Maternal and Child Health Services Title V Block Grant

Guam

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FY 2022 Application/ FY 2020 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
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August 31, 2021

Grants Management Officer
Director, Division of State and Community Health
Maternal and Child Health Bureau
5600 Fishers Lane, Room 18-31
Rockville, MD 20857

Subject: **Announcement No. HRSA-22-001 / Tracking No. 192366**

Dear Grants Management Officer:

Submitted herewith is the 2022 Maternal and Child Health Services Grant application for estimated project period October 01, 2021 and estimated project end date September 30, 2023 prepared by the Department of Public Health and Social Services, Bureau of Family Health and Nursing Services.

Should you have any questions or concerns you may contact me at (671)634-7408 or email at margarita.gay@dphss.guam.gov.

Sincerely,

Margarita B Gay RN.MN.
MARGARITA B. GAY, RN MN
MCH Program Director

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I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

The Title V Maternal and Child Health Block Grant (MCHBG) provides essential financial and technical support to the state to deliver programs that improve the well-being of mothers, infants, children, and youth, including children and youth with special health care needs (CYSHCN), and their families. This support adds to state and local public health's abilities to provide foundational public health services, which are the capabilities and programs essential to communities everywhere for the health system to work anywhere. As the grant program focuses on assisting those with low income or limited access to health services, it supports the state's work to address health equity issues.

Our Title V work focuses on equity issues, underserved populations, and where there is demonstrated need. This has led us to target our work to increase health equity by supporting community-driven solutions and tailoring systems improvements that directly link to disparities, emphasizing improving the birth outcomes of all Guam's residents.

The Guam Title V Program serves a large, diverse population. Guam has an estimated population of 168,322, of which approximately 38% are Chamorro, 27% are Filipino, and 38% are other races or mixed races. Guam has experienced increased migration since the mid-1980s from the Federated States of Micronesia (FSM) and other U.S. Affiliated Pacific Islands (USAPI). Based on single ethnic group designation, the number of Micronesians on Guam in the 1980 U.S. Census of Guam was low. It constituted less than 2% of the population, 8.3% in 2000, 9.7% in 2010, and the projection for the 2020 Census is 12.7% of the population. The racial, ethnic, and cultural diversity of Guam's population creates unique challenges and opportunities.

The Guam Title V Program does not operate in isolation. Partnerships with other organizations are essential in our ability to expand capacity and reach across the state. The Title V Program collaborates with hospitals, other state agencies, such as the Department of Education, Child Development Services, the Developmental Disabilities Council, the university, and other stakeholders.

Guam's Fiscal Year (FY) 2020-2025 state priorities were determined by the five-year needs assessment completed in early 2020, before the COVID-19 pandemic. The assessment identified needs for preventive and primary care services for women, mothers, infants, children, and services for CSHCN. Stakeholders and community members representing the Title V population domains were engaged in the process. The goals of the assessment were to: Use multiple types of data to understand health outcomes, health behaviors, and health disparities, as well as underlying causes that drive inequity. Strengthen partnerships and strategies for achieving health equity. Engage diverse populations and system partners in describing and understanding the needs and strengths of the MCH population. Identify state priority needs and performance measures for Title V. Identify opportunities to address needs beyond the scope of Title V.

Based on the needs assessment, the Title V state priorities are:

1. To improve maternal health by optimizing the health and well-being of women of reproductive age.
2. To reduce infant morbidity and mortality.
3. To improve the cognitive, physical, and emotional development of all children.

4. Promote oral health for children ages 0 to 3 years of age.
5. Improve childhood immunizations.
6. To improve and enhance adolescent strengths, skills, and support to improve adolescent health.
7. Reduce the use of substances including alcohol, tobacco, marijuana, and opioids among youth.
8. To provide a whole-child approach to services for Children with Special Health Care Needs.

As per federal requirements, National Performance Measures (NPMs) and State Performance Measures (SPMs) were chosen to align with the priority needs and are discussed below by population domain. The needs assessment also identified three key "pillars" across population domains related to achieving equitable health outcomes;, engaging families and communities;, and delivering culturally and linguistically appropriate health education. Detailed state action plans for NPMs and SPMs (which include information on objectives and strategies, metrics, program planning, and improvement, and family and consumer engagement) are included in Section III.E. A summary of each NPM and SPM is presented below.

For the Women/Maternal Health Domain, Guam's Title V Program selected National Performance Measure (NPM) #1: "Percent of Women, ages 18 through 44, with a preventive medical visit in the past year." This NPM was selected because it is foundational to women's health throughout the life course, is supported by population health data demonstrating a need for continued improvement, and is related directly to several priorities voiced by women and families. This NPM also aligns directly with DPHSS's goal to increase the use of primary and preventive health care services among women of all ages, especially women of reproductive age.

Data from the Guam Behavioral Risk Factor Surveillance Survey (BRFSS) show that an estimated 75.7% of adult women in Guam received a preventive medical visit in 2019 and 75.9% in 2018. By July 2025, the MCH Program seeks to increase the percentage of women who had a preventive health visit to 64%; this includes pre-conception and intra-conception care. Data from the National Vital Statistics System (NVSS) indicates the percent of pregnant women who received prenatal care beginning in the 1st trimester in Guam remains relatively unchanged since 2015 at 60%.

Strategies to achieve our target focus on improving outreach to find and engage high-need women and their families in health insurance and health care; Increasing knowledge of available community resources and supports; working with community stakeholders to improve the delivery of care and services; the development of supports, opportunities and social norms that promote and facilitate healthy behaviors across the lifespan; involving community members in program implementation and policy; and promoting community engagement and mobilization to address bias and racism and other community proactively and systems-level factors are impacting racial and ethnic disparities.

For the Perinatal/Infant Health domain, Guam's priority needs to "reduce infant mortality and morbidity" did not change. Guam selected National Performance Measure # 4 Breastfeeding based on the Guam 2020 Title V Needs Assessment.

The first component of the Guam five-year cycle is to increase the percentage of breastfed infants to 85% in 2025. As reported by the National Immunization Survey (NIS), the rate of Guam infants who were breastfed peaked in 2014 to 86%, that percentage declined by 2.47% in 2019. For the second component of the performance measure for breastfeeding, the 2025 objective is to increase the percentage of breastfed infants exclusively through six months to 33.5%. The rate of exclusively breastfed infants in 2019 was 26.4%, a difference of 23.7%.

Most factors that influence infant birth outcomes are linked to maternal health. Therefore, the strategies described in the Maternal/Women's Health Application impact the Perinatal/Infant domain outcomes. While many of the Title V

investments to improve birth outcomes are directed towards the maternal side of the dyad, several Title V strategies focus primarily on improving perinatal/infant health outcomes. To support NPM 4 (breastfeeding), BFHNS, in partnership with the Bureau of Nutrition and the WIC Program, will continue to support breastfeeding initiatives through training, technical assistance, policy and procedures, and direct support services.

Guam Title V did not change their original priority needs, which was “to improve all children's cognitive, physical and development.” However, as a result of the five-year Needs Assessment, two other priority needs stakeholders were selected – “promote oral health for children ages 0 to 3 years” and “improve childhood immunizations.” Along with the two new priority needs, the Guam Title V Program choose a new National Performance Measure (NPM) # 13.2 – “Percent of children ages 1 to 17 who had a preventive dental visit in the past year.”

Through Guam’s Five-Year Needs Assessment, it was found that tooth decay can have a profound impact on a child’s health and quality of life. The child can be affected by pain and discomfort, difficulty sleeping, difficulty in chewing, poor self-esteem and social isolation, speech development problems, a higher risk of new decay in other baby teeth, and potential damage to permanent teeth.

Guam’s plan to address Oral Health will be to distribute the Bright Futures Pocket Guide, a resource for all health professionals (medical and dental) that discusses oral health and dental care aspects for pregnant and post-partum women and infants, children, and adolescents. Guam Title V will also continue to work with the EPDST to provide data on oral health visits.

Infectious disease prevention is one of Guam’s most “winnable battles,” focusing on increasing the percentage of children up to date on their immunizations upon school entry into kindergarten. To address the 2020-2025 priority need “Improve childhood immunizations,” Guam developed a State Performance Measure “Percent of 19 to 36 months of age to have a completed immunization series of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP).”

In FY 22, Guam will closely monitor vaccination rates and work with partners on outreach and sharing 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 and continuing to onboard providers with Guam Web IZ

The Title V priority needs 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’ was not changed for the new five-year grant cycle. With the priory need in mind, National Performance Measure #10 “Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.”

In conjunction with the priority need for the new five-year cycle, Guam selected National Performance Measure # 9 “Percent of adolescents, ages 12 through 17, who are bullied or who bully others,” along with two State Performance Measures – “Guam youth suicide rate for ages 10 through 24 years” and “Percent of LGBTQ high school students attempting suicide.”

During FY2022 and subsequent years, Guam’s Title V program will work with partners to lower barriers youth experience when trying to obtain help by promoting self-help tools and campaigns. We will also work with partners to address social and structural environmental barriers, including social/emotional learning to foster peer norms around help-seeking and ensure that youth-serving providers (such as primary care providers) are more culturally appropriate, welcoming, and convenient for teens. Professional development for Guam MCH providers will continue to focus on developing care practices that are sensitive and welcoming to priority populations, including young

men, LGBTQ youth, and students with disabilities.

To improve CYSHCN health outcomes, the Title V MCH Program selected NPM 11 and NPM 12. The Title V MCH Program sought to increase (1) the percent of children with special health care needs, ages 0 through 17, who have a medical home (NPM 11), and (2) the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care (NPM 12). As stated in the 2019 MCH Jurisdictional Survey, 4.3% or 2,328 of Guam's children are children with special health care needs. Health outcomes are anticipated to improve when children and youth have access to a medical home and successfully transitioned from pediatric to adult health care. Program activities and successes on these efforts are highlighted in the report, along with additional activities which support CYSHCN and their families in other areas.

Many Guam families of CYSHCN struggle with poverty, transportation, access to care (including the availability of specialists), and sometimes employment. Many caregivers reported decreasing hours worked or leaving jobs altogether to care for their children coordinate care. Families facing day-to-day challenges like these may be less able to seek and use programs or to take advantage of opportunities to provide feedback to Guam Title V. Guam Title V needs to meet people where they are, provide multiple methods and means for CYSHCN and their families to engage, and ensure that a diverse population is being recruited and retained.

Conclusion

Guam has made significant progress in improving the health of residents across the life course. DPHSS has taken a prominent role in convening partners to address assessment, planning and implementation of activities directly contributing to this improvement.

The distribution of these health improvements, and persistent and new issues affecting maternal and child health are not equally distributed among subpopulations. Indeed, lower-income residents, generally have less favorable health and health behavior profiles than their counterparts. Additionally, some health patterns among maternal and child health populations vary by sex, town, sexual identity, and special health care need status. Initiatives and activities are planned to keep diverse populations in mind to begin to address these disparities.

These measures, developed through a participatory planning process, highlight areas of progress in maternal and child health in Guam, as well as health issues necessitating a public health approach to improve health outcomes.

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

How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V Maternal and Child Health Block Grant federal-state partnership award supports the essential public health services and functions for women, infants, children, and children and youth with special health care needs and families. As described throughout this application, the funding supports the capacity to monitor and define health and well-being, guide programs and inform public policy; preventive and educational services that are grounded in best practices and evidence to promote optimal health and well-being, and to improve community health; and partnerships with communities and government to advance shared goals.

Implementation of a comprehensive needs assessment process that emphasized health equity and engaged multi-sector partners and community members was a significant success that illustrates federal/state Title V partnerships in action. Specifically, the process engaged new external partners, including data collection and action planning, and the Title V program continues to engage these partners. Community members and underserved populations impacted by health issues were included in the process. Moreover, by including a focus on health equity throughout the process, the MCH program has established a foundation to ensure efforts moving forward are focused on addressing health equity across all domains.

III.A.3. MCH Success Story

Title V Funding Enables Health Care Heroes in the Far Western Pacific Far Western Pacific Partners in Progress for October 5, 2020

As the saying goes, “From small seeds, mighty trees grow.” Over the past year, Margarita Bautista Gay, a registered nurse serving as director of the Guam Department of Health’s Title V Maternal and Child Health (MCH) Program, has mobilized a small team of ten nurses, a data clerk, and an epidemiologist to build an effective response to the COVID-19 pandemic on Guam. They continue to strengthen the availability and quality of data that inform maternal and child health outcomes on Guam, the westernmost territory of the United States.

Title V funding partially pays for the epidemiologist located at the Guam Department of Health so that the epidemiologist provides dedicated time to MCH work. Another MCHB discretionary grant funds the State Systems Development Initiative (SSDI) program in Guam. That grant pays for the dedicated data clerk. “Having this pair (data clerk and epidemiologist) in our system has been a catalyst for positive change. Now, our data clerk collects data directly at the point of creation from vital statistics and inputs it into the database. We’re not chasing a backlog and making errors. That means our data are complete and of high quality,” says Margarita.

The data clerk also happens to be a nurse aide and therefore serves as an ambassador to other nurses in the field on the importance of gathering accurate and complete data in patient records. “It all comes together—the knowledge of the critical importance of data recording along with the actual capacity to get the work done and done well,” says Margarita.

The response has continued throughout the summer and now into the autumn. “Each day, we learn more and keep putting that knowledge to use. I’m proud of the health care teams that continue to dedicate themselves and serve every day. I’m grateful to the leadership of our government here and, of course, to MCHB Title V funding,” says Margarita.

To say this year has been busy is an understatement. Margarita has worn many hats. In March, her team sprang into action, providing COVID-19 response training to roughly 50 college students, public health nurses, and some private providers in small staff training sessions throughout the 210 square miles of the island. Two weeks later, Guam would report their first COVID-19 patient. The work has been intense throughout the year. For four straight weeks through March into April, for 24-hour days, ten nurses staffed the Guam International Airport Authority, screening passengers and crew arriving on the island. At the same time, about 30 nurses were deployed to government centers' isolation units and homes where people were quarantined due to the virus.

Source: Partners in Progress for October 5, 2020

III.B. Overview of the State

Overview of the State

Like every country and territory, Guam was not spared from the impact of the COVID 19 pandemic. The COVID 19 pandemic dramatically altered the behavior of businesses and people in a manner that is having adverse effects on the global and Guam economy. The pandemic and governmental actions in response to the pandemic, and expected to cont8nue to cause significant disruptions of daily life and business activity globally, nationally, and on Guam. These disruptions include the cancellations and prohibitions of public gatherings, the prohibitions of non-essential workers working outside of their homes, and the closure of some governmental buildings, schools, gyms, religious institutions, bars, dine-in restaurants, and other commercial facilities. The COVID 19 pandemic and related consequences have also disrupted supply chains and could disrupt or delay construction.

In March 2020, the World Health Organization (WHO) declared COVID 19 to be a pandemic. The first three cases of COVID 19 were identified on March 15, 2020. By the end of the month, Guam had 69 positive cases and 2 deaths.

In March 2020, a dozen sailors with COVID 19 evacuated from the USS Theodore Roosevelt while the ship was out at sea and flown to Naval Base Guam for treatment. Within days, the number of sailors that fell ill climbed, and the USS Theodore Roosevelt was ordered to Guam and docked. By mid-April, hundreds of crew members, including the captain, had tested positive for COVID 19 with one death.

In total, 1,271 crew members had tested positive for COVID 19. An additional 69 crew members had suspected COVID 19 but did not test positive; 76.9% of those tested positive were asymptomatic at testing, and only 55% developed any symptoms.[1]

At the beginning of the pandemic, the Governor of Guam signed Executive Order (E.O.) 2020-04, which limited GovGuam to essential operations only, closed all schools, prohibited gatherings of 50 or more people, subjected businesses with fewer than 50 people to operate at no greater than 50% occupancy and no greater than 50% of seating capacity, mandated social distances and restricted entry to the island.

After empaneling a recovery advisory group of public and private sector members, the Governor adopted the panel's recommended Chalan Para Hinemlo' (Our Road to Recovery) Guidelines in April 2020. The guidelines established the Pandemic Condition of Readiness (PCOR) system in which there were four levels whereby PCOR 1 represents the most urgent conditions and justifies imposing maximum restrictions. In contrast, PCOR 4 illustrates the state of normal operating conditions and no limits.

Together with her Physicians Advisory Group, the Governor created the COVID 19 Area Risk (CAR) scoring system. The CAR score would assist in assessing the risk of the potential spread of COVID 19 to other countries from travelers who enter Guam.

The CAR scoring system factors in three key assessments:

- Case Doubling Time – the speed at which the virus has the potential to spread exponentially.
- Test Positivity rate – the percentage of people who test positive out of the total number of those who have been tested; and
- New cases per 100k population – the ratio used to track the rate of COVID 19 cases per capita in a jurisdiction.

As of August 21, **832** additional residents received their first dose in a two-dose series, **158** residents received their dose in the single-dose series, and an additional **350** residents have become fully vaccinated. To date, a total of **107,145** (**78.61%)** of Guam's eligible population (residents 12 years and older) is fully vaccinated. This percentage includes **8,600** fully vaccinated residents between the ages of 12 – 17, as well as Guam's fully vaccinated adult

population of **98,545**.

Impact on Families

Guam families experienced increased financial burden and stress because of the pandemic. This negative impact would have been worse if not for several financial and in-kind assistance made available through different COVID 19 related assistance programs.

1. Pandemic Unemployment Assistance (PUA) provided benefits up to $345 per week for up to 39 weeks.
2. Federal Pandemic Unemployment Compensation (FPUC) added $600 of weekly benefits to recipients of PUA between April 1 and July 25, 2020.
3. Loss Wages Assistance (LWA) Program became effective after the FPUC expired. This added $300 per week to PUA benefits. This program ended in September 2020.

The unemployment rate in Guam for March 2021 was 16.5%, a decrease of 29% from December 2020 data of an unemployment rate of 19.4%. The total number of persons unemployed in March 2021 was 12,660, which decreased in the last quarter but remained above the figure of 4,670 in December 2019.

On May 5, 2020, the Governor signed the CARES Act Budget, followed by two executive orders establishing direct cash payments to Guam individuals and households.

Executive Order 2020-12 established the “Prugraman Salappe Ayudon I Taotao” with $20 million from the $118 million CARES Act funds. This program made a one-time payment of $300 per eligible recipient and up to $1,200 per eligible household. Eligible recipients included those receiving benefits from public assistance programs and those who applied and were approved by June 30, 2020.

The Ayuda I Mangafa (AIM) Help for Families Program was a one-time $500 for each eligible dependent. The AIM Program was designed for those eligible Guam families with dependents who were “overlooked under the CARES Act of 2020 and did not receive the economic impact payment (EIP) for those dependents.”

In-Kind Assistance

The Supplemental Nutrition Assistance Program (SNAP) was already in place and assisted thousands of families in Guam. Those currently participating in the program but receiving less than the maximum benefits had their benefit amount increased to the maximum level during the pandemic.

The Guam Department of Education (GDOE) is the distribution agency for The Emergency Food Assistance Program (TEFAP) under the United States Department of Agriculture (USDA). TEFAP provides food assistance to needy individuals through the distribution of USDA commodities. Under TEFAP, commodity foods are available for distribution to households to prepare meals for home consumption or organizations that prepare and provide meals for needy people.

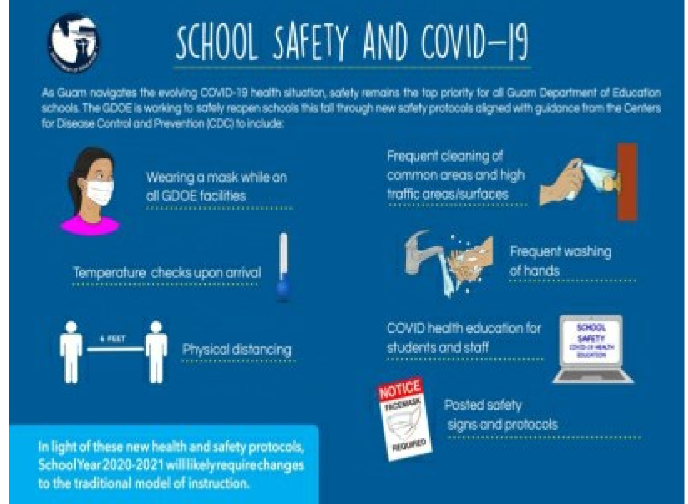
The Mayors of individual villages in Guam conducted distribution of TEFAP via drive-thru or door-to-door delivery. Recipients receive one bag of TEFAP food commodities per household, including canned chicken, dried pasta, mixed fruits, dry cereal, and bottled juices. The food is distributed on a first-come, first-served basis. Commodity

distribution in each village was available to village constituents.

As educational institutions shifted toward remote learning by spring 2020, the Guam Department of Education created the “Grab-N-Go” meal program that allowed their students who were age 18 and younger to receive free meals from designated schools around the island. The program entailed a drive-thru at the local schools where families could stay in their cars and pick up one free meal per child. The purpose of the meal program was to ensure that students were provided with meals that satisfied their daily nutritional intake and alleviated the additional stress on students and their families during the pandemic.

As of February 19, 2020, the number of “Grab-N-Go” breakfast and lunch meals distributed was 6,857,730, which equates to 137,610 meals every week,

The pandemic impacted student learning in Guam and globally as education systems adapted to changes brought on by the pandemic. These changes began when Guam identified the first COVID 19 positive case in March, followed by the Governor’s 14-day suspension of non-essential operations, including all educational institutions.



When the lockdown was extended after the initial 14-day period, GDOE canceled the remainder of School Year 2019-2020, and students were allowed to participate in remote learning voluntarily. However, at least 30% of students across the public school system lacked reliable internet access and computers needed to connect to online learning platforms, posing a challenge for GDOE. This was compounded by students who lacked the necessary resources for remote learning came from the island’s poorer households. Students in this situation were given the alternative to receive hard copy course materials provided by their schools.

As students faced the trouble of acquiring the necessary resources for remote learning, the GDOE Superintendent announced that teachers would not grade distance-learning students for SY 2019-2020. Similarly, all Guam private schools closed due to the Governor’s Executive Orders that extended the lockdown. Private school students continued and finished their academic year learning at home and used online platforms to stay connected to their teachers and classmates.

As for higher education institutions, the University of Guam (UOG) and Guam Community College (GCC) shifted to remote learning for all their students for the remainder of the academic year. UOG transitioned all its courses online for the rest of the spring semester. Accustomed to face-to-face classes, students and faculty alike experienced difficulty adapting to the new changes and new online platforms. As a solution, UOG created an alternative grading option so the undergraduate students could replace their letter grades with a corresponding “pass,” “credit,” or “no credit” without affecting their overall GPA. GCC offered students the option to receive an “incomplete” for their current courses or allowed them to complete their work on a time-relaxed basis.

Impact on Mental Health

Millions of Americans have reported coping with stress and anxiety associated with the fear of the disease and the financial worries and economic fallout caused by the pandemic. The same can be said for Guam as stay-at-home

orders and the added stress of lost jobs or being furloughed have contributed to the adverse effects to mental health contributed to at least 15 suicides in 2020.

The Covid 19 pandemic has likely magnified many barriers individuals experience when trying to access the help they need. Limited access to mental health services and treatment may lead to self-harm, challenges with emotional regulation, and adaptive coping. As a result of Covid 19, individuals have experienced unprecedented interruptions to their daily lives. Some recent findings indicate that Covid 19 restrictions have impacted mental health due to the lack of interpersonal contact, social support, activities, familial stress, and economic hardship within the family.

Three days after the first confirmed positive Covid 19 case on the island, Guam Behavioral Health and Wellness 24-hour Crisis Hotline saw a dramatic increase in calls from an average of 25 per month to over 20 per day, with calls varying from general Covid 19 anxieties about health and employment, suicide ideations as a result of home quarantine with an abusive spouse, to active suicide attempts stemming from hopelessness and despair.

The Covid 19 pandemic's toll on mental health is beginning to show itself through an increased suicide rate in Guam. Numbers indicate that the mental suffering caused by Covid 19 may be more fatal than the virus itself. The Office of the Chief Medical Examiner recorded 26 suicides from January to August or an average of 3.25 per month. As Covid 19 continues, the number of suicide deaths is expected to surpass the 31 suicides recorded in 2019.

Impact on Businesses

At the beginning of the pandemic, a Guam Chamber of Commerce survey on the impact COVID 19 had on its business members in Guam revealed that most of the businesses had to "reduce hours, implement furloughs, or layoffs."

Within a few months after the survey was conducted, several businesses had to make the difficult decision to permanently close. Their business operations were restricted by the Governor's Executive Orders that put Guam in PCOR 1 or local down when the COVID positivity rates were increasing.

The private sector experienced a 66% decline in revenue in 2020 compared to 2017. Construction industry revenues fared 45% better than all other businesses. The number of businesses with fewer than 20 employees increased from 82% to 89% from 2017 to 2020, with 95% of tourism-related businesses employing fewer than 20 people.

Nearly half of tourism businesses have furloughed most of their employees, with 12% continuing to pay those employees. More than one-third of tourism businesses have laid off employees, with 20% laying off all of their employees.

Impact on Public Safety

Guam's public safety officials and lawmakers implemented several measures to limit and prevent the spread of the COVID 19 virus amongst the public. In the early pandemic, curfews applied to minors were put in place and enforced

by the Guam Police Department (GPD). Any minors, those 17 years of age and younger, violating curfew laws would be fined $500.

Between April 11 and 30, 2020, Executive Order 2020-10 ordered road closures at four locations around the island to deter motorists from taking non-essential trips and potentially spreading the virus. More than three dozen Guam National Guard members were assigned to work the roadblocks with the assistance of the GPD as authorized by the Governor. In addition to roadblocks, the Guam National Guard had been activated to complete various missions in efforts against the spread of COVID 19, such as security at COVID 19 isolation and quarantine facilities, traffic and crowd management at testing sites, food distribution, pandemic unemployment sites, and disinfection of government facilities.

During the early weeks of the pandemic, court facilities were closed to the public, while services were limited to essential matters only. When Guam went to PCOR 1, the Judiciary of Guam announced that they would be closed to the public. However, scheduling continued for magistrate proceedings, preliminary hearings for detained juveniles, civil protection orders, search warrants, etc.

Guam lawmakers worked to propose bills to ensure the health and safety of Guam's residents during the pandemic. One Guam Public Law (P.L. 35-96) prioritized public safety and the well-being of residents. This law canceled the Primary Election and reallocated the resources to enhance safety protocols during the General Election. Despite this law and the resulting efforts in support of it, the pandemic discouraged voter turnout during the General Election.

Impact on Public Health

With the surge in COVID-19 cases, most territories reached hospital and ventilator capacity quickly. They needed to recruit health care providers, especially nurses, from the mainland United States or neighboring international islands. For example, in September 2020 in Guam, when fatalities increased and more providers left the island, island officials recruited 100 nurses from mainland U.S. or the nearby Philippines. An infusion of funds from the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) helped some hospitals purchase additional hospital equipment and personal protective equipment (PPE).

Working with the Mayors, under the leadership of Public Health Director Art San Agustin, and with our dedicated Public Health employees, we expanded our testing capacity from just dozens a day to a daily average exceeding more than 500 tests. As testing grew, so too did our ability to track and trace positive cases. We turned a bureau of 12 contact tracers into an army of 138 throughout the public and private sectors.

DPHSS and the Guam National Guard began vaccinations at UOG, initially vaccinating hundreds of people daily. The Hawaii-based Army medical team has already helped maintain a daily vaccination rate of more than 2,000 doses in the critical weeks before the May 1 goal.

In Guam, Chamorros and Chuukese made up the highest proportions of hospitalized cases, making up just over 30 percent of the total hospitalizations combined.

Furthermore, a report issued by the Guam Department of Public Health in December 2020 identified ethnicity as a risk marker for COVID-19 mortality, with Chuukese having the highest fatality rates overall in Guam. While comprising only 7.1 percent of Guam's population, those identifying as Chuukese accounted for 16 percent of total cases and 31 percent of COVID-19 deaths.

As the Covid 19 pandemic continues, Guam DPHSS will remain at the forefront of helping stem the health impact of this crisis. Title V funds remain vital to keeping mothers, children, and those with special health care needs, adolescents, and families safe and healthy.

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[1] New England Journal of Medicine

III.C. Needs Assessment
FY 2022 Application/FY 2020 Annual Report Update

The Guam Department of Public Health and Social Services (DPHSS) is the designated state agency responsible for the Title V Maternal and Child Health (MCH) programs. Within DPHSS, the Bureau of Family Health and Nursing Services (BFHNS) administers Title V programs to address preventive and primary care needs, which are family-centered, community-based, and culturally appropriate for MCH populations. The overarching goal of the MCH Block Grant is to support and promote the development and coordination of systems of care for women of childbearing age, infants, and children, including children with special health care needs (CSHCN), adolescents, and families in Guam.

At the beginning of a new Title V five-year grant cycle, states are required to conduct a comprehensive needs assessment to identify priority needs of the maternal and child health population and to determine the capacity of the public health system to meet those needs. During the years between the comprehensive needs assessment, states are expected to conduct on-going needs assessments in order to identify and significant changes in the needs and capacity. The needs assessment update for this year focused on continued collection, analysis and reporting on topics central to the Guam MCH population.

Guam's MCH Program reviewed both quantitative and qualitative data to identify areas of significant change, including data related to the National Outcome and Performance Measures. The Guam MCH program uses a wide array for assessment, policy planning, policy development, program implementation, monitoring, and evaluation. Data sources included but are not limited to are the Guam Vital Statistics, Guam Behavioral Risk Factor Surveillance, and the Guam Youth Risk Factor Behavioral Surveillance. Population based surveys, such as Guam Behavioral Risk Factor Surveillance and the Guam Youth Risk Factor Surveillance provide valuable data for public health surveillance and evaluation. Disparities among sub-populations (race/ethnicity, insurance status, age) in the MCH population were highlighted and discussed.

A collaborative approach was the foundation of the needs assessment process, focused on engaging diverse partners and stakeholders to inform a comprehensive understanding of health and well-being issues that impact families and individuals across Guam. Input was gathered from stakeholders who represented government agencies, community-based organizations, health care providers, as well as local community members, families, and individuals disproportionately impacted by health and well-being issues.

Guam MCH recognizes that social inequalities and behavioral factors influence the distribution of emerging diseases, both communicable and non-communicable, their course and the population that are most affected. Access to safe water and health nutrition, housing, education, employment, economic status, gender dynamics, unsafe sex, tobacco use, harmful alcohol use, drug abuse, and sociocultural factors that influence health-seeking behaviors all have an impact on health outcomes. The dramatic increases in volume and speed of international travel and commerce also contribute to changing epidemiology of today's public health challenges. These factors need to be taken into consideration when designing health systems improvements to address public health and MCH issues.

Throughout the 2020-2021 grant year, we have continued to collect data and information to understand better Maternal and Child Health Block Grant (MCHBG) priority populations, including changes in disparities and emerging and future needs. We are making progress toward improving data across systems, have identified specific projects to understand the needs of priority populations better, have planned ongoing needs assessment activities to collect feedback from priority populations and community leaders over the next four years, and are continuing to design and develop dashboards and materials to communicate public health findings to the public better.

Maternal/Women's Health

Guam's Title V program provides leadership for policy and system development efforts related to maternal/women's health, including support for home visiting and ensuring that health system transformation addresses the need for comprehensive, culturally responsive women's and maternal health services.

Needs/priorities Based on the 2020 MCH needs assessment, high quality, culturally responsive preconception, prenatal and inter-conception services are a priority need for this maternal/women's health. This need is being addressed through work on well-woman care (NPM 1).

Social determinants of health, health equity; safe and supportive environments; stable and responsive relationships, and resilient, connected families and communities are cross-cutting needs that impact this population and are being addressed through NPM 1 and Oregon's cross-cutting systems domain work.

Strategies Well-woman care strategies to be implemented include supporting access through Family Planning Clinics marketing to educate the population and promote well-woman care through home visiting.

Perinatal/Infant Health

Title V provides leadership and technical assistance for linkages to prenatal care, oral health, maternal mental health, and other perinatal services; infant mortality reduction; early hearing detection and intervention (EHDI); breastfeeding support; and integration of perinatal/infant health into programs and policies.

Needs /priorities Based on the 2020 needs assessment, the reduction of infant mortality and morbidity will be addressed through work on breastfeeding (NPM 4). Social determinants of health, health equity; safe and supportive environments; stable and responsive relationships, and resilient, connected families and communities are cross-cutting needs that impact this population and are being addressed through NPM 1.

Strategies Breastfeeding strategies to be implemented: education of family members about the importance of breastfeeding; filling unmet needs for peer support of breastfeeding; education of pregnant women about breastfeeding; workforce support for breastfeeding; access to workplace breastfeeding support; and support for breastfeeding at child care settings.

Child Health Title V's work in child health focuses on increasing community and caregiver capacity to promote the foundations of health: stable, responsive relationships, safe, supportive environments, and healthy behaviors. A significant focus is integrating child health into programs and policies across the island, including the early learning and education systems.

Needs/priorities Based on the 2020 needs assessment, Guam's children need to enhance safe and supportive environments, stable and responsive relationships, and resilient/connected families and communities. The need to address social determinants of health and health equity also impacts this population.

Strategies Breastfeeding strategies to be implemented: promote resources and information and referral services; collaboration regarding child developmental screening; and consistent messaging about the importance of developmental screening.

Adolescent Health

Title V strengthens policies and systems that support adolescent health in focusing on bullying prevention efforts, training on LGBTQ cultural competency, and facilitating referrals and follow-up.

Needs/priorities Based on the 2020 needs assessment, assisting Guam's adolescents is necessary to enhance safe and supportive environments, stable and responsive relationships, and resilient/connected families and communities. The need to address social determinants of health and health equity also impacts this population. These needs will be addressed through work on bullying (NPM 9.

Strategies Bullying prevention/positive youth development strategies for the upcoming five-year cycle are still in development. Strategies will focus on evidence-based/informed approaches to address upstream risk and protective factors, including ACEs and social determinants of health and equity.

Children and Youth with Special Health Needs (CYSHCN)

Title V CYSHCN provides leadership and support for developing comprehensive, coordinated, family-centered systems of care that are culturally responsive for CYSHCN and their families. It leads efforts that support access to care for CYSHCN and partners with families and communities in policy and strategy development.

Needs/priorities Based on the 2020 needs assessment, assuring high quality, family-centered, coordinated systems of care for children and youth with special health needs, increasing health care equity, and reducing disparities are needs for Guam's CYSHCN. These priorities will be addressed through work on NPMs 11 and 12.

Strategies Medical Home (MH) strategies focus on increasing cross-systems care coordination for CYSHCN and their families through home visiting; supporting collaboratives efforts to address the needs of the CYSHCN population; and promoting staff education and development support CYSHCN. Health Care Transition (HCT) strategies are integrated with those of MH, given their interrelationship.

The 2020 Home Visiting Needs Assessment highlights persistent racial and ethnic disparities among families with young children, particularly among Pacific Islander populations. Across a range of indicators from four categories: socioeconomic status, maternal and child health, behavioral health, and education indicators, Pacific Islander populations scored high in each of the four domains.

There continues to be a great need for culturally and linguistically appropriate care. While MCH and Guam's MIECHV program have staff who speak languages other than English and can translate and interpret for families, not all ethnicities and languages are represented, which leaves a significant gap in providing services and ensuring culturally appropriate practices. The migration of families from the Freely Associated States of Micronesia (FAS) continues to increase. The FAS cultures are steeped in old traditions and cultural expectations that are often incongruent to Western jurisdictions such as Guam.

The Guam Title V Program continues to address and develop innovative ways to meet the needs of the MCH population as the COVID-19 pandemic continues to evolve. Many programs are currently in a transition in terms of returning to offering in-person services and resources. We remain intentional in our approach to promote health equity and reduce disparities. Many pre-COVID-19 challenges for MCH populations, such as food insecurity, mental health, and substance use issues, employment, and childcare concerns, as well as access to comprehensive culturally competent community-based health care services, have been exacerbated during the COVID-19 pandemic, especially for the most vulnerable populations, such as pregnant women and families with young children. COVID-19 and vaccine confusion and myths have continued to develop since submitting last year's 5 year Needs

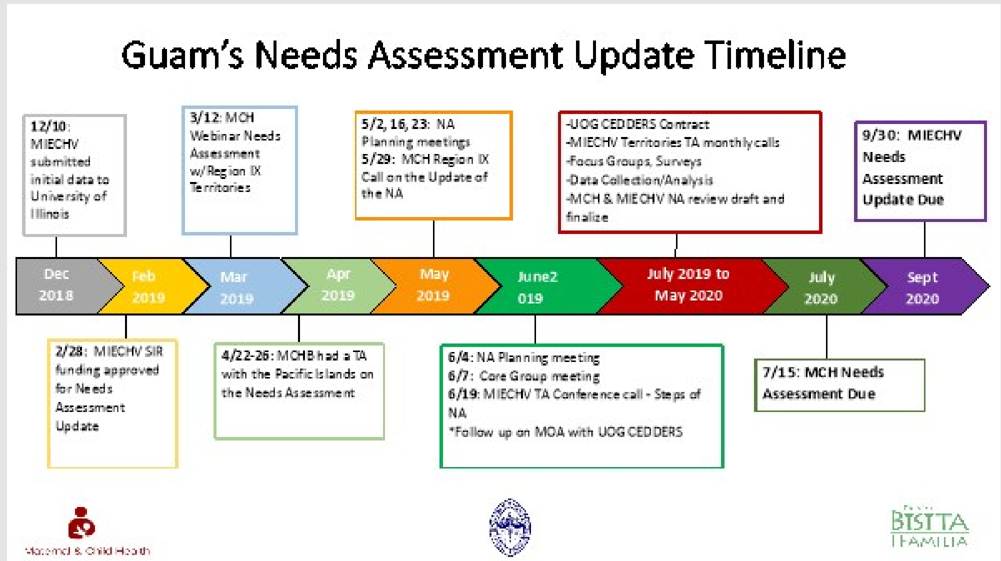
Assessment.

Five-Year Needs Assessment Summary
(as submitted with the FY 2021 Application/FY 2019 Annual Report)

III.C.2.a. Process Description

The five-year needs assessment provided Guam an opportunity to reassess MCH services formally. Given the vision, the 2020 Title V Block Grant Needs Assessment provided an opportunity for strategic planning and activity development to improve the health status of the MCH population on Guam. This broad view of the concerns of Guam's community members, health care providers, and advocates, coupled with extensive quantitative data, provided a sound basis for planning MCH service and system development for the future.

With the Bureau of Family Health and Nursing Services Administrator's leadership, who is also MCH Program Director, a Steering Committee was established. This group established the overall strategic direction and methodology for the needs assessment while providing on-going project management and oversight for the process.



Stakeholders included representation from state MCH programs (including MCH Needs Assessment Steering Committee members), family/youth-serving agencies, faith-based agencies, and other key MCH community partners such as healthcare providers, community-based agency staff, along with representatives from other state agencies and academic institutions. Stakeholders included representatives from public health and other governmental agencies (e.g., Public School System and Medicaid Program), staff from community-based organizations, and advocacy/interest groups (e.g., GALA and Sanctuary).

Criteria used for selecting stakeholders included their area of expertise and workplace setting, training and experience, knowledge of public health, and their ability to conceptualize at the strategic level, while not solely advocating for a single issue. Members solicited feedback from their constituencies/ stakeholders in between meetings, which greatly expanded this effort's reach.

Methodology

Guam assessed the needs of the MCH population using Title V indicators, performance measures, and other quantitative and qualitative data. The Steering Committee reviewed major morbidity, mortality, health problems, gaps, and disparities for the MCH population to identify the MCH population domain's specific needs based on the analysis of data trends. Specifically, the Steering Committee:

- Reviewed the 2015 Needs Assessment and interim needs assessment findings and noted trends since the last assessment;
- Reviewed recent state, regional and national reports to determine possible issues/problems to be explored in the Guam;

- Identified major data/indicators including trends of health status, access, health needs and health disparities to be included in the assessment for each domain; and
- Determined stakeholder and public input processes.

Quantitative methods used for assessing needs for each of the population domains included reviewing various data sources, including Vital Statistics Data, US Census Data for Guam, Surveillance Systems and Registries, Mortality Reviews, and other Government of Guam Agency Data and Reports, and Youth Behavior Risk Surveys.

Qualitative methods included the use of meetings with MCH clients, stakeholders, parents, and community members. While also identifying any important issues not reflected in the original list developed by the Steering Committee. Most had been considered by the Steering Committee in earlier phases of the needs assessment process of the new issues identified. In addition, qualitative data was received from special population focus groups, such as Project Bisita Home Visiting families, and a review of state plans and reports prepared since the last needs assessment.

We had the unique opportunity to align multiple assessment activities on Guam with our 5-year Title V MCH Needs Assessment. These include the required MIECHV Needs Assessment update. MCH has shared all of the resources available to us from HRSA including guidance documents, invites to relevant webinars as well as our past needs assessments. MCH and Project Bisita held several co-facilitated Needs Assessment Meetings. Our first Needs Assessment Meeting was held in November 2018

In the various stakeholder meetings, we reviewed the priorities, strategies and measures. We explained the changes that were being made to the Block Grant application with regard to pairing down the number of health priority areas if necessary. During the first stakeholder meeting a survey was held for the attendees to complete. The results revealed that stakeholders perceived infants to be the most at risk population. In many cases, there were consistent themes across all population groups. For example, health-related issues that were identified as needs not being met for virtually all populations included:

Substance abuse services (including tobacco, alcohol, prescription, and illegal drugs)
Family planning (birth control, knowledge/education regarding sexual health)
Access to health care (including insurance and quality health care providers)
Obesity and nutrition (including health education and obesity-related health conditions)
Safe environment (including free from violence/crime, as well as physical safety concerns including proper car seats, safe sleeping practices, and quality childcare)

The focus group meeting provided parents and early childhood providers the opportunity to examine and assess services currently being offered in the community. Parents provided feedback on the types of questions and delivery modes to garner input from families receiving early childhood services. Early Childhood providers were given the opportunity to discuss current services and gaps in training, acceptance of services, and job satisfaction. Last meeting was held via zoom. Data was presented to stakeholders on various subjects, the stakeholders were then asked to further discuss the data via zoom breakout rooms.

Break Out Room

GROUP 1: PREMATURE BIRTHS, LOW BIRTH WEIGH T, INFANT MORTALITY

GROUP 2: POVERTY, INCOME INEQUALITY, UNEMPLOYMENT

GROUP 3 : SCHOOL DROP OU T, CRIME, SUBSTANCE ABUSE, CHILD MALTREATMENT

A stakeholder input session with parents enrolled in Project Bisita I Familia, Guam Early Intervention System, Early Childhood Special Education Preschool, and Head Start Program at the Dededo Farmers' Market Complex. This group of parents provided suggestions on the types of questions necessary for garnering feedback about home visiting and early childhood services on Guam.

On February 25, Early Childhood Consultant facilitated the first focus group meeting with parents receiving services from early childhood programs at the Dededo Farmers' Market Complex.

At the end of the above process, results were summarized from all activities and presented to the Steering Committee. As expected, the focus areas identified across approaches overlapped due to the impact that many of the issues exert throughout the life course. This phase concluded with the identification of 26 potential MCH priorities spanning the six domains. The Steering Committee met concerning the possible priorities identified with the goal of further refining and prioritizing the issues.

The MCH Project Director, along the Project Bisita, Needs Assessment consultant presented information and updates to both Needs Assessments that are underway at the Guam Learning Council. All feedback and suggestions were noted

Prioritization criteria included considering potential issues in terms of the MCH role, the existence of strategies for intervention, and the ability to demonstrate outcomes/results within five years using specific indicators to measure progress.

Ranking of the health issues was done using the following criteria:

1. *Relevance as it relates to national priority needs.*
    a. Is the health issue reflective of the Title V national performance measure priority areas?
    b. Does the Guam Code Annotated mandate a health program to address this health issue?
    c. Are there significant racial or socioeconomic disparities related to this health issue?

2. *Ability to be addressed by existing resources and opportunities*
    a. Were there strategies/activities identified to address identified health issues?
    b. Does the Guam Title V program have existing activities/strategies that will address these health issues?
    c. Are there Title V resources to address the health issues?

3. Ease in monitoring progress in addressing the health issue
    a. Are there data collected to monitor progress toward addressing the identified health issues?
    b. Are the overall trends for identified health issues worsening in Guam?

4. Impact on the population
    a. Based on current data, are there many individuals affected by identified health issues?
    b. Did stakeholders or the general public identify or perceive identified health issues as an emerging or unmet health issue that needs to be prioritized?

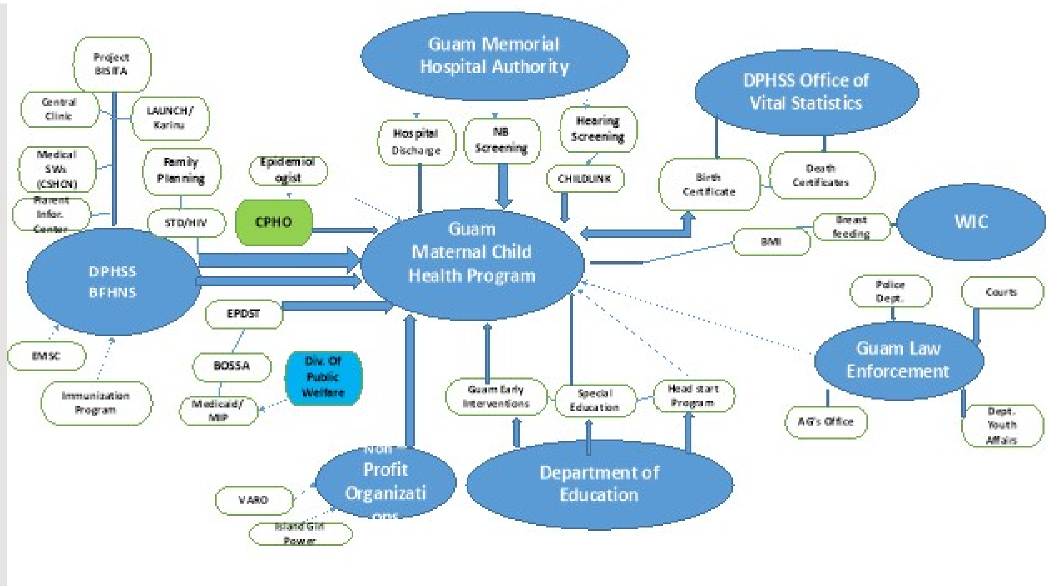
This phase concluded with the reduction to 13 potential MCH priorities spanning the six domains.

