HRSA
Health Resources & Services Administration



Title V MCH Block Grant Program

GUAM

State Snapshot

FY2027 Application / FY2025 Annual Report

November 2026

Title V Federal-State Partnership - Guam

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2027 Application / FY2025 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (https://mchb.tvisdata.hrsa.gov)

State Contacts

MCH Director	CSHCN Director
Catherine P. Angcao Chief Public Health officer catherine.angcao@dphss.guam.gov (671) 300-6213	Margarita B. Gay, RN Bureau Administrator margarita.gay@dphss.guam.gov (671) 634-7408

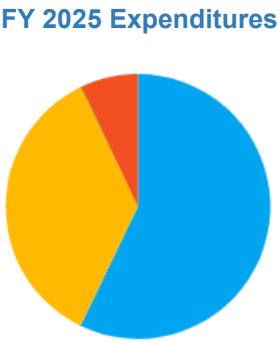
SSDI Project Director	State Family Leader
Margarita B. Gay, RN Bureau Administrator margarita.gay@dphss.guam.gov (671) 634-7408	No Contact Information Provided

State Youth Leader
No Contact Information Provided

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2025 Expenditures
Federal Allocation	$803,226
State MCH Funds	$502,438
Local MCH Funds	$1,000
Other Funds	$98,982
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$0	$0
Enabling Services	$145,253	$108,436
Public Health Services and Systems	$657,973	$493,984

FY 2025 Expenditures Federal



FY 2025 Expenditures Non-Federal



Percentage Served by Title V

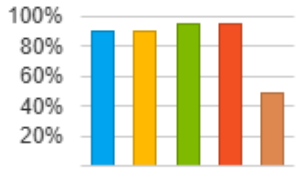
Population Served	Percentage Served	FY 2025 Expenditures
Pregnant Women	90.0%	$236,023
Infants < 1 Year	90.0%	$236,019
Children 1 through 21 Years	94.0%	$430,297
CSHCN (Subset of all infants and children)	95.0%	$429,826
Others *	49.0%	$0

*Others– Women and men, over age 21.

FY 2025 Expenditures
Total: $1,332,165



FY 2025 Percentage Served



The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2025 Needs Assessment reporting cycle. All states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)

To improve maternal health by optimizing the health and well-being of women of reproductive age (15-44 yrs.)
 	
NPMs
• A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth B) Percent of women who attended a postpartum checkup and received recommended care components - PPV
  ○ ESM PPV.1: Number of community health workers trained, recruited, and deployed to support postpartum care access and support.
  ○ ESM PPV.2: Percent of postpartum women who receive an Edinburgh Postnatal Depression Scale (EPDS) screening and follow-up as part of their care after birth.
	New	Women/Maternal Health

To improve infant health by optimizing the health and well-being of infants and mothers.
 	
NPMs
• A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months - BF
  ○ ESM BF.1: Percent of patient-focused MCH staff who received lactation training from the Guam WIC program or an internationally board-certified lactation consultant (IBCLC).
  ○ ESM BF.2: Support and encourage local public health organizations who have identified increasing the rate of breastfeeding as a priority need in their communities, i.e. WIC, NCD Breastfeeding Work Group
  ○ ESM BF.3: Percent of pregnant or postpartum women who accessed a breastfeeding-focused educational workshop or counseling session facilitated by a lactation consultant.
 	
SPMs
• SPM 3: Percent of women with live births who received prenatal care on their first trimester
	New	Perinatal/Infant Health

Adopt developmental screenings provided in the MCH well-child check-up.	Revised	Child Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
NPMs ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year - DS ○ ESM DS.1: Number of MCH staff trained to provide age-appropriate developmental screening over the next 5 years. ○ ESM DS.2: Developmental Screening Education ○ ESM DS.3: Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening, ○ ESM DS.4: Percent of patient-focused MCH staff trained to provide age-appropriate developmental screening		
Improve children's access to care. NPMs ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Conduct outreach to families on availability and benefits of the medical home ○ ESM MH.2: Percent of CSHCN attending public health clinics who possess an active, documented medical home care coordination plan. ○ ESM MH.3: Percent of Guam children attending the MCH clinic who report having a primary care provider. SPMs ● SPM 2: Percent of Guam children, ages 19 through 35 months, who have completed the recommended 7-vaccine series (4:3:1:3*:3:1:4)	Revised	Child Health
Increase adolescent well-checkups and behavioral health screenings NPMs ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year - AWV ○ ESM AWV.1: Percent of adolescent patients attending MCH Clinic well-visits. SPMs ● SPM 1: Guam youth suicide rate ages 10-24	New	Adolescent Health

