Title V Maternal & Child Health Services Block Grant

Executive Summary

Application for Federal Fiscal Year 2022

Commonwealth Healthcare Corporation

Commonwealth of the Northern Marianas Islands

EXECUTIVE SUMMARY

What is the MCH Title V?

The mission of CNMI's Title V MCH Program is to promote and improve the health and wellness of women, infants, children - including children with special health care needs - adolescents, and their families, through the delivery of quality prevention programs and effective partnerships. In the CNMI, Title V supports a spectrum of services, from infrastructure-building services like quality assurance and policy development, to gap-filling of direct health care services for CYSHCN.

How does the MCH Title V Block Grant work?

In the CNMI, the MCH Title V Block Grant award is administered under the Commonwealth Healthcare Corporation, with the Chief Executive Officer as the Authorizing Official and the MICAH Administrator designated as the Project Director. At least 30% of the funding must be used for services and programs for children and another 30%, at a minimum, must be used for services and programs for CYSHCN. No more than 10% may be used for administrative costs. Jurisdictions must provide a $3 match for every $4 in federal funds received. Although there are no minimum spending requirements, funding is also to be spent on preventive and primary care services for pregnant women, mothers, and infants up to age one. The CNMI MCH Block Grant funds support state and local program and staff, and are administered by the Maternal, Infant, Child and Adolescent Health (MICAH) unit of the Commonwealth Healthcare Corporation (CHCC).

How does the MCH Block Grant Program determine the needs of CNMI families?

Every five years, the CHCC conducts a comprehensive, statewide needs assessment to assess the gaps in needs, strengths, and limitations of services available to MCH populations across six domains (identified in the table below). The CNMI uses the "Title V Needs Assessment, Planning Implementation, and Monitoring Framework" to guide the needs assessment and program planning process each five-year cycle, with emphasis placed on engaging stakeholders and community partners. For the 2020 Needs Assessment, the MCH Program contracted with a consultant to conduct needs assessment activities, assist with building the state action plan, and assist with data collection and analysis. The MCH program worked with partners and stakeholders to identify the state's final priority needs, which included primary and secondary data collection, health themes, and stakeholder input on prioritization of the most significant

health needs for the CNMI's families. An analysis of strengths, weaknesses, opportunities, and threats (SWOT analysis) was conducted. Final selection of priorities was based on programmatic capacity, evidence-base, cost, and ability to make a measurable impact.

What are CNMI's MCH priorities?

Based on the results of the 2020 needs assessment, the CNMI selected eight MCH Priorities across the respective population domains. The table below illustrates the selected priorities for CNMI and the corresponding population domain and performance measure.

MCH DOMAIN	MCH PRIORITY	PERFORMANCE MEASURE
Women's/Maternal Health	Access to health services- ability to find and see a doctor when needed	NPM 1: Well-woman/preventive visits
Perinatal/Infant Health	Breastfeeding education & support	NPM 4: Breastfeeding
	Prevention of premature births and infant mortality and prevention of alcohol and drug exposure and related developmental delays through prenatal care	SPM 1: Prenatal care
Child Health	Obesity related issues including nutrition/food security and safe school and neighborhood programs to promote physical activity	NPM 8: Physical Activity
Adolescent Health	Coping skills and suicide prevention	NPM 10: Adolescent Well-Visits
CSHCN	Helping parents/caregivers navigate the health care system for coordinated care	NPM 11: Medical Homes
Adolescent Health & CSHCN	Support individuals, families and communities to make changes that will make it more likely for youth to be healthy and successful	NPM 12: Transition
Systems Building	Professionals have the knowledge and skills to address the needs of maternal and child health populations	SPM 2: MCH Capacity Building

How does the MCH Block Grant meet the needs of CNMI's MCH populations?

CNMI MCH leadership developed a state action plan with specific objectives and strategies to address the nine MCH priorities. The following sections present these objectives and an abbreviated description of notable strategies by each domain area.

WOMEN'S/MATERNAL HEALTH

Access to health services was chosen as the priority for the women/maternal domain. It was the primary priority identified by the public input survey, shows room for improvement based on the data of only **43.2% of women being up to date** with pap testing, and was ranked high for feasibility and impact as well as program capacity to affect change. Additionally, an MCH survey conducted in 2020 indicated that just **55% of women ages 18-44 years reported completing an annual preventive visit**. Public input data suggested that screening for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues would be integrated into the women/maternal health visits to respond to this identified need. This priority aligns with National Performance Measure (NPM) #1- Well-woman visit.

Priority Need: Ability to find and see a doctor when needed (access to health services)

National Performance Measure 1: Percentage of women ages 18-44 years with a past year preventive visit.

Objectives: By 2025, increase the number of women who access preventive visits to 65%, a 10% increase from baseline (55%).

Strategy: Expand access: Outreach and/ or Increased clinic hours.

INFANT HEALTH

Early identification of developmental delays and the need for intervention services (ranked first), reducing infant mortality (ranked third), services and treatment for babies born exposed to certain substances such as alcohol or drugs (ranked fourth), and education and services to help prevent and care for premature babies (ranked seventh)

were combined into the above priority for which MCH has program capacity to affect change. This combined priority ranked high for feasibility and impact. Data supports this priority with **first trimester prenatal care at 55%** and infant mortality at 7.6 per 1,000 live births in 2020. Because CNMI does not have a level III neonatal intensive care unit, this priority will be a State Performance Measure (SPM) evaluated by prenatal care.

Priority Need: Breastfeeding

National Performance Measure 4 – A) Percent of infants who are ever breastfed and

B) Percent of infants breastfed exclusively through 6 months

Objective: By 2025, increase of the number of infants breastfed through 6 months to 54%, an increase of 10% from baseline (44%).

Strategy: Implement workplace breastfeeding policies/support

Priority Need: Prevention of adverse birth outcomes through Prenatal Care.

State Performance Measure 1: Percent of prenatal women with first trimester

prenatal care.

Objective: By 2025, increase the number of pregnant women with first trimester prenatal Care to 65%, an increase of 10% from baseline (55%).

Strategy: Provide service navigation for pregnant women.

CHILD HEALTH

The top three public input priorities, information and support to help children reach and stay at a healthy weight [obesity]; information and support about healthy eating options and how to make sure a family has enough food [nutrition/food security]; and safe schools and neighborhood programs, were combined into the above priority. The overall economics of the CNMI population makes food security and nutrition for children an explicit issue. YRBS data shows that less than half of students eat breakfast every day. It is known that expensive nutrition rich foods are replaced with high-calorie, high-fat, high-sodium options. In addition, 31.5% of the public does not believe children of the CNMI have access to healthy physical activities. YRBS activity data shows that only half the students played at least one sport in the past year. The WIC data for 2 to 5 year olds shows an increase in obesity/overweight with 10.1% of children in the program being obese and 21.8% being overweight. In addition, an increasing number of middle school students, 31%, self-report being overweight. Although nutrition/ food security and obesity was

ranked high for feasibility and impact as well as program capacity to affect change, safe schools and neighborhood programs was not. Although MCHB has limited capacity to affect change to physical and structural barriers, it was determined that promotion of the safe physical activity options that do exist was a valid priority for this population. This priority aligns with NPM #8- Physical activity.

Priority Need: Obesity related issues including nutrition and physical activity

National Performance Measure 8- Percent of children ages 6 through 11 years who are physically active at least 60 minutes per day.

Objective: By 2025, increase the number of children ages 6 through 11 years who report being active at least 60 minutes a day to 63%, an increase of 10% from baseline (53%).

Strategies:

1. Increase the number of children accessing well-child visits.

2. Provide information and resources for parents and caregivers to promote physical activity for children ages 6 through 11 years.

ADOLESCENT HEALTH

It was determined that screening for behavioral health, substance use disorders, trauma, depression and interpersonal violence issues would be integrated into the adolescent health visits to response to this identified need. Both the original and the adolescent specific surveys showed that coping skills, suicide prevention and mental and behavioral health in general are of utmost importance. In addition, YRBS data shows an increase in suicidal thoughts among teens. Suicide prevention was also ranked high for feasibility and impact as well as program capacity to affect change. This priority aligns with NPM #10- Adolescent well-visit. MCH intends to promote well visits for adolescents at which a holistic approach including promoting coping skills and preventing suicide as part of a behavioral health screening and assessment to be conducted at the well-visit.

Priority Need: Coping Skills and Suicide Prevention

National Performance Measure 10: Percent of adolescents, ages 12 through 17 years, with a preventive medical visit in the past year.

Objective: By 2025, increase the number of adolescents who access well visits to 55%, an increase of 13% from baseline (42%).

Strategy: Partner with the Public School System to increase the number of adolescents accessing adolescent health visits.

Priority Need: Support for individuals, families, and communities to make changes that will make it more likely for youth to be healthy and successful.

National Performance Measure 12: Transition- Percent of adolescents with and without special healthcare needs, ages 12 through 17 years, who received services necessary to make transitions into adult health care.

Objective: By 2025, increase the number of adolescents ages 12 through 17 years with and without special healthcare needs who receive transition services to 64% and 61%, respectively, an increase of 13% from baseline (51% and 48%, respectively).

Strategy: Provide education, presentations, and support to high school students and/or their parents in making transition into adult healthcare.

CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN)

Coordinated care and assisting parents and caregivers navigate the health care system was chosen as the priority for the children with special health care needs domain. It was the primary priority identified by the public input survey, shows room for improvement based on the data of only 46.8% of children with special health care needs reported having a medical home and no recent change in that percentage, the vast array of programs and agencies that contribute to services in this domain, and was ranked high for feasibility and impact as well as program capacity to affect change. This priority aligns with NPM #11- Medical home.

Priority Need: Helping parents/caregivers navigate the healthcare system

National Performance Measure 11: Percent of CSHCN ages 0 through 17 years who have a medical home.

Objective: By 2025, increase the number of CSHCN who report having a medical home to 39%, an increase of 26% from baseline (13%).

Strategy: Conduct outreach and provide peer support to families of children and youth with special healthcare needs.

SYSTEMS BUILDING

Building workforce capacity to improve the maternal and child health services in the CNMI was chosen as the priority. Participants voiced a need for trained, qualified professionals who could deliver services across domains. This incorporates the survey findings related to priority, family engagement and parent education. The second priority topic chosen by respondents was better

and clearer communication about healthy behaviors, health services and supports in your area. Community outreach was chosen as the preferred method for family engagement with 72.7% of respondents choosing that method. Home visiting was chosen as the preferred method of receiving parent education with 57.6% of respondents choosing that method.

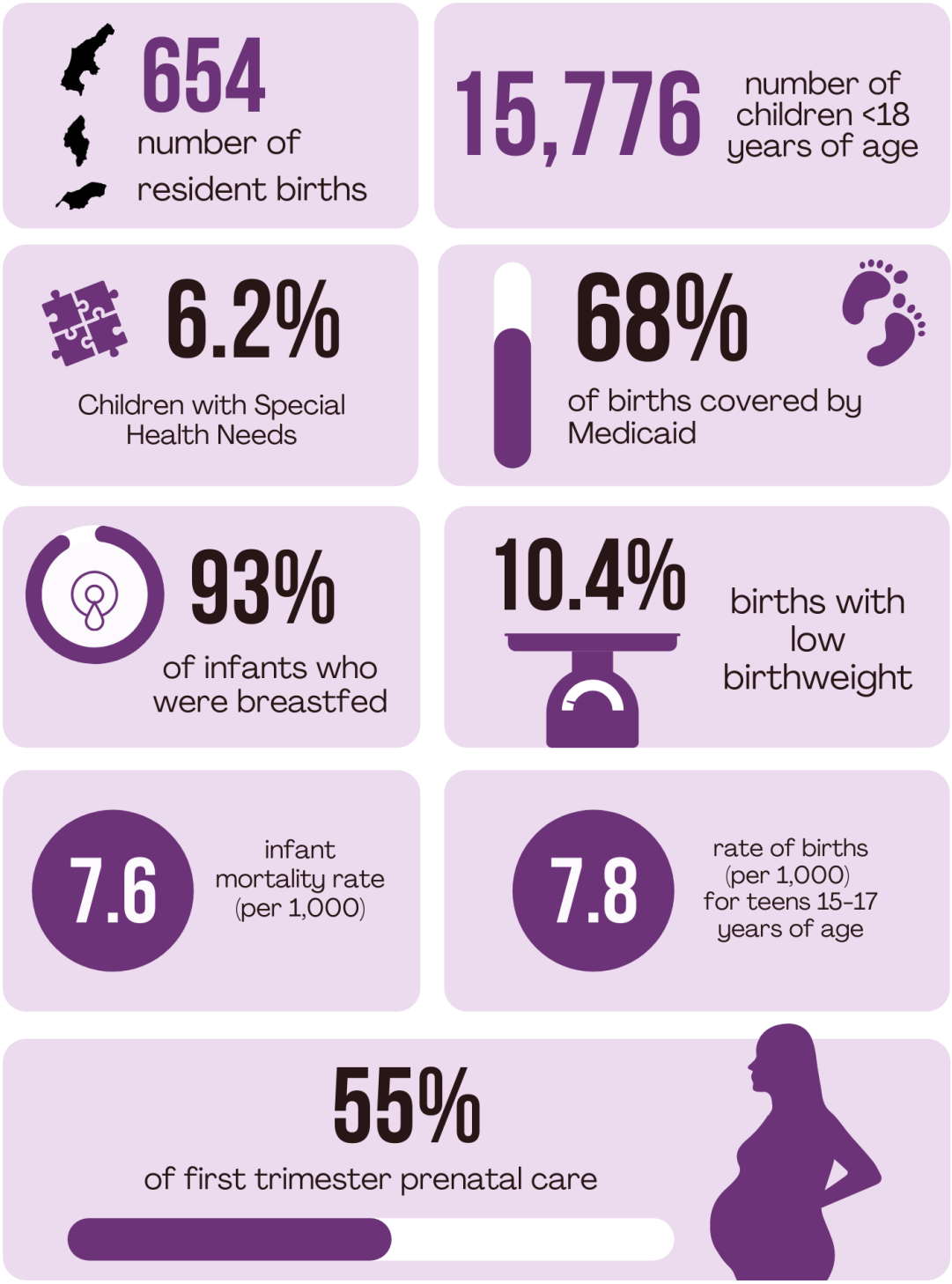
Priority Need: Professionals have the knowledge and information to address the needs of maternal and child health populations