Next was the final prioritization process and state capacity assessment to determine the MCH priorities for FY2016-2020, and in keeping with the guiding principles of the process, the Steering Committee focused on the goal of identifying select areas for MCH investment so that a comprehensive set of interventions could be employed at more depth to affect five-year outcomes. In addition, the chosen priorities needed to be tied to the MCH scope of influence in order to assure the ultimate impact. To do so, the Steering Committee was charged with connecting each potential priority to a national or population-based outcome measure. To this end, the Steering Committee prepared a justification for each priority highlighting the following: MCH role; data to support the need (severity or numbers affected); effective interventions/strategies that exist to address the issue; the local capacity score for the issue and specific indicators that could be used to measure success within the five years. Each issue was ranked following these discussions, using a grid specifying impact and feasibility along an x and y-axis. This, along with the assessment of state capacity, served as key resources for discussion in determining the final set of eight priorities.

1. To Improve maternal health by optimizing the health and well-being of women of reproductive age.
2. To reduce infant morbidity and mortality.
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 and enhance adolescent strengths, skills and support to improve adolescent health
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

Data Sources

The following is a description of the data sources used in the Guam Title V Needs Assessment. The majority of these data sources come from national and local level population-based surveys; however; some data come from vital records, passive surveillance systems, and other datasets maintained by either the Guam Department of Public Health and Social Services (DPHSS) or the Centers for Disease Control and Prevention (CDC).



Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone surveillance system designed by the U.S. Centers for Disease Control and Prevention (CDC). Surveillance is conducted to collect data about modifiable risk behaviors, preventative health practices, and health-related conditions contributing to the leading causes of morbidity and mortality. Information from BRFSS is used to establish and monitor health objectives and plan and implement health promotion programs to improve the American people's health.

There are several limitations to the BRFSS. On Guam, households without a land-line telephone cannot participate in the survey, and some individuals may refuse to participate. Answers are self-reported and are subject to the limitations of self-reported data collection. The physical activity questions ask about physical activity leisure time and exclude physical activity performed as part of an individual's job. Questions specific to diabetes, high blood pressure, and high cholesterol require a clinical diagnosis and might exclude individuals who have a condition but have not been diagnosed.

Youth Risk Behavior Surveillance System (YRBSS)

The Youth Risk Behavior Surveillance System (YRBSS) was initially developed by the Division of Adolescent and School Health (DASH), CDC. The YRBSS monitors six categories of priority health-risk behaviors among youth and young adults, including behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical activity. YRBSS also monitors the prevalence of obesity and asthma.

Limitations of the YRBSS are: survey questions are predetermined, standard, and close-ended, which could fail to identify new and emerging trends and the most important aspects of current problems and issues. Since the prevalence of behaviors is self-reported, students may under or over report behaviors, which results in self-reported bias. School-based survey methods cannot reach those who are attending private schools or are receiving home instruction. Although methodology attempts to survey all enrolled students on a particular day, school-based surveys fail to reach students who are ill, truant, missing on the day of the survey, or are schooled in settings other than the public school system.

Guam Birth Certificate

Information on Guam births is collected from the Certificate of Live Birth. Data items are presented as reported on the certificate. Completeness and accuracy of items may vary by birthing facility. Data for all births that occurred within Guam,

resident, and nonresident, are collected. These files consist of all births that occur in Guam for a given year.

There are some limitations related to the use of birth certificate data. For example, some pregnancy health risk behaviors (e.g., alcohol or tobacco use) may be under-reported by the mother completing the birth certificate form. Also, race/ethnicity reporting may present some inconsistencies because of the inadequacy of categories. Another recent issue is how to deal with the increasing number of individuals who identify themselves as multi-racial, which makes it challenging to compare race from data in prior years.

Guam Death Certificate

Death data are compiled from information reported on the Certificate of Death. Data items are presented as written. Information on the certificate concerning time, place, and cause of death is typically supplied by medical personnel or the medical examiner. Demographic information such as age, race/ethnicity, or occupation, is generally reported on the certificate by funeral directors from information supplied by the available next of kin.
Fetal deaths are defined as death before the complete expulsion or extraction from its mother of a product of conception, irrespective of pregnancy duration. The death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life, such as the heart's beating, pulsation of the umbilical cord, or definite movement of voluntary muscles. These deaths are captured in a separate file from the standard death files.

Limitations related to the use of death certificate data include differences in cause of death that could reflect differences in death reporting practices by physicians and the medical examiner. In 1999, the vital statistics program nationwide adopted Version 10 of the International Classification of Disease (ICD 10). Therefore, the cause of death data before and after 1999 should not be compared to one another. In addition, death records do not provide adequate information on factors that may contribute to death, such as an individual's health status prior to death.

Sexually Transmitted Infection and HIV Surveillance System

The Guam STD program at the DPHSS conducts surveillance and research to characterize and track sexually transmitted and HIV infections in Guam. The program collects, compiles, and disseminates information on gonorrhea, syphilis, chlamydia, and HIV infections, and contacts healthcare providers to ensure that clients receive adequate treatment. The program synthesizes data from multiple sources to develop annual Guam STD/HIV epidemiological profiles. These reports are used to inform and guide the STD/HIV program.

Limitations are that program and/or service data is available only from those receiving the services. Generally, those who experience barriers to accessing services are not included. This means that data may not provide insight regarding the neediest or those who are not receiving benefits.

The Guam Medicaid Program

Medicaid was authorized in 1966 to strengthen and extend the provision of medical care and services to people whose resources are insufficient to meet such costs. Corrective, preventative, and rehabilitative and medical services are provided to retain or attain independence, self-care, and support.

The Guam Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

The Guam EPSDT program is a preventive health program that is free for children birth to age 21 who are eligible for screening, diagnosis, and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse.

National Immunization Survey (NIS)

NIS is sponsored by the National Center for Immunizations and Respiratory Diseases (NCIRD) and conducted jointly by

NCIRD and the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. The NIS is a list-assisted random-digit-dialing telephone survey followed by a mailed survey to children's immunization providers to monitor childhood immunization coverage.

Data Limitations

As with most health assessments, there are several limitations of the indicators presented in this report.

First, indicators of Guam residents' health status are derived from surveillance data and are often presented over several year periods, during which data collection or analysis techniques may have changed. Any changes in the collection or analysis of surveillance data are noted with the figure.

Second, there is a time lag between when the indicators were collected and when they have been analyzed and are available for the public report. As such, the MCH Needs Assessment includes the most recent year in which data were publicly available, but some data were not available for 2017or 2018 at the time of the publication of this report.

Third, different data sources may use a different indicator. For example, to provide a comprehensive snapshot of adolescent risk-related behaviors in Guam, this report includes data on hospitalizations via utilization data, self-reported behaviors via surveys, and mortality data via vital records. While some of these indicators are based on self-report, others are derived from mandatory reports to the Guam Department of Public Health. Together, these data sources provide insight into the range of issues affecting many MCH-focused populations.

Fourth, some data are not available for specific populations of interest, such as particular villages in Guam, or sub-population groups. This is often due to small sample or population sizes and limitations in data availability for marginalized populations.

Fifth, some data, particularly those based on surveys such as the Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance Survey, and National Immunization Survey, are based upon self-report, which may lead to an over- or under-estimate of the prevalence of the health issue or health behavior. Despite these limitations, the indicators included in the MCH Needs Assessment can provide important insight into health issues affecting Guam mothers, infants, and children and can inform the health improvement planning process.

- Strengths

Broad stakeholder Involvement – Multiple opportunities were provided for input into the needs assessment process that included participation in focus groups and participation in selecting the top priority needs.

Depth and scope of the data analyzed – The 2020 Needs Assessment is the most comprehensive report on the health and health behaviors of women, infants, children, and children/youth with special health care needs. The data were also presented in a manner to ensure availability for advocates, program planners, and policymakers.

Internal stakeholder engagement – The success of the Title V MCH Services Block Grant is dependent on strong collaborative relationships with internal and external partners. There were several opportunities to engage the Division of Public Health leadership throughout the 2020 Needs Assessment and Title V MCH Services Block Grant FY 21 Application Process. This included the development of State Performance Measures and selection of the National Measures.

Effective Collaborative Partnerships - The needs assessment process was strengthened through the partnerships and collaborative efforts involved in the facilitation of the process. These partnerships underscore the collaborative agreements and community partnerships that further structure and develop the Territory's existing programs. These efforts were beneficial in maximizing the efficient use of resources and compiling data on existing programs. This process was also beneficial towards the inception of the development of a comprehensive system for MCH programs (including home visiting) with MCH staff, other public and private agencies, and community stakeholders.

Dissemination

Critical to the needs assessment process is making sure that stakeholders are aware of the overall process, including selecting MCH priorities for the State. Throughout this process, partnerships and collaborations were vital to its overall success. As part of the MCH program's on-going commitment to both the process and its stakeholders, reporting back is of paramount importance.

An Executive Summary is an essential component of our dissemination plan. Stakeholders will be sent a copy of the summary via electronic mail. This document will be discussed and disseminated through various community and statewide meetings pertaining to MCH priority populations. Additionally, the overall needs assessment will be made public by posting a complete searchable PDF copy on DPHSS's website. All of our stakeholders – from local government and community partners to families – will have the opportunity the view this document and be part of the on-going needs assessment process.

Linkages between Assessment, Capacity and Priorities

As we reviewed the strengths, progress toward health and wellness, needs and challenges, and capacity, we identified priorities based on the input we received and the data trends. We developed the State Priorities based on the data review, assessing our strengths and needs for the populations we serve. Review of the previous state and national Performance Measures, other data sets, work that we have done on various elements of needs of the MCH populations, input from the surveys all played a role in our discussions of needs. We considered the ability to impact, numbers impacted, and shortages of services and the significance of the issue in our discussions.

III.C.2.b. Findings

III.C.2.b.i. MCH Population Health Status

Women/Maternal

Data from the Guam BRFSS show that an estimated 75.9% of adult women on Guam received a preventive medical visit in 2018 and 70.3 in 2017. The national estimate for 2017 was 70.4%. In 2018, the prevalence of Guam women having a routine check-up within the past year increased with household income level. Fewer women with less than a high school education (63.7%) reported having had a regular check-up within the past year than did women who were high school graduates (78.5%) had some college (74.7%) or were college graduates (84.6%) in 2018.

To increase the awareness and importance of the well-woman visit, MCH has utilized collaborations between programs. Such as Project Bisita, Guam's Home Visiting Program, has provided referrals for women's health services. Through their work with women and families, they provide education about the importance of preventive and reproductive health care, including sexually transmitted infections (STIs), birth spacing, contraception, and preconception counseling. The program also helps women find health services and reduce or eliminate barriers, such as transportation, to ensure that women can get the health care services they need.

Data from the National Vital Statistics System (NVSS) indicate that the percentage of pregnant women who received prenatal care beginning in the 1st trimester remained relatively unchanged since 215 at 60.9%. The percent of women whose prenatal care initiation was late or received no prenatal care also remained unchanged at 13.4%.

The Prenatal Interview and Examination (PNI & E) is the first antenatal visit for Guam's MCH clients who suspect a pregnancy. Three areas are addressed during the visit. They are the diagnosis of pregnancy, maternal and fetal health assessment, and the development of a plan for continued care. In 2019, Guam MCH saw 202 women for PNI & E. The highest number of women seen was of Chuukese ethnicity at 41.1%, followed by women who were Chamorro (25.1%) and

Filipino (12.9%). The women's largest age group was the age group 20 to 24 at 35.9%, followed by the age group 25 to 29 years at 28.1%, and lastly, the age group 15 to 19 years at 16.2%.

Perinatal/Infant Health

Between the years 2014 to 2018, 193 Guam infants died before their first birthday, an average of 32 infants per year. The mean infant mortality rate for the five years was 9.67 per 1,000 live births. In all the years examined, Guam's infant mortality rate remained higher than the Health People 2020 Objective of 6.0 infant deaths per 1,000 live births.

The Medicaid program covers medical care and services to people whose resources are insufficient to meet the costs. Medicaid may pay for expenses such as prenatal care services or the child's birth for eligible pregnant women.

The infant death rate among infants born to mothers who received Medicaid had fluctuated over the past five years, with a high of 5.5 infant deaths per 1,000 live births among Guam women who were Medicaid recipients to a low of 1.8 per 1,000 live births. The rate of infant deaths per 1,000 live births to non-Medicaid mothers was highest in 2016 when it reached 6.6 per 1,000 live births to its lowest in 2017 at 5.4 per 1,000 live births. In 2018, the infant mortality rate among non-Medicaid mothers was 6.6 deaths per 1,000 live births.

Those who are of lower-income status in the United States have a more difficult time receiving health care. If they do receive health care, it will not be the same type of health care that those of higher socioeconomic status receive. For example, those of lower-income are often on government-provided health insurance. This insurance will be very different from the kind of health insurance that those who have private insurance can access. Those with private insurance are going to have more benefits.

Guam breastfeeding rates are higher among educated and older mothers. They are lowest among mothers who experience more barriers reaching their breastfeeding goals, such as low-income and mother under the age of 20. Differences in breastfeeding rates are seen among infants enrolled in the Special Supplemental Nutrition Program for Women, Infant, and Children (WIC). WIC serves low-income women and children. In 2019, 83% of women enrolled in WIC initiated breastfeeding compared to 75% of women enrolled in 2015.

Child/Adolescent Health

The NPM Guam has selected for this domain is *NPM #7: Rate of hospitalization for non-fatal injury per 100,000 children ages 0-9 and adolescents ages 10-19*. Guam Memorial Hospital and Guam Regional Medical City, inpatient hospital data, shows a decline in hospitalizations rate from 145.0 to 123.8/100,000 children ages 0-9 and adolescents ages 10-19.

In 2019, injury was responsible for 11 children/young adult deaths on Guam. Twenty-seven percent (27.2%) of hospitalizations and 86.4% of the emergency room visits for children/young adults aged 0 to 24 years were due to injuries. As in the case nationally, the types of injuries vary by age group and have been broken into groups of injuries to those less than one year, one to nine years old, ten to nineteen years, and twenty to twenty-four years of age.

For those through nine years of age, the leading causes for Emergency Room (ER) visits and hospitalizations were because of injuries by falls and trauma (unintentionally struck by an object(s)); for age group ten to nineteen years, the leading cause of ER visits or hospitalizations were trauma and unintentional motor vehicle accidents (occupant or driver); for the age group twenty to twenty-four, the leading causes were unintentional motor vehicle accident (occupant or driver) and drowning.

Developmental screening of children is an efficient and cost-effective way of identifying potential health and behavioral problems. Screenings – which may utilize direct measures administered by pediatricians or indirect measures assessed through parent questionnaires – can help identify children who are not meeting expected developmental milestones. The American Academy of Pediatrics recommends that children receive developmental screening from their physicians three times before their third birthday.

Through 2015-2018, Project Kariñu screened 849 children, aged one month through 6 years of age. The ASQ-3 and ASQ: SE has cut off scores to indicate if children are age typically developing, need monitoring on developmental learning activities, or at risk and need further assessment and/or intervention. The ASQ-3 found that 47% of the children had age typical development; 32% required further evaluation, and 21% needed monitoring. The ASQ: SE found that 63% of the children had no concerns, 27% required further assessment, and 10% had possible behavioral problems.

On Guam, suicide is one of the leading causes of death among adolescents and young adults. More adolescents are hospitalized or treated in an emergency department for suicide attempts. Suicide ideation – thinking about suicide, having suicidal thoughts, and/or considering attempting suicide -- is a risk factor for suicide.

In 2019, 23.8% of Guam high school students reported that they seriously considered attempting suicide during the past 12 months. This was a 9.1% decrease from 2017's data. Female students reported a significantly higher percentage of suicidal ideation compared to male students. Students in 9th and 12th grade were less likely to report suicidal ideation than students in grades 10 and 11.

Rates of young people carrying pregnancies to term have reached historic lows nationally. The 2018 U.S. birth rate among females aged 15 to 17 was 17.4 per 1,000, a 7.4% decline from 2017.
Guam's teen birth rate has fluctuated but has not changed substantially. This could be due to a myriad of factors, including changes in teen sexual activity, contraception use, or attitudes.

Children and Youth with Special Health Care Needs

According to the 2019 MCH Jurisdictional Survey, 4.3% or 2,328 of Guam's children have a special healthcare need. Of those, 51.7% had a Medical Home during the past 12 months. Based on the Needs Assessment results, children and youth with special healthcare needs (CYSHCN) living in Guam face significant barriers when accessing pediatric specialists and sub-specialists, primarily due to physician shortages long-travel distances.

Success in these areas has a significant impact on housing, employment, and education choices. Transition to adulthood is a process that ideally begins early and occurs over time. Youth and their family should be involved in all decisions. Care coordination between providers and services is essential.

In 2019, there were a total of 1,214 youth aged 16 and above with an IEP. Of the 1,214, 993 had an IEP that included coordination, measurable, annual IEP goals, and transition services that would enable them to meet their post-secondary goals.

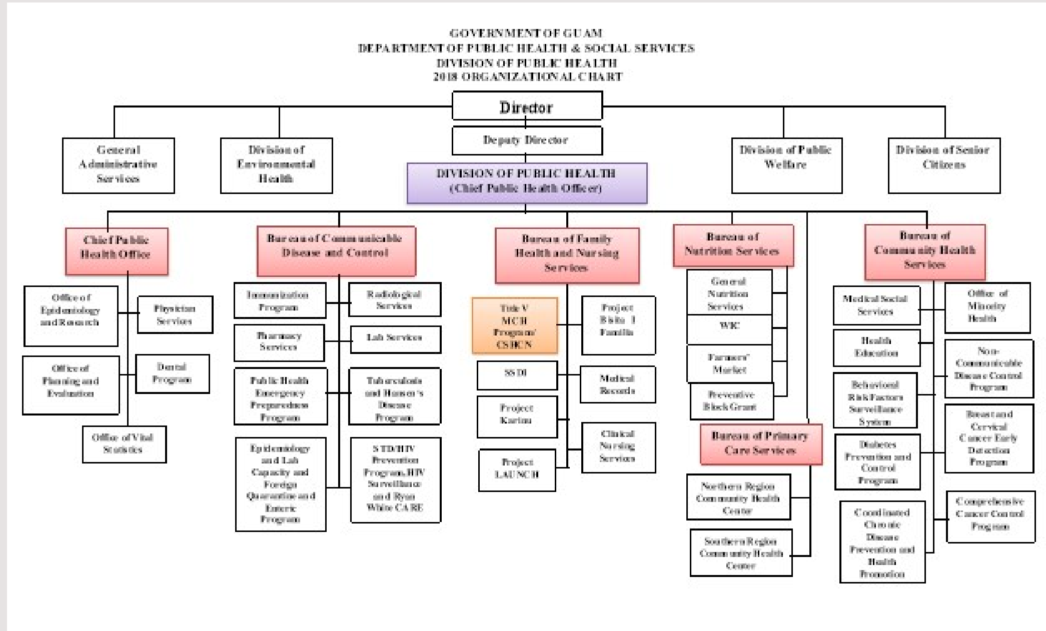
III.C.2.b.ii. Title V Program Capacity

III.C.2.b.ii.a. Organizational Structure

Guam is governed by a Governor and a Lt. Governor who are elected every 4 years. DPHSS is a line agency under the Executive Branch and is headed by the Director and Deputy Director. There are 5 divisions within DPHSS: DPH, DEH, DSC, DPW and DGA. DPH is overseen by the CPHO and includes the Chief Public Health Office, BCDC, BNS, BCHS, BPCS and BFHNS.

The Chief Public Health Office includes the Office of Epidemiology and Research, Office of Planning and Evaluation, OVS, Physician Services, Dental Program, and Project LAUNCH. BCDC includes the Immunization Program, Foreign Quarantine and Enteric Program, STD/HIV Prevention Program, TB and Hansen's Disease Program, PHEP Program, Ryan White CARE Program, Laboratory Services, Pharmacy Services and X-Ray Services. BNS includes the WIC Program, General Nutrition Services and Chronic Disease Preventive Block Grant. BCHS includes MSS, BRFSS, Coordinated Chronic Disease Prevention and Health Promotion Program, Comprehensive Cancer Control Program, Diabetes Prevention and Control Program, Office of Minority Health, NCD Control Program and GBCCEDP. BPCS includes the CHCs: the Northern Region Community Health Center (NRCHC) in Dededo and Southern Region Community Health Center (SRCHC) in Inarajan.

The MCH and CSHCN Programs are under BFHNS. Other programs and services in the Bureau include Clinical Nursing Services, District Nursing, Medical Records Section, Title X Family Planning Program, Early Childhood Systems of Care (Project Karinu), Early Home Visiting Program (Project Bisita I Familia), State Systems Development Initiative (SSDI), and the Abstinence Education Program. BFHNS is located at Central Public Health in Mangilao. The main focus of BFHNS services is to provide health care services to uninsured and medically underserved populations. The target populations are women of childbearing age with health risk factors, pregnant women, children 0-8 years old, CSHCN, adolescents, the elderly (55 years and over) and patients with communicable, infectious and sexually transmitted diseases.



III.C.2.b.ii.b. Agency Capacity

The mission of the Guam Department of Public Health and Social Services (DPHSS) is to promote health through the prevention and control of disease and injury. DPHSS, one of the oldest agencies, now has an annual budget of about $60 million in state and federal funds and 400 employees. The Director of DPHSS is the State's Health Officer and one of the Governor's key cabinet members. With more than 200 program components organized in its five divisions, DPHSS provides and supports a broad range of services, including inspecting restaurants; vaccinating children to protect them against disease; testing to assure the safety of food and drugs; licensing to ensure quality health care in hospitals and public health; conducting investigations to control the outbreak of infectious diseases; collecting and evaluating health statistics to support prevention and regulatory programs; analyzing and shaping public policy; screening newborns for genetic disorders; and supporting local efforts to identify breast and cervical cancers in their early, more treatable stages.

The Division of Public Health (DPH) administers the Maternal Child Health Services Title V Block Grant, through its Bureau of Family Health and Nursing Services (BFHNS). The mission of BFHNS is to improve the health outcomes of all individuals on Guam by providing preventative education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families. Under the leadership of the Title V Administrator, BFHNS is able to provide comprehensive population-based programming, education, and support to women across the lifespan. The DPH helps to coordinate internal and external efforts to use policy change to improve women's health, increase public awareness of issues impacting the health of women and children, and promote healthy behaviors and environments in community partnerships with other programs and organizations.

The Title V Block Grant supports the capacity of BFH and CYSHCN Programs to promote and protect health and well-being across the six MCH population health domains. It funds health services, health education and promotion, monitoring and evaluation, professional training, and policy development.

Women's/Maternal Health: MCH assures the health of Guam's women and maternal population with direct services for prenatal, postpartum, and interception care.

Perinatal/Infant Health: Perinatal and infant health on Guam relies upon preventative services, the promotion of nutrition and breastfeeding, and healthy beginnings for infants and young children. The newborn screening program assures that all infants born on Guam are screened for conditions recommended by the ACMG. Project Bisita, Guam's home visiting program, promotes healthy birth outcomes and safe environments for Guam's most vulnerable population.

The newborn health programs provide education to women on the importance of prenatal care, prevention of congenital disabilities, and avoidance of alcohol/tobacco/other drugs pre- conceptually and throughout pregnancy. This education is instrumental in decreasing preterm births and infant deaths, promoting birth spacing at least 18 months apart, and assuring new parents practice safe sleep and other practices to prevent unintentional injuries.

Guam's Newborn Screening Program consists of both bloodspot (NBS) and newborn hearing screening (NBHS). All infants born on Guam are to be screened unless the parent declines for religious reasons. Hearing screeners in hospitals and birthing centers refer infants not passing the initial hearing screen for further screening or testing by a pediatric audiologist. The Guam EHDI staff provides follow-up and referral to those infants who did not have an initial hearing screen, did not receive a pass result on the initial screen, or are found to be at risk for later development of hearing loss.

Child Health and/or Adolescent Health: The Adolescent Health Program (AHP) provides consultation education, training, and resources to assist health professionals, school personnel, parents, adolescents, other government agencies, and non-profit community programs. DPHSS is working to strengthen the agency's approach to serving adolescents. The agency largely focuses on reproductive health services and evidence-based pregnancy prevention efforts to inform and educate adolescents about responsible decision-making, family planning, and healthy behaviors. It also encourages parents to vaccinate children against Human Papillomavirus (HPV), Meningitis, Flu, and Hepatitis.

CYSHCN – The CYSHCN Program develops, promotes, and supports community-based systems that enable the best possible health and the highest level of independence for CYSHCN populations. Staff link patients with a medical home, and clinical social workers and parent liaisons link families to community resources and provide family support programs, active congenital disabilities surveillance, transportation assistance; lead surveillance; and sickle cell treatment and care coordination.

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III.C.2.b.ii.c. MCH Workforce Capacity

The Guam Department of Public Health and Social Services (DPHSS) updated the Organizational Strategic Plan in January 2019. DPH continues to prioritize health equity, quality improvement, and workforce development. It has added data quality and access as well as customer service as priority areas of focus. Efforts to address the priority objective "Recruit, Retain and Develop a Competent, Public Health Workforce" are already well underway.

Title V continues to utilize national MCH and AMCHP professional development resources, including the MCH Workforce Development Center. The use of process maps and continuous quality improvement were tools that the Guam team learned and shared with the rest of the Title V staff. Guam continues to use national TA from AMCHP learning labs, MCH Bureau Learning labs, and nationwide consultants' recommendations, particularly for the needs assessment. These TA opportunities not only help develop staff capacity but also provide an opportunity to share Guam's issues with other states and national centers.

The Title V agency programs also support a substantial amount of training for the MCH workforce statewide. Several federal grants include workforce development as a key strategy/activity, including:

- Maternal Infant Early Childhood Home visiting grant supports training for the Guam home visitors.
- Early Childhood Comprehensive Systems grant supports training for providers on developmental screening tools and protocols.
- Family Planning shares resources from the National Family Planning Training Centers to local providers via

meetings, webinars, and conference calls.
- The Emergency Medical Services grant/sponsors numerous training projects and the Annual EMS Conference.

It should be noted that in the event of an emergency unless granted a temporary exemption from emergency duty, all Department of Health employees may be required to work before, during and/or beyond their regular hours or days in an Emergency Operations Command Center; temporary shelters or perform other emergency duties, including but not limited to a response to or threats involving any disaster or threat of disaster, man-made or natural.

III.C.2.b.iii. Title V Program Partnerships, Collaboration, and Coordination

Family Partnership

The Guam Title V Program understands the importance of family and consumer partnership as a mechanism to strengthen MCH programming at all levels. The Title V Block Grant defines family/consumer partnership as "patients, families, their representatives, and health professionals working in active partnership at various levels across the health care system – direct care, organizational design and governance, and policymaking—to improve health and
health care. This partnership is accomplished through the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course."

Guam EHDI has had a formal agreement with Guam's Positive Parents Together, Inc. (GPPT), the non-profit parent-driven organization for children with disabilities, since May. This agreement focuses on building and supporting a deaf and hard of hearing (D/HH) Parent Mentor and Support Group, facilitating activities to empower parents of D/HH children to become advocates for their children, and identifying parents to serve as mentors by sharing their
experiences with other families of newly identified infants with a hearing loss and providing information to help parents make the best- informed choices for their children. Title V sits on the EHDI Advisory Board and collaborates with EHDI on numerous projects.

The Deaf/ Hard of Hearing (D/HH) Parent Support Group aims to assist families in navigating through the early intervention system and providing parents with information related to options available for their child, so they can make the best intervention choice to meet the health and communication needs of the child and family.

In September, three parents signed a "Commitment Letter" to be trained as Parent Mentors. Parent Mentors agree to be trained in various areas relevant to parents who have a child ages 0-3 with a hearing loss to provide parent-to-parent support. Parents identified specific topics they felt would guide them in providing support to other parents. In September and November, the GPPT/Project Fitme Project Coordinator, in collaboration with government and private agencies, provided an overview for the Parent to Parent Support Group and Parent Mentors on the following topics: Individual and Family Service Plan (ages 0-3), Individual Education Plan (ages 4-21), and Individuals with Disabilities Education Act and Self-Advocacy.

The GPPT Parent Mentor Support Group children were also invited to attend a three-day Deaf Culture Day Camp held at Huråo Cultural Camp. One child was able to participate in all three days of the Deaf Culture Day Camp. The program aims to give children a rich experience that will make them love the Chamoru language and culture. Planned activities include Immersion Chamoru language lessons, historical field trips, and cultural lessons in dancing, singing, chanting, weaving, cooking, and more.

Kariñu staff facilitated a Peer Family Support Group on July 17, 2018. Parents enrolled in Kariñu were invited to participate in the event. Staff from Guam Behavioral Health and Wellness Center Healing Hearts Crisis Center and the Department of Public Health and Social Services Bureau of Social Services Administration facilitated a Personal Safety Training: "Red Flag, Green Flag" for parents and children, utilizing a candid conversation approach about
appropriate and inappropriate touch. Jamie Freitas, a Kariñu parent, demonstrated how to make Spam Musubi to participants during the event. The Peer Family Support Group provides parents with an opportunity to connect with other parents who share similar situations and challenges.

The Guam Early Learning Council Social Emotional Wellness workgroup created a Multi-Agency Subcommittee meets twice

a month to discuss cases with multi-agency involvement. This subcommittee allows all programs to provide input and suggestions for serving the families without duplicating services and lessening the number of visits by programs into the home.

The Guam Early Learning Council Early Learning workgroup focuses on early care and education and includes representatives from all early childhood programs. This group works collaboratively to ensure that children's learning needs are met.

The Guam Early Learning Parent Engagement workgroup focuses on activities that engage families in the communities. Several early childhood programs have participated in the "Village Play Time" events in the different communities around the island to bring early learning activities to the families.

Guam Title V is an integral partner in each of these workgroups and reports its progress to the Guam Early Learning Council quarterly.

As outlined in our organizational structure, our Title V program is intimately connected with federal investments, such as the State Systems Development Initiative (SSDI), Maternal and Infant Early Childhood Home Visiting (MIECHV), and the Project LAUNCH project, a 5-year award from the Substance Abuse and Mental Health Administration, by virtue of the location of these grant programs within the same section – Bureau of Family Health and Nursing Services.

III.C.2.c. Identifying Priority Needs and Linking to Performance Measures

Guam Title V used data and information from various programs, advisories, data sources, and stakeholders to inform the 2020 Guam Title V Needs Assessment's priority needs selection. Priority needs were selected based upon the findings from collected data and ranking of selected NPMs from stakeholder groups and staff. In addition, while the identified needs are aligned with the broader public health focus on Guam, Title V remains unique in its emphasis on the maternal and child health population groups.

There were 4 additional considerations in determining the final priorities. First, priorities were compared to agency priorities. It was felt that if the political will was already in place around a topic, then additional consideration should be given to including that topic as a priority. The second consideration was whether or not MCH was the leader in a particular topic. A third consideration was alignment with the new Title V grant structure, aligning the population domains' needs. The final step was to consider the programmatic activities currently underway that, with focused attention over the next 5 years, would have the most significant impact on the MCH population.

Overarching frameworks that informed Guam Title V's priority selection process included: Social Determinants and Health Equity, and Life Course models. The Social Determinants and Health Equity models underscore those disparities in individual and population health outcomes due to differential access to economic opportunities, community resources, and social factors. Economic opportunities may include adequate income, jobs, and educational opportunities. Community resources may include access to quality housing, quality schools, recreational facilities, healthy foods, transportation resources, health care, and a clean and safe environment. Social factors may include social network and support, leadership, political influence, organizational networks, and experience of racism. The role of public health is to establish public policy to achieve health equity and promote population-based strategies.

The priorities that were identified through this process by domain are:

1. To improve maternal health and well-being of women of reproductive age. – Women/Maternal Health
2. To reduce infant morbidity and mortality. – Perinatal/Infant Health
3. To improve the cognitive, physical, and emotional development of all children. – Child Health
4. Promote oral health for children aged 0 to 3 years of age. – Child Health
5. To improve and enhance adolescents' strengths, skills, and support to improve adolescent health. – Adolescent Health

6. Reduce the use of substances, including alcohol, tobacco, marijuana, and opioids among youth. – Adolescent Health
7. To provide a whole-child approach to services to CYSHCN. – CYSHC

NPM 1: Percent of women with a past year preventive medical visit

Priority Need – To improve maternal health and well-being of women of reproductive age.

The priority need is to decrease risk factors for adverse pregnancy outcomes among women of reproductive age. A well-woman preventive medical visit provides an opportunity to receive recommended clinical services such as screening and counseling, which can lead to the identification and prevention of diseases to optimize women's health before, between, and beyond potential pregnancies.

Guam Title V envisions a shift to more holistic care for women through the childbearing years, not just during pregnancy. Moreover, when considering the aspects of the DPHSS's capacity, it was determined that MCH had a much higher likelihood of impacting this NPM based on existing infrastructure and capacity to implement pertinent strategies.

NPM 04: Breastfeeding (A. Percent of infants who are ever breastfed and B. Percent of infants breastfed exclusively through 6 months)

Priority Need: Prevent infant morbidity and mortality

Breastfeeding was selected due to its protective factor against sleep-related deaths and the ability to prevent morbidity among infants, particularly those who are born preterm or with low birth weight. While there is currently a high percentage of infants born preterm and with low birth weight on Guam, promoting breastfeeding will improve infants' outcomes. Guam is clearly lower than the national average in terms of initiation and duration. The advantages of breastfeeding are undeniable. The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six months as human milk supports optimal growth and development. Promoting breastfeeding will provide benefits across the life-course, including preventing infant mortality and morbidity, preventing childhood obesity, and promoting school readiness.

NPM 06: Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool

Priority Need: To improve the cognitive, physical, and emotional development of all children.

In the U.S., about 13% of children 3 to 17 years of age have a developmental or behavioral disability. In addition, many children have delays in language or other areas that can affect school readiness. However, fewer than half of children with developmental delays are identified before starting school, by which time significant delays already might have occurred, and opportunities for treatment may have been missed. Research shows that early intervention treatment services can greatly improve a child's development. The opportunity to identify children at-risk for developmental or behavioral disability through routine screening, therefore, cannot go missing.

Already, there has been a substantial amount of work and energy in the state addressing developmental screening. Through Guam's partnership with Kariñu and CEDDERS, we have trained a large number of primary care practices in using validated tools and have begun to train early care and education providers; developmental screening is also a standard for all evidence-based home visiting programs.

NPM 13.2: Preventive Dental Visit

Priority Need; Promote oral health for children aged 0 to 3 years of age

Children 0-3 years of age have unique oral health challenges due to their dependence on parents and caregivers. Perinatal and Infant Oral healthcare are essential aspects of early intervention, facilitating behavioral changes that result in good oral

health, the successful prevention of caries, and the management of an oral disease.

Children 0-3 years of age have unique oral health challenges due to their dependence on parents and caregivers. Perinatal and Infant Oral healthcare are essential aspects of early intervention, facilitating behavioral changes that result in good oral health, the successful prevention of caries, and the management of an oral disease.

NPM 14: B) Percent of children who live in households where someone smokes

Priority Need: To improve the cognitive, physical, and emotional development of all children.

Secondhand smoke exposure causes premature death and disease in children. Children who breathe secondhand smoke are more likely to suffer from pneumonia, bronchitis, other lung diseases, and more asthma attacks and ear infections. Secondhand smoke exposure can cause children who already have asthma to experience more frequent and severe attacks. Exposure to secondhand smoke for as little as 10 seconds can stimulate asthmatic symptoms in children. Babies whose mothers smoke while pregnant or exposed to secondhand smoke after birth have weaker lungs than unexposed babies, which increases the risk for many health problems. Secondhand smoke is a known risk factor for sudden infant death syndrome (SIDS). Healthcare costs associated with prenatal and postnatal exposure to secondhand smoke range from $1.4 billion to $4.0 billion annually.

NPM 09: Percent of adolescents, 12 through 17, who are bullied or who bully others

Priority Need: To improve and enhance adolescents' strengths, skills, and support to improve adolescent health.

Bullying was chosen as the national performance measure that most directly impact the priority need to prevent suicide among adolescents. Bullying can lead to depression and suicide ideation, and possibly suicide attempts. Victims of bullying often become bullies themselves engaged in a negative cycle. Approximately 1 in 4 adolescents either experience bullying or bully others. The prevalence of bullying is higher among middle school students than high school students. Not only does addressing bullying prevent suicide, but it also promotes overall health by preventing feelings of depression and associated behavior, including violence. Electronic bullying is an area that should be examined throughout the five-year reporting cycle as well, as social media usage continues to increase among adolescents. Data examined in the needs assessment showed that Guam’s adolescents frequently engage in violent behavior and weapon-carrying.

Priority Need: Reduce the use of substances including alcohol, tobacco, marijuana, and opioids among youth

Adolescents are particularly susceptible to substance use involvement due to the underdeveloped state of the adolescent brain, which can lead to reduced decision-making ability and increased long-term effects of drugs and alcohol.

Substance-abusing youth are at higher risk than nonusers for mental health problems, including depression, conduct problems, personality disorders, suicidal thoughts, attempted suicide, and suicide. Marijuana use, which is prevalent among youth, has been shown to interfere with short-term memory, learning, and psychomotor skills. Motivation and psychosexual/emotional development also may be influenced (Bureau of Justice Statistics, 1992).

NPM 11: Percent of children with and without special health care needs having a medical home

Priority Need: To provide a whole child approach to services to CYSHCN.

Guam MCH has prioritized appropriate health and health-related services for the MCH population, and the NPM regarding medical home was determined to most closely fit with this priority. There is a large and growing need to coordinate services within a medical home for all children, but especially for CSHCN. An additional benefit is that medical homes are not limited to CSHCN or the MCH population, so that all residents have the potential for improved health care delivery. Guam MCH also feels the NPM regarding transition is important and will seek to incorporate it during the grant cycle as a state performance measure.

NPM 12: Transition (Percent of adolescents with special health care needs who received services necessary to make transitions to adult health care)

Priority Need: To provide a whole child approach to services to CYSHCN.

Improving transitions to adulthood is intended to address the priority need of improving the overall system of care for CSHCN by linking them from their source of pediatric care to an adult medical home. Families must receive services to assist as they transition out of state CSHCN programs. The issue is of increasing significance as children with special health care needs are increasingly living into adulthood. It is also intended to promote their lifestyles by teaching them needed self-help skills as they transition and teaching them to engage in independence and employment when possible. Fewer youth in Guam are receiving the services necessary for transition compared to the nation successfully.

III.D. Financial Narrative

	2018		2019	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$750,323	$757,877	$748,877	$757,152
State Funds	$562,743	$568,408	$562,743	$567,864
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$1,313,066	$1,326,285	$1,311,620	$1,325,016
Other Federal Funds	$1,900,000	$1,421,948	$1,844,000	$1,348,561
Total	$3,213,066	$2,748,233	$3,155,620	$2,673,577

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$748,877	$746,825	$760,558	
State Funds	$561,658	$567,587	$570,419	
Local Funds	$0	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$1,310,535	$1,314,412	$1,330,977	
Other Federal Funds	$1,850,000	$780,421	$1,250,000	
Total	$3,160,535	$2,094,833	$2,580,977	

	2022	
	Budgeted	Expended
Federal Allocation	$760,558	
State Funds	$0	
Local Funds	$570,419	
Other Funds	$0	
Program Funds	$0	
SubTotal	$1,330,977	
Other Federal Funds	$1,146,750	
Total	$2,477,727	

III.D.1. Expenditures

Expenditures

States and territories have flexibility in how Title V funds are used to support a broad range of activities that focus on promoting and improving the health and well-being of the MCH population. In addition to other federal and local funds, Title V federal funding is obligated and disbursed to support Guam MCH demands and priority needs.

In 2020, Guam MCH received $746,825 in Title V federal funding and had a local match of $567,587, bringing the total Title V partnership to $1,314,412.

This financial narrative corresponds with the budget forms in this application and the annual report.

The MCH Block grant for 2020 was classified in the following categories:
Prevention and Primary care for children (30%)
Children with Special Health Care Needs (30%)
Administrative (10%)

Form 3a: Federal and non-federal expenditures are reported separately by types of individuals served. Combined federal and non-federal expenditures include:

Federal		State	
Pregnant women	$134,428	Pregnant women	$100,821
Infants	$89,619	Infant	$69,455
Children 1-21 years of age	$224,048	Children 1-21 years of age	$170,276
Children with Special Health Care Needs	$224,048	Children with Special Health Care Needs	$170,276
All others	0	All others	0
Total	$672,143	Total	$510,828

Form 3b: Federal and non-federal expenditures are reported separately by types of services.

Combined federal and nonfederal expenditures for FY 2020 includes $522,778 for direct services for the following population groups:

1. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One – $224,048
2. Preventive and Primary Care Services for Children – $224,048
3. Services for CSHCN – $74,682

Guam complies with the maintenance of effort as described in Section 505(a) (4). State funds are used to provide a wide range of services to the MCH population. These services include but are not limited to pediatric, prenatal, high-risk, social services, and immunization.

Many Title V funds support the MCH workforce to address the territory's MCH priority needs. In 2020 Title V

supported salary and fringe cost for MCH employees who provide direct care and administrative support to the program. Administrative staff support did not exceed the required 10% administrative cap.

At the onset of the Covid-19 pandemic, Title V funds were expended to provide additional personal protection equipment (PPE) to ensure staff, clients, and others are protected when providing care. Funds were also used to equip MCH clinics and offices with automatic hand soap, sanitizer dispensers, and Infrared thermometers.

Title V funds supported preventative and primary child health care, newborn metabolic and hearing screening, prenatal care services and care coordination, and audiology services. Funds continue to support prenatal post-partum and inter-conceptual care through our partnership with Family Planning, WIC, and Communicable Diseases to ensure that our clients receive all the required services needed.

Title V funds supplement other federal programs that fall under the purview of Guam MCH and provide service to the MCH population, such as MIECHV, which support evidence-based home visiting and efforts to engage women and families, State Systems Development Initiative for systems development, and the Family Professional Partnership for CSHCN which helps families with CSHCN with information and referrals.

Guam MCH Title V is charged with providing Title V services to the island's maternal and child health population. The FFY 2020 Annual Report Domain Narratives offer more in-depth descriptions of the approaches in the State Action Plan for Women & Maternal Health: NPM 1 Preventive medical visits; Perinatal & Infant Health: NPM 4 Breastfeeding; Child Health: NPM 6 Developmental Screening; Adolescent Health: NPM 9 Bullying; and CYSHCN: NPM 11: Medical Home.

III.D.2. Budget

Budget (Application Year)

In conjunction with local funds and other federal funds, Title V is used to provide Guam MCH clients and the community with accessible family-oriented health services that promote the well-being of children and families. Guam's Title V funds are administered and managed by the MCH Title V leadership team. The team meets regularly to assure that funds are obtained and used effectively and efficiently in meeting the need of the Guam MCH population and consist of the Title V Director, MCH Program Manager and, Financial Manager.

As discussed in the preceding expenditure section, In FY 2022, Guam MCH will continue to adhere to the 30/30/10 Title V legislative requirement. This is reflected in Form 2 (lines 1A, 1B, and 1 C) in the Application Budgeted for FY 2022, where 30% is designated for preventative and primary care for children, 30% is defined for Children with Special Health Care Need and 10% for administrative costs. To ensure budget and expenditures are on track throughout the fiscal year and to address any new or unplanned needs, the Guam MCH financial team conducts regular financial meetings.

Breakdown:
Preventative and Primary Care for Children $228,168
Children with Special Health Care Needs $228,168
Title V Administrative Costs $76,055

Budget Allocation No more than 10 percent of Guam Title V funds are assigned to administer the grant. The total 10 percent will be used to support salary, fringe benefit, office supplies, and equipment for title V staff in charge of managing the financial and administrative aspects of the grant.

Form 3a: Requested Federal and non-federal funding by types of individuals served.

Federal		State	
Pregnant women	$136,900	Pregnant women	$121,373
Infants	$91,267	Infant	$102,675
Children 1-21 years of age	$228,168	Children 1-21 years of age	$224,044
Children with Special Health Care Needs	$228,168	Children with Special Health Care Needs	$224,048
All others	0	All others	0
Total	$684,503	Total	$672,140

Maintenance of Efforts (MOE)-Guam remains in compliance with the maintenance of effort (MOE) following Title V Section 505(a) (4). Local funds are provided through the direct allocation of Guam general and health revolving funds.

Medical supplies, equipment, PPE, and other items needed for direct service staff to meet priority needs are also supported through the MOE. In addition to Title V and local funds, Guam MCH receives other federal funding sources, identified on form 2, that contribute to achieving MCH outcomes.

The details of the programs are $50,000 State Systems Development Initiative (SSDI), $1,000,000 Maternal Infant Early Childhood Home visiting to improve health and developmental outcomes for at-risk children through evidence-based home visiting program and $96,750 for Family Professional Partnership for CSHCN to promote information and referral families of CSHCN.

Guam exercises the two-year spending authority given to states. The two-year authority is a safety net to ensure continuing operations, chiefly payroll, the most significant percentage of the budget. Seamless, ongoing activities performed by Guam staff and subsequent outcomes transcend fiscal year periods. One of the significant benefits is the ability to obligate the block grant funds in the year following the award.

Federal Grant Monitoring Procedures

The DPHSS Director has established under the Division of Administration - the Grant Management Office (GMO). The GMO monitors all federal grants on a monthly basis. The GMO works with the Program Director or Program Manager throughout the federal grant. When a Notice of Award is received, the grant budget is reviewed, and purchasing mechanisms are discussed. The GMO continues to meet at least quarterly with the Program Director or Program Manager to review expenditures, budget re-directions (if necessary), and projections for the federal grant. The GMO tracks monthly expenses by line item compared to the grant budget submitted and approved by the federal funding agency. Scheduled meetings assist the GMO in completing timely and accurate grant financial reports.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Guam

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

The Guam Department of Public Health and Social Services (DPHSS) is designed as the principal state agency for allocating and administering the Maternal and Child Health (MCH) Block Grant. The Guam Title V Program is located in the Bureau of Family Health and Nursing Services (BFHNS), Division of Public Health. The BFHNS works to improve the overall population's health across the lifespan, especially mothers, infants, children, adolescents, and other vulnerable groups, by establishing opportunities that support healthy living habits through education, early detection of disease, and access to care and chronic disease prevention.

The Guam MCH Program may be small, but it is mighty when leveraging partnerships, developing innovative approaches, and collaborating across programs best to serve Guam's women, children, and families. Within an environment of limited resources, health care shortage, and geographic challenges, the staff are skilled at developing creative partnerships to address MCH issues.

