



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

GUAM

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 FY2024 Application / FY2022 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 |
|---|---|
| Margarita B. Gay Administrator BFHNS margarita.gay@dphss.guam.gov (671) 634-7408 | Margarita B. Gay Administrator BFHNS margarita.gay@dphss.guam.gov (671) 634-7408 |

| State Family Leader | State Youth Leader |
|---------------------------------|---------------------------------|
| No Contact Information Provided | No Contact Information Provided |

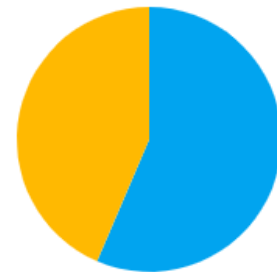
State Hotline

Toll-free hotline is not available

Funding by Source

| Source | FY 2022 Expenditures |
|--------------------|----------------------|
| Federal Allocation | \$742,210 |
| State MCH Funds | \$572,330 |
| Local MCH Funds | \$0 |
| Other Funds | \$0 |
| Program Income | \$0 |

FY 2022 Expenditures



Funding by Service Level

| Service Level | Federal | Non-Federal |
|------------------------------------|-----------|-------------|
| Direct Services | \$0 | \$0 |
| Enabling Services | \$437,820 | \$200,559 |
| Public Health Services and Systems | \$304,390 | \$118,067 |

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



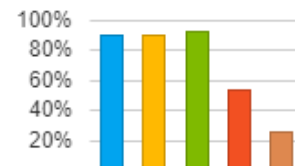
Percentage Served by Title V

| Population Served | Percentage Served | FY 2022 Expenditures |
|--|-------------------|----------------------|
| Pregnant Women | 90.0% | \$311,097 |
| Infants < 1 Year | 90.0% | \$152,061 |
| Children 1 through 21 Years | 92.0% | \$359,283 |
| CSHCN (Subset of all infants and children) | 53.0% | \$418,104 |
| Others * | 25.0% | \$0 |

FY 2022 Expenditures Total: \$1,240,545



FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

| Communication Method | Amount |
|----------------------------------|--------|
| State Title V Website Hits: | 0 |
| State Title V Social Media Hits: | 0 |
| State MCH Toll-Free Calls: | 0 |
| Other Toll-Free Calls: | 0 |

State does not have a toll-free hotline.
 State did not provide a State Title V Program Website or State Title V Social Media Website.

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.

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"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: Percent of women program participants (18-44) that received education on the importance of a well-woman visit in the past year. ○ ESM 1.2: 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 1.3: 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. | <p>Women/Maternal Health</p> |
| <p>To reduce infant morbidity and mortality.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months <ul style="list-style-type: none"> ○ ESM 4.1: Percentage of home visitors trained in breastfeeding best practices ○ ESM 4.2: 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 4.3: 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> | <p>Child Health</p> |

| Priority Needs and Associated Measures | Reporting Domain(s) |
|--|---------------------|
| <ul style="list-style-type: none"> ● NPM 6: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year <ul style="list-style-type: none"> ○ ESM 6.1: Number of home visitors trained to provide ASQ over the next 5 years. ○ ESM 6.2: Developmental Screening Education ○ ESM 6.3: Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening, ● NPM 14.2: Percent of children, ages 0 through 17, who live in households where someone smokes <ul style="list-style-type: none"> ○ ESM 14.2.1: Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery | |
| <p>Promote oral health for children ages 0 to 3 years.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: Percent of children ages 3 to 5 enrolled in EPSDT who had a preventive dental visit in the past year | Child Health |
| <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) | Child Health |
| <p>To improve and enhance adolescent strengths, skills and support to improve adolescent health</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others <ul style="list-style-type: none"> ○ ESM 9.1: The percent of Bureau of Family Health and Nursing Services receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training. <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 | Adolescent Health |
| <p>Reduce the use of substances including alcohol, tobacco, marijuana and opioids among youth</p> | Adolescent Health |

| Priority Needs and Associated Measures | Reporting Domain(s) |
|---|--|
| <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 14.2: Percent of children, ages 0 through 17, who live in households where someone smokes <ul style="list-style-type: none"> ○ ESM 14.2.1: Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery | |
| <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"> ● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home <ul style="list-style-type: none"> ○ ESM 11.1: Conduct outreach to families on availability and benefits of the medical home ● NPM 12: 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 <ul style="list-style-type: none"> ○ ESM 12.1: 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

Program Overview

The Maternal and Child Health (MCH) Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children, and families. Since 1935, federal and state/local funds have supported activities to enhance the health of pregnant mothers, infants, children, children, and youth with special health care needs. These groups are often referred to as the "MCH Population."

