

# STATE TITLE V BLOCK GRANT NARRATIVE

STATE: MP

APPLICATION YEAR: 2005

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## **I. General Requirements**

[A. Letter of Transmittal](#)

[B. Face Sheet](#)

[C. Assurances and Certifications](#)

[D. Table of Contents](#)

[E. Public Input](#)

## **II. Needs Assessment**

### **III. State Overview**

[A. Overview](#)

[B. Agency Capacity](#)

[C. Organizational Structure](#)

[D. Other MCH Capacity](#)

[E. State Agency Coordination](#)

[F. Health Systems Capacity Indicators](#)

### **IV. Priorities, Performance and Program Activities**

[A. Background and Overview](#)

[B. State Priorities](#)

[C. National Performance Measures](#)

[D. State Performance Measures](#)

[E. Other Program Activities](#)

[F. Technical Assistance](#)

### **V. Budget Narrative**

[A. Expenditures](#)

[B. Budget](#)

### **VI. Reporting Forms-General Information**

### **VII. Performance and Outcome Measure Detail Sheets**

### **VIII. Glossary**

### **IX. Technical Notes**

### **X. Appendices and State Supporting documents**

## **I. GENERAL REQUIREMENTS**

### **A. LETTER OF TRANSMITTAL**

The Letter of Transmittal is to be provided as an attachment to 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**

Assurances and certifications are on file at the Division of Public Health. One recommendation from the mch advisory committee is to place assurances in the showcases here at the Division. We have put them up but have not been consistent because of the different themes that we feature each month in the showcases.

*//2005// no changes*

### **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; published June, 2003; expires May 31, 2006.

### **E. PUBLIC INPUT**

The CNMI maintains a State Point of Contact ? Office of Management and Budget ? for grants, which enables all agencies to review applications and offer comments. Public hearings/meetings are also held and these hearings are publicized in the media. Telephone numbers are easily accessible and are publicized throughout the islands. This is reinforced at community events, radio spots, television advertisements, and the home visit nurse.

The MCH advisory committee consists of members of various service providers and consumers. To assist us in ensuring active participation and because we all serve in the same committees/task force/councils, we are asking each agency to define their special interest such as policy development, service oriented, target population, finances, etc.

*/2002/ - no change*

*/2003/ - Direct lines are available for all program staff.*

*//2004// - We have a group of key staff at the Division assessing systems of care per each service we provide as part of the needs assessment. We completed prenatal care services. These findings will be provided to the advisory group. //2004//*

***//2005// - No major change. We have brochures about programs printed and distributed during our participation at community events. Please note that we have been actively participating in major community events. MCH staff are also members of other committees in which we have to report MCH activities to members or provide progress reports about MCH programs.***

## **II. NEEDS ASSESSMENT**

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

### **III. STATE OVERVIEW**

#### **A. OVERVIEW**

The Commonwealth of the Northern Mariana Islands (CNMI), in the Western Pacific, is located 125 miles north of Guam, 1,300 miles south of Japan and 3,700 west of Hawaii. There are 14 islands in the Commonwealth; the three inhabited islands are Saipan, Tinian, and Rota. These 3 islands are separated by ocean. Nearly 90% of the population lives on Saipan (Table 1). CNMI became a U.S. Commonwealth in 1976 and its residents (excluding foreign contract workers) are U.S. citizens but do not vote in national elections.

The annual population growth rate of the CNMI of 5.6% is amongst the highest in the world. According to the National Vital Statistics Reports, births in the United States increased 2% in 1998 (the first increase since 1990). The year 2000 population of the CNMI estimated at 72,101 (58,846 at 1995 Census) has more than tripled since the 1980 estimated population of 18,780. The 2000 Census total population for the CNMI is 69,221. It includes an indigenous population of Chamorro and Carolinian. Other groups residing in the CNMI include Micronesians from the Federated States of Micronesia, Republic of Belau, and the Republic of the Marshall Islands; Americans from the US mainland; Koreans; and Japanese (Table 2). The total population figure also includes an estimate of about 35,000 contract workers from the Philippines, China, Thailand, and other Asian countries. Due to its limited number of residents, the active workforce among the resident population is insufficient to sustain the rapid economic development and makes the CNMI dependent on contract workers. Most of these workers are between 18 and 44 years of age. The two largest groups of contract workers are from China and the Republic of the Philippines. During CY 2003 approximately 30,679 contract workers received alien health screening. Of this number 14,976 are from China and 12,474 are from the Philippines. There were 247 referrals made to the Chest Clinic and 59 referrals were made to the STD Clinic. Majority of the Chinese are contracted to work in the 5 garment factories. By law, all health care costs, including prenatal care visits, of all contract workers are encumbered by their respective employers. The problem is enforcement -- there are many unpaid hospital charges.

The median age of the CNMI population is 28.7 years. The average life expectancy at birth in the CNMI for 2000 is 73.1 years for males and 79.4 years for females (Table 2) while the United States' 1997 life expectancy rate at birth reached an all-time high of 76.5 years.

In 2003 the CNMI has a Crude Birth Rate of 18/1000 population (17.6/1000 population in 2002). The Crude Death Rate decreased to 1.06/1000 from 2.2 in 2002. (Table 3). Infant Mortality Rate for the CNMI in 2003 is 4.9 compared to 6.1 in 2002.

The ethnic make-up of live births continues to shift, with a decreasing proportion of indigenous live births and an increasing number of live births to mothers from Asian countries, especially Filipinos. Interestingly enough, majority of infants born to teen mothers are Chamorro. In CY 2003 67% of teen births are to Chamorros. The CNMI 2000 Census reported 5,000 Filipino women of childbearing age; for the Chamorro and the Carolinian the total for 2000 is 7,000. The CNMI 2000 census shows that there are 25, 836 in the CNMI aged 15-44 years. This ethnic and cultural diversity makes the delivery of health care a very challenging endeavor. Majority of these Asian mothers are non-resident contract workers but there is an increasing number who are married to U.S. citizens and citizens from the freely associated states. These women and their infants traditionally do not seek prenatal care services until time of delivery, thus having an impact on the increasing rates of high risks mothers and infants and low prenatal care rate. Furthermore, these women do not want their employers to know of their pregnancies for fear of deportation or non-renewal of contracts. As mentioned earlier, prenatal care costs are encumbered by the employer. In addition, they do not come back for postpartum care and some of these infants are send back to their respective countries without notifying the Department. Tables 5 and 6 illustrate service clinic utilization per ethnic group for 2000 and 2001.

The constant migration of Micronesians in and out of the CNMI creates a challenge for programs at Public Health. This makes tracking difficult for the program, for example Immunization Program, because the program is not linked to a system that identifies infants/children who exited the islands.

We are currently working with the leaders of the different ethnic groups to assist us with our immunization campaigns to identify villages where these children are living and to also identify the ones that have left the islands.

Currently majority of nursing staff are Filipinos contracted from manpower agencies. There are three manpower agencies providing nursing staff to the Department. The nursing staff for Public Health Clinics -- Women and Children's Clinic, Southern Community Wellness Center, and Northern Community Wellness Center -- includes 9 manpower agencies in which 5 are NCLEX certified, 3 local hire all NCLEX certified, and 2 nursing assistants. There is currently an initiative by Governor Juan N. Babauta waiving NCLEX certification for contract workers.

A critical issue currently facing Department of Public Health (DPH), that has added a tremendous burden to the manpower shortage, is that nurses are required to pass the nursing examination (NCLEX) or be demoted; some would opt to resign than be demoted as it affects the salary. This only applies to government health facilities. One solution addressing the shortage of medical professionals is Senate Legislative Initiative No. 10-4. It was passed to amend Article III, Section 20 of the Commonwealth Constitution "to permit legislation allowing retirees to reenter the work force as doctors, nurses, and other medical professionals without losing their retirement benefits and to help reduce reliance on nonresident labor to fill these positions". Table 7 illustrates staffing at the Public Health Clinics.

The Southern Community Health Center, located in San Antonio, has recently reopened servicing the most southern residents and others in need of prenatal care, immunization, family planning, as well as routine blood pressure and sugar level screening. The Center reopened on April of 2001. Because of manpower shortage the staff currently includes two registered nurses, one nursing assistant, one midwife that services both wellness centers, one women's health nurse practitioner, and a physician that also provides care at both wellness centers. There has been an increase in the utilization of family planning services and prenatal care services for adolescents. The monthly logbook shows about 6 more adolescents per month are seeking family planning services than this time last year. There are plans to do renovation at this center by adding an extension to the building to accommodate the high utilization of the center.

In our efforts to ensure 0% disparity and 100% accessibility, the Division is bringing services out to the community. This is evident with the opening of the Northern Community Wellness Center in March of 2003. The center is located in San Roque Village, in the northernmost part of Saipan. The same staffing pattern is also available at the Northern Community Wellness Center. The Division is currently working on leasing the house adjacent to the center to be used as the women's health center. Space is a big problem for the Northern Community Wellness Center - put down exact size

There are five private health clinics on the island of Saipan. Of the five private health clinics, PacifiCare is one that can be classified as a managed care facility. Patients who are enrolled under the PacifiCare program still get referred to the Public Health Clinic, i.e., for GYN services. At the private clinics there are four Family Practitioners, three Internists, one OB/GYN, one Pediatrician, one Physician Assistant and two Medex. Four of the five clinics render immunization services per MOA with the Department. Vaccines and staff training are provided to the private clinics. During awareness weeks, such as Breast and Cervical Screening Awareness Week, activities are planned with the private clinics. Health talks are done in collaboration with providers from the private clinics. There are two private clinics that have privileged at the Commonwealth Health Center (CHC - the only government run hospital on Saipan).

Medicaid Clients seek health care at DPH because it is the only facility that accepts Medicaid insurance. Uninsured patients are also seen at the Public Health Clinics. No one is turned away regardless of the ability or inability to pay.

/2002/ - there were no major changes other than updating numbers. The shortage of nurses and

physicians has resulted in the closing and reopening of Southern Health Clinic with limited services such as family planning services.

/2003/ - update numbers

//2004// - The economy of the CNMI has been dependent on two major industries, firstly tourism and secondly garment manufacturing. Because of its proximity, Japan is CNMI's major source of tourism. However, the economy of the CNMI has been severely impacted by the economic down turn of Japan. Tourists coming in from Japan decreased; during FY 2001 497,601 tourists came to the CNMI while 423,198 tourists came in FY 2002. Private companies, such as Duty Free were reducing work hours. In addition, the CNMI tourism has been severely affected by the September 11 2001 incident and recently the outbreak of SARS.

The government, just like the mainland or any of its Pacific Island counterparts, has difficulty balancing the government budget. Health care, although has been always been a priority for any administration, suffers major funding cut. The CNMI Department of Public Health has to prioritize meager resources to meet the health care needs of the community. With the economy suffering, people are dropping off their insurance coverage. As the only comprehensive health care provider available on island, the Commonwealth Health Center continues to provide the necessary health care to the community despite the despite their ability to pay.

The funding of the Medicaid program of the CNMI is unique and different from the mainland. Whereas the mainland states have been provided Medicaid funding based on population, the CNMI and other United States territories Medicaid program have been funded by the Federal government through a fixed ceiling amount with a yearly adjustment based on consumer price index. Average yearly funding for the CNMI Medicaid program is \$5M; while it yearly operational cost averages \$7M to \$8M. Again, the Commonwealth Health Center, being the only government health care provider, continued to cover the gap in the Medicaid program.

Other than the Medicaid program, the CNMI government has not established other health care program available for indigent population. Considering the funding limitation on the Medicaid program and still the continuing economic plight of CNMI, patients falling below the Federal poverty income level (Hawaii rate) are increasing. These patients because of their inability to pay are provided health care at the Commonwealth Health Center, with their medical bills ending as a write off.

CNMI embarked on a program to improve the ability to protect its citizens from bioterrorism. Using grants from both the CDC and HRSA, the CNMI Bioterrorism Preparedness and Response Program was formed and added to the responsibilities of the Division of Public Health. As the program was in its first year, much of the effort was related to education and training. In addition, CNMI participated with other Pacific jurisdictions in a number of public health drills, including a national anthrax drill. The program will advance to finalize public health plans this year, continue to participate in exercises designed to improve our capacity, and add personnel to improve syndromic surveillance for the CNMI.

SARS - CNMI was one of 20 U.S. Airports placed on Alert Status from the threat of SARS. The Department of Public Health formed a SARS task team that was charged with protecting the fragile health system from this new infectious disease. Towards that end, the Department of Public Health developed a plan to improve SARS Surveillance at the airport and seaport, screening more than 1000 passengers and arrives each day of the SARS threat. In addition, the CNMI physicians and nurses were given continuous education to update their skills and capacity to prevent SARS spread in the event of an actual case. The effort of the Department was outstanding, and no SARS cases were imported into the CNMI due to these efforts.

SMALLPOX - In 2002, CDC tasked the CNMI to create a Smallpox Response Plan. This plan included both a Pre-Event Plan and a Post-Event Plan. The plan involved a number of key Public Health programs, including MCH and Immunization programs. The Smallpox Plan will be exercised this year, and the CNMI will likely initiate actual smallpox vaccination for both hospital medical

providers and CNMI Public Health personnel needed for case detection and isolation.

**SAFE WATER INTERAGENCY GROUP** - In 2002 the CNMI Department of Public Health actively participated in ongoing multi-agency efforts to improve the quality of drinking water in the CNMI. While the task is daunting, a number of efforts were put forward to improve the safety and quality of drinking water for our residents. Department of Public Health continues to play an active role in this important public health task.

**CNMI TOBACCO CONTROL COMMITTEE** - CNMI Department of Public Health personnel continue to be involved in a multi-agency group for designed to decrease the burden of tobacco-related diseases in the CNMI. Recent data showed that CNMI youth rank 3rd worst in the world in the amount of tobacco used by our youth. This committee has been working to increase the anti-tobacco presence in the CNMI, appropriate anti-tobacco funds, and insure that CNMI is taking the right steps to protect the health of its next generation.

**CNMI SIN TAX** - CNMI Department of Public Health personnel were closely involved in a process to raise the local tax on products containing alcohol and tobacco. No other intervention is considered as effective in reducing use of tobacco among teenagers. The promulgation of the sin tax was successful, and more than \$1 million has been set aside for public health programs because of this effort.

**CNMI 330 Grant** - CNMI initiated a 330 Grants Application to provide care to residents of the most underserved area in the CNMI. Department of Public Health personnel were principally involved in this challenging application process. Although we remain optimistic for an award in the upcoming months, a determination of the final status of the grant is still pending at this time. //2004//

*//2005// - numbers update in the narrative.*

***CNMI 330 Grant - The CNMI was not approved for funding for this grant. However, with the lead of the MCH Coordinator, we again submitted the grant in June 2004 because of the need to establish a community health center in Kagman -one of the fastest growing villages in Saipan. We are very optimistic for approval for our second round for this grant application. MCH services will be provided once the community health center is established.***

***CNMI Sin Tax - Due to the lost of our funding for the CNMI Breast and Cervical Screening Program, we are using 30% of the sin tax funds to continue with this program. Funds are also used to help reduce the burden of diabetes for CNMI residents.***

***Wellness Centers - Southern Community Wellness Center and Northern Community Wellness Center - we have recruited one midwife and two community health nurses to work at the centers. We have also recruited one family practice physician to work at both centers. We are currently working on extending the building to accommodate the growing numbers of clients - monthly average is at 600 clients for Southern and 320 for Northern. We are in the process of leasing the house adjacent to the northern wellness center to be used as a women's health center. The northern wellness center is currently -- state size. We have conducted patient satisfaction survey at both wellness centers and have initiated a new form for logging clients (please see attached).***

***Teen Clinic - Last year Governor Juan N. Babauta put out the Governor's Education Initiative: "Healthy Students Pilot Program" in which the Division of Public Health collaborated with Marianas High School and wrote the proposal that was chosen. Funds will help fund an adolescent health clinic situated at this high school. This school-based approach will provide services that target the physical and psychological health needs specific to the adolescents. Services and programs will take a proactive approach designed to increase access to and utilization of primary care services by adolescents in need so that they can achieve optimal health and maximum benefit from their education. The Division has been working with***

**Marianas High School since 1998 to open a teen clinic. There is a building that was constructed since 1998 that has 2 examination rooms, a shower, restroom, and a large waiting room. 45% (2,566) of Saipan's public high school students are enrolled at Marianas High School (there are two other public high schools in Saipan). One of the newly recruited community health nurse is currently stationed at the Teen Clinic.**

**Insurance - The government run health insurance plan was given out to a Hawaii based HMO. Currently, payment priorities of this health insurance plan are for off-island health care costs and therefore at the present time only the Commonwealth Health Center sees patients that have this specific insurance plan. Because of non-payment to the private clinics for the past two years, they have stopped seeing patients with this plan. This has put a tremendous burden for the Department since Medicaid patients are seen only at the Commonwealth Health Center and the uninsured.**

**In the village of Kagman and the surrounding areas known as District 10, the lack of access to medical care, a high number of uninsured and unemployed, and poor health rates are the main reasons we again submitted our second application for Section 330 grant - Bureau of Primary Health Care. Health issues include low immunization rates, poor oral health care, early onset of diabetes, late prenatal care visits. high rates of diabetes and cardiovascular disease, teen pregnancy and teen use of tobacco and alcohol. This community is located on the eastern side of Saipan with a population of 15,845. This area is both a residential and farming community with primarily Chamorros and Carolinians residents. There are two Head Start schools, one elementary school, one middle school, and one high school that are located in the village of Kagman. Access issues include there are no private or public health services available in District 10 - the nearest health facilities are located on the west side of the island, and there is no public transportation available on Saipan.**

**In Governor Juan N. Babauta's State of the Commonwealth Address delivered in April 2004 he went over some of the administration's platform agenda and one of them is 'to build a healthy community' - he mentioned the Southern and Northern community wellness center where mothers, children, elderly, infants, can get preventive services such as immunization and prenatal care. And now our mission to open a community health center in the village of Kagman so we can keep making health care friendly and easy to reach for everyone. //2005//**

## **B. AGENCY CAPACITY**

The MCH Program is administered through the Division of Public Health, Department of Public Health. Currently the MCH program addresses teenage pregnancy intervention, prenatal and postpartum care, family planning, breast and cervical screening, childhood immunizations, well childcare, children with special health care needs, early intervention service and primary care for women and children.

The mission of the Maternal and Child Health Program is "to improve the quality of life of all mothers and children by providing preventive and primary health care services". Most of the clinical services are provided at the Public Health Clinic (Women's and Children's Clinic), located at the Commonwealth Health Center, with the assistance of pediatricians and obstetricians from the Hospital Division.

Preventive and primary care services for pregnant women, mothers, and infants:

Prenatal Care: Prenatal care is provided at the Women's Clinic located at the Commonwealth Health Center, Rota Health Center, Tinian Health Center and Southern Community Health Center. A physician evaluation, routine screening tests, prenatal counseling and education, and monitoring the baby's growth and the mother's condition are part of the prenatal care visit. Staffing includes three OB/GYNs, three Midwife, four registered nurses, one nursing assistant, and one licensed practical

nurse. 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 priority goal of the program. Another goal is 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. Voluntary testing for HIV is also available at the clinic. Prenatal Education classes are also provided every Thursday. A high-risk clinic is also available for pregnant women with diabetes, heart problems, or with a special health care need. Gynecological services -- pap smears and consultations are also provided at the Clinic. During CY2002 372 patients received gynecological services at the Southern Community Wellness Center (SCWC), 1,407 visits were for prenatal care (first and revisit). For prenatal 1st visit a total of 760 came at SCHC while 855 were seen at the Women's Clinic. The encounter forms for prenatal visits are revised to promote a user-friendly environment.

**Postpartum Care:** This clinic is held twice a week on Tuesdays and Thursdays at the Public Health Clinic and Southern Community Health Center. 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. The six weeks follow up visit for infants is incorporated into this appointment. Basic immunization series along with the second dose of the Hepatitis B vaccine is initiated. A health care provider also conducts routine well baby examination. There were 13 patients seen for postpartum at SCWC.

**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. Names and numbers of the members of the breastfeeding support group are also given out. The Clinic is held on Thursdays. During CY2001 534 clients were seen at this Clinic.

**Family Planning:** The primary focus of the Family Planning Program is the prevention of teen pregnancy. Tables 1, 2, and 3 illustrate numbers of teen pregnancy. Many of the teenage pregnancies are out of wedlock and do not have the family environment that is optimal for the raising of children. Teenage mothers are more likely to have subsequent pregnancies and are at higher risk of not completing their education.

The teen birth rate for CY2002 is 31.7 per 100,000. This covers age 12-19 years. There is a decrease in teen births in CY2002 (109) compared to CY2001 (152) and the same is true for live births -- CY2002 1,289 and CY2001 1,451. During CY2002 250 teenagers came in for family planning services.

**CNMI Breast and Cervical Screening Program** provides free screening services to medically underserved women. These are women who have never or rarely been screened for breast or cervical cancer. Funding for the program is from the CDC National Breast and Cervical Cancer Early Detection Program. The criteria for eligibility are: one year of residence in the CNMI (for non-residents a passport entry date); 50 years and over for mammogram screening, 40-49 with high risk factors; 18 years and over for pap smears; family and income size; and insurance status. Transportation for appointments is also available. Services are provided from Monday to Friday from 7:30 a.m. to 4:30 p.m. and on Thursdays from 4:30 p.m. to 7:30 p.m. Services include pap smears, pelvic exam, clinical breast exams, and instruction and education on self-breast exams. Mammograms are done by appointment upon completion of the clinical breast exam. Clients from Rota and Tinian are flown to Saipan to get their mammograms. For CY 2002 the program screened 799 eligible women received pap smears and 160 received mammograms. The program works closely with MCH in screening, tracking, and follow-up of cases, public education and outreach activities, and awareness month. This collaboration between the two programs has allowed for an extensive public education and outreach coverage.

**STD HIV Prevention:** Services include STD counseling and education, HIV pre and post counseling, partner identification and notification, treatment, and follow up. There have been a total of twenty-five

(25) persons with known HIV infection residing in the CNMI since 1997. Twenty-three (23) of the 25 tested positive in CNMI. All of the cases consist of the following: 2 perinatal transmission, 5 men who have had sex with men (MSM) (3 of the 5 were Chamorro), 15 were of heterosexual (4 men, 11 women) and 3 unknown sexual preference (2 men, 1 woman). Since 1997, the epidemiology has been changing to include a teenager, perinatal, and heterosexual men and women (Table 4). Five of the twenty-five reside on Saipan; none on Tinian; and one on Rota. Two died in Saipan, three died elsewhere, and fourteen have left the islands. The mean age at the time of HIV sero-positivity was 26.4 years (range 4 months --48yrs.). The year-end prevalence of HIV infected individuals for 2001 was 36 per 100,000. This is the highest percentage followed by Chuukese and then Chamorros (Figure 1).

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 conducts surveys. 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. A clinic/treatment room was established for STD, HIV/AIDS clients. This expands services for non-resident workers referral for RPR testing, provide adequate counseling, testing, and treatment for clients. The clinic is held every Tuesday and Thursday at the office located away from the Commonwealth Health Center. A staff is stationed at the Northern Marianas College once a week. The program provides STD/HIV/AIDS education to hotels, private business, and garment factories.

Immunization: The Immunization Program continues to prove successful because of the commitment and effort of the Program and Tracking Coordinators. The walk-in clinic at WCC and the Saturday morning clinic have enhanced efforts to reach the 90% immunization rate for two-year olds. The immunization coverage rate for the Head Start Program for 1999-2000 enrollees is 92%. Nurses have gone to Head Start, and Kindergarten schools, Hopwood Junior High School and Marianas High School for immunization of delinquent students. 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). Table 5 illustrates vaccine preventable disease morbidity for the CNMI.

A school health certificate is issued upon completion of immunization. By law, all children are required to be up-to-date on their immunizations before they can enter school. Currently, the Program is working on a policy for adult immunization. Another concern is the tracking and follow-up of families for mothers who test positive for Hepatitis B.

Well Baby/Child Clinic: The Well Baby/Child Clinic functions as a component of the pediatric section of the Women's and Children's Clinic (WCC). Immunizations, health education and counseling including nutrition, assessment and monitoring for growth and development and other underlying health problems, and physical exams are some of the services provided. The promotion of breastfeeding is actively done during prenatal care visits and well baby visits. EPDST is also incorporated into the Well Baby/Child Clinic visits in order not to duplicate services and because of manpower issues. The staffing includes 4 pediatricians, 1 Nurse Practitioner, 6 RNs, 1 LPN, and 3 Nursing Assistants. There were 862 well baby visits, including immunizations, for CY2002 at SCWC.

CNMI Newborn Hearing Screening Program: The Department of Public Health in collaboration with the Public School System Special Education Program applied for the Universal Hearing Screening Grant and was approved last year. Hearing screening for newborns is now a part of standard care for all infants born at the CHC and will ensure that each child who is deaf or hard of hearing has the opportunity to reach their potential by removing the barrier of late identification. We started screening July of 2002. There were 1,160 newborns tested from July 2002 to May 2003.

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.

Home visits have been limited to physicians' orders due to manpower shortage.

/2003/ - the development and implementation of the Prenatal HIV testing and counseling policy.

//2004// - Awareness week/month such as HIV/AIDS awareness month last December was a success. We also conducted a village immunization campaign. We will continue to do this. Public Health continues to be active with community events. We have applied for the Section 330 grant. Above services are provided at the newly opened Northern Community Wellness Center. A nutritionist was recruited this year with experience in gestational diabetes management. We are in the process of recruiting one more nutritionist. Continue to work on the application to the WIC program. The 17th Annual Region IX Pacific Basin conference was held in Saipan in May. About 40 participants from the other jurisdictions attended the conference. Please note that we have lost funding for the CNMI Breast and Cervical Screening Program. The Division is committed to this program and will continue to provide these services. The MCH Coordinator has been appointed committee member of the HIV Community Planning Group. The Division has television advertisements on services provided at the clinics and wellness centers to increase awareness. Staff has been guests on the live television program called "I Tano ta" on health topics. //2004//

Preventive and primary services for children:

School Health Program: Routine physical examination (including hearing and vision screening) is provided to all children entering school for the first time. School health certificates are issued to children who have completed the required vaccinations for that age group. Children are routinely bussed in from the schools for dental examinations. The challenge for the school health program is to have parents schedule physical examinations early and not wait until July and August. For CY 2001 1,250 children received school physical examinations.

Dental Fluoride and Sealant Program: There are two parts to this program: The first one is school-based in which classroom presentations and hands on activities are provided to the students on dental care and hygiene. Teachers are also trained on the administration of the fluoride tablets to students from Kindergarten to sixth grade. The second part of the Program is clinical-based. Students in the first, second, fifth, and sixth grades are bussed to the clinic for dental sealant, oral health instructions, and are assessed for caries and periodontal diseases. These children are given report cards on dental finding so parents can make necessary appointments for further dental procedures.

Services include general dentistry such as sealant application, fluoride tablets, education/counseling, community outreach activities, cleaning, extraction, fillings, prophylaxis, and dentures. The Head Start Program buys the fluoride varnish and the Clinic applies the varnish. This procedure prevents early childhood caries. Baby bottle tooth decay is addressed at the prenatal education class. The staff works closely with the legislature on implementing preventive regiments such as bottled water fluoridation. The upgrading of equipment is one priority of the program.

Staff includes two Dentists (last year one dentist was not renewed thus there was only one dentist for about 7 months), two Lab Technicians and six Dental Assistants. Recruitment for a dental hygienist is still pending. During school year 2002-2003, 2,610 students from public and private schools from grades 1st, 3rd, and 6th were assessed and received sealant (Table 6). The clinic provides services to about 75 patients per day. Tables 7 illustrate the dental health sealant program for 1st, 5th, and 6th graders school year 2001-2002. Children enrolled in Head Start Program were also assessed. Our staff has been actively working with the program to treat those children who have caries.

Community Guidance Center: (formerly known as Mental Health and Social Services) School staff and other service providers work closely with the staff of Community Guidance Center in areas of substance abuse, counseling, suicide, etc. The staff consists of two Clinical Psychologists, two Psychiatrists, three substance abuse counselors, two Social Worker Assistants, two Social Worker I, two Social Worker III, two Mental Health Counselors, one Child and Family Therapist, one Addiction Specialist, one Recreational Therapist, Health Educator, and administrative and support staff.

Well Baby/Child Clinic: Screening for vision and hearing are done for 5 years and up, dental, anemia, tuberculosis, and physical conditions are done on a regular basis. The promotion of breastfeeding is actively done during well baby visits. EPDST is also incorporated into the Well Baby/Child Clinic visits in order not to duplicate services and because of manpower issues. There are currently 3 full-time pediatricians at the Children's Clinic.

/2002/ - only numbers change; sealant is no longer provided to 2nd graders. Grant recommendation on Oral Health is addressed on pages 20-21.

/2003/ -only numbers change.

//2004// - change in numbers. Please note that above services are also provided at the Northern Community Wellness Center. A nutritionist and a dentist were recruited in April and June of this year. Shortage of vaccines and not taking walk-ins decreased our immunization rate. There is also a pediatric nurse practitioner that was recruited December last year. We have updated our MOU with Head Start and is currently being reviewed by legal counsel. //2004//

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. The program, in its efforts to promote family and community-based center, is located at the Children's Developmental Assistance Center. 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. One priority of the program is to identify, monitor, and track CSHCN. Specialty clinics, such as Pediatric Cardiology, and Shriners Children Hospital, are conducted throughout the year. Some activities include a training workshop for care coordinators in assistive technology, CSHCN Registry; computer class on Word and Excel; Open House; CSHCN Registry, and activities such as Easter egg hunt and weekly play group.

Another avenue of ensuring that this special population receives needed care is through videoconferencing. This is done with physicians in Honolulu where clients are evaluated or follow-up with physicians at the Department for recommendations or follow-up care. Parents have commented that they really like it and the children enjoy seeing themselves on television.

The challenges of the program include the lack of qualified professionals on-island for specialized services; clients who do not qualify for SSI, Medicaid, etc., because of citizenship status; and the lack of respite care facility for families of CSHCN.

/2002/ - no change.

/2003/ - no change

//2004// - there is an ENT physician at the Department. We have been working with the Hillbloom Foundation in bringing in specialists from California for children with cleft palate. Public Health staff was part of a committee that wrote the real choice system change grant under the CNMI Council on Developmental Disabilities. For the first time since 1999 a nutritionist is part of case management for our target population. The Division continues to work with other parents and other agencies in referrals, translation of materials, awareness month, present at public hearings on laws/initiatives, etc. //2004//

**//2005// - Preventive and primary care services for pregnant women, mothers, infants and children:**

**1. The clinical protocol for management of pap test results have been written and signed.**

- 2. Maternal and child health services are provided everyday at the Southern and Northern Community Wellness Centers. In the past, this was not practiced: i.e., Mondays and Wednesdays were only for prenatal first visits.**
- 3. The lack of pediatrician (only 2 from December to April of 2004) have set back the appointments for well baby care.**
- 4. DPH is still working with WHO for training of staff. We have completed the training for the environmental health staff on food safety matters and we are still working on training for the Dental Assistants.**
- 5. Childbirth preparation and early pregnancy classes is available to everyone again. The assessment of the prenatal class that was offered in the past showed the need for someone to coordinate the classes. Public service announcements were done in all the newspapers including television and radio. There is a direct line set up for people to call for further information or registration.**
- 6. Conducted patient satisfaction survey for the two wellness centers (first time it has been done since the opening of Northern Community Wellness Center (see attachment for results).**
- 7. The recruitment of two community health nurses has improved our work in providing direct health services to the community. The recruitment of Dr. Joanne Lysack, family practitioner, for the wellness centers have also ensured the delivery of services.**
- 8. The Division of Public Health restructured it's emphasis to ensure 100% accessibility to the community by giving back management of the women's and children's clinic located at the Commonwealth Health Center back to Hospital Administration. The division's management is over the two wellness centers only. MCH services are still provided at the women's and children's clinic.**
- 9. The Division has also restructured the emphasis of Dental by focusing on children, the elderly and the indigent. However, with Dr. Ventura's assistance, we again are including dental care in our prenatal service.**
- 10. Kagman community health services was conducted (see attachment)**

**We are currently finishing up the cshcn telephone survey. Our biggest challenge is that there are quite a number with no contact numbers or that their contact numbers are no longer in service. We have packets that are distributed at the maternity ward on the growth and development of infants. //2005//**

## **C. ORGANIZATIONAL STRUCTURE**

The Department of Public Health is a line department in the Executive Branch of the CNMI government. The CNMI's State Title V Maternal and Child Health Program is administered through the Division of Public. This includes all primary and preventive services for pregnant women, mothers, infants and children, and children with special health care needs. The authorized representative is the Secretary of Public Health, who is appointed by the Governor and serves as a cabinet member. The Governor also appoints the Deputy Secretary for Public Health Administration.

The Department of Public Health is the sole provider of comprehensive health care services in the Commonwealth. The Department consists of three Divisions: the Hospital Division (Commonwealth Health Center), Division of Public Health, and the Community Guidance Center formerly the Division of Mental Health and Social Services. There are two Program Offices -- Medicaid Program and the Medical Referral Program.

The mission of the Department is "to protect the community from preventable diseases, to improve access to quality health care services, and to empower the community by providing health education and information to living healthier lifestyles". The Department, through the Commonwealth Health Center, provides a wide range of primary and preventive (public health) and curative health services aimed at protecting and improving the health and quality of life for the people of the Commonwealth. The Health Center is a 74-bed capacity facility located on Saipan. Sub-hospitals are located on the

islands of Rota and Tinian. There are two wellness centers on Saipan.

PL 1-8, Chapter 12, SS2 gives the Department the power and duties of the following:

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.

All Division of Public Health staff report to their immediate supervisors/managers and they in turn report to the Deputy Secretary.

/2002/ - no major changes

/2003/ - The CNMI's new governor is the Honorable Juan N. Babauta and the new Lieutenant Governor is the Honorable Mr. Diego T. Benavente. In line with the change in administration, the Department has a new Secretary of Public Health, Dr. James U. Hofschneider; the new Deputy Secretary for Public Health Administration is Mr. Pedro T. Untalan. Please note new organizational chart -- supporting document #1.

//2004// - no change in organizational structure except for the addition of Northern Community Wellness Center. //2004//

**//2005// - we are working on the organizational chart due to the recruitment of key staff and the changes in titles. We hope to complete the chart by early October. The CSHCN program coordinates specialty care that is needed by the clients. Early intervention services is provided in collaboration with the Public School System. //2005//**

## D. OTHER MCH CAPACITY

The Maternal and Child Health Program is administered through the Division of Public Health, Department of Public Health. Primary and preventive health care services are provided at the Women and Children's Clinic, Southern Community Wellness Center, and Northern Community Wellness Center.

Key staff that work on Maternal and Child Health Programs:

Secretary of Public Health: James U. Hofschneider, MD, has the overall responsibility for all programs within the Department of Public Health. Dr. Hofschneider' specialized training is in Internal Medicine. He received his medical degree from John A. Burns School of Medicine, University of Hawaii. He has been working for the Department since 1986.

Deputy Secretary for Public Health Administration: Mr. Pedro T. Untalan was appointed by the Governor to oversee the Division of Public Health. He has a Masters Degree in hospital administration. His expertise in the health field is health planning. He was the Special Assistant to the former Secretary of Public Health. He has many years of experience in hospital administration. He has been with the Department since 1986.

Public Health Medical Director: Richard Brostrom, MD, has been the Public Health Medical Director since July 2001. Dr. Brostrom received his medical degree with honors from the 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 is the former Chair of the Department of Family Medicine, and has served as Medical Directors for numerous clinics. He continues to provide regular medical care services whenever possible, focusing on women's health, obstetrics, and pediatrics.

Maternal and Child Health Coordinator: Margarita Torres Aldan is the MCH Coordinator for the Division. She holds a Masters Degree in public health -- health service administration -- from the School of Public Health, University of Hawaii. She received her Bachelor of Science degree from the University of Colorado, Denver. She has experience in social work, including interagency liaisons, adolescent health, and services for children with special health care needs.

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

Manager, Health Planning and Statistics Office: Mr Isidro Ogarto was recruited in April of 2003 for this position. Mr. Ogarto brings his statistics experience with him working at the Department of Commerce, Central Statistics Division. He is also the CNMI's State Data Contact for AMCHP.

