Maternal and Child Health Services Title V Block Grant

Guam

FY 2024 Application/ FY 2022 Annual Report

Created on 9/28/2023 at 9:28 AM

Table of Contents

I. General Requirements

I.A. Letter of Transmittal

LOURDES A. LEON GUERRERO
GOVERNOR, MAGA'HÅGA'

JOSHUA F. TENORIO
LT. GOVERNOR, SIGUNDO MAGA'LÅHI

GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT

ARTHUR U. SAN AGUSTIN, MHR
DIRECTOR

TERRY G. AGUON
DEPUTY DIRECTOR

PETERJOHN D. CAMACHO, MPH
DEPUTY DIRECTOR

July 31, 2023

Grants Management Officer
Director, Division of State Community Health
Maternal and Child Health Bureau
5600 Fisher Lane, Room 8-31
Rockville, MD 20857

Subject: Announcement No. **HRSA-24-001/ Tracking No. 217350**

Dear Grants Management Officer:

Submitted herewith is the 2024 Maternal and Child Health Services Guam application estimated project period October 01, 22 and estimated project end date September 30, 2024 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

MARGARITA B. GAY RN. MN.
Title V MCH Project Director

Department of Public Health & Social Services
155 Hesler Place, Hagatna, GU 96910
www.dphss.guam.gov

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: January 31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Program Overview

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

MCH Structure

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

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

Another critical activity of the Title V program is collecting, analyzing, and disseminating MCH data. The data helps us identify areas of need and emerging issues, assess program effectiveness, measure improvement, and channel federal and local funding where it can be most impactful. This data is also crucial for our community partners. An area of particular importance within data collection and analysis is the identification and designation of Guam as a Health Professional Shortage Area (HPSA) and Medically Underserved Area (MUA). The Title V program worked with the Primary Care Officer (PCO) to complete the assessment for HPSA designation.

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

The Role of Title V:

Guam's Title V mission is to protect, promote, and improve the health and well-being of women, infants, children, and adolescents, including those with special healthcare needs. Guam Title V strengthens the Maternal and Child Health (MCH) infrastructure within the state to ensure the availability, accessibility, and quality of primary and specialty care

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

Program Framework & State Action Plan

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

Women/Maternal Health

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

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

Perinatal/Infant

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

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

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

Child Health

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

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

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

Adolescent Health

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

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

Children and Youth with Special Health Care Needs

Defining the Need – Based on the 2020 needs assessment, assuring high quality, family-centered, coordinated systems of care for children and youth with special health care needs (CYSHCN), increasing health care equity and culturally and linguistically responsive services (CLAS) and reducing disparities are needs of Guam’s CYSHCN. These needs will be addressed through the work on National Performance Measures 11 and 12.

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

At the heart of our work at Guam DPHSS is recognizing social determinants' role in health outcomes. Within the Division of Public Health, we have the capacity and responsibility to apply a health equity focus to all aspects of our work—what we lead, fund, partner, and support—and be intentional about addressing the needs of our MCH populations through our programs. Our programs connect families to economic, social, and physical supports and services that can help mitigate the impact of discrimination and poverty on their physical, mental, and emotional

health. To continue lessening the barriers to equitable access and quality care and services, we recognize the need to listen to and learn from our MCH population. Our Division of Public Health is committed to exploring and targeting the causes and effects of structural injustices on mothers, infants, children, and adolescents within our communities.

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

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

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

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

III.A.3. MCH Success Story

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

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

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

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

III.B. Overview of the State

Overview of the State

Guam, "where America's day begins," is the largest and southernmost island in the Marianas Archipelago. The island is approximately 3,806 miles west of Hawaii, 1,500 miles from Japan and 1, 5000 miles east of the Philippines. The island is 30 miles long and 4 to 9 miles wide, giving it an area of 212 square miles, making it the 32nd most significant island in the United States.

The climate is tropical marine, with slight seasonal; temperature variation. There are frequent squalls during the rainy season and, occasionally, potentially very destructive typhoons from June to December.

Guam is an organized, unincorporated territory of the U.S. with policy relations under the jurisdiction of the Office of Insular Affairs, U.S. Department of Interior. The island's Governor and Lieutenant Governor are elected on the same ticket by popular vote and serve a term of four years. A unicameral Legislature operates the legislative branch with 15 seats. The members are elected by popular vote to serve two-year terms. The judicial branch was revamped to create the Unified Judiciary of Guam, consistent with the Organic Act, comprised of the District Court of Guam (federal), the Supreme Court of Guam, and the Superior Court of Guam.