Most often, MCH serves as a convener, collaborator, and/or partner to move the needle on MCH issues. One benefit of working on a small island is the tight-knit community of public health professionals, community organizations, social service programs, and healthcare providers. Commonly, the same stakeholders are "at the table" for many MCH maters.

The Title V Children with Special Health Care Needs (CSHCN) Program supports family-centered, coordinated, ongoing comprehensive care for children and youth with special health care needs within a medical home. CSHCN Program Social Workers work to facilitate a team approach to health care, with coordination across multiple services and settings, in accordance with the National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs. The following care coordination functions are provided for all clients enrolled CSHCN Program:

- Advocating family-centered, coordinated, ongoing comprehensive care within a medical home.
- Ensuring an appropriate written care plan.
- Promoting communications within the medical home team and ensuring defined minimal intervals between said communications.
- Supporting and/or facilitating (as appropriate) care transitions from practice to practice and from the pediatric to adult systems of care.
  and
- Facilitating access to comprehensive home and community-based supports.

Guam has focused on implementing core public health functions to inform policy development when addressing critical issues affecting the MCH population across the full life course. MCH recognizes there are crucial periods, from before conception throughout the lifespan, influencing the health and well-being of the individual. Guam needs to continue this focus as generations of alternate caregivers for children affected by substance use, complex medically fragile conditions, and growing behavioral health needs. Many children are out of home placements through foster care. Kinship care now extends to older generations of aunts, uncles, grandparents, and great-grandparents.

The MCH population has unique needs during an emergency. Guam has worked to enhance emergency preparedness planning and response activities to ensure that pregnant women, infants, and children are considered in planning. Guam was one of nine teams participating in the 3rd cohort of the AMCHP Building Emergency

Preparedness and Response (EPR) Capacity for Maternal and Infant Health Action Learning Collaborative (ALC) to enhance understanding of the special considerations that must be addressed when planning for meeting the needs of pregnant women, infants, children, and CSHCN in emergencies. The intent is to systematically integrate maternal-child health knowledge, expertise, and populations into our emergency preparedness risk assessment processes, training and exercise planning processes, and emergency operations plans. The Project Team consisted of: Guam MCH Program, Guam MIECHV (Project Bisita), the Preschool Development Grant, the Guam Family Health Information Resource Center, the Guam Early Learning Council, and the Emergency Medical Services for Children.

The Guam Title V Framework addresses the eight MCH priorities, applies the two overarching principles, eliminates health disparities, and creates safe, stable, and nurturing relationships and environments for children and families in Guam. The Guam Title V MCH FFY 2020-2025 State Action Plan will strive to integrate the Life Course Perspective throughout initiatives, strategies and activities and implement the following Association of State and Territorial Health Officials (ASTHO) recommendations to address and prevent adverse childhood experiences (ACEs) across the lifespan: utilize a population health approach that engages cross-sector partners, uses data to drive efforts and monitor progress, fosters resilience, and cultivates a trauma-informed workforce; support policy and environmental changes across sectors to strengthen household financial security and economic self-sufficiency and develop a trauma-informed state government, where all employees are trained in trauma informed concepts and all agencies have a stake in addressing adverse childhood experiences (ACEs) as a cross-cutting issue; cultivate a competent and trauma-informed MCH workforce that understands the underlying causes of health disparities; use data to inform prevention programs and policy and to identify at risk populations or geographic areas to implement context-specific prevention initiatives; engage cross-sector partners to support the social and emotional well-being of children and their families; work collaboratively with trusted family venues (e.g. faith based) to influence family services that fall outside the realm of clinical practice; support centralized access points, care coordination efforts, and community leadership and infrastructure to link children and families to universal and targeted services; implement prevention approaches that promote prosocial and healthy behaviors at the individual and familial levels, such as evidence-based programs that support positive parenting skills, and foster resilience by enhancing social-emotional protective factors; support rigorous program evaluation to demonstrate effectiveness of programs, especially those designed to address and prevent ACEs; protect and increase investments in early childhood development, home visiting, and trauma-informed services for low-income children and families; and support and fund evidence-based home visiting programs to assess and address family needs and connect families to appropriate services. Utilizing the Strengthening Families Protective Factors Framework from the Center for the Study of Social Policy, Guam's Title V MCH Services Block Grant Program will engage families, programs, and communities in building key protective factors to mitigate risks, promote positive well-being and healthy development, and help families successfully navigate difficult situations and improve outcomes. The Title V MCH Block Grant in Guam will continue to build community-based systems and expand the resources those systems can use to respond to priority maternal child health issues; provide and assure mothers and children (in particular those with low income or with limited availability of health services) access to quality MCH services; reduce health disparities for women, infants, and children, including those with special health care needs;, promote the health of mothers and infants by assuring prenatal, delivery, and postpartum care for low income, at-risk pregnant women; and promote the health of children by providing preventive and primary care services for low-income children. The Title V MCH Block Grant will provide leadership for and enhance community capacity to address and prevent adverse childhood experiences across the lifespan and build key protective factors that enable mothers, infants, children, and families to thrive.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

The Guam DPHSS is committed to helping strengthen workplace effectiveness and professional profile and recognizes that continuous learning is key to thriving in today's challenging and ever-changing work environments.

The DPH updated the Organizational Strategic Plan in January 2019. DPH continues to prioritize health equity, quality improvement, and workforce development. It has added data quality and access as well as customer service as priority areas of focus. Efforts to address the priority objective "Recruit, Retain and Develop a Competent, Public Health Workforce" are already well underway. Examples of these activities include an improvement effort to effect efficiency of the recruitment summary that continues to be refined. DPH updated the Workforce Development Plan that is in its sixth year of implementation. It is a dynamic document established as a five-year blueprint for developing professionally and personally, employees, focused on building capacity to meet the agency's strategic direction. The Plan identifies competency-based training needs and describes how the DPH will manage, deploy, track and evaluate training. It also lays out goals, objectives, and initial strategies to address specific workforce priorities such as orientation and onboarding, building institutional memory, specifying roles and responsibilities for workforce development at all levels of the agency, and developing our agency's learning culture. Other key areas to be addressed include building employee expertise, mentoring new staff, and improving communication about the current merit system and workforce advancement year.

Finally, this plan serves as a resource to the agency and staff regarding key workforce information and provides the basis for future and ongoing workforce development planning.

In the Workforce Development Plan, the DPHSS Quality Improvement Council (QIC) developed a set of organizational competencies that all employees are expected to possess. The QIC, with staff representation from across the agency, was in the process of conducting a gap analysis to assess the need for professional development and support around the competencies prior to the Covid 19 Pandemic.

Identification of roles and responsibilities is critical for plan implementation, and the plan is explicit in identifying that staff at all levels play a role in workforce development and training. For example, employees play a crucial role in their professional development through communication with their supervisor or other mentors in the agency. The development of onboarding, orientations, and more formal mentoring programs provide support to new employees. Managers seek to find their staff low and no-cost options for training and development, such as peer coaching, encouraging staff to share their knowledge or skills with others, job training, cross-cutting assignments, and volunteer opportunities.

This Plan incorporates the value of building a strong learning culture within the agency where opportunities are encouraged for staff to become resources for each other, the collective learning power and thinking capacity of all agency personnel are used, and agency activities are continually reviewed and evaluated to create learning and positive change.

A variety of forces are driving changes in the MCH workforce in Guam. The changing demographics of Guam's MCH population and Title V's commitment to health equity also drive changes in the skills and profile of the MCH workforce. The public health nurse workforce is significantly older than the nursing workforce in general, with half of Guam's PHNs nearing retirement compared to one-third of other nurses. High turnover levels in state and local level MCH supervisors, administrators, and staff will likely continue in the coming five years as experienced staff retire and

take new positions in the evolving health system. As a result, a focus on workforce recruitment, skill development, and support will be critical to Title V's success moving forward.

Central to the shortage is the lack of racial, linguistic, and cultural representation in the workforce. Providers often do not reflect the populations being served. There is a need for workforce training about racism, implicit bias, and cultural sensitivity to serve diverse and marginalized people.

Title V staff have attended the Association of Maternal and Child Health Programs Annual Conference and the HRSA MCH Block Grant Technical Assistance Meeting. At these learning and partnership events, staff participated in the sessions to learn more about maternal and child health issues and had the opportunity to hear about innovative programs being implemented in other states. Staff was able to get additional information and technical assistance on the ongoing transformation of the block grant and information on Needs Assessment development.

2020 and 2021 have been challenging years for staff retention and workforce development. The Guam Department of Public Health and Social Services has significantly increased its staffing to respond to COVID-19 related needs. This has had multiple trickle-down effects on all programs, including Title V. Many staff members have been activated for temporary incident management and response assignments, taking them temporarily away from their regular work. In addition, as new response and recovery teams have been developed, several staff members have chosen to move into long-term COVID-19 project positions, leaving Title V position vacancies. However, the COVID-19 response has also offered opportunities for many staff members to learn more about the specific needs of the island's maternal and child populations and practice new skills in response.

III.E.2.b.ii. Family Partnership

The Guam Title V Needs Assessment reinforced the importance of family and consumer partnerships in MCH. Across the Title V domains, stakeholders identified the need to work with clients, families, and communities to identify and address needs and solutions. The effective family partnership includes a person's culture and language and considering those factors in program development and service provision. Ultimately, a unique understanding of family and community needs to eliminate service barriers and improve outcomes.

The Guam MIECHV ("Project Bisita") has integrated parent/caregiver involvement into the home visiting program. Project Bisita convenes an Advisory Committee, which is comprised of representatives from Head Start, BOSSA (child abuse/neglect), GEIS (Guam Early Intervention Services), GELC (Guam Early Learning Council), the Mayor of Dededo, parents, and Title V. The Advisory Committee is designed to advise on building a comprehensive and coordinated home visiting system. MCH's role in Advisory Committee is to understand the difficulties incurred during the home visits and develop viable solutions that may help with the encounters. Project Bisita Home Visitors are nurses that also work for the MCH Program.

Title V was a Core Team Member in the Project Bisita Needs Assessment and participated in many stakeholder meetings. In November 2019, a large stakeholder meeting was held with representatives from MCH, Project Bisita, Medical Social Services, Kariñu, Guam's Early Childhood Systems of care (ECCS), Guam Family Information Resource Center (FHIRC), the Child Care Development Fund (CCDF), Guam Department of Education, Department of Youth Affairs, and non-government organizations Victims' Advocates Reaching Out (VARO), and Guam's Alternative Lifestyle Association (GALA).

Title V has an excellent relationship with the Family Health Information Resource Center (FHIRC). FHIRC serves as a "one-stop" center for all children and youth with special health care needs (CYSHCN), their families, and providers to obtain information, support, and assistance to meet their needs. FHIRC also provides training for parents to help them care for their children and become more effective advocates in the system of care that supports families of CYSHCN.

The FHIRC applied for and was awarded the 2020 Care Act Grant funding via the Family Voice organization. The main objective for this grant was to 1) expand telehealth access and infrastructure for the National Network of MCHB – funded Family-to-Family Health Information Center (F2Fs); 2) establish partnerships and support communities of practice; and 3) Identify, develop and disseminate information and curricula. In partnership with Guam FHIRC, the following CYSHCN family training has been provided: 1. Are you Connected? 2 Do you have a device?; 3. Can you "see your provider"? and 4. Your family's First Telemedicine Appointment.

The Guam Title V Program also engages in ancillary methods of soliciting input from families and consumers, such as serving on advisory committees with family representatives, including family partners during the needs assessment activities, and requesting input on the annual grant application. These include the Guam Early Learning Parent Engagement workgroup, which focuses on activities that engage families and communities in "Village Play Time" events which bring early learning activities to the families; the EHDI Advisory Group and the Deaf/Hard of Hearing Parent Support Group, which aims to assist families in navigating through the early intervention system; the EMSC Children's Advisory Committee which has a CYSHCN Parent representative. Title V will often share major MCH activities with the various councils/committees and solicit input for programmatic consideration. Each year, the MCH Program reaches out to multiple councils/committees during the public comment period for feedback on the grant application.

While significant progress has been made to engage family partners to inform Title V programming, we realize there is an opportunity to bolster representatives' intentional and meaningful engagement from all MCH population domains. Strengthening these partnerships will be beneficial to MCH programming at all levels. Title V will explore potential strategies to further involve families and consumers in developing the MCH program and its services.

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

Access to relevant, accurate, and timely public health data is fundamental for all populations. A central function of MCH epidemiology is to analyze and provide information to the public on relevant topics to promote and support MCH health across the island.

The Guam SSDI Program presently has a staff of two, a data clerk and a Project Coordinator. The data clerk is located at the Office of Vital Statistics. The data clerk inputs the birth, death, and fetal death information into a database designed for MCH purposes. She also performs quality control to ensure that all the certificates are correctly filled out with the necessary information. The Project Coordinator worked extensively on the 2020 MCH Needs Assessment and the MCH Block Grant Application/Annual Report providing technical assistance, data support, data content, and reporting of MCH indicators.

Dr. Ann Pobutsky returned to Guam in December 2018, after 22 years away, to assume the role of the Territorial Epidemiologist for Guam. Dr. Pobutsky has contributed significantly to the Guam MCH Program by guiding the collection and epidemiologic analysis of MCH data.

Dr. Ann, the MCH Program Manager, SSDI data clerk, and a CDC Coordinator are part of the Guam Data Science Team Training (DSTT) conducted by the Council of State and Territorial Epidemiologist (CSTE). Participants in the 12-month program work on a project that addresses a current need. Furthermore, participants will build a set of foundational data science skills to advance existing skill sets.

The Guam Fetal Death Data Analysis Project aims to analyze information on fetal deaths for the decade 2011-2020 using data from the Fetal Demise Reports in the Office of Vital Statistics, DPHSS; medical records of the mothers where possible; and potential interviews with the mothers. The analysis will look at multiple factors affecting fetal demise, utilizing geospatial information, medical, environmental, and vital statistics data to describe these events.

Guam SSDI, CNMI, and American Samoa were part of a “brainstorming” session with AMCHP’s Workforce Development and Capacity Building Program. The discussion was on “supporting data infrastructure in the Pacific” and concentrated generally on training and supporting a “data culture” at the workplace. It is hoped that these discussions continue.

III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

Guam's State System Development Initiative (SSDI) is a critical component of Guam's Title V Program. The primary purpose of SSDI is to develop, enhance and expand Title V data capacity and data analysis efforts for Title V health indicators to include all National Performance Measures (NPMs), National Outcome Measures (NOMs), State Performance Measures (SPMs), and Evidence-based or informed Strategy Measures (ESMs).

MCH continues to effectively gather data through in-house data systems that serve the MCH population. It is the goal of the SSDI to ensure the continued effectiveness and readiness of Guam's Title V program in responding to the changing needs of the MCH population.

The goals of the SSDI Program are:

1. Build and expand MCH data capacity to support the Title V Block Grant activities and contribute to data-decision making, including assessment, planning, implementation, and evaluation.
2. Provide partnerships and on-site support for developing and implementing a data collection tool/process that will enable tracking of NPMs and NOMs. SPMs, and ESM data.

The Guam SSDI program has access to all SSDI Minimum/National data elements except for two: Medicaid is one data source for which access has been an ongoing challenge, and Guam SSDI does not have access to PRAMS.

The Minimum/Core (M/C) Data Set indicators were used in various ways to further SSDI's purpose to develop, enhance, and expand Title V MCH data capacity for its Needs Assessment and Performance Measure reporting in the Title V Block Grant. Because SSDI staff are also the staff in charge of the Title V Block Grant, the use of many of these indicators has been standard practice for decades, before the M/C Data set existed as a collective body. Many indicators, such as injury-related data and newborn screening, do not fall under the auspices of Title V. Therefore, our partners utilize those or similar indicators for their operation, program planning, and quality improvement.

Many of these indicators have been used in documents that drive decision-making, including the title V MCH Block Grant application and Needs Assessment, the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program Needs Assessment, Guam DPHSS Community Health Assessment (CHA), Guam DPHSS Community Health Improvement Plan (CHIP) and most recently, the Guam Green Growth Action Framework (G3). G3 is a compilation of hundreds of goals, objectives, metrics, action items, and partnerships to achieve a sustainable future for Guam. SSDI is involved in the Healthy and Prosperous Committee.

In 2017, Guam MCH was part of the first phase of implementation of the Jurisdictional MCH Survey. The survey was designed to create a mechanism for jurisdictions to collect, report, and monitor key MCH performance measures over time. SSDI staff evaluated the Jurisdictional Survey pretest, provided the information requested by HRSA, and submitted recommendations to NORC at the University of Chicago. The implementation of the survey allowed Guam, along with American Samoa, the Virgin Islands, Federated States of Micronesia, Marshall Islands, Palau, Puerto Rico, and the Northern Mariana Islands, to meet federal performance reporting requirements in reporting on their unique MCH priority need. Results of the Jurisdictional Survey were included in the 2020 Guam Title V Application/ Annual Report.

The Guam SSDI project has provided data support for the Title V Application/Annual Report and the Five-Year Needs Assessment. Because the SSDI project staff are also core Title V NCH staff, they have served central roles in various key Title V MCH initiatives, including 2010, 2015, and 2020 Title V Needs Assessment. As part of the 2020

island-wide Needs Assessment efforts, SSDI staff worked closely with Maternal Infant Early Childhood Home Visiting (MIECHV) program staff to integrate qualitative and quantitative data collection efforts for both Needs Assessments. Access to critical vital statistics information from birth, death, and fetal death certificate information was incorporated into the needs assessment through the efforts of the SSDI program.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

The Title V Maternal and Child Health (MCH) Block Grant strives to reduce maternal and infant morbidity and mortality rates by improving women's health before, during, and after pregnancy. To measure Title V program efficacy, program leaders must collect a wide array of information from the residents served. This captured data serves as the core of any population health program and is used to understand the uniqueness of local populations, prevalence rates, gaps in services, population trends, barriers to care, needs of the community, and much more. Accurate, complete, and timely data collection with meaningful use allows for a strong understanding of the community and program to drive decision-making based upon individual community needs. Data capture and its meaningful use are the core of Title V programs.

On the island, there is only limited statewide data are available for some populations, such as the LGBTQ (lesbian, gay, bisexual, transgender, and queer/questioning) community, specific ethnic and cultural groups, and people with disabilities (e.g., children and youth with special health needs). This creates a challenge in making population-level comparisons and providing a complete picture of the health and health inequities experienced by these populations. There are also issues with how to do reliable statistical analysis with small populations. Too often, populations with small numbers are suppressed or collapsed into non-meaningful categories that further erase their experiences.

A lot of great work is going into re-thinking and improving data collection and reporting small populations. We pledge to continue this work, continue to learn, improve the way we represent data, and empower audiences to interpret information themselves instead of suppressing information while ensuring that privacy and confidentiality are upheld.

One strategy to increase capacity is to provide training in applied epidemiology methods and practices to staff in public health settings. The Data for Decision Making (DDM) series of courses is a multi-partner initiative designed to address the deficit in epidemiology and data-related skills in the Pacific Island Workforce and build Pacific health agencies' data and surveillance systems.

We have recently had significant developments in achieving our goal of accessing data and data linkages of key data elements to support the Title V program.

The High School and Middle School Youth Risk Behavior Survey (YRBS) will provide information on tobacco use, alcohol and other drug use, mental health, unintentional injuries, violence, bullying, healthy eating, sexual behaviors, parental relationships, protective factors, and other health behaviors.

The Youth Tobacco Survey (YTS) provides information on tobacco use and attitudes and is administered to middle and high school students.

Early Childhood Integrated Data System: An ongoing, critical systems-level objective is to create a tracking system for developmental screening, referral, and follow-up that can be utilized across multiple professional fields. Primary care providers, early care and education providers, and early intervention providers all serve the same young children in different capacities. Still, they lack a standardized way to share information about the screening, referral, and intervention process. Without infrastructure for sharing information, children may fail to receive services they need, they may receive duplicative services from different providers, and families struggle to navigate the system. Implementing such a tracking system will streamline the process for families, improve communication among different types of providers, prevent unnecessary duplication of screening, and ensure that referrals and follow-ups are made in a timely manner.

The United Nations emphasizes that we are a critical 9-year window to act on the most significant global sustainability challenges before 2030. With the backdrop of COVID-19 affecting economies, food systems, and the survival of our most vulnerable, Guam Green Growth is an engine of solutions and innovation to help Guam build back better, fairer, and more resilient.

In recognition of steps Guam has taken to advance sustainable action, and through partnerships developed through the Office of the Governor of Guam, the University of Guam Center for Island Sustainability (CIS), Global Island Partnership (GLISPA), and the Hawaii Green Growth Local2030 Islands Hub, Guam was invited to join an international community of island leaders at Climate Week NYC during the 74th United Nations General Assembly in 2019 as a founding member of the Local 2030 Islands Network to advance local and global Sustainable Development Goals.

Through the Guam Green Growth Initiative, the creation of the G3 Working Groups, and the adoption of the G3 Action Framework, Guam will develop tangible solutions to sustainability challenges. Title V is a member of the Healthy and Prosperous Communities Workgroup

https://g3-action-govguamgis.hub.arcgis.com/

The Guam Early Hearing Detection and Intervention (EHDI) Project was established in 2002 through a federal grant awarded to the University of Guam Center for Excellence in Developmental Disabilities Education, Research and Services (CEDDERS). The Guam EHDI Project also receives support through a cooperative agreement by the U.S. Health and Human Services (HHS), Health Resources and Services Administration (HRSA), and the Centers for Disease Control and Prevention (CDC) to complement Universal Newborn Hearing Screening on Guam by implementing Guam ChildLink-EHDI and integrated data tracking and surveillance system to support the Guam EHDI Project. The Guam ChildLink System is a digital information database of infants born at the Guam Memorial Hospital Authority and Sagua Mañågu Birthing Center. The system monitors all infants, especially those diagnosed with hearing problems, and provides the necessary services during critical developmental stages.

Guam ChildLink – Bisita is a web-based data tracking and surveillance system for Project Bisita and houses all data for the project. All Project Bisita benchmarks and constructs are monitored in Guam ChildLink-Bisita. ChildLink-Bisita has data fields, participant tabs and can produce data reports.

An upcoming collaboration with MCH and FHIRC will have the Special Kids Clinic, and the Shriner's Clinic Data inputted into the ChildLink-FHIRC data system. ChildLink-FHIRC has data fields, participant tabs and can produce data reports.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

Emergency preparedness is a critical national, state, and local issue crucial to all citizens, including Title V populations. Preparedness is a complex process that involves many federal and state agencies and private partners. Serving Title V populations requires the infrastructure to serve all Guam residents affected by a disaster during a disaster.

Guam Department of Public Health and Social Services "Incident Command System Positions Chart" (available upon request) depicts key DPHSS positions and lines of authority to implement response to disasters. During the implementation of such responses, the lines of authority depicted in the chart supersede lines shown in other DPHSS organizational charts.

The Department's primary role during weather-related disasters is to provide medical needs to shelters. These shelters are intended to provide care that could be provided at home in the absence of a disaster. As a result, the medical needs shelters are not designed to serve as hospitals. The Department coordinates its response to disasters through the Office of Civil Defense.

All DPHSS staff are expected to respond to emergency and disaster assignments when called to duty. However, some employees—particularly nurses, social workers, and certain administrative personnel—are required to or have volunteered to be members of disaster response teams. Nurses and social workers have been assigned to "Medical Needs Teams," and other volunteer personnel posted to "Administrative Teams." Persons on these teams undergo special training concerning tasks that they may be called upon to perform during a disaster. At the medical needs shelters, the primary role of nurses is to provide direct nursing care and, if appropriate, enabling services. The primary function of social workers is to provide enabling services. The role of the Administrative Teams is mainly to observe the operation of shelters, converse with shelter staff and residents, communicate needs to DPHSS Director's Office, and provide administrative support. Some Administrative Teams are to serve in the Department's medical needs shelters.

Emergency preparedness for Title V populations is part of overall emergency preparedness, not an isolated entity. Accordingly, the Bureau of Family Health and Nursing Services (participates in the Department's planning and implementation of emergency preparedness.

The State Emergency Operation Center (EOC) functions under the State Emergency Operations Plan to help healthcare in Guam coordinate and create emergency operations plans (EOPs) specific for their organization and encompass all Guam agencies. The department's Public Health Emergency Preparedness Coordinator represents DPHSS within the EOP along with two other liaisons. The three liaisons are expected to alternate-working around the clock to collect information and make informed decisions on behalf of the department in an emergency response. The Strategic National Stockpile Coordinator is responsible for Point of Dispensing (POD) sites to ensure

dispensing supplies.

Guam DPHSS was awarded CDC funding for an Epidemiology and Laboratory Capacity (ELC) grant to enable enhanced detection. The ELC scope of work assists in contact tracing efforts;, assisting with the surveillance of vulnerable populations;, implementing prevention strategies with vulnerable, diverse populations;, and providing alternative testing and vaccine sites for COVID-19.

As we continue to have limited information from published scientific reports regarding pregnant women and their risks with COVID-19, Guam DPHSS is monitoring pregnant women who test positive for COVID-19 through the end of their pregnancy as well as monitoring birth outcomes of their infant(s), By collecting information on these mothers and infants, we will be able to characterize the spectrum of health effects associated with COVID-19 infection during pregnancy to inform clinical guidance, programs, and services.

Through this initiative, the data may be used to monitor and improve the health of pregnant women and infants; link families to medical and social services to get recommended care; strengthen laboratory and clinical testing to find emerging health threats quickly; and ensure public health is ready and prepared to meet the needs of pregnant women and infants during emergencies.

Guam DPHSS views emergency preparedness as a journey rather than a destination that has been reached. However, Guam has made tremendous progress on this journey. This progress has come through a challenging experience, thorough planning based on that experience, and the Guam Emergency Response Plan development. We remain committed to assuring that their respective agencies and the residents of Alabama are well prepared to meet special health-related and health care system-related needs that may arise during future disasters that may strike the island.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

In Guam, the delivery of healthcare services is mixed. Services are provided by the Department of Public Health and Social Services (DPHSS) and the Guam Behavioral Health and Wellness Center (GBHWC), formerly known as the Department of Mental Health and Substance Abuse (DMHSA). The Guam DPHSS is organized under five divisions, the Division of General Administration, the Division of Public Health, the Division of Environmental Health, the Division of Public Welfare, and the Division of Senior Citizens.

There are two civilian hospitals in Guam, the Guam Memorial Hospital Authority (GMHA) in Tamuning and the Guam Regional Medical City (GRMC) in Dededo. There is a U.S. Naval hospital for the military and their dependents located on the Guam Naval Base. There are also several private clinics located in Guam, including many specialty clinics.

The U.S. Department of Health and Human Services has designated Guam as a Health Professional Shortage Area (HPSA). HPSA status is granted to areas that demonstrate a need in one or more of the following categories: primary care (including family and general practitioners, pediatricians, obstetricians, and general internists in allopathic or osteopathic), mental health, and dental care.

Guam was also designated as a Medically Underserved Area (MUA), which now provides stateside doctors an option to work off a portion of their medical education loans by serving as a physician on Guam. Guam has a mix of public and private providers, including four large private primary care and multi-specialty clinics (all located centrally within a few miles of the public hospital), about a dozen private practice clinics, and a privately-owned birthing center.

In 2019, Guam had 609 physicians licensed to serve its population; this includes physicians at the Guam Regional Medical City (GRMC), licensed military physicians working part-time. Other data shows a ratio of 24 active physicians per 10,000 residents, compared to the national average of 14 per 10,000 residents. Some off-island physician specialists visit Guam on a quarterly and semi-annual basis to provide services not typically available in Guam.

Guam Behavioral Health and Wellness Center (GBHWC) is a single-step agency offering comprehensive behavioral health services to adults and children in Guam and private providers. All individuals are eligible for services at GBHWC, although the agency prioritizes the most indigent clients.

GBHWC has a wide range of facilities around the island, including a medication clinic that caters to less severe mentally ill individuals who cannot care for their mental condition due to a lack of resources and individuals experiencing acute emergencies and/or crises.

Guam Behavioral Health and Wellness Center (GBHWC) is responsible for addressing Guam's behavioral health services, including a child and mental healthcare for adults, drug and alcohol abuse, and treatment and rehabilitation of these issues. GBHWC has a wide range of different facilities around the island dedicated to certain assistance or treatment. A medication clinic caters to less severe mentally ill individuals who cannot care for their mental condition due to a lack of resources and individuals experiencing acute emergencies and/or crises.

There has been a recent increase in private mental health providers in Guam. Private providers are mostly psychiatrists, clinical psychologists, and individual, marriage, and family therapists. Private clinics also provide some mental health services. Only a limited number of private providers and pharmacies accept government insurance, such as Medicaid and the Medically Indigent Program (MIP), due to factors such as slow reimbursement.

The Healing Hearts Crisis Center (HHCC) is Guam's Rape Crisis Center. As a division of GBHWC, HHCC exists

with the intent to provide survivors of sexual assault with "discrete, immediate, and full medical attention."

HHCC incorporates a holistic approach for the survivor of sexual assault or abuse. HHCC services include intake assessment and crisis intervention, forensic and multi-disciplinary team interviews, short-term case management, and linkage to other needed services such as individual and family therapy. HHCC also provides medical services, including forensic examinations and collection of forensic evidence, and outreach and training to schools, service providers, and the community-at-large.

Also affecting Guam's ability to meet its population's health care needs is that a large percentage of the island's population does not have adequate health insurance to cover medical costs. It is estimated that 23% of Guam's population is uninsured or underinsured if they possess private health insurance but do not adequately cover necessary treatments. Furthermore, many individuals who have health insurance cannot afford the co-pays for treatments or medications and will turn to government health services for free services. Government health agencies' mandates are to serve all those that come in through the door.

Although they do have processes to verify whether an individual is insured or not, private insurance companies are unwilling to release their clients' names due to confidentiality issues. Often if individual states they do not have health insurance, agency staff must take their word for it.

Medical tourism is how insurance providers and people outside the healthcare system attempt to deal with the high cost of specific procedures. Many Guamanians go and have gone to St. Luke's Hospital in the Philippines to seek expertise or treatment for their ailments. For the uninsured that need major operations done, places like Thailand, Singapore, and India are becoming medical tourism destinations.

Public and Private Partnerships

Guam MCH focuses on multiple determinants of health, and those determinants make it impossible for one entity or one sector alone to bring about population health improvement. There are broader efforts that include many sectors needed to make a more significant societal commitment to health.

There are also multiple collaborations ongoing between Title V programs and other Guam DPHSS program areas. Those partners include the Office of Vital Statistics, Bureau of Community Health that houses - Chronic Disease Prevention, Tobacco and the Guam Diabetes Program, the HIV and STD Prevention Program, the Guam WIC Program, the Guam Immunization Program, Division of Environmental Health and The Office of Performance Improvement Management.

Several agencies, programs, and community-based organizations serve vulnerable populations of women of reproductive age, children, and adolescents (especially those with special health care needs). Coordination with all these agencies, programs, and community-based organizations is vital to reduce the duplication of efforts and fragmentation of services. (Please see attachment 1)

Guam was one of the teams participating in the 2nd cohort in the Roadmap to Collaboration among Title V, Home Visiting, and ECCS. Team members included: the Guam Title V Program, the Guam Preschool Development Grant, Guam’s Family Health Information Resource Center, and the Guam Early Learning Council. The members of Guam’s team embarked on a journey with the advantage of having a history of a close collaborative relationship across their respective programs. The group decided to leverage this existing strength and build partnerships with stakeholders outside their immediate MCH network. They also agreed on their priority to build MCH program partnerships with Guam’s childcare sector.

Another new partnership formed is Project Minetgot: Guam Act Early Territorial Team to ensure that young children and families are supported early in preparation for life, especially during the current Covid 19 pandemic. The project will develop, implement, and evaluate prioritized early childhood strategies to help Guam's Covid 19 recovery and strengthen resilience skills, behaviors, and resources for children, families, and communities. The Chamorro word "Minetgot" means to have collective strength. So, all early childhood partners (MCH, Project Bisita, FHIRC, PDG, Head Start, GEIS, CEDDERS, and CCDF) come together to work collectively

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

Guam became a U.S. territory in 1950 and created a Medicaid program in 1975. Its Medicaid program is administered by the Guam Department of Public Health and Social Services (CMS 2016a).

For Medicaid and the State Children's Health Insurance Program (CHIP), Guam is considered a state unless otherwise indicated (§ 1101(a)(1) of the Social Security Act (the Act)). However, its Medicaid program differs in many aspects from those in the 50 states and District of Columbia.

Eligibility rules in Guam's Medicaid program differ in some ways from those in the states. Guam is permitted to use a local poverty level to establish income-based eligibility for Medicaid. It is exempt statutorily from requirements to extend poverty-related eligibility to children and pregnant women (§ 1902(l)(4)(B) of the Act), and qualified Medicare beneficiaries (§ 1905(p)(4)(A) of the Act). Guam currently provides coverage to individuals, including children, with modified adjusted gross incomes up to 133% of the Guam poverty level (GPL). This is $1,536 per month for a family of four or approximately 61 % of the federal poverty level, which is $2,500 per month for four in 2021. Guam has expanded Medicaid eligibility to the new adult group under the Patient Protection and Affordable Care Act (ACA, P.L. 111-148, as amended). Guam uses CHIP funds as an additional funding source for children in Medicaid after it has exhausted its Medicaid allotment. It does not offer coverage to children whose incomes are above the threshold for Medicaid eligibility.

Federal rules for Medicaid benefits generally apply to Guam, and its Medicaid program provides all mandatory and many optional benefits, including dental coverage and prescription drugs. Guam is the only territory that covers all mandatory benefits, including nursing facility services. Enrollees can receive care outside of the territory with prior authorization, when medically necessary, and when services are not provided in Guam. All Medicaid enrollees under age 21 can receive early and periodic screening, diagnostic, and treatment (EPSDT) services.

Guam provides Medicare cost-sharing assistance to dually eligible individuals who qualify for full Medicaid benefits. It does not offer Medicare cost-sharing assistance to individuals who may be eligible as partial dually eligible individuals in the states—that is, through Medicare Savings Programs—because these programs are not available in Guam or the other territories. Guam's Medicaid program covers Medicare Part B premiums for individuals dually eligible for Medicare and Medicaid. No Medicare Part D plans are currently available in Guam. Still, dually eligible individuals with cost-sharing for prescription drugs can receive subsidies through the Enhanced Allotment Plan, also referred to as 1935(e) funding.

Guam's annual Section 1108 allotment was set in the statute when its Medicaid program was established in 1975 and grew with the medical component of the Consumer Price Index for All Urban Consumers (§ 1108(g) of the Act). Guam's CHIP allotment is determined by the Centers for Medicare & Medicaid Services (CMS) based on prior-year spending; the same methodology used for states. In general, once Guam exhausts its annual federal Medicaid and CHIP allotments, it must fund its program with local funds. However, Congress has provided time-limited supplemental federal Medicaid funds to Guam and other territories on several occasions, most recently through the FY 2020 appropriations package, signed into law on December 20, 2019 (P.L. 116-94) and the Families First Coronavirus Response Act, signed into law on March 18, 2020 (FFCRA, P.L. 116-127). These actions raised Guam's FY 2020 allotment from $18.4 million to $130.9 million, and it is FY 2021 allotment from approximately $18.8 million to $129.7 million.

The Federal Medical Assistance Percentage FMAP for Guam and the territories is statutorily set at 55 % (§ 1905(b) of the Act), unlike that of the states, where the FMAP is set using a formula based on state per capita income. For

FYs 2020 and 2021, Guam has a temporary FMAP of 83%. During the national emergency declared in response to the COVID-19 outbreak, Guam will receive the 6.2 percentage point increase provided by FFCRA to all states and territories, effective January 1, 2020. This brings Guam's FMAP to 89.2 % during the emergency period. Guam will also receive a 100 % CHIP enhanced FMAP during the emergency period. Like the states and other territories, Guam's matching rate for almost all program administration is set at 50 % (§ 1903(a)(7) of the Act).

III.E.2.c State Action Plan Narrative by Domain

State Action Plan Introduction

The Division of Public Health, Guam DPHSS encourages optimal health and positive outcomes across the life course. We support programs that provide direct services to pregnant people, children, and families and build healthy communities. We provide leadership and guidance to professionals who work with children and families in various settings, including health care, early care and learning, schools, and human service organizations. We respond to the needs of Guam families by helping them connect to resources, improving access to quality health care and services, and ensuring that policies and systems are developed to allow all Guam residents to achieve optimal health. Collaboration with local and national partners encourages a collective impact resulting in long-term positive outcomes.

Understanding gaps in the delivery of health care are critical to addressing many of the focus areas of the Title V Block grant. Guam has developed a five-year State Action Plan to address our priority needs as part of the Title V Maternal and Child Health (MCH) Block Grant. Our Plan is organized by six reporting domains, including five MCH population domains (Women/Maternal Health, Perinatal/Infant Health, Child Health, Children and Youth with Special Health Care Needs (CYSHCN), and Adolescent Health).

This State Action Plan offers an at-a-glance snapshot for the public, partners, and stakeholders to understand our five-year plan better. This report identifies the priority needs within each of the six domains, the program objectives, key strategies, and relevant national and state performance measures for addressing each objective.

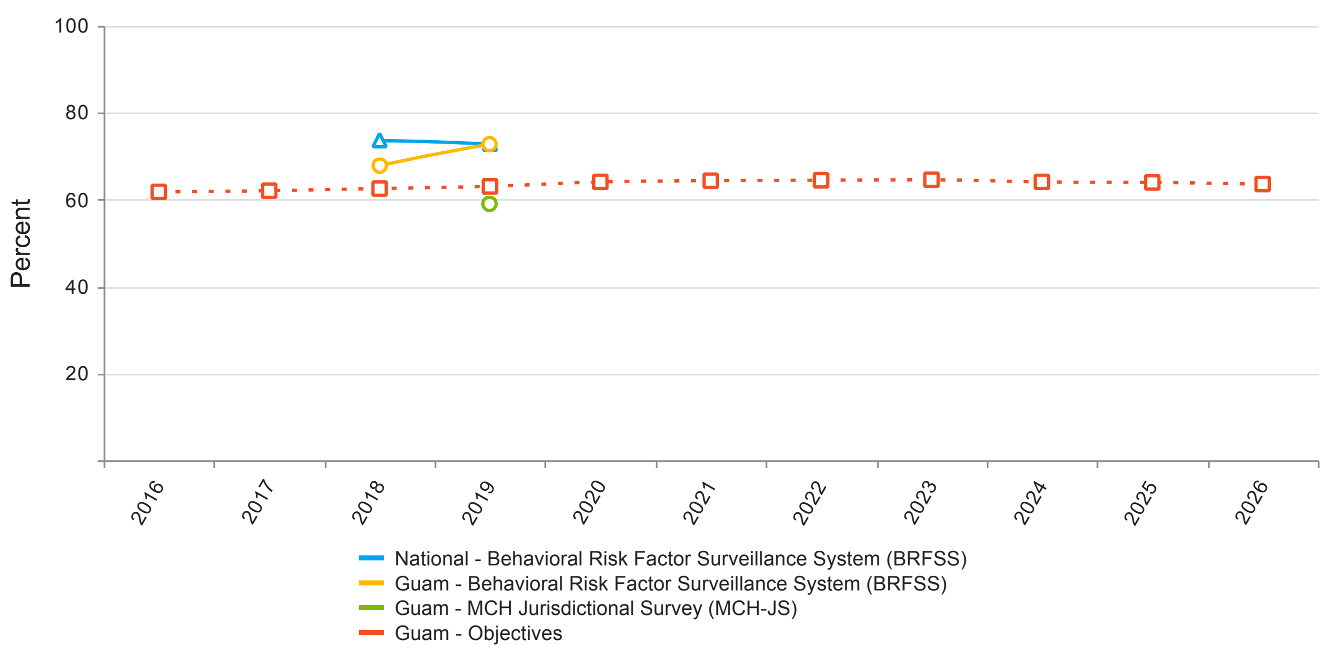
Women/Maternal Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID	Data Not Available or Not Reportable	NPM 1 NPM 14.1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2015_2019	Data Not Available or Not Reportable	NPM 1 NPM 14.1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	MCH-JS-2019	9.9 %	NPM 1 NPM 14.1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2019	9.2 %	NPM 1 NPM 14.1
NOM 5 - Percent of preterm births (<37 weeks)	MCH-JS-2019	13.0 %	NPM 1 NPM 14.1
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2019	11.5 %	NPM 1 NPM 14.1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2019	32.3 %	NPM 1 NPM 14.1

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2019	12.7	NPM 1 NPM 14.1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2019	9.9	NPM 1 NPM 14.1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2019	7.6	NPM 1 NPM 14.1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 1 NPM 14.1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2017	Data Not Available or Not Reportable	NPM 1 NPM 14.1
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 14.1
NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy	PRAMS	Data Not Available or Not Reportable	NPM 1
NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations	SID	Data Not Available or Not Reportable	NPM 1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	81.8 %	NPM 14.1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 14.1
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2019	33.3	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	MCH-JS-2019	44.9 %	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	PRAMS	Data Not Available or Not Reportable	NPM 1

National Performance Measures



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective					64
Annual Indicator				67.9	72.6
Numerator				19,695	21,321
Denominator				29,007	29,366
Data Source				BRFSS	BRFSS
Data Source Year				2018	2019

Previous NPM-1 BRFSS data for survey years 2015, 2016 and 2017 that was pre-populated under the 2016, 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		64
Annual Indicator	59.1	59.1
Numerator	24,193	24,193
Denominator	40,968	40,968
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	64.3	64.4	64.5	64.0	63.9	63.5

Evidence-Based or –Informed Strategy Measures

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.

Measure Status:	Active

State Provided Data				
	2017	2018	2019	2020
Annual Objective	61.7	63	63.5	80
Annual Indicator	88.5	64.7	80	80
Numerator	19,432	19,338	28,300	28,300
Denominator	21,966	29,900	35,376	35,376
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2016	2017	2019	2019
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	81.0	82.0	83.0	84.0	85.0	85.0

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

Measure Status:	Active

State Provided Data			
	2018	2019	2020
Annual Objective			20
Annual Indicator			70.3
Numerator			763
Denominator			1,086
Data Source			BFHNS
Data Source Year			2020
Provisional or Final ?			Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	70.0	71.0	72.0	73.0	74.0	75.0

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.

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		76.5
Numerator		13
Denominator		17
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	10.0	12.0	14.0	16.0	18.0	19.0

State Performance Measures

SPM 4 - Percent of women of reproductive age who are current smokers

Measure Status:	Active

State Provided Data

	2016	2017	2018	2019	2020
Annual Objective		6.2	6.1	6	5.9
Annual Indicator	6.3	7.8	8.2	7.2	7
Numerator	218	258	259	219	204
Denominator	3,441	3,292	3,175	3,058	2,935
Data Source	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives

	2021	2022	2023	2024	2025	2026
Annual Objective	5.8	5.7	5.6	5.5	5.5	5.5

State Action Plan Table

State Action Plan Table (Guam) - Women/Maternal Health - Entry 1

Priority Need

To improve maternal health by optimizing the health and well-being of women of reproductive age.

NPM

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Objectives

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

Strategies

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

ESMs	Status
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.	Active
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	Active
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.	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Guam) - Women/Maternal Health - Entry 2

Priority Need

To reduce infant morbidity and mortality.

SPM

SPM 4 - Percent of women of reproductive age who are current smokers

Objectives

By July 2024, reduce the percentage to 8% of women of reproductive age who are current smokers. (Baseline data Pregnant women 10.5% FAD)

Strategies

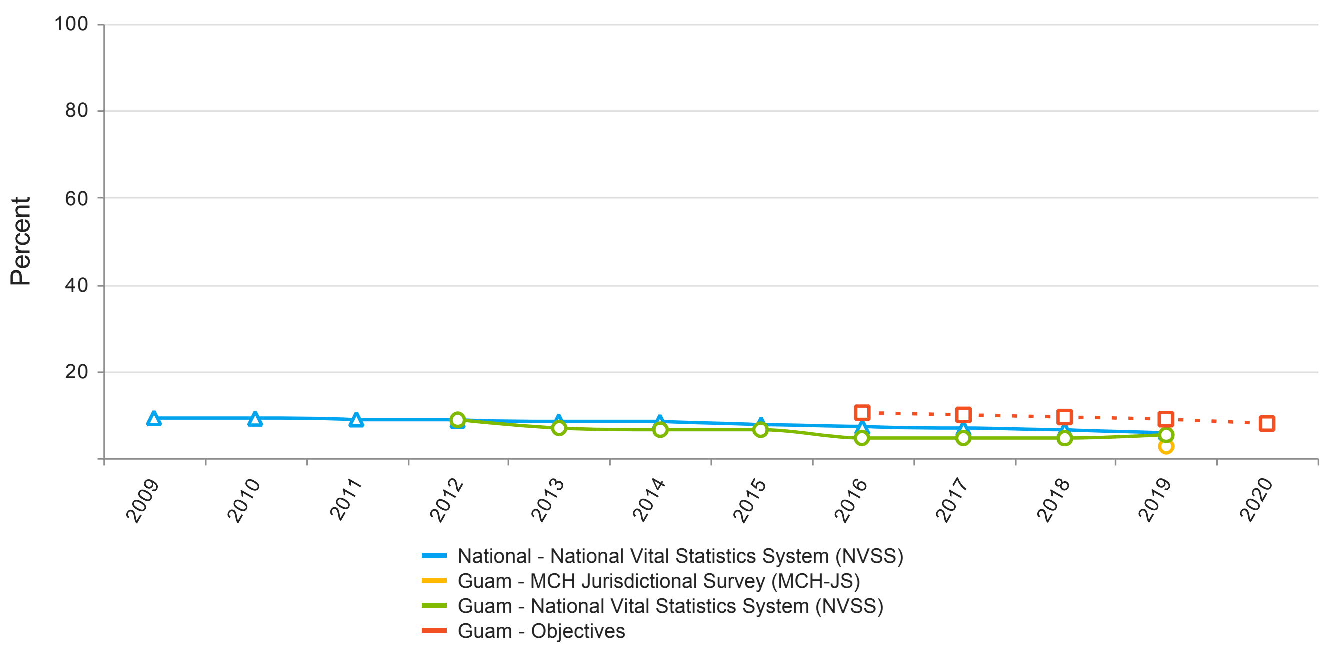
Collaborate with the Guam Tobacco Prevention and Control Program staff to promote the Guam Quitline.

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.

2016-2020: National Performance Measures

2016-2020: NPM 14.1 - Percent of women who smoke during pregnancy
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	10.5	10	9.5	9	8
Annual Indicator	6.7	4.7	4.7	4.5	5.3
Numerator	218	159	150	132	138
Denominator	3,267	3,364	3,218	2,906	2,601
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	9	8
Annual Indicator	2.7	2.7
Numerator	69	69
Denominator	2,565	2,565
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	10.5	10	9.5	9	8
Annual Indicator		4.9			
Numerator		162			
Denominator		3,292			
Data Source		Vital Statistics, DPHSS			
Data Source Year		2017			
Provisional or Final ?		Provisional			

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 14.1.1 - Number of pregnant women who smoke referred to the Tobacco Quit line

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		10	10	15	15
Annual Indicator	15	19	10	10	10
Numerator					
Denominator					
Data Source	Tobacco Quitline	Tobacco Quitline	Tobacco Quitline	Tobacco Quitline	Tobacco Quitline
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Women/Maternal Health - Annual Report

Women/Maternal Health

For the Women/Maternal Health Domain, Guam's Title V Program selected National Performance Measure (NPM) #1: "Percent of Women, ages 18 through 44, with a preventive medical visit in the past year." This NPM was selected because it is foundational to women's health throughout the life course, is supported by population health data demonstrating a need for continued improvement, and is related directly to several priorities voiced by women and families. This NPM also aligns directly with DPHSS's goal to increase the use of primary and preventive health care services among women of all ages, especially women of reproductive age.

Preventive care visits for women of child-bearing age (18 years through 44 years), also referred to as well-woman visits, support women in achieving and maintaining optimum health by providing an opportunity for screening, evaluation, counseling, and treatment related to health behaviors, family planning, and chronic conditions.

Data from the Guam Behavioral Risk Factor Surveillance Survey (BRFSS) show that an estimated 75.7% of adult women in Guam received a preventive medical visit in 2019 and 75.9% in 2018. The national estimate for 2019 was 77.6%. In 2019, the prevalence of Guam women having a routine check-up increased with household income level within the past year. In addition, multi-racial non-Hispanic women (74.8%) in Guam were less likely than white non-Hispanic women (86.3%) to have received a routine check-up within the past year. Significantly, fewer women with less than a high school education (54.4%) reported having had a regular checkup within the past year than did women who were high school graduates (74.5%) who had some college (75.5%) or were college graduates (81%) in 2018.

As stated prior. The Guam MCH Program selected NPM # 1: "Percent of Women, ages 18 through 44, with a preventive medical visit in the past year." By July 2025, the MCH Program seeks to increase the percentage of women who had a preventive health visit to 64%; this includes pre-conception and intra-conception care. Data from the National Vital Statistics System (NVSS) indicates the percent of pregnant women who received prenatal care beginning in the 1st trimester in Guam remains relatively unchanged since 2015 at 60%. Guam was well below the Healthy People 2020 target of 84.8%. The percent of women whose prenatal care initiation was late or received no prenatal care has remained unchanged at 13.4%.

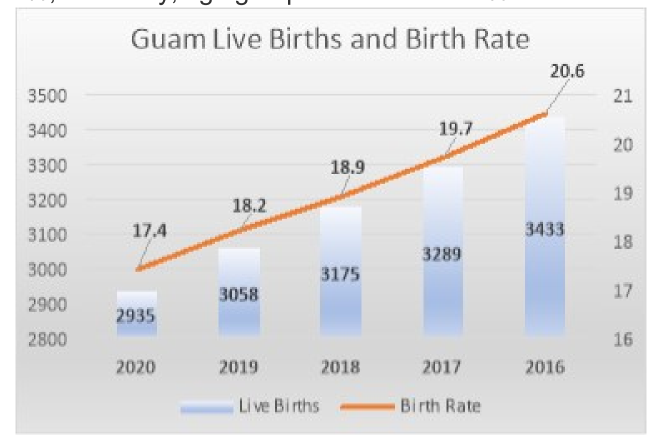
Among the estimated 32,766 women of reproductive age, 70.3% are at risk of unintended pregnancy in Guam. The percent of women at risk for unintended pregnancy using a "most or moderately" effective method of contraception was 26.1%. The proportion of women using "less effective or no method" of contraception was 74% and 36%, respectively.

In 2018, Guam applied for and was awarded a Title X Family Planning Grant. The Guam Family Planning program is operated at the Northern Region Community Health Center (NRCHC), a Federally Qualified Community Health Center (FQCH). Title V continues its collaboration with NRCHC to strengthen reproductive health and family planning services. In 217, the NRCHC recorded 954 family planning encounters. In 2018. There were 1,709 family planning visits recorded, an increase of 79.1%. However, from April 2019 to March 2020, there were only 57 family planning encounters. This could be for several reasons – in May 2019, the program manager for the family planning program retired, and an interim program manager was named. In November 2019, an emergency evacuation led to the permanent closure of the Central Public Health building led to the relocation of the Title X administrative offices to a temporary location. A permanent office location is being pursued.

The Prenatal Interview and Examination (PNI & E) is the first antenatal visit for Guam MCH clients. Three areas are

addressed during the visit. They are the pregnancy diagnosis, maternal and fetal health assessment, and the development of a plan for continued care. In 2020, MCH saw 176 women for PNI & E; this decreased from 2019 to 13.7%.

In 2020, the most significant number of women seen were of Chuukese ethnicity at 40.9%, followed by Chamorro (26.1%) and Filipino (20.4%). The largest age group was 20 to 24 years of age at 38.6%, followed by 25 to 29 at 21%, and lastly, age group 15 to 19 at 18.1%.



As you can see by the graph, Guam's births and the birth rate has been steadily declining since 2016.

The US birth rate fell for the sixth consecutive year and reached a record low of 55.8 births per 1,000 women aged 15-44, the National Center for Health Statistics stated. There was also a 4% decrease from the previous year.

Source: DPHSS, Office of Vital Statistics

Loss of employment, financial insecurity, the unknown fatality rate associated with Covid 19 for the first half of the year, the lack of effective treatments, frequent lockdown, and restrictions on movements, with the reduction in access to many primary healthcare services relative to the pre-pandemic period, were some of the factors driving the decision-making process towards lower conception rates.

Guam has very high rates of chlamydia, along with increasing numbers of gonorrhea and syphilis cases. Primary and secondary syphilis cases increased 150% from 1.2 to 3.0 per 100,000 from 2014 to 2019. There were no primary or secondary syphilis cases reported in females during 2019. The incidence rate of new chlamydia cases for women overall was 1073 per 100,000, which was high than the U.S. rate of 689.9 per 100,000. For females aged 15-24 years, the population targeted for chlamydia screening, Guam's infection rate was 3713 per 100,000, slightly lower than the U.S. rate of 3728.1 per 100,000.

The U.S. rate for gonorrhea for females increased 5.1% from 145.2 to 152.6 cases per 100,000 from 2018 to 2019. The rate for females overall in Guam was 182 per 100,000 in 2019. In 2019, among females ages 15-247, Guam's rate was 455 per 100,00,0, and the U.S. rate was 650 per 100,000, a difference of 35.2%.

Data from death certificates from 1968 – 2018 were reviewed to ascertain the number of maternal deaths from the Office of Vital Statistics, DPHSS. There were 25 maternal deaths in Guam from 1968 to 2018. Based on Guam's small population, this results in very high maternal mortality ratios (MMR) during the years when there were maternal deaths. During the past fifty years, the MMR ranged from a low of 22.6 in 1996 to a high of 91.2 in 2017.

The majority of maternal deaths in Guam from 1968-2017 were among Chamorro women (64%), followed by Chuukese (16%) and Filipinas (12%), and one Mexican woman (4%). The proportion of maternal deaths among Chamorro women greatly exceeds the proportion in the population overall, along with Chuukese women. Deaths among Filipinas and other ethnic groups are smaller than their proportion in the population. The average age at death was 32.8, with most maternal deaths among women aged 15-39 (68%) but with one-third (32%) over 40 years.

Guam has a State Performance measure under the Women/Maternal Health domain. SPM # 4 "percent of women of reproductive age who are current smokers." The estimated proportion of current smokers in Guam's female

population in the 2018 Guam BRFSS follow an income and educational gradient. Higher proportions of women of lower household incomes are more likely to report current smoking than higher-income households with less than $15,000 reporting current household smoking at 21.3%, those with incomes of $15,000 - $24,999 at 19.3%, those with incomes at $25,000 to $34,999 at 18.2%, compared to those with an annual household income of $35,000 to $49,999 at 14.8% and those at $50,000 to $75,000 at 10.1%.

Guam females with lower educational levels also report higher smoking rates. Those with less than a high school education report current smoking at 21.3%, high school graduates at 18.1%, those with some college at 12.1%, and college graduates at 8.8%.

The need to intervene early in women's lives, for their health and that of their infants, can best be met through the joint efforts of maternal and child health, chronic disease prevention, infectious disease, and environmental health. Working across the lifespan no longer receives the occasional puzzled look over why reproductive health work crosses with topics such as tobacco control, diabetes, cancer, and nutrition.

Women/Maternal Health - Application Year

For Women's and Maternal Health (WMH), Guam's Title V program selected National Performance Measure (NPM) 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year. This NPM was selected because it is foundational to women's health throughout the life course, is supported by population health data demonstrating a need for continued improvement, and relates directly to several priorities voiced by women and families through community listening forums, including awareness of community resources, transportation, social support, and health care access and quality.

While NPM 1 directly measures annual preventive medical visits, it should be viewed as part of a continuum of primary and preventive care that also includes preconception, reproductive and sexual health, family planning, prenatal, and postpartum care, and that consists of a full spectrum of medical, mental and behavioral health, oral health, and other supports and services.

Women's and Maternal Health outcomes are impacted by the social determinants of health (SDOH), or the conditions in which people are born, live, work, play, learn, and age. SDOH includes socioeconomic status, education, community environment, employment, social supports, and access to health care services. Systematic differences in the distribution of power and resources due to racism and other biases are the root causes of inequities in access, availability, and quality of SDOH. All ten priorities that emerged from community members' input during the needs assessment revolve around SDOH and inequities. These factors and inequities influence the health outcomes of both individuals and entire communities.

The Guam Title V program strives to contribute to broad-based efforts to address inequality and social determinants of health. Strategies focus on improving outreach to find and engage high-need women and their families in health insurance and health care; Increasing knowledge of available community resources and supports; working with community stakeholders to
improve the delivery of care and services; the development of supports, opportunities and social norms that promote and facilitate healthy behaviors across the lifespan; involving community members in program implementation and policy; and promoting community engagement and mobilization to address bias and racism and other community proactively and
systems-level factors are impacting racial and ethnic disparities.

The Title V Program will lead the following specific program and policy activities to advance this strategy over the upcoming grant cycle:

- Through the MCH program, work with diverse community stakeholders, including community residents, to identify and collaboratively address issues and barriers affecting maternal and infant health outcomes at the community level, including activities to:
- Actively participate in community advisory boards, consortiums, or coalitions to address perinatal and infant health issues and identify effective strategies for addressing the social determinants impacting those outcomes.
- Engage and collaborate with diverse stakeholders from various community sectors, including community residents, grassroots organizations, community-based service organizations, health care providers, local government, local foundations, and local businesses.
- Work collaboratively to address relevant community issues such as safe housing, availability and accessibility of resources and services (e.g., health care, mental health, substance abuse services, home visiting, family support resources), social norms (e.g., related to use of preventive care services, breastfeeding, or personal

health behaviors), and community mobilization to identify and address community problems effectively.

Through the MCH program, provide supports to individual clients and their families to address behavioral, social determinants of health outcomes, including specific program activities to:

- Provide information on available community resources for needs related to housing, food, employment and job training, transportation, and other essential needs;
- Conduct screenings using standardized, evidence-based, or validated tools for domestic violence, substance use, smoking, and depression, and make referrals for follow-up as needed;
- Help families connect and use/ enroll in enhanced social support resources and programs including parenting classes, peer support groups, childbirth education, and resources to develop birth and postpartum care plans, and breastfeeding education, and directly support clients to build delivery plans;
- Provide professional development support for MCH and Project Bisita staff members to deliver these services, including annual training on how to talk with families about complex topics like mental health and depression, using a trauma-informed care approach, and managing emergencies.

By 2025, Guam MCH is planning to use two strategies to increase our understanding of the reasons behind why or why not women of reproductive age schedule and attend a well-woman visit. The first strategy is to find and use already developed questions or develop our questions for the Guam Behavioral Risk Factor Surveillance Survey (BRFSS). Currently, the BRFSS asks, “About how long has it been since you last visited a doctor for a routine checkup?” While this question answers how many women visited a doctor for a routine checkup, it does not offer guidance on the reasons behind respondents' answers. We plan to include questions asking BRFSS respondents the barriers and facilitators of vising a doctor for a routine checkup.

Our second strategy is to form a coalition of community partners and organizations that work with women of reproductive age to create a strategic plan that will guide future activities. Working with other experts in our community, we plan to make consistent messaging that all coalition members can educate the women in their communities. We plan to invite partners representing different sectors of our target population to ensure that we reach all women. Through these two strategies, we hope to build on the information we received a couple of years ago from the focus groups to create a plan that caters to the specific needs of the women in Guam.

The ESM selected for this priority is the “Percentage of women served by the Guam Maternal, Infant and Early Childhood Home Visiting or Family Planning Program who received a referral to prenatal care when the need was indicated.”

At a Well Woman and/or prenatal visit, clients receive education and counseling on the recommended preventive screenings that optimize health. Information on height, weight, body mass index, and blood pressure is gathered at each visit. After interviewing the client, further education, testing, and/or referrals are provided based on identified needs. Educational topics include sexually transmitted infection screening, pap tests, mammogram referral, hemoglobin testing, sickle cell screening, total cholesterol or cholesterol screening referral, wet mount, pregnancy testing, and fecal occult blood testing. The client is also screened for immunization status, smoking, alcohol, illicit drug use or abuse, human trafficking, and intimate partner violence.

The Family Planning Program offers a spectrum of sexual and reproductive health services, including birth control methods, testing treatment for sexually transmitted infections, well women visit, and perception care. They also offer tailored community-based clinical outreach and education. Collaboration between Family Planning and Title V will provide opportunities to improve care for women and children by maximizing women's reproductive health and their

children's health. The Chronic Disease and Prevention Division aim to provide information and resources to make it easier to make life choices. Chronic diseases are diseases that last one year or more and require ongoing attention or limit activities of daily living or both. Most chronic diseases can be prevented by eating well, exercising, avoid tobacco and excessive drinking, and getting health screening. MCH will continue a partnership with the Chronic Diseases Division to promote smoking cessation, heart health, and intimate partner violence. A relationship with chronic disease will provide an understanding of how MCH and chronic disease morbidity intersect. Communicable Diseases Division provides information and services to prevent, test for, and treat infectious diseases such as Human Immunodeficiency Virus (HIV), Sexually Transmitted Disease (STD), and Tuberculosis (TB). A partnership between MCH and Communicable Diseases will allow. Activities geared to identify ways to improve women's health before they conceive and help them manage any chronic diseases during the perinatal period.

By 2025, MCH plans to strengthen the relationship with the FQHCs (NRCHC and SRCHC) in the territory to develop an integrated network that coordinates services and client access. A Community-based system of care will appropriately address the health issues of the underserved and vulnerable population. Such a relationship will ultimately improve health outcomes while promoting cost-effective care. MCH will continue collaborations with Family Planning, Chronic Disease, and Communicable Diseases, and other community partners and establish a stronger relationship with the FQHCs to promote wellness among the women population, provide access to comprehensive services and deliver better client outcomes.

Perinatal/Infant Health

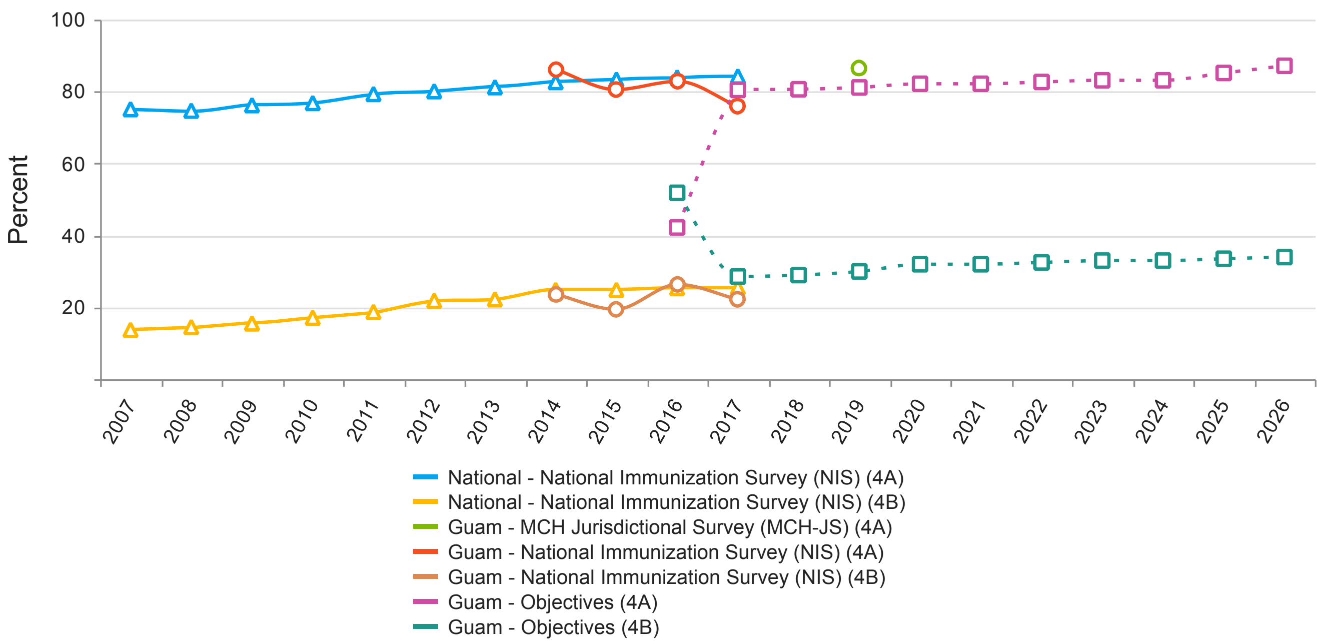
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2019	9.9	NPM 4
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 4
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 4

National Performance Measures

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Indicators and Annual Objectives



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2017	**2018**	**2019**	**2020**
Annual Objective	80.3	80.5	81	82
Annual Indicator	86.0	80.6	82.9	76.0
Numerator	2,426	2,011	2,343	1,801
Denominator	2,819	2,496	2,826	2,371
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	81	82
Annual Indicator	86.2	86.2
Numerator	14,472	14,472
Denominator	16,790	16,790
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	42.2	80.3	80.5	81	82
Annual Indicator	75.6	81.3	79.1	83.5	
Numerator	1,428	1,385	1,340	1,373	
Denominator	1,890	1,704	1,693	1,645	
Data Source	WIC	WIC	WIC	WIC	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Final	Final	Provisional	Provisional	

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	82.0	82.5	83.0	83.0	85.0	87.0

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2017	2018	2019	2020
Annual Objective	28.6	29	30	32
Annual Indicator	23.5	19.4	26.4	22.4
Numerator	642	479	731	501
Denominator	2,735	2,470	2,767	2,237
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	51.8	28.6	29	30	32
Annual Indicator	2.3	2.9	2.9	4.5	
Numerator	38	44	44	65	
Denominator	1,667	1,510	1,509	1,432	
Data Source	WIC	WIC	WIC	WIC	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Final	Final	Provisional	Provisional	

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	32.0	32.5	33.0	33.0	33.5	34.0

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Percentage of home visitors trained in breastfeeding best practices

Measure Status:	Active

State Provided Data			
	2018	2019	2020
Annual Objective			2
Annual Indicator			0
Numerator			0
Denominator			5
Data Source			MIECHV Annual Report
Data Source Year			2020
Provisional or Final ?			Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	4.0	6.0	6.0	6.0	7.0	7.0

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

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		0
Numerator		0
Denominator		2
Data Source		NCD Consortiuum
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	2.0	3.0	4.0	4.0	4.0	4.0

ESM 4.3 - Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		0
Numerator		0
Denominator		671
Data Source		WIC
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	10.0	12.0	14.0	16.0	20.0	20.0

State Performance Measures

SPM 3 - The rate of infant deaths between birth and 1 year of life

Measure Status:	Active

State Provided Data

	2016	2017	2018	2019	2020
Annual Objective		11.3	11	10	9
Annual Indicator	12.5	8.5	10.1	9.8	7.8
Numerator	43	28	32	30	23
Denominator	3,441	3,292	3,175	3,058	2,935
Data Source	Guam Office of Vital Statistics	Guam Office of Vital Statistics	Guam Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives

	2021	2022	2023	2024	2025	2026
Annual Objective	8.0	7.5	7.0	6.5	6.5	6.5

State Action Plan Table

State Action Plan Table (Guam) - Perinatal/Infant Health - Entry 1

Priority Need

To reduce infant morbidity and mortality.

NPM

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Objectives

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.

Strategies

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.

ESMs	Status
ESM 4.1 - Percentage of home visitors trained in breastfeeding best practices	Active
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	Active
ESM 4.3 - Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.	Active

NOMs

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table (Guam) - Perinatal/Infant Health - Entry 2

Priority Need

To reduce infant morbidity and mortality.

SPM

SPM 3 - The rate of infant deaths between birth and 1 year of life

Objectives

Decrease the infant mortality rate

Decrease the preterm birth rate

Strategies

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

Perinatal/Infant Health - Annual Report

Perinatal/Infant Health

For the Perinatal/Infant Health domain, Guam's priority needs to "reduce infant mortality and morbidity" did not change. Guam selected National Performance Measure # 4 Breastfeeding based on the Guam 2020 Title V Needs Assessment.

The first component of the Guam five-year cycle is to increase the percentage of breastfed infants to 85% in 2025. As reported by the National Immunization Survey (NIS), the rate of Guam infants who were breastfed peaked in 2014 to 86%, that percentage declined by 2.47% in 2019.

For the second component of the performance measure for breastfeeding, the 2025 objective is to increase the percentage of breastfed infants exclusively through six months to 33.5%. The rate of exclusively breastfed infants in 2019 was 26.4%, a difference of 23.7%.

Healthy People 2030 establishes breastfeeding initiation, duration, and degree of exclusivity as nationally recognized benchmarks for measuring success. Guam reached the Healthy People target of 81.9%.

Breastfeeding is a priority issue for Guam. Community stakeholders continue to recognize breastfeeding as a critical practice to improve birth outcomes, reduce infant mortality, and help the mothers' health and healing following childbirth.

The Guam WIC Program is the lead program for breastfeeding but works collaboratively with other health and community partners. One of WIC's core services is to provide breastfeeding education and support to participants. Breastfeeding services include providing guidance, counseling, and breastfeeding educational materials to families; direct engagement with mothers and families to ensure more extended participation in the program; facilitating access to healthy foods; and providing breastfeeding aids such as breast pumps.

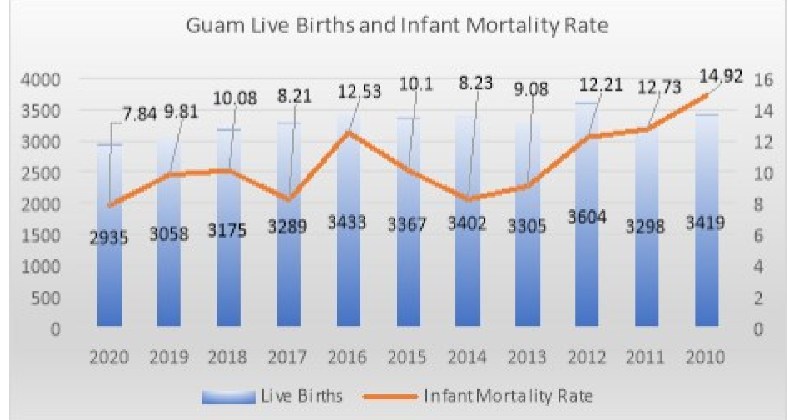
WIC provides additional services through a Breastfeeding Peer Counseling Program, which conducts group sessions for pregnant and breastfeeding WIC moms to address breastfeeding concerns and provide one-to-one support to those interested. Guam WIC uses the U.S. Department of Agriculture (USDA) "Loving Support" model as an evidence-based curriculum to assure the program's success.

WIC services were significantly impacted by Covid 19. The Guam WIC Program moved to telework with the island-wide "shut down" and stay-at-home orders in March 2020. All WIC clinics were closed for in-person visits, and services for WIC clients were provided remotely via phone or text. Fortunately, the Guam WIC Program is completely "eWIC" (electronic benefits) for food purchases, reducing the number of required in-person clinic visits once the "shut down" is lifted. WIC Breastfeeding Peer Counseling was provided remotely (zoom), phone or text. Group events in person were suspended, and staff considered other methods to encourage WIC mothers to continue networking.

In line with the priority need for the infant/perinatal domain, Guam established a State Performance Measure, "The rate of infant deaths between birth and 1 year of life."

Infant mortality is widely used as an international measure of overall population health. The U.S. has a higher infant mortality rate than other developed countries. Infant mortality is a multi-factorial societal problem often linked to factors that affect an individual's physical and mental well-being, including mental health, socioeconomic status, quality and access to medical care, and public health practices. The loss of an infant can adversely affect families

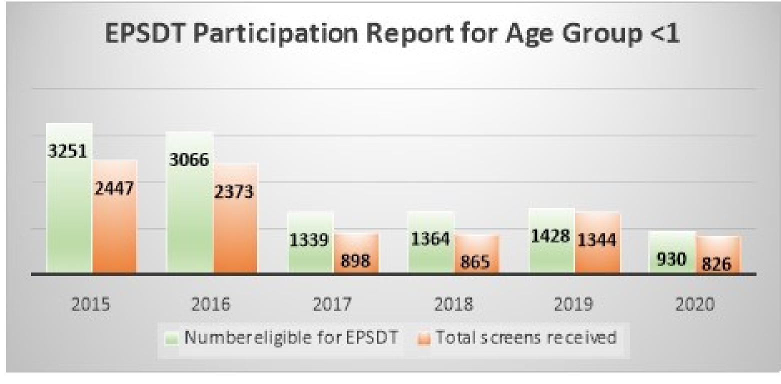
and communities, both socially and emotionally, often resulting in several negative symptoms such as depression, grief, and guilt. Families may suffer from long-term psychological distress, which can lead to partner separation or divorce. Grieving parents also face isolation from friends and family.



Between 2010 and 2020, 384 Guam infants died before their first birthday, an average of 38 infants per year. The mean infant mortality rate for the 10 years was 11.5 per 1,000 live births. In all the years examined, Guam's infant mortality rate
remained higher than Healthy People 2030 objective of 5.0 infant deaths per 1,000 live births.

Preterm birth is the leading cause of infant mortality in Guam. Preterm is defined as a live birth less than 27 weeks gestation. The preterm rate for Guam in 2020 was 11.3; the U.S. rate for 2019 was 10.2. The March of Dimes preterm birth rate goal for 2020 was 8.1. Prematurity is a complex health problem that does not have a single solution. Prematurity and related conditions accounted for nearly half (434%) of all infant deaths in 2020.

The Medicaid program, known as Early Periodic Screening Diagnostic and Treatment (EPSDT), benefits children and adolescents under 21. EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services. The program is designed to assure that children receive early detection and care so that health problems are averted or diagnosed and treated as early as possible.



From 2015 to 2020, Guam EPSDT Participation Report shows that for age group < 1, those eligible for the program decreased 71%, and the number of those <1 that received a screen decreased by 66.2%.

The decrease in screening may be due to private clinics or physicians not being counted on to serve Medicaid patients consistently. This is attributed to the government plans poorly paying (i.e., reimbursement rates are below private insurance plans). Also, it should be noted that few specialists in Guam (i.e., neurologists, surgeons, orthopedics, etc.) continue to care for uninsured and Medicaid patients in need of their specialty care, realizing that these patients have nowhere else to go. Many of these providers offer reduced rates to the uninsured, self-pay patients. Thus, with most private providers unwilling to accept Medicaid, and uninsured patients, particularly those who cannot make payment upfront, thousands of indigent patients have nowhere to turn to their primary health care needs.

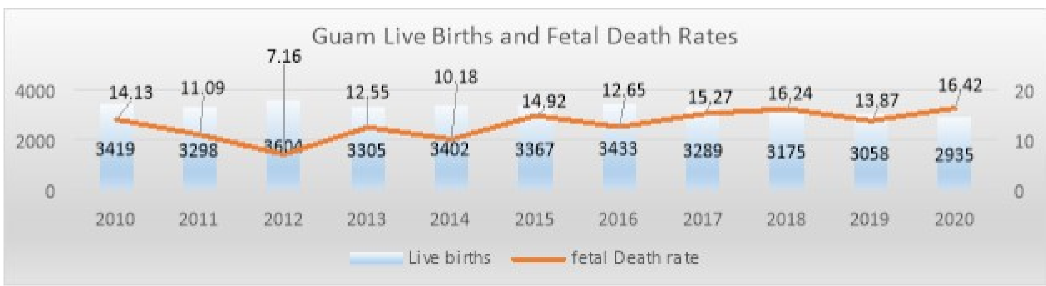
Impact on Infant Mortality by Covid 19

Data on the full impact of Covid 19 related infant mortality is currently not available. As more information is available, this section will be updated. However, utilizing a Social Determinants of Health lens can be beneficial for addressing identified and potential problems. In light of the Covid 19 pandemic, many people in Guam face economic instability,

lack of adequate health care access, and a reduction of social support, all of which are risk factors for infant mortality. On top of all these factors, CDC recommendations for reducing transmission may have caused hesitancy among some pregnant women in seeking medical care. Some locations in Guam reduced or even canceled in-person prenatal visits and the number of people that could be present during the birth and hospital stay.

The Territorial Epidemiologist, DPHSS Medical Director, MCH Program Manager, and a well-known Obstetrician/Gynecologist have tracked the first-trimester post-Covid 19 vaccination miscarriages. The Ob/Gyn brought this to the attention of the DPHSS Director. The doctor stated that his current post-vaccine first-trimester rate had increased over 33% compared to his clinic average first-trimester miscarriage rate, which is about 8%. He is also corresponding with other clinics to see if there has been a noticed uptick in first trimester miscarriages. He is also reporting to the CDC Vaccine Adverse Event System (VAERS).

During the past decade (2010-2020), Guam has experienced a 16.2% increase in its stillbirth rate. Guam's rate is currently 16.42 per 1,000 live births plus stillbirths.



Perinatal/Infant Health - Application Year

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For the second component of the performance measure for breastfeeding, the 2025 objective is to increase the percentage of breastfed infants exclusively through six months to 33.5%. The rate of exclusively breastfed infants in 2019 was 26.4%, a difference of 23.7%.

Most factors that influence infant birth outcomes are linked to maternal health. Therefore, the strategies described in the Maternal/Women's Health Application impact the Perinatal/Infant domain outcomes. While many of the Title V investments to improve birth outcomes are directed towards the maternal side of the dyad, several Title V strategies focus primarily on improving perinatal/infant health outcomes.

In the application year 2022, the infant and perinatal priority for the Bureau of Family Health and Nursing Services (BFHNS) are to promote equitable and optimal care and protective factors for mothers and infants before, during, and after pregnancy. In meeting this priority, we will continue to remain focused on reducing infant mortality and morbidity.

The American Academy of Pediatrics recommends all infants are exclusively breastfed for six months to support optimal growth and development. Breastfeeding has health benefits for infants and mothers, including significant benefits to the mental health of both mothers and babies. For infants, breastfeeding reduces asthma, obesity, SIDS, diabetes, ear infections, and respiratory diseases. For mothers, breastfeeding can reduce feelings of anxiety and postnatal depression, reduce post-partum hemorrhage, and be less likely to develop breast, uterine, and ovarian cancers. Human milk remains the optimal source of nutrition for the first months of life. Additionally, the Title V needs assessment revealed that breastfeeding is still a critical MCH issue for Guam's mothers and infants. Needs assessment themes showed that families want more breastfeeding support and education and have difficulty accessing breastfeeding support professionals and providers that support breastfeeding.

To support NPM 4 (breastfeeding), BFHNS, in partnership with the Bureau of Nutrition and the WIC Program, will continue to support breastfeeding initiatives through training, technical assistance, policy and procedures, and direct support services. In addition, BFHNS, through the Maternal, Infant, and Early Childhood Home Visiting (MIEHCV) grant, will provide training and support for home visitors to become IBCLC certified or receive in-depth breastfeeding education and training.

The Guam MCH Program plans to build on the existing collaboration with the MIECHV and WIC Programs to deliver a training event focused on teaching best practices to home visitors to support breastfeeding moms. The training will be facilitated by WIC staff. It will focus on strategies for encouraging pregnant and new mothers to initiate breastfeeding, addressing hesitancy to breastfeed, supporting mothers to breastfeed for at least six to 12 months, and engaging fathers or male partners to support breastfeeding. Based on MIECHV's FY 2020 projected caseload, approximately 90 families will benefit from home visitor education and support on breastfeeding.

Newborn Screening (NBS) efforts, through the partnership between Guam Memorial Hospital Authority and BFHNS/ MCH, will continue to emphasize follow-up screens. This partnership will continue to support efforts to identify infants who have either not returned for the second screen or need a repeat screen due to an abnormal prior screening.

Guam's home visiting program Project Bisita will continue to educate families about infant-toddler development, mental health, the critical importance of bonding, injuries in the home, safe sleep, immunizations, and the effects of Adverse Childhood Experiences (ACEs).

The Title V State Action Planning Sessions gave BFHNS staff a chance to reflect on the work that supports secure parent-child attachment in Guam. Searching for improvement opportunities, participants identified a strength - the practice of reflective supervision within the MIECHV program. Reflective supervision is the regular collaborative reflection between a service provider and their supervisor that builds on the supervisee's use of their thoughts, feelings, and values within a service encounter. These supervision practice models the desired therapeutic/helping relationship between the service provider and client. It ultimately enables the service provider to serve better and meet the client's needs.

In FFY 2022, Title V will support developing a plan to create a culture of active listening and reflection by implementing reflective supervision internally within BFHNS. Expansion of reflective supervision and movement towards developing a relationship-based organization can improve the quality of family support services and decision-making at multiple levels. Given that MIECHV staff comprise the majority of the BFHNS, the opportunity to scale and spread reflective supervision across the bureau is feasible. A reflective supervision structure allows for more straightforward communication between the families and communities supported by Title V and within BFHNS.

Moreover, state action planning participants emphasized that a reflective supervision structure will be critical to future success in the bureau's workforce development strategy. By expanding the use of reflective supervision bureau-wide, BFHNS staff would be modeling the very behaviors they seek to encourage in families that support secure attachments.

Infant mortality is a multifaceted societal problem linked to factors that affect an individual's physical and mental well-being, including maternal health, socioeconomic status, quality and access to medical care, and public health practices. It adversely affects families and communities, both socially and emotionally, resulting in adverse symptoms such as depression, grief, and guilt. Families suffer from long-term psychological distress, leading to partner separation or divorce. Grieving parents also experience isolation from friends and family.

To address disparities among infants born to local Chamorro women and women from the Freely Associated States of Micronesia (FAS), Guam will engage and build better partnerships with internal programs and external community partners working on infant mortality-related topics. As the Needs Assessment Team recommended a shift in priorities for infant health, Guam will continue developing new strategies and refining current ones to meet the needs of communities better.

Guam will improve data collection and evaluation as a strategy to reduce infant mortality. This will ensure data availability for planning, programmatic, and policy decisions to improve maternal and infant health outcomes in communities in Guam. Evaluation will help with determining our progress in achieving our desired maternal and infant health outcomes. In the year ahead, staff will aim to accomplish the following activities:

Establish a Fetal and Infant Mortality Review (FIMR): Without the legislation in place, it will be difficult to access relevant information from important sources such as medical records, birth, and death records, and coroner's reports to understand fully the circumstances that may have contributed to infant deaths. It is hoped that with the completion of Data Science Team Training (DSST).

The Territorial Epidemiologist, the MCH Program Manager, SSDI data clerk, and a CDC Coordinator are part of the Guam Data Science Team Training (DSTT) conducted by the Council of State and Territorial Epidemiologist (CSTE). Participants in the 12-month program work on a project that addresses a current need. Furthermore, participants will build a set of foundational data science skills to advance existing skill sets.

The Guam Fetal Death Data Analysis Project aims to analyze information on fetal deaths for the decade 2011-2020 using data from the Fetal Demise Reports in the Office of Vital Statistics, DPHSS; medical records of the mothers where possible; and potential interviews with the mothers. The analysis will look at multiple factors affecting fetal demise, utilizing geospatial information, medical, environmental, and vital statistics data to describe these events.

Child Health

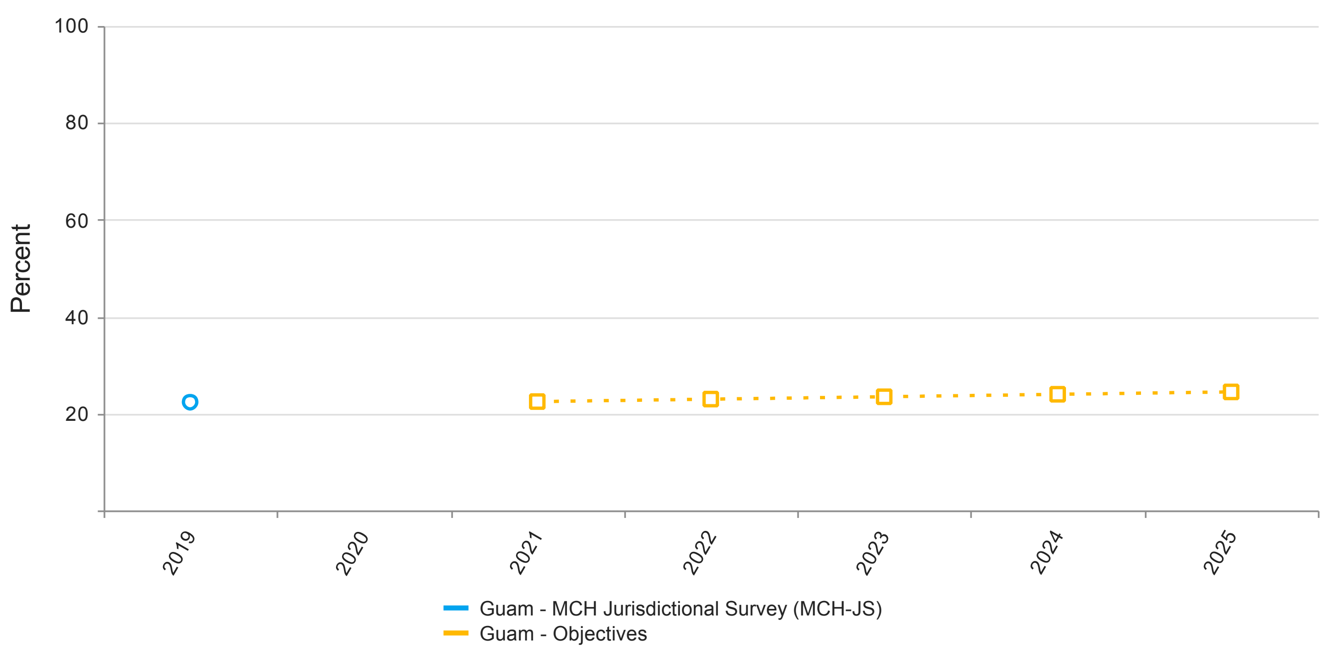
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID	Data Not Available or Not Reportable	NPM 14.2
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2015_2019	Data Not Available or Not Reportable	NPM 14.2
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	MCH-JS-2019	9.9 %	NPM 14.2
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2019	9.2 %	NPM 14.2
NOM 5 - Percent of preterm births (<37 weeks)	MCH-JS-2019	13.0 %	NPM 14.2
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2019	11.5 %	NPM 14.2
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2019	32.3 %	NPM 14.2
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2019	12.7	NPM 14.2
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2019	9.9	NPM 14.2
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2019	7.6	NPM 14.2
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 14.2
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2017	Data Not Available or Not Reportable	NPM 14.2
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 14.2
NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)	NSCH	Data Not Available or Not Reportable	NPM 6
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	MCH-JS-2019	12.9 %	NPM 13.2
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	NSCH	Data Not Available or Not Reportable	NPM 13.2

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000	NVSS-2019	35.5	NPM 7.1
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS-2019	Data Not Available or Not Reportable	NPM 7.1
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	NVSS-2017_2019	Data Not Available or Not Reportable	NPM 7.1
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS-2017_2019	Data Not Available or Not Reportable	NPM 7.1
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	MCH-JS-2019	22.1 %	NPM 13.2
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 13.2
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	81.8 %	NPM 6 NPM 13.2 NPM 14.2
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 6 NPM 13.2 NPM 14.2

National Performance Measures

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
Indicators and Annual Objectives



Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	22.5	22.5
Numerator	1,569	1,569
Denominator	6,979	6,979
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	22.5	23.0	23.5	24.0	24.5	25.0

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		5
Numerator		
Denominator		
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	5.0	7.0	7.0	7.0	7.0	7.0

ESM 6.2 - Developmental Screening Education

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		7
Numerator		
Denominator		
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

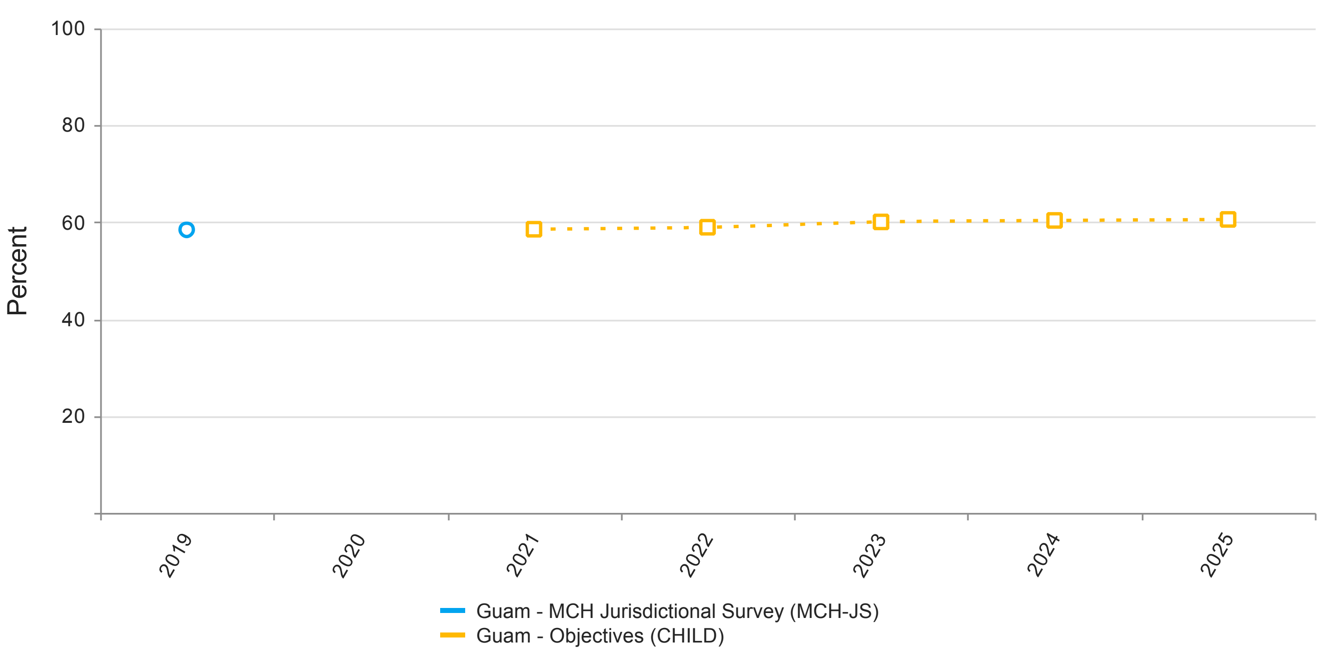
Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	10.0	10.0	10.0	10.0	10.0	10.0

ESM 6.3 - Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening,

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		100
Numerator		35
Denominator		35
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	99.0	99.0	99.0	99.0	99.0	99.0



NPM 13.2 - Child Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	58.5	58.5
Numerator	29,856	29,856
Denominator	51,062	51,062
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	58.5	58.9	60.0	60.3	60.5	61.0

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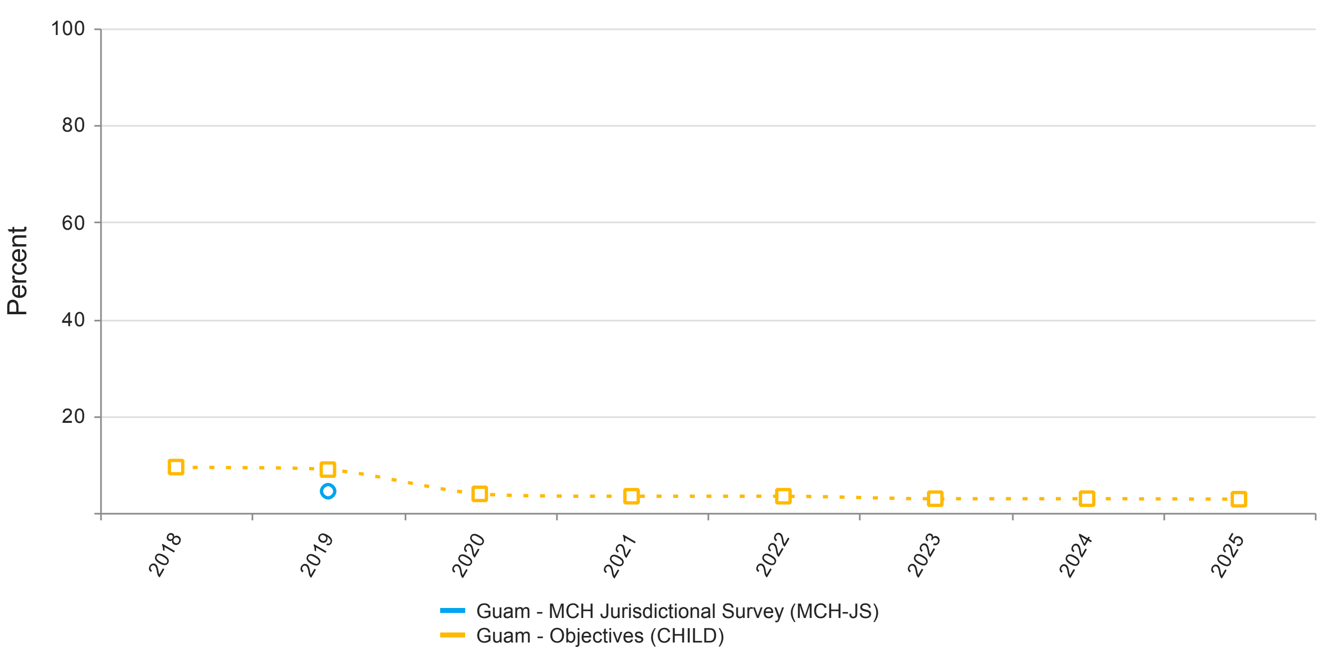
Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Percent of children, ages 3 to 5 enrolled in Head Start who had a preventive dental visit in the past year

Measure Status:		Active
State Provided Data		
	2019	**2020**
Annual Objective		
Annual Indicator	56.5	
Numerator	287	
Denominator	508	
Data Source	DPHSS Dental and Head Start	
Data Source Year	2019	
Provisional or Final ?	Provisional	

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	57.0	57.5	58.0	58.5	59.0	0.0



NPM 14.2 - Child Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	9	4
Annual Indicator	4.5	4.5
Numerator	2,329	2,329
Denominator	52,312	52,312
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			9.5	9	4
Annual Indicator	10	4.9	8.2		
Numerator	344	162	259		
Denominator	3,441	3,292	3,175		
Data Source	Vital Statistics	Vital Statistics, DPHSS	Vital Statistics DPHSS		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	3.5	3.5	3.0	3.0	2.9	2.0

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active

State Provided Data				
	2017	2018	2019	2020
Annual Objective			3	3
Annual Indicator			100	0
Numerator			2	0
Denominator			2	62
Data Source			MCH Program	MEICHV
Data Source Year			2019	2020
Provisional or Final ?			Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	3.0	2.0	2.0	2.0	2.0	2.0

State Performance Measures

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)

Measure Status:	Active

State Provided Data	
	2020
Annual Objective	
Annual Indicator	65.9
Numerator	1,689
Denominator	2,563
Data Source	National Immunization Survey (NIS)
Data Source Year	SY 19-20
Provisional or Final ?	Provisional

Annual Objectives					
	2022	2023	2024	2025	2026
Annual Objective	70.0	75.0	80.0	85.0	90.0

State Action Plan Table

State Action Plan Table (Guam) - Child Health - Entry 1

Priority Need

To improve the cognitive, physical and emotional development of all children.

NPM

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

Objectives

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 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

Strategies

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

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

ESMs	Status
ESM 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.	Active
ESM 6.2 - Developmental Screening Education	Active
ESM 6.3 - Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening,	Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Guam) - Child Health - Entry 2

Priority Need

Promote oral health for children ages 0 to 3 years.

NPM

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Objectives

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

Strategies

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.

ESMs	Status
ESM 13.2.1 - Percent of children, ages 3 to 5 enrolled in Head Start who had a preventive dental visit in the past year	Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

State Action Plan Table (Guam) - Child Health - Entry 3

Priority Need

To improve the cognitive, physical and emotional development of all children.

NPM

NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes

Objectives

By July 2024, reduce the percentage to 8% of women of reproductive age who are current smokers. (Baseline data Pregnant women 10.5% FAD)

Strategies

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.

ESMs	Status
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	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Guam) - Child Health - Entry 4

Priority Need

Improve childhood immunizations.

SPM

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)

Objectives

By 2025, increase the proportion of all Guam children, ages 19 to 35 months, who have completed recommended vaccines to 90%

Strategies

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

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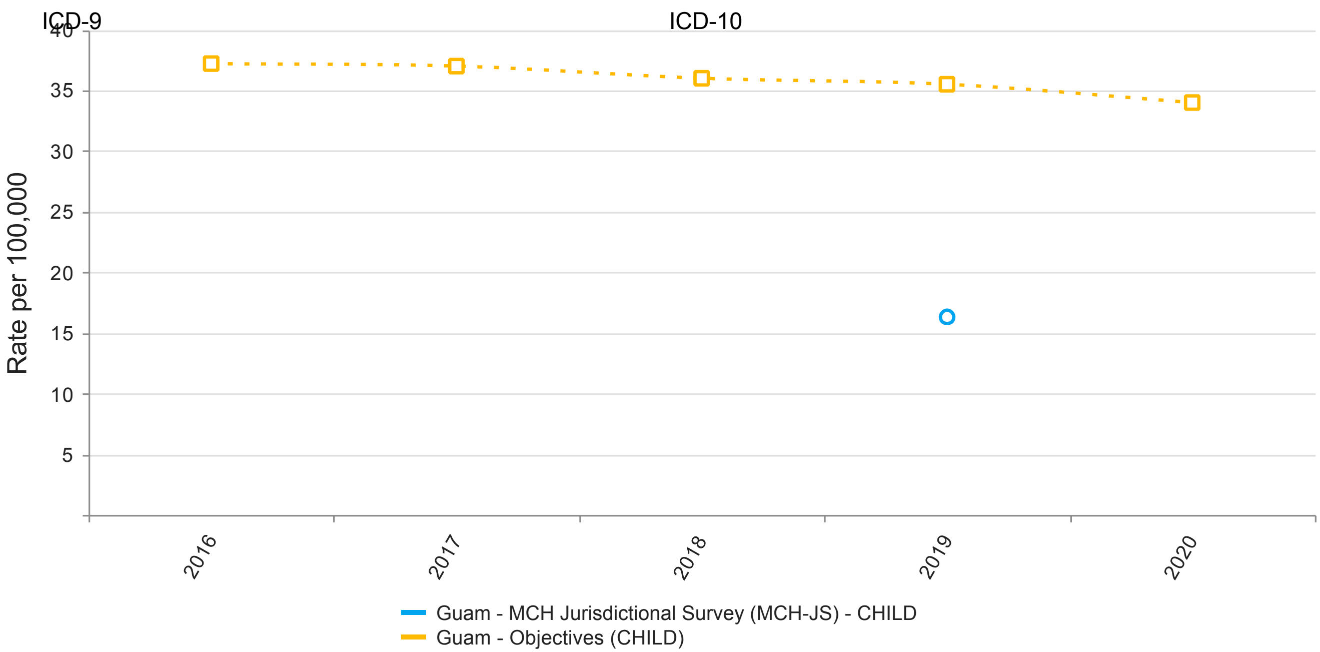
Continuing to onboard providers with Guam Web IZ

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

2016-2020: National Performance Measures



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CHILD		
	2019	**2020**
Annual Objective	35.5	34
Annual Indicator	16.3	16.3
Numerator	4,618	4,618
Denominator	28,273	28,273
Data Source	MCH-JS-CHILD	MCH-JS-CHILD
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	37.2	37	36	35.5	34
Annual Indicator	5,158.2	4,697.7	5,696.3		
Numerator	1,389	1,265	1,524		
Denominator	26,928	26,928	26,754		
Data Source	Guam Memorial	Guam Memorial Hospital	Guam Memorial Hospital		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 7.1.1 - Number of parents and caregivers receiving car seat education

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		8	8	9	9
Annual Indicator	7	8	8	8	0
Numerator					
Denominator					
Data Source	Project Bisita	Project Bisita	Project Bisita	Project Bisita	MIECHV Annual Report
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Final	Provisional	Provisional	Provisional	Provisional

2016-2020: ESM 7.1.2 - Percent of families participating in the evidence-based home visiting program who receive injury prevention education

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	75	100	100
Annual Indicator	50	41.7	17.6	17.6	0
Numerator	18	25	12	12	0
Denominator	36	60	68	68	1
Data Source	Bisita	Project Bisita	Project Bisita	Project Bisita	MIECHV Annual Report
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

2016-2020: ESM 7.1.3 - To conduct Direct on Scene Education (DOSE) to first responders in order to reduce unsafe sleep-related deaths in infants less than one year of age

Measure Status:			Active
State Provided Data			
	2018	**2019**	**2020**
Annual Objective			10
Annual Indicator			0
Numerator			0
Denominator			1
Data Source			GFD
Data Source Year			2020
Provisional or Final ?			Provisional

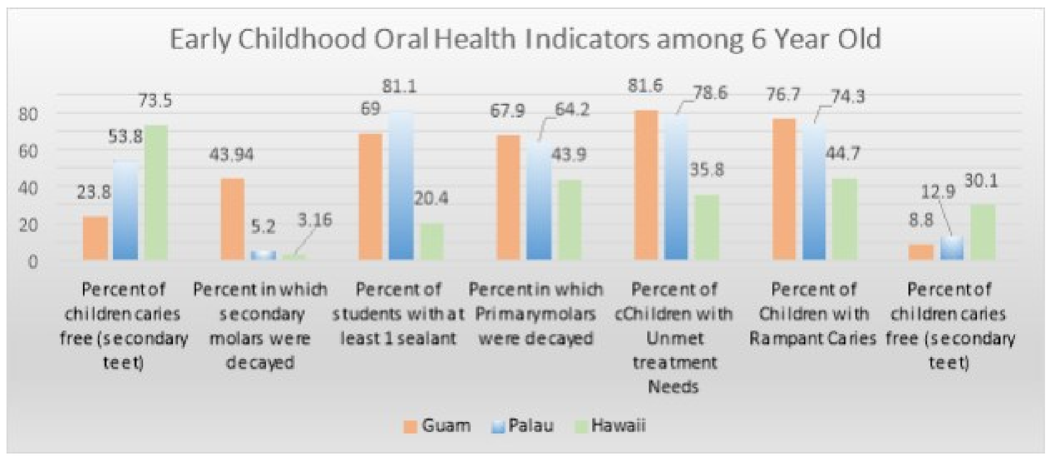
Child Health

Childhood is a time of rapid, continuous development. As a child's brain and body develop, their health is shaped by the foods they eat, the attention they receive, and the interaction they have with their surroundings. In early childhood, critical cognitive skills develop. The early acquisition and refinement of these executive functioning and self-regulation skills can have positive, life-long effects. Such skills are crucial for learning, social development, and the adoption of positive behaviors.

Guam Title V did not change their original priority needs, which was "to improve all children's cognitive, physical and development." However, as a result of the five-year Needs Assessment, two other priority needs stakeholders were selected – "promote oral health for children ages 0 to 3 years" and "improve childhood immunizations." Along with the two new priority needs, the Guam Title V Program choose a new National Performance Measure (NPM) # 13.2 – "Percent of children ages 1 to 17 who had a preventive dental visit in the past year."

Through Guam's Five-Year Needs Assessment, it was found that tooth decay can have a profound impact on a child's health and quality of life. The child can be affected by pain and discomfort, difficulty sleeping, difficulty in chewing, poor self-esteem and social isolation, speech development problems, a higher risk of new decay in other baby teeth, and potential damage to permanent teeth. The U.S. Surgeon General Dr. David Satcher called oral disease America's "silent epidemic."

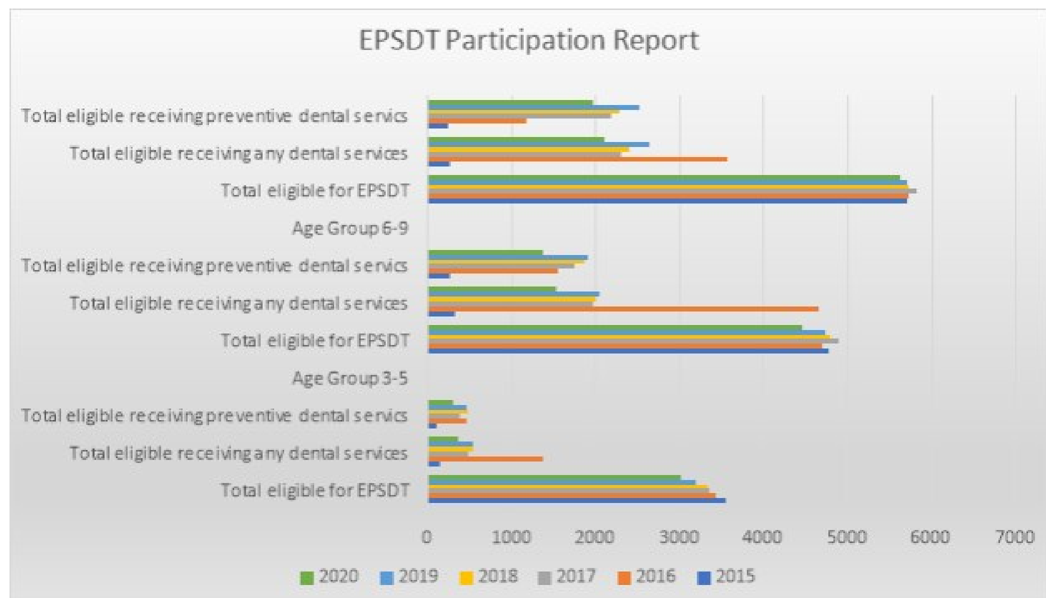
A study conducted in 2000 looking at Oral Health Indicators among Young Children in Hawaii, Guam, and the Republic of Palau[1]found that dental disease in early childhood was endemic throughout the Pacific. Children in Guam were found to have the poorest oral health indicators by having excessively high caries prevalence and unmet treatment needs.



Dental disease and access to dental care are major public health problems for young low-income children in the U.S. This national dilemma has recently come under scrutiny by policymakers and healthcare providers. Because of frequent interactions with low-income children and families, several programs can help alleviate dental problems and improve access to dental care.

Medicaid is the most extensive public health insurance program for low-income families. It finances health care coverage for almost 60 million people, one-third of whom are children. In 1967, Congress enacted the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services within Medicaid. EPSDT helps ensure that

children in low-income families who Medicaid covers have access to comprehensive and periodic evaluations to target health conditions and problems for which growing children are at-risk; these conditions include dental disease.



One main contributor to the problem of dental disease is the lack of community water fluoridation. In Guam, only the Naval military installations have fluoridated water sources. Fluoridation efforts continue to generate opposition due to the additional costs and burden.

The other contributor is that 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 oral health literacy, costs of dental procedures, and fear of dental procedures contribute to significant disparities in oral health among Guam's children.

Assuring well-child exams and immunizations has been a hallmark activity for MCH Title V and has consistently been part of identified needs since the early 1990's on the 5-year needs assessments. During the 2020 needs assessment, this remained a priority with much discussion about early childhood development and mental health and addressing cognitive/behavioral health of children.

Developmental screening is the mechanism to monitor how a child learns age-appropriate skills and identify any developmental delays. This screening is a gateway for understanding whether specific early intervention services may be needed to support a child and family. Developmental screening can be done by providers and other professionals in health care, childcare/early education, schools, and community settings.

In recognition of the increased incidence of children identified with developmental delay, Guam Title V choose National Performance Measures # 6: "Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year."

Guam Title V collaborates with Guam's early childhood program through participation in the Guam Early Learning Council (GLEC) Focus Area Workgroups. In addition, Title V staff participates as members of the various Strategic Management Teams (SMTs) of Guam's Early Childhood Comprehensive Systems (ECCS). The SMTs function in both governance and workgroup capacities to advance the ECCS across five critical areas: 1) access to health

insurance and medical/dental home: 2) social-emotional development and mental health; 3) early care and education and childcare; 4) parent education and family support; and 5) sustainability.

Guam received a grant from the U.S. Department of Health and Human Services called the Preschool Development Grant – Birth through Five (PDG) to review and improve Guam's support to families with children ages five and below. The work of this grant is a collaboration with the Guam Early Learning Council to align education and core system access across the island and remove barriers so families with young children can access life-changing early childhood programs.

In its first-year planning stage, the collaboration with this newly funded program will help sustain work in assisting families. As part of the grant writing team, the MCH Program Coordinator helped with the initial work on the grant. MCH was identified as a partner that would collaborate in training and family support activities. A Continuation Grant Application was submitted, of which MCH was also a significant part. All fours years of the PDG program have been approved and awarded,

A significant activity aimed at helping promote a comprehensive system that supports families is Home Visiting.

> "Home visiting has been demonstrated to be an effective method of supporting families, particularly as part of a comprehensive and coordinated system of high-quality, affordable early care and education, health and mental health, and family support services for families of children from the prenatal through the pre-kindergarten stages."[2]

Home Visiting helps ensure pregnant women receive adequate prenatal care, learn about healthy development in utero, infancy, and beyond, and promote responsive relationships. Then, as children and families develop, home visiting helps ensure families with young children receive individualized social, emotional, health-related, and parenting supports and are connected with community resources that help stabilize and empower families.

The Bureau of Family Health and Nursing Services (BFHNS) provides oversight of Guam's Title V and the Guam Maternal Infant and Early Childhood Home Visiting Program ("Project Bisita"); which has the following objectives: 1) to help improve maternal and child health; 2) prevent child abuse and neglect; 3) encourage positive parenting; and 4) promote child development and school readiness. Project Bisita implements two evidence-based home visiting models – Healthy Families America and Parents as Teachers.

As stated in Project Bisita's Annual Performance Report, Project Bisita focused on family recruitment efforts and ensured sufficient support for families identified in high-priority areas. As a result:

- One hundred twenty-one participants (59 children and 62 adults) were enrolled in the program.
- Nearly 90% of enrolled children were screened for developmental and social-emotional delays.
- 89.5% of women enrolled were screened for depression.
- 72.8% of caregivers enrolled in home visiting had continuous health insurance coverage; and
- 100% of caregivers were asked if they have concerns regarding their child's development, behavior, or learning.

In 2019, Project Bisita focused its continued quality improvement (CQI) efforts on using the 2018 data collected through the well-child visits workgroup to encourage parents to complete well-child visits. The CQI aim focused on increasing timely well-child visits. Project Bisita identified many challenges and causes leading to lower than optimal

rates of well-child visits. The team focused on developing and testing changes at the home visitor level, including home visitor education on what happens at a well-child visit; how well-child visits are different from immunization visits; how to support families to maintain insurance and schedule visits; how to talk with families about well-child visits; and how to help families prepare for and advocate for their family at well-child visits.

Because of the mandatory restrictions on physical distancing, many programs which conduct home visits suspended in-person visits, including the Guam Early Intervention Section (GEIS). While referrals are still accepted, GEIS cannot conduct in-person visits for multi-disciplinary evaluations. GEIS modified eligibility guidelines to temporarily include "presumed eligibility" so a child may receive early intervention services until eligibility can be determined. GEIS will use information submitted with referrals, including any developmental screening results or developmental information, in determining whether a child is "presumed eligible." When ASQ screening results presented with referrals fall in the "referral range," the child will be presumed eligible for early intervention services.

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse, neglect, and household dysfunction that occur during childhood. These events can affect people of all backgrounds and are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan. In Guam, it is estimated that nearly one in three (29%) children aged 0-5 years experience at least one ACE; for those aged 6-11 years, the prevalence estimates are higher at 38% experiencing one ACE.

ACEs can have lasting, adverse effects on health, well-being, and opportunity. These experiences can increase the risks of injury, sexually transmitted infections, maternal and child health problems, teen pregnancy, and a wide range of chronic diseases and leading causes of death such as cancer, diabetes, heart disease, and suicide. ACEs and associated conditions, such as living in under-resourced or racially segregated neighborhoods, frequently moving, and experiencing food insecurity, can cause toxic stress (extended or prolonged). Toxic stress from ACEs can change brain development and affect attention, decision-making, learning, and response to stress. Children and adolescents growing up with toxic stress may have difficulty forming healthy and stable relationships. They may also have unstable work histories as adults and struggle with finances, jobs, and depression throughout life. These effects can also be passed on to their children. Some children may face further exposure to toxic stress from historical and ongoing traumas due to systemic racism or the impacts of poverty resulting from limited educational and economic opportunities.

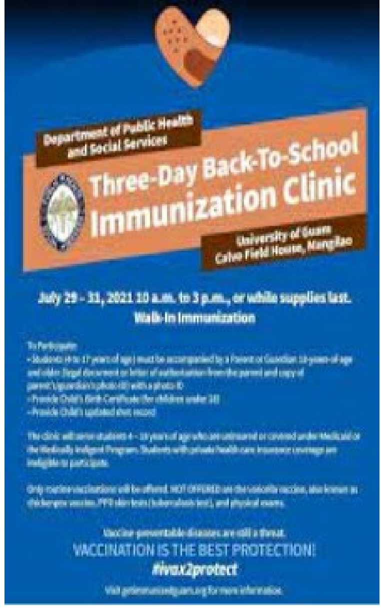
Infectious disease prevention is one of Guam's most "winnable battles," focusing on increasing the percentage of children up to date on their immunizations upon school entry into kindergarten. To address the 2020-2025 priority need "Improve childhood immunizations," Guam developed a State Performance Measure "Percent of 19 to 36 months of age to have a completed immunization series of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP)."

Guam DPHSS has implemented many efforts to assure that Guam's children are vaccinated on schedule. On-schedule vaccinations have become increasingly difficult as parents have questions about vaccines, and vaccine hesitancy is increasing. A recent Nation study suggests that only 63% of parents are following the CDC-recommended ACIP schedule. Unfortunately, Guam immunization rates have dropped from 79.6% to 76% for MMR among children enrolled in kindergarten and from 62.1% to 55.8% for DTaP.

The Guam MCH Program has strived to promote immunizations by providing education to women and families. The Child Health clinics will provide immunizations for children and youth according to the immunization schedule as part of the well-child visit. In addition, Project Bisita home visiting nurses will also provide vaccination to children during the home visit if the child/children are behind on their immunizations.

The Covid 19 pandemic has impacted health and well-being beyond the damage caused by the virus, with profound implications across the healthcare system. While routines have changed, and we all adjust to a “new normal,” some things have not changed. Individuals of all ages – from newborns to senior citizens- need to stay up-to-date on recommended vaccination.

Routine childhood vaccinations dropped dramatically during the month of the Covid pandemic. Although they have begun to rebound as families reschedule doctor visits, many children and adolescents are behind on their recommended vaccinations. In response, the Guam DPHSS Immunization Program has reminded families that vaccinations are safe and important.



With health care systems overburden, CDC recommends that Covid vaccines may be given on the same day as other vaccines, especially when children and teens are behind or in danger of falling behind on vaccinations. The CDC changed their guidance to allow Covid shots simultaneously as others for those children within the age group qualified for the vaccine.

Guam has stepped up and held vaccination clinics at the University of Guam and at the Micronesia Mall to help get children and teens vaccinated for routine vaccines and the Covid vaccine.

As of August 21, **832** additional residents received their first dose in a two-dose series, **158** residents received their dose in the single-dose series, and an additional **350** residents have become fully vaccinated. To date, a total of **107,145** (**78.61%)** of Guam’s eligible population (residents 12 years and older) is fully vaccinated. This percentage includes **8,600** fully vaccinated residents between the ages of 12 – 17, as well as Guam's fully vaccinated adult population of **98,545**.

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[1] Comparative Analysis of Oral Health Indicators Among Young Children in Hawaii, the Republic of Palau and Territory of Guam, 1999-2000, Greer, Larson, Sision

[2] DiLauro, E. (2012). Reaching Families Where They Live: Supporting Parents and Child Development through Home Visiting. Retrieved from https://www.zerotothree.org/resources/997-reaching-families-where-they-live-supporting-parents-and-child-development-through-home-visiting

Child Health - Application Year

For the 2022 application year, the Guam Title V Program children's health will strengthen emotional, physical, and social services to achieve equitable and optimal development for children in Guam. Key activities include the early identification and treatment of developmental delays and improving access to high-quality preventive health services, including oral health services.

Guam's plan to address Oral Health will be to distribute the Bright Futures Pocket Guide, a resource for all health professionals (medical and dental) that discusses oral health and dental care aspects for pregnant and post-partum women and infants, children, and adolescents. The guide highlights the need for early dental visits (within 6 months of the eruption of the first tooth and no later than age 12 months) and aspects for subsequent dental visits, assessment of caries risk, education on factors to reduce risk of early childhood caries, appropriate oral health interview questions, and anticipatory guidance/education at each stage for the above populations. The pocket guide information supports provider referral or provision of appropriate preventive dental services.

Providing comprehensive care that improves mother and child's overall health and well-being is MCH's greatest objective. Oral health is a vital component in meeting this objective. Largely preventable, tooth decay remains the most common chronic disease of children aged 6 to 11 and adolescents aged 12 to 19. Children with poor oral health may experience difficulties with learning, poor school attendance, or have problems with creating socialization skills. They may also be more likely to have more significant adult health problems than those adult health problems than those with better childhood oral health experiences.

Medicaid covers dental services for all enrolled children as part of a comprehensive set of benefits referred to as the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. States submit annual reports to CMS describing the percentage of children enrolled in Medicaid, their eligibility for the EPSDT benefit, and the various health and oral health services received during the year.

Form CMS-416: Annual EPSDT Participation Report is a database that tracks the number of individuals eligible for EPSDT, the expected number of screenings, the total screens conducted, and the number receiving services or treatment as a result of screening. Unfortunately, the EPSDT dataset has a significant limitation in that the data track healthcare visits and use that indicator as a proxy for actual screenings. Guam Title V will continue to work with the EPDST to provide data on oral health visits.

Like many states, Guam also has a shortage of providers willing to treat Medicaid clients. Moreover, Guam does not have a school of dentistry. Only programs for dental hygienists and dental assistants are available in the states.

The Guam Web IZ tracks children island-wide from birth to age eighteen, as reported by providers enrolled in the Guam Vaccine for Children Program. Guam Web IZ captures vaccines throughout the lifespan. Guam Web IZ enables providers to report electronically, reducing data entry and enabling Guam Web IZ to capture timely data on children up through age eighteen and beyond.

Pediatric outpatient visits and routine childhood vaccination have declined substantially during the COVID-19 pandemic, leaving children and communities at risk for outbreaks of vaccine-preventable diseases. With the decrease in childhood immunizations, Guam has established a new State Performance Measure "By 2025, increase the percentage of all children 19 to 36 months of age who have completed recommended vaccines to 90%".

In FY 22, 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; Sharing AAP and CDC

messaging/webinars/resources on routine catch up; and having an Immunization Workgroup of various stakeholder 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 children on routine immunizations. The Guam MCH Program is a member of the Immunization Workgroup and will continue collaborating with the Guam Immunization Program to promote timely vaccinations.

Program Bisita, Guam's home visiting program, will continue to support 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). The strategies implemented will provide support and ongoing professional development of Ages & Stages Questionnaire (ASQ) trainers to ensure a trained workforce and support families involved in the home visiting program to complete a developmental screening

Guam MCH will continue participating in the Guam Early Learning Council and leverage all existing screening and follow-up efforts to coordinate and align public health with early learning systems. The purpose of this work is to align strategies to ensure that each child's needs are identified, referrals to needed services are made and completed, services are not duplicated, and the messages that families hear are clear, aligned, and consistently reinforced to ensure that children and their families thrive.

The Guam Title V Program will work with staff from EPDST on oral health, ensuring staff is competent regarding oral health as it pertains to the informing process and care coordination; about oral health in accordance with the EPSDT periodicity schedule; and about proper techniques for direct preventive dental services (e.g., screenings, fluoride applications) and most current guidance for oral health education and anticipatory guidance.

In FFY 2022, BFHNS will continue to serve as the lead agency for MIECHV, offering no-cost, voluntary family support and coaching services to improve the health and well-being of pregnant women and parenting families with young children. In Guam, the MIECHV program includes two nationally recognized, evidence-based home visiting models—Healthy Families America (HFA) and Parents as Teachers (PAT). Families are matched with registered nurses or parent educators who provide personalized education, guidance, and support to meet each family's individual needs and empower them to reach their goals.

In both the HFA and PAT models, the home visitors provide health and developmental screenings for children, maternal mental health screenings, assistance with goal setting and life skills development, parenting guidance on a variety of topics, and connections to resources that help families meet their needs and reach their goals.

Implement agency-wide early childhood system (ECS) strategy: A core strategy to address both population priority needs is to support developing and implementing a shared, agency-wide early childhood agenda for a comprehensive early childhood system. Over the past several years, staff from various offices across Guam have been working together to coordinate efforts on shared priorities around young children's development, particularly social, emotional development, and mental health. The vision of the comprehensive ECS Strategy is that children and families will be able to access locally available, coordinated, and comprehensive support across systems, spanning the full spectrum of early childhood social, emotional, and behavioral health, from wellness promotion to targeted prevention to treatment.

Early Childhood Integrated Data System: An ongoing, critical systems-level objective is to create a tracking system for developmental screening, referral, and follow-up that can be utilized across multiple professional fields. Primary care providers, early care and education providers, and early intervention providers serve the same young children differently. Still, they lack a standardized way to share information about the screening, referral, and intervention process. Without infrastructure for sharing information, children may fail to receive services they need, they may

receive duplicative services from different providers, and families struggle to navigate the system. Implementing such a tracking system will streamline the process for families, improve communication among different types of providers, prevent unnecessary duplication of screening, and ensure that referrals and follow-ups are made in a timely manner.

The Guam Early Learning Council also implemented a 311-information hotline to be promoted by the members. The Neni (Chamorro for baby) 311 hotline is a centralized telephone access point to connect families with children to services and support for developmental, behavioral, and/or learning challenges. The Neni Directory lists all resources for Health, Family Support, and Education available for families and children birth through age 8. Pre-COVID-19, the NENI 3-1-1 warm line provided a mechanism for parents and caregivers to call for information on developmental screening, referrals for early childhood services, and family supports. Since the COVID-19 global pandemic began, the 311 line was used to provide information related to the coronavirus. The Guam PDG B-5 staff has been working with the Governor's Office to include an option for families to call for information related to child development and -resources to support growth and learning.

Families need to know the importance of early care and education for young children and how it impacts school readiness. The lack of available programs to service the birth to three population impacts school readiness for children. Coupled with the lack of birth to three programs is the lack of online access for all early childhood programs and supports, especially access to appointments to avail services. The COVID-19 global pandemic has exacerbated the long wait times and/or inability to schedule appointments to get information about said services. For example, families who qualify for childcare subsidies must take leave from work or school to submit proof of eligibility monthly continually. The time off from work may result in lost wages for the parent.

While the ECCE programs have had a long-standing history of working collaboratively, there are still significant gaps in providing services and supports to children and families. The DPHSS has many programs under the Divisions of Public Health and Public Welfare that provide services and supports to children birth to five years and their families. There is a big disconnect among these programs. Improvements in awareness and communication would enable better collaboration within DPHSS. Eligibility for services from DPHSS programs should be streamlined and expanded to include all services available to families rather than having families go from one place to the next to avail of services they need. Stakeholders feel that when families apply for specific services and/or public assistance programs, they are also informed of other services for which they are eligible. For example, if a family applies for SNAP, they are also provided information about TANF, CCDF, WIC, etc.

While there are many programs and services available in Guam, there is still the issue of access and equity of services for our most vulnerable and underserved/underrepresented populations. One of the most significant systemic barriers to be examined is how information is disseminated to reach vulnerable populations.

Many programs do provide information and resources that have been translated into other languages. However, a vast majority of resources are not accessible to families because they are only available in English. Interpreters and translators are available and/or accessible in some programs, but not always for all languages.

Homeless families have the least access to services and supports. With no address or a reliable mode of communication, homeless families encounter missed opportunities for their children. Programs such as Project Bisita have attempted to provide home visiting services to homeless families but are often unable to locate these families after a few visits. Other vulnerable populations such as the FAS/FSM and Russian families also miss available services because the information is not easily accessible in their languages.

Children who are currently wards of the state and under the care of Child Protective Services housed in group care homes are not eligible for childcare subsidies. Since the same law governs group care homes also manages the

center-based facilities, these children cannot be placed in center-based facilities because of how the Guam law is written. Changes will need to be made to the current law to make an exception for wards of the state.

Policies need to be developed to ensure that children with disabilities are not denied access to any services, including but not limited to childcare and other services and supports available to typically developing children. Parents have shared that they have been asked to leave or have been turned away from childcare centers because their child's needs sometimes require one-on-one assistance. Childcare providers also need training programs to learn how to assist and support children with special needs. These providers also need to work more collaboratively with early childhood service providers and programs to identify children with special needs and provide intervention services.

Early childhood providers have voiced the need for training to support social, emotional wellness for themselves and the children for whom they care. They have also requested training on trauma-informed care and ongoing coaching and mentoring as the strategies are implemented.

Foster families lack a one-stop center for information and application of services for their foster children. The processes need to be streamlined as they must go to multiple places to ensure they receive the services and supports for their foster children.

The COVID-19 pandemic has magnified many of the issues parents, and caregivers face around receiving inadequate support. Many have lost their jobs or have been furloughed due to the closure of businesses, adding significant financial stressors to their plate. Others have had to significantly cut hours or quit their jobs to care for their children on a day-to-day basis. In addition to the multiple roles they filled before the pandemic, many parents/caregivers have had to take on the role of at-home educator or child care provider. Many formal and informal supports that families had before the pandemic were no longer accessible in the new era of physical distancing – leading to even greater feelings of isolation among parents and caregivers. For parents and caregivers of CYSHN, the pandemic has only magnified the lack of support and isolation that many were feeling.

Parents need a network of supportive relationships, strategies for coping with stress, resources, knowledge, and understanding child development. Unfortunately, a lack of these critical supports can cause otherwise well-intentioned parents to become overwhelmed and at times result in abuse or neglect. Parents and caregivers who have resources and support are more likely to provide safe and healthy homes for their children and families and reduce the need for out-of-home placement following confirmed instances of abuse or neglect.

Adolescent Health

Linked National Outcome Measures

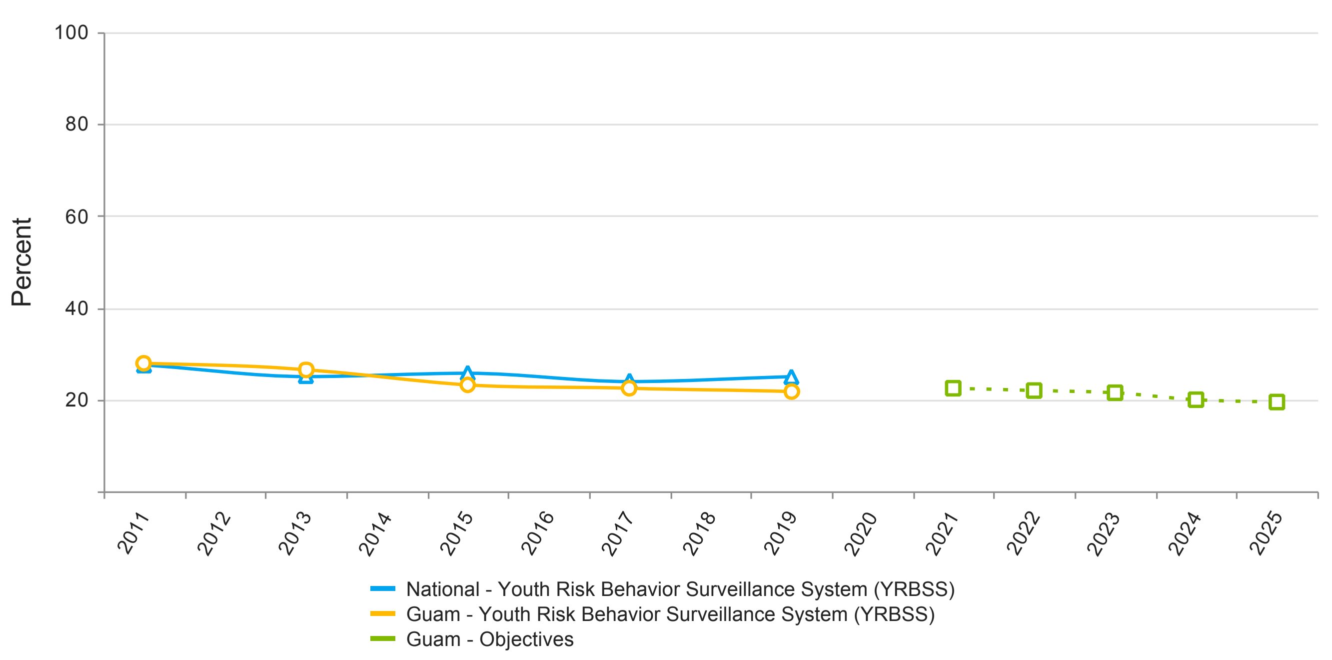
National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID	Data Not Available or Not Reportable	NPM 14.2
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS-2015_2019	Data Not Available or Not Reportable	NPM 14.2
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	MCH-JS-2019	9.9 %	NPM 14.2
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2019	9.2 %	NPM 14.2
NOM 5 - Percent of preterm births (<37 weeks)	MCH-JS-2019	13.0 %	NPM 14.2
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2019	11.5 %	NPM 14.2
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2019	32.3 %	NPM 14.2
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2019	12.7	NPM 14.2
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2019	9.9	NPM 14.2
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2019	7.6	NPM 14.2
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 14.2
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2017	Data Not Available or Not Reportable	NPM 14.2
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2019	Data Not Available or Not Reportable	NPM 14.2
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000	NVSS-2019	35.5	NPM 7.2
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS-2019	Data Not Available or Not Reportable	NPM 7.2 NPM 9 NPM 10
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	NVSS-2017_2019	Data Not Available or Not Reportable	NPM 7.2 NPM 10

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS-2017_2019	Data Not Available or Not Reportable	NPM 7.2 NPM 9 NPM 10
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	MCH-JS-2019	22.1 %	NPM 10
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	MCH-JS-2019	31.6 %	NPM 10
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	81.8 %	NPM 10 NPM 14.2
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 10 NPM 14.2
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	MCH-JS-Age 0-2	Data Not Available or Not Reportable	NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	MCH-JS-Age 10-17-2019	17.4 %	NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC-2018	8.5 %	NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2019	23.8 %	NPM 10
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS-2019_2020	64.6 %	NPM 10

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS-2019	63.3 %	NPM 10
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2019	78.7 %	NPM 10
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	NIS-2019	73.2 %	NPM 10
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2019	33.3	NPM 10

National Performance Measures

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others
Indicators and Annual Objectives



Federally Available Data			
Data Source: Youth Risk Behavior Surveillance System (YRBSS)			
	2018	**2019**	**2020**
Annual Objective			
Annual Indicator	22.5	22.5	21.7
Numerator	2,221	2,221	2,022
Denominator	9,859	9,859	9,299
Data Source	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2017	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	22.5	22.0	21.5	20.0	19.5	18.5

Evidence-Based or –Informed Strategy Measures

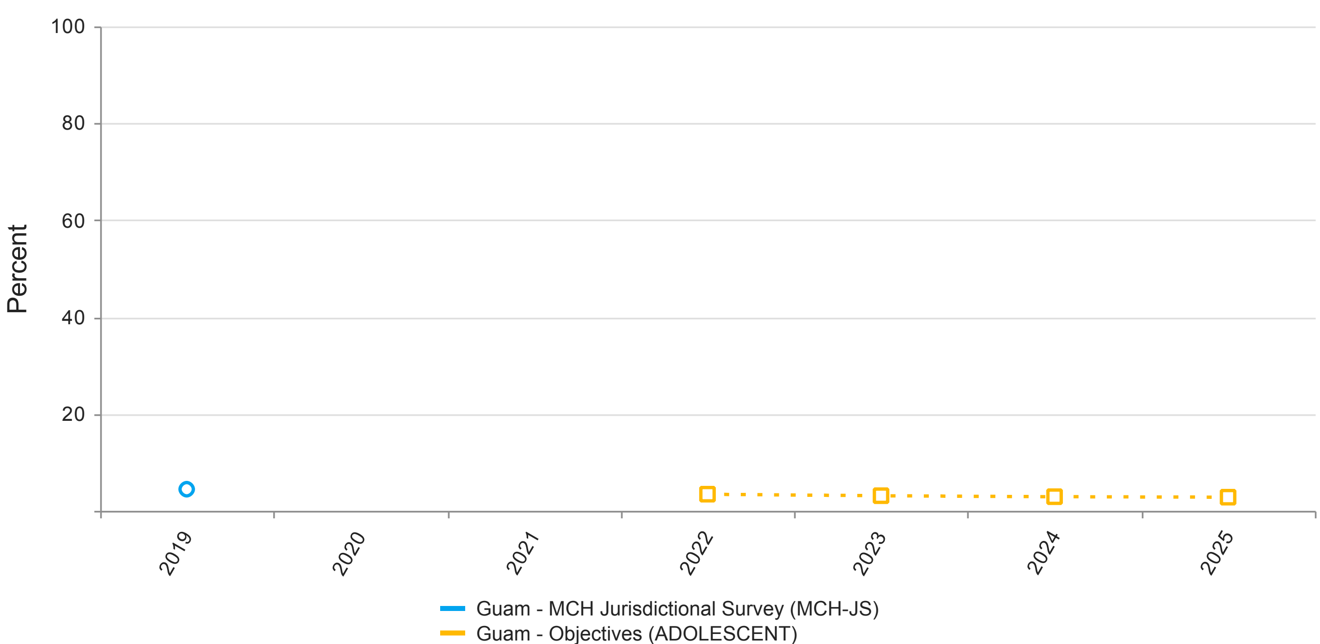
ESM 9.1 - The percent of Bureau of Family Health and Nursing Services receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training.

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		0
Numerator		0
Denominator		1
Data Source		BFHNS
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	20.0	25.0	30.0	35.0	35.0	35.0

NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes
Indicators and Annual Objectives



NPM 14.2 - Adolescent Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	9	
Annual Indicator	4.5	4.5
Numerator	2,329	2,329
Denominator	52,312	52,312
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives					
	2022	**2023**	**2024**	**2025**	**2026**
Annual Objective	3.5	3.2	3.0	2.9	2.8

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active

State Provided Data				
	2017	2018	2019	2020
Annual Objective			3	3
Annual Indicator			100	0
Numerator			2	0
Denominator			2	62
Data Source			MCH Program	MEICHV
Data Source Year			2019	2020
Provisional or Final ?			Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	3.0	2.0	2.0	2.0	2.0	2.0

State Performance Measures

SPM 1 - Guam youth suicide rate ages 10-24

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	0	0
Numerator	1	8
Denominator	39,285	40,094
Data Source	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics
Data Source Year	2019	2020
Provisional or Final ?	Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	7.0	7.0	5.0	5.0	5.0	5.0

SPM 2 - Percent LGBTQ high school students attempting suicide

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	42.6	16.1
Numerator	425	162
Denominator	997	1,008
Data Source	YRBSS	Guam YRBSS
Data Source Year	2017	2019
Provisional or Final ?	Provisional	Final

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	42.0	41.0	40.0	40.0	39.0	20.0

State Action Plan Table

State Action Plan Table (Guam) - Adolescent Health - Entry 1

Priority Need

To improve and enhance adolescent strengths, skills and support to improve adolescent health

NPM

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Objectives

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

Strategies

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).

ESMs	Status
ESM 9.1 - The percent of Bureau of Family Health and Nursing Services receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training.	Active

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

State Action Plan Table (Guam) - Adolescent Health - Entry 2

Priority Need

Reduce the use of substances including alcohol, tobacco, marijuana and opioids among youth

NPM

NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes

Objectives

Prevent / reduce substance use and abuse among teens

Strategies

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.

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.

ESMs	Status
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	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Guam) - Adolescent Health - Entry 3

Priority Need

To improve and enhance adolescent strengths, skills and support to improve adolescent health

SPM

SPM 1 - Guam youth suicide rate ages 10-24

Objectives

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

Strategies

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).

State Action Plan Table (Guam) - Adolescent Health - Entry 4

Priority Need

To improve and enhance adolescent strengths, skills and support to improve adolescent health

SPM

SPM 2 - Percent LGBTQ high school students attempting suicide

Objectives

Decrease the percentage of LGBTQ high school students attempting suicide

Strategies

Obtain data on the current bullying prevention efforts being implemented in schools.

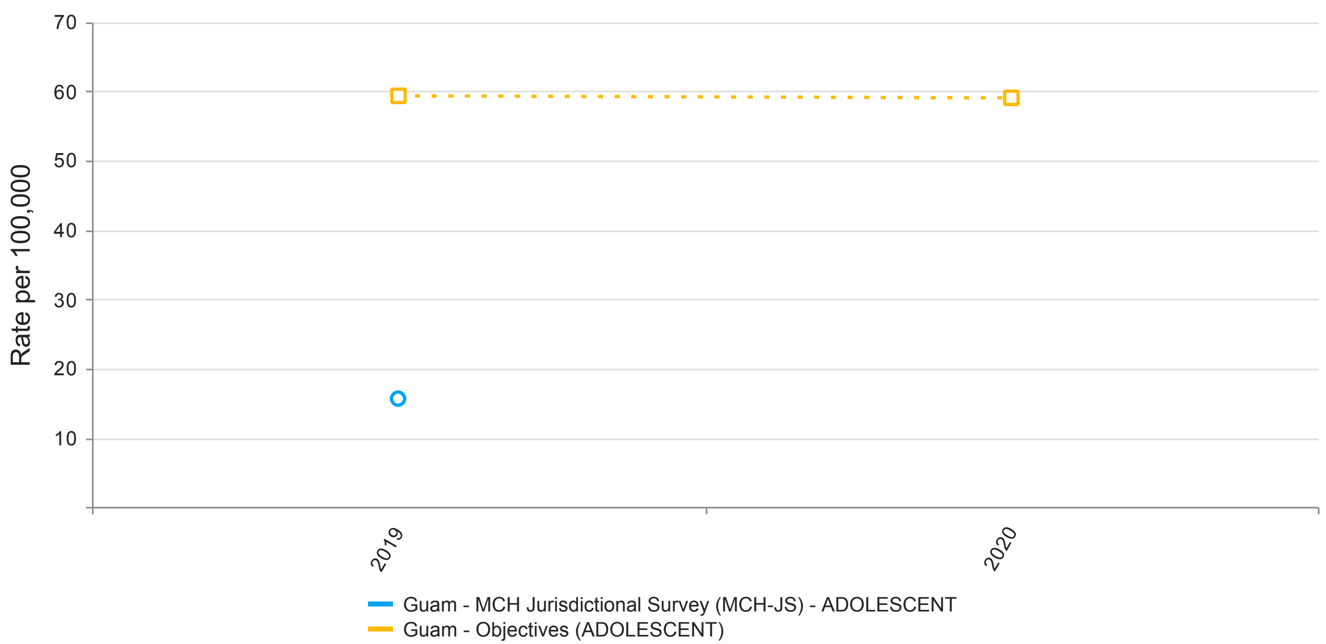
Provide evidence-informed LGBTQ cultural competency training to MCH staff who serve adolescents.

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 MCH personnel.

2016-2020: National Performance Measures

2016-2020: NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19 Indicators and Annual Objectives



Note: ICD-10-CM beginning in 2016; previously ICD-9-CM with 2015 representing January - September

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - ADOLESCENT		
	2019	**2020**
Annual Objective	59.3	59
Annual Indicator	15.6	15.6
Numerator	3,750	3,750
Denominator	24,039	24,039
Data Source	MCH-JS-ADOLESCENT	MCH-JS-ADOLESCENT
Data Source Year	2019	2019

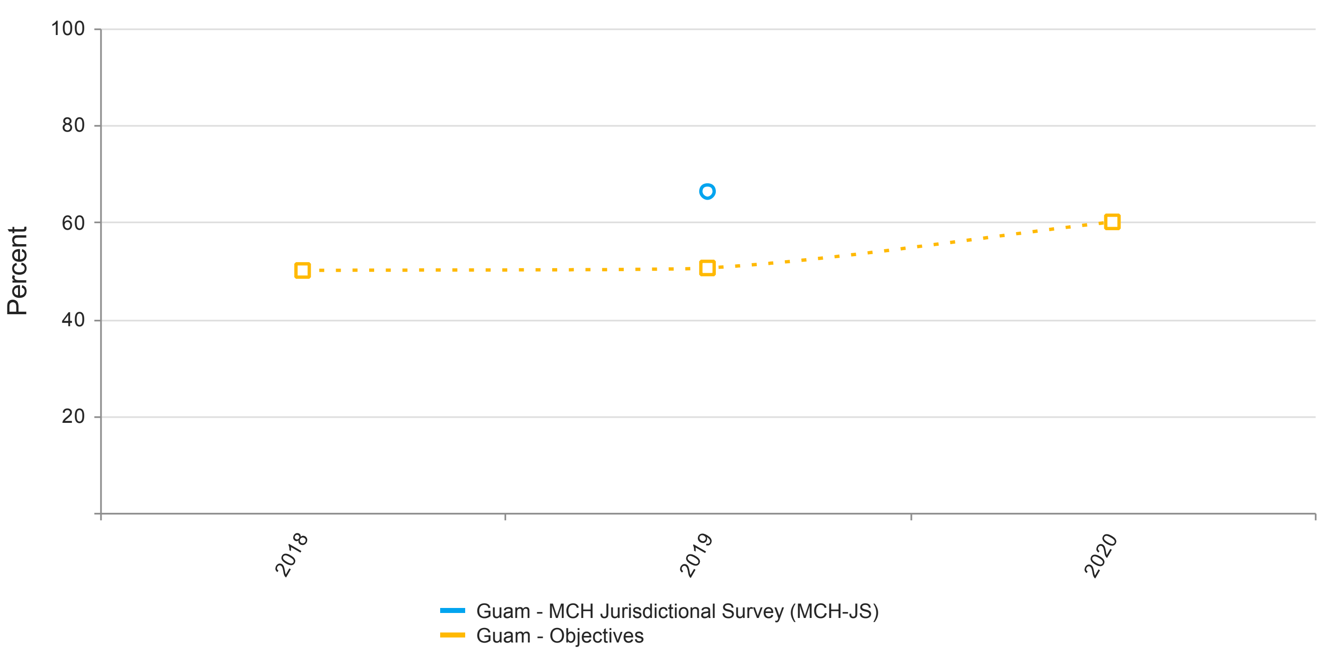
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective			59.3	59
Annual Indicator	5,928.8	5,696.3		
Numerator	1,651	1,524		
Denominator	27,847	26,754		
Data Source	Guam Memorial	Guam Memorial Hospital		
Data Source Year	2017	2018		
Provisional or Final ?	Provisional	Provisional		

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 7.2.1 - Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment

Measure Status:				**Active**
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective	5	6	7	8
Annual Indicator	6	7	7	0
Numerator				
Denominator				
Data Source	GCCDRP	GCCDRP	GCCDRP	GCCDRP
Data Source Year	2017	2018	2018	2020
Provisional or Final ?	Final	Provisional	Final	Final

2016-2020: NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. Indicators and Annual Objectives



Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	50.5	60
Annual Indicator	66.4	66.4
Numerator	10,949	10,949
Denominator	16,501	16,501
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			50	50.5	60
Annual Indicator	45.9	45.9	47.3		
Numerator	6,280	6,280	6,359		
Denominator	13,676	13,676	13,445		
Data Source	YRBS	YRBSS	YRBSS		
Data Source Year	2015	2015	2017		
Provisional or Final ?	Final	Final	Provisional		

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 10.2 - Percent of adolescent program participants (15-18 years of age) that received education on the importance of a well-visit in the past year

Measure Status:				Active
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective	45	47	48	50
Annual Indicator	46.2	54.5	54.5	0
Numerator	153	181	181	0
Denominator	331	332	332	1
Data Source	Guam MCH Clinic data sheets	Guam MCH Clinic Data Sheets	Guam MCH Clinic Data Sheets	Guam MCH Clinic
Data Source Year	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Final	Provisional

2016-2020: ESM 10.3 - Number of schools implementing evidence-based or informed anti-bullying practices and/or programs

Measure Status:				Active
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective	13	19	25	31
Annual Indicator	10	10	10	10
Numerator				
Denominator				
Data Source	GDOE	GDOE	GDOE	GDOE
Data Source Year	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Final	Provisional

2016-2020: State Performance Measures

2016-2020: SPM 3 - Percent of students who were bullied on school property during the past 12 months

Measure Status:					**Active**
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		13	13	12	12
Annual Indicator	16.4	16.3	16.3	14.5	14.5
Numerator	3,248	3,539	3,539	3,142	3,142
Denominator	19,801	21,675	21,675	21,675	21,675
Data Source	GUAM YRBS	Guam YRBSS	Guam YRBSS	Guam YRBSS	Guam YRBSS
Data Source Year	2015	2017	2017	2019	219
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

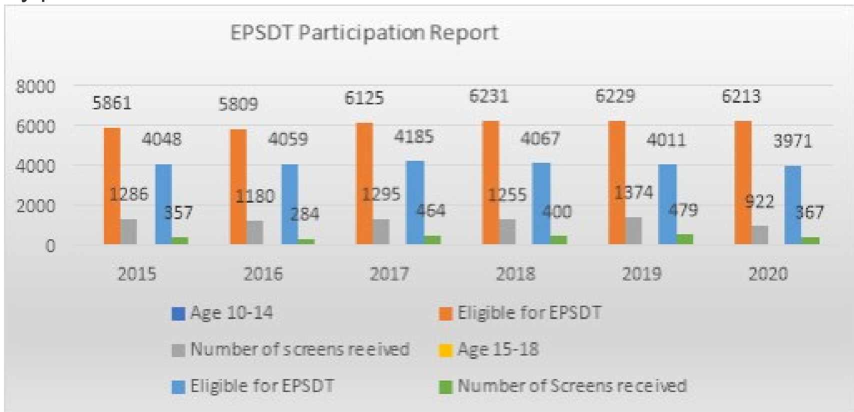
Adolescent Health - Annual Report

Adolescent Health

Adolescence is a significant period of development in the life course, second only to infancy. While generally characterized by good health, adolescents lay the foundation for wellness and health status to persist into adulthood. Ensuring adolescents are healthy, educated, and engaged will support a healthy community now and in the future.

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’ was not changed for the new five-year grant cycle. With the priory need in mind, National Performance Measure #10 “Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.”

Well-visits for adolescents foster healthy development by focusing on physical development, social and emotional well-being. During the visits, providers check physical and mental development by established screening methods, which provides opportunities for early identification management, and intervention for conditions and behaviors that may persist into adulthood.



The Early Periodic Screening, Diagnostic, and Treatment (EPSDT) under the Medicaid Program provides comprehensive health coverage for all children under 21 enrolled in Medicaid. From 2015 to 2020, the number of adolescents aged 10 through 14 years eligible for EPSDT rose 6%; however, the number of adolescents receiving a health screen decreased 28.3%. For adolescents aged 15-18 years, the number eligible for EPSDT decreased 1.9%, and the number of adolescents receiving a health screen rose 2.8%.

With the five-year grant cycle (2020-2025), the original priority needs for adolescent health did not change; however, as a result of the five-year Needs Assessment, a new priority need was identified – “Reduce the use of substance including alcohol, tobacco, marijuana, and opioids among youth.”

Tobacco is the leading cause of preventable and premature death in the United States. An estimated 88% of adult tobacco users started using tobacco before they turned 18. The younger the age someone starts smoking, the more likely they become regular smokers. Consequently, teen smoking rates have a significant impact on the overall burden of tobacco-related disease.

According to the 2019 Guam High School YRBSS, the percentage of high school students on Guam smoking cigarettes daily has declined significantly from 2013 (20.2%) to 2019 (11.9%). Cigarette smoking increased as students increased with grade level. In 2019, the smoking percentage for 9th grade (7.9%) was lower than for students in 12th grade (13.6%).

The use of smokeless tobacco is not a safe alternative to cigarette smoking. The health risk associated with smokeless tobacco includes heart disease and cancer of the mouth, esophagus, pharynx, larynx, stomach, and pancreas. In 2019, 11.4% of Guam's high school students reported they had used "chew, snuff, or dip" in the past 30

days.

Smokeless tobacco use fluctuated by grade level. In 2019, smokeless tobacco increased significantly from grade 9 to grade 10 by 28.7%. At 13.6%, male students were significantly more likely to use smokeless tobacco than female students.

In 2010, a tax increase on tobacco to seven dollars and fifty cents ($7.50) per one hundred cigarettes. This occurred after Guam Public Law 27-05, which was amended and increased the tobacco tax rate effective May 2003.

In 2005, Guam implemented the "Natasha Protection Act" to reduce the risk of tobacco smoke-related health problems in Guam. The law prohibits smoking in indoor areas throughout the island, along with entryways to buildings and facilities. In 2019, the "Natasha Protection Act" was amended to include electronic smoking devices.

The Guam "Youth Protection Act of 2017" increased the minimum age to legal access to tobacco products and e-cigarettes to age 21 years. Furthermore, Guam Public Law 30-163 prohibits importing and selling ingestible tobacco film strips, ingestible tobacco sticks, hard tobacco candies, nicotine lollipops, nicotine lip balm, and nicotine water.

Many youths use electronic cigarettes (e-cigarettes), which provide a new way to deliver nicotine without burning tobacco. In December 2018, the U.S. Surgeon General issued an advisory on e-cigarettes use among youth, declaring the growing problem an epidemic. The Surgeon General called for "aggressive steps to protect our children from these highly potent products that risk exposing a new generation of young people to nicotine."

According to the National Youth Tobacco Survey released by the CDC and FDA, e-cigarettes have been the most commonly used tobacco product among youth since 2014. 5.3 million youth were current e-cigarette users in 2019 – an increase of over 3 million students since the last survey in 2017.

Among those Guam students who had ever used e-cigarettes in the past 30 days, 49% were middle school students, and 68.6% were high school students. Of those who currently use e-cigarettes, 34.6% were high school students, and 35.2% were middle school students. Of the current users of e-cigarettes, 5.5% of high school students are daily users, and 11% are middle school students, a strong indication of addiction.

Betel (areca) nut is an addictive substance chewed with or without tobacco widely used in Asia and the Pacific, including Guam. Research suggests that most betel nut initiation occurs in adolescence. However, very little is currently known about the etiology of adolescent betel nut use.

In a study “Adolescent Betel Nut Use in Guam – Beliefs, Attitudes, and Social Norms,” it was found that betel nut use appears to be highly prevalent in adolescent's social environment: parents and/or other adult's use of betel nut use seems to be shared among cousins, siblings, and friends. Furthermore, the youth found betel nut to be easily accessible. Also, for some island groups such as Yapese and Saipanese, betel nut use appears to be a part of cultural tradition and possibly a symbol of cultural identity.

Youth marijuana use has been associated with several dangerous behaviors. A high percentage of youth 16 to 18 years of age have reported driving under the influence of an illegal drug. Drug and alcohol use by youth also is associated. Drug dependence is a chronic relapsing disorder.

Marijuana recently became legal for recreational and medical care in many states and Guam. The legalization of marijuana has raised percentages of unintended marijuana exposure among young children and adolescents. In 2019, 25.9% of Guam high school students reported using marijuana in the last 30 days. This is a decrease of 8% from 2017 data. Marijuana use increased from 21.1% in 9th grade to 35.6% in 11th grade and 25.3% in 12th grade.

This shows that the younger children and adolescents are when they start to drink, the more likely they will engage in behaviors that harm themselves and others.

Guam's 2019 YRBSS indicates that 19.3 of high school students used alcohol before 13; this increased 9.7% from 2017's data. There was a significant difference between males and females in the prevalence of using alcohol before 13. Males reported a significantly higher alcohol use before age 13 (24.2% vs. 13.9%, respectively).

In conjunction with the priority need for the new five-year cycle, Guam selected National Performance Measure # 9 “Percent of adolescents, ages 12 through 17, who are bullied or who bully others,” along with two State Performance Measures – “Guam youth suicide rate for ages 10 through 24 years” and “Percent of LGBTQ high school students attempting suicide.”

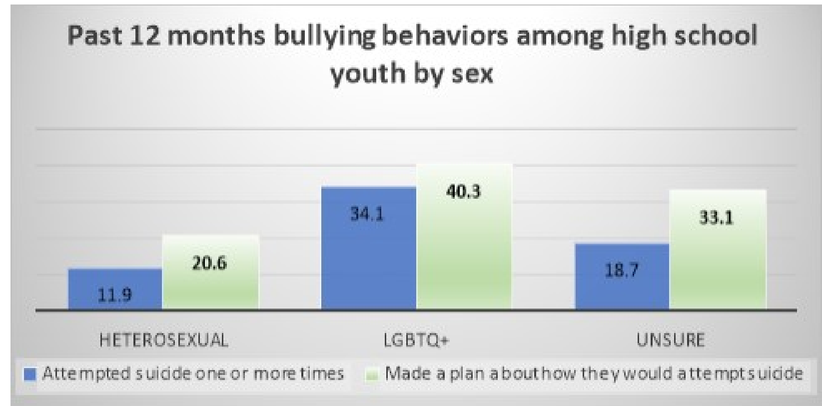
Over the past few years, great strides have been made in adolescent health, especially regarding access to care and the identification of mental and emotional health needs. However, racism and prejudice create barriers for adolescents of color and LGBTQ+ adolescents, preventing them from sharing in the improvements gained across the population. Moreover, mental and emotional health continues to be an issue among demographic groups, hindering youth’s health and academic outcomes.

Bullying is unwanted aggressive behavior among school-age children that involves a real or perceived power imbalance and is reported over time. Bullying can be verbal, physical, or online and has adverse effects on the mental health of youth involved in any way, including youth who bully others, youth who both bully others and are bullied by others, and youth who ah.ve observed but not participated in bullying behaviors. Adverse outcomes associated with bullying may include depression, anxiety, substance abuse, and poor school performance.

In 2019, 14.5% of students in Guam high schools reported being bullied by another student on school property. This was a decrease of 11% from 2107's data. Female students reported being bullied more than male students (16% vs. 12.9%). Students in grade 11 (16.5%) reported significantly more bullying than students in grade 9 (14.5%). In 2019, 41% of middle school students in Guam reported being bullied by a student on school property. This was a slight decrease of 4.5% from 2017s data. Students in the 6th grade reported being bullied more often than students in 8th grade (42.4% vs. 41.4%).

Race and ethnicity are associated with bully victimization as well. Micronesian Islanders (14.1%) and Filipino (14.7%) students living in Guam are most likely to report being bullied or harassed in the past week. Racism and stereotyping of students have been associated with more frequent experiences of being disciplined within schools, which can be a risk factor for bully victimization. Additionally, discipline for bullying behaviors is not effective in addressing the root cause of bullying, which are varied and can include but are not limited to minority racial or ethnic identity, experiencing financial hardship, and exposure to violence.

Filipino ethnicities are more likely than Chamorro (13.5%) students to be living in poverty. Therefore, they are at an increased risk of experiencing bullying due to their race, ethnicity, and household socioeconomic status.



Schools should be safe places for everyone. However, students who are LGBTQ too often find their school experience anything but. Feeling unsafe or uncomfortable at school can negatively affect students' ability to thrive and succeed academically, mainly if it avoids school altogether.

Over 20% of gay or lesbian students reported feeling unsafe going to or from school. For female LGBTQ students in 2015, 20% felt unsafe going to school; however, data from 2017 shows a decrease of 32%. The percent of male LGBTQ students shows an increase of 20.7% from 2013 to 2019 in the percent of male LGBTQ students who felt unsafe.

Keeping hallways and classrooms free of homophobic, sexist, racist, and other types of discriminatory language is one aspect of creating a positive school climate for all students. In 2109, 10.6% of Guam high school students had been teasing or name-calling victims because someone thought they were gay, lesbian, or bisexual. Male students (11.9%) were more likely to be bullied or called names than female students (9.2%). Students in grades 9 (13.9%) and 11 (11.5%) were more likely to tease or call names than 10 and 12.

An increasing number of adolescents are becoming victims of electronic bullying or cyberbullying. Cyberbullying is bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through SMS, texting, or apps, online in social media, forums, or gaming where people can view, participate or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else. It can include sharing personal or private information about someone else, causing embarrassment or humiliation.

In 2019, 12.4% of Guam students in high school reported being threatened or harassed over the internet, by email, or by someone using a cell phone. This was a 7% decrease from 2017. Female (15.8%) high school students were significantly more likely to be electronically bullied than males (9.4%).

A higher prevalence of LGBTQ+ students was electronically bullied in 2019. Among LGBTQ+ students, 13.9% had been electronically bullied, and students who were unsure of their sexual identity, 16.4% had been bullied.

The Surgeon General of the Department of Health and Human Services, U.S> Public Health Service defined the term “mental health” as “the successful performance of a mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.”

Depression is the most common mental health disorder, affecting nearly one in eight adolescents and young adults nationally each year. Adolescents who experienced symptoms of depression most of the day, almost every day, for at least two weeks in a year may be having a major depressive episode.

In 2019, 46.9% of Guam high school students reported that, at some point over the past 12 months, they felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing some usual activities. This was an increase from 2017’s by 15.8%. Females reported a significantly higher prevalence of such feelings when

compared to males in 2019. Students in 10th and 11th grade were significantly more likely to report being sad or hopeless than students in grades 9 and 12 during 2019.

In Guam, suicide is one of the leading causes of death among adolescents and young adults. More adolescents are hospitalized or treated in an emergency department for suicide attempts. Suicide ideation – thinking about suicide, having suicidal thoughts, and considering attempting suicide -- is a risk factor for suicide.

Suicide is not experienced equally across genders and sexual orientations. In Guam, the suicide rate for males (45.5 per 100,000) is 6 times the suicide rate for females (7.4 per 100,000). There is a well-studied gender paradox in the method used for suicide attempts, with men of all ages selecting more lethal methods and therefore are more likely to complete a suicide attempt. A similar pattern is likely seen among adolescent suicides.

In 2019, 23.8% of Guam high school students reported having seriously considered suicide during the past 12 months. This was a 9.1% decrease from 2017's data. Female students reported a significantly higher percentage of suicidal ideation compared to male students. Students in 9th and 12th grade were less likely to report suicidal ideation than students in grades 10 and 11.

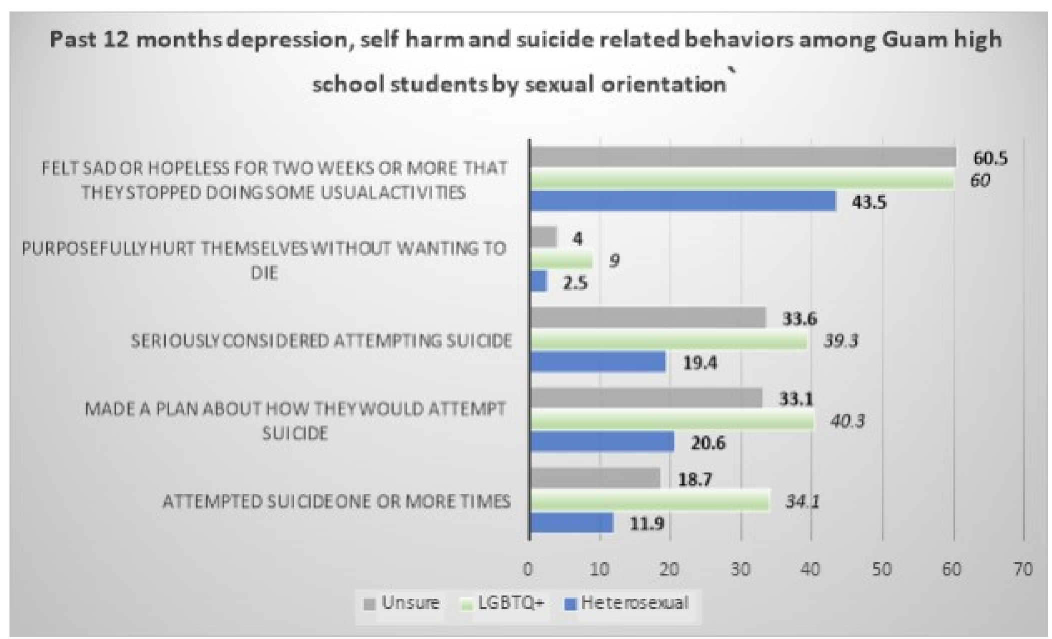
While many in Guam know the risks of suicide among Guam youth, we may overlook a particular group of adolescents at even higher risk for suicidal injury. Alarming research demonstrates that LGBTQ youth are at an increased risk of suicide. In general, LGBTQ youth are more at-risk for the dangers that are known to be associated with suicide, such as family problems or alcohol abuse. For bisexual and transgender youth, suicide risk maybe even significantly higher as they face some of the most overt and severe forms of discrimination and harassment.

While many in Guam know the risks of suicide among Guam youth, we may overlook a particular group of adolescents at even higher risk for suicidal injury. Alarming research demonstrates that LGBTQ youth are at an increased risk of suicide. In general, LGBTQ youth are more at-risk for the dangers that are known to be associated with suicide, such as family problems or alcohol abuse. For bisexual and transgender youth, suicide risk maybe even significantly higher as they face some of the most overt and severe forms of discrimination and harassment.

According to the 2019 Guam high school YRBSS, 66.1% of bisexual youth felt sad or hopeless almost every day for two or more weeks. Heterosexual youth stated they felt sad or hopeless, 43.5% every day for two or more weeks.

Suicide attempts are a significant risk factor for a suicide death later on. Research has found that 1-6% of people attempting suicide die by suicide within the first year after the attempt. In 2019. 16.5% of Guam high school students reported having made one or more suicide attempts in the past 12 months. This was a decrease of nearly 20%.

Female high school youth reported a significantly higher prevalence of depression, self-harm, and suicide-related behavior than male high schools students. About 32% of female youth reported seriously considering attempting suicide, and 20.2% reported trying suicide one or more times in the past 12 months compared with 17% and 12.9% of male youth, respectively. As reported in the 2019 Guam YRBSS, 60% of LGBTQ+ students reported attempting suicide one or more times in the past 12 months compared with straight and cisgender youth (11.9%).


Past 12 months depression, self harm and suicide related behaviors among Guam high school students by sexual orientation
FELT SAD OR HOPELESS FOR TWO WEEKS OR MORE THAT THEY STOPPED DOING SOME USUAL ACTIVITIES
PURPOSEFULLY HURT THEMSELVES WITHOUT WANTING TO DIE
SERIOUSLY CONSIDERED ATTEMPTING SUICIDE
MADE A PLAN ABOUT HOW THEY WOULD ATTEMPT SUICIDE
ATTEMPTED SUICIDE ONE OR MORE TIMES
60.5
60
43.5
4
9
2.5
33.6
39.3
19.4
33.1
40.3
20.6
18.7
34.1
11.9
0
10
20
30
40
50
60
70
Unsure
LGBTQ+
Heterosexual

Adolescent Health - Application Year

The percent of adolescents, ages 12-17, who are bullied or who bully others (NPM 9) was selected to address the priority need to "Create safe and healthy schools and communities that promote human thriving, including physical and mental health, supports that address the needs of the whole person." Guam's needs assessment data points to multiple reasons NPM 9 is a good fit for efforts over the next five-year cycle.

One subset of the adolescent population experiencing the harmful consequences of bullying is students who identify as LGBTQ. Over 20% of gay or lesbian students reported feeling unsafe going to or from school. For female LGBTQ students in 2015, 20% felt unsafe going to school; however, data from 2017 shows a decrease of 32%. The percent of male LGBTQ students shows an increase of 20.7% from 2013 to 2019 in the percent of male LGBTQ students who felt unsafe.

Keeping hallways and classrooms free of homophobic, sexist, racist, and other types of discriminatory language is one aspect of creating a positive school climate for all students. In 2109, 10.6% of Guam high school students had been teasing or name-calling victims because someone thought they were gay, lesbian, or bisexual. Male students (11.9%) were more likely to be bullied or called names than female students (9.2%). Students in grades 9 (13.9%) and 11 (11.5%) were more likely to tease or call names than 10 and 12.

This population of young people also reported not feeling respected by their teachers and the education system. A theme in these focus groups included the need for respect and inclusion within educational settings. LGBTQ youth and their allies are asking for more policies and education that specifically addresses safe schools for sexual minority youth because they do not feel supported at school.

Increasing help-seeking is a crucial strategy for effective suicide prevention of the Suicide Prevention Resource Center. According to the Center, "By teaching people to recognize the need support – and helping them to find it – you can enable them to reduce their suicide risk." To help young people increase help-seeking behaviors, we need to decrease barriers to accessing supports. During FY2022 and subsequent years, Guam's Title V program will work with partners to lower barriers youth experience when trying to obtain help by promoting self-help tools and campaigns. We will also work with partners to address social and structural environmental barriers, including social/emotional learning to foster peer norms around help-seeking and ensure that youth-serving providers (such as primary care providers) are more culturally appropriate, welcoming, and convenient for teens.

GALA successfully established a pilot project in previous work related to NPM 9 and the prevention of bullying or those that bully among adolescents. It utilized an evidence-based bullying prevention curriculum with LGBTQ youth Gay-Straight Alliances (GSAs). Guam's Title V program has an established partnership with GALA. GALA provides comprehensive support, victim services, resources, and events for LGBTQ and Allied youth. Guam MCH will continue to collaborate with GALA in offering training for adolescents and training for parents/community members on mental health issues facing LGBTQ youth and how youth can be supported with access to services.

Breaking Waves Theater Company uses the virtual Zoom stage to bring thespians from around the world together for a series of workshops. The workshops are a way to cultivate the creative space and allow fellow performers to share their creativity. For many who have relations to Guam or are Guamanians living abroad, it's an opportunity to showcase their work on the island without flying.

This year's theme is "reaching Across," which aims to open the conversation around mental health, substance abuse, and suicide prevention. They also hope to explore various cultural, generation, and family dynamics while connecting with other artists across the ocean.

The Guam Personal Responsibility Education Program (PREP) is a federally funded grant program that aims to create successful transitions from youth to adulthood through promoting healthy decisions and providing medically accurate, evidence-based quality sexual education to Guam young people (ages 14-21 years old). The PREP program primarily serves young people in or transitioning out of foster care or juvenile detention centers, LGBTQ youth, homeless youth, youth in alternative schools, youth of color, and American Indian youth – many of which are at higher risk of suicide. By partnering with the PREP Program's grantees, we will be better able to reach youth who are more vulnerable to suicide with prevention and help-seeking messaging.

The Tobacco Control Program will continue to provide information and data to community and education partners in our efforts to inform adolescents, youth, young adults, and their parents and educators about the hazards of vaping. This information will include the latest available research and data on the use of various substances. Materials to be provided include generalized educational materials and state-specific data and resources available for Guam residents. The Tobacco Control Program will also work with multiple community organizations to review and revise materials, answer questions, and offer technical assistance on an ongoing basis. Presentations to numerous audiences, including schools, parent-teacher organizations, youth organizations, and other interested parties, are also provided. The Tobacco Control Program also works with the Guam Department of Education to provide resources for Guam schools, including school nurses, to effectively teach and treat Guam students.

Professional development for Guam MCH providers will continue to focus on developing care practices that are sensitive and welcoming to priority populations, including young men, LGBTQ youth, and students with disabilities. The MCH Program explicitly communicates the expectation that preventive care visits are tailored to these populations. That specific strategy will need to be implemented to recruit these students to participate in MCH care. There are plans underway for the education sessions to focus specifically on young men and increase the clinicians' skill level in assessing for mental health concerns in young men and LGBTQ students.

Guam Title V has taken a health equity lens to eliminate health disparities among ethnic and racial populations of color and other low-income population groups or historically had less access, power, and privilege in Iowa. Priority populations known to experience significant health disparity in child and adolescent health must be addressed fathers, immigrants, people identifying as Lesbian, Gay, Bisexual, Transsexual, Queer, Intersex, plus (LGBTQI+), and persons with disabilities. Other populations may be addressed based on needs in the service area (e.g., Families involved with the correctional system, pregnant women and adolescents experiencing homelessness, etc.) Guam DPHSS has maintained that our agency partners with specific organizations, programs, or groups that address priority populations to increase culturally appropriate access, outreach, and education.

Children with Special Health Care Needs

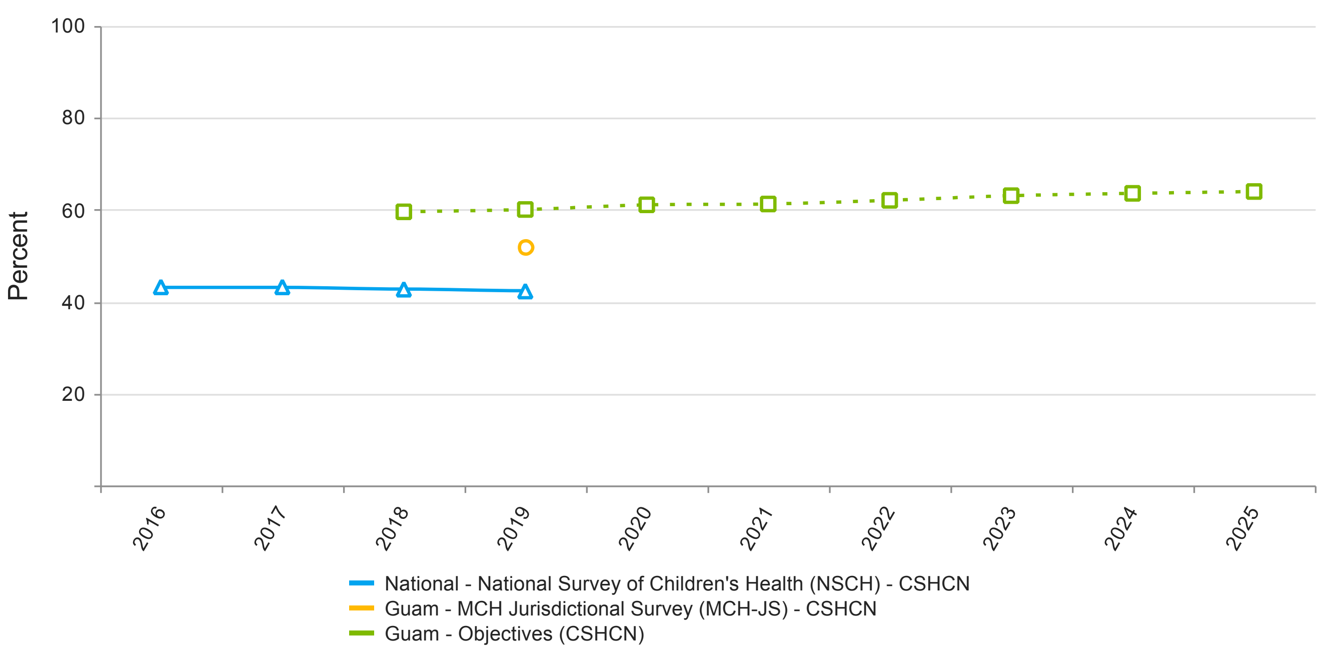
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	MCH-JS-2019	22.1 %	NPM 11 NPM 12 NPM 15
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 12 NPM 15
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	MCH-JS-2019	31.6 %	NPM 11 NPM 15
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 15
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	MCH-JS-2019	81.8 %	NPM 11 NPM 15
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 15
NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months	NIS-2016	56.3 %	NPM 15
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS-2019_2020	64.6 %	NPM 15
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS-2019	63.3 %	NPM 15
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2019	78.7 %	NPM 15
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	NIS-2019	73.2 %	NPM 15
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	MCH-JS-2019	4.0 %	NPM 11 NPM 15
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 15

National Performance Measures

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN		
	2019	**2020**
Annual Objective	60	61
Annual Indicator	51.7	51.7
Numerator	2,328	2,328
Denominator	4,500	4,500
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			59.5	60	61
Annual Indicator	59	62.6	51.8		
Numerator	526	558	462		
Denominator	892	892	892		
Data Source	CSHCN Registry	CSHCN Registry	CSHCN		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	61.2	62.0	63.0	63.5	63.9	64.0

Evidence-Based or –Informed Strategy Measures

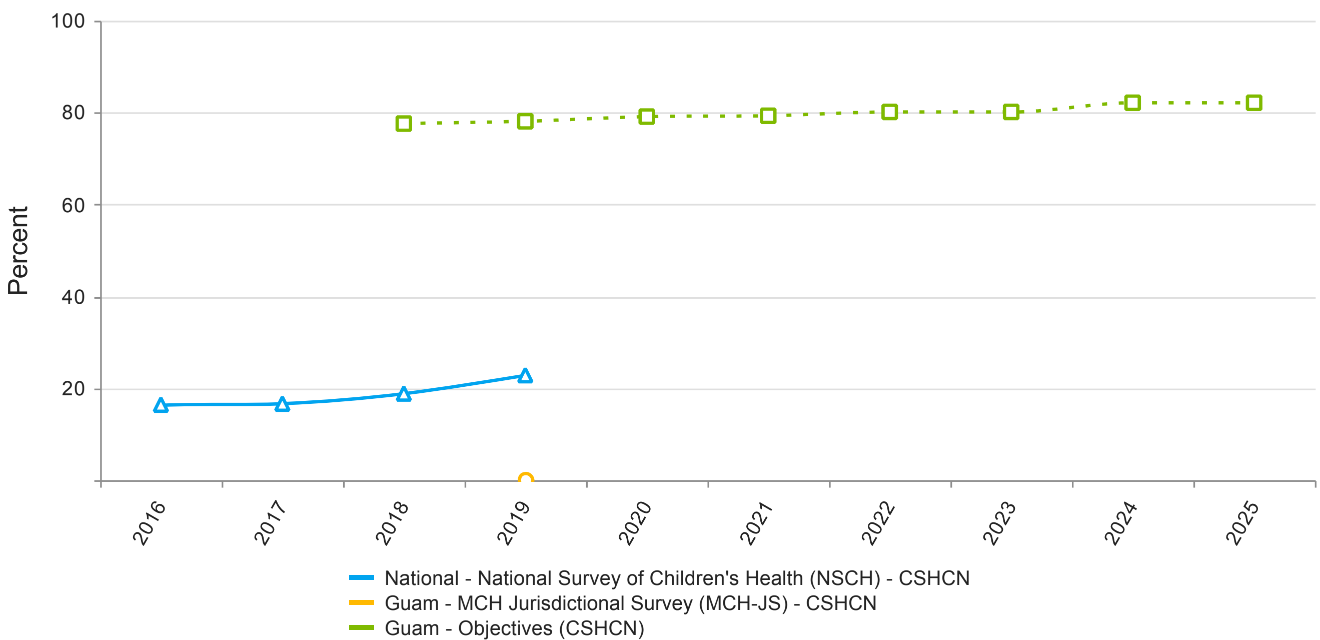
ESM 11.1 - Conduct outreach to families on availability and benefits of the medical home

Measure Status:	Active

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective		4	4	5	7
Annual Indicator	4	5	5	7	0
Numerator					
Denominator					
Data Source	DPHSS	DPHSS	DPHSS	DPHSS	DPHSS
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	7.0	9.0	9.0	9.0	9.0	9.0

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
Indicators and Annual Objectives



NPM 12 - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN		
	2019	**2020**
Annual Objective	78	79
Annual Indicator	0	0
Numerator	0	0
Denominator	840	840
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			77.5	78	79
Annual Indicator	76	76	77.7		
Numerator	10,870	10,870	11,115		
Denominator	14,301	14,301	14,302		
Data Source	Census	Census	Census		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	79.2	80.0	80.0	82.0	82.0	82.5

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - Number of families/providers who obtain needed support from Neni 311 for a support service.

Measure Status:	Active

State Provided Data				
	2017	2018	2019	2020
Annual Objective			25	35
Annual Indicator			100	0
Numerator			20	0
Denominator			20	1
Data Source			Neni 311	Neni 311
Data Source Year			2019	2020
Provisional or Final ?			Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	45.0	50.0	55.0	55.0	55.0	55.0

State Action Plan Table

State Action Plan Table (Guam) - Children with Special Health Care Needs - Entry 1

Priority Need

To provide a whole child approach to services to Children with Special Health Care Needs

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

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)

Strategies

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

ESMs	Status
ESM 11.1 - Conduct outreach to families on availability and benefits of the medical home	Active

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

State Action Plan Table (Guam) - Children with Special Health Care Needs - Entry 2

Priority Need
To provide a whole child approach to services to Children with Special Health Care Needs

NPM
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

Objectives
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)

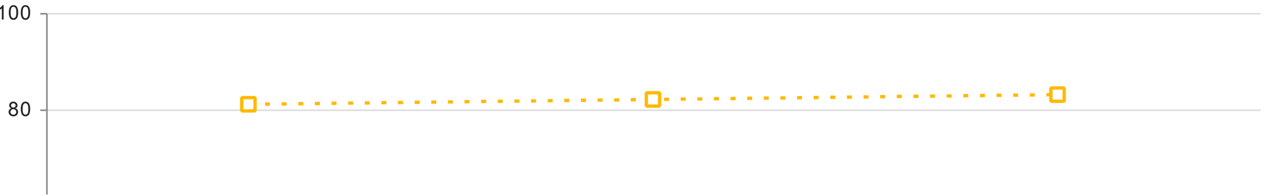
Strategies
CSHCN staff will continue to provide information and support to parents and providers on accessing ongoing, comprehensive care in a medical home.
Continue to participate in community outreach activities.
Explore funding opportunities for projects that promote transition services for CSHCN and their families

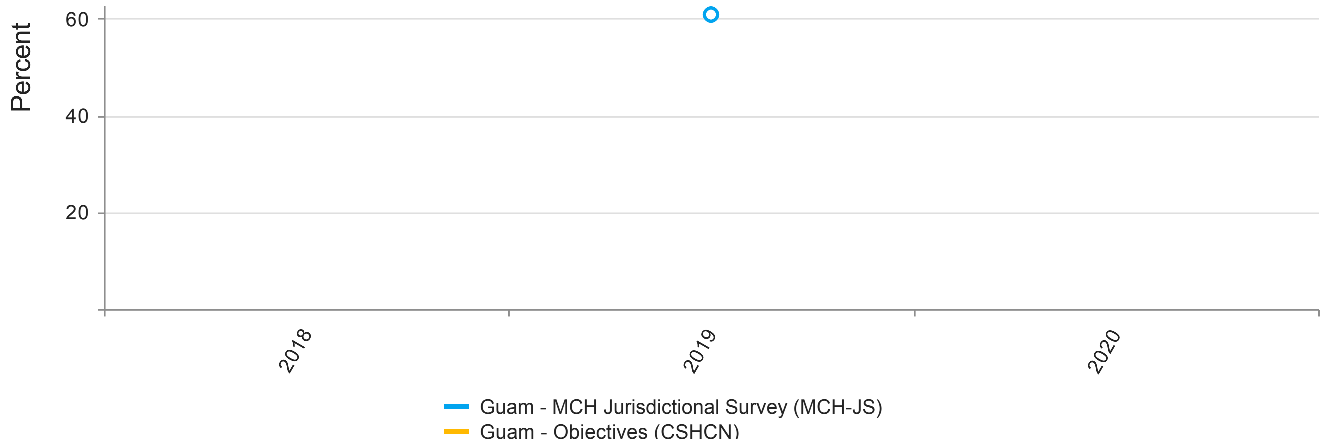
ESMs	Status
ESM 12.1 - Number of families/providers who obtain needed support from Neni 311 for a support service.	Active

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

2016-2020: National Performance Measures

2016-2020: NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured Indicators and Annual Objectives





2016-2020: NPM 15 - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	82	83
Annual Indicator	60.7	60.7
Numerator	31,763	31,763
Denominator	52,312	52,312
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			81	82	83
Annual Indicator	77.9	76.8	78		
Numerator	42,575	41,897	42,446		
Denominator	54,635	54,531	54,418		
Data Source	Census Projections	Census Projections	Census Projections		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

2016-2020: Evidence-Based or –Informed Strategy Measures

2016-2020: ESM 15.1 - Increase awareness of the need for children to be insured

Measure Status:					**Active**
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		2	2	3	3
Annual Indicator	1	1	1	1	1
Numerator					
Denominator					
Data Source	DPHSS Website	DPHSS Website	DPHSS Website	DPHSS Website	DPHSS
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Children with Special Health Care Needs - Annual Report

Children and Youth with Special Health Care Needs

The term “children and youth with special health care needs refer to a diverse population of young individuals with chronic conditions, medical complexity, and/or emotional or behavior conditions.” These conditions may reduce with age, be addressed through medical or behavioral interventions, or represent lifelong medical impact for the child and their family. These children and youth often benefit from services or supports beyond that required by the average child. These supports are not exclusive to the health care system but may include associated systems such as mental health, transportation assistance, additional medical supplies, and more.

To improve CYSHCN health outcomes, the Title V MCH Program selected NPM 11 and NPM 12. The Title V MCH Program sought to increase (1) the percent of children with special health care needs, ages 0 through 17, who have a medical home (NPM 11), and (2) the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care (NPM 12). As stated in the 2019 MCH Jurisdictional Survey, 4.3% or 2,328 of Guam’s children are children with special health care needs. Health outcomes are anticipated to improve when children and youth have access to a medical home and successfully transitioned from pediatric to adult health care. Program activities and successes on these efforts are highlighted in the report, along with additional activities which support CYSHCN and their families in other areas.

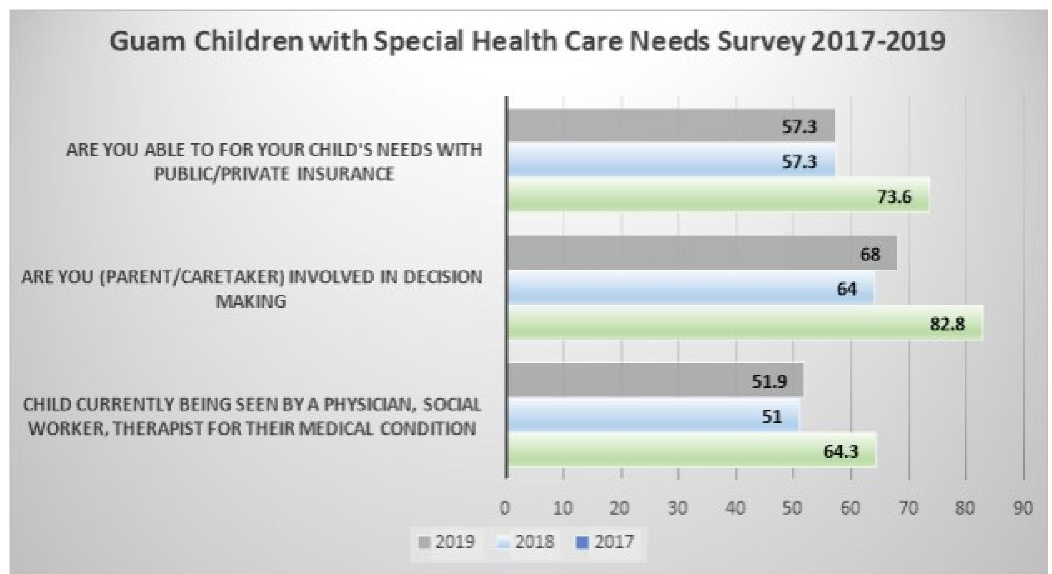
As reported by the U.S. Department of Education, Data Warehouse for the School Year, the following students were served under Part B IDEA:

School Year 2019/2020	Children in Early Childhood Programs served under IDEA	School-Age Students served under IDEA
Autism	50	191
Developmental Delay	59	
Emotional Disturbance	1	74
Specific Learning Disabilities	20	1,018
Speech/Language Impairments	18	41
Hearing Impairments		27
Intellectual Disabilities		57
Multiple Disabilities		75
Orthopedic Impairments		8
Other Health Impairments		195
Traumatic Brain Injury		3
Visual Impairments		17
Total	148	1,706

Family, consumer, and youth involvement, including families with CYSHCN, is a role or activity that enables those who have first-hand experience with systems of care to have direct and meaningful input into the health systems, policies, programs, and/or practices that affect service delivery and the health and wellness of children, youth, consumers, and families. This type of engagement is different from the vital role that families, consumers, and youth play in determining and controlling the array of services and support provided to them and requires additional preparation and ongoing support and development. Examples of family, consumer, and youth involvement include participation in advisory councils, document review, serving on committees, policy development, curriculum development, training, community action teams, and mentoring and support other families.

Shriner's Hospital model for care was established by the Shriner's, who are determined to give all children access to specialized pediatric care. The Shriner's Hospital holds a biannual clinic in Guam and consultations approximately 300 children during their week-long visit. Unfortunately, due to the Covid 19 pandemic, there were no clinics held in 2020.

In 2017, 2018 and 2019, The Guam MCH Children with Special Health Care Needs was distributed to find out from parents/care takers of CYSHCN about the quality of services and care they were receiving.



Guam's Family Health Information Resource Center (FHIRC) is a "One Stop Shop" for all CYSHCN and their families to obtain information, support, and assistance to meet their needs and, if needed, obtain referrals to other agencies and programs. The Guam FHIRC has assisted with the Shriners clinics by helping in making calls to the families to come in for their appointments.

The FHIRC also assists families in signing up for the Special Needs Identification Program (SNIP). SNIP is a collaborative effort between MCH, Guam EMSC, and the Guam Fire Department, so precious moments are not lost when an emergency occurs at the home of a child or youth with special health care needs. An application is completed with the child's baseline information and a map of their home. The family also completes an Intra agency Release of Information. Once everything is completed, GFD inputs the information into their 911 Emergency Data System. If a call occurs, GFD will readily have the information regarding the child/youth and a map to the house.

The Guam Comprehensive Hemophilia Care Program (GCHCP) recently celebrated its 20th anniversary of helping members of the small bleeding disorder community go from living their lives controlled by their bleeding disorder to controlling their bleeding disorder to live their lives. Better medical care has led to a better quality of life for Guam's Families affected by bleeding disorders. Before the Hemophilia Treatment Center on Guam, many individuals with a disorder missed school, missed work and social activities because of inadequate treatment.

Families and individuals are also more knowledgeable, thanks to GCHCP's annual educational and recreational summer camp. In 2001, Camp Hafa Adai helped children and adults with bleeding disorders learn to manage their condition in a fun and supportive environment.

The social workers of the Medical Social Services section under the Bureau of Family Health & Nursing Services successfully and effectively networked with the Maternal Child Health Program and the Guam Office of Minority Health of the Department of Public Health & Social Services, Guam's Alternative Lifestyle Association, Inc., the Western States Regional Hemophilia Network, the Nevada Hemostasis, and Thrombosis Center, and the Children's Hospital in Los Angeles, California to bring the 2019 Hemophilia Medical Symposium and Camp Hafa Adai events to fruition. The Hemophilia Medical Symposium was held on March 29, 2019, from 8:00 a.m. to 1:00 p.m. Camp Hafa Adai began on the evening of March 29 and concluded on March 31, 2019, at the Westin Resort Guam in Tumon, Guam. The theme was *"Celebrating the Past, Embracing the Future."* Due to the Covid 19 pandemic, there was no Hemophilia Medical Symposium or Camp Hafa Adai in 2020.

EHDI is a multi-partner screening and intervention system for children with hearing loss. The EHDI program maintains and supports a comprehensive, coordinated statewide screening and referral system. EHDI includes screening for hearing loss on all newborns in the birthing hospital; referral of those who do not pass hospital screening for rescreening; referral of those who do not pass the rescreening for diagnostic audiological evaluation; and linkage to appropriate intervention for babies diagnosed with hearing loss. The most crucial period for language development is the first year of life. Without newborn hearing screening, hearing loss is typically not identified until two years of age. Before discharge from the hospital or birthing center, screening all newborns is essential for the earliest possible identification of hearing loss. Consequently, for language, literacy, communication, and academic potential to be maximized.

As stated in EHDIs Annual Report (July 1, 2019 – June 30, 2020), There have been 104 infants identified with hearing loss since the Guam EHDI Project began in 2002. The Guam EHDI has maintained a 99% initial hearing screening rate from 2016 to 2018 at all civilian birthing sites. In 2019, the rate decreased to 98%.

Amid all the Covid 19 challenges that the medical community encountered, screening before discharge from the Guam Memorial Hospital Authority (GMHA) and Sagua Mañagu Birthing Center (SMBC). GMHA staff monitor and track the number of babies needing an outpatient hearing screening appointment and gathered the families' contact information to assist Guam EHDI once outpatient hearing services can be resumed. The SMBC staff continued providing follow-up outpatient hearing screening appointments at their facility.

The Early Intervention program (Birth-Three) is also an integral part of our delivery care system, providing services to our Special Health Care Needs population. A very effective referral system has been in effect for many years between early childhood programs and the 0-3 program. The Guam Early Intervention System (GEIS), under the Guam Department of Education, Division of Special Education, provides services and support to young children birth to three years of age who have or are at risk for developmental delays and disabilities. Early intervention services are provided in the child's home or community settings, such as child care centers, playgrounds, beaches, etc. The Universal Referral Form can be found at
https://www.gdoe.net/files/user/1/file/Fillable_Universal%20Referral%20Form_09_2017.pdf

GEIS can help address developmental issues for these children by providing numerous services, including (but not limited to) developmental assessments, individual family service planning, home visits and therapy, parent education, and support, and service coordination with other local agencies.

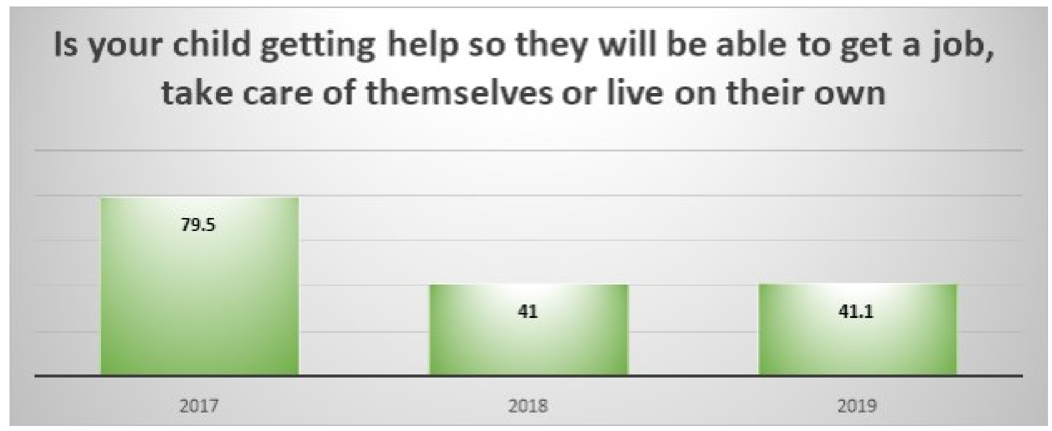
As with other programs, GEIS services were severely impacted by the Covid 19 pandemic. Since the first shut down in March 2020, face-to-face home visits have ceased, and services have been provided by telephone and/or teleconference. The program recently developed a Phase-in Plan to begin face-to-face services, including procedures following CDC requirements for social distancing and PPE requirements to ensure the safety of children and families and GEIS service providers and service coordinators. The plan was expected to begin sometime in 2021.

Health care transition is complex for those with chronic conditions; however, a successful transition lays the groundwork for successful, lifelong positive health outcomes. Health care transition is the process through which youth move from pediatric to adult-centered health care. Health care transition forms the framework for healthy adult outcomes through appropriate, sufficient and successful access to necessary preventive and condition-specific adult care.

As stated in the Department of Education Annual Performance Indicator, there were 159 post school outcome survey distributed, 149 were returned (93.7%).

Number of respondent youth who are no longer in secondary school and had IEPs in effect at the time they left school	88
Number of respondent youth who enrolled in high education within one year of leaving high school	13
Number of respondent youth who competitively employed within one year of leaving high school	44
Number of respondent youth enrolled in some other postsecondary education or training program within one year of leaving high school	1
Number of respondent youth who are in some other employment within one year of leaving high school	0

In 2017, 2018 and 2019, The Guam MCH Children with Special Health Care Needs was distributed to find out from parents/care takers of CYSHCN about the quality of services and care they were receiving.



Recent decisions in two cases are described as signaling a "sea change" for Supplemental Security Income (SSI) benefits in the U.S. territories. SSI is currently restricted to U.S. citizens living in the 50 states, the District of Columbia, and the Northern Mariana Islands. In addition to Puerto Rico, other U.S. territories excluded from SSI are Guam, the U.S. Virgin Islands, and American Samoa. But in April 2020. an important First Circuit decision in the *U.S. v. Vaello-Madero*, 956 F.3d 12 (1st Cir. Apr. 10, 2020) finding it unconstitutional for the Social Security Administration (SSA) to deny SSI to otherwise qualified individuals based on their residence in Puerto Rico.

On June 19, 2020, the Guam District Court followed much of the reasoning in the Puerto Rico decision, *Vaello-Madero,* in finding it unconstitutional for the plaintiff to be excluded from the SSI program based on her residency in Guam. The exclusion was found to violate the equal protection clause in making an irrational distinction compared to the eligibility of residents of the Northern Mariana Islands. *Schaller v. U.S. Social Security Admin., et al.*, No. 18-cv-00044)(D. Guam Jun. 19, 2020)(J. Tydingco-Gatewood). According to the Justice Department's brief, the law that excludes Guam from the SSI program is constitutional, and Congress can treat the territories differently if there is a rational basis for doing so.

Including Guam and other territories in the SSI program would cost money, and Congress has the discretion to determine how federal funding is to be used, the Justice Department stated. Guam residents do not pay taxes to the federal government - their tax money remains with the local government – so they are not funding the SSI program and can reasonably be exempted, the Justice Department stated. The court is likely to hear and decide the case in its next term, which starts in October and ends in June 2022.

Children with Special Health Care Needs - Application Year

The Maternal and Child Health Bureau (MCHB) defines Children with Special Healthcare Needs (CSHCN) as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” This includes a diverse group of children younger than 21. It includes children with chronic conditions, children with medically complex health issues, and children with behavioral or emotional conditions. These children may have physical, developmental, behavioral, or emotional healthcare needs. These needs may appear in children of any age. CSHCN are often diagnosed with more than one condition. They also frequently experience difficulties in several areas, such as learning, behavior, gross or fine motor skills, chronic pain, and making and keeping friends. The Guam Department of Public Health and Social Services strives to ensure that all children with special healthcare needs receive timely, high-quality, culturally sensitive healthcare.

This year, much of Guam’s CYSHCN focus will be on the continuation of support for families during the pandemic. Many of our staff have been deployed as part of the emergency response, most notably on our childcare and school teams and the contact tracing team. Fortunately, the skillset of the CYSHCN team is perfectly aligned to support Guamanians under stress, and CYSHCN staff has been able to leverage their strong knowledge of systems and supports to make a meaningful impact on their emergency response teams already. For example, in alignment with other national models, CYSHCN social workers work alongside the contact tracing team to provide an added layer of support to individuals who need to isolate or quarantine due to Covid-19 diagnosis or exposure.

According to the National Survey for Children’s Health (NSCH), 2017-2018 combined data indicate that CSHCN experience two or more ACEs at a much greater rate (42.1%), as compared to non-CSHCN (14.3). Additionally, only 39.4% of families of CSHCN reported no ACEs, compared to 60.7% of non-CSHCN families. Families of CSHCN experience food insufficiency/insecurity at higher rates than non-CSHCN families, with nearly half (47.1%) of CSHCN families reporting they had trouble eating good, nutritious meals somehow. Almost 10% of CSHCN families said they sometimes or often could not afford enough to eat (2.6% for non-CSHCN families). Access to mental health treatment or counseling is also more challenging for the CSHCN population. Almost 20% reported it was very difficult or not possible to obtain care (twice as many as the non-CSHCN population).

The Title V CSHCN program will identify opportunities to partner and strategies to deploy to help address some of these disparities and partner with organizations working on family resiliency to address the impact and availability of support for CSHCN with high ACEs and food insufficiencies. Guam CYSHCN and Guam’s FHIRC have been working to collaborate more with the behavioral/mental health community to provide stronger support to families, specifically to work on access to service concerns noted by families.

As noted in other domains, MCH outcomes are impacted by the social determinants of health (SDOH), or the conditions in which people are born, live, work, play, learn, and age. SDOH includes socioeconomic status, education, community environment, employment, social supports, and access to health care services. Systematic differences in the distribution of power and resources due to racism and other biases are the root causes of inequities in access, availability, and quality of SDOH. All priorities that emerged during the needs assessment revolve around SDOH and inequities. These factors and inequities affect the health outcomes of both individuals and entire communities.

Many Guam families of CYSHCN struggle with poverty, transportation, access to care (including the availability of specialists), and sometimes employment. Many caregivers reported decreasing hours worked or leaving jobs

altogether to care for their children coordinate care. Families facing day-to-day challenges like these may be less able to seek and use programs or to take advantage of opportunities to provide feedback to Guam Title V. Guam Title V needs to meet people where they are, provide multiple methods and means for CYSHCN and their families to engage, and ensure that a diverse population is being recruited and retained.

Guam will continue to use some Title V funds to support access and capacity of specialty clinics such as the Shriners Hospital clinic and other subspecialists, such as metabolic/genetics. In the traditional sense, Guam Title V helps fill gaps in services that would otherwise leave patients and families uncoordinated and insufficient care. At the same time, funds are used to ensure that medical services at these clinics are family-centered and culturally responsive. Furthermore, CYSHCN Social Workers work in partnership with these specialty clinics to provide wraparound services and ensure proper community supports for patients. As these specialty clinics stabilize and adopt more comprehensive, coordinated family-centered practices and previous gaps shrink, Title V funding can be redirected to an even more foundational, public health systems approach to CYSHCN.

Patients who have neurological differences and other related disabilities, such as Autism Spectrum Disorder, may require additional accommodations related to communication when receiving care within the health care system as opposed to those without such disabilities. In addition, some people with sensory and cognitive disabilities cannot wear a mask and practice physical distancing.

Over the next five-year block grant cycle, Guam Title V intends to work toward providing COVID-specific and general health guidance and training to health care professionals on how to better interact with this population of individuals and their families. In FY2022, Guam Title V will begin by working with providers to assess their confidence and resources needed to serve the best persons with such disabilities and their families (including PPE). Title V staff will then engage with the Community Forum for CYSHCN to develop a subgroup that will take the findings from our provider assessment and research/develop competencies for providers and establish a work plan for providing training on the competencies.

The COVID-19 pandemic has accelerated the need to ensure that people have information about trauma and address it at every level. The PDG trauma-informed toolkit project will be an online resource and a set of training modules for early childhood providers and parents. Guam MCH will contribute to the PDG planning efforts and help to ensure that mental well-being practices and tools are included, such as information and resources about social connectedness, mindfulness, and nature. The current plan is to link this content to the Neni 311 helpline. Guam Title V staff will use this content to support a holistic approach to community services.

Cross-Cutting/Systems Building

Cross-Cutting/Systems Builiding - Annual Report

No content was entered for the Cross-Cutting/Systems Building - Annual Report in the State Action Plan Narrative by Domain section.

Cross-Cutting/Systems Building - Application Year

No content was entered for the Cross-Cutting/Systems Building - Application in the State Action Plan Narrative by Domain section.

III.F. Public Input

Public Input Process

The Title V program actively sought stakeholder and public input into the Title V Block Grant priorities for the five-year grant cycle throughout the grant year. Additionally, Title V participated in the updated Guam Community Health Assessment's public input process, which has essential MCH components.

The Division of Public Health within the Department of Public Health and Social Services involves communities, stakeholders, and program participants, including families, in policy and program decision-making at many levels. Integrating public input into the Title V MCH Block grant is critical to assure alignment with our partners to strengthen our collective impact. Consumer input also ensures Title V efforts are effective with the populations we serve. Information on Title V performance and strategy measures is collected continuously throughout the year. Since much of the Title V work is done in partnership, community collaboratives help determine strategies, implement, evaluate, and revise activities.

Public input is solicited from stakeholders of various backgrounds throughout the grant cycle. The method/setting of collecting the feedback depends on the relationship with the person/group, context, purpose, and available resources. Examples include: All Title V programs engage with specific community partners in delivering services and implementing activities. Some of these collaborations are formalized (e.g., MOAs and MOUs), while others are informal (e.g., partners provide content area expertise). In addition, several programs solicit feedback from partners to inform planning, implementation, and evaluation of their strategies and activities. MCH assessment data, priorities, strategies, performance measure trends, and outcomes are regularly presented and reviewed by stakeholders and Title V implementing partners across the island. Community partners are engaged via cross-agency/system workgroups or taskforces. Many MCH partners participate in other needs assessment processes and share their priorities, strengths, needs, and limitations. MCH considers feedback provided to other organizations on similar issues and populations important information. Especially how broadly family health intersects with other public health issues and avoids overburdening partners with multiple assessments.

With the focus on COVID-19, Title V staff have been serving in numerous outreach and communications capacities for the emergency response, ensuring that the needs of MCH populations are being considered as we send out information and support Guam with COVID-19 related services

III.G. Technical Assistance

As with the nation and world, Guam is responding to the COVID-19 public health emergency and will need ongoing support with the response. Guam will need help and technical assistance with:

- Best practices for supporting our strained Public Health Workforce during and after COVID-19. In particular, Guam is requesting strategies in self-care and supporting staff experiencing vicarious trauma from working with high need populations and personal and professional stressors.

- Best practices and strategies for supporting our MCH populations as the crisis evolves and communities work to keep infants, children, and children and youth with special health care needs, adolescents, and expectant and parenting populations safe and healthy.

- Planning and implementing long-term follow-up surveillance strategies for women and children due to increased isolation and diminished access to resources. In addition to mental health impacts identified above, long term surveillance of developmental delays, increases in family violence, declines in educational attainment, increased rates of childhood communicable diseases due to declines in vaccination rates, increased food, and housing insecurity are all examples of long term or indirect impacts on family well-being. Setting national standards for data collection and providing additional resources is recommended.

Our language in our Title V programs and reporting should be respectful, inclusive, and current. For example, many national partners such as the CDC have moved towards using "pregnant people" instead of pregnant women or expectant mothers. We want to ensure that we are using inclusive language and will resonate with our populations. Much of the language used in Title V at the state and federal level has not kept pace with the latest best practices in inclusivity. It will be a substantial challenge to reword many terms ingrained in Title V requirements, program policies, and other areas. We request technical assistance to ensure that we use the most inclusive and up-to-date language possible in our Title V activities and reporting.

As the country focuses on addressing mental health and substance use, we would like the opportunity to participate in learning collaborative to learn what other states are doing in these areas and appreciate the sharing of any evidence-based and community define practices to address mental health and substance use, webinars and any other available resources. We would also like the opportunity to have a learning collaborative to learn what other states are doing to promote maternal risk-appropriate care.

Guam DPHSS has been focusing on health equity issues, developing cultural humility in its employees and programs, and ensuring its employees are representative of the breadth of people we serve. Guam's Title V MCH incorporates cultural competency in our program and work plan to identify specific examples and actions to take or consider.
We may be interested in technical assistance to highlight best practices in community outreach, use of social media as an interactive form of outreach, and identification and use of additional tools and methods to include community voices, including youth and faith-based organizations, in our programs.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Medicaid agreement.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - MCH Partnership Chart.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - Org Chart.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Guam

	FY 22 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 760,558	
A. Preventive and Primary Care for Children	$ 228,168	(30%)
B. Children with Special Health Care Needs	$ 228,168	(30%)
C. Title V Administrative Costs	$ 76,055	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 532,391	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 0	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 570,419	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 570,419	
A. Your State's FY 1989 Maintenance of Effort Amount $ 0		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 1,330,977	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 1,146,750	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 2,477,727	

OTHER FEDERAL FUNDS	FY 22 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 50,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 1,000,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Family Professional Partnership/CSHCN	$ 96,750

	FY 20 Annual Report Budgeted		FY 20 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 748,877		$ 746,825	
A. Preventive and Primary Care for Children	$ 224,664	(30%)	$ 226,367	(30.3%)
B. Children with Special Health Care Needs	$ 224,664	(30%)	$ 235,593	(31.5%)
C. Title V Administrative Costs	$ 74,887	(10%)	$ 53,398	(7.2%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 524,215		$ 515,358	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 561,658		$ 567,587	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0		$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 561,658		$ 567,587	
A. Your State's FY 1989 Maintenance of Effort Amount $ 0				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 1,310,535		$ 1,314,412	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 1,850,000		$ 780,421	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 3,160,535		$ 2,094,833	

OTHER FEDERAL FUNDS	FY 20 Annual Report Budgeted	FY 20 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 1,000,000	$ 710,956
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 50,000	$ 0
Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH	$ 800,000	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Family Professional Partnership/CSHCN		$ 69,465

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1. **Field Name:** **1.FEDERAL ALLOCATION**

   Fiscal Year: **2020**

   Column Name: **Annual Report Expended**

   Field Note:
   Total amount awarded $746,824.94

2. **Field Name:** **Federal Allocation, A. Preventive and Primary Care for Children:**

   Fiscal Year: **2020**

   Column Name: **Annual Report Expended**

   Field Note:
   Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amounts are projected expenditures from August 30, 2021 through September 30, 2021.

3. **Field Name:** **Federal Allocation, B. Children with Special Health Care Needs:**

   Fiscal Year: **2020**

   Column Name: **Annual Report Expended**

   Field Note:
   Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amounts are projected expenditures from August 30, 2021 through September 30, 2021.

4. **Field Name:** **Federal Allocation, C. Title V Administrative Costs:**

   Fiscal Year: **2020**

   Column Name: **Annual Report Expended**

   Field Note:
   Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amounts are projected expenditures from August 30, 2021 through September 30, 2021.

5. **Field Name:** **Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants**

   Fiscal Year: **2020**

   Column Name: **Annual Report Expended**

Field Note:
Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amounts are projected expenditures from August 30, 2021 through September 30, 2021.

6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**

Field Note:
Due to the Covid 19 pandemic, no funds were expended, carryover request was submitted and approved.

7.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**

Field Note:
Program no longer funded; needs to be removed from list

8.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Family Professional Partnership/CSHCN**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**

Field Note:
A carryover request for $27,284.74 was submitted and is pending approval.

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Guam

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Pregnant Women	$ 136,900	$ 185,522
2. Infants < 1 year	$ 91,267	$ 45,945
3. Children 1 through 21 Years	$ 228,168	$ 226,367
4. CSHCN	$ 228,168	$ 235,593
5. All Others	$ 0	$ 0
Federal Total of Individuals Served	$ 684,503	$ 693,427

IB. Non-Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Pregnant Women	$ 121,373	$ 100,821
2. Infants < 1 year	$ 102,675	$ 69,455
3. Children 1 through 21 Years	$ 224,048	$ 170,276
4. CSHCN	$ 224,048	$ 170,276
5. All Others	$ 0	$ 0
Non-Federal Total of Individuals Served	$ 672,144	$ 510,828
Federal State MCH Block Grant Partnership Total	$ 1,356,647	$ 1,204,255

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

1.	**Field Name:**	**IA. Federal MCH Block Grant, 1. Pregnant Women**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**
	Field Note: Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amount are projected expenditures from August 1, 2021 through September 30, 2021.	
2.	**Field Name:**	**IA. Federal MCH Block Grant, 2. Infant < 1 Year**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**
	Field Note: Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amount are projected expenditures from August 1, 2021 through September 30, 2021.	
3.	**Field Name:**	**IA. Federal MCH Block Grant, 3. Children 1 through 21 years**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**
	Field Note: Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amount are projected expenditures from August 1, 2021 through September 30, 2021.	
4.	**Field Name:**	**IA. Federal MCH Block Grant, 4. CSHCN**
	Fiscal Year:	**2020**
	Column Name:	**Annual Report Expended**
	Field Note: Reporting expenditures from October 1, 2020 through September 30, 2021, inclusive in the total amount are projected expenditures from August 1, 2021 through September 30, 2021.	

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Guam

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Direct Services	$ 684,503	$ 349,397
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 228,167	$ 178,210
B. Preventive and Primary Care Services for Children	$ 228,168	$ 67,910
C. Services for CSHCN	$ 228,168	$ 103,277
2. Enabling Services	$ 30,422	$ 309,994
3. Public Health Services and Systems	$ 45,633	$ 87,434
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 349,397
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 349,397
Federal Total	$ 760,558	$ 746,825

IIB. Non-Federal MCH Block Grant	FY 22 Application Budgeted	FY 20 Annual Report Expended
1. Direct Services	$ 513,378	$ 263,979
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 171,126	$ 134,798
B. Preventive and Primary Care Services for Children	$ 171,126	$ 50,549
C. Services for CSHCN	$ 171,126	$ 78,632
2. Enabling Services	$ 22,816	$ 232,190
3. Public Health Services and Systems	$ 34,225	$ 65,489
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 263,979
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 263,979
Non-Federal Total	$ 570,419	$ 561,658

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Guam

Total Births by Occurrence: 2,935 **Data Source Year: 2020**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	2,935 (100.0%)	42	12	12 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methylglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Holocarboxylase Synthase Deficiency
Homocystinuria	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease	Medium-Chain Acyl-Coa Dehydrogenase Deficiency
Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Mucopolysaccharidosis Type 1	Primary Congenital Hypothyroidism	Propionic Acidemia
S, ßeta-Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)	Severe Combined Immunodeficiences	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1
ß-Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I	Very Long-Chain Acyl-Coa Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy

2. Other Newborn Screening Tests

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
EHDI	2,562 (87.3%)	132	3	3 (100.0%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

All positive and/or presumptive positive cases are referred to Dr. Leon Guerrero, who is our MCH pediatrician for follow-up and care.

Form Notes for Form 4:

Guam only screens 10 10 Newborn Screening tests, and for 2020 we were the 2935 newborns that were born; 42 were identified to have their 1st screening had abnormal results and were then, rescreened and a Total of 12 were confirmed with a NBS disorders.
They were: Congenital Hypothyroidism- 10, newborns
Hemoglobinopathies- 1 newborn
Organic Acidenias- 1 newborn
And All 12 newborns are being treated and followed-up by our DPHSS MCH NBS Medical Advisor Dr. Robert Leon Guererro.

Field Level Notes for Form 4:

None

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Guam

Annual Report Year 2020

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	3,035	82.0	0.0	15.0	3.0	0.0
2. Infants < 1 Year of Age	2,935	64.0	0.0	10.0	14.0	12.0
3. Children 1 through 21 Years of Age	1,275	69.0	0.0	19.0	10.0	2.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	132	64.0	0.0	30.0	6.0	0.0
4. Others	921	39.0	0.0	27.0	8.0	26.0
Total	8,166					

Form 5b – Total Percentage of Populations Served by Title V
(Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	3,213	No	3,385	100.0	3,385	3,035
2. Infants < 1 Year of Age	3,178	Yes	3,178	100.0	3,178	2,935
3. Children 1 through 21 Years of Age	62,286	Yes	62,286	92.0	57,303	1,275
3a. Children with Special Health Care Needs 0 through 21 years of age^	5,630	Yes	5,630	53.0	2,984	132
4. Others	102,685	Yes	102,685	25.0	25,671	921

^Represents a subset of all infants and children.

Form Notes for Form 5:

The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2020**
	Field Note: Number of pregnant women	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2020**
	Field Note: Number of live births for 2020	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2020**
	Field Note: The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2020**
	Field Note: The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2020**
	Field Note: The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women**
	Fiscal Year:	**2020**

Field Note:
The denominator includes all mothers with live birth, those with fetal death.

The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.

2.	**Field Name:**	**InfantsLess Than One Year**
	Fiscal Year:	**2020**

Field Note:
Includes all live births and those who received Title V services. This includes newborn metabolic and hearing screening, follow up and referral if necessary

The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.

3.	**Field Name:**	**Children 1 Through 21 Years of Age**
	Fiscal Year:	**2020**

Field Note:
This includes all those who received Title V services, those enrolled in WIC, Project Bisita, and the Community Health Centers.

The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.

4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2020**

Field Note:
This includes the families impacted through the provision of information and
referrals and screening (blood spot and hearing)

The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.

5.	**Field Name:**	**Others**
	Fiscal Year:	**2020**

Field Note:
Denominator value based on Census populations estimates for 2020 for individuals 22 years and under on Guam. Numerator value based on the total number of individuals age 22 years and younger that may have received Title V supported services at any level of the pyramid

The MCH Clinics were open in January, February, and partial for the month of March 2020 due to the Covid 19 pandemic. The Governor of Guam instituted an island-wide "lockdown " during the month of March 2020 until the end of September 2020. The "lockdown" was partially lifted for the remainder of 2020.

Data Alerts:

1.	Infants Less Than One Year, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Guam

Annual Report Year 2020

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	2,935	103	12	0	0	986	1,786	0	48
Title V Served	2,935	103	12	0	0	986	1,786	0	48
Eligible for Title XIX	2,094	26	2	0	0	482	1,531	0	53
2. Total Infants in State	2,935	103	12	0	0	986	1,786	0	48
Title V Served	1,990	12	3	0	0	836	1,116	0	23
Eligible for Title XIX	2,935	103	12	0	0	986	1,786	0	48

Form Notes for Form 6:

None

Field Level Notes for Form 6:

None

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Guam

Toll-Free numbers are not available to all jurisdictions.

A. State MCH Toll-Free Telephone Lines	2022 Application Year	2020 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number		
2. State MCH Toll-Free "Hotline" Name		
3. Name of Contact Person for State MCH "Hotline"		
4. Contact Person's Telephone Number		
5. Number of Calls Received on the State MCH "Hotline"		

B. Other Appropriate Methods	2022 Application Year	2020 Annual Report Year
1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address	https://dphss.guam.gov	
4. Number of Hits to the State Title V Program Website		
5. State Title V Social Media Websites	https://www.facebook.com/GuamDPHSS/	
6. Number of Hits to the State Title V Program Social Media Websites		

Form Notes for Form 7:

Since the the Electrical Fire and Relocated out of Central Public Health Faciality in November 25, 2019, the offices of DPHSS and also the BFHNS that houses MCH, have been scattered around the island, and many programs and bureaus are still without telephones. Employees are using their own personal cell phones to conduct government business. The NENE 311 line number that the Early Childhood Systems Program created to assist families with Early Childhood services was taken also for the Guam's COVID Hotline since the start of COVID in March 2020. The MCH Program Coordinator was also contacted if they was any questions for MCH and the MCH Coordinator also was assigned a day to answer any of the Early Childhood MCH questions.
So since the Electrical Fire the MCH Program Coordinator was called if any families any questions via her personnel cell phone. No MCH Hotline is established yet until COVID-19 response are done. And when the DPHSS issues us a GovGuam telephone number to the BFHNS office.

Form 8
State MCH and CSHCN Directors Contact Information

State: Guam

1. Title V Maternal and Child Health (MCH) Director	
Name	Margarita B. Gay
Title	Administrator, BFHNS
Address 1	#155 Hesler Place
Address 2	
City/State/Zip	Agana / GU / 96910
Telephone	(671) 634-7408
Extension	
Email	margarita.gay@dphss.guam.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Margarita B Gay
Title	Administrator, BFHNS
Address 1	#155 Hesler Place
Address 2	
City/State/Zip	Agana / GU / 96910
Telephone	(671) 634-7408
Extension	
Email	zenaida.okada@dphss.guam.gov

3. State Family or Youth Leader (Optional)	
Name	Zenaida V. Okada
Title	Family Representative
Address 1	#155 Hesler Place
Address 2	
City/State/Zip	Agana / GU / 96910
Telephone	(671) 634-7408
Extension	
Email	zenaida.okada@dphss.guam.gov

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Guam

Application Year 2022

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	To improve maternal health by optimizing the health and well-being of women of reproductive age.	Continued
2.	To reduce infant morbidity and mortality.	Continued
3.	To improve the cognitive, physical and emotional development of all children.	Continued
4.	Promote oral health for children ages 0 to 3 years.	New
5.	Improve childhood immunizations.	New
6.	To improve and enhance adolescent strengths, skills and support to improve adolescent health	Continued
7.	Reduce the use of substances including alcohol, tobacco, marijuana and opioids among youth	New
8.	To provide a whole child approach to services to Children with Special Health Care Needs	Continued

Form Notes for Form 9:

Due to COVID-19 Pandemic since March 2020=now August 2021, Guam is still on PCOR3 with an increase or surge in COVID deaths, hospitalizations, and new COVID cases. So the Guam MCH Program had a long months of Shut Down of the island and its services to the families. Especially with Face-to-Face services, restrictions of movement placed on families, limited clinic appointments, social gatherings/meetings, and limited direct services were faced with many MCH populations on island due to the COVID-19 pandemic restrictions. Plus the DPHSS and the FHNS staff were also task to provide COVID responses to the island which limited our services at the clinics and outreaches.
So some the MCH Priorities were not able to be completed due to these restrictions and so for 2021 the MCH Priority Needs are new and will be continued to be priority for this coming year.

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	To improve maternal health by optimizing the health and well-being of women of reproductive age.	Continued
2.	To reduce infant morbidity and mortality.	Continued
3.	To improve the cognitive, physical and emotional development of all children.	Continued
4.	Promote oral health for children ages 0 to 3 years.	New
5.	Improve childhood immunizations.	New
6.	To improve and enhance adolescent strengths, skills and support to improve adolescent health	Continued
7.	Reduce the use of substances including alcohol, tobacco, marijuana and opioids among youth	New
8.	To provide a whole child approach to services to Children with Special Health Care Needs	Continued

Form Notes for Form 9:

Due to COVID-19 Pandemic since March 2020=now August 2021, Guam is still on PCOR3 with an increase or surge in COVID deaths, hospitalizations, and new COVID cases. So the Guam MCH Program had a long months of Shut Down of the island and its services to the families. Especially with Face-to-Face services, restrictions of movement placed on families, limited clinic appointments, social gatherings/meetings, and limited direct services were faced with many MCH populations on island due to the COVID-19 pandemic restrictions. Plus the DPHSS and the FHNS staff were also task to provide COVID responses to the island which limited our services at the clinics and outreaches.
So some the MCH Priorities were not able to be completed due to these restrictions and so for 2021 the MCH Priority Needs are new and will be continued to be priority for this coming year.

Field Level Notes for Form 9:

None

Form 10
National Outcome Measures (NOMs)

State: Guam

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

This ESM has been edited to "Percent of children, ages 3 to 5, enrolled in the EPDST Program who had a preventive dental visit in the past year"

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	64.2 % ϟ	1.0 % ϟ	1,566 ϟ	2,440 ϟ
2018	60.7 % ϟ	1.0 % ϟ	1,579 ϟ	2,603 ϟ
2017	59.3 % ϟ	0.9 % ϟ	1,724 ϟ	2,908 ϟ
2016	60.2 % ϟ	0.9 % ϟ	1,838 ϟ	3,053 ϟ
2015	63.3 %	0.9 %	1,916	3,029
2014	58.1 %	0.9 %	1,822	3,136
2013	50.9 %	0.9 %	1,503	2,951
2012	53.9 %	0.9 %	1,515	2,813

Legends:

Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	53.1
Numerator	1,558
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 1 - Notes:

2020 provisional data

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

NOM 2 - Notes:

None

Data Alerts:

1.	Data has not been entered for NOM 2. This outcome measure is linked to the selected NPM 1,14.1,14.2,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015_2019	NR	NR	NR	NR

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	34.1
Numerator	1
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 3 - Notes:

death was CoVide 19 related

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	9.2 %	0.5 %	279	3,024
2018	10.1 %	0.5 %	317	3,136
2017	8.6 %	0.5 %	282	3,280
2016	8.4 %	0.5 %	287	3,400
2015	9.2 %	0.5 %	307	3,337
2014	7.8 %	0.5 %	261	3,362
2013	9.0 %	0.5 %	290	3,219
2012	8.3 %	0.5 %	295	3,533
2011	9.0 %	0.5 %	294	3,269
2010	8.6 %	0.5 %	294	3,410
2009	7.6 %	0.5 %	260	3,402

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	9.9 %	3.0 %	5,204	52,312

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	8.5
Numerator	249
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	11.5 %	0.6 %	348	3,024
2018	10.0 %	0.5 %	315	3,156
2017	10.3 %	0.5 %	338	3,285
2016	9.4 %	0.5 %	321	3,426
2015	10.0 %	0.5 %	335	3,348
2014	9.7 %	0.5 %	326	3,375
2013	10.9 %	0.6 %	348	3,195
2012	9.5 %	0.5 %	330	3,478
2011	10.8 %	0.5 %	352	3,266
2010	10.9 %	0.5 %	369	3,395
2009	9.5 %	0.5 %	320	3,385

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	13.0 %	2.2 %	6,802	52,312

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	11.3
Numerator	333
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	32.3 %	0.9 %	977	3,024
2018	32.3 %	0.8 %	1,020	3,156
2017	28.4 %	0.8 %	934	3,285
2016	28.2 %	0.8 %	967	3,426
2015	30.5 %	0.8 %	1,020	3,348
2014	32.1 %	0.8 %	1,085	3,375
2013	30.0 %	0.8 %	958	3,195
2012	34.3 %	0.8 %	1,193	3,478
2011	32.9 %	0.8 %	1,075	3,266
2010	34.0 %	0.8 %	1,153	3,395
2009	33.1 %	0.8 %	1,120	3,385

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	21.2
Numerator	622
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2014/Q4-2015/Q3	1.0 %			
2014/Q3-2015/Q2	1.0 %			
2014/Q2-2015/Q1	4.0 %			

Legends:

NOM 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	12.7	2.1	39	3,063
2018	15.9	2.3	51	3,199
2017	10.5	1.8	35	3,318
2016	14.5	2.1	50	3,458
2015	17.4	2.3	59	3,398
2014	12.3	1.9	42	3,421
2013	11.8	1.9	39	3,311
2012	11.9	1.8	43	3,610
2011	11.2	1.9	37	3,315
2010	15.4	2.1	53	3,446
2009	12.8	1.9	44	3,441

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	3.7
Numerator	11
Denominator	2,984
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	9.9	1.8	30	3,041
2018	11.4	1.9	36	3,165
2017	7.3	1.5	24	3,297
2016	12.8	2.0	44	3,432
2015	14.3	2.1	48	3,366
2014	8.3	1.6	28	3,392
2013	9.1	1.7	30	3,282
2012	11.4	1.8	41	3,590
2011	12.4	2.0	41	3,294
2010	14.1	2.0	48	3,414
2009	10.5	1.8	36	3,414

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	7.8
Numerator	23
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	7.6	1.6	23	3,041
2018	7.9	1.6	25	3,165
2017	5.8 ϟ	1.3 ϟ	19 ϟ	3,297 ϟ
2016	8.2	1.6	28	3,432
2015	9.8	1.7	33	3,366
2014	4.1 ϟ	1.1 ϟ	14 ϟ	3,392 ϟ
2013	5.2 ϟ	1.3 ϟ	17 ϟ	3,282 ϟ
2012	7.8	1.5	28	3,590
2011	6.7	1.4	22	3,294
2010	8.5	1.6	29	3,414
2009	6.7	1.4	23	3,414

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	5.1
Numerator	15
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	NR	NR	NR	NR
2018	3.5	1.1	11	3,165
2017	NR	NR	NR	NR
2016	4.7	1.2	16	3,432
2015	4.5	1.2	15	3,366
2014	4.1	1.1	14	3,392
2013	4.0	1.1	13	3,282
2012	3.6	1.0	13	3,590
2011	5.8	1.3	19	3,294
2010	5.6	1.3	19	3,414
2009	3.8	1.1	13	3,414

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2016	553.6 ϟ	127.4 ϟ	19 ϟ	3,432 ϟ
2015	445.6 ϟ	115.3 ϟ	15 ϟ	3,366 ϟ
2014	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2013	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2012	362.1 ϟ	100.6 ϟ	13 ϟ	3,590 ϟ
2011	303.6 ϟ	96.2 ϟ	10 ϟ	3,294 ϟ
2010	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2009	NR ⚑	NR ⚑	NR ⚑	NR ⚑

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	477.0
Numerator	14
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 9.4 - Notes:

None

Data Alerts: None

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	NR	NR	NR	NR
2018	NR	NR	NR	NR
2017	NR	NR	NR	NR
2016	NR	NR	NR	NR
2015	NR	NR	NR	NR
2014	NR	NR	NR	NR
2013	NR	NR	NR	NR
2012	NR	NR	NR	NR
2011	NR	NR	NR	NR
2010	NR	NR	NR	NR
2009	NR	NR	NR	NR

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	0
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 9.5 - Notes:

None

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.5. Please review your data to ensure this is correct.

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	0
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 10 - Notes:

There were no recorded births that noted mother drank in the last three months of pregnancy

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 10. Please review your data to ensure this is correct.

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2020
Annual Indicator	0.0
Numerator	0
Denominator	2,935
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2020

NOM 11 - Notes:

There were no births recorded with neonatal abstinence syndrome in 2020

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 11. Please review your data to ensure this is correct.

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	12.9 %	2.6 %	6,606	51,062

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	35.5 ϟ	11.2 ϟ	10 ϟ	28,204 ϟ
2018	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2017	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2016	41.9 ϟ	12.1 ϟ	12 ϟ	28,626 ϟ
2015	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2014	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2013	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2012	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2011	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2010	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2009	NR ⚑	NR ⚑	NR ⚑	NR ⚑

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	12.8
Numerator	4
Denominator	31,163
Data Source	Office of Vital Statistics
Data Source Year	2020

NOM 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2018	38.3 ϟ	11.5 ϟ	11 ϟ	28,745 ϟ
2017	62.7 ϟ	14.8 ϟ	18 ϟ	28,721 ϟ
2016	69.7	15.6	20	28,692
2015	53.2 ϟ	13.7 ϟ	15 ϟ	28,201 ϟ
2014	59.7 ϟ	14.5 ϟ	17 ϟ	28,470 ϟ
2013	45.3 ϟ	12.6 ϟ	13 ϟ	28,709 ϟ
2012	51.7 ϟ	13.4 ϟ	15 ϟ	28,990 ϟ
2011	55.0 ϟ	13.8 ϟ	16 ϟ	29,079 ϟ
2010	55.3 ϟ	13.8 ϟ	16 ϟ	28,938 ϟ
2009	62.4 ϟ	14.7 ϟ	18 ϟ	28,862 ϟ

Legends:

⚑ Indicator has a numerator <10 and is not reportable

ϟ Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	42.1
Numerator	12
Denominator	28,481
Data Source	Office of Vital Statistics
Data Source Year	2020

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017_2019	NR	NR	NR	NR
2016_2018	NR	NR	NR	NR
2015_2017	NR	NR	NR	NR
2014_2016	NR	NR	NR	NR
2013_2015	NR	NR	NR	NR
2012_2014	NR	NR	NR	NR
2011_2013	NR	NR	NR	NR
2010_2012	NR	NR	NR	NR
2009_2011	NR	NR	NR	NR
2008_2010	NR	NR	NR	NR
2007_2009	NR	NR	NR	NR

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	7.3
Numerator	1
Denominator	13,788
Data Source	Office of Vital Statistics
Data Source Year	2020

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2017_2019	NR 🏴	NR 🏴	NR 🏴	NR 🏴
2016_2018	27.8 ⚡	8.0 ⚡	12 ⚡	43,101 ⚡
2015_2017	39.4 ⚡	9.6 ⚡	17 ⚡	43,095 ⚡
2014_2016	42.1 ⚡	9.9 ⚡	18 ⚡	42,806 ⚡
2013_2015	31.0 ⚡	8.6 ⚡	13 ⚡	42,000 ⚡
2012_2014	NR 🏴	NR 🏴	NR 🏴	NR 🏴
2011_2013	35.6 ⚡	9.2 ⚡	15 ⚡	42,152 ⚡
2010_2012	40.2 ⚡	9.7 ⚡	17 ⚡	42,327 ⚡
2009_2011	37.8 ⚡	9.4 ⚡	16 ⚡	42,383 ⚡
2008_2010	33.1 ⚡	8.9 ⚡	14 ⚡	42,235 ⚡
2007_2009	NR 🏴	NR 🏴	NR 🏴	NR 🏴

Legends:

🏴 Indicator has a numerator <10 and is not reportable

⚡ Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	36.3
Numerator	5
Denominator	13,788
Data Source	Office of Vital Statistics
Data Source Year	2020

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	8.6 %	2.0 %	4,500	52,312

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.1 - Notes:

None

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	22.1 % ϟ	11.4 % ϟ	996 ϟ	4,500 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	0.5 % ϟ	0.5 % ϟ	219 ϟ	44,449 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	0.5 % ϟ	0.5 % ϟ	228 ϟ	44,449 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	31.6 % ϟ	25.9 % ϟ	524 ϟ	1,661 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	81.8 %	3.1 %	42,768	52,312

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	8.5 %	0.5 %	257	3,036
2016	8.3 %	0.5 %	226	2,710
2014	8.7 %	0.5 %	238	2,737
2012	10.0 %	0.6 %	288	2,870
2010	11.4 %	0.6 %	370	3,248
2008	11.7 %	0.7 %	279	2,383

Legends:

Indicator has a denominator <50 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	23.8 %	1.5 %	2,129	8,960
2017	23.0 %	1.7 %	1,990	8,652
2015	20.4 %	1.5 %	1,883	9,234
2013	20.1 %	1.4 %	1,782	8,857
2011	15.4 %	1.2 %	1,317	8,528
2007	15.7 %	1.0 %	1,460	9,323

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: MCH Jurisdictional Survey (MCH-JS) - Age 10-17

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	17.4 %	4.7 %	4,191	24,039

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	12.8 % ϟ	3.9 % ϟ	6,693 ϟ	52,312 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2016	56.3 %	4.4 %	2,000	4,000
2015	47.8 %	4.0 %	2,000	3,000
2014	50.8 %	3.5 %	2,000	3,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2020	64.6 %	2.5 %	30,787	47,658
2018_2019	65.0 %	2.0 %	30,238	46,542
2017_2018	65.8 %	1.9 %	30,604	46,503
2016_2017	62.1 %	2.5 %	28,213	45,424
2015_2016	61.0 %	1.6 %	26,409	43,279
2014_2015	61.3 %	2.8 %	26,790	43,718

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	63.3 %	3.5 %	8,856	13,990
2018	65.8 %	3.3 %	9,170	13,930
2017	67.5 %	3.0 %	9,748	14,450
2016	67.4 %	2.5 %	9,705	14,390
2015	60.2 %	2.9 %	8,740	14,510

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	78.7 %	3.0 %	11,014	13,990
2018	70.2 %	3.3 %	9,772	13,930
2017	77.3 %	2.7 %	11,167	14,450
2016	77.5 %	2.2 %	11,156	14,390
2015	79.6 %	2.3 %	11,554	14,510
2013	73.9 %	2.8 %	10,523	14,250

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	73.2 %	3.2 %	10,244	13,990
2018	68.9 %	3.3 %	9,597	13,930
2017	68.3 %	3.0 %	9,873	14,450
2016	77.1 %	2.2 %	11,095	14,390
2015	76.2 %	2.5 %	11,063	14,510
2013	72.4 %	2.9 %	10,317	14,250

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	33.3	2.2	221	6,635
2018	34.4	2.3	230	6,677
2017	40.1	2.4	270	6,726
2016	38.0	2.4	255	6,705
2015	38.8	2.4	257	6,629
2014	48.7	2.7	323	6,626
2013	54.3	2.9	363	6,686
2012	54.7	2.8	372	6,801
2011	62.0	3.0	425	6,859
2010	60.0	3.0	412	6,871
2009	57.3	2.9	392	6,837

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2020
Annual Indicator	68.1
Numerator	200
Denominator	2,935
Data Source	DPHSS Office of Vital Ststistics
Data Source Year	2020

NOM 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	44.9 % ϟ	16.2 % ϟ	1,602 ϟ	3,565 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019	4.0 % ϟ	1.2 % ϟ	2,079 ϟ	52,312 ϟ

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Guam

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective					64
Annual Indicator				67.9	72.6
Numerator				19,695	21,321
Denominator				29,007	29,366
Data Source				BRFSS	BRFSS
Data Source Year				2018	2019

Previous NPM-1 BRFSS data for survey years 2015, 2016 and 2017 that was pre-populated under the 2016, 2017 and 2018 Annual Report Years is no longer displayed since it is not comparable with 2018 survey data.

