Guam State Action Plan Table 2025 Application/2023 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
To improve maternal health by optimizing the health and well-being of women of reproductive age.	By July 2024 preconception counseling and services will increase to 40% Decrease the percentage of women who smoke during pregnancy 19% by 2024 Increase general awareness of the importance of preventive healthcare by improving coordination among DPHSS programs and bureaus by participating in outreach activities	Work with Title X family planning clinics to increase the percentage of women ages 18-24 who receive chlamydia screenings. Identify and address barriers to access to annual well visits especially in the uninsured population Promote importance of well-woman visits, including postpartum care, during family home visits. Conduct outreach and education through community partners to inform the public on the importance of preventive care for women Offer evidence-based training to maternity care providers to promote tobacco cessation during each prenatal visit. Offer evidence-based cessation curriculums to pregnant women via home visitation services	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.	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

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					NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,

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					Formerly NOM 24) - PPD
To reduce infant morbidity and mortality.	By July 2024, reduce the percentage to 8% of women of reproductive age who are current smokers. (Baseline data Pregnant women 10.5% FAD)	Collaborate with the Guam Tobacco Prevention and Control Program staff to promote the Guam Quitline. Train the BFHNS MCH staff to screen and refer women of reproductive age to the Guam Quitline. Refer participants in Title V Programs to smoking cessation services when appropriate.		SPM 4: Percent of women of reproductive age who are current smokers	
To improve maternal health by optimizing the health and well-being of women of reproductive age.	To increase the percent of women who have a postpartum visit within 12 weeks after giving birth and received recommended care components	Stress the importance of the postpartum visits	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - 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	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
To reduce infant morbidity and mortality.	Increase infants who are ever breastfed by 10% by 2025. Increase infants breastfed exclusively through 6 months by 10% by 2025. Reduce disparities in breastfeeding rates by 10% by 2025.	Promote and support breastfeeding in the family home visiting program through training and referrals to WIC breastfeeding support, including peer support where available. Promote and support efforts of the WIC program including peer support program, training, and partnerships with Guam NCD Breastfeeding Task Force in reducing disparities. Increase capacity in data collection and reporting by collecting data on breastfeeding exclusivity and improving reporting on breastfeeding measures by cultural identity.	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	NPM - 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	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

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			Breastfeeding Work Group ESM BF.3 - Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.		
To reduce infant morbidity and mortality.	Decrease the infant mortality rate Decrease the preterm birth rate	Develop and implement an expanded plan for analysis and reporting of infant mortality and selected morbidity data, and issue initial data report. Increase capacity in data collection and reporting by collecting data on breastfeeding exclusivity and improving reporting on breastfeeding measures by cultural identity. Ensure GC/CT/Syphilis/HIV are a part of routine screenings for women and men at targeted locations Educate pregnant women on the effects of unhealthy substance use Work with the home visiting program to increase capacity through improvements in outreach, enrollment and retention of eligible families. Provide training and technical assistance to the home visiting to enhance competencies of home visitors related to pre- and interconception health, smoking cessation, substance abuse, safe sleep and breastfeeding promotion		SPM 3: The rate of infant deaths between birth and 1 year of life	
Child Health					
To improve the cognitive, physical and emotional development of all children.	By 2024, increase the percentage of pediatric, family practice, and early care and education providers trained in valid developmental screening tools By 2024, increase the percent of	Promote resources that provide information and referral services to providers and/or families after a concerning screening result and information and referral hotline and website resources Promote consistent use of National and State resources and tools for consistent messaging about importance of developmental screening	ESM DS.1 - Number of home visitors trained to provide ASQ over the next 5 years. ESM DS.2 -	NPM - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental	NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR NOM - Percent of children, ages 0

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	pediatric/well child visits for children aged 0-6 years on Medicaid in which a screening for behavioral health is completed using an approved screening tool	Collaborate with home visiting to facilitate related to developmental screening Collaborate with other statewide agencies, programs and stakeholders to promote and align developmental screening and tracking screening results Connect families to information, community-based services and resources related to pregnancy, child development, parenting and basic needs	Developmental Screening Education ESM DS.3 - Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening,	Screening, Formerly NPM 6) - DS	through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Promote oral health for children ages 0 to 3 years.	By 2020, Increase by 5% the percentage of children under 3 years of age at greatest risk for oral disease who receive any dental care	Integrate oral health care into Medicaid EPDST program for overall health care. Continue data collection to foster program evaluation and future planning related to the oral health of Guam children.	ESM PDV-Child.1 - Percent of children ages 3 to 5 enrolled in EPSDT who had a preventive dental visit in the past year	NPM - 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	NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
To improve the cognitive, physical and emotional development of all children.	By July 2024, reduce the percentage to 8% of women of reproductive age who are current smokers. (Baseline data Pregnant women 10.5% FAD)	By July 2024, reduce the percentage to 8% of women of reproductive age who are current smokers. (Baseline data Pregnant women 10.5% FAD) Train the BFHNS MCH staff to screen and refer women of reproductive age to the Guam Quitline. Refer participants in Title V Programs to smoking cessation services when appropriate.	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	NPM - Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household, Formerly NPM 14.2) - SMK-Household	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

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					NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