MCH Structure

Guam's Title V Maternal and Child Health (MCH) Program, in partnership with the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), is responsible for promoting the health of all mothers and children, including children and youth with special health care needs and their families. The Guam Department of Public Health and Social Services (DPHSS) Division of Public Health, Bureau of Family Health and Nursing Services (BFHNS) administers the Title V Block Grant. The Title V Program serves as the backbone of maternal and child health policy and program administration, providing the core public health services for women, infants, and children (including children and youth with special health care needs (CYSHCN) and families of Guam).

Through Title V funding, we lead, implement, fund, and partner on activities to reduce mortality and morbidity among women and children and eliminate health disparities in health outcomes and access to services. As demonstrated in the 2022 Annual Report narratives, Guam's partnership with HRSA and MCHB through the Title V Block Grant has allowed us to leverage federal and non-federal resources to improve the health status of Guam's MCH populations and their families. In 2022, Guam's Title V Block Grant served 2,459 mothers, infants, and children, and we look forward to sustaining these efforts through the strategies and activities proposed in this application. These activities underscored the importance of our numerous public and private partners in fully executing the mandate of Title V.

Another critical activity of the Title V program is collecting, analyzing, and disseminating MCH data. The data helps us 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 crucial for our community partners. An area of particular importance within data collection and analysis is the identification and designation of Guam as a Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA). The Title V program worked with the Primary Care Officer (PCO) to complete the assessment for HPSA designation.

The 2024 Application and 2022 Annual Report provide an overview of Title V's previous and recent successes and achievements and upcoming plans. Title V continues to address the goal of establishing a foundation of health early in life by investing in and fulfilling its commitment to improving the health of women, infants, and children, including those with special health care needs, and addressing social determinants of health, creating strategies and practices to improve health equity and reduce disparities.

The Role of Title V:

Guam's Title V mission is to protect, promote, and improve the health and well-being of women, infants, children, and adolescents, including those with special healthcare needs. Guam Title V strengthens the Maternal and Child Health (MCH) infrastructure within the state to ensure the availability, accessibility, and quality of primary and specialty care services for women, infants, and children, including those with special healthcare needs and adolescents. As Guam's Title V Maternal and Child Health Block Grant agency, the Guam Department of Public Health and Social Services (DPHSS) provides the leadership infrastructure to implement strategies focused on improving the health and well-being of MCH populations across the state. DPHSS staff partners across other Bureaus and Offices within the Department and collaborates with other state agencies to fulfill Title V's mission. Through Title V, DPHSS addresses ongoing and emerging healthcare priorities across the five MCH population domains: women/maternal health, perinatal health, child health, children with special healthcare needs, and adolescent health. Title V staff continued to respond to the COVID-19 pandemic in 2022 by conducting surveillance and outreach activities, permitting flexibility with partners in funding, developing program guidance, rapidly providing resources and information to partners, and addressing the emergent needs of families. Guam Title V implements evidence-informed strategies to support the state's identified priorities and selected National Performance Measures (NPMs) and State Performance Measures (SPMs) that align with other health improvement initiatives in the state. These Title V priorities and performance measures provide a centralized framework and unifying plan for MCH initiatives. Partnerships are critical to the success of Title V to expand reach to the MCH population and address their needs. Guam Title V also serves as the central connector amongst various maternal and child health initiatives. Finally, Title V funding supports critical public health infrastructure such as epidemiology, surveillance, program managers, and other initiatives which are not covered by state funding. This annual report and application provide an overview of Guam Title V activities and accomplishments across the five domains and continued progress toward the selected NPMs and SPMs.

Program Framework & State Action Plan

Racial equity and the life course model guide Title V. Health inequities exist due to structural racism – how institutions and social norms systematically advantage Indigenous Chamorro people and Pacific Islanders– leading to differential access to opportunities and resources that negatively affect MCH outcomes. The life course model suggests that critical periods in life shape our health and that exposure to risk and protective factors impact an individual's lifespan and future generations. In 2019-2020, Guam conducted a statewide needs assessment to understand strengths and gaps in services, prioritize MCH needs, and develop a five-year state action plan. The table below lists Title V priorities for 2020-2025 and the corresponding National and State Performance Measures. Key accomplishments, challenges, and plans for each priority are described below.

Women/Maternal Health

Defining the Need – In 2020, 69.9% of Guam women aged 18-44 reported having a routine medical checkup within the past year. An established relationship with a healthcare provider increases the likelihood of receiving appropriate screening and preventive healthcare. Access to preventive health care is critical to identify health issues early, preventing disease onset, and preparing women for healthy pregnancies.

Prenatal Care: Although Guam women are engaging in some preventive care services, rates of women accessing prenatal care are significantly lower. For 2022, slightly over half (52.2%) of the live births were to women who initiated prenatal care during the first trimester of their pregnancy; 14.8% of the live births received no prenatal care. Twenty percent of Chamorro women, 12.7% of Filipino, 5.5% of White, and 4.6% of Chuukese women initiated prenatal care during their first trimester.

Perinatal/Infant

Defining the Need – The 2020 Guam birth Certificate data indicated that 80.2% of mothers initiated breastfeeding at hospital discharge. Many factors can influence a mother's ability to begin and continue breastfeeding. Mothers receiving help and support when needed are more likely to reach their breastfeeding goals.

Infant Mortality: From 2018 to 2022, there were 160 infant deaths. The crude infant mortality rate for this time period was 11.1 deaths per 1,000 births, which was twice the crude infant mortality rate for the United States.

Chamorro's made up 37% of births in the time period 2018 to 2022. For every 1,000 births from mothers who identified as Chamorro from 2018 to 2022, 10.7 Chamorro infants would pass away before reaching 12 months of age, making up 35% of all infant deaths.

Child Health

Defining the Need – Assuring well-child exams and immunizations has been a hallmark activity for Title V and has consistently been part of the identified needs since the early 1990s on the 5-year needs assessments.

This remained a priority during the 2020 needs assessment, with much discussion about early childhood development and mental health and addressing children's cognitive/behavioral health.

Developmental Screening: The annual objective for reporting year 2022 was 23%. The yearly goal still needs to be met, as stated in the MCH Jurisdictional Survey. An important caveat is that the data for this measure has a wide confidence interval due to the small sample size (CI – 0.3-14.7) of 1,250 children.

Adolescent Health

Defining the Need – The Title V priority need from the previous five-year grant cycle (2015-2020) for adolescent health was "to improve and enhance adolescent strengths, skills, and support to improve adolescent health" and was not changed for the new five-year cycle. With the priority need in mind, the National Performance Measure "Percent of adolescents ages 12 through 17 with a preventive medical visit in the past year."

Mental Health and Suicide: According to the 2022 Maternal and Child Health Jurisdictional Survey in Guam, only 22.1% of children aged 3 through 17 years with a mental or behavioral condition received treatment or counseling. Among children identified with special health care needs, only 8.6% report receiving care in a well-functioning system, and among children and adolescents, 2.8% of those were not able to obtain the care they needed. A factor contributing to the gap between identifying and treating children's behavioral health disorders is the need for more services or treatment options in Guam.

Children and Youth with Special Health Care Needs

Defining the Need – Based on the 2020 needs assessment, assuring high quality, family-centered, coordinated systems of care for children and youth with special health care needs (CYSHCN), increasing health care equity and culturally and linguistically responsive

services (CLAS) and reducing disparities are needs of Guam's CYSHCN. These needs will be addressed through the work on National Performance Measures 11 and 12.