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		64
Annual Indicator	59.1	59.1
Numerator	24,193	24,193
Denominator	40,968	40,968
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	64.3	64.4	64.5	64.0	63.9	63.5

Field Level Notes for Form 10 NPMs:

None

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2017	**2018**	**2019**	**2020**
Annual Objective	80.3	80.5	81	82
Annual Indicator	86.0	80.6	82.9	76.0
Numerator	2,426	2,011	2,343	1,801
Denominator	2,819	2,496	2,826	2,371
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	81	82
Annual Indicator	86.2	86.2
Numerator	14,472	14,472
Denominator	16,790	16,790
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	42.2	80.3	80.5	81	82
Annual Indicator	75.6	81.3	79.1	83.5	
Numerator	1,428	1,385	1,340	1,373	
Denominator	1,890	1,704	1,693	1,645	
Data Source	WIC	WIC	WIC	WIC	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Final	Final	Provisional	Provisional	

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	82.0	82.5	83.0	83.0	85.0	87.0

Field Level Notes for Form 10 NPMs:

None

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data				
Data Source: National Immunization Survey (NIS)				
	2017	2018	2019	2020
Annual Objective	28.6	29	30	32
Annual Indicator	23.5	19.4	26.4	22.4
Numerator	642	479	731	501
Denominator	2,735	2,470	2,767	2,237
Data Source	NIS	NIS	NIS	NIS
Data Source Year	2014	2015	2016	2017

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective	51.8	28.6	29	30	32
Annual Indicator	2.3	2.9	2.9	4.5	
Numerator	38	44	44	65	
Denominator	1,667	1,510	1,509	1,432	
Data Source	WIC	WIC	WIC	WIC	
Data Source Year	2016	2017	2018	2019	
Provisional or Final ?	Final	Final	Provisional	Provisional	

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	32.0	32.5	33.0	33.0	33.5	34.0

Field Level Notes for Form 10 NPMs:

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

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	22.5	22.5
Numerator	1,569	1,569
Denominator	6,979	6,979
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	22.5	23.0	23.5	24.0	24.5	25.0

Field Level Notes for Form 10 NPMs:

None

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Federally Available Data			
Data Source: Youth Risk Behavior Surveillance System (YRBSS)			
	2018	2019	2020
Annual Objective			
Annual Indicator	22.5	22.5	21.7
Numerator	2,221	2,221	2,022
Denominator	9,859	9,859	9,299
Data Source	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2017	2019

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	22.5	22.0	21.5	20.0	19.5	18.5

Field Level Notes for Form 10 NPMs:

None

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN		
	2019	**2020**
Annual Objective	60	61
Annual Indicator	51.7	51.7
Numerator	2,328	2,328
Denominator	4,500	4,500
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			59.5	60	61
Annual Indicator	59	62.6	51.8		
Numerator	526	558	462		
Denominator	892	892	892		
Data Source	CSHCN Registry	CSHCN Registry	CSHCN		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	61.2	62.0	63.0	63.5	63.9	64.0

Field Level Notes for Form 10 NPMs:

None

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 - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN		
	2019	2020
Annual Objective	78	79
Annual Indicator	0	0
Numerator	0	0
Denominator	840	840
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective			77.5	78	79
Annual Indicator	76	76	77.7		
Numerator	10,870	10,870	11,115		
Denominator	14,301	14,301	14,302		
Data Source	Census	Census	Census		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	79.2	80.0	80.0	82.0	82.0	82.5

Field Level Notes for Form 10 NPMs:

None

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Child Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective		
Annual Indicator	58.5	58.5
Numerator	29,856	29,856
Denominator	51,062	51,062
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	58.5	58.9	60.0	60.3	60.5	61.0

Field Level Notes for Form 10 NPMs:

None

NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes - Child Health

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	9	4
Annual Indicator	4.5	4.5
Numerator	2,329	2,329
Denominator	52,312	52,312
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			9.5	9	4
Annual Indicator	10	4.9	8.2		
Numerator	344	162	259		
Denominator	3,441	3,292	3,175		
Data Source	Vital Statistics	Vital Statistics, DPHSS	Vital Statistics DPHSS		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	3.5	3.5	3.0	3.0	2.9	2.0

Field Level Notes for Form 10 NPMs:

None

NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes - Adolescent Health

Annual Objectives					
	2022	2023	2024	2025	2026
Annual Objective	3.5	3.2	3.0	2.9	2.8

Field Level Notes for Form 10 NPMs:

None

Form 10
National Performance Measures (NPMs) (2016-2020 Needs Assessment Cycle)

State: Guam

2016-2020: NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - CHILD		
	2019	**2020**
Annual Objective	35.5	34
Annual Indicator	16.3	16.3
Numerator	4,618	4,618
Denominator	28,273	28,273
Data Source	MCH-JS-CHILD	MCH-JS-CHILD
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	37.2	37	36	35.5	34
Annual Indicator	5,158.2	4,697.7	5,696.3		
Numerator	1,389	1,265	1,524		
Denominator	26,928	26,928	26,754		
Data Source	Guam Memorial	Guam Memorial Hospital	Guam Memorial Hospital		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
The rate of non-fatal hospitalization was 56.9/1000.
The figure that is showing is due to small numbers

2016-2020: NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS) - ADOLESCENT		
	2019	2020
Annual Objective	59.3	59
Annual Indicator	15.6	15.6
Numerator	3,750	3,750
Denominator	24,039	24,039
Data Source	MCH-JS-ADOLESCENT	MCH-JS-ADOLESCENT
Data Source Year	2019	2019

State Provided Data				
	2017	2018	2019	2020
Annual Objective			59.3	59
Annual Indicator	5,928.8	5,696.3		
Numerator	1,651	1,524		
Denominator	27,847	26,754		
Data Source	Guam Memorial	Guam Memorial Hospital		
Data Source Year	2017	2018		
Provisional or Final ?	Provisional	Provisional		

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**

Field Note:
The rate of non-fatal hospitalization was 56.9/1000
The figure that is showing is due to small numbers

2016-2020: NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	50.5	60
Annual Indicator	66.4	66.4
Numerator	10,949	10,949
Denominator	16,501	16,501
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			50	50.5	60
Annual Indicator	45.9	45.9	47.3		
Numerator	6,280	6,280	6,359		
Denominator	13,676	13,676	13,445		
Data Source	YRBS	YRBSS	YRBSS		
Data Source Year	2015	2015	2017		
Provisional or Final ?	Final	Final	Provisional		

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**

Field Note:
Guam does not have the full results from the 2017 Guam YRBSS. Results should be in late August

2016-2020: NPM 14.1 - Percent of women who smoke during pregnancy

Federally Available Data					
Data Source: National Vital Statistics System (NVSS)					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	10.5	10	9.5	9	8
Annual Indicator	6.7	4.7	4.7	4.5	5.3
Numerator	218	159	150	132	138
Denominator	3,267	3,364	3,218	2,906	2,601
Data Source	NVSS	NVSS	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017	2018	2019

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	9	8
Annual Indicator	2.7	2.7
Numerator	69	69
Denominator	2,565	2,565
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective	10.5	10	9.5	9	8
Annual Indicator		4.9			
Numerator		162			
Denominator		3,292			
Data Source		Vital Statistics, DPHSS			
Data Source Year		2017			
Provisional or Final ?		Provisional			

Field Level Notes for Form 10 NPMs:

None

2016-2020: NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Children with Special Health Care Needs

Federally Available Data		
Data Source: MCH Jurisdictional Survey (MCH-JS)		
	2019	**2020**
Annual Objective	82	83
Annual Indicator	60.7	60.7
Numerator	31,763	31,763
Denominator	52,312	52,312
Data Source	MCH-JS	MCH-JS
Data Source Year	2019	2019

State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective			81	82	83
Annual Indicator	77.9	76.8	78		
Numerator	42,575	41,897	42,446		
Denominator	54,635	54,531	54,418		
Data Source	Census Projections	Census Projections	Census Projections		
Data Source Year	2016	2017	2018		
Provisional or Final ?	Provisional	Provisional	Provisional		

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: Guam

SPM 1 - Guam youth suicide rate ages 10-24

Measure Status:		Active
State Provided Data		
	2019	**2020**
Annual Objective		
Annual Indicator	0	0
Numerator	1	8
Denominator	39,285	40,094
Data Source	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics
Data Source Year	2019	2020
Provisional or Final ?	Provisional	Provisional

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	7.0	7.0	5.0	5.0	5.0	5.0

Field Level Notes for Form 10 SPMs:

None

SPM 2 - Percent LGBTQ high school students attempting suicide

Measure Status:	Active

State Provided Data

	2019	2020
Annual Objective		
Annual Indicator	42.6	16.1
Numerator	425	162
Denominator	997	1,008
Data Source	YRBSS	Guam YRBSS
Data Source Year	2017	2019
Provisional or Final ?	Provisional	Final

Annual Objectives

	2021	2022	2023	2024	2025	2026
Annual Objective	42.0	41.0	40.0	40.0	39.0	20.0

Field Level Notes for Form 10 SPMs:

None

SPM 3 - The rate of infant deaths between birth and 1 year of life

Measure Status:	Active

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective		11.3	11	10	9
Annual Indicator	12.5	8.5	10.1	9.8	7.8
Numerator	43	28	32	30	23
Denominator	3,441	3,292	3,175	3,058	2,935
Data Source	Guam Office of Vital Statistics	Guam Office of Vital Statistics	Guam Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	8.0	7.5	7.0	6.5	6.5	6.5

Field Level Notes for Form 10 SPMs:

None

SPM 4 - Percent of women of reproductive age who are current smokers

Measure Status:	Active

State Provided Data

	2016	2017	2018	2019	2020
Annual Objective		6.2	6.1	6	5.9
Annual Indicator	6.3	7.8	8.2	7.2	7
Numerator	218	258	259	219	204
Denominator	3,441	3,292	3,175	3,058	2,935
Data Source	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives

	2021	2022	2023	2024	2025	2026
Annual Objective	5.8	5.7	5.6	5.5	5.5	5.5

Field Level Notes for Form 10 SPMs:

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)

Measure Status:	Active

State Provided Data	
	2020
Annual Objective	
Annual Indicator	65.9
Numerator	1,689
Denominator	2,563
Data Source	National Immunization Survey (NIS)
Data Source Year	SY 19-20
Provisional or Final ?	Provisional

Annual Objectives					
	2022	2023	2024	2025	2026
Annual Objective	70.0	75.0	80.0	85.0	90.0

Field Level Notes for Form 10 SPMs:

None

Form 10
State Performance Measures (SPMs) (2016-2020 Needs Assessment Cycle)

2016-2020: SPM 3 - Percent of students who were bullied on school property during the past 12 months

Measure Status:					Active
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		13	13	12	12
Annual Indicator	16.4	16.3	16.3	14.5	14.5
Numerator	3,248	3,539	3,539	3,142	3,142
Denominator	19,801	21,675	21,675	21,675	21,675
Data Source	GUAM YRBS	Guam YRBSS	Guam YRBSS	Guam YRBSS	Guam YRBSS
Data Source Year	2015	2017	2017	2019	219
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Field Level Notes for Form 10 SPMs:

None

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Guam

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.

Measure Status:	Active

State Provided Data

	2017	2018	2019	2020
Annual Objective	61.7	63	63.5	80
Annual Indicator	88.5	64.7	80	80
Numerator	19,432	19,338	28,300	28,300
Denominator	21,966	29,900	35,376	35,376
Data Source	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2016	2017	2019	2019
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional

Annual Objectives

	2021	2022	2023	2024	2025	2026
Annual Objective	81.0	82.0	83.0	84.0	85.0	85.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:	Active

State Provided Data			
	2018	2019	2020
Annual Objective			20
Annual Indicator			70.3
Numerator			763
Denominator			1,086
Data Source			BFHNS
Data Source Year			2020
Provisional or Final ?			Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	70.0	71.0	72.0	73.0	74.0	75.0

Field Level Notes for Form 10 ESMs:

None

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.

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		76.5
Numerator		13
Denominator		17
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	10.0	12.0	14.0	16.0	18.0	19.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.1 - Percentage of home visitors trained in breastfeeding best practices

Measure Status:	Active

State Provided Data			
	2018	2019	2020
Annual Objective			2
Annual Indicator			0
Numerator			0
Denominator			5
Data Source			MIECHV Annual Report
Data Source Year			2020
Provisional or Final ?			Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	4.0	6.0	6.0	6.0	7.0	7.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		0
Numerator		0
Denominator		2
Data Source		NCD Consortiuum
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	2.0	3.0	4.0	4.0	4.0	4.0

Field Level Notes for Form 10 ESMs:

1. **Field Name:** **2020**

   Column Name: **State Provided Data**

   Field Note:
   There were no NCD Meetings held in 2020 due to Covid 19

ESM 4.3 - Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.

Measure Status:		Active
State Provided Data		
	2019	**2020**
Annual Objective		
Annual Indicator		0
Numerator		0
Denominator		671
Data Source		WIC
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	**2022**	**2023**	**2024**	**2025**	**2026**
Annual Objective	10.0	12.0	14.0	16.0	20.0	20.0

Field Level Notes for Form 10 ESMs:

1. **Field Name:** **2020**

   Column Name: **State Provided Data**

   Field Note:
   WIC Clinics were closed during 2020 due to Covid 19

ESM 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		5
Numerator		
Denominator		
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	5.0	7.0	7.0	7.0	7.0	7.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.2 - Developmental Screening Education

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		7
Numerator		
Denominator		
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	10.0	10.0	10.0	10.0	10.0	10.0

Field Level Notes for Form 10 ESMs:

None

ESM 6.3 - Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening,

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		100
Numerator		35
Denominator		35
Data Source		MIECHV Annual Report
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	99.0	99.0	99.0	99.0	99.0	99.0

Field Level Notes for Form 10 ESMs:

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.

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator		0
Numerator		0
Denominator		1
Data Source		BFHNS
Data Source Year		2020
Provisional or Final ?		Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	20.0	25.0	30.0	35.0	35.0	35.0

Field Level Notes for Form 10 ESMs:

1. **Field Name:** **2020**

   Column Name: **State Provided Data**

   Field Note:
   There were no trainings held in 2020 due to Covid 19

ESM 11.1 - Conduct outreach to families on availability and benefits of the medical home

Measure Status:	Active

State Provided Data					
	2016	2017	2018	2019	2020
Annual Objective		4	4	5	7
Annual Indicator	4	5	5	7	0
Numerator					
Denominator					
Data Source	DPHSS	DPHSS	DPHSS	DPHSS	DPHSS
Data Source Year	2016	2017	2018	2019	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	7.0	9.0	9.0	9.0	9.0	9.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
In 2020 there were no outreach activities held due to Covid 19

ESM 12.1 - Number of families/providers who obtain needed support from Neni 311 for a support service.

Measure Status:	Active

State Provided Data

	2017	2018	2019	2020
Annual Objective			25	35
Annual Indicator			100	0
Numerator			20	0
Denominator			20	1
Data Source			Neni 311	Neni 311
Data Source Year			2019	2020
Provisional or Final ?			Provisional	Provisional

Annual Objectives

	2021	2022	2023	2024	2025	2026
Annual Objective	45.0	50.0	55.0	55.0	55.0	55.0

Field Level Notes for Form 10 ESMs:

1. **Field Name:** **2020**

   Column Name: **State Provided Data**

   Field Note:
   In 2020, the Neni 311 line was "repurposed" as a Covid hotline

ESM 13.2.1 - Percent of children, ages 3 to 5 enrolled in Head Start who had a preventive dental visit in the past year

Measure Status:	Active

State Provided Data		
	2019	2020
Annual Objective		
Annual Indicator	56.5	
Numerator	287	
Denominator	508	
Data Source	DPHSS Dental and Head Start	
Data Source Year	2019	
Provisional or Final ?	Provisional	

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	57.0	57.5	58.0	58.5	59.0	0.0

Field Level Notes for Form 10 ESMs:

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

Measure Status:	Active

State Provided Data				
	2017	2018	2019	2020
Annual Objective			3	3
Annual Indicator			100	0
Numerator			2	0
Denominator			2	62
Data Source			MCH Program	MEICHV
Data Source Year			2019	2020
Provisional or Final ?			Provisional	Provisional

Annual Objectives						
	2021	2022	2023	2024	2025	2026
Annual Objective	3.0	2.0	2.0	2.0	2.0	2.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
There were 62 families enrolled in MIECHV in 2020. However, the families that contained smokers did not want to be referred to the smoking cessation program

Form 10
Evidence-Based or -Informed Strategy Measures (ESMs) (2016-2020 Needs Assessment Cycle)

2016-2020: ESM 1.5 - Percentage of women in Title X receiving preconception services

Measure Status:			**Active**
State Provided Data			
	2018	**2019**	**2020**
Annual Objective			10
Annual Indicator			100
Numerator			57
Denominator			57
Data Source			Family Planning Program
Data Source Year			2020
Provisional or Final ?			Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 4.3 - Percent of families enrolled in an evidence based home visitation program who received safe sleep education from a trained home visitation provider

Measure Status:	Active			
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective	0	98	99	100
Annual Indicator	98	100	100	91.9
Numerator	96	68	68	34
Denominator	98	68	68	37
Data Source	Project Bisita	Project Bisita	Project Bisita	MIECHV Annual Report
Data Source Year	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 4.4 - Number of worksites that have created a lactation policy that complies with federal standards.

Measure Status:				Active
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective			3	5
Annual Indicator			0	0
Numerator				
Denominator				
Data Source			NCD Breastfeeding Task Force	Breastfeeding Task Force
Data Source Year			2018	2020
Provisional or Final ?			Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 7.1.1 - Number of parents and caregivers receiving car seat education

Measure Status:					Active
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		8	8	9	9
Annual Indicator	7	8	8	8	0
Numerator					
Denominator					
Data Source	Project Bisita	Project Bisita	Project Bisita	Project Bisita	MIECHV Annual Report
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Final	Provisional	Provisional	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 7.1.2 - Percent of families participating in the evidence-based home visiting program who receive injury prevention education

Measure Status:					Active
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		50	75	100	100
Annual Indicator	50	41.7	17.6	17.6	0
Numerator	18	25	12	12	0
Denominator	36	60	68	68	1
Data Source	Bisita	Project Bisita	Project Bisita	Project Bisita	MIECHV Annual Report
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 7.1.3 - To conduct Direct on Scene Education (DOSE) to first responders in order to reduce unsafe sleep-related deaths in infants less than one year of age

Measure Status:			Active
State Provided Data			
	2018	**2019**	**2020**
Annual Objective			10
Annual Indicator			0
Numerator			0
Denominator			1
Data Source			GFD
Data Source Year			2020
Provisional or Final ?			Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 7.2.1 - Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment

Measure Status:				**Active**
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective	5	6	7	8
Annual Indicator	6	7	7	0
Numerator				
Denominator				
Data Source	GCCDRP	GCCDRP	GCCDRP	GCCDRP
Data Source Year	2017	2018	2018	2020
Provisional or Final ?	Final	Provisional	Final	Final

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
There were no Child Death Reviews in 2020 due to Covid 19

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2016-2020: ESM 10.2 - Percent of adolescent program participants (15-18 years of age) that received education on the importance of a well-visit in the past year

Measure Status:			Active	
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective	45	47	48	50
Annual Indicator	46.2	54.5	54.5	0
Numerator	153	181	181	0
Denominator	331	332	332	1
Data Source	Guam MCH Clinic data sheets	Guam MCH Clinic Data Sheets	Guam MCH Clinic Data Sheets	Guam MCH Clinic
Data Source Year	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Final	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 10.3 - Number of schools implementing evidence-based or informed anti-bullying practices and/or programs

Measure Status:				**Active**
State Provided Data				
	2017	**2018**	**2019**	**2020**
Annual Objective	13	19	25	31
Annual Indicator	10	10	10	10
Numerator				
Denominator				
Data Source	GDOE	GDOE	GDOE	GDOE
Data Source Year	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Final	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 12.1 - Facilitate the dissemination of evidence-based transition resources to health care professionals

Measure Status:					Active
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		1,000	1,500	2,000	2,000
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Data Source	MCH	MCH	MCH	MCH	MCH
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Final	Final	Final

Field Level Notes for Form 10 ESMs:

1. **Field Name:** **2017**

   Column Name: **State Provided Data**

   Field Note:
   This ESM was not accomplished due the lack of staff. Staff presently are juggling two to three "other" job responsibilities

2. **Field Name:** **2018**

   Column Name: **State Provided Data**

   Field Note:
   This ESM was not accomplished due the lack of staff. Staff presently are juggling two to three "other" job responsibilities

2016-2020: ESM 12.3 - Percent of Families that indicate care coordination and family partnerships are working well within their primary or specialty care provide setting

Measure Status:	Active

State Provided Data				
	2017	2018	2019	2020
Annual Objective			65	70
Annual Indicator			40.1	84.9
Numerator			322	512
Denominator			802	603
Data Source			MCH	MCH
Data Source Year			2018	2020
Provisional or Final ?			Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 14.1.1 - Number of pregnant women who smoke referred to the Tobacco Quit line

Measure Status:					Active
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		10	10	15	15
Annual Indicator	15	19	10	10	10
Numerator					
Denominator					
Data Source	Tobacco Quitline	Tobacco Quitline	Tobacco Quitline	Tobacco Quitline	Tobacco Quitline
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

2016-2020: ESM 15.1 - Increase awareness of the need for children to be insured

Measure Status:				**Active**	
State Provided Data					
	2016	**2017**	**2018**	**2019**	**2020**
Annual Objective		2	2	3	3
Annual Indicator	1	1	1	1	1
Numerator					
Denominator					
Data Source	DPHSS Website	DPHSS Website	DPHSS Website	DPHSS Website	DPHSS
Data Source Year	2016	2017	2018	2018	2020
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets

State: Guam

SPM 1 - Guam youth suicide rate ages 10-24
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	Reduce the Guam youth suicide rate to 3.9 per 100,000 by FY2025
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of youth suicides on Guam ages 10-24 **Denominator:** Guam population ages 10-24
Data Sources and Data Issues:	Guam DPHSS Office of Vital Statistics
Significance:	On Guam, suicide is one of the leading causes of death among adolescents and young adults. More adolescents are hospitalized or treated in an emergency department for suicide attempts. Suicide ideation – thinking about suicide, having suicidal thoughts and/or considering attempting suicide -- is a risk factor for suicide.

SPM 2 - Percent LGBTQ high school students attempting suicide
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	Reduce suicides among LGB TQ students
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of LGBTQ high-school students attempting suicide **Denominator:** Number of LGBTQ students in high school
Data Sources and Data Issues:	Guam YRBSS Data Issue: YRBSS is conducted every other year
Significance:	Def On Guam, suicide is one of the leading causes of death among adolescents and young adults. More adolescents are hospitalized or treated in an emergency department for suicide attempts. Suicide ideation – thinking about suicide, having suicidal thoughts and/or considering attempting suicide -- is a risk factor for suicide

SPM 3 - The rate of infant deaths between birth and 1 year of life
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active
Goal:	Reduce the island-wide infant mortality rate
Definition:	**Unit Type:** Rate **Unit Number:** 1,000 **Numerator:** The number of deaths to live born infants aged 0 to 364 days during the year **Denominator:** The number of deaths to live born infants aged 0 to 364 days during the year
Data Sources and Data Issues:	Guam DPHSS Office of Vital Statistics
Significance:	Infant deaths is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants.

SPM 4 - Percent of women of reproductive age who are current smokers
Population Domain(s) – Women/Maternal Health

Measure Status:	Active
Goal:	To reduce the percentage of women of reproductive age who are current smokers
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women aged 18-44 who responded on the Guam BRFSS that they are currently smoking **Denominator:** Number of women aged 18-44 that respond to BRFSS
Data Sources and Data Issues:	Guam Behavioral Risk Factor Surveillance System Although women 15-44 years are typically considered the defining range for "reproductive age", the BRFSS only includes those age 18 and older. This is the reason the age range 18-44 years was chosen for the measure.
Significance:	While reduction of smoking during pregnancy has always been a priority for Guam, it is important to broaden the scope to encompass concerns for the interconception and pre-conceptional periods in women's lives. Guam has high rates of smoking-related mortality among women.

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)
Population Domain(s) – Child Health

Measure Status:	Active
Goal:	By 2025, increase the percentage of all children, 19 to 36 months of age, who have completed recommended vaccines to 90%
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of Guam children sampled, ages 19 through 35 months, who have completed the combined 7 vaccine series (4:3:1:3*:3:1:4) **Denominator:** Number of Guam children sampled, ages 19 through 35 months
Healthy People 2030 Objective:	Reduce the proportion of children who get no recommended vaccines by age 2 years — IID-02
Data Sources and Data Issues:	National Immunization Survey
Significance:	Vaccination is one of the greatest public health achievements of the 20th century, resulting in dramatic declines in morbidity and mortality for many infectious diseases. Childhood vaccinations, in particular, are considered among the most cost-effective preventive services available, as it averts a potential lifetime lost to death and disability.

Form 10
State Performance Measure (SPM) Detail Sheets (2016-2020 Needs Assessment Cycle)

2016-2020: SPM 3 - Percent of students who were bullied on school property during the past 12 months
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	Reduce the percent of students in grades 9 through 12 that report having been bullied on school property
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of 9th to 12th graders who have ever been bullied on school property during the past 12 months **Denominator:** Total number of 9th to 12th graders in public schools
Healthy People 2020 Objective:	41 Reduce bullying among adolescents
Data Sources and Data Issues:	Guam Youth Risk Behavior Surveillance (YRBS) The Guam YRBS is conducted biannual in schools that voluntarily participate
Significance:	Bullying is a form of violence in which one person repeatedly targets another who is weaker, smaller, or more vulnerable. It is repeated behavior intended to harm or disturb the target. An imbalance of power exists in all bullying situations. Bullying can be physical, verbal, and/or psychological when done in person or on-line. An individual may be impacted by a broad range of types of violence. Bullying affects both targets and bullies.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Guam

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Guam

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.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	To ensure that women are receiving education on the importance of well-woman visists
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of MCH women (including pregnant and postpartum) program participants who have received education on the importance of a well-women/preventive health visit in the reporting year **Denominator:** Number of MCH women (including pregnant and postpartum) program participants
Data Sources and Data Issues:	MCH Women's Health Clinic Reports
Significance:	A well women visit is a way to make sure an individual is staying health. A well-woman visit is an excellent opportunity for counseling patients about maintaining a healthy lifestyle and minimizing health risks. Components of the visit may vary depending on the patients age, risk factors, and physician preference.

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
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	To reduce STDs by screening pregnant women
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of pregnant female clients screened within their first 20 weeks of pregnancy **Denominator:** Total number of female clients seen
Data Sources and Data Issues:	Program collaboration and services integration grant annual reports
Significance:	Testing and treating pregnant women for STDs is a vital way to prevent serious health complications to both mother and baby that may otherwise happen with infection. Sexually transmitted infections (STI) have been associated with a number of adverse pregnancy outcomes including spontaneous abortion, stillbirth, prematurity, low birth weight (LBW), postpartum endometritis, and various sequelae in surviving neonates.

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.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	Through collaboration with the Guam MIECHV and Family Planning Programs, increase referrals of pregnant women to prenatal care
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women served by the Guam MIECHV Program or Family Planning Programs who received referral to prenatal care when needed. **Denominator:** Number of women served by the Guam MIECHV or Family Planning Programs who were in need of prenatal care.
Data Sources and Data Issues:	MIECHV and Family Planning Program's enrollment and client data. For Family Planning, prenatal care assessment is based on # of women who received a positive pregnancy test and the # of women who indicated interest in becoming pregnant or who were facing fertility issues. For MIECHV, pregnant women are asked if they are currently receiving prenatal care, which is the # assessed. The programs will provide referrals to those who are in need of prenatal care, which is the # referred
Significance:	Currently, Guam's MIECHV Program and Family Planning Programs provide some degree of education about and referral to prenatal care for pregnant women. Research shows that early referrals to prenatal care help with healthy pregnancies and better birth outcomes (AMCHP, 2015; Meghea, You & Roman, 2015). In addition, building and strengthening partnerships between Title V MCH programs and other state and community-based programs is a strategy to link women with comprehensive preconception, prenatal, and interconception care. Coordinated referral strategies among the MCH, MIECHV, and Family Planning program will help increase utilization of prenatal visits and prenatal care.

ESM 4.1 - Percentage of home visitors trained in breastfeeding best practices
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	Increase the number of home visitors trained in breastfeeding best practices
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Home visitors trained in breastfeeding best practices in the past year **Denominator:** MIECHV home visitors
Data Sources and Data Issues:	MIECHV Program
Significance:	Advantages of breastfeeding are indisputable. The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six months as human milk supports optimal growth and development by providing all required nutrients during that time. Breastfeeding strengthens the immune systems, improves normal immune response to certain vaccines, offers protection from allergies, and reduces the possibility of SIDs.

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
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	To support and encourage agencies/organizations who have identified increasing the rate of breastfeeding as a priority need in their communities.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Total number of agencies/organizations choosing to use MCH support funding for breastfeeding support activities which have met their activity goals. **Denominator:** Total number of agencies/organizations choosing to use MCH support funding for breastfeeding support activities.
Data Sources and Data Issues:	Bureau of Family Health and Nursing Services - The number of agencies/organizations choosing to use MCH support funding in this way may change from year to year.
Significance:	This will raise community-level understanding on the importance of breastfeeding and increase support for breastfeeding mothers.

ESM 4.3 - Percent of women educated on the importance of breastfeeding to ensure that the feeding decision is fully-informed.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	Increase knowledge of importance of breastfeeding to ensure that the feeding decision is fully-informed.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of maternal health and WIC clients who receive education on breastfeeding. **Denominator:** Total number of women who receive direct or enabling services from a Guam Title V and the Guam WIC Program
Data Sources and Data Issues:	Tally sheet will need to be developed to capture if maternal health and WIC clients received breastfeeding education
Significance:	Education of the importance of breastfeeding has been shown to increase the initiation and continuation of breastfeeding in mothers.

ESM 6.1 - Number of home visitors trained to provide ASQ over the next 5 years.
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

Measure Status:	Active
Goal:	Increase the number of home visitors trained on ASQ each year by 3.
Definition:	**Unit Type:** Count **Unit Number:** 10 **Numerator:** Number of home visitors trained on ASQ **Denominator:**
Data Sources and Data Issues:	In house data
Significance:	Home visitors build a trusting relationship with families and, therefore, are well equipped to help families complete an ASQ developmental screening. Studies show that the earlier a delay is recognized and intervention is begun, the better the child's chance of substantial improvement. Developmental screening is one of the best things you can do to ensure a child's success in school and life. Home visitors need to receive training so they use the ASQ correctly, including how it is communicated to families and, if needed, how to make an appropriate

ESM 6.2 - Developmental Screening Education
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

Measure Status:	Active
Goal:	Increase the number of parents who receive education about developmental screening tools.
Definition:	**Unit Type:** Count **Unit Number:** 10 **Numerator:** Parents that receive education about developmental screening tools **Denominator:**
Data Sources and Data Issues:	In house data
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. The percent of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics recommends screening tests begin at the nine month visit. Title V funds health departments to educate parents of children at risk for developmental delays or behavioral health issues about developmental screening.

ESM 6.3 - Percent of children participating in an evidence-based home visiting program who received age appropriate developmental screening,
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

Measure Status:	Active
Goal:	Achieve a comprehensive, coordinated, and integrated state and community system of services for children, and promote a universal system of developmental screening
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Percent of children participating in an evidence-based home visiting program who received age-appropriate developmental screening **Denominator:** Percent of children participating in an evidence-based home visiting program
Data Sources and Data Issues:	program-level data from Guam's evidence-based home visiting programs; data issues: quality of data is dependent on home visitor data entry
Significance:	Home visitors build a trusting relationship with families and, therefore, are well equipped to help families complete an ASQ developmental screening. Studies show that the earlier a delay is recognized and intervention is begun, the better the child's chance of substantial improvement. Developmental screening is one of the best things you can do to ensure a child's success in school and life. Home visitors need to receive training so they use the ASQ correctly, including how it is communicated to families and, if needed, how to make an appropriate referrals

ESM 9.1 - The percent of Bureau of Family Health and Nursing Services receiving lesbian, gay, bisexual, transgender and questioning (LGBTQ) cultural competency training.
NPM 9 – Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Measure Status:	Active
Goal:	Increase the percentage of Bureau of Family Health and Nursing Services personnel receiving training to improve rates of injury intervention when treating/educating/referring lesbian, gay, bisexual, transgender and questioning (LGBTQ) clients
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of Bureau of Family Health and Nursing Services personnel receiving LGBTQ cultural competency training. **Denominator:** Number of Bureau of Family Health and Nursing Services personnel
Data Sources and Data Issues:	Bureau of Family Health and Nursing Services
Significance:	Bullying affects youth negatively in many ways. Youth who are bullied are more likely to experience depression and anxiety, changes in sleep and eating patterns and decreased academic achievement and school participation. Academic success has a direct impact on their employment prospects and future earnings potential, which impact health and access to health care in adulthood. LGBTQ youth and those perceived as LGBTQ are at an increased risk of being bullied. Bullied LGBTQ youth, or youth perceived as LGBTQ are more likely to skip school, smoke, use alcohol and drugs, or engage in other risky behaviors. Lesbian, gay or bisexual youth are more than twice as likely as their peers to be depressed and think about or attempt suicide. Bias based on gender; social/socio-economic class and privilege; gender orientation, sexual preference, and gender identity; mental, physical and emotional ability/disability; physical appearance (most notably obesity); and religion are frequently at the center of bullying and discrimination in schools. Improving knowledge and competency in these areas can help programs more effectively prevent bullying and more appropriately react to bullying when it happens.

ESM 11.1 - Conduct outreach to families on availability and benefits of the medical home
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active
Goal:	To increase the number of children with and without special health care needs who have a medical home
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of families reached during community outreaches **Denominator:**
Data Sources and Data Issues:	DPHSS calendar of community outreaches and sign in sheets
Significance:	The medical home is best described as a model or philosophy that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety

ESM 12.1 - Number of families/providers who obtain needed support from Neni 311 for a support service.
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

Measure Status:	Active
Goal:	Increasing utilization of a medical home by increasing access to resources for providers and/or families of CSCHN or non-CSCHN .
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of families/providers who obtain needed support. **Denominator:** Number of families/providers who contact Neni 311.
Data Sources and Data Issues:	Neni 311 log book or database
Significance:	Neni 311 is a free help line and community network that connects parents and providers with culturally appropriate resources, health care coordination, services and information to maximize healthy growth and development of children and families. Neni 311 is modeled after Help Me Grow which is an evidence-based system that connects at-risk children with the services they need. Help Me Grow builds collaboration across sectors and improve access by identifying gaps and barriers to access.

ESM 13.2.1 - Percent of children, ages 3 to 5 enrolled in Head Start who had a preventive dental visit in the past year
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
Goal:	Improve the percentage of children, ages 3 to 5 enrolled in Head Start who had a preventive dental visit in the past year
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children ages 3 to 5 enrolled in Head Start who had received a preventive dental service. **Denominator:** Total number of children ages 3 to 5 enrolled in Head Start in the past year.
Data Sources and Data Issues:	Head Start
Significance:	Oral health care remains the greatest unmet health need for children. Insufficient access to oral health care and effective preventive services affects children's health, education, and ability to prosper. Early dental visits teach children that oral health is important. Children who receive oral health care early in life are more likely to have a good attitude about oral health professionals and dental visits.

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
NPM 14.2 – Percent of children, ages 0 through 17, who live in households where someone smokes

<table>
<tr><th>Measure Status:</th><td>Active</td></tr>
<tr><th>Goal:</th><td>To increase the number of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery</td></tr>
<tr><th>Definition:</th><td><table>
<tr><th>Unit Type:</th><td>Percentage</td></tr>
<tr><th>Unit Number:</th><td>100</td></tr>
<tr><th>Numerator:</th><td>Number of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery</td></tr>
<tr><th>Denominator:</th><td>Number of clients enrolled prenatally in the home visitation program who reported smoking at the time of intake</td></tr>
</table></td></tr>
<tr><th>Data Sources and Data Issues:</th><td>MIECHV program</td></tr>
<tr><th>Significance:</th><td>Smoking during pregnancy is a significant risk factor for the mother and her unborn baby, Tobacco smoke reduce oxygen flow to the placenta and exposes the developing fetus to numerous toxins. This increases the risk of spontaneous abortion and ectopic pregnancy. It can also result in poor health outcomes for the newborn, including low birthweight, intrauterine growth restriction,
prematurity, birth defects, lung function abnormalities and respiratory symptoms and perinatal mortality.</td></tr>
</table>

Form 10
Evidence-Based or -Informed Strategy Measure (ESM) (2016-2020 Needs Assessment Cycle)

2016-2020: ESM 1.5 - Percentage of women in Title X receiving preconception services
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active
Goal:	To increase the percentage of women receiving preconception services through family planning
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of women receiving preconception services through the family planning clinic in the past year **Denominator:** Number of women accessing services through the family planning clinic
Data Sources and Data Issues:	Community Health Center Family Planning Clinic
Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of diseases to optimize the health of women before, between, and beyond potential pregnancies.

2016-2020: ESM 4.3 - Percent of families enrolled in an evidence based home visitation program who received safe sleep education from a trained home visitation provider
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	Provide Safe Sleep education to families enrolled in a evidence based home visitation program
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of families (with a child less than 1 year of age) enrolled in a evidence based home visitation program who received Safe Sleep education from a trained home visitor **Denominator:** Number of families enrolled in a evidence based home visitation program with a child aged less than 1 year during the reporting period
Data Sources and Data Issues:	Guam MECHV Program
Significance:	Increasing the number of families who receive Safe Sleep education will help to reach those families who did not receive education in the hospital and will also serve to reinforce the message for those families who did receive the education prior to hospital discharge. Many families feel more comfortable having conversations and asking questions with their trusted home visitor with whom they have built a good relationship. Safe Sleep education delivered during home visits will help to overcome barriers related to sleep practices.

2016-2020: ESM 4.4 - Number of worksites that have created a lactation policy that complies with federal standards.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	Increase the number of worksites that have created a lactation policy that complies with federal standards
Definition:	**Unit Type:** Count **Unit Number:** 99 **Numerator:** Number of worksites with a policy **Denominator:**
Data Sources and Data Issues:	Non-Communicable Disease Consortium Breastfeeding Action Group Assessment Survey
Significance:	For infants not breastfeeding, there is associated increased risk of infant mortality and morbidity and significantly higher risk of any diseases including diabetes, obesity, SIDS, etc. Duration rates are greatly affected by mothers returning to work to businesses that are not meeting the federal workplace accommodation law. Policies must be in place and implemented to provide an environment that is conducive to supporting breastfeeding mothers.

2016-2020: ESM 7.1.1 - Number of parents and caregivers receiving car seat education
2016-2020: NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active
Goal:	To increase the number of parents and caregivers receiving car seat education
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of parents and caregivers receiving car seat education **Denominator:**
Data Sources and Data Issues:	Emergency Medical Services for Children program data
Significance:	Motor vehicle crashes are a leading cause of death among children in the United States. The consistent and correct use of car seats and boosters can reduce the risk of serious inh=jury and death for infants, toddlers and children.

2016-2020: ESM 7.1.2 - Percent of families participating in the evidence-based home visiting program who receive injury prevention education
2016-2020: NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active
Goal:	To increase the percent families participating in the evidence-based home visiting program who receive injury prevention education
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of families participating in the evidence-based home visiting program who receive injury prevention education **Denominator:** Number of families participating in the evidence-based home visiting program
Data Sources and Data Issues:	Home visiting program database
Significance:	Injury is a leading cause of child morbidity and mortality. Home visitors can play an important role in increasing awareness about injury hazard, identifying risk and protective factors in the home setting, and teaching caregivers injury prevention methods. Home visiting is one strategy that shows promise for reducing rates of self-reported and substantiated child maltreatment and use of emergency rooms to treat child injuries.

2016-2020: ESM 7.1.3 - To conduct Direct on Scene Education (DOSE) to first responders in order to reduce unsafe sleep-related deaths in infants less than one year of age
2016-2020: NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active
Goal:	Train at least 50% of Emergency Medical Technicians to conduct Direct on Scene education (DOSE)
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** The number of Emergency Medical Technicians that have received DOSE training **Denominator:** The total number of Emergency Medical Technicians
Data Sources and Data Issues:	Health Professional License Office (HPLO) Office of Emergency Medical Services
Significance:	Training Emergency Medical Technicians to conduct activities associated with DOSE will reduce the risk of unsafe sleep environments in the home of families with pregnant women and infants less than one year of age. First responders have a unique opportunity that nurses, physicians and other providers of care do not; namely, they are able to see families in their home environment and visually assess an infant's sleep environment while educating, not just the mother, but the whole family on ways to reduce risk factors associated with SID/SUID, asphyxia, suffocation, and/or strangulation.

2016-2020: ESM 7.2.1 - Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment
2016-2020: NPM 7.2 – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Measure Status:	Active
Goal:	Decrease the rate of injury related hospitalizations among children 0-9 years by reviewing all child deaths through the Guam Council on Child Death Review and Prevention
Definition:	**Unit Type:** Count **Unit Number:** 10 **Numerator:** Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment **Denominator:**
Data Sources and Data Issues:	Guam Council on Child Death Review and Prevention Annual Report
Significance:	The Guam Council on Child Death Review and Prevention systematically and comprehensively reviews infant and child deaths using a multi-disciplinary, evidence-based consensus approach. The Council reviews medical records, autopsy report, investigation reports, and other relevant information that is compiled for each death. The Council seeks to identify underlying causes and contributing factors to the infant and child deaths on Guam and develops recommendations to prevent future injuries and deaths. By understanding the etiology of infant and child deaths on Guam, the Council is able to set targeted priorities for prevention efforts.

2016-2020: ESM 10.2 - Percent of adolescent program participants (15-18 years of age) that received education on the importance of a well-visit in the past year
2016-2020: NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	To ensure that adolescent program participants are receiving education on the importance of a well-visit
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of adolescent program participants (age 15-18 years) who have received education on the importance of a well / preventive health visit in the reporting year **Denominator:** Number of adolescent program participants (age 15-18 years)
Data Sources and Data Issues:	Child Health Clinic Report
Significance:	Adolescence is an important period of development physically, psychologically, and socially. As adolescents move from childhood to adulthood, they are responsible for their health, including an annual preventive well visit which helps to maintain a healthy lifestyle, avoid risky behaviors, manage chronic conditions and prevent disease.

2016-2020: ESM 10.3 - Number of schools implementing evidence-based or informed anti-bullying practices and/or programs
2016-2020: NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active
Goal:	To increase the number of schools implementing anti-bullying policies, practices, or programs so students receive information about bullying or social emotional/character development to reduce the negative impact on overall health and well-being
Definition:	**Unit Type:** Count **Unit Number:** 40 **Numerator:** Number of schools implementing evidence-based or informed anti-bullying practices and/or programs **Denominator:**
Data Sources and Data Issues:	Guam Department of Education Annual Report/ State of Education Report
Significance:	Bullying is one type of youth violence that threatens young people's well-being. Bullying can result in physical injuries, social and emotional difficulties, and academic problems. Training school staff and students to prevent and address bullying can help sustain bullying prevention efforts across time.

2016-2020: ESM 12.1 - Facilitate the dissemination of evidence-based transition resources to health care professionals
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

Measure Status:	Active
Goal:	To increase the percent of adolescents with and without special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence
Definition:	**Unit Type:** Count **Unit Number:** 5,000 **Numerator:** Number of evidence-based transition resources disseminated **Denominator:**
Data Sources and Data Issues:	Mailing lists, quantity of materials distributed
Significance:	Effective transition of care can promote continuity of developmental and age-appropriate care for adolescents with and without special health care needs

2016-2020: ESM 12.3 - Percent of Families that indicate care coordination and family partnerships are working well within their primary or specialty care provide setting
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

Measure Status:	Active
Goal:	To increase the number of families that receive effective care coordination, and are able to partner in decision-making within the primary and/or specialty care provider setting.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of parents, families, or parents that indicate effective care coordination and family partnerships **Denominator:** Total number of respondents
Data Sources and Data Issues:	CSHCN Survey administered to families and patients within the primary and/or specialty care provider setting. The measure is calculated by comparing the number of favorable responses to survey results questions relating to care coordination and family partnerships to the total number of respondents
Significance:	This measure is significant because it allows us to monitor the efficacy of activities to improve care coordination and family partnerships. One of the strongest components of the Medical home model is assisting families with coordination health care among the various providers involved in caring for a child with special health care needs.

2016-2020: ESM 14.1.1 - Number of pregnant women who smoke referred to the Tobacco Quit line
2016-2020: NPM 14.1 – Percent of women who smoke during pregnancy

Measure Status:	Active
Goal:	To decrease the number of women who smoke during pregnancy
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of women referred to the Tobacco Quit line **Denominator:**
Data Sources and Data Issues:	Referral log to the Tobacco Quit line
Significance:	Tobacco smoking and pregnancy is related to many effects on health and reproduction, in addition to the general health effects of tobacco.

2016-2020: ESM 15.1 - Increase awareness of the need for children to be insured
2016-2020: NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Active
Goal:	To increase the number of children who are adequately insured
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of social media posts regarding children's health insurance **Denominator:**
Data Sources and Data Issues:	DPHSS website DPHSS Face book
Significance:	Children who have health insurance have a better chance of being healthy. Having health insurance will allow them the medical care needed for them to stay healthy

Form 11
Other State Data

State: Guam

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Guam

Annual Report Year 2020

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	No	Monthly	1		
2) Vital Records Death	Yes	No	Monthly	1	No	
3) Medicaid	Yes	No	Quarterly	3	No	
4) WIC	Yes	No	Monthly	1	No	
5) Newborn Bloodspot Screening	Yes	No	Annually	1	No	
6) Newborn Hearing Screening	Yes	No	Quarterly	1	No	
7) Hospital Discharge	No	No	Annually	1	No	
8) PRAMS or PRAMS-like	No	No	Never	NA	No	

Other Data Source(s) (Optional)

	Access				Linkages	
Data Sources	**(A) State Title V Program has Consistent Annual Access to Data Source**	**(B) State Title V Program has Access to an Electronic Data Source**	**(C) Describe Periodicity**	**(D) Indicate Lag Length for Most Timely Data Available in Number of Months**	**(E) Data Source is Linked to Vital Records Birth**	**(F) Data Source is Linked to Another Data Source**
9) Vital Records Fetal Demise	Yes	No	Monthly	1	No	
10) Form CMS-416 Annual EPSDT Participation Report	Yes	No	Annually	1	No	
11) Youth Risk Behavior Surveillance System	Yes	Yes	Less Often than Annually	24	No	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name:	8) PRAMS or PRAMS-like
	Field Note: Guam does not have PRAMS r a PRAMS like system

Other Data Source(s) (Optional) Field Notes: