

Health Priorities

The Commonwealth of the Northern Mariana Islands Department of Public Health (CNMI-DPH) has identified the following health priorities for the general population of the Commonwealth of the Northern Mariana Islands and additional priorities specifically for populations at risk for experiencing a disproportionate burden of illness and death in the Commonwealth.

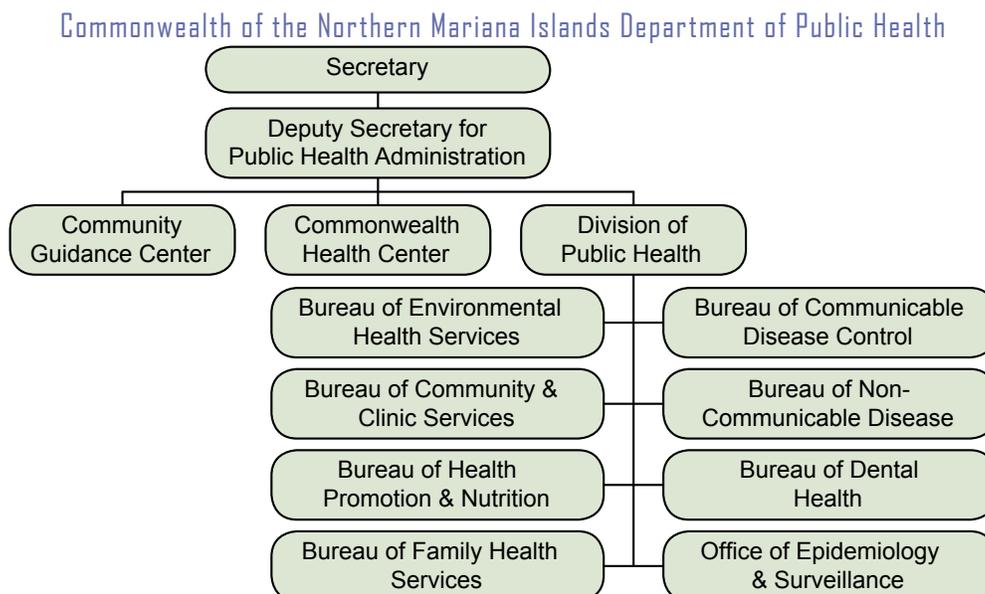
| Health Priorities for the General Population | Health Priorities Specifically for Racial/Ethnic Minority Populations |
|----------------------------------------------------------|---------------------------------------------------------------------------|
| Increase access to health care | Continue access to free immunizations for children |
| Increase funding for prevention programs | Expand Cancer Prevention Programs for breast and cervical cancer patients |
| Increase partnerships with private health care providers | Improve access to prenatal care for pregnancies |
| Expand community health centers | Improve access to affordable mental health |
| Strengthen manpower development program | Support home-based care for the elderly |

Overview

| | Funding for MH/HD Activities | Personnel Dedicated to MH/HD | MH/HD Unit | MH/HD Advisory Body | State MH/HD Legislation or Mandate | MH/HD Strategic Plan | Evaluation of MH/HD Activities |
|---------------------------------------|------------------------------|------------------------------|------------|---------------------|------------------------------------|----------------------|--------------------------------|
| Northern Mariana Islands | x | x | x | ✓ | x | x | Pending |
| Total Affirmative Responses out of 46 | 30 | 38 | 36 | 36 | 27 | 36 | 39 |

Organization, Infrastructure and Resources

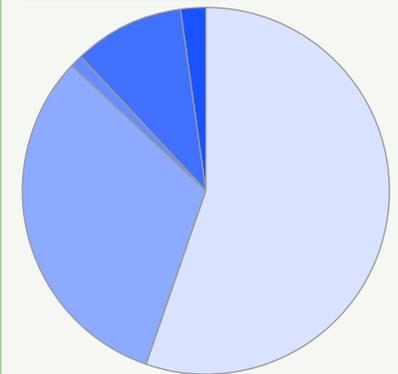
The following is a simplified organizational chart that demonstrates the location of the Commonwealth's health disparities (HD) focal point in relation to the State/Territorial Health Official and other key public health offices:



The CNMI-DPH directs its HD efforts through its Division of Public Health (DPH). The CNMI-DPH conducts its HD activities through an agency focal point in DPH and each public health program manager.

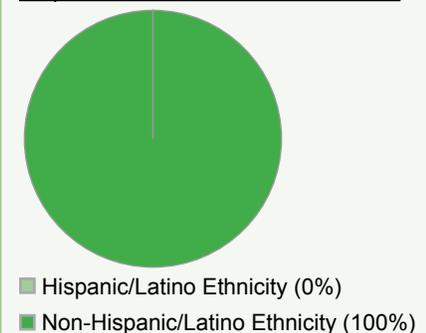
Total State Population:
69,221

Racial Distribution



- American Indian/Alaskan Native (0%)
- Asian (56%)
- Black/African American (0%)
- Native Hawaiian/Pacific Islander (32%)
- Other Race (1%)
- Two or More Races (10%)
- White (2%)

Hispanic/Latino Ethnic Distribution



Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Partnerships

- The CNMI-DPH consults with an internal Minority Health Issues Committee that supports and advises leadership on health disparities issues in the Commonwealth.
- CNMI-DPH maintains partnerships with an array of entities active in health disparities including: local government, other state/territorial health agencies, federal government, community- and faith- based and non-profit organizations, schools, local villages, and the media.

Strategic Planning

The CNMI-DPH incorporates health disparities issues into overall public health planning and program operations. It focuses particularly on programs in which health disparities are most often encountered, such as Diabetes Prevention and Control, Cervical Cancer Prevention and Screening, Tuberculosis Control, and Access to Preventive and Primary Health. The CNMI-DPH utilizes data from its local health department, as well as local and national research on health disparities to identify progress and areas for improvement in health disparities.

Human Capital Investments

The CNMI-DPH does not have specialized personnel dedicated to health disparities. However, CNMI-DPH does, however, have designated personnel in each of its public health bureaus and offices who coordinate and work with their colleagues in incorporating health disparity concerns and solutions into general public health planning and activities.

Financial Investments

Although the CNMI-DPH does not allocate financial resources specifically for state health disparities activities, it does support HD activities through the budgets of its public health programs where health disparities activities are conducted. It also provides both local and federal monies to support their health disparities efforts. Specific financial data on HD funding streams were not reported.

Activities

Primary Health Care Access

CNMI is applying for a community health center. DPH has created several low-income clinics specifically designed for primary and preventive care of women and children. CNMI is assisting underserved populations by improving access to all healthcare providers, including the private sector, with an improved Medicaid Program. With the downturn of our local economy, the number of indigent residents has risen sharply, as is the number of uninsured “self pay” patients seeking care at the local hospital.

Partners and Funding

CDC, HRSA Grants, Federal and local Medicaid and Medicare Programs, MIAP Program

Activity Outcomes

Improved Immunization rates, improved prenatal care access, improved access to breast and cervical cancer screening.

Evaluation Methods

Annual Immunization rates, Kotelchuck scores for prenatal care, the number of primary care visits at the hospital and clinics.

Culturally and Linguistically Competent Health Services

DPH provides translation and interpretation services for limited-English-speaking populations. Many nursing staff are locally trained and include Pacific Islanders, Filipinos, Korean and Chinese. CHC is the main training hospital for the local college, and DPH participates in efforts to recruit high-school students to the healthcare field. DPH maintains a commitment to train and/or recruit and retain local health care professionals.

Partners and Funding

Some positions are funded with federal grants.

Activity Outcomes

There is availability of in-house translation services 24 hours a day 7 days a week. DPH hires a variety of medical, nursing, and allied health professional staff at CHC that reflect the diversity of our community.

Evaluation Methods

No formal hiring quotas exist, but DPH strongly considers any health-related candidate with Pacific Islander background.

Activities continued...

Bi-national or inter-territorial partnerships to increase access to health care for underserved

CNMI provides Medicaid coverage to increase access to healthcare for the uninsured US citizens. CNMI has passed legislation requiring all contract worker employers to pay for healthcare of their workforce. DPH has created a MIAP fund to assist with access to healthcare payments for the uninsured non-US Pacific Islander. These programs extend to the island of Tinian and Rota as well.

Partners and Funding

US Medicare and Medicaid, Pacific Islands Compact Impact Funding

Activity Outcomes

Accounting of all funding sources for healthcare in the CNMI annually

Evaluation Methods

Impacts of uninsured care are measured annually at CHCs.

Health Status and Utilization Surveillance

CNMI measures and tracks progress towards reducing significant health disparities with regular reports and with each individual program manager during all grant-writing activities.

Partners and Funding

CNMI local funding, HRSA grants

Activity Outcomes

Annual Reporting is targeted to measure progress towards reducing Health Disparities.

Evaluation Methods

Annual Reporting is targeted to evaluate the effectiveness of any intervention.

Commonwealth of the Northern Mariana Islands primary contact for health disparities is:

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