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
Improve system integration and family navigation to ensure CSHCN families receive continuous, culturally-appropriate, and coordinated care within a medical home NPMs • Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - MH ○ ESM MH.1: Conduct outreach to families on availability and benefits of the medical home ○ ESM MH.2: Percent of CSHCN attending public health clinics who possess an active, documented medical home care coordination plan. ○ ESM MH.3: Percent of Guam children attending the MCH clinic who report having a primary care provider.	Revised	Children with Special Health Care Needs
Improving health care transitions for youth and young adults with special healthcare needs NPMs • Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care - TAHC ○ ESM TAHC.1: Number of families/providers who obtain needed support from Neni 311 for a support service. ○ ESM TAHC.2: Percent of youth with special health care needs who receive or possess a documented, age-appropriate healthcare transition plan.	New	Children with Special Health Care Needs

Executive Summary

Program Overview

Guam's Title V Maternal and Child Health (MCH) program activities are facilitated by the Bureau of Family Health and Nursing Services (BFHNS) within the island's health department, the Department of Public Health and Social Services (DPHSS). This positioning of the MCH program as a piece of the family health sphere allows essential funding and development to go towards healthcare access and education for the island's women, children, and children with special health care needs (CSHCN), while maintaining repute as a trusted space for these communities. Collaborative efforts between the MCH program and others under the BFHNS' umbrella, such as Guam's Maternal Infant and Early Childhood Home Visiting program, Project Bisita I Familia, and Medical Social Services, specifically target vulnerable populations that may experience more difficulty in consistently obtaining the care they need, like children with special health care needs and unhoused or low-income families.

Partnerships

Guam's MCH program works closely with several agencies within the federal and local governments such as the Health Resources and Services Administration (HRSA), Guam Housing and Urban Renewal Authority (GHURA), and Guam Behavioral Health and Wellness Center (GBHWC), receiving funding, technical assistance, and training opportunities, uniting staff and services during outreach events, providing channels of information and support through communication, and upgrading awareness initiatives.

Student and community voices are critical when addressing the island's priority needs. The MCH program frequently partners with students and programs from the Guam Community College and University of Guam as well as nonprofit and community/volunteer organizations such as Autism Community Together, Catholic Social Services, and Todu Guam Foundation. These connections provide a platform for community feedback and student projects to form into interventions implemented by the program along with mutual support and advocacy between organizations.

An island-wide needs assessment was conducted to explore the health and well-being of women and children across Guam. This thorough assessment aimed to understand better the needs and challenges related to the Maternal and Child Health populations. The findings from these comprehensive needs assessment were instrumental in guiding and informing program planning and development, as they highlighted both the strengths and weaknesses of Guam's MCH populations.

In order to improve the health, safety, and well-being of mothers and children in Guam, the State Action Plan places a strong emphasis on working together with partners, families, higher education institutions, and other stakeholders. Evidence-based strategies have been established in order to decrease health disparities, enhance birth outcomes, and promote the health of mothers, babies, children, youth, and families.

2025 Needs Assessment and State Action Plan

Guam's Title V Program is federally required to conduct a comprehensive, statewide needs assessment to gather information on the health and well-being of the state's MCH populations. The needs assessment keeps Guam's Title V program and partners informed of ongoing issues, as well as provides direction on its priorities, strategies, and activities over a five-year period. Additionally, the needs assessment is completed in partnership with families, community organizations, public health professionals, and others across the state to more thoroughly understand the needs of mothers, children, and families living through their stories and experiences.

Data and evidence rigorously inform our decisions. Guam Title V assesses the needs of the MCH population using Title V indicators, performance measures, as well as emerging trends. The Leadership Team reviews morbidity, mortality, health problems, gaps, and disparities among the MCH population to identify MCH domain-specific needs based on data trend analysis. This unwavering commitment to a data-driven approach ensures the validity and relevance of our priorities, providing reassurance about the effectiveness of our strategies.

The priorities, strategies, and objectives outlined in the State Action Plan address the national and state performance measures that align with the goals of the Title V Block Grant. The State Action Plan emphasizes collaborative efforts with partners, families, higher education institutions, and other stakeholders to strengthen the health, safety, and well-being of mothers and children in Guam. Evidence-based strategies have been developed to eliminate health differences, improve birth outcomes, and advance the health status of women, infants, children, youth, and families.

Guam Title V State Action Plan 2026-2030

Women/Maternal Health: "To improve maternal health by optimizing the health and well-being of women of reproductive age."

- Strengths:

    - Though the Women's Health Clinic provider works part-time, four days a week, she provides services for an average of 55 clinic visits a month, encompassing well-woman visits, prenatal care checkups, postpartum care checkups, family planning referrals and counseling, and STI testing.
- Challenges:
    - The collection of data within the MCH clinics has historically been a manual process, using daily sign-in sheets for each event, then tallying total counts of patient visits, totals by age group, and totals by ethnicity for the month to later be tallied annually. The former MCH Program Manager would collect these tallies to report on the Title V grant application by the end of the calendar year. This process is timely and unreliable.
- Changes:
    - To address the above challenges, Guam Title V has begun changing the process of collecting and reporting internal data. Manual sign-in sheets are still used; however, MCH nurses or nurse aides enter the information onto a shared drive for the bureau on an almost-daily basis, granting access to any member of MCH staff who may work on reporting.

Perinatal/Infant Health: "To improve infant health by optimizing the health and well-being of infants and their mothers."

- Strengths:
    - Guam MCH has a strong relationship with the Supplemental Nutrition Program for Women, Infants, and Children (WIC), often collaborating in health fairs and other projects. Representatives from WIC and MCH work together in the Breastfeeding Action Team (BAT), with an overall goal of decreasing obesity rates through the advocacy of breastfeeding initiation, extension, and exclusivity
    - Breastfeeding initiation rates tracked through certificates of live birth and the WIC program reporting have remained high, around 78%-80% (overall live births from 2023-2025) and 90% (2025, WIC clients only).
- Challenges:
    - Internal data collection has not included breastfeeding metrics such as exclusivity or extension up to 3 or 6 months.
    - Guam has low rates of first-trimester prenatal care (33% of all live births in 2025), and this number is worse when looking at Title V-specific patients (9% of patients), a majority of whom are vulnerable to health issues and/or economic hardships.
- Changes:
    - The MCH clinic has started internal surveillance of the missing breastfeeding metrics. Additionally, efforts are planned within the BAT to improve islandwide data collection of these metrics and utilize surveys to identify reasons women did not initiate or extend breastfeeding for their most recent pregnancy.

Child Health: "To adopt developmental screenings provided in the MCH well-child checkup." & "Improve children's access to care."

- Strengths:
    - Immunization efforts, both within the MCH walk-in immunization clinic as well as for outreach events, occur frequently, garnering a large number of attendees. In 2025, a total of 847 children aged one (1) to nine (9) years attended MCH immunization clinics and outreach events.
- Challenges:
    - To add to the challenge of well-child visit participation, the provider for the MCH children's clinic is only scheduled once a week for four hours. At times, the provider would need to cancel the clinic or change his schedule due to meetings and other engagements.
- Changes
    - A new strategy will be implemented to increase awareness on MCH clinic schedules through social media campaigns.

Adolescent Health: "To increase adolescent well-visits and expand the use of behavioral health screenings."

- Strengths:
    - BFHNS partnered with GBHWC through a work request for Pediatric Mental Health Care Access grant to use the telehealth model, a mechanism or strategy for integrating behavioral health into pediatric primary care.
- Challenges:
    - Adolescent well-checkups have historically seen low attendance at the MCH clinics. Adolescent visits are attributed to competing vaccines required for school entry.
- Changes
    - Addressing barriers for not seeking well-checkups by increasing awareness, improving accessibility, reducing costs, and creating a more patient-friendly environment.

CSHCN Health: "Improve system integration and family navigation to ensure CSHCN families receive continuous, culturally appropriate, and coordinated care within a medical home." & "Improve health care transitions for youth and young adults with special healthcare needs."

- Strengths:
  - Transition planning is already being done for Shriners clinic patients who reach adulthood and age out of care. Guam Title V will refine this process to include all identified CSHCN seen by MCH program.
- Challenges:
  - Guam, with an estimated 2,600 children and youth (approximately 17.2% of the population aged 0-19), faces unique challenges in providing specialized healthcare for its young citizens. These challenges include a lack of specialized healthcare facilities, limited access to certain types of therapies, and a shortage of healthcare professionals with expertise in treating CSHCN.
- Changes
  - Guam's Family Health Information Resource Center (FHIRC) aims to be a "One-Stop" Center for CSHCN and their families to obtain information and support to meet their healthcare needs. Provide training for parents to help them care for their children and to become more effective advocates in the system of care that supports families of CSHCN.

The strength of Guam Title V is rooted in both established and emerging partnerships that enhance efforts to reach women, infants, children, CSHCN, and families. By leveraging federal and non-federal funding, the program can deliver comprehensive services and foster an island-wide system of collaboration. However, it is essential to acknowledge that the relatively small size of the island presents challenges in forming new partnerships within certain MCH domains. Each population domain has identified opportunities to integrate and optimize funds and resources, thereby improving outcomes for the population. These opportunities are detailed in the annual reports and plans, which highlight various collaborative initiatives and quality improvement strategies. Such efforts are essential to ensure that activities and strategies effectively address the needs of the MCH population. Title V program evaluation efforts will be continuously implemented based on evidence-based data and strategy, facilitating the identification of health issues and challenges in communities. This proactive approach ensures that Title V services and programs are both efficient and effective for the citizens of Guam.