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					NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
Improve childhood immunizations.	By 2025, increase the proportion of all Guam children, ages 19 to 35 months, who have completed recommended vaccines to 90%	Guam will monitor vaccination rates closely and work with partners on outreach and sharing of best practices to increase vaccination rates. The Guam Immunization Program has supported providers to remind parents that vaccinations are safe and important; Posting on the DPHSS social media sites to promote vaccine catch up Continuing to onboard providers with Guam Web IZ Immunization Workgroup of various stakeholders discussing opportunities to reach parents where they are, reminding parents to take kids to the pediatrician, and providing immunizations in non-clinical settings to catch up with children on routine immunizations		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)	
To improve the cognitive, physical and emotional development of all children.	Determine the extent to which Guam CYSHCN receiving primary and specialty care report that the care they are receiving is coordinated, accessible, continuous, coordinated, compassionate and culturally effective	Develop culturally and linguistically appropriate policies and protocols to reduce discrimination, disparities and stigmatization related to CYSHCN health and wellness issues	ESM MH.1 - Conduct outreach to families on availability and benefits of the medical home	NPM - 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	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very

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					good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
Adolescent Health					
To improve and enhance adolescent strengths, skills and support to improve adolescent health	By 2024, Guam will decrease the percentage of high school students who are bullied at school By July 2024, decrease the percent of Middle School students reporting they are being bullied based on the YRBS survey Decrease the percentage of LGBTQ high school students attempting suicide	Obtain data on the current bullying prevention efforts being implemented in schools. Facilitate referrals to and follow-up from preventive care visits in home visiting programs serving adolescents. Strengthen DPHSS internal capacity to address bullying as a public health issue by providing professional development on bullying and strategies to promote social and emotional wellness. Provide evidence-informed LGBTQ cultural competency training to MCH staff who serve adolescents. Partner with coalitions such as GALA, Island Girl Power to provide information and training on bullying to teachers, para educators, and child care operators. Utilize LGBTQ organizations to provide drop-in services, for high-risk and LGBTQ youth. The services shall include information and support services. The State Systems Development Initiative (SSDI) Coordinator will participates in Guam's State Epidemiological Outcomes Workgroup (SEOW).	ESM BLY.1 - The percent of Bureau of Family Health and Nursing Services receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training.	NPM - 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	NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide
Reduce the use of substances including alcohol,	Prevent / reduce substance use and abuse among teens	Collaborate with the Tobacco Free Guam to promote young pregnant women in to participate in the Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) and refer to the Tobacco Free Guam Quit Line.	ESM SMK-Household.1 - Percent of clients enrolled prenatally in the home visitation	NPM - Percent of children, ages 0 through 17, who live in households where someone smokes (Smoking - Household,	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

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tobacco, marijuana and opioids among youth		Increase the number of health care providers who address the dangers of smoking and tobacco use in the preconception visit. Promote provider education on safe opioid prescribing practices and training materials on the effects and risks from prescription misuse among pregnant, postpartum and women of reproductive age 15-44. Collaborate with public and private partners to improve outcomes related to the use/misuse of other substances Increase awareness of proper storage and disposal of medications.	program who reported reduction or stoppage of smoking by time of delivery	Formerly NPM 14.2) - SMK-Household	NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal NOM - Preterm-related mortality

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					rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS
To improve and enhance adolescent strengths, skills and support to improve adolescent health	By 2024, Guam will decrease the percentage of high school students who are bullied at school Decrease the percentage of LGBTQ middle and high school students attempting suicide	Obtain data on the current bullying prevention efforts being implemented in schools. Promote trauma-informed model policies and practices for screening and universal education in varied health and public health settings for suicidality and all forms of violence. Strengthen DPHSS internal capacity to address bullying as a public health issue by providing professional development on bullying and strategies to promote social and emotional wellness The State Systems Development Initiative (SSDI) Coordinator will participates in Guam's State Epidemiological Outcomes Workgroup (SEOW).		SPM 1: Guam youth suicide rate ages 10-24	
To improve and enhance adolescent strengths, skills and support to improve adolescent health	Decrease the percentage of LGBTQ high school students attempting suicide	Obtain data on the current bullying prevention efforts being implemented in schools. Provide evidence-informed LGBTQ cultural competency training to MCH staff who serve adolescents. Utilize LGBTQ organizations to provide drop-in services, for high-risk and LGBTQ youth. The services shall include information and support services. Develop and implement two-hour online suicide prevention training for		SPM 2: Percent LGBTQ high school students attempting suicide	

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		MCH personnel.			
Children with Special Health Care Needs					
To provide a whole child approach to services to Children with Special Health Care Needs	By July 2024, Determine the extent to which Guam CSHCN receiving primary and specialty care report that the care they are receiving is coordinated, accessible, continuous, comprehensive, compassionate and culturally effective. By July 2024, Increase family satisfaction with the communication among their children's doctors and other health professionals by 3%. (Baseline data 65.6% Guam CSHCN Survey 2015)	Collaborate with partners to provide professional development opportunities to health care providers to increase family-centered medical home supports. CSHCN staff will continue to provide information and support to parents and providers on accessing ongoing, comprehensive care in a medical home. Develop culturally and linguistically appropriate policies and protocols to reduce discrimination, disparities, and stigmatization related to CSHCN health and wellness issues. Continue the MCH CSHCN Survey with addition of 3 questions related to services that are coordinated, ongoing and comprehensive Measure the number of families and providers who contact Neni 311 and are able to obtain the needed support requested. Increase the current number of scholarships for youth and family members/caregivers to attend the annual PEP Transition Conference	ESM MH.1 - Conduct outreach to families on availability and benefits of the medical home	NPM - 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	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC
To provide a whole child approach to services to Children with Special Health Care Needs	By July 2024, Increase family satisfaction with the communication among their children’s doctors and other health providers by 3%. (Baseline 65.6% 2015 Guam CSHCN Survey)	CSHCN staff will continue to provide information and support to parents and providers on accessing ongoing, comprehensive care in a medical home. Continue to participate in community outreach activities. Explore funding opportunities for projects that promote transition services for CSHCN and their families	ESM TR.1 - Number of families/providers who obtain needed support from Neni 311 for a support service.	NPM - 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	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC