to an influx of migrants from neighboring islands and parts of Asia, as well as an increased presence of US military personnel.

Figure 1. Population Percentage and Numbers by Island, CNMI 2020



Source: U.S. Census Bureau, 2020



As a commonwealth, CNMI is self-governing, with a locally elected governor, lieutenant governor, and bi-cameral legislature. CNMI has a central government made up of an executive power (exercised by a governor and lieutenant governor), two legislative bodies (a House of Representatives and a Senate) and an independent judiciary (the Supreme Court of CNMI). Capitol Hill, located in northwestern Saipan, is the administrative center and seat of the CNMI government.

The Commonwealth Healthcare Corporation

The CNMI government is committed to improving the quality of population health for the people of the Northern Mariana Islands. In 2009, Public Law 16-51 established a public corporation for healthcare and related public health and behavioral health services, the Commonwealth Healthcare Corporation (CHCC). CHCC encompasses the sole hospital, public health, and behavioral health programs for the islands of Saipan, Tinian, and Rota.

The CHCC services include Administration, Hospital Services, Outpatient Services, the Division of Public Health Services, the Community Guidance Center, two health centers on the neighboring islands (Lucia "Chiang" Villagomez Arizapa Health Center), and the Dr. Jose T. Villagomez Center for Dialysis. The Hospital Services include the Commonwealth Health Center, an 86-bed, Medicare-certified hospital that provides comprehensive clinical care, including, but not limited to, emergency medicine, obstetrics, nursery, adult and neonatal intensive care, pediatrics, nursing, physical therapy, radiology, and a newly established oncology unit. The three health centers also provide an array of clinical services, such as out-patient and in-patient care, nursing, pharmacy, emergency services and laboratory services.



Introduction

Public Health in the CNMI

To improve the health of all people in the Commonwealth, the CHCC Division of Public Health Services (DPHS) strives to empower families and communities to “choose health” and make healthy choices towards a healthier lifestyle. The division includes Maternal, Infant, Child, and Adolescent Health Programs, Non-Communicable Disease Programs, Communicable Disease Programs, and Environmental and Disease Prevention Programs. These sections include a wide array of public health programs, such as Immunization and Vaccines for Children TB/Hansen’s Disease Program, HIV/STI/VH Prevention, Women, Infants, and Children (WIC), Home Visiting, Family Planning, Nicotine Cessation, Diabetes Prevention, and others. Approximately 130 DPHS employees deliver the majority of public health services to the people of the CNMI. DPHS programs and personnel are almost exclusively funded by federal grants from the U.S. Department of Health & Human Services.

DPHS key initiatives to build public health infrastructure and systemic capacity:

1. Health Promotion & Partnerships Strengthening
2. Improving Financial Stability
3. Workforce Development and Capacity Building
4. Policy Development and Implementation
5. Improving Data Capacity

“To improve quality of life, health and wellbeing of CNMI residents by providing services that meet and support community needs and values.”

Division of Public Health Services Mission Statement



A Vision for Health

Our vision is to work in partnership to ensure communities and families living in the CNMI have the resources they need to improve quality of life and wellbeing. That is why DPHS is taking steps to improve its quality, accountability, and efficiency by pursuing public health accreditation. Public health accreditation is a voluntary process that measures and recognizes the performance of public health departments against nationally recognized standards. It provides a framework by which all governmental health departments - state, local, and U.S. Island territories - can improve their quality and performance, which, in turn, protects the community’s health.

Community Health Improvement Process

The community’s health is influenced by where we live, the environment, genetics, income, education level, social relationships, access to health care and information, and many other factors. A comprehensive community health improvement planning process helps communities make decisions about health based on accurate and current data. Community leaders and healthcare professionals collect and use this information to ensure that programs and services are meaningful, purposeful, and strategic. A health-focused community improvement planning process often includes three components, which are defined by the Public Health Accreditation Board as follows:

Community Health Assessment (CHA) is a comprehensive overview of a community’s health status, the factors contributing to poor health, and the community’s resources for improving health.

Community Health Improvement Plan (CHIP) - a long-term, systematic effort to address public health issues. The plan is based on the results of community health assessments and the community health improvement process.

Organizational Strategic Plan - a purposeful process that defines the fundamental decisions and actions that will shape and guide what a [public health department] is, what it does, and why it does what it does. It’s a structured approach to defining DPHS’ future direction by establishing key goals, priorities, and actions to achieve them.

Together, these three documents lay the groundwork for health department programs, policies, and interventions and are requirements for public health accreditation. The CNMI CHA process provided a centralized source of data and information about our communities’ health status, which community partners used to identify the health priorities addressed in this CHIP. The DPHS strategic plan is currently being developed to address the division’s internal capacity (e.g., policies, resources, and staff) and program needs to support overall improvement planning efforts.

The following section of this CHIP provides a brief summary of the CNMI CHA process. The DPHS strategic planning process will be completed later this year.



A Vision for Health

CNMI Community Health Assessment 2024

Our approach to completing an overall health improvement planning process was guided by the **Mobilizing for Action through Planning and Partnerships (MAPP)** model. The MAPP model is used to lead a community-driven strategic planning process for improving community health and was developed by the National Association of County and City Health Officials. Led by a CHA Core Team and Steering Committee, DPHS designed the CHA process to provide data and information to better understand the community's overall quality of life and to inform health priority setting and action planning. The vision that guided our efforts was to:

Work in partnership to ensure communities and families residing in the CNMI have the resources they need to improve quality of life and wellbeing.

DPHS engaged partners and community members in three individual assessments through facilitated meetings and a survey. The following questions guided the assessments:



Community Partner Assessment

“What is a healthy community?” “What are the community’s strengths and assets?” “What are some of the greatest health issues or challenges?” and “What are the community’s health priorities?”

Community Context Assessment

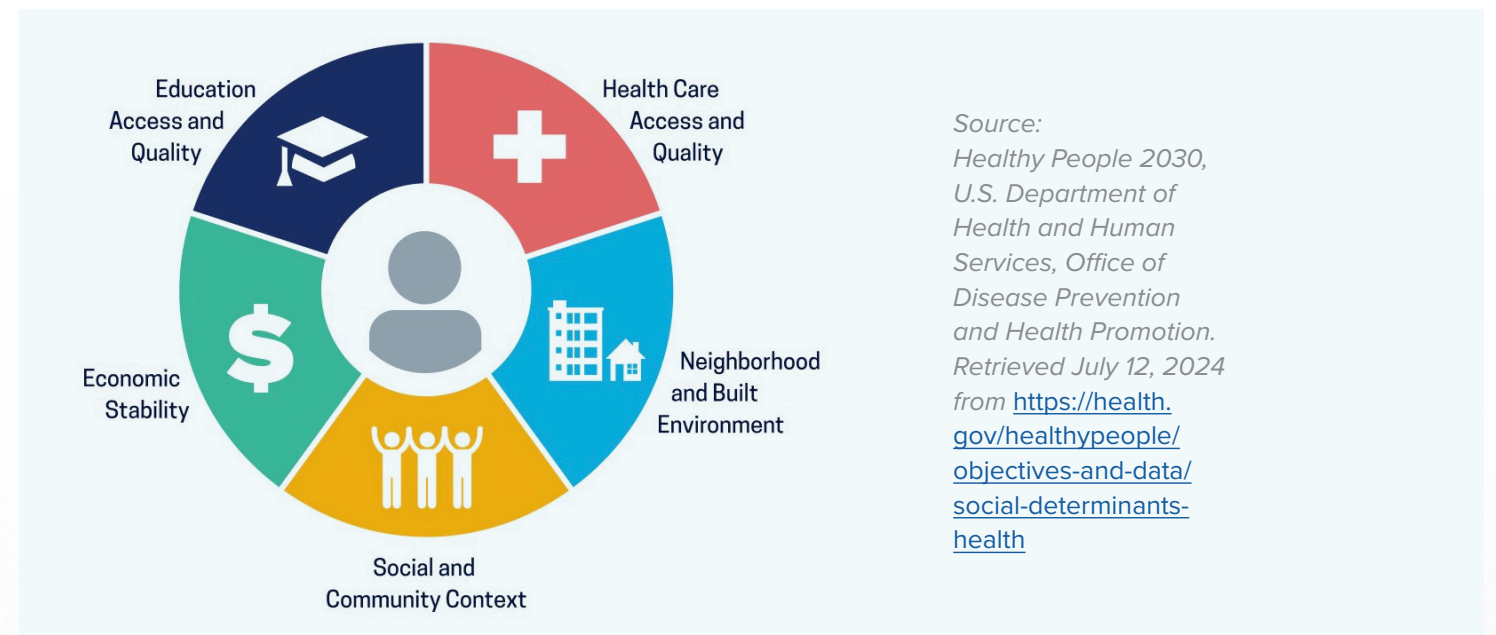
“What are the factors that are influencing the community’s health and quality of life?”

Community Health Status Assessment

“What are the health concerns in a community?” “Why do these health issues exist?” and “What factors contribute to and hinder positive health outcomes?”

Each assessment explored the social determinants affecting our health and quality of life, such as education, economic stability, safe and affordable housing, built and natural environments, access to quality healthcare, and cultural and family connection. These factors and conditions can affect an individual, a family, or an entire community’s ability to make choices that support good health.

Figure 2. Healthy People 2030 Social Determinants of Health.



Source: *Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved July 12, 2024 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>*

A Healthy CNMI

Community members and partners identified a broad range of topics that impact community health, including community strengths, assets, and resources. After reviewing the assessment data and receiving community input, the Steering Committee went through a consensus-building process to identify priority health areas, goals, objectives, and activities to improve the community’s health. Various criteria were used to identify priorities, including the number of community members affected, how seriously it impacts quality of life, the availability of current resources to address the issues, and community importance based on input received. The following priority areas emerged and are the focus of the 2025-2030 CNMI Community Health Improvement Plan:

- **Access to Care:** Quality care and insurance are available on the Island
- **Overall Wellbeing:** People are disease-free and do not suffer from illness
- **Mental Health:** Drug, alcohol, and smoke free
- **Food Security:** Nutritious, affordable food available on the Island
- **Healthy Lifestyles:** Places and opportunities to exercise and be active
- **Equity:** Everyone’s basic needs are met (food, water, power, and a safe environment)

For a complete description of the community health assessment process and results, please visit/contact Heather Pangelinan via email at heather.pangelinan@chcc.health.

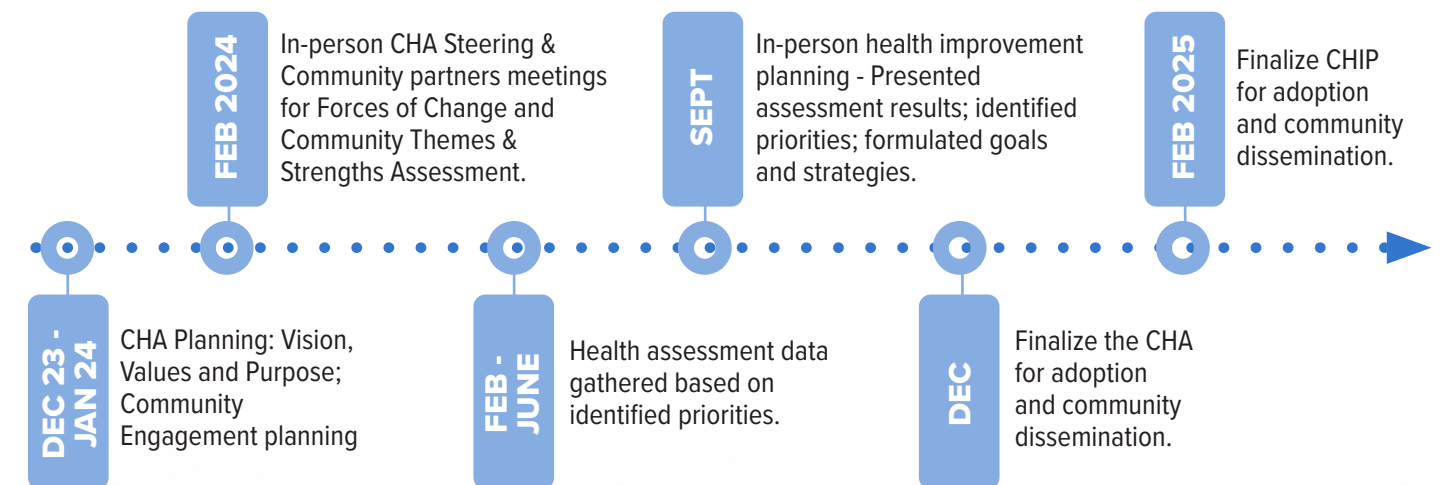


Navigating to Better Health

We have a strong canoeing tradition in the CNMI that is an important part of who we are, our culture, and our everyday lives. Like our ancestors who sailed the Pacific, working together is a cultural value that we all continue to live by today. The purpose of this CHIP is to work in partnership to address the health priorities of the CHA and provide a roadmap for the CNMI to improve our health and wellness. Guided by a shared vision, the CHIP is a five-year plan focused on strategies to ensure communities and families residing in the CNMI have the resources they need to improve quality of life and wellbeing.

Utilizing the MAPP model as a guide, the CHIP utilizes data, community input, and partnerships to identify and address community priorities. Stakeholders, including the CHA Steering Committee, Data Workgroup, and community members, actively participated in defining priorities, creating goals, and brainstorming strategies to address key health challenges. Strategic health improvement planning emphasizes health and wellbeing for everyone, prevention, and partnerships as guiding principles. Figure 3 on the right provides a timeline of the health improvement planning process.

Figure 3. CNMI Community Health Improvement Timeline



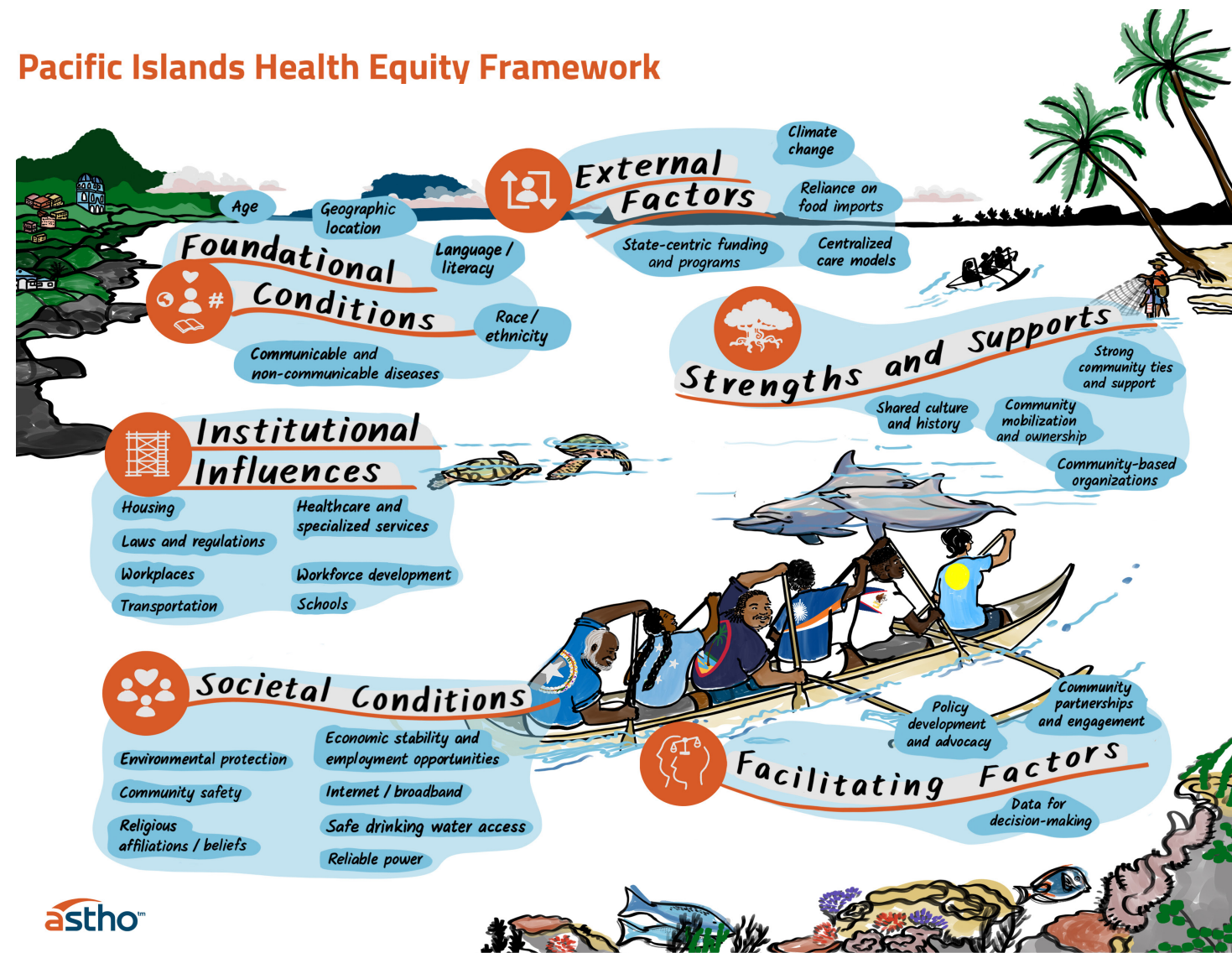


Navigating to Better Health

Assets, Resources, Issues, and Themes

Many factors contribute to health and wellbeing for everyone, including the conditions in which people are born, grow, live, work, play, and age. Utilizing the Association of State and Territorial Health Officials (ASTHO) Pacific Islands Health Equity Framework, DPHS engaged Community Partners to create a shared understanding of advancing health equity within an island context by reflecting on our communities' culture, experiences, context, and strengths.

Pacific Islands Health Equity Framework



In the CNMI, we are strong in our cultural beliefs and traditions, we have pride in our communities, and we care for our neighbors. People are truly the most valuable asset and resource for improving our health. The table below summarizes the community assets, resources, influences, and conditions that emerged from our discussions. Community assets and strengths will be leveraged to implement the CHIP successfully.

Factors/Conditions	How it looks for CNMI
External Factors Factors that are outside of the control of the community; factors that are strongly influenced by institutions and governments off island.	<ul style="list-style-type: none"> • Geographical Location • Federal/State Policies • Workforce • Cost of Living • Climate Change
Facilitating Factors Factors that support organizations and services to address community needs.	<ul style="list-style-type: none"> • Strong partnerships • Community Values and Respect • Diversify data sources • Policy and enforcement for data sharing • Data analysis/reporting – community friendly, easy to understand
Societal Conditions Characteristics shaped by society and our ability to access opportunities and services.	<ul style="list-style-type: none"> • Resilience • Cultural Beliefs & health practices • Non potable water • Food security • Homelessness • Employment Opportunities • Safer neighborhoods (built environment)
Foundational Conditions Demographic considerations and the presence or absence of disease.	<ul style="list-style-type: none"> • Religious & Cultural beliefs • Geographical location • Language barriers • Stigma (fear of shaming) • Generational trauma • Limited resources for all
Strengths & Supports Community characteristics and factors that can support wellbeing.	<ul style="list-style-type: none"> • Faith-based • Traditions • Family • Nonprofits and businesses • Community groups • Partnerships
Institutional Influences Institutions and conditions that influence our ability to be well, such as social determinants of health.	<ul style="list-style-type: none"> • Funding • Policies • Workforce development • High cost of living • Transportation access • Lack of specialized services on island (doctors)



Navigating to Better Health

Working in Partnership

Looking to our canoe traditions as a metaphor, this CHIP will help us “Navigate to Better Health.” The canoe has all we need to achieve our vision. As represented by the hull, our foundation rests upon our commitment to promoting health equity and utilizing quality data. Our two sails represent our focus areas: Youth and Families and Prevention, Partnerships, and Access. Our ability to succeed will rely on our crew: a coalition of partners, including healthcare providers, schools, government agencies, and community organizations. (See Appendix A: CHIP Community Partner List) Together, we will focus on reducing the health impacts of three strategic health priorities: non-communicable diseases, behavioral health, and communicable diseases.

Our 2030 Targets

The CHIP is organized into three sections based on the three strategic health priorities. Each section includes a brief introduction to the priority, including a description of the challenges and opportunities to improve outcomes for youth and families through prevention, partnerships, and access. Priority introductions are followed by a description of what we hope to achieve by 2030, including our goals, objectives, and strategies. We describe important partnerships, policy changes, and any evidence-based practices we use to impact health. Data collection and surveillance efforts to monitor progress are also described.

Youth and Families

Prevention Partnerships & Access



Health and Wellbeing for Everyone

Quality Data



Navigating to Better Health

Alignment with CNMI, National and International Priorities

The CNMI CHIP goals and objectives align with health improvement initiatives occurring within the CNMI, the United Nations, and the federal government. In the CNMI, health improvement priorities align with the 2021-2030 CNMI Comprehensive Sustainable Development Plan, which also aligns with the United Nations (UN) 2030 Agenda for Sustainable Development. National priorities, as outlined by the federal government, can be found in Healthy People 2030. Within each priority section of this plan is a list of indicators aligning with these local, national, and federal health initiatives.

Below is a brief description of the national and international priorities DPHS considered in developing the CHIP priorities, core measures, and strategies:

2021-2030 CNMI Comprehensive Sustainable Development Plan

In 2019, the CNMI developed the CNMI Comprehensive Sustainable Development Plan (CSDP) as part of the United Nations Sustainable Development Goal initiative. The CSDP invited various organizations to co-create a ten-year growth plan tailored to their specific needs. In 2024, the CNMI built upon this framework by introducing the Green Growth Initiative.

The Green Growth Initiative is a high-level program aimed at achieving optimal growth for the CNMI, with goals such as ending poverty, enhancing health and wellness, and ensuring peace and prosperity for its residents. Currently, the Green Growth Initiative is enhancing the CSDP to address additional areas, including food security, homelessness, and reducing preventable diseases.

UN 2030 Agenda for Sustainable Development

The UN adopted the 2030 Agenda for Sustainable Development and 17 Sustainable Development Goals in 2015 to mobilize global efforts to end poverty, improve health and education, protect ecosystems, tackle the climate crisis, and create an equitable, peaceful, resilient, and prosperous future.

Healthy People 2030

Healthy People 2030 is the nation's health improvement plan. It provides 10-year national objectives for improving the health of all Americans. Leading Health Indicators are a small subset of high-priority objectives selected to drive action toward improving health and wellbeing. Healthy People 2030 uses dozens of data sources to set national targets and track progress toward achieving the objectives.





Priority: Building a Healthier Future for the CNMI

Building a healthier future for the CNMI begins with healthy lifestyles, behaviors, and choices. Strategies and interventions that support children, youth, and families where they live, work, and play can promote lifestyle changes and improve health. Access to nutritious foods and physical activity builds individual and community resilience for reducing risk and preventing diseases that commonly lead to illness and premature death. Environments that make it safer and easier to get active, like access to community facilities and programs, can help people get moving and stay active.

GOAL: Support and implement changes that reduce the burden of chronic disease in the CNMI.

DPHS offers a variety of chronic disease prevention programs that aim to promote wellness and educate the community about how to reduce the risk of chronic diseases. Health risk behaviors are activities, actions, and beliefs contributing to illness, death, and disability. For example, people who smoke have an increased risk of heart disease, stroke, and cancer; overweight and obesity increase the risk of hypertension, coronary heart disease, and some forms of cancer. Heart disease and cancer are the leading causes of death in the CNMI. This is primarily due to unmanaged hypertension and late cancer diagnosis.

To reduce the burden of chronic disease, the Non-Communicable Disease (NCD) Programs aim to increase access to early screenings for the top five cancers in the CNMI: breast, oral, colorectal, lung, and uterine. Strategies aim to serve and improve our reach to populations with increased risk, which include Rota and Tinian residents, Filipino, Chamorro, Refaluwasch, and other Pacific Island populations residing in the CNMI.

Policies and plans that support food security, access to nutritious foods, and wellness programs that serve our youth and families aim to help prevent the early onset of overweight/obesity and diabetes, which increase the risk for heart disease and cancer.





Priority: Building a Healthier Future for the CNMI

Performance Measures	Strategies
By 2030, we will:	
Increase NCD screening rates for the top 5 cancers among at-risk populations by 25%.	<ul style="list-style-type: none"> • Collaborate with CNMI primary care service providers to offer screening services. • Increase screening equipment resources (breast & colon cancer screening) to accommodate services. • Advocate for preventative cancer screenings to be included as a covered service in the IIMR for recommended populations.
Reduce the percent of individuals diagnosed with cancer, hypertension, and diabetes by 1% annually.	<ul style="list-style-type: none"> • Strengthen CNMI-wide capacity to address chronic diseases by supporting a CNMI NCD multi-sectoral working group (NCD TASK FORCE). • Develop or enhance and promote culturally appropriate pre-diabetes and/or chronic disease prevention program(s) in Saipan, Tinian and Rota. • Develop a robust CNMI Worksite Wellness Initiative inclusive of comprehensive programs that prevent chronic diseases.
Increase consumption of the recommended amount of fruits and veggies by 3% for adults and 5% for youth.	<ul style="list-style-type: none"> • Develop a comprehensive healthy food procurement policy. • Increase the availability of fruits and vegetables sold in stores in villages. • Explore and secure resources to design and implement innovative, evidence based programs that increase access to fruits and vegetables.
Increase youth physical activity by 4% and adults who participate in regular physical activity by 3%.	<ul style="list-style-type: none"> • Develop a robust physical activity campaign to increase community readiness to address physical inactivity. • Implement a Built Environment Policy to create environments that support physical activity, access to green spaces, and safe transportation options. • Collaborate with partners to offer FREE or low-cost physical activity programs within the villages.

Partnerships

Partnerships across the CNMI are critical to reach our targets by 2030. Through the leadership of the NCD Task Force, we can expand prevention service coordination community-wide. The NCD Task Force is a workgroup representing diverse partner groups, such as community organizations, private clinics, insurance companies, government offices and departments, and associations.



Policy and system changes are also needed to make an impact. According to the CNMI NCD & Associated Risk Factors survey, most adults in the CNMI stated their health as good or fair. However, the rates of pre-diabetes, diabetes, and cancer have increased. The majority of adults over 18 years of age are employed; therefore, the CNMI workforce is also affected by chronic conditions. A Worksite Wellness Initiative is an innovative way to reach more people and promote healthy lifestyles in the community. Additionally, CHCC has an effective internal policy for healthy food procurement that can be implemented on a larger scale.

Promoting healthy food through healthy food procurement policies and nutrition programs at schools and in the workplace is another way to support children, youth, and families. DPHS also proposes a “produce prescription program” as an innovative way to address nutrition. Additionally, partnerships between DPHS, CHCC and private clinics, dietitians, the CNMI Farmers Association, the Department of Agriculture, and the Mayor’s Offices of Saipan, Tinian, and Rota will help expand access and availability, creating more opportunities for CNMI community members to purchase locally grown produce.



Priority: Building a Healthier Future for the CNMI

Data Quality

The CNMI Non-Communicable Disease and Associated Risk Factors Hybrid Survey, Behavioral Risk Factor Surveillance System, and Youth Risk Behavioral Surveillance System are critical tools for improving the health and wellbeing of the CNMI community.

Here's how each of these reports benefits the CNMI community:

1. CNMI Non-Communicable Disease Survey

The NCD Survey provides essential data on the prevalence of chronic diseases (such as diabetes, hypertension, heart disease, and cancer) and their risk factors (like smoking, poor diet, and physical inactivity) in the CNMI. This information helps local health officials and policymakers identify health trends, allocate resources effectively, and prioritize public health interventions.

By understanding the burden of non-communicable diseases, the community can focus on prevention programs, early detection strategies, and better management of chronic conditions, ultimately improving the quality of life for residents.

2. Behavioral Risk Factor Surveillance System (BRFSS)

The BRFSS is a nationwide surveillance system that collects data on health behaviors, chronic conditions, and use of preventive services. For CNMI, this system will help track vital health behaviors like tobacco use, alcohol consumption, physical activity, and access to healthcare services among adults.

The BRFSS will help identify gaps in health services and areas where health behavior interventions are most needed. The data will inform public health campaigns, such as those focused on smoking cessation, healthy eating, and regular screenings, contributing to healthier lifestyle choices within the community.

3. Youth Risk Behavior Survey (YRBS)

The YRBS gathers data specifically from middle and high school students on their behaviors related to health risks, including sexual behavior, substance use, mental health, and physical activity. For CNMI, this survey provides valuable insights into the health habits of the younger population.

The YRBS findings guide the development of youth-focused interventions and educational programs that can prevent risky behaviors and promote healthy lifestyles in future generations. By addressing health issues early, such as mental health concerns or unhealthy eating habits, the CNMI can reduce long-term health issues and improve overall community wellbeing



Priority Alignment

CNMI Green Growth Initiative	<ul style="list-style-type: none"> Promote local, sustainable food in the CNMI by 2034, boosting nutrition, food security, and regenerative agriculture while reducing import dependence. By 2034, aim for 15% fewer preventable diseases and a 20% longer life expectancy through health education, accessible healthcare, and sustainable lifestyles, ensuring wellbeing for all Increase workplace flexibility to promote decent work-life balance and overall wellness
UN Sustainable Development Goals	<p>Goal 2: Zero Hunger End hunger, achieve food security, improve nutrition, and promote sustainable agriculture.</p> <p>Goal 3: Good Health and Wellbeing Ensure healthy lives and promote wellbeing for all at all ages.</p> <p>3.4 Reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and wellbeing.</p> <p>3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p>
Healthy People 2030	<p>Cancer</p> <ul style="list-style-type: none"> Reduce the overall cancer death rate — C-01 Increase the proportion of adults who get screened for cancer — C-00 <p>Nutrition and Healthy Eating</p> <ul style="list-style-type: none"> Reduce household food insecurity and in doing so reduce hunger — NWS —01 Reduce the proportion of children and adolescents with obesity — NWS-04 Reduce the proportion of adults with obesity — NWS-03 Increase healthy fruit and vegetable consumption in people aged 2 years and older — NWS-06 and NWS-07 Increase the proportion of worksites that offer an employee nutrition program — ECBP-D05 <p>Physical Activity</p> <ul style="list-style-type: none"> Reduce the proportion of adults who do no physical activity in their free time — PA-01 Increase the proportion of adults who do enough physical activity for substantial and extensive health benefits — PA-02 and PA-03 <p>Chronic Disease</p> <ul style="list-style-type: none"> Improve cardiovascular health in adults — HDS-01 Reduce the number of diabetes cases diagnosed yearly — D-01



Priority: Safe, Resilient, Drug-Free Homes & Communities

Together, we can promote safe, resilient, drug-free homes and communities by encouraging healthy lifestyles, building resilience among our youth and families, and supporting individuals and families in need. Education and access to services are critical for people who may be struggling with substance use, family and workplace stress, depression, and traumatic life events that can impact day-to-day quality of life and decision-making. Youth and young adults ages 10-24 in the CNMI are the most at risk and most underserved due to limited access to behavioral health services and social stigma.



GOAL: Increase youth and family access to behavioral health services in the CNMI.

Increasing youth and family access to essential behavioral health services will reduce youth substance use and suicide ideation. This will be achieved by increasing youth and family participation in prevention and education programs and supporting parents and families to communicate with their teens regarding their substance use. Training on implementing evidence-based practices, such as QPR – Question, Persuade, Refer, Mental Health First Aid, and ASIST – Applied Suicide Intervention Skills Training, and CALM – Counseling on Access to Lethal Means will be provided in school and community settings to help youth and families access services when needed.

Performance Measures	Strategies
By 2030, we will:	
1. Reduce youth substance (alcohol, drugs, tobacco and vape/e-cigarette) use by 3% as reported on the CNMI YRBS.	<ul style="list-style-type: none"> Partner with PTAs and other Parent Support Organizations to build parental capacity for effective monitoring and communication with their teens regarding substance use. Implement policies that increase access to behavioral health services for youth.
2. Reduce youth suicide ideation and attempt bi-annually by 3% as reported on the CNMI YRBS.	<ul style="list-style-type: none"> Expand access to evidence-based behavioral health trainings.
3. Increase youth and family participation in CNMI outreach activities for substance use prevention and education by 5% annually.	<ul style="list-style-type: none"> Implement a robust and integrated community awareness and outreach program focused on substance use and suicide prevention. Conduct outreach with all PTAs at least 1 time each school year to provide information and offer trainings to staff and families.

Partnerships

The DPHS will collaborate with the Community Guidance Center (CGC) to create a unified plan aimed at promoting health education and awareness, with a focus on substance use and suicide prevention. Together, DPHS and CGC will strengthen relationships with schools (including administrators, teachers, and parent associations), religious groups, youth programs, community organizations, and other stakeholders to offer training, develop policies, and coordinate services. These partnerships will provide community members with enhanced access to evidence-based training, improving prevention efforts and expanding access to CGC services through referrals.

Important partners in this initiative include: the public and private schools, the Division of Youth Services, Rota Health Center, Lucia “Chiang” Villagomez Arizapa Health Center, Parent Teacher Associations, and the Northern Marianas Amateur Sports Association, the CNMI Blue Ribbon Consortium, and others.



Priority: Safe, Resilient, Drug-Free Homes & Communities

Data Quality

The BRFSS and YRBS are data sources that will be leveraged to inform activities and progress toward increasing youth and family access to behavioral health services in the CNMI.

As discussed under Data Quality in the previous section, the CNMI Public School System (PSS) conducts the YRBS biannually with middle and high school adolescents, grades 7 through 12. The survey was developed by the [Centers for Disease Control and Prevention](#) to monitor health behaviors that contribute to the leading causes of death, disability, and social problems among youth in the United States.

The BRFSS is similar to the YRBS except that it is used to survey adults. It is a new program under the Division of Public Health Services and is anticipated to launch in the 2026 fiscal year. The BRFSS will collect health-related data from adults in the CNMI, including information on risk behaviors, such as alcohol and tobacco use, chronic health conditions, and the use of preventive services.



Priority Alignment

CNMI Green Growth Initiative	<ul style="list-style-type: none"> By 2034, aim for 15% fewer preventable diseases and a 20% longer life expectancy through health education, accessible healthcare, and sustainable lifestyles, ensuring wellbeing for all.
UN Sustainable Development Goals	<p>Goal 3: Good Health and Wellbeing</p> <ul style="list-style-type: none"> 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol. 3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.
Healthy People 2030	<p>Adolescents</p> <ul style="list-style-type: none"> Increase the proportion of adolescents who have an adult they can talk to about serious problems — AH-03 Increase the proportion of children and adolescents with symptoms of trauma who get treatment — AH-D02 <p>Substance and Tobacco Use</p> <ul style="list-style-type: none"> Reduce the proportion of adolescents who drank alcohol or used drugs in the past month — SU-04 and SU-05 Reduce current tobacco and e-cigarette use in adolescents — TU-04 and TU-05 <p>Mental Health and Children</p> <ul style="list-style-type: none"> Increase the proportion of children and adolescents who communicate positively with their parents — EMC-01 Increase the proportion of children and adolescents who get appropriate treatment for anxiety or depression — EMC-D04 Increase the proportion of children and adolescents who get preventive mental health care in school — EMC-D06 Reduce the suicide rate MHMD-02



Priority: Enhanced Prevention & Control of Communicable Diseases

Vaccination, screening, and early treatment are the most effective ways to prevent the spread of communicable diseases. Communicable, also called infectious diseases, are infections that can be passed from one person to another or from an animal to a person. This often occurs through contact with viruses, bacteria, and bodily fluids, like blood.

Parents can help prevent the harms of vaccine-preventable diseases by ensuring their children aged 0 to 4 are up-to-date with the recommended vaccination schedule. Routine childhood immunizations prevent infection from various serious diseases, such as chickenpox, diphtheria, hepatitis A and B, measles, mumps, and pneumonia.

Education and information about preventing communicable diseases can also make a difference for youth and families. Increasing access to screening, diagnosis, and treatment can improve health outcomes for those with these diseases.

GOAL: Increase access to screening, diagnosis, and treatment of communicable diseases.

The DPHS Communicable Disease Programs work in partnership with the community to prevent and control the spread of infectious diseases in the CNMI. This includes outreach and education, access to screening services, prompt diagnosis, and treatment to improve outcomes. Tuberculosis (TB) and sexually transmitted infections are among the most common in the CNMI.

TB is a serious illness that mainly affects the lungs. TB is caused by a type of bacteria that can be spread when a person with the disease coughs or sneezes. People with a weakened immune system, such as those with diabetes or other chronic diseases, are at higher risk of becoming infected by TB. In the CNMI, 50% of CHCC patients with tuberculosis are coinfecting with diabetes (see CNMI CHA Report 2024). Expanding screening for populations at increased risk for LTBI or developing active TB disease will help control the spread of TB in the community.

Sexually transmitted infections (STIs), such as chlamydia, gonorrhea, genital warts, herpes, hepatitis, human immunodeficiency virus (HIV), and syphilis, are infections that are spread from person to person through sexual contact. Chlamydia and gonorrhea, the two STIs reported on the 2024 CNMI CHA Report, are among the most common STIs in CNMI and worldwide. More than 50% of chlamydia and gonorrhea cases are among youth and young adults ages 15-24 years of age (see CNMI CHA Report 2024). Greater awareness and education about STIs and their transmission and increased access to screening services are needed to reduce rates across the CNMI.