Accountant III: Ms. Frances Pangelinan has the responsibility to ensure that funds, both federal and local, are spent in accordance with program plans and activities. She has been working for the Division of Public Health since 1989.

Public Health Nursing Manager: Ms. Rosa Tudela, RN, has been in this position for the last four years. She received her BSN from College of St. Theresa in Minnesota in 1984. She has been instrumental in ensuring the continuity of service at the Women and Children's Clinic. She has been a team member for the MCH grant reviews for the past three years.

Clinical Coordinator: Ms. Francisca Rechebong, RN, was recently assigned this position. She received her BSN from San Jose State University in 1994. She will be in charge of the daily activities and projects for the two wellness centers. She is also the Family Planning Coordinator. Ms. Rechebong has been with the Division for 15 years.

Nutritionist: Ms. Jill Vanderkin, RD, is the newly recruited Nutritionist for the Division of Public Health. She graduated from University of Wisconsin in dietetics in 1998 and completed her internship at NIH in Bethesda, MD. Since then she has been working with the Hopi and Navajo Indians on the reservations in Arizona, specializing in nutrition and diabetes. She is scheduled to take the CDE exam this October.

There is three key staff at the Health and Vital Statistics Office. This is where birth and death certificates are processed. The staff is also responsible for data entry in the birth and death database. Data requirements used in program planning and evaluation and grants is received from this office. Training continues to be a priority for the staff in this office; training on-island is unavailable especially for data analysis.

The Accounting Office continues to provide support such as fund status summary report, processing of purchase orders, payments, and update recruitment vacancies. The two staff ensures that funds are spent in accordance with federal guidelines and Department of Finance and Accounting.

The Health Promotion and Wellness Office is staffed with 3 people. The staff continues to ensure that the community is informed and educated with respect to health issues and mobilize community partnerships in identifying and solving health problems per Department's mission. The staff works with

all programs and strengthens collaborative efforts and partnership with other agencies.

Parents of children with special health care needs (cshcn) have been active since the creation of the Parent-to-Parent group. These parents have children ranging in the age of 0-21 years. Some of these parents participated as panel members in a meeting for people with disability held by the Developmental Disability Council. Some have attended training on assistive technology. They have been instrumental in ensuring that service providers and agencies held meetings twice a year to update them in rules and regulations. These parents have been instrumental in getting other cshcn parents to be members of advisory committee, interagency committee, and especially in being more vocal in the decision process in the areas of medical and related services that are needed by their children. The weakness in this is that we find that the same few parents are the most active. Others become active for one year or so.

MCH program staff work with other public health program such as diabetes and chest clinic. Medical providers and nursing staff provide clinical services and also health education and information and other consultation in project/activities to our target population.

//2002/ - Dr. Farhana Habib was recruited at Public Health Medical Director in July 2000. She resigned in March 2002. Dr. Richard Brostrom has been recruited for this position and will start work in July.

//2003/ - Dr. James U. Hofschneider is the new Secretary of Public Health. Mr. Pedro T. Untalan is the new Deputy Secretary for Public Health Administration and Dr. Richard Brostrom is newly recruited as Public Health Medical Director. A nutritionist will be coming to work in November of this year and another one is in the process of being interviewed. The two nutritionists will be working for the Division of Public Health.

//2004// - The Computer Specialist II went on leave and then e-mailed the Deputy Secretary and resigned due to an illness in his family off-island in August 2002. A Statistician has been recruited in April of 2003. The nutritionist that was scheduled to work in November of last year wrote to decline. Fortunately, we have recruited another nutritionist in April. A Dentist was also recruited June of this year. //2004//

**//2005// The Division is routing the recruitment papers for the Manager for the Children's Developmental Assistance Center that provides early intervention services for 0-3 years of age.**

**Clinical Coordinator/Nursing Manager - Latisha Lochabay, MSN, CNM was recruited in January 2004, to coordinator clinical services within the Division of Public Health as well as provide clinical services to women and teach prenatal classes. She graduated from Vanderbilt University with a Master's Degree in Nursing, specializing in midwifery; she has practiced as a midwife and taught student midwives, medical students, and resident physicians the art of normal childbirth.**

**Systems Administrator - Elizabeth Palacios was recruited in April of 2004. She graduated from Florida State University in management information systems and multinational business operations.**

**Ms. Patricia Aldan**

**Community Health Nurse - Carol Paez, RN, received her BSN from University of Hawaii. She was recruited in January 2004 to coordinate services as the newly opened Adolescent Health Center at Marianas High School. additionally, she assists with the referrals of cshcn and assists at the specialty clinics.**

**Joanne Lysack, MD**

***There are four staff at the STD/HIV program, four staff for the immunization program, three staff for breast and cervical screening program, and four care coordinators. The Bureau of Environmental Health provides inspection of day care centers and the Head Start Centers. The health inspectors assist programs by dropping appointment slips or locating patient's place of residence. There are two dentists, four dental assistants, and one dental hygienist. //2005//***

*//2005//*

## **E. STATE AGENCY COORDINATION**

Almost all of health and human services are provided through the CNMI government including the Public School System, Division of Youth Services, CNMI Council on Developmental Disabilities, Social Security, Medicaid and the Office of Vocational Rehabilitation. The Division of Public Health works with the other two Division and their respective units to provide overall health care services to the people of the Commonwealth. As mentioned previously, the government run Commonwealth Health Center (CHC) serves as the central acute care facility. There is one health center in Rota and Tinian. Patients from Rota and Tinian are referred to CHC; all deliveries are done at CHC.

The Division of Public Health provides primary and preventive services to MCH target population at the Women and Children's Clinic, Southern Wellness Center, and Northern Wellness Center. Collaborative efforts in preventive activities among the programs within the Department are necessary to ensure accomplishments in improving the health and quality of life for the community. For example, the Division continues to work with the Community Guidance Center in suicide prevention and substance and tobacco use; work with the STD/HIV/AIDS office on HIV testing for prenatal women and distribution of condoms; work with the Medical Referral Program to provide off-island health care services for CSHCN. The program facilitates the referrals of clients outside the CNMI that requires extended medical care. It provides financial assistance for medical care and other related costs and in logistics arrangements such as hotels or transportation while client is off-island. The Director has been instrumental in the success of videoconferencing.

The CNMI Medicaid Program was first implemented in 1979. Section 4116 of Public Law 100-203 authorized the Secretary of Health and Human Services to waive or modify any Title XIX program requirements for the CNMI other than the Federal medical assistance percentage, the fiscal year limitation of federal payment Section 1108 (f), and the medical assistance described in paragraphs 1-27 of Section 1905 (a) of the Social Security Act. Thus, the CNMI was granted a waiver to allow anyone with low income and minimal resources access to Medicaid; not just the aged, blind, and poor. During FY 2001 there were of 4,994 children on the Medicaid Program compared to FY 2002 of 4,080. Of this total 4,742 are children without third party liability insurance. The program's enrollment covers not only the indigenous population of the CNMI as seen on Table 1. Because Medicaid takes into account property value, most do not qualify for benefits due to owning homestead property.

The CNMI is eligible for participation in the State Children Health Insurance Program (SCHIP) of Title XXI and has applied for such entitlement. The CNMI's SCHIP expands federally funded Medicaid to children under 19 years of age receiving services through a Territory-funded program. These children meet current Medicaid eligibility requirements. However, since the territories have a cap on federal expenditures, these children receive services that are unmatched with federal funds through State-only funds once all the available Medicaid federal matching funds have been used. A Special Rule 2110 of the Balanced Budget Act allows the implementation of SCHIP by providing services to children below 19 years of age who become ineligible for Medicaid. Medicaid-ineligible children are defined in the special rule as children in the Medicaid Program but whose medical expenditures are not paid out of Medicaid funds because the federal cap has been exceeded. This will provide child health assistance to targeted Medicaid ineligible children. The MCH Program and the Medicaid Program has been working together to identify these children. All uninsured children come to the Public Health Clinic for their health care needs.

There is no separate enrollment process for SCHIP. The SCHIP dollars are used to pay for services

the Territory is already providing to children. The dollars are used once the Territory's spending exceeds the Federal Medicaid Cap. Sliding fee scale is in effect and income sources determine amount to be paid. Eliminating barriers to the access of health care and promotion of family-centered and community-based settings are priorities of DPH.

/2002/ - there is no change. The grant recommendation on Medicaid and SCHIP is addressed in the above narrative.

/2003/ - update on the numbers for Medicaid.

//2004// - The government health insurance plan has been turned over to a third party administrator, Hawaii Pacific Medical Referral (HPMR). A Medicaid client who also has this insurance plan has been having problems accessing health care services to other clinics because private clinics do not accept this insurance plan due to non-payment of bills. Therefore, off-island medical referrals and hospital bills are being sent to Medicaid even though it is a payor of last resort.

The Division has MOAs with private clinics in providing immunization services to the community. We are also looking at other avenues of our collaborative efforts such as family planning services for teens and prenatal care.

One of our very successful collaboration that we have established is with the Public School System. They have assisted us with tracking of delinquent children in their immunization. The school bussed children to the Dental Health Clinic for the sealant application. They have send staff from the Health Promotion and Wellness Office for training in suicide prevention, nutrition and physical fitness activities, STD/HIV/AIDS, leadership skills building, etc. Furthermore, we collaborate with them in providing outreach activities such as conferences/symposiums in teen pregnancy prevention. We work with them in conducting the YRBS. As mentioned before other successful collaborations include the newborn hearing screening program and early intervention program for children 0-3 years of age. The provision of related services for CSHCN is enhanced through the Special Education Program.

The Division works with the CNMI Council on Developmental Disabilities' Assistive Technology Unit and Medicaid to ensure that children with disabilities lead a more independent life through the use of assistive technology such as Braille.

The Division continues to work with Karidat, a non-profit agency. The opening of the Karidat's House of Manhoben (Chamorro for "youth") further strengthens our collaboration with the agency. The staff continues to play a key role in providing and conducting enrichment activities, youth leadership training workshop such as Rugged Outdoor Physical Experiential System (R.O.P.E.S.). This assists us in our mission to empower the community (youths) by giving them skills for better decision-making.

Among the most successful community-based collaboration is the CNMI Food and Nutrition Council and the First Lady's Vision Foundation. The Council is formed because two former Nutritionists believed that the only way to bring about a healthier CNMI community is to bring together a community-based partnership of non-medical people. The primary task of the Council is to design interagency partnership programs that would address nutrition and food related issues and concerns affecting the indigenous community. The First Lady's Vision Foundation holds annual conferences focusing on healthy families -- strong community. The Division has been a major sponsor of the conferences and in the planning and organizing of the conferences.

The Northern Marianas College is a two-year institution here in the CNMI. The Department works with the School of Nursing to ensure basic academic, training, and employment opportunities. We also work with their Cooperative Research, Extension and Education Service (CREES) program to promote self reliance on locally grown plants and animals, increasing physical activity and the consumption of locally grown foods, and strengthening family relationships by serving the community to develop skills that lead to positive change in behavior and attitude for an improved lifestyle.

Other relationships continue with the Workforce Investment Agency for training opportunities with youths. High school students who qualify under the program work at the Department to assist them in making career decisions after graduation from high school. The Ayuda Network, a non-profit agency, continues to assist us in funding for projects such as conferences/symposiums, printing costs, logistic costs, etc.

In this times of economic uncertainty, the Department of Public Health must work and form partnerships not just with other agencies but with the community to ensure a better quality of life. With a united effort we can face the challenge of ensuring that our community gets the quality health care they need, when they need it. Together we can empower our community to help themselves live healthier, more productive lifestyles. //2004//

**//2005// The government health insurance plan that was contracted to Hawaii Pacific Medical Referral is not being accepted at the private clinics thus the wellness centers, women's and children's clinic, and the hospital has seen an increase in patient load. All medicaid clients and uninsured are also seen at DPH health facilities.**

**The memorandum of understanding (MOU) between DPH and Public School System (PSS) Head Start has been signed. It will be send with the signed SF 424. The MOU specifically states the services that the Division of Public Health will provide in the areas of general health services and dental services.**

**Cooperative education training with PSS has been ongoing and successful. Students rotate throughout the programs with specific assignments.**

**DPH continues to collaborate with the Cooperative Research Extension and Education Services of Northern Marianas college in promoting good eating and cooking habits together with gardening.//2005//**

## F. HEALTH SYSTEMS CAPACITY INDICATORS

Health systems capacity indicators continues to be a challenge for the Division of Public Health. Current assessment of the Office of Health and Vital Statistics has identified the lack of cooperative agreements between the Division and other agencies. One objective of the SSDI grant is to develop memorandum of agreements with these agencies for data sharing.

The following illustrates our capacity to retrieve data:

#01 The rate of children hospitalized for asthma: this information is retrieved from the MUMPS system.

#02 The percent of Medicaid enrollees whose age is less than one year who received at least one initial periodic screening: this information is also retrieved from the MUMPS system through well baby visits or immunization visits.

#03 The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen: Please note that the CNMI' SCHIP is used as an expansion of the Medicaid Program. This information will be the same as #02.

#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: the information is retrieved from the MUMPS system but we cross-check with the log book at labor and delivery. As previously mentioned, an assessment of systems of care starting with prenatal care has been completed. We have identified women who received their prenatal care outside the Department of Public Health, at the private clinics or off-island, being input as having no prenatal care at all. This problem and others will be addressed at a later date.

#05 Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH population in the State: this data is retrieved from the MUMPS system.

#06 The percent of poverty level for eligibility in the State's Medicaid and SCHIP program for infants (0-1), children, and pregnant women: Medicaid provides us with this information. The problem is that they do not have information on pregnant women. We can retrieve from the MUMPS system after

identifying who they are.

#07 The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year: For the first time last school year, Head Start children were assessed for follow-up treatments. The report list specific treatment, i.e., filling, that each child needs and his/her insurance status. Data linkage with Dental Clinic will also be addressed in the SSDI grant.

#08 The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program: we can retrieve this system but the CSHCN registry is currently down. We are waiting for the consultant who is currently off-island to address the problem.

#09(A) The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data: The CNMI Department of Public Health is the State Title V agency.

#9(B) The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month: this information is retrieved from the YRBS that is conducted every 2 years. The Department is provided with a CD Rom on results of the YRBS. MCH staff assists the Community Guidance Center in conducting sting operations and surveys and outreach activities.

#9(C) The ability of States to determine the percent of children who are obese or overweight: this information is retrieved from conducting survey and studies, i.e., 1995 Head Start students. The problem is the consistency of the studies/surveys.

**//2005// There are no changes. The statistician was send to a MUMPS training but found out that our version of the months is not up-to-date with the version at the training. This year the nutritionist has reviewed charts of students coming for the sealant program to determine obesity status. Prenatal care visit is available at both the wellness centers including the Adolescent Health Center. Letters were sent to different agencies/units detailing the data required to report for the MCH grants. Medicaid clients are tracked during well baby visits and immunization.//2005//**

## **IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES**

### **A. BACKGROUND AND OVERVIEW**

The development of the SPM were based on the recommendation of the committee to keep the same priority needs for it addresses efforts for a change in lifestyle; the need for prevention awareness and education was emphasized; and a review of data and health status indicators. Intervention in the core and negotiated performance measures will result in a much healthier core and negotiated outcome measures.

Percentage of mothers who breastfeed their infants at 4 months - The Breastfeeding Clinic began in February of 1999 with the recruitment of a nurse. The Clinic is held once a week and has enhanced our efforts in promoting breastfeeding. The new prenatal education class is another activity that enhancing efforts to promote breastfeeding. A study of women delivering in 1997 showed that breastfeeding is initiated in 85% of all infants. The general public is educated on benefits of breastfeeding for both mother and infant, but only 17% of the infants were reported to be exclusively breastfed and 31% are predominantly breastfed up to four months. 90% of the 400 women who had terminated breastfeeding had reported initiating breastfeeding at birth. Agencies are also being educated on breastfeeding to encourage them to establish policies that promote breastfeeding. Almost half of the women are in the work force.

Percent of overweight in school-aged children - CNMI has identified childhood obesity as a major health problem. A study of two Saipan schools in 1996-97 showed that 33% of all 5-11 year children were overweight by Body Mass Index (BMI). During the same year 351 Head Start children were assessed. Of those assessed, 35% of all 3-6 year old children were diagnosed as being overweight by BMI. Data collection on obesity would be gathered from surveys and studies. The School Based Nutrition and Activity Program and the Healthy Eating policy at the schools are ongoing activities to address this measure. A student from University of North Carolina is here to conduct Childhood Obesity Prevention research project. The project will identify effective strategies for delivering a parent nutrition education program here in the CNMI.

The rate of sexually transmitted diseases (chlamydia) for teens aged 13--18 - Sexual activity among CNMI teenagers is lower than U.S., but remains above 50% for high school students and nearly 30% of junior high school students. Only 33% are using condoms. Activities to address this measure are the application for Abstinence Education Grant and outreach activity every Friday during the school year. The Communicable Disease Program or MCH nurse will go to one public high school to do education, counseling, referral for STD testing and voluntary HIV testing.

The YRBS was conducted in 2001 to 1,277 students in 3 public middle schools in the CNMI and to 2,028 students in High School. Sexual activity still remains at above 50% for the high school students and 19% for middle school students.

Percent of chlamydia cases in pregnant women - Chlamydia screening was put as part of the mandatory lab screening tests for pregnant women January 1995. For CY2000 1,271 pregnant women had Chlamydia testing out of 1,456. Out of 268 who tested positive for Chlamydia, 165 were pregnant women. The monthly screening rate for chlamydia positive pregnant women has been as high as 19.7%. Many cases of non-gonococcal urethritis, non-gonococcal cervicitis, and pelvis inflammatory disease suggest that chlamydia rates may be even higher. 90% of all chlamydia cases are pregnant women. There were 76 positive cases of Chlamydia on pregnant women for 2001.

Percent of infants born to pregnant teens aged 15-19 receiving prenatal care beginning in the first trimester. Teenage mothers are more likely to deliver infants that require NICU admission. 13% of newborns admitted to the NICU were born to teen mothers.

The opening of peripheral clinics and the school-based clinic will enhance the Division's efforts in ensuring accessibility to prenatal care.

The degree to which the State MCH Program provides nutrition education information. Because obesity has been identified as a major nutrition problem, nutrition education information so that the children can use it in practical situations is emphasized. Teaching children to eat the right kinds of food; helping students make choices about snacks and meals; and helping kids stay fit were reasons given for the importance of nutrition information by the schools. Collaboration between the schools and DPH can be effective in lessening health/nutrition risks and in bringing about a healthier CNMI student population, including special needs students.

The Division is recruiting two Nutritionists. Decreasing Childhood obesity by empowering the

community to live healthier lifestyles is one focus of the Division. In-service training is also conducted to the public school system staff on nutrition and physical fitness education from Head Start to 6th grade level.

The State Title V agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection and analysis, and financing of services. One of the weaknesses in collaborative partnership among agencies is that each agency would put emphasis on individual program grant requirements. These requirements are presented in the interagency committee. Needs assessment for CSHCN has been identified as one project for the interagency committee.

The CSHCN program is constantly encouraging and training parents to be more vocal and participatory.

//2004// - The opening of the Northern Community Wellness Center will provide services for prenatal care, well baby care, nutrition counseling, std testing and counseling, etc. Staff will work with the schools. //2004//

**//2005// - DPH's registered dietician (RD) goes into the classroom at the different schools one day to teach on a healthy diet. DPH staff education 4-5th graders during National Diabetes Awareness Month (November) and have special activity during National Nutrition Month (March). This past year was nutrition jungle tour. The RD also conducts training for Head Start and CSHCN parents. She has been a guest speaker at summer camps such as the DYS sports camp and the Hyatt summer camp and have conducted presentations and exhibits at the various community events. The need to promote breastfeeding is critical because we will be applying for WIC. STD testing is available at the adolescent health center - there were 8 done for the month of May; 3 prenatal exams. //2005//**

## B. STATE PRIORITIES

**Direct Health Care:** The Department of Public Health is the sole provider of comprehensive health care in the CNMI. The Department includes hospital (Commonwealth Health Center), Public Health, dental, ancillary, and environmental health. The CSHCN works closely with the Public School System for provision of related services such as Speech Therapy. On January 6-8, 2000 Care Coordinators were trained to assess movement of children who are non-ambulatory and the different therapy techniques by the CHC Physical Therapy Unit. The Care Coordinator works with the Physical Therapist on the rehabilitative needs of the child and reinforces therapy techniques to the parents/families through home visits and at the Center. The Care Coordinator will also bring the children to CHC for appointments. Recommendations/evaluations from Special Clinics such as Shriners are also followed through. Other services include speech and occupational therapy. A plan is done for all children needing services in consultation with parents and staff and representatives of appropriate community agencies. Parents are trained on provision of these services. DPH collaborates with PSS in the provision of rehabilitative services. It also works closely with Assistive Technology Project Coordinator at Developmental Disabilities Council and Medicaid Office for needed device or equipment. Specialty Clinics ensures that these children receive needed health care.

Activities to help achieve negotiated state measures include mandatory STD testing during prenatal care visits; in-service training for nurses on STD/HIV/AIDS. In the past some nurses do not even mention that HIV testing is available to clients. Information on STD is included in the new prenatal education class and prenatal package. A staff from the Communicable Disease Program conducts outreach activities (education, counseling, voluntary HIV testing) at Marianas Senior High School twice a month. Referrals for STD testing are actively done. STD testing fees are waived through the Program. MCH Program has identified funds to waive fees for pharmaceuticals and laboratory for teenagers during first prenatal care visit. Fees for family planning counseling and contraceptive are waived for teenagers through the Program. For low-income women (50+) screening for cervical and breast cancers fees are waived under the Breast and Cervical Cancers Detection Program. All immunizations are administered for free.

**Enabling Services:** In its efforts to promote community-based, family-centered, culturally competent

program, the CSHCN Program is located at C\*DAC. Transportation to the Center is available. The Center is located away from CHC. The Open House conducted earlier this year gave the public the opportunity to come and learn about the Center and Program. The Center houses both the Early Intervention Program and the CSHCN Program.

Massive campaign to educate the community in nutrition has been effective in raising awareness nutrition and diseases. PH has formed partnerships with community programs, such as the CNMI Food and Nutrition Council, to ensure that the CNMI population lives a healthier life through their diet. PH has also formed a partnership with the schools in the development of the School-Based Nutrition and Activity Program. Some schools have also adopted a "Healthy Snack" policy in which children bring only healthy food to school. According to reports from the schools, a lot more families are also eating healthy snacks at the home. Nutrition counseling is also available at the clinic. Child Nutrition was a topic addressed at the MCH Conference. Nutrition education is also conducted during PTA meetings.

Population-Based: Some activities that have been done are:

- Consent form for Medical Treatment of a Minor and the Newborn Assessment Form were approved by the Medical Records Committee
- Mass immunization for Kindergarten, Head Start, Junior and Senior High Schools
- Saturday Walk-in Clinic (Immunization)
- Tracking of Children for Immunization
- CHIP
- Outreach activities at the schools and community
- Dental Sealant and Fluoride Program
- Breastfeeding Clinic
- Prenatal Education Classes
- Collaborates with other agencies on child safety issues
- Screening of low income women for breast and cervical cancers under the Breast and Cervical Screening Program
- HIV counseling and voluntary testing at the public high school
- HIV testing for pregnant women
- PKU screening
- Telehealth activities for CSHCN -- medical evaluation/follow-up from Shriners Children's Hospital in Honolulu, Hawaii, and Nutrition for Autistic Children Conference
- Playgroup for CSHCN
- Parent-to-Parent group

Infrastructure Building: Some activities include the CSHCN registry, signing of MOU with PSS, CHIP, newly developed Prenatal Encounter form, and recruitment of personnel.

//2002/ - no change other than telehealth for CSHCN

//2003/ Policies that were implemented last year include 1) Consent form for Treatment of a Minor (Supporting Document #2); 2) Pregnancy Verification Policy was implemented (Supporting Document #3); 3) Contacting OB/GYN Physician On-Call (Supporting Document #4) and Prenatal HIV testing and counseling (Supporting Document #5). The women and children's Clinic databases were also installed.

