



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

GUAM

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

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 FY2025 Application / FY2023 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
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SSDI Project Director	State Family Leader
Margaret Bell Program Manager Title V margaret.bell@dphss.guam.gov 6719298679	No Contact Information Provided

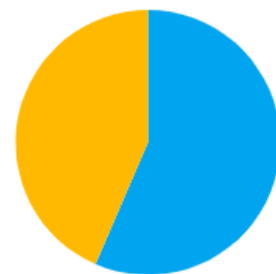
State Youth Leader
No Contact Information Provided

State Hotline: Toll-free hotline is not available

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$801,715
State MCH Funds	\$617,320
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

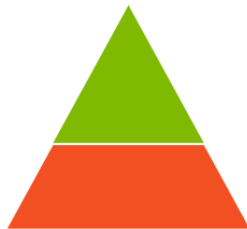
FY 2023 Expenditures



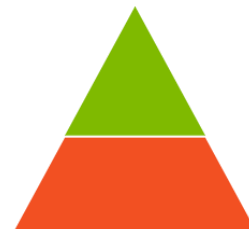
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$498,858	\$358,660
Public Health Services and Systems	\$302,857	\$258,660

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



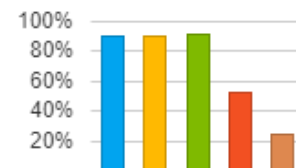
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	90.0%	\$228,326
Infants < 1 Year	90.0%	\$228,325
Children 1 through 21 Years	92.0%	\$436,445
CSHCN (Subset of all infants and children)	53.0%	\$445,768
Others *	25.0%	\$0

FY 2023 Expenditures
Total: \$1,338,864



FY 2023 Percentage Served



*Others– Women and men, over age 21.

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 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, 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	Reporting Domain(s)
<p>To improve maternal health by optimizing the health and well-being of women of reproductive age.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percent of women program participants (18-44) that received education on the importance of a well-woman visit in the past year. ○ ESM WWV.2: The percent of pregnant female clients who are screened for chlamydia, syphilis, gonorrhea, and HIV within their first 20 weeks of pregnancy as a component of their prenatal visit ○ ESM WWV.3: Percentage of women served by the Guam Maternal, Infant, and Early Childhood Home Visiting (MIECHV) or Family Planning Programs who received referral to prenatal care when need was indicated. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<p>To reduce infant morbidity and mortality.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Percentage of home visitors trained in breastfeeding best practices ○ 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 women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Percent of women of reproductive age who are current smokers ● SPM 3: The rate of infant deaths between birth and 1 year of life 	<p>Women/Maternal Health, Perinatal/Infant Health</p>

<p>To improve the cognitive, physical and emotional development of all children.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> ○ ESM DS.1: Number of home visitors trained to provide ASQ 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, ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Conduct outreach to families on availability and benefits of the medical home ● Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household, Formerly NPM 14.2) - SMK-Household <ul style="list-style-type: none"> ○ ESM SMK-Household.1: Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery 	<p>Child Health</p>
<p>Promote oral health for children ages 0 to 3 years.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Percent of children ages 3 to 5 enrolled in EPSDT who had a preventive dental visit in the past year 	<p>Child Health</p>
<p>Improve childhood immunizations.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Percent of Guam children, ages 19 through 35 months, who have completed the recommended 7-vaccine series (4:3:1:3*:3:1:4) 	<p>Child Health</p>
<p>To improve and enhance adolescent strengths, skills and support to improve adolescent health</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: The percent of Bureau of Family Health and Nursing Services receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training. 	<p>Adolescent Health</p>

<p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Guam youth suicide rate ages 10-24 ● SPM 2: Percent LGBTQ high school students attempting suicide 	
<p>Reduce the use of substances including alcohol, tobacco, marijuana and opioids among youth</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household, Formerly NPM 14.2) - SMK-Household <ul style="list-style-type: none"> ○ ESM SMK-Household.1: Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery 	<p>Adolescent Health</p>
<p>To provide a whole child approach to services to Children with Special Health Care Needs</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Conduct outreach to families on availability and benefits of the medical home ● 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 (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Number of families/providers who obtain needed support from Neni 311 for a support service. 	<p>Children with Special Health Care Needs</p>

Executive Summary

Program Overview

Guam's Title V Program is implemented by the Guam Department of Public Health and Social Services (DPHSS), a line agency of the Government of Guam that reports to the Governor. Title 10, Division 1, Chapter 3, Article 4 of the Guam Code Annotated designates DPHSS as Guam's lead agency for administering Title V.