Performance Measures	Strategies
By 2030, we will:	
1. Increase the number of children aged 0-4 years who are up-to-date on recommended vaccinations by at least 2% annually.*	<ul style="list-style-type: none"> • Increase the number of accessible sites that offer vaccines for 0-4.
2. Reduce the number of people with diabetes who are diagnosed with tuberculosis.	<ul style="list-style-type: none"> • Increase the number of clinics that conduct TB screenings and LTBI treatment/management. • Increase the number of hemodialysis clinics that conduct TB screenings and LTBI treatment and management.
3. Decrease the percentage of sexually transmitted infections (STI) among adolescents ages 15-24 by 2% annually.	<ul style="list-style-type: none"> • Increase condom use among sexually active high school students by at least 5%. • Increase access to STI screening. • Increase community outreach and condom availability.





Priority: Enhanced Prevention & Control of Communicable Diseases

Partnerships

Increasing access through partnerships is the primary strategy to reach the communicable disease reduction targets by 2030. The Immunization Program’s key partners in promoting early childhood vaccinations include Women, Infants, and Children (WIC), HOME visiting, and the public school system. The Tuberculosis Program will partner with CNMI primary care clinics to increase the number of clinical sites conducting TB screening. Targeted testing among patients with diabetes will be promoted to improve early detection and treatment. Increased awareness and access to STI screening and prevention will occur in partnership with CHCC Clinics, the public school system, Northern Mariana College, and Maternal, Infant, Child & Adolescent Health Programs.

Data Quality

Various data sources will inform priorities and progress in increasing access to screening, diagnosis, and treatment of communicable diseases, track and monitor disease trends, assess the effectiveness of public health interventions, and guide decision-making in the CNMI. The key data sources include:

1. Annual public health reports on HIV, Viral Hepatitis (VH), Sexually Transmitted Infections (STIs), and Tuberculosis rates and activities.

Annual Public Health program reports will provide a comprehensive summary of activities related to HIV, viral hepatitis (VH), sexually transmitted infections (STIs), and tuberculosis (TB) in the CNMI. The report will include statistics on the number of screenings, diagnoses, and treatments provided, as well as trends in disease incidence, demographic data, and risk factors.

2. Epidemiology, Laboratory Capacity (ELC) Program Syndromic Surveillance Report.

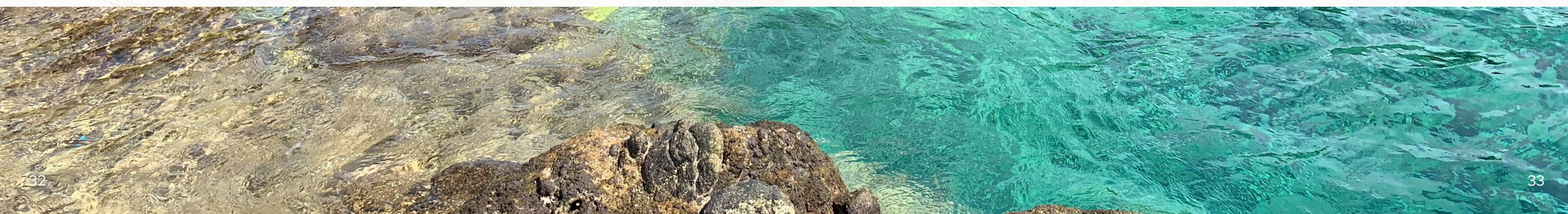
The ELC syndromic surveillance report provides weekly updates on communicable disease surveillance, focusing on key diseases such as COVID-19, influenza, and other infectious diseases. It tracks case numbers, outbreaks, and trends in the community, offering insights into disease transmission patterns and public health responses.

3. The Public Health Immunization Program’s Annual Reports and monthly vaccine coverage rate assessment reports are available through the CNMI Immunization Registry.

These reports are available through the Division of Public Health and provide valuable insights into immunization rates, including data on vaccine coverage and uptake across different populations in the CNMI. Ad-hoc reports can also be generated through the CNMI Immunization Registry/Immunization Information System (IIS), also known as the Weblz, and can generate information on specific vaccination coverage trends.

Priority Alignment

CNMI Green Growth Initiative	<ul style="list-style-type: none"> By 2034, aim for 15% fewer preventable diseases and a 20% longer life expectancy through health education, accessible healthcare, and sustainable lifestyles, ensuring wellbeing for all.
UN Sustainable Development Goals	<p>Goal 3: Good Health and Wellbeing</p> <p>3.3 End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p> <p>3.7 Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p>3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p>
Healthy People 2030	<p>Vaccinations</p> <ul style="list-style-type: none"> Reduce the proportion of children who get no recommended vaccines by age 2 years — IID-02 Maintain the vaccination coverage level of 1 dose of the MMR vaccine in children by age 2 years — IID-03 Maintain the vaccination coverage level of 2 doses of the MMR vaccine for children in kindergarten — IID-04 <p>Tuberculosis</p> <ul style="list-style-type: none"> Reduce tuberculosis cases — IID-17 <p>Sexually Transmitted Infections</p> <ul style="list-style-type: none"> Reduce the STI rates in adolescents — STI Increase the proportion of adolescent males who used a condom the last time they had sex — FP-06





Working in Partnership for a Healthy CNMI!

Navigating to better health means working in partnership to ensure communities and families living in the CNMI have the resources they need to improve their quality of life and wellbeing. Guided by a shared vision, this CHIP is a five-year plan that provides a roadmap to improve community health and wellness by addressing priority issues identified in the CNMI Community Health Assessment 2024 Report. These priorities align with priorities identified by the CNMI Governor, the United Nations, and the US federal government. Together, the CHA and the CHIP encompass the social determinants of health and focus on ways to eliminate root causes and behaviors that impact the community's health.

The Division of Public Health Services is dedicated to enhancing the quality, accountability, and efficiency of our work. To achieve this, we engaged in a thorough community health improvement planning process to ensure accurate and up-to-date data informs our decisions. Our next step is to develop a strategic plan that focuses on strengthening the division's internal capacity, such as policies, resources, and staffing, while addressing program needs to support broader improvement efforts.

Together, we will work towards creating a healthier, happier CNMI for all.





Appendix A: CHIP Community Partner Participation List

NAME	AGENCY
Jesse Aguon	CHCC CGC
Christine Aldan	CHCC DPHS
Eileen Babauta	Northern Marianas College- University Center for Excellence in Developmental Disabilities
Jerome Ballesteros	CHCC DPHS
Brian Bearden	BECQ
Benjamin Benson	CHCC
Zarah Bermudes	Northern Marianas College- University Center for Excellence in Developmental Disabilities
John Bigalbal	CHCC DPHS
Bel Busby	CHCC
Norma Borja	Isla Community Health (Kagman & Southern)
Francisco D. Cabrera	CNMI Department of Commerce
Linda Cabrera	Commonwealth Women's Association
Gianna Camacho	CHCC DPHS
Sonia Camacho	Northern Mariana Islands Supreme Court
Hilma Castro	Commonwealth Medicaid Agency
Patricia Coleman	NMC CREES
Zabrina Cruz	Bureau of Environmental and Coastal Quality
Jennifer Dudek	CHCC DPHS
Tiara Evangelista	Community Guidance Center
Christine Fitial	Office of the Governor
Charlotte Flores	Substance Abuse Addiction & Rehabilitation (SAAR)
Nicholas Gross	PSS: Student & Support Services Athletics Program
Lisa Hacskaylo	NMC/Office of Institutional Effectiveness
Daniel Jack	CHCC DPHS EHDP
Maria Javier	Lion's Club International
Shawn Kileleman	CHCC DPHS CD
Gizelle Kwon	CHCC
Gracia A. Laxina	CHCC
Jihye Lee	NMC/Office of Institutional Effectiveness
Remedio Mafnas	CNMI Department of Commerce
Kelly Marie Maligsa	CHCC Ancillary Services
Malua Peter	Community Advocate
Dean Manglona	Rota Mayor's Office
Jorald Mangohig	CHCC
Marcelo Massilungan	Lion's Club International

NAME	AGENCY
Joy Maratita	Northern Marianas College
Amber Romolor	CHCC DPHS
Esther Muña	CHCC CEO
Keith Nabors	Tinian Health Center (THC)
Malcolm Omar	House of Representatives
Halina Palacios	CHCC Population Health
Heather Pangelinan	CHCC DPHS
Maxine Pangelinan	CHCC DPHS MICAH
Nela Prado	CHCC DPHS CD
Vanessa Quitugua	Rota Health Center (RHC)
Timothy Rabago	Drug Court
Greg Reyes	BECQ Solid Waste Manager
Wilbert Rospel	CHCC HVSO
Evonne Sablan	CHCC DPHS CD
Nicolette Sablan	CHCC DPHS MICAH
Pamela Sablan	CNMI Disabilities Council
Vivian Sablan	Division Youth Services/DCCA
Adrian San Nicolas	CHCC DPHS NCD Programs
Savannah Delos Santos	Northern Marianas Coalition Against Domestic & Sexual Violence
Jocelyn Songsong	CHCC DPHS NCD Programs
Andrzej Szeffler	CHCC
John Tagabuel	CHCC DPHS EDHP
Goddy Taitingfong	BECQ Solid Waste Environmental Specialist
Mercilia Teigita	Commonwealth Cancer Association
K Cyji Tenorio	CHCC DPHS CD
Lee Tenorio	CHCC
Maise Tenorio	NMCADSV
Tricia Tenorio	Northern Marianas Housing Corp.
Vicenta Tenorio	CHCC DPHS CD
Elsie Tilipao Rebuonog	Northern Marianas Protection & Advocacy Systems Inc.
Portia Tomokane	CHCC/ELC
Jesse Tudela	CHCC
Jose Tudela	CHCC PDMP
Joshua Tydingco	CHCC/ELC
Fahim Uddin	CHCC HIT
Daisy Villagomez-Bier	CHCC DPHS



Appendix B: Acronyms

ABTC	Alcohol Beverage and Tobacco Control Unit	FSM	Federated States of Micronesia
ADA	Americans with Disabilities Act	HIT	Health Information Technology
ASQ-3	Ages & Stages Questionnaire 3rd Edition	HPV	Human Papillomavirus
ASTHO	Association of State and Territorial Health Officials	HVSO	Health and Vital Statistics Office
ATOD	Alcohol, Tobacco, and Other Drugs	IMR	Infant Mortality Rate
BCSP	Breast and Cervical Screening Program	IR	Immediate Relatives
BECQ	Bureau of Environmental and Coastal Quality	IR	Immunization Registry
BMI	Body Mass Index	MAPP	Mobilizing for Action through Planning and Partnerships
CBHS	Community Behavioral Health Survey	MICAH	Maternal, Infant, Child & Adolescent Health
CBR	Crude Birth Rate	MCL	Maximum Contaminant Level
CD	Communicable Diseases	NCD	Non-Communicable Disease
CDC	Centers for Disease Control and Prevention	NCHS	National Center for Health Statistics
CGC	Community Guidance Center	NMC	Northern Marianas College
CHA	Community Health Assessment	NMC-CREES	Northern Marianas College – Cooperative Research Extension & Educational Services
CHCC	Commonwealth Healthcare Corporation	NMR	Neonatal Mortality Rate
CJPA	Criminal Justice Planning Agency	OHP	Oral Health Program
CNMI	Commonwealth of the Northern Mariana Islands	PDMP	Prescription Drug Monitoring Program
COTA	Commonwealth Office of Transit Authority	PL 16-46	Public Law: Smoke-Free Air Act
CQPM	Corporate Quality and Performance Management	PL 19-32	Public Law: Electronic Cigarettes
CRA	Community Readiness Assessment	RPMS	Resource and Patient Management System
DCCA	Department of Community and Cultural Affairs	SDF	Silver Diamine Fluoride
DHHS	Department of Health and Human Services	SEW	State Epidemiological Workgroup
DPHS	Division of Public Health Services	STD	Sexually Transmitted Disease
DOC-CSD	Department of Commerce – Central Statistics Division	TB	Tuberculosis
DOF	Department of Finance – Customs Division	TPCP	Tobacco Prevention Control Program
DPHP	Division of Public Health Programs	U5MR	Under-5 Mortality Rate
DPS	Department of Public Safety	WHO	World Health Organization
DYS – CPU	Division of Youth Services – Child Protection Unit	WQS-NPS	Water Quality Surveillance and Non-Point Source Unit
EHDP	Environmental Health & Disease Prevention	YRBS	Youth Risk Behavior Survey
EPA	Environmental Protection Agency	YRBSS	Youth Risk Behavioral Surveillance System
EVALI	E-cigarettes or vaping product use with Lung Injury		
FAS	Freely Associated States		





Commonwealth Health Care Corporation
Commonwealth of the Northern Mariana Islands
1 Lower Navy Hill Road Navy Hill
Saipan, MP 96950