//2004// - The newborn hearing screening program was implemented and testing on newborns started July 2002. The recruitment of a pediatric nurse practitioner, nutritionist, dentist, and statistician will enhance provision of services. The assessment of system of care that we have conducted on prenatal care services have made for recommendations for change and others will follow which will change our priorities. //2004//

**//2005// - The capability and resource capability to work to meet priority needs and to achieve the objectives of the state performance measures and national performance measures will be**

**accomplish due to the commitment of management and staff. DPH also collaborates with other agencies, both private and governmental, to provide comprehensive services to the community. Our emphasis is to be seen and be known out in the community. Staff are also guest speakers during gatherings of the different ethnic groups on island. But, there also will be events or priorities, i.e., SARS that will come up that will take majority of our resources, i.e., staff, away for sometimes up to six months. This will set us back for some of our activities but we still continue to work hard. We also have staff that will resign and there are also new staff but the latter takes longer at times. Priority needs within the programs at the Division of Public Health are the same so activities are planned so that resources can be shared. For example, the clinical protocol for management of pap test results has been completed and the breast and cervical screening program staff will provide continuing case management of women with normal and abnormal pap tests and schedule diagnostic testing, and maintain current database records. The need to enhance our work to improve oral health outcomes, decrease teen pregnancy and suicide, increase immunization rate, and increase prenatal care is evident with our second application for the Section 330 grant to establish a community health center in the village of Kagman. Personal counseling is also available on-site at the adolescent health center once a week - Community Guidance Center staff comes to the center.**

**In our efforts to promote healthier living styles and reduce obesity and diabetes including the burden of diabetes we are participating with the University of Hawaii in the Healthy Living in the Pacific Islands: Health Pacific Child Project. The main objectives of this project address specific nutritional issues within children one to 10 years within the CNMI. The lead agency for this project in the CNMI is the CREES Program at Northern Marianas College. We have also started Project Fit with 20 Division of Public Health staff. We are monitored on our food intake, physical fitness activity, and cholesterol, blood pressure and sugar level. This project started in July and will be for four months. This will help improve staff's outlook, appearance, performance, time and attendance and most importantly their health.**

**The Division of Public Health developed short and long term goals in two areas last year:**

**1. Human Resources/Capacity Building: Short Term: Recruitment of Community Health Nurses for the wellness centers and the school-based clinic at Marianas High School; Recruit social worker; Recruit family practice clinicians for the proposed Kagman Community Health Center; Advancement/certification of existing staff in PH administration, statistic, environmental health, epidemiology, disease surveillance, financial management, statistics, and health information system; partner with University of Hawaii to establish an Area Health Education Center here in the CNMI. Long Term: By 2005/2006, there will be a continued need for support in strengthening local health workforce towards the provision of primary health care services out in the community. Once AHEC is approved, a training center will be established to provide high school students the opportunity to pursue health related careers and be successful.**

**There is a need for political commitment to make primary health care a priority and allocate funds to support and maintain program services. There is also a critical need to recruit a health information system specialist to ensure that information/data is collected, analyzed, and provided to the community in a timely and consistent manner. Continue to improve manpower development and upgrading of knowledge and skills of primary health care personnel through collaboration with local and mainland post secondary institutions to include international agencies (e.g., SPC and WHO).**

**2. Financial and Revenue Enhancement: Short Term - effective immediately, assess and evaluate revenue-generating programs, such as dental and public health liaison office and hearing screening program; establish a revolving fund account through legislative act. Long Term - review the CNMI health care delivery system and financing mechanisms.**

**//2005//**

## **C. NATIONAL PERFORMANCE MEASURES**

**Performance Measure 01: The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.**

**a. Last Year's Accomplishments**

The shortage of medical providers at the Department have shifted the responsibilities of the Division's medical director to seeing patients at ER, chest clinic, and children's clinic. During in-service training for nurses they are reminded on the importance of educating parents about newborn screening tests.

**b. Current Activities**

With the shortage of pediatricians, Dr. Joanne Lysack, family practitioner, who provide care at the wellness centers took the responsibility of getting all the lab results and making sure that the ones that need retesting are done. Patients are informed about newborn screening and that it is a standard of care for newborns during prenatal care visits.

**c. Plan for the Coming Year**

With only 2 pediatricians on staff, a committee has been formed consisting of the medical director, lab manager, mch coordinator, clinical coordinator, and the statistician. The committee has found that there is no protocol for newborn hearing screening. Therefore, we will be working on developing one as our first task.

*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)*

**a. Last Year's Accomplishments**

We have contracted with Dr. Faye Untalan, from the MCH Program, John A. Burns School of Medicine, University of Hawaii, to assist us with the survey. Instrument survey was developed, training on conducting the survey was done twice, including Rota and Tinian, and survey has been conducted. (Please note that this will be the same for PM 2-6)

**b. Current Activities**

The input of the data and the analysis of the data. (Please note that this will be same for PM 2-6)

**c. Plan for the Coming Year**

We will provide the community with the results of the data and will use the analysis to evaluate the priority need for the target population. (Please note that this will be the same for PM 2-6)

*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)*

**a. Last Year's Accomplishments**

- Contract consultant for survey.
- develop survey questionnaire.
- conduct training for interviewers
- media announcements of survey.
- print survey instrument.

**b. Current Activities**

- review survey completed
- analysis of data survey

**c. Plan for the Coming Year**

- complete analysis of data from survey
- publish survey
- media release on survey report
- survey providers of CSHCN

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)*

**a. Last Year's Accomplishments**

**b. Current Activities**

**c. Plan for the Coming Year**

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)*

**a. Last Year's Accomplishments**

**b. Current Activities**

**c. Plan for the Coming Year**

Performance Measure 06: *The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)*

**a. Last Year's Accomplishments**

**b. Current Activities**

**c. Plan for the Coming Year**

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.*

**a. Last Year's Accomplishments**

Immunization Awareness week was held in April. Incentives were given to parents who bring their children to the clinics. Walk-ins were seen and Saturday morning clinics and evening clinics at the different schools were held. Also, the wellness centers were able to dial up to the MUMPS system to check for immunization update. MOUs with three private clinics were updated. Training has been conducted. Refrigeration for the wellness centers were purchased along with a generator.

**b. Current Activities**

Program staff continue to review charts for updates, call parents, schedule appointments, and conduct presentations during school/community events/meetings. In the past informational booths were set up for immunization during community events but now we give the shots during these events. We also continue to work with the different ethnic groups.

**c. Plan for the Coming Year**

To bring in DSL to improve the dial-up capabilities of the wellness centers.

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

**a. Last Year's Accomplishments**

Submitting a proposal, in collaboration with Marianas High School, to the Governor's education initiative: Healthy Students Pilot Program. The proposal was selected and the Adolescent Health Center was opened in April. Minor renovations and painting of the center were done by public health staff.

**b. Current Activities**

DPH have been the lead in the set up of the school-based adolescent health center. We continue to promote abstinence at the center. For the month of May there were 45 who utilized family planning service and 22 for personal counseling. Teen Talk show that was aired on the radio became Teen Talk Live - a 1 hour call-in show aired once a week. Evaluation for the program is on-going. We utilized the hosts of the show during our presentations. Again, we submitted the Section 330 grant application to establish a community health center in the village of Kagman. Please note that there is a high school in Kagman. Therefore, one strength of our application is that the center will be working closely with the student population. The Division of Public Health currently is a main sponsor on the Back 2 School 3 on 3 street basketball jam - the theme is "Get Fit, CNMI". Informational booths with program staff are set up and also there is a 5 minute presentation during breaks on issues such as teen pregnancy, teen suicide, alcohol and tobacco use, betel nut chewing, etc.

**c. Plan for the Coming Year**

We continue to provide services for adolescents at the wellness centers but with the opening of the adolescent health center at the high school we know that they will utilize that clinic the most. Please see attached for proposed schedule of services..

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

**a. Last Year's Accomplishments**

Continue to work with parents on the treatment plan of their children (Head Start). The dental health unit have been restructured to focus services on children, indigent, and the elderly. Staff went to Rota and Tinian to assist with sealant program. Also, Head Start paid for staff to go to Rota and Tinian to conduct presentations on oral health. This was also conducted in Saipan.

**b. Current Activities**

A dental hygienist was recruited. Staff have been more active in setting up informational booth at community events. Working with a vendor on island for program's supplies needs. Bussing of children to the dental clinic continues.

**c. Plan for the Coming Year**

Continue to work with WHO for training for the Dental Assistants.

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

**a. Last Year's Accomplishments**

We continue to work with the Department of Public Safety (DPS) to promote child safety. We continue to provide eligibility assistance certifying whether they are eligible for DPS Office of Highway Safety's discount coupons for purchase of car seats. Informational booths is set up at the clinics and the wellness centers. Child safety is also discussed with pregnant women during prenatal care visits and parents when they come to the wellness centers.

**b. Current Activities**

The Office of Health Promotion and Wellness staff conducts parenting skills classes. Air radio spots on importance of car safety for infants and children.

**c. Plan for the Coming Year**

Continue to promote awareness of child safety issues.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

**a. Last Year's Accomplishments**

We continue to educate parents on the benefits of breast feeding and inform them that the Commonwealth Health Center is a 'baby friendly' hospital which means that formulas will not be provided at the ward unless prescribed by a doctor.

**b. Current Activities**

Educating pregnant women on the benefits of breastfeeding is reinforced during the nurses in-service training. Written materials are provided in the prenatal care package.

**c. Plan for the Coming Year**

A committee has been formed for the WIC application. The mch coordinator is responsible for the vendor management portion. Breastfeeding is one criteria to be eligible for WIC services.

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

**a. Last Year's Accomplishments**

The CNMI's grant application for the universal hearing screening program was approved. The early intervention staff were trained on the needs of children who are deaf and hard of hearing. A navigator pro auditory brainstem response unit was purchased and is used as the diagnostic component.

**b. Current Activities**

Translators are provided during hearing screening as requested by families. Out patient re-screenings is being conducted at the Children's clinic. Advisory committee continues to meet every quarter. One matter that we need to address is to ensure that the fees collected for this service can be used to purchase the yearly supplies and maintenance for the equipments.

**c. Plan for the Coming Year**

Protocols needs to be written especially for tracking and follow-up. We will continue to work with the billing unit to ensure that fees collected can stay within the program.

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

**a. Last Year's Accomplishments**

We continue to provide transportation and translation to parents of children with special health care needs for the appointment with Medicaid. We continue to see children who are uninsured. We provide eligibility assistance on site to parents of children with special health care needs. Dental Unit has been restructured to emphasize services to children and indigent (uninsured).

**b. Current Activities**

We continue to work with Medicaid Program to identify those that are eligible for Medicaid and continue to provide services to those that who are uninsured.

**c. Plan for the Coming Year**

Continue to provide eligibility assistance and referrals.

*Performance Measure 14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.*

**a. Last Year's Accomplishments**

All government run health facilities are the only ones that see Medicaid clients and the uninsured. We continue to track children in need of immunization, well baby check ups, and

dental care. Our problem is that phone numbers are usually not available or they have moved. We utilize health inspectors to assist us in finding these children.

**b. Current Activities**

We continue to work with Head Start students who have medicaid for their insurance on their dental treatment plan. We also continue to track children who are not up-to-date on their immunization to bring them to the clinic for their shots. Provider agreement between Medicaid Program and DPH has been signed. (We attached a copy with the cover letter and the SF 424).

**c. Plan for the Coming Year**

To provide eligibility assistance at the Kagman Community Health Center. Training to be conducted by Medicaid Program to community health workers at the center.

**Performance Measure 15: *The percent of very low birth weight infants among all live births.***

**a. Last Year's Accomplishments**

Again, prenatal care services is also available at the Northern Community Wellness Center. Counseling and educating pregnant women on effects of smoking, including second hand smoke, alcohol, eating healthy food, etc. continues.

**b. Current Activities**

Providing prenatal care exams at the adolescent health center. High risk pregnancies continues to be followed by OB/GYN. We again have started the childbirth preparation and early pregnancy classes. Recruited a public health nurse who is a midwife and two community health nurses. Continue with participating in community events to promote importance of preventive services, this also includes taking good care of yourself before pregnancy.

**c. Plan for the Coming Year**

We will eventually be providing prenatal care services at the Kagman Community Health Center.