The Guam DPHSS is dedicated to reducing health risks, improving access to quality healthcare, and enforcing health standards. Its mission statement is "to assist the people of Guam in achieving and maintaining their highest level of independence and self-sufficiency in health and social welfare." The DPHSS guides programs and services that focus on preventing illness and injury, providing resources for healthy choices and regular health screenings, promoting healthy living and working environments, and ensuring preparedness for emergencies.

The Guam Title V Program serves a diverse population, reflecting the rich tapestry of Guam's community. The civilian population of Guam was an estimated 153,836 in 2020 (U.S. Bureau of the Census). The majority of the population are Pacific Islanders and Asians (81.5%), other non-Chamorro Micronesians (13.2%), Filipinos (29.1%), and other Asians (6.4%), along with different ethnic groups (8.5%), and 10% with multiple ethnicities.

Through Title V funding, the program leads, implements, funds, and partners in activities to reduce mortality and morbidity among women and children, eliminate health disparities in health outcomes and access to services, and increase access to health care. As demonstrated in the Annual Report narratives, Guam's partnership with the Health Resources and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) through the Title V Block Grant has allowed to improve the health status of Guam's mothers, infants, children and adolescents, including children and youth with special health care needs and their families. In 2023, Guam's Title V Block Grant proudly served 4,389 mothers, infants, children, and adolescents, including children and youth with special healthcare needs, and will work to sustain efforts through the strategies and activities proposed in this application.

An essential activity of the Title V Program is collecting, analyzing, and disseminating MCH data. The data helps the Title V Program identify areas of need and emerging issues, assess program effectiveness, measure improvement, and channel federal and local funding where it can be most impactful. This data is also vital for our partners. An area of particular importance in data collection and analysis is the identification and designation of Guam as a health professional shortage area (HPSA) and medically underserved area/population (MUA/P). Title V worked with the State Primary Care Office (PCO) to complete Guam's HPSA designation assessment.

The Guam Title V Program is driven by a five-year needs assessment and continual assessment during interim years. MCH priorities were identified through this assessment process, which encompassed all five health domains (women's/maternal health, perinatal/infant health, children, adolescents, and children with special health care needs) and addressed disparities.

The priority needs identified are:

1. Our concerted efforts have shown promising results in improving maternal health. We are committed to optimizing the health and well-being of women of reproductive age
2. Reducing infant mortality is a critical goal that underscores the urgency and importance of our work. We are dedicated to this cause and strive to make a significant impact in this area.
3. To improve the cognitive, physical, and emotional development of all children.
4. Promote oral health for children ages 0 to 3 years.
5. Improve childhood immunizations.
6. To improve adolescent health, improve adolescent strengths, skills, and support.
7. Reduce the use of substances, including alcohol, tobacco, marijuana, and opioids among youth.
8. To provide a whole child approach to services to Children with Special Health Care Needs.

Eight National Performance Measures (NPMs) and four State Performance Measures (SPMs) were chosen to align with the priority needs. Through the NPMs, Guam focuses on specific areas such as well-women visits, increasing breastfeeding rates, developmental screening, preventing bullying, increasing the number of CYSHCN with a medical home, planning transition for CYSHCN, and promoting oral health. SPMs encompass reducing infant mortality, increasing immunizations, and preventing suicide and suicide attempts.

Strategies, activities, and programming have evolved and will continue to be enhanced in the coming years due to a new five-year Needs Assessment. Addressing health disparities and inequities remains central to all aspects of Title V programming, forming the foundation of efforts to improve the health outcomes for the Guam MCH population.

The 2025 Application and 2023 Annual Report overview Guam's Title V's successes and achievements.

Domain – Women/Maternal Health

Defining the Need – In 2023, the MCH Women's Health Clinic (WHC) saw 1,592 women, a 57% increase over the previous year. The largest age group was 20 to 24 at 19%, followed by women aged 25 to 29 at 17%. The most significant proportion of women seen at the WHC was Chuukese women at 37.4%, Chamorro women at 28.4%, and Filipino women at 22.3%. This data highlights the diverse population served by the Title V Program and the specific health needs of women in Guam.

In 2023, 49.5% of women received prenatal care within their first trimester. Approximately 18.7% of infants were born to women who received late or no prenatal care. Specifically, race/ethnicity-related rates for late or no prenatal care at all were 42.8/10,000 Chuukese women, 33.4/10,000 Chamorro women, 6.9/10,000 Filipino women, and 5.6/10,000 Pohnpeian women.

Significance—A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations. These can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. This underscores the importance of early and regular healthcare access for women, which is a key focus of the Title V Program.

Domain – Perinatal/Infant Health

Defining the need – Data from the 2023 Guam birth certificates indicated that 81.7% of mothers initiated breastfeeding at hospital discharge. Chamorro women had the highest initiation rate at 35.3, followed by Chuukese mothers at 20.7 and Filipino mothers at 19.4.

From 2018 to 2023, there have been 198 infant deaths. This period's crude infant mortality rate was 12.06 deaths per 1,000 live births. This data is crucial for the Title V Program as it helps identify areas for intervention and resource allocation to reduce infant mortality rates.

It is important to note that ethnic/racial breakdown in analyses is used to analyze how the experience of living as a person who identifies with an ethnic/racial group affects their health outcomes. This includes cultural practices, prejudice they experience that could affect their quality of life, and so on. Thus, race is not a biological metric but a sociological one. Chamorro's comprised 37% of births in 2018-2023. For every 1,000 births from mothers who identified as Chamorro from 2018 to 2023, 10.7 Chamorro infants would pass away before reaching 12 months of age, making up 35% of all infant deaths.

Significance—Breastfeeding strengthens the immune system, rescues respiratory infections, gastrointestinal illness, and SIDs, and promotes neurodevelopment. Breastfed children may also be less likely to develop diabetes, childhood obesity, and asthma.

Domain – Child Health

Defining the need - In 2023, Project Bisita reported 71 families (parents, caregivers, and children) enrolled in the program. Per program guidance, children in home visiting programs should receive a developmental screening if they are between the ages of 9 and 30 months. This strategy supports early identification to promote optimal development for children. Program reports indicate that 100% of the participants aged 0-59 months received a developmental screen. Some participants are inadvertently missed when there is a new enrollment, and the screening has yet to occur at the time of reporting, if the family relocates, or if there is a transition with Project Bisita staff.

Significance – Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home.

Guam is considered a “Dental Health professional Shortage Area.” This limited access to and availability of oral health services, lack of awareness of the need for care, lack of understanding of the need for care, lack of oral health literacy, cost of dental procedures, and fear of dental procedures all contribute to significant disparities in oral health among the island's children.

Significance – Oral health is vitally important to overall health and well-being. Good oral health habits and access to routine dental care should be established early in life.

Domain – Adolescent Health

Defining the need - According to the 2019 CDC Youth Risk Behavior Surveillance Survey (YRBSS), a comprehensive survey that provides valuable insights into adolescents' health behaviors, 14.5% of Guam high school students were bullied on school property, and 12.4% were bullied electronically. In contrast, 41% of middle school students were bullied on school property, and 21.2% were bullied electronically. Data also indicates that a significantly higher number of students experiencing bullying, as compared to students who do not experience bullying, describe their grades as Ds and Fs in school during the past 12 months. The number of 9th and 10th-grade students reporting being bullied was higher than for students in 11th and 12th grade. Female students are more likely than males to have experienced some form of bullying, name-calling, or teasing in the past year.

Suicide is also not experienced equally across genders or sexual orientations in Guam. In Guam, the suicide rate for adolescent males between 10 and 24 years old (13.39/10,000) is over 11 times the suicide rate for females of the same age (1.16/10,000). There is a well-studied gender paradox in the method used for suicide attempts, with men of all ages more likely to complete a suicide attempt. A similar pattern is likely seen among adolescent suicides. In Guam, over half of all non-fatal self-inflicted injuries occur among

adolescents and young people between the ages of 10 and 24, with the most significant amount of self-inflicted injuries occurring among 10-24-year-olds.

Significance—Adolescence is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions.

Domain – Children with Special Health Care Needs

Defining the need - An estimated 2,600 children and youth (approximately 17.2% of children 0-19 years old) in Guam have special health care needs, including a range of chronic physical, developmental, behavioral, and emotional conditions. These children and youth may use various services and supports, including (but not limited to) primary care, dental services, speech, occupational, and physical therapies, mental health counseling, specialized medical care and equipment, and more.

According to the 2020 Guam Census, 17.2% of children in Guam have special health care needs. Fortunately, the number of CYSHCNs that received services necessary for transition to adult health care in Guam increased from 0% in 2019 to 26.9% in 2022, as stated in the MCH Jurisdictional Survey. Unfortunately, the MCH Jurisdictional Survey 2019 indicated that 44.6% of Guam's children without special health care needs received services necessary for transition to adult health care, which increased 51.5% in 2022.

Significance—A patient-centered medical home provides accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective medical care. It is especially advantageous for Children with Special Health Care Needs, as they require coordination of care between providers.

How Federal Title V Funds Complement State-Supported MCH Efforts

How Federal Title V Funds Complement State-Supported MCH Efforts

Title V MCH funding serves as the backbone funding source for addressing essential MCH and public health programs and priorities addressing infrastructure and core public health functions. The types of services impacted by Title V include chronic disease prevention, access to care, particularly in underserved areas, reduction of infant mortality, newborn screening, and children/youth with special health care needs. Title V also helps Guam address preventive health services.

Through Title V, Guam ensures preventive health services for women and children – including well-child services and screenings, prenatal care and comprehensive services for children and youth with special health care needs.

Title V funding also supports our efforts to improve health outcomes and support policies that foster our health department's transformation to lead the way toward innovative, community-based solutions. Using a population health framework allows Guam to implement upstream, data-driven strategies to respond to broad community health needs and evaluate and monitor emerging population health trends.

MCH Success Story

The Guam MCH Program supports critical MCH program services across the island. This year, we were able to achieve a goal with Oral Health. Our Guam MCH priority in Oral Health was to promote Oral Health for children ages 0 to 3. The United States American Pacific Islands (ASAPI) has the highest rates of dental caries, and it has been overwhelming to the children in Guam, especially now that we have no Dentists staffed at the Department of Public Health & Social Services (DPHSS).

Our journey toward this Oral Health goal started on August 29, 2022, when Guam MCH project director and Dr. Ohmar Tut, a dental consultant from the Association of State and Territories of Dental Directors (ASTDD), met with the DPHSS leaders and brought it to their attention of the NEED for Oral Health at the department and for the children in our population. We presented a proposed plan to promote Oral Health and asked for Technical Assistance (TA) to assist Guam MCH in promoting Oral Health with Dr. Ohmar Tut. We had a plan of dates and the different Oral Health Trainings that Dr. Tut and other American Pacific Islands Dental Directors (APIDD), the Region 9 MCH Project Officer (PO), and the Guam MCH program can assist with.

We decided to train nurses, other Healthcare workers, Head Start teachers, School Health counselors, the BFHNS staff, and Community Health Workers (CHW). We mentioned that an interested local dentist is considering working for DPHSS as a part-time dental consultant who can lead the oral health promotion and training with the Guam MCH program. The first training was conducted on November 28-29, 2022, on Fluoride Varnish with Dr. Tut and Dr. Kim Kaneshiro, with over 25 staff from the DPHSS. The training was conducted in two days: (a) a lecture portion was done on the first day, and then (b) clinical/ hands-on training was on the second day, with RNs, CNAs, CHWs, social workers, translators, student nurses, and other program staff. As we continued through these trainings, many community and regional partners asked us to assist with this oral health promotion because the need is great, and we need to come together to work as a community on this issue. We connected with ASTDD, the Maternal and Child Health Bureau

(MCHB), and the Oral Health Resource Center (OHRC) to support the upcoming training with the use of silver diamine fluoride (SDF) that will stop active carious lesions, especially among children, in deciduous teeth till they exfoliate or/and to 'buy time' in the permanent teeth until they can be restored more permanently. She continued to emphasize the SDF. The funding support for the training was from ASTDD, MCHB, OHRC, and local sources.

The second training was conducted by Dr. Tut and Dr. Peter Milgrom from the University of Washington and assisted by local dentists: Drs. S. & K. Kaneshiro and Dr. C. Rapadas, two of whom were former DPHSS dental directors. MCH SDF Training was held on November 29-30, 2023, and began with a formal lecture, followed by didactic/lab work applying SDF on plastic teeth and, finally, direct SDF application on children (3-5 yrs). Guam MCH achieved its goal in Oral Health by obtaining the training within one year, started the coordination with the Guam Head Start Administrator to restart the Guam Head Start Fluoride Varnish program with the MCH program, a Nursing leadership student created three new Oral Health policies, the UOG Dean of School of Health, and the Preventative Health and Health Service Block Grant also offered to assist with funding supplies, and other local programs gladly want to partner with this very needed services, and lastly to this story was Dr. Reg Louie and Dr. Ohmar Tut presented at the National Oral Health Conference (NOHC) on oral health matters in the USAPI, in St. Louis, Conference on "The Oral Health Crisis on Guam" in March 2023 and has also published an article on the conference and what research was done on having nurses provide Oral Health services to promoting child health services to include Fluoride Varnish to their clients.

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 2023.

[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.