State Performance Measure 2- Percentage of CHCC staff and other professionals who serve MCH populations that receive training on MCH priorities and/or related strategies.

Objectives: By 2025, increase the number of MCH serving professionals who complete training on MCH priorities to 25%.

Strategy: Provide training to CHCC staff and other MCH serving professionals.

KEY CNMI MCH INDICATORS- 2020



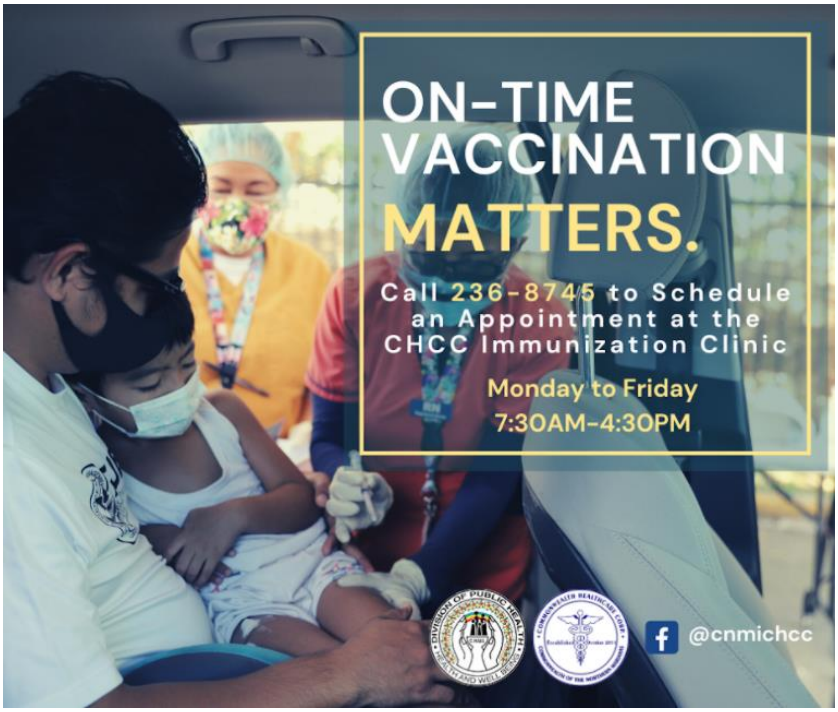
HOW TITLE V FUNDS SUPPORT MCH EFFORTS

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

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

MCH SUCCESS STORY

The year 2020 was a significantly challenging time for the entire world. Health departments across the nation were battling the rippling effects of the global COVID-19 pandemic. Vaccination rates among children were impacted with significant decreases in childhood routine vaccinations. In the CNMI, the CHCC was quick to identify the threat to vaccination coverage that the pandemic had and the risks associated with low vaccination coverage among our CNMI children. The MICAH Administrator, Child Health Coordinator, and MCH Services Coordinator, all positions funded through the MCH Title V Block grant partnered with the Immunization program and the Public School System to develop a strategy for addressing this child health emerging issue. At a time when the CNMI implemented strict restriction of movement efforts,



social distancing, masking, and crowd control measures, the team had to identify a strategy that allowed families to feel comfortable, and more importantly, safe in accessing services. The team developed a drive thru vaccination strategy with locations identified in various villages across

the island of Saipan. Vaccination data was assessed through the CNMI Immunization registry and families with children who were not up to date or needing catch up vaccinations were contacted by a team of MICAH program staff via telephone and scheduled for drive thru vaccination services.

As a result of these efforts, vaccination coverage rates were not only maintained, but increases in coverage rates were made. In 2020, 71.5% of children ages 19 through 35 months completed their combined 7-vaccine series, a 15.7% increase compared to 2019 (55.8%). Vaccination among teens against HPV increased in 2020 compared to 2019. Among adolescent ages 13 through 17, 95.6% received at least one dose of the HPV vaccine in 2020, an increase compared to 87.5% in 2019.