Medical Home: The percentage of Children with Special Health care Needs, ages 0-17, who have a medical home was 62% in 2022. The annual objective for reporting year 2022 was 62%, and the annual objective still needs to be met.

At the heart of our work at Guam DPHSS is recognizing social determinants' role in health outcomes. Within the Division of Public Health, we have the capacity and responsibility to apply a health equity focus to all aspects of our work—what we lead, fund, partner, and support—and be intentional about addressing the needs of our MCH populations through our programs. Our programs connect families to economic, social, and physical supports and services that can help mitigate the impact of discrimination and poverty on their physical, mental, and emotional health. To continue lessening the barriers to equitable access and quality care and services, we recognize the need to listen to and learn from our MCH population. Our Division of Public Health is committed to exploring and targeting the causes and effects of structural injustices on mothers, infants, children, and adolescents within our communities.

How Federal Title V Funds Complement State-Supported MCH Efforts

MCH/Title V federal funds are essential to meet Guam's needs in an intentional, flexible, and accountable manner. Title V agencies are held responsible for planning and progress in priority areas and must report how funds are spent. A needs assessment occurs every five years and is updated annually by a review of available data and input from partners. Similarly, the action plan to address the needs with available resources and a wide range of partners is revised annually.

Title funding also supports our efforts to improve health outcomes and support policies that foster our health department transformation to lead the way toward innovative, community-based solutions. Title V funds complement state-supported MCH efforts and creates partnerships that support access to quality health care.

The MCH capacity provided through Title V supports works on the identified Title V priorities; ongoing MCH assessment and surveillance, policy and partnership work; and multiple planning and systems development efforts to which Title V staff contribute at all levels. The flexibility of the Title V program funds has been critical to supporting Guam's response to the pandemic. It has allowed for quick and nimble capacity shifting to where it was most needed, which may not always be allowed with other federal funding.

MCH Success Story

The Guam Maternal and Child Health (MCH) program had a busy year dealing with different situations with the women and children of Guam in 2022.

On August of 2022, it was identified by the Governor of Guam and the community, that there was a physician shortage in the OB/GYN area. Some reasons were; there were a number of our patients that were unable to afford the basic recommended prenatal lab tests and OB ultrasound, or if it was done later in the pregnancy delaying treatment and referrals if needed. Another reason, is for many years there was a small number of OB/GYN physicians on Guam to handle a large number of pregnant patients. Guam MCH Family Nurse Practitioner (FNP) that has stated that, there is increase in high-risk prenatal patients screened during first prenatal visits, and they were referred out to private OB/GYN but the clinics that were not accepting them, this can be attributed to a lack of OBGYN providers on island that were not accepting our patients.

These high rates in the MCH population, the program staff needed to help find some solutions to this Health Care Crisis. The director of the Department of Public Health and Social Services (DPHSS) was discussing this issue with the Governor of Guam. Then invited Title V MCH program staff, to submit data to assist in providing more evidence to recruit potential OB/GYN physicians or NPs, they also researched on the Public Health Service Corporation to identify funding source, and to research on other avenues of recruiting Health Care providers, to our Public Health system. Also there was retirement of another OB/GYN doctor. A Guam OB/GYN Task force was formed to work on solutions on recruiting providers to assist the DPHSS clinics.

The following programs were added to the taskforce: the DPHSS Medical Advisor, the Medicaid State Office to look at increasing their Medicaid provider visits fees so providers can increase their interest to seeing more prenatal Medicaid clients, Guam Memorial Hospital Authority (GMHA), to discuss other ways to recruit local medical physicians on island, and draft their scope of work of a OB/GYN, the United States Naval Hospital of the Pacific Commander to explore ideas how the off-duty physician can contribute to the crisis. With the Leadership from the Governor's Office Chief of Staff on Health, to assist in bringing in the leaders in the different clinics on Guam together and accomplish the goal of recruiting more OB/GYN providers to the DPHSS clinics. So, in November 2022, the DPHSS had hired a part-time OB/GYN doctor from the US Naval Hospital staff to assist in providing High-Risk OB/prenatal care clients at least once a week in the OB/GYN clinics.

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 2022.

[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.