

Commonwealth *of the* Northern Mariana Islands

Kagman Community Health Center
PLANNING GRANT APPLICATION

Fiscal Year 2009

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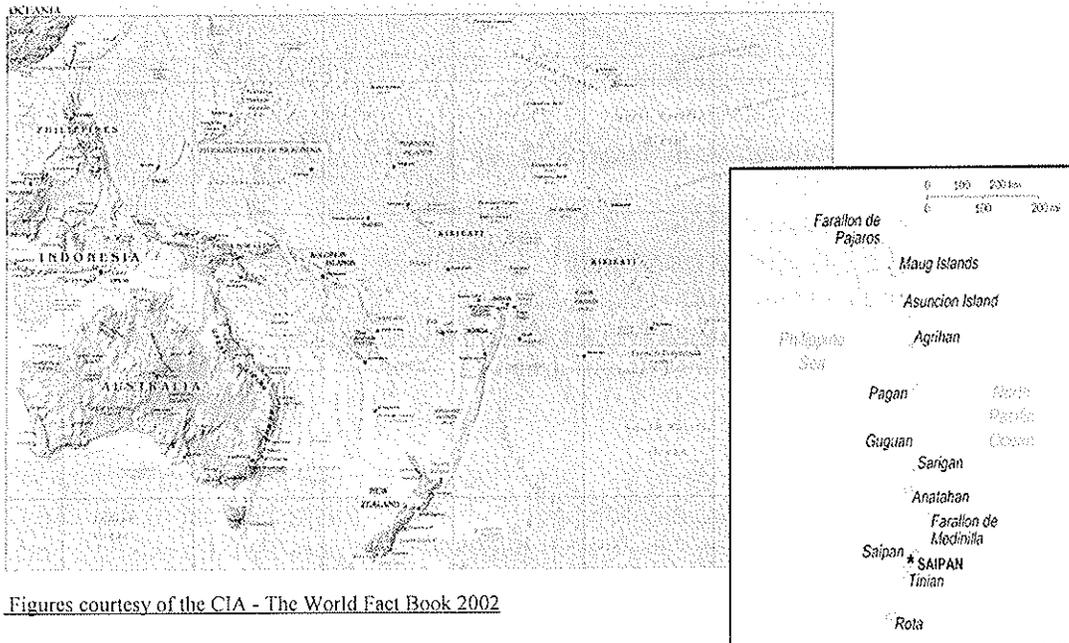
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INTRODUCTION

The focus of this Community Health Center Planning Grant Application is to plan for the establishment of the Kagman Community Health Center. This Community Health Center will be able to address the primary health care and wellness needs of individuals residing in the homesteads and villages located in District 10 on the island of Saipan in the Commonwealth of the Northern Mariana Islands (CNMI). The CNMI Department of Public Health is submitting the planning application for the Kagman Community Health Center (KCHC) in partnership with the Kagman Komunidat Association. It is the intent of the Association to develop a Kagman Community Health Center Board by the end of the planning year.

The Community

The Commonwealth of the Northern Mariana Islands is located in the western Pacific, 2,900 miles east of the Philippines. Saipan is the largest of the inhabited islands with a population of 62,392. On Saipan, the Commonwealth Health Center, a government hospital, the Department of Public Health, and a few private medical providers, make up the only options for medical care. These centers are near the business district of the island, which is located on its western shores.



Figures courtesy of the CIA - The World Fact Book 2002

The island of Saipan is a Health Professional Shortage Area in Primary Care with a score of 18.

The cost of living in the CNMI is 25-30 percent higher than in the United States. English, Chamorro and Carolinian are the official languages of the CNMI.

On the eastern side of Saipan, with a population of 15,845, are the homesteads and villages that make up District 10. This is the proposed site of the Kagman Community Health Center. Targeting the entire population of District 10, this is a plan to develop a health center that can serve approximately 6,000 residents at full operational capacity.

District 10 is both a residential and farming community situated on the slopes of Mount Tapachou, the highest point on the island. The population of District 10 has increased by 147% in ten years, the largest increase on the island. Continued growth is expected.

The ethnic mix of the target population is primarily indigenous Chamorros and Carolinians with 86% speaking a primary language other than English.

Lack of access to medical care, a high number of uninsured, and poor health rates are the main reasons for developing the Kagman Community Health Center.

Health Access issues for Kagman are related to its isolated location.

These are:

- A lack of private and public health services available.

- The nearest health facilities are located on the west side of the island.

- District 10 is located on the east side of the island, on the slopes of Mount Tapachou, making foot traffic down the mountain and to the west side difficult.

- There is no public transportation system available on Saipan.

Health issues for Kagman include:

- Low birth weight rates.

- Late prenatal care.

- Low immunization rates.

- Poor oral health care.

- Early onset diabetes.

- High teen pregnancy rates.

- High suicide rates.

- High rates of diabetes and cardiovascular disease.

- High alcohol, tobacco and drug use.

Health Safety-Net

The CNMI's health care environment severely limits the number of residents that can be insured under Medicaid. The CNMI has extremely poor health statistics, and a lack of health care options. There needs to be a more effective health safety net to counter the situation.

The CNMI's only hospital, the Commonwealth Health Center, has exceeded its capacity to serve the growing population of Saipan and its neighboring islands. Initially designed to serve a population of 20,000, the Commonwealth Health Center must now serve a population of 70,000. Tertiary care is the primary focus of the Commonwealth Health Center, preventive health and primary care is not.

There are a limited number of private providers on Saipan and the majority do not accept Medicaid or uninsured patients.

The CNMI Department of Public Health recognizes that plans need to continue for the establishment of a community health center in the high-risk area of Kagman. A large percentage of the population is uninsured and present with poor health and socio-economic conditions. The CNMI Department of Public Health recognizes that a plan needs to be developed to address preventive care and careful management of costly medical needs in the region.

NEED

Description of the service area, community, and target population

1. Service Area

- (a) The 2000 U.S. Census reported the total population of the CNMI to be 69,221. Chamorros and Carolinians make up 34% of the total population. The remaining 66% of the population is comprised of guest workers from the Philippines, China, and other Asian countries; business owners from Japan and Korea, other Pacific Islanders, and Caucasians.

Saipan is the largest of the inhabited islands with a population of 62,392. The island is 12.5 miles long and 5.5 miles wide. The west side of the island is the most urbanized and dominated by the tourism and garment industry.

Census tracts 9506.1, 9506.2 and 9515 are located on the eastern side of Saipan. The homesteads of Kagman I, Kagman II, Kagman III, Kagman IV and villages of Papago, San Vicente, Fina Sisu, Lau Lau Bay, Fina Sisu, Dan Dan, I Fadang, I Naftan, Obyan, As Terlaje, Dagu make up political District 10. These areas are situated on the slopes of Mt. Tapachau, the highest point on the island at (1,554ft), and the Kagman peninsula. The total population of this area is 15,845.

There is one high school, one middle school, and three primary schools serving this community.

- (b) The CNMI is a Health Professional Shortage Area. It has a current HPSA score of 18 in primary care. The CNMI is currently applying for medically underserved area designation.
- (c) The Kagman region is both a residential and farming community with only a few “mom and pop” stores scattered throughout the area. Several churches, a fire station, police station, schools, and a community center, are also located in the district.

Homestead lots are available only to indigenous residents of CNMI. Only individuals of Northern Marianas decent can own land under Article XII of the CNMI Constitution. The development of homestead lots in the area is growing rapidly.

The focus of this proposal is to develop a comprehensive plan for the establishment of the Kagman Community Health Center. The goal is to address the primary health care and wellness needs of individuals residing in the homesteads and villages located in District 10. The Kagman Community Health Center planning will receive support from the CNMI Department of Public Health. Through this relationship, resources can be utilized to plan for a full-range of primary health care services to be brought to this remote region.

2. Population Demographics

The population of District 10 has increased by 147% in a period of ten years. This is the largest increase of all communities in Saipan. The tables below describe the demographics of the population that will be served through the Kagman Community Health Center:

Ethnicity Distribution	
Ethnicity	Population
Pacific Islander	8,226
Asian	7,193
White, Black, Other	426
Total	15,845

Courtesy of US Census 2000, Saipan Municipality - District 10

Age Distribution	
Age	Distribution
Children Under 5	1,750
School Age 5 - 19	4,193
Adult 20 - 64	9,664
65 and older	238
Total	15,845

Courtesy of US Census 2000, Saipan Municipality - District 10

Sex Distribution	
Sex	Distribution
Male	7,805
Female	8,040
Total	15,845

Courtesy of US Census 2000, Saipan Municipality - District 10

Poverty Status in 1999	
Type	Below Poverty Level
Families	30.5 %
Families with Female householder	43.7 %
Individuals	43.4 %

Courtesy of US Census 2000, Saipan Municipality - District 10

Other relevant factors from the 2000 US census include:

86% of the population speaks a language other than English.

62% of grandparents are responsible for grandchildren.

Unemployment rate is 3.9%.

Life expectancy rate of target population is 54.

Health Needs of the Target Population

Prior to World War II and the invasion of Saipan in June of 1944, Chamorros and Carolinians consumed a diet consisting of locally grown fruits and vegetables, fish, seafood and meat from livestock. The invasion of Saipan, with heavy bombardments and fighting, left the island defoliated of most native plants and crops, and suspended agricultural activities. The Chamorros and Carolinians were brought from their caves and other hiding places to the village of Susupe, where the U.S. military housed the residents in camps. The soldiers and sailors tasked with feeding and caring for the islanders introduced the same processed rations that were provided to the military. Though originally provided for survival, processed foods became a permanent staple in the diet of the indigenous population. SPAM and similar processed canned food are eaten widely today. These processed foods have led to a significant rate of diabetes, hypertension, heart disease and other diet related diseases and disorders.

Further affecting the health of the community are the socio-economic conditions related to low education levels, lack of employment opportunities, lack of transportation, alcohol and substance use, use of tobacco, and lack of oral health care.

The following describes health and socio-economic problems that impact the different life cycles of residents in the target population of this region.

<u>Life Cycles</u>	<u>Desparities per Life Cycle</u>	<u>Contributing Factors</u>
Perinatal	Late Prenatal Care Low Birth weight rate High Alcohol/substance use High Tobacco Use	* No health care providers of care, public or private, within the the service area
Pediatric	Low Immunization rates Poor oral health Low well-child follow-up High otitis media rate	* Limited access to health care on the island of Saipan * No public transportation system * Lack of medical insurance
Adolescent	Early onset diabetes High teen pregnancy rates High suicide rates Low Immunization rates High Alcohol/substance use	* Lack of preventive education * Lack of outreach/counseling service * Lack of oral health services
Adult / Geriatric	High Obesity rates High Diabetes rates High Coronary Artery Disease High Alcohol/substance use High Tobacco Use Poor oral health Lack of meaningful employment	* Poor nutrition * Lack of school based services * Lack of access to disease monitoring and control program

3. Barriers Impacting Health Care for Target Population

The CNMI's only hospital, the Commonwealth Health Center, is located on Saipan and serves as the islands principal provider of medical care services. Commonwealth Health Center is the hospital's name although it is not a section 330 health center. Originally designed to serve a population of 20,000, the Commonwealth Health Center is over-burdened and its limited resources are spent on tertiary care, not prevention.