Our plans for our Guam Title V MCH Program are to continue to expand our partnership with agencies such as Guam Fire Department, Guam Memorial Hospital Authority, Head Start, Guam Behavioral Health and Wellness Center, Guam Center for Excellence in Developmental Disabilities Education, Research, and Service (CEDDERS) and Guam Early Hearing Detection and Intervention program, to network and to join new programs catered to the maternal and child population, to reach out to other cultural groups in the island that we serve like the Filipino community, the Federated States of Micronesia communities, and local youth-related groups or programs.

We would also like to partner with local programs that could connect us to parents and families with CSHCN and provide parent training to support them with their child's needs. Lastly, we intend to continue to work with CEDDERS in assisting us with marketing our MCH services and events.

How Federal Title V Funds Complement State-Supported MCH Efforts

III A.2 How Federal Title V Funds Complement State Supported MCH Efforts

The Division of Public Health (DPH), Bureau of Family Health and Nursing Services (BFHNS), provides services through federal Title V funds and local funds that reflect Guam's commitment to improving the health and well-being of mothers, infants, children, adolescents, and children and youth with special health care needs (CSHCN). Title V funds provide infrastructure and resources to complement and support MCH efforts.

The availability of federal funds, coupled with local flexibility, continues to ensure the health of individuals during critical periods, such as preconception, pregnancy and postpartum, childhood, adolescence, and young adulthood. Essential contributors to the public health infrastructure, including but not limited to skilled healthcare professionals, robust data collection and analysis systems, and community engagement initiatives, are evident through the development, ongoing sustainability, and implementation efforts aimed at:

- Addressing maternal mortality and morbidity
- Establishing precedence across all MCH population domains among both internal partners (such as other government agencies) and external partners (like non-profit organizations and community groups) is a key aspect of our work.
- Enhancing workforce capacity to address health equity and social determinants of health is a central focus of Title V funding. This emphasis on capacity building ensures that our health system is equipped to address the root causes of health disparities, thereby promoting a more equitable and just society. Title V funding plays a crucial role in this endeavor,

providing the necessary resources and support to build a workforce dedicated to addressing health equity and the social determinants of health.

The types of enabling services supported include chronic disease prevention, access to care, programs that reduce infant mortality, newborn screening, and personal care services for children and youth with special health care needs. Access to preventive health services for women and children, including well-child services and screenings, prenatal care, and comprehensive services for children and youth with special healthcare needs. Addressing these disparities is not just a goal, but a necessity for the health and well-being of our community. Additionally, funds are utilized to support workforce development towards building capacity among MCH staff, nurses, and partners who impact Guam Title V priorities.

MCH Success Story

MCH Success Story: Title V Partnership Strengthens Guam's TB Response and Elevates Island Leadership Nationally.

The Guam Department of Public Health and Social Services (DPHSS) celebrates as the Guam Tuberculosis (TB)/Hansen's Disease (HD) Control Program and the Bureau of Family Health and Nursing Services were recognized as 2025 U.S. TB Elimination Champions by the Centers for Disease Control and Prevention (CDC). This national recognition highlights Guam's commitment to preventing and controlling tuberculosis and demonstrates the critical role of Title V-supported services in protecting families and strengthening the island's public health response.

Guam's recognition followed an intensive response to a Multi-Drug-Resistant TB (MDR-TB) outbreak in 2024. A defining strength of the response was the collaboration between the Guam TB/HD Control Program and the Guam MCH Program. The TB/HD Control Program led the outbreak investigation and management of five MDR-TB cases and 15 close contacts, while Title V-supported MCH nurses extended the reach of the response into homes, families, and communities. MCH nurses administered TB skin testing, assisted with clinical management, and provided education and counseling to identified contacts. They also instructed individuals on PPD skin testing and chest Xray follow up, coordinated with TB providers, facilitated sputum collection, and conducted home visits for testing and test readings. From December 2024 to February 2025, the response expanded to include TB screening of more than 500 close contacts of drug-susceptible TB cases. MCH nurses followed up with individuals and families with positive TB skin tests, provided education on latent tuberculosis infection (LTBI), coordinated further evaluation, and supported initiation of LTBI preventive treatment when clinically indicated and accepted by the patient. Despite significant challenges, including medication shortage, the team sustained critical response activities, supported timely treatment, and worked to reduce further transmission.

This collaborative response advances Guam's Title V MCH priorities by protecting mothers, infants, children, adolescents, and families while strengthening public health workforce capacity and coordinated systems of care. It demonstrates how Title V-supported staff can extend beyond transitional program boundaries to address emerging public health threats through screening, education, follow up, and linkage to treatment. The success demonstrates the value of Title V investment in a skilled, flexible, and community-connected workforce capable of responding when Guam's families and communities need it most.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Guam

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2025.

List of MCHB Discretionary Grants

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the Find Grants page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.