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

**a. Last Year's Accomplishments**

Public Health staff very instrumental in bringing Teen Talk Live to be aired on television. They serve as consultants to the adolescents. In-service has been conducted to staff at the wellness centers. One staff participated in the training from the National Suicide Prevention Association.

**b. Current Activities**

A health care plan has been developed in the needs assessment addressing this area. Conduct parenting skill classes. Continue to conduct presentation on suicide prevention, life building skills, virtues, etc.

**c. Plan for the Coming Year**

Mental health services will be provided at the Kagman Community Health Center once we hear word on our Section 330 grant. There is a high school in the village of Kagman thus we will be working closely with the schools to conduct presentations/counseling.

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

a. Last Year's Accomplishments

The CNMI is excluded from reporting on this performance measure.

b. Current Activities

The CNMI is excluded from reporting on this performance measure.

c. Plan for the Coming Year

The CNMI is excluded from reporting on this performance measure.

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

a. Last Year's Accomplishments

The availability of prenatal care services to the community in the Northern part of the island with the opening of the Northern Community Wellness Center.

b. Current Activities

Pregnancy tests available at no cost and on a walk-in basis. Those who tested positive are given an appointment. Prenatal fees are waived per Secretary of Public Health's directive. (see attached). Continue to promote the importance of early and continuous prenatal care visits. Prenatal exams is also provided at the adolescent health center.

c. Plan for the Coming Year

An MOU will be established between the Division and the Kagman Community Health Center once the Section 330 grant is approved. Prenatal care will be available at the center.

**FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

**General Instructions/Notes:**

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn				

screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Provide newborn screening brochures and counseling to pregnant women during prenatal care visit.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Quarterly meetings with providers to identify strategies to ensure that all newborns are screened.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Newborn screening is a part of staff's in-service training.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Data linkage with Nursery and Lab Unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Form newborn screening committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Develop written protocol for this service and especially procedure for follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) 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)				
1. Contract services of staff from the MCH Program, University of Hawaii.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Reviewed the intent of the cshcn telephone survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Develop survey instrument.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Conduct training to interviewers with survey and provide definitions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Public service announcement on cshcn survey.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Establish direct line for people to call if have questions or need more information.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Conduct survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Send completed survey to consultant.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Work on cleaning up missing data.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Inform public of results.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) 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)				
1. Please see #2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) 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)				
1. Please see #2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) 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)				
1. Please see #2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who				

received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Please see #2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) 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.				
1. Track children by identifying those who are not up-to-date, make appointments, and inform parents of	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Work with Bureau of Environmental Health staff to locate those children whose parents do not have co	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provide immunizaion service at the newly opened Northern Community Wellness Center and the Children'	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Update MOU with private clinics; Collaborate with private clinics on activities during CNMI Immuniza	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Conduct immunization presentation to all day care centers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Conduct in-service training to nurses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Data linkage with Rota and Tinian Health Centers, peripheral clinics, Children's Developmental Assis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Monthly Media campaign to promote importance of age-appropriate immunization.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Work with different ethnic groups to promote immunization and to provide immunization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Have evening and saturday morning clinics at different venues.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Teen Talk became Teen Talk Live - aired on tv live with call-in; topic addresses "safe sex" - teen pregnancy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Collaborate with other agencies, i.e., Parent/Teen Symposium with	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Karidat and Public School System.				
3. Conduct outreach activities to empower teenagers with skills to make better decisions.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Conducted Youth 4-Youth training with Teen Talk Live Hosts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Presentations throughout the community on virtues, human sexuality, teen pregnancy, leadership, physical fitness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Conduct ROPES training - Rugged Outdoors Physical Experiential System = topic include sexuality & teen preg.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Back 2 School Street Basketball Jam - different programs were there promoting awareness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Provide oral health education during prenatal care visits.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide oral health education to schools.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Collaborate with private clinics in activities during oral health month.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Collaborate with Public School System to bus children to Dental Clinic to receive sealant applicatio	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Recruit a dentist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Recruit dental hygienist.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Follow-up on treatment plan for Head Start Children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Collaborate with WHO for training of Dental Assistants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Continue to set up informational booths at community events.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Provide child safety information and counseling during prenatal care visits and well baby visits and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Collaborate with other agencies such as Department of Public Safety during Child Safety Month.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Public Health staff provide parenting skills classes such as common sense parenting and parents' ann	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Media campaigns, including radio spot.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Provide eligibility assistance for discount coupons available through DPS, Office of Highway Safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Provide information through counseling and brochures during prenatal care visits and prenatal classes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Public Health has a Breastfeeding Clinic at all the clinics.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. There is a support group that assists with breastfeeding education.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide training for staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. The Commonwealth Health Center is a "Baby Friendly Hospital" (WHO).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Submit universal hearing screening grant application.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Form advisory committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Develop brochures and have them printed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provide brochures to nursery and include in prenatal package.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Procure screening equipment and supplies needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Conduct staff training on newborn hearing and the use of the screening equipment and data collection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Public service announcement about the program.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Establish direct lines for information dissemination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Inform insurance companies about newborn hearing screening being a standard of care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Set up ICD 9 codes for fees and billing purposes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Provide primary and preventive health care services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide eligibility assistance for Medicaid and Medically Indigent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Assistance Program (have co-payment - 25%-75%).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Provide immunization to all Medicaid-eligible children.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide Medicaid Program with brochures on all the public health services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Provide prenatal care visits at the Northern Community Wellness Center.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Submitted Section 330 grant application in which prenatal care will be provided at the new community health center.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
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1. Presentation at the Suicide Prevention Health Symposium sponsored by the Office of Women's Affairs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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2. Teen Talk Live - live tv show with call-in; topic include suicide, virtues, let's talk - love me for who I am, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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3. Conducted suicide workshop for teachers using the Logic Model - for Saipan, Rota, and Tinian.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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4. Worked with Teen Talk Live hosts on a 2-day training that focus on Decion Making, Virtues, and Self-Analysis.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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5. Back 2 School Street Basketball Jam - all programs were there promoting awareness.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
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1. The CNMI is excluded from reporting on the PM.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.				
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1. Provide prenatal care services at Northern Community Wellness Center.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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2. Conduct campaigns to promote and educate importance of prenatal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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care - early and continuous.				
3. Develop culturally relevant resource materials.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Submitted Section 330 grant application for a community health center in Kagman - prenatal care to be provided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. STATE PERFORMANCE MEASURES**

**State Performance Measure 1: *To increase percent of pregnant women who are screened for chlamydia.***

**a. Last Year's Accomplishments**  
 The Program continues to work with the STD/HIV program so that all pregnant women are screened for chlamydia. Training to nurses have been conducted on counseling and STDs. The STD/HIV program staff have been assisting us with the tracking of patients who test positive.

**b. Current Activities**  
 The Secretary of Public Health has issued a directive (again) to ensure that women who seek prenatal care at the wellness centers have all fees waived including all lab fee.

**c. Plan for the Coming Year**  
 The Section 330 grant application was re-submitted to establish a community health center in the village of Kagman. Pregnant women in the area will have a health center to go and receive prenatal care services, which includes chlamydia screening, near or at their village.

**State Performance Measure 2: *To decrease the rate of chlamydia for teenagers aged 13-19 years.***

**a. Last Year's Accomplishments**  
 Submitted the grant proposal together with Marianas High School for the Governor's Health Initiative grant. Participated in community/schools conferences addressing safe sex, virtues, and human sexuality.

**b. Current Activities**  
 The opening of the Adolescent Health Center at Marianas High School will improve accessibility for teenagers. One community health nurse is stationed there full-time during the school year. The family practitioner also has one full day at the clinic. The students are responding - for the month of May there were 8 std testing.

**c. Plan for the Coming Year**

Please see attached for proposed schedule of services for the Adolescent Health Center.

State Performance Measure 3: *To increase the percent of infants born to teen mothers aged 13-19 receiving prenatal care beginning in the first trimester.*

a. Last Year's Accomplishments

Submitted proposal for the Governor's Education Initiative to open an adolescent health center at one of the public high school - Marianas High School.

b. Current Activities

The opening of the Adolescent Health Center again enhances this priority. There were 3 prenatal exam done at the Clinic for the month of May. Bringing the services out to the community and providing education about the importance of early and continuous prenatal care has also enhanced our work in this priority area.

c. Plan for the Coming Year

Please see attached file - same as SPM #2.

State Performance Measure 4: *The degree to which State provides nutrition education information to students aged 5-12 years.*

a. Last Year's Accomplishments

Assessment of Head Start children who came to the dental unit to receive sealant application. Send health education and promotion staff to attend the Partnership for Healthy Youth meeting - gained knowledge in teaching techniques for Nutrition education. Partner with Western Michigan University for the development of a nutrition curriculum.

b. Current Activities

The Division staff have been actively promoting nutrition and physical activity throughout the community. There is currently a Back 2 School Street Basketball Jam and the theme is Get Fit, CNMI. The registered dietician goes into classrooms at the schools to teach for 1 day. She also conducts training for Head Start and cshcn parents on an annual basis There is a representative in the Governor's fitness council from the Division.

c. Plan for the Coming Year

Participate in the Healthy Living in the Pacific Islands: Healthy Pacific Child Project with University of Hawaii.

State Performance Measure 5: *To increase the percentage of mothers who breastfeed their infants at 4 months.*

a. Last Year's Accomplishments

The opening of the Northern Community Wellness Center in which prenatal care services and well baby care visits are provided. Breastfeeding clinic is also conducted at the center.

**b. Current Activities**

Recruitment of public health nurse who is also a midwife and is coordinating and conducting the childbirth preparation and early pregnancy classes in which breastfeeding is promoted. Continue to showcase benefits of breastfeeding - puru susu - in our display cases around the Commonwealth Health Center Facility and the Wellness Center.

**c. Plan for the Coming Year**

Have breastfeeding clinic at Kagman Community Health Center once established. Develop new written materials and posters to be used during awareness month.

**State Performance Measure 6: *To decrease the percent of obesity in school-aged children.***

**a. Last Year's Accomplishments**

Registered Dietician has been going into the classroom one day a week at the different schools teaching about nutrition combine with physical fitness.

**b. Current Activities**

A quarterly newsletter has a corner for the nutrition - Jill's Nutrition Corner in which she talks about diets, give tips, etc. This newsletter is distributed to all the schools and government agencies. Continue with conducting healthy cooking demonstrations in collaboration with other agencies and setting up informational booths and one-to-one counseling as needed. Also, continue to work with staff from Western Michigan University on developing a nutrition curriculum under the childhood obesity prevention project.

**c. Plan for the Coming Year**

Again, participate in University of Hawaii's Healthy Living in the Pacific: Healthy Pacific Child Project. We are also currently conducting Project 10 - looking at eating habits and physical activity level of high school students. The results are being analyzed.

**State Performance Measure 7: *The State Title V agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection & analysis, financing of services, etc.***

**a. Last Year's Accomplishments**

Contract consultant from University of Hawaii's JABSOM, MCH Program. Develop survey instrument and conduct the survey.

**b. Current Activities**

Completed surveys are sent to Hawaii for input and analysis. There has been problems in conducting the survey and we are clearing up missing information.

**c. Plan for the Coming Year**

We are waiting for the results of the survey. We will inform the community of survey results

and we will present to the advisory committee. Depending on the results of survey, we may recommend to change this performance measure.

**FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET**

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) To increase percent of pregnant women who are screened for chlamydia.				
1. Opening of Northern Community Wellness Center.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Chlamydia is one of the required STD tests during prenatal care first visit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Referrals to STD/HIV Program for treatment, tracking, and followup.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. If Kagman Community Health Center is established, prenatal care services will be provided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) To decrease the rate of chlamydia for teenagers aged 13-19 years.				
1. Submitted grant proposal to establish a school-based adolescent health center at one of the public high school, Marianas High School.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continue to conduct presentations and participate in conferences/symposiums focusing on safe sex.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provide STD testing at the adolescent health center.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Arranged for pediatrician to come to the center to do the STD testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide educational materials to enhance counseling.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. STD testing is available at the STD/HIV clinic twice a week. The clinic is located away from the hospital facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

3) To increase the percent of infants born to teen mothers aged 13-19 receiving prenatal care beginning in the first trimester.				
1. Continue to promote importance of early and continuous prenatal care visits.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Opening of school-based adolescent health center - prenatal exam is provided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The degree to which State provides nutrition education information to students aged 5-12 years.				
1. Registered dietician goes into the classroom one day a week to teach at the different schools.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide schools with written materials.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Continue to participate in school events.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) To increase the percentage of mothers who breastfeed their infants at 4 months.				
1. Conduct breastfeeding clinic at Northern Community Wellness Center.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Showcase benefits of breastfeeding at the display cases around the commonwealth health center facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. re-submitted section 330 grant - if grant is approved a community health center in the village of Kagman will be open and breastfeeding clinic will be conducted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Formed a committee to write grant application for WIC.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. Continue to promote benefits of breastfeeding during prenatal care				

visits and well baby care visits.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Support group is available for new mothers - a phone number is provided to new mothers before leaving the hospital.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Develop culturally relevant materials.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STATE PERFORMANCE MEASURE</b>	<b>Pyramid Level of Service</b>			
	<b>DHC</b>	<b>ES</b>	<b>PBS</b>	<b>IB</b>
6) To decrease the percent of obesity in school-aged children.				
1. Continue to conduct presentations during schools/community events.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Provide materials for healthy foods, snacks, and physical activity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Provide one-to-one counseling or group counseling.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Provide nutrition counseling at the schools or at home with families. Nutrition counseling is conducted at the adolescent health center once a week.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STATE PERFORMANCE MEASURE</b>	<b>Pyramid Level of Service</b>			
	<b>DHC</b>	<b>ES</b>	<b>PBS</b>	<b>IB</b>
7) The State Title V agency formed a collaborative partnership with other service providers for CSHCN in formulation of policies, needs assessment, data collection & analysis, financing of services, etc.				
1. Contract consultant for technical assistance to conduct cshcn survey.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Develop survey instrument and conduct training.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Conduct telephone survey.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Send completed surveys for input and analysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**E. OTHER PROGRAM ACTIVITIES**

- //2004// -Participated in Head Start 2nd Annual Symposium as keynote speaker -130 people.
- Conducted a 3 day ROPES Training for Karidat at the Kagman Community Center -- 59 participants.
- Presented at the Child Care Workshop held at Aqua through PSS -- 15 people.
- Attended a 2-day workshop at Gardenia re: HIV with CDC Representative & PSS.
- Conducted a four day Kick-Off for "Island GIRL POWER!" Program -300 7th grade girls participated.
- Presented to Special Ed at MHS on topic of Puberty -16 students and 8 teachers.
- Presentation on Diabetes, Nutrition and Physical activity to San Antonio Elementary School parents of 1st to 6th grade students -Total participants: 171.
- Conducted two presentations at MHS on Culture & Tradition in the past vs. today's eating habits to 55 students.
- Conducted survey on Childhood Obesity at Kagman Elementary School for parents of children ages 6-10 years of age. Total participants: 16
- Conducted two workshops on Community Family Education Workshop featuring Diabetes and Nutrition at the Kagman Community Center and Multipurpose Center.
- Family Education Workshop on Celebrating Life the Healthy Way at the Multi Purpose Center. Total Participants for 2 days is 52.
- Presentation on Healthy lifestyle and nutrition at Pacific Gardenia Hotel. Total participants for 3 days is 79.
- Head start professional development workshop on Nutrition. Total participants: 43
- Parent/Teen Workshop. Presentation on Communicating with Parents, Suicide Prevention, Spirituality, Personal commitments, HIV/STD among CNMI youth, Teenage Deliveries in the CNMI . . and what can we do, and Stress Management and Decisions (concurrent workshops) at Aqua Resort. Total participants: 46
- Three (3) day ROPES Workshop with DYS Youth Summer Camp activities. Total participants: 120
- Rota Diabetes Workshop on Diabetes and Physical Activity at Rota Jr. High School. Total participants: 62
- Presentations on Sexuality, Teenage pregnancy and Communicating with parents at a two (2) day Parent/Teen Leadership Conference on Rota in collaboration with PSS. Total parents and students: 118
- Assisted CGC w/Tobacco Sting Operation.
- Conducted Nutrition & Physical Activity Presentation at Oleai Elementary School.
- Conduct Early Childhood Workshop from 7:00 a.m. to 2:00 p.m -- 80 participants.
- Coordinated and arranged interview for BCSP on Health Talk to promote October National Breast Cancer Awareness Month
- Assisted BEH with the upcoming Food Safety Symposium on Sept. 27, 2002
- Participated as exhibitors for DPH as well as co-coordinators of the Family Fitness Fair on Sept. 28, 2002
- Presentation at MHS on Breast feeding, Healthy Lifestyle & Parenting. Total students: 40
- Meeting on Sexual Assault and Rape Prevention
- Proclamation signing on American Cancer Society's Breast Cancer Month
- Presentation on Breast feeding, Healthy Lifestyle & Parenting
- Presentation at Youth Summit.
- Presentation on Childhood Obesity and its relationship in developing diabetes. Total students: 24
- Presentation on Health, Nutrition & what were the first immunizations offered in the CNMI at NMC.
- Distributed over 200 posters on "The Path to a Healthier CNMI and CNMI Food Guide Pyramid to CNMI Schools.
- Conducted presentation for MHS on Obesity & Diabetes. Total students: 50
- Conducted a presentation at Tinian High Schools, Youth Summit on HIV/STI, Teen Pregnancy, Virtues and Exercise for "Health Youth Day." Total students: 300
- Talked body parts, Sexuality, HIV and Exercise. Total: 250 fifth & sixth graders.
- Conducted several presentations on Nutrition & Physical Activity during PTA for Kagman Elementary, Oleai Elementary and Tanapag Elementary School. Total of 120 parents.
- Conducted a presentation at Hopwood on Career Day Total of 80 children.
- Presentation on Obesity, Health and Wellness at NMC. Total participants: 15

Overall, there are other on-going activities such as Teen Talk, awareness month/week, showcase of

resources, meetings with other staff on issues such as adolescent health, childhood obesity, in-service training, etc. //2004//

**//2005// - conducted the patient satisfaction survey at the wellness centers ( see attached file)**  
**-conducted the Kagman Community Health Survey**  
**-Took part in activities/displays for March's Disabilities Awareness Month**  
**-provided developmental screenings throughout Saipan, Rota, and Tinian at public venues**  
**-conducted presentations on early intervention services throughout the public high schools, including Rota and Tinian**  
**--provided in-service to public health nursing staff, including Rota and Tinian, on early intervention services**  
**-participated in the 12th annual Pacific Basin Interagency Leadership Conference in Palau**  
**-set up informational booths for all the programs - oral health, immunization, STD/HIV, etc - during major community events such as the Agricultural Fair and the Flame Tree Festival**  
**-held parent forum on 'everyone should be an advocate', 'nutrition', and 'transition process'**  
**-send staff to attend Deaf/Hard of Hearing training**  
**-provided CPR training for staff and parents in collaboration with Red Cross**  
**-Fil-Am Lions Club and the Napu Outrigger Club provided gifts for some of our children with special health care needs and their families - please note that this is an annual event for the past five years**  
**-DPH staff facilitated the Rugged Outdoor Physical Experiential System (ROPES) annual event for students age 11-19 focusing on communication, team work, leadership, physical activity, healthy snacks, drugs, tobacco, and teen pregnancy. There were a total of 104 participants.**  
**-Teen Talk became Teen Talk Live - a live tv show hosts by teenagers with call-in. Topics include teen pregnancy, dating, teen suicide, communicating with parents, std/hiv, family planning,etc**  
**- participated in the Marianas March against Cancer**  
**-exhibit and conduct accucheck and blood pressure screening during red cross walk-a-thon**  
**-conducted screening for different ethnic groups and talk on nutrition, immunization, diabetes, etc**  
**-participated in the tilapia cook-off**  
**-walk away from diabetes continues to be a success - conducted every Wednesdays - screenings are done and follow-up appointments are given to those that need it - nutritionist available on-site to talk to the community**  
**-collaborated with Public School System on many projects such as suicide, diabetes and physical activity, STD/HIV, human sexuality, etc in Saipan, Rota, and Tinian**  
**-participated in the make-a-wish fund raising event and Ayuda Network's Fun Run //2005//**

## **F. TECHNICAL ASSISTANCE**

Technical Assistance are needed for the following:

? Program planning, monitoring, and evaluation - assist program managers in effectively managing the MCH Programs considering the shortages of manpower and limited resources.

? Development of policies, protocols, and procedures ? there is a need to develop/update standard operating procedures for some units.

? Tools and techniques for conducting needs assessment on adolescent health, CSHCN, and other MCH programs.

? Tools and techniques for conducting a needs assessment on the current health information system to improve/enhance data collection and analysis.

/2002/ - no change

/2003/ - no change

//2004// - The CNMI is in the process of working on the application for WIC. We have a committee that is reviewing the process application and the requirements. We feel that it can be done but we need

assistance. We are fortunate that the newly hired nutritionist has some experience with the WIC program. We have been in contact with Ms. Linda Chock, Branch Chief of Honolulu WIC Program for assistance. We will also requesting technical assistance to enhance staff's community health development - we see the need to work with the community better. We are looking at the MCH Program staff at John A. Burns School of Medicine, University of Honolulu. We are in the process of do a training needs report for dental staff - i.e., for Dental Assistants to receive training and be certified as Dental Assistants, and staff at Bureau of Environmental Health. With the retirement of Manager, Health Planning and Statistics, and the sudden resignation of the Computer Specialist II last August, we are also evaluating data infrastructure of the Division. //2004//

## **V. BUDGET NARRATIVE**

### **A. EXPENDITURES**

The expenditure for the MCH Program follows the 30-30-10 requirement of the grant. Please note that FY 2003 ends in September 30, 2003. The personnel normally is the biggest amount that is not expended on time. This may be due to the long recruitment process, a staff is hired halfway into the fiscal year, or a staff resigns halfway or so into the fiscal year. Expenditures are for the Women and Children's Clinic, Children's Developmental Assistance Center (CSHCN), Southern and Northern Community Wellness Center.

***//2005// no change. We work with the budget to ensure that provision of services continues. //2005***

### **B. BUDGET**

Overall, federal support has tremendously allowed for the Division of Public Health not only to continue providing primary and preventive services to our community but to expand provision of these services. The shortfall in revenues for the CNMI government has gone down for the past fiscal years. Directives on austerity measures on expenditures control such as no off-island travel unless authorized in advance by the Office of the Governor; contracts in excess of \$2,500 are not to be approved; and no personnel actions may be processed without approval first by the Office of the Governor were being issued to all executive branch employees, department and activity heads. Because departments were exceeding their appropriations a memo was issued that states that "any expenditure authority of the Commonwealth who willfully and knowingly authorizes or creates any obligation or makes an obligation in excess of an allotment or appropriation for their activity area is acting beyond the scope of his employment and may be held both criminally and personally liable for these expenditures".

With projected deficits in public health local accounts, the practice of fiscal discipline and frugality during the budgetary crisis was strictly enforced. Nevertheless, the Division continues to work to ensure 0% disparity and 100% accessibility. With federal support, primary and preventive care for children and children with special health care needs has been brought out to the community with the opening of the Northern Community Wellness Center in March of this year. The center has a nursing staff that will work with the community and the schools in the surrounding area. We are sending and calling parents with children with special health care needs to inform them of the center and immunization and well baby appointments are being scheduled at the center for them. School health certificates can also be issued at the center. There has been good reception from the community. The staff comes from different ethnic groups so language is not a barrier. The commitment of the Deputy Secretary to bring out services to the community has been a big strength in the expansion of services.

The Department of Finance and Accounting ensures that funds are expended accordingly and process the Financial Status Report for the programs.

The MCH funds will be used primarily for provision and coordination of services for women, mothers and children within the State. The MCH budget for fiscal year 2004 includes description of personnel related and other costs needed to support MCH services. The budget integrates State and funding resources into the MCH program.

The budget is presented in a tabular form. A budget justification is provided (Attachment A). The allocation of funds is described on a Table that separates Title V and CNMI general funds. The administrative cost is defined as the indirect cost rate. The CNMI Department of Finance will be limited to use 10% of the administrative cost limit for indirect cost.

***//2005// No major changes. The Division of Public Health gets about 20% of the local budget under the Department of Public Health. The bulk of the budget is for personnel. We are still under austerity measures.***



## **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.