Other than the Commonwealth Health Center, a government medical facility, there are limited options for medical care on the island of Saipan. The CNMI Department of Public Health and a few private medical providers make up the other options for medical care. Most private providers do not accept Medicaid or the CNMI government sponsored health insurance plan.

Residents of District 10 and surrounding areas have great difficulty accessing the limited health care services available on Saipan. Barriers 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.
- There is no existing outreach to the two elementary, one junior high, one high school, and three Headstart programs located in District 10.

District 10 is located on the east side of the island, on the slopes of Mount Tapachou, making foot traffic down the mountain and to the west side difficult [Attachment 3 and pg.11].

There is no public transportation available on Saipan.

If a family does own a vehicle, travel is limited based on the condition of the car being able to handle the slopes and winding roads of the area, and the family being able to afford gasoline.

Although taxi service is available on Saipan, the cost is prohibitive to residents. The taxi services are targeted to wealthy tourists. Because of this, taxi rates are higher in Saipan than in large cities such as San Francisco, New York, Los Angeles, and Hong Kong. The fare from Kagman to the Commonwealth Health Center is between \$80 and \$100.

Most people perceive the Commonwealth Health Center as a place to visit only if they are sick, usually after an illness has progressed to an urgent or emergency situation.

The Kagman Kommunitat Association, interested in the health of their community conducted a house-to-house survey in April and May of 2004. 458 residents participated. The Kagman Community Health Survey found:

- 91% responded that distance and lack of transportation were the major factors for not seeking health care for their family

- 75% received their health care from public health facilities

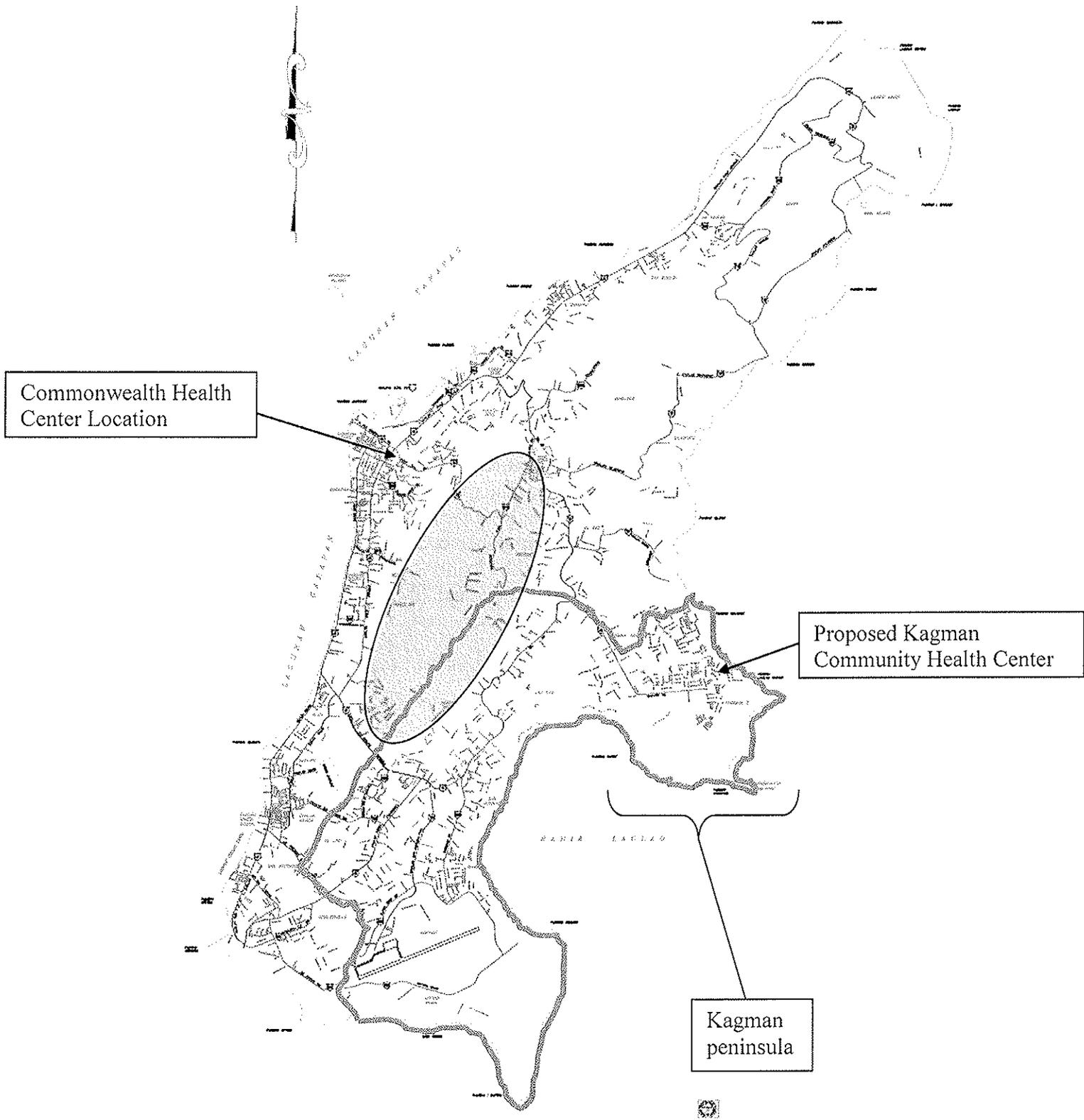
- 61.7% of household respondents admitted that they were not getting regular medical care for their chronic illness due to financial issues, lack of transportation, and distance to the nearest health facility.

- 37.3% of respondents were covered by Medicaid

- 22.5% were covered by government health insurance

- 10.7% were uninsured

Additionally, the survey results indicated that 24% of the participants were unemployed. Since 2004, the economy of the CNMI has worsened. Unemployment has risen and many businesses have closed. This makes the need for a CHC in Kagman community even stronger.



Map of Saipan. Red outlines District 10. Arrows indicate locations of Proposed Kagman Health Center and the Commonwealth Health Center. Grey oval denotes rugged Mt. Tapachou region.

4. Health Care Environment in the CNMI

The current State Medicaid program is unique to the CNMI and other US territories and jurisdictions. The CNMI State Medicaid program is “capped” by the United States federal government and limited to a set dollar amount allotted to the CNMI. This limited funding “cap” severely affects access, cost, and quality of health care for all residents of the CNMI. The current state plan limits the use of State CHIP money to the event where the CNMI general Medicaid program has exhausted its normal funding. In other words, CNMI cannot access CHIP funds until the Medicaid money is exhausted. This is a federal restriction imposed on the CNMI.

The limiting factor of the Medicaid “cap” leaves many residents/patients without any form of health coverage. There is currently a concerted effort to lift the cap for the CNMI Medicaid program; however, this change is not anticipated in the near future.

5. Existing Health Care Providers

The CNMI’s health care system consists of five private providers and the government facilities. The private providers provide outpatient clinic services only. None of the private providers operate clinics in Kagman. The government facilities include the Commonwealth Health Center on Saipan, the Rota Health Center on the island of Rota, and Tinian Health Center on the island of Tinian. Over 80% of all health care provided in the CNMI is provided by the Commonwealth Health Center. The Commonwealth Health Center is an 80-bed facility with 40 doctors and 200 nurses. See Attachment 3 and pg 11 for location map.

RESPONSE

1. Purpose

Our objective is to develop a comprehensive plan for a freestanding, single facility community health center for all residents of District 10. We anticipate that Kagman CHC will be a public-entity health center administered under a co-applicant agreement between the CNMI Department of Public Health and a community board of directors. The plan for the health center will combine wellness services, focusing on preventive programs, and low-cost effective primary care services. A collaborative program between the Health Center and the CNMI Department of Public Health programs, and other public and private programs, will be developed to enhance and promote preventive and intervention services both at the Health Center and in the community.

- i. Commonwealth Health Center: Secondary, diagnostic and laboratory services.
- ii. Pacific Health Incorporated: Retail Pharmacy
- iii. Department of Public Health: Prevention programs, Children’s Assistance and Developmental Center, Breast & Cervical Cancer Program, HIV/AIDS Program, Diabetes Task Force, Health Planning and Statistics, Maternal & Child Health Program, Health Promotions and Nutrition, TB Control
- iv. Karidat: Domestic violence

- v. C*DAC Early Childhood Development Program: Identify developmentally delayed children.
- vi. Women, Infants, Children: food voucher program for families.

The proposed plan will focus on developing comprehensive outpatient primary care to include, prevention, outreach, community education, dental care, school-based health programs, case management of high risk patients (especially those with or at-risk for diabetes), substance abuse and mental health counseling.

In 2003, the Kagman Komunitat Association, made up of members from District 10, identified the many needs of their community. These included, more schools, community teen activities, school-based health programs, preventative health care, counseling services, prenatal care, dental care, pediatric and geriatric care. Clearly, access to health care was a top priority for this community. Locating a health care facility within the community was sought as an ideal solution.

Along with representatives of the CNMI Department of Public Health, the Kagman Komunitat Association identified the vacant Kagman Juvenile Detention Center, as an excellent location for a health center. This was determined because of its central location in Kagman and the minimal renovations needed to begin health center operations. This location will be revisited during the planning phase. Other locations will not be ruled out.

Later in 2003, the Kagman Komunitat Association with the CNMI Department of Public Health established the Kagman Community Health Center Advisory Council to organize a governing structure for the Health Center and participate in the development of a New Access Point grant to the Bureau of Primary Health Care. The initial grant that was applied for was not funded.. However, the Kagman Community has not given up. Funding for the Kagman Community Health Center is still being sought by this community.

This is a proposal for funding for a year planning grant to revitalize this community council, to conduct a new needs assessment for the Kagman area and to reach the goal of applying for a New Access Point grant to begin operation of The Kagman Community section 330 health center.

A new access point will lower the cost of transportation and the cost of services of primary care service needs for the community. The cost of transportation, the high volume of patient visits at Commonwealth Community Health Center, and the lack of other clinics are a real barrier for the community. A new health center will address these concerns by establishing a comprehensive point of care within the community and by adjusting and pricing the cost of services commensurate with the patients' ability to pay.

The mission statement of the Kagman Community Health Center will dictate that no one will be discriminated against, even those with the inability to pay. It is the plan to have the mission statement clearly marked in the reception/waiting area of the health center.

During the preliminary meetings of the board and the community meetings, this mission will be clearly addressed.

2. Health Needs Assessment

A major portion of the planning year will be devoted to conducting a health needs assessment of the Kagman community. The assessment and analysis will be guided by an epidemiological approach to community needs assessment. All data will be compared to the rest of the CNMI population for reference purposes. Specific methods will include:

- (a) Collection of natality, morbidity, mortality data, and diabetes incidence.
- (b) Collection of economic factors affecting the population's access to health services (percentage of population with income at or below 200% of the poverty level, unemployment and uninsured rate).
- (c) Collection of demographic factors affecting the population's need and demand for health services including, population age 65 and over, and languages spoken.
- (d) Review of health resources currently available, including access to primary care physicians and resources and services of the other public and private organizations within the Kagman community.
- (e) Interviews with key informants on the capacity of the service area to sustain a comprehensive health center.
- (f) Review of behavioral risk factors survey currently planned to be conducted in the CNMI late 2009.

Conducting a new health needs assessment will follow eight basic steps.

Step one – Decide what information is needed

Step two – Review existing health information

Step three – Collect the data

Step four – Analyze the data to identify community health needs

Step five – Assess needs and possible solutions

Step six – Meet with community leaders to cover basic findings and possible solutions.

Step seven – Integrate solutions into the New Access Point plan

Step eight – Evaluate the assessment and plan for new health needs assessment in 3-5 years.

3. Needs assessment will evaluate effectiveness of available resources

In evaluating the effectiveness of current health care resources and services a needs assessment will:

Provide updated baseline information about the health status of Kagaman community residents.

Ensure that decisions are based on solid information and evidence.

Help set priorities.

Get community members, stakeholders and partners involved in the decision-

making process, help them understand the difficult choices that need to be made, and continue to build support and commitment for addressing health needs on a community-wide basis.

Guide policy and program development for future New Access Point.

Provide information on which to base funding for New Access Point grant application.

4. MUA/MUP Designation

The CNMI is a Health Professional Shortage Area. It has a current HPSA score of 18 in primary care. Saipan is in the process of applying for MUA designation.

5. Program Model

- (a) The planned service model of the Kagman Community Health Center will be a freestanding, single facility health center for all residents of Kagman and the surrounding villages. The proposed service delivery will overcome the physical and financial barrier to care by locating the facility itself within the boundaries of their community. The villagers of Kagman I and II can even access the health center by foot because of their close proximity. Users will no longer have to tackle the challenges of meeting appointments at the Commonwealth Health Center because of the uncertainty of road conditions, traffic, and other issues of transportation. This is goal C in the Work Plan.
- (b) The Kagman Community Health Center will combine both wellness services focusing on preventive programs, along with low-cost but effective interventional services that are appropriate for the Chamorro, Carolinian, and Filipino population of the region. As a bridge between residents of District 10 and the Commonwealth Health Center, the center will focus on providing much of the services that would ordinarily be provided at a community health center that focuses on primary care and management of chronic diseases, such as diabetes and hypertension. This is goal B3 in the Work Plan.
- (c) Primary and supplemental services to be offered to the community will be examined during the planning phase. Addressed in goal B2 of the Work Plan, it is expected that these services will be available and accessible to all life cycles of the target population. Here are the services that the plan will explore:

Perinatal	Risk assessment, nutrition education and nutrition supplements, First and Third Trimester Enrollment provided by the family physician and nurse practitioner/midwife
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Post Partum	Newborn follow-up and postpartum visits facilitated by the case manager and outreach program involving the nurse midwife.
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Pediatric	Immunization, Oral Health and Growth Development made available through the public health sealant program and the CNMI
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immunization program. Growth development can be provided by a nurse practitioner and family physician.

Adolescent	Behavior Risk Assessment coordinated by the PSS school system and the case management staff of the health center. Family Planning Counseling in collaboration with the Division of Public Health Family Planning program.
Adult	Cardio-vascular Risk Assessment, Cancer, Diabetes, Metabolic/Hypertension followed and facilitated by the family physician and case manager.
Geriatric	Immunization and assessment of function provided by the family physician and outreach programs facilitated by the case manager.
Special	HIV and Substance Abuse Counseling provided by full time case managers / substance abuse and guidance counselors.

The plan will address a need for a full-time Mental Health Specialist, Substance Abuse Specialist and Case Managers. Referrals may be made to the Community Guidance Center when appropriate.

- (d) During the planning year, recruiting for staff members will be facilitated by the Department of Public Health Human Resources division.
- (e) A plan will be developed to share the accounting and practice management system administered by DPH. This will allow the administrative staff ease and compatibility when managing its financial resources. The governance board will also explore an administrative policy of internal controls, to ensure compliance with local and federal requirements. This is goal J in the work plan.
- (f) Usage of the current DPH practice/financial management system will ensure that the system can embed quality and outcome measures, such as HEDIS indicators, for more effective reporting. Incident reports and other KQI indicators will also be included in the overall practice management system.

It is the intent to use a managerial/practice system that will allow for regular reporting of all indicators both clinical and non-clinical activities. Reports and evaluations will be developed and adopted by the administrative staff.

- (g,h) The Kagman Community Health Center will utilize the accounting and financial management support of the Department of Public Health through the business office and the Chief Financial Officer. The procurement of all needed supplies and material will go through the pre-existing process, which includes the use of central requests forms and accounts payable vouchers. Encumbering and certification of funds will be facilitated by the business office at the Department

of Public Health through the CNMI central JD Edwards accounting system. General ledger and reporting will also be maintained through the Department of Public Health. The governance board will also have the ability to requests custom reports through the office of the Secretary of Health to facilitate decision-making and meet the requirements of a section 330 health center. This is goal J of the work plan.

6. Securing financial and professional assistance

- (a) The planning project for the Kagman Community Health Center has the full support from both the community and government entities. Letters of support are included in Attachment 11. Goal J in the Work Plan addresses the development of the community board to work with the Department of Public Health.
- (b) Staff hired for the Kagman Community Health Center will be selected based on their skills, knowledge of the community, including linguistic and cultural background. These are goals D, E, and F in the Work Plan.

Essential to the establishment of an improved health center environment is the ability to retain qualified health professionals for the center. Recruiting and retention remains a major problem in the Pacific due to a number of reasons, including low salaries, distance to the mainland, marginal high schools, etc. Recruitment for this health center will lie under the direction of the Department of Public Health, currently responsible for the recruitment and retention 40 CHC physicians and 200 nurses. Advertising will be done on-line and through leading journals. Retention is a key issue in establishing patient compliance through continuity of care. All efforts will be made to insure that we retain the physician we have. Preference will be given to physicians, mid-levels, and nurses who have established local ties to the community.

- (c) A strong health center management team will be important to establish before the opening of the Health Center. All initial efforts will be to search for a Chief Executive Director, Medical Director, and Chief Financial Officer at the local level. The current applicant for Program Director is likely to be a candidate for Executive Director on program implementation if approved by the governing board. This candidate is the former Deputy Secretary of Public Health for the CNMI and currently lives in District 10. Additionally, the current Chief Medical Officer for the Commonwealth Health Center has expressed interest in assisting with project planning [Attachment 11]. She has expressed a great interest in helping to plan for a section 330e for Kagman residents. This former NHSC scholar and internal medicine doctor may be recruited as the Medical Director upon project implementation. This is goal H in the Work Plan.

7. Planning activities and community support

The community will be involved in the planning process by being heavily represented

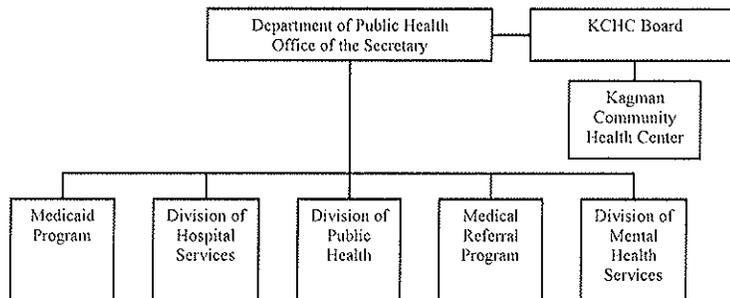
on the community health center board. At least 51% of board membership will be users of the health center. In this way, the board will be able to reach out to friends family and other community members. Community surveys will also be used as a tool to determine appropriate outreach activities.

In partnership with the Department of Public Health and other resources, community surveys will aid in determining if the following programs will be received well:

- Evening smoking cessation classes once per week.
- Nutrition counseling.
- Staff to teach health classes at Kagman Junior and Senior High Schools.
- Staff to set up on-site school-based counseling and interventions.
- Exercise programs in the schools.
- Random blood sugar for all high school students once a year with follow-up provided for all tests at >140.
- Focus group of adolescents with glucose intolerance, Type II DM, or with risk factors.
- Diabetes screening annually, providing follow-up care for all tests at >140.
- Diabetes association group 2 days per week to address compliance, provide education, etc.

8. Governance structure

The Kagman CHC will be a public-entity community health center managed under a co-applicant agreement between the Kagman community board and the CNMI Department of Public Health. The by-laws, affiliation agreement and governing policies will be consistent with all 330 Policy Information Notices and other BPHC guidances for public entity health centers. We will request the assistance of the Pacific Island Primary Care Association, for board training and the review and development of our governance structure and formal documentation to ensure full compliance. The organizational structure for the planning phase of the Kagman Community Health Center will include the CNMI Department of Public Health and the KCHC Board working together to develop and the implement the plan [Attachment 4].



It is anticipated that during the planning phase of the Kagman Community Health Center, the role of the Department of Public Health and KCHC Board will be as follows:

Department of Public Health

- Needs Assessment
- Policy and Procedure development
- Development of Personnel and Hiring procedure
- Human Resource development

Kagman Community Health Center Board

- Develop plan for health center services and operational guidance
- Adopt personnel governing policy
- Develop business plan
- Evaluate utilization patterns, productivity, project objectives, etc.
- Compliance with applicable federal and local laws
- Quality of care issue development

The Kagman Community Health Center Board will represent the community in an advisory capacity during the planning year, as it transitions to a full CHC board of directors. The Kagman Community Health Center Board will consist of nine members. All members will be residents of District 10 and at least 51% are expected to be users of the health center once established. The majority will be selected from the target population and the remaining members will be representatives of the community who are selected based on their expertise in community affairs, social services, local government, finance and banking, legal affairs, trade unions, and other commercial and industrial concerns.

The previous Advisory Council formally adopted by-laws April 28, 2003. Members of the newly established board will revisit these by-laws and formally adopt new by-laws during the planning year. Formal standing committees within the board will be established. The standing committees to be formed include: Executive, Budget, Strategic Planning, Personnel and Nominating. Non-council, non-voting members may be included on a committee based on need and expertise.

The decisions of the board during the planning year will be shaped by its expected responsibilities once their health center is established. These will be:

- approve policies which include scope and availability of services, location and hours of services, and quality of care audit procedures.
- assess utilization patterns, productivity, patient satisfaction, and achievement of project objectives
- develop a process for hearing and resolving patient grievances.
- assure that the Health Center is operating within and in compliance with applicable Federal and local CNMI laws and regulations.
- Acknowledge the CNMI Government Personnel Service System Rules and Regulations policies and procedures, including all provisions of the Civil Service Commission Rules and Regulations. These Rules and Regulations contain selection

and dismissal procedures, performance appraisal procedures, salary and benefit scales, employee grievance procedures, and equal opportunity practices.
evaluate the Program Director
approve an Annual budget for the Center;
review reports to assure accountability for the project's activities
review and approve sliding fee scales and fee schedules.

9. Establish Linkages

A plan for a collaborative program between the health center and the following public health programs will be developed that enhances and promotes preventive services. For example, the kinds of collaborations already being discussed include:

Immunization Program - Collaborate with the DPH immunization program to conduct and provide immunization services within the health center and for health center staff to deliver vaccines as well as maintain standard immunization records. The health center can also act as a liaison between school immunization records requirements and public health so parents can avoid having to travel to the main public health facility in Garapan just to obtain a school health certificate.

Diabetes Task Force - The diabetes task force will be asked to deliver educational and promotional material to the community about diabetes and ways to mitigate the debilitating effects of the disease. The diabetes task force will also collaborate with the health center staff to conduct screening programs among the at-risk population within the District 10 area.

Breast/Cervical Cancer - The health center staff will collaborate with the Public Health Breast and Cervical Cancer program to bring to the community screening and preventive/referral services of the Breast and Cervical Program.

HIV Prevention - Confidential and meaningful counseling and screening programs will be provided at the health center in collaboration with the public health HIV/AIDS program. Free and anonymous testing will be offered at the health center through the drawing station using health center personnel.

Maternal Child Health - Maternal and Child Health programs will be an integral and important partner for the health center. Much of the community needs are expressed in many of the programs that are targeted by the CNMI MCH program.

The Kagman Community Health Center will also collaborate with other service providers that have clients and patients within the target area. Some of the other federally funded program as well as other local organizations that the health center plans to collaborate with are:

Hearing Services (PSS) - Hearing services is a traditionally under-represented and very busy activity. Capturing and identifying children over the age of three (3) who are too young for school is often difficult without active processes like health center visits. The

medical staff will identify and refer children that may have hearing or conduction deficits.

C*DAC Early Childhood Development Program - The health center will also forge a partnership with the CDAC program of the CNMI in identifying developmentally delayed children to the CDAC office in Garapan. The health center will also offer health center space for the yearly visits by the Shriner's Children Hospital staff from Hawaii to help service and evaluate children with orthopedic problems needing surgery.

Karidat (Domestic Violence) - The health center will offer therapy and counseling space for the Karidat therapist when evaluating victims of domestic violence. A partnership with the health center medical staff/case manager to maintain a continuum of services for these patients will be developed.

There are no other health care providers within District 10. The Kagman Community Health Center Plan will set up a referral system for patients to access secondary and diagnostic services at the Commonwealth Health Center. A similar collaboration and integration will be developed for laboratory and outpatient pharmacy services with a local retail pharmacy.

Preventive services can be provided at the health center in collaboration with the Department of Public Health and other health organizations. For example, immunizations can be provided to infants and children at the health center while the vaccines themselves can be provided by the CNMI Department of Public Health at no cost to the health center. These types of collaborations will be seamlessly put in place throughout the health center facility.

During planning, a separate but adjacent building can be made available for therapy sessions for substance abuse and behavioral problems. Staff from the Community Guidance Center will be able to utilize the Health Center at no charge. The CNMI Nutrition Council as well as the Department of Public Health Diabetes Task Force will also be able to access space at the Health Center for educational and routine class sessions for the community. We anticipate that other programs within public health will integrate their services into the Kagman Community Health Center, such as:

- Children's Assistance and Developmental Center
- Breast & Cervical Cancer Program
- HIV/AIDS Program
- Diabetes Task Force
- Health Planning and Statistics
- Maternal & Child Health Program
- Health Promotions and Nutrition
- Women, Infants Children

EVALUATIVE MEASURES

The health needs assessment will be evaluated once it is complete. The essential questions that will be answered during the evaluation stage are:

Was a solid base of information about health needs and community resources in the Kagman community achieved?

Was there a thorough involvement of community members?

Did the set of priorities and action plans established address the Kagman community health needs?

Is there a plan for monitoring and building on-going community needs assessment information into the proposed Kagman Community Health Center operations?

The items in the Work Plan will be followed throughout the planning year. The Kagman Kommunitat Association will meet regularly with the Program Director until a Community Health Center Governing Board is established. During these meetings progress through the Work Plan will be discussed and assessed. The completion of a needs assessment and the formation of a governing board will be prioritized. After a governing board is established, they will become the main body to evaluate planning progress with the Project Director.

IMPACT

The planning grant provides the CNMI Department of Public Health and its community partners the necessary resources and structure to plan responsively and effectively CNMI's first community health center. It addresses a long-term strategic objective of CNMI DPH, to build the preventive and primary care services that are the most effective strategy for ensuring community health in low-resource island settings. Currently, the health finance pyramid is upside down: Most of our resources go to secondary and tertiary care, which we can ill afford. The community health center—with its strong focus on community ownership of health, its comprehensive and holistic approach, and its strong focus on preventive care—is a key step in rectifying the imbalance of health care services and expenditures facing most US-Affiliated Pacific Islands. The impact—as evidence in other USAPI with health centers, including Yap State and Guam—can be significant, and catalytic, effecting all components of the health system as a more focused and deliberate approach to community-based health takes root.

The Kagman Community Health Center will address the health and wellness needs of its target population through services provided by, or linked to, the health center, and through referral to outside resources.

There are no other health providers in District 10, although local healers are utilized by the indigenous population. Health care options on Saipan are limited to the Commonwealth Community Health Center and a few private providers located on the many miles away on the west side of the island. Because of this, we anticipate that the new community health center may experience an overwhelming response in its first three years.

The following are the likely number of users and encounters for the Kagman Community Health Center in the years following implementation:

Users vs Encounter Projections		
Year	Users	Encounters
Year One	4,333	8,666
Year Two	5,000	10,000
Year Three	6,000	12,000

With this expected response pattern, a needs assessment will be used during the planning project year to evaluate the effectiveness of available resources and services in providing ample care to the District 10 population.

RESOURCES/CAPABILITIES

1. The CNMI Department of Public Health will be the lead agency for the Kagman Community Health Center, and the Bureau of Primary Health Care Planning grant, during the year of the project.

The Department of Public Health is the appropriate entity to plan for the new access point based on its experience in program development, grant management and program evaluation, its established fiscal and operating systems, and its qualified and experienced staff who will provide in-kind managerial and program management for the year. The Department's values and understanding of community-based health care complements that of the Bureau of Primary Health Care and of the goals set by the Kagman Komunidat Association.

2. The Division of Public Health, headed by the Deputy Secretary for Public Health Administration currently operates and administers one smaller scale clinic in southern Saipan. The San Antonio Health Clinic currently services a large and growing community by providing basic primary care and limited curative services. This clinic is well into its fifth year of operations and includes preventive services staffed by physician and mid-level providers.

The Kagman Komunidat Association is a strong community organization. It is made up of members from throughout District 10. The list of needs identified by the association follows:

- More schools to serve their growing population.
- Schools that offer modern facilities and a broad curriculum to better prepare their children for good paying jobs.
- Community teen activities to help teens stay clear of drugs/alcohol.
- School-based health programs.
- Preventive care to address the high number of residents with diabetes and cardiovascular problems.
- Counseling services to address the growing teen suicide rates, alcohol and substance use.
- Early health care for pregnant women.
- Dental care.
- Health care for children.
- Health care for the elderly.

In 2003, discussions occurred relating to the opportunity for grant funding through the Bureau of Primary Health Care, the responsibilities of operating a community health center, and the need to develop services based on a community-driven approach. Locating a health care facility within the community was identified as a priority for the Association. The Kagman Community Health Center Advisory Council was formed.

The Advisory Council developed its by-laws following the expectations of governance as a section 330(e) Community Health Center. The Advisory Council received board training and assistance with planning, including governance documents, during a five day technical assistance visit by staff from the Pacific Islands Primary Care Association and the Executive Director of Guam Community Health Center. The by-laws and mission statement were approved on April 28, 2003. The stated mission is:

To provide the residents of District 10 and surrounding villages comprehensive health services, including medical, mental, dental and home health care. To provide these services without discrimination, and to respect and honor the dignity and rights of each patient, regardless of the patient's ability to pay.

Yet by the end of 2003, the Advisory Council placed the implementation of a Community Health Center on indefinite hold due to a lack of funding.

3. This year is the beginning of a new planning stage for the Kagman Community Health Center. A new Kagman Community Health Center Board will be reestablished from the Kagman Komunidat Association.

The planning board will be represented by residents of District 10. At least 51% of the

board will be users of the Health Center. They will be the driving force of the development and the day-to-day operational guidance of the Health Center. The CNMI Department of Public Health will facilitate the growth of the community health center by contributing to the managerial, financial and clinical development of the Health Center. After implementation, the Health Center's organizational structure will be that of a community driven public-entity health center

4. Planning for The Kagman Community Health Center has full support from both the community and government entities. Kagman community members working together with the Department of Public Health has a long history. Together they have been seeking a community health center for many years. In 2004 they performed a health survey and they continue many community building activities. The Department of Public Health has experience operating three health centers (Southern, Rota and Tinian).
5. We propose hiring a program director with experience and expertise in public health. The former Deputy Secretary of Public Health, Lynn Tenorio has expressed an interest in becoming the program director for this planning grant. Her biographical sketch is included as Attachment 6. The program director position description is Attachment 4.

CNMI DPH will access technical expertise from the Pacific Island Primary Care Association (PIPCA) and the Pacific Island Health Officers Association (PIHOA), in the development of Kagman Community Health Center. We will request support for training, document review, and systems development from PIPCA and its membership of USAPI community health centers. In addition, we will leverage the expertise of the Executive Director of PIHOA, who has worked with CHC's for 18 years and assisted in the planning and implementation of six health centers in the State of Hawaii and the US-Affiliated Pacific Islands.

SUPPORT REQUESTED

1. We are requesting \$80,000 to complete the planning for a section 330e health center in the community of Kagman. These funds will be used to hire a project director (\$49,885) who will lead the planning of the community health center, conduct a comprehensive needs assessment, allow for travel to national meetings (\$4,705), and to hire technical assistance to develop health center implementation guidelines (\$9,652). Equipment (\$2500) and supplies (\$463) will give the director and board the necessary tools to complete the project. The community leadership of the Kagman Kommunitate association and the currently funded CNMI DPH programs and operations will allow maximization of federal 330 funds for this project.
2. In the year of the project duration the goals found within the work plan [Attachment 1] are attainable under the leadership of a project director, with active community involvement and DPH in-kind support. The development of a service delivery model from a comprehensive needs assessment will be invaluable for the implementation of a new access point. This is of long-term benefit to the community.
3. Consultative services (\$9,652) will be needed to translate community health needs into a full implementation plan by the end of the planning year. We intend to apply for an implementation grant when planning is complete. Therefore, money for a consultant to prepare for implementation will be needed.