Population

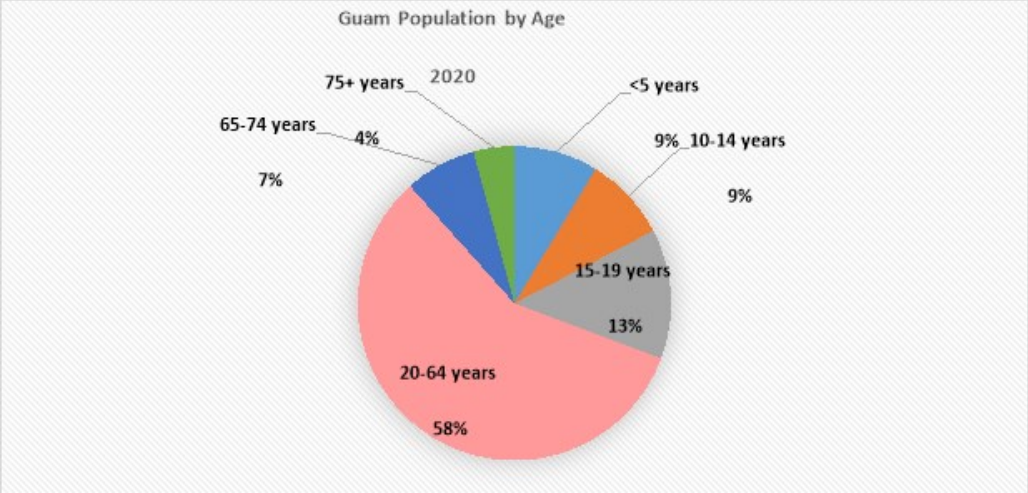
The population of Guam is multi-ethnic, with 153,836. The population comprises the indigenous people of Guam, Chamorro at 34.6%; Filipinos at 30.7%; 7.1% Chuukese; 7.2% White; and 6.9% Other Pacific Islanders, 6.7% Other Asian and 11.6% other groups. English is the most commonly spoken language, with at least six other major languages and numerous dialects. Guam's population included at least 15,000 active-duty personnel and their dependents in 2010, and according to the 2020 Census, Guam's military population is approximately 21,000. Other military personnel are being deployed elsewhere and come to Guam for "short stays" in transit.

The Table below is Guam’s Population n by Age according to the 2020 Guam Census :

Source: 2020 Guam Census

Education

The island of Guam is committed to providing an effective and efficient education system that prepares every student for continuing education and rewarding employment. The territory offers public and private instruction to all residents from preschool through college, with various private and public kindergarten through grade 12, a community college, and a public university.



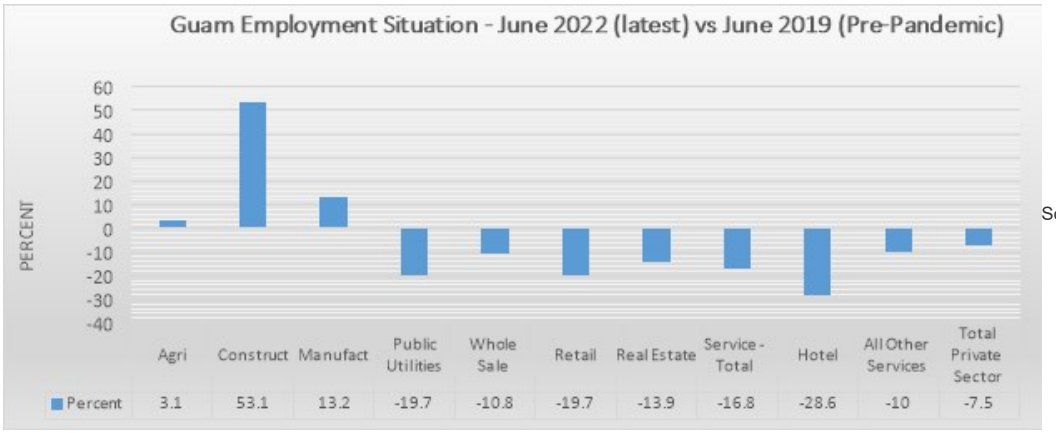
The onset of the Covid 19 pandemic in March 2020 caused the Guam Department of Education (GDOE) to restructure the 2019-2020 school year. GDOE suspended in-person teaching and implemented remote learning. Computers and internet devices were distributed to students who needed these items. The online educational platforms remained accessible through the end of the school year. GDOE consolidated breakfast and lunch distribution through a "pack and go" drive-thru system. All school activities, proms, and graduations were canceled to stop the spread of the virus. However, several high schools conducted "drive-by" graduation ceremonies. After virtual learning for the past two years, students in all grade levels are returning to in-person learning in 2022.

However, according to the GDOE, enrollment numbers have decreased in the past decade. In the school year 2011, there were approximately 32,000 students; in 2021, there were about 4,042 fewer students from 2011 to 2021. This creates an average decrease of about 513 students per year. Factors like declining fertility rates, migration/emigration rate of school-aged families, and student transfer to private and charter schools can note decreased enrollment.

Enrollment at elementary schools has declined by 15%, middle schools by 16%, and high schools saw a decrease of 11.5%. GDOE is predicting a decline of 3.5% in enrollment to current enrollment at each GDOE school for the school year 2030.

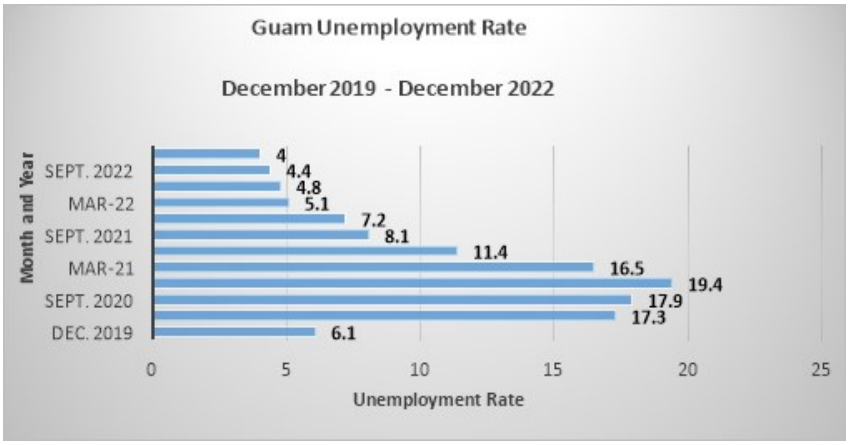
Employment

Employment and average weekly hours paid have continued their recovery from the pandemic lows. Employment numbers began a moderate rebound in December 2020, with the recovery of COVID Pandemic continuing. Total employment as of September 2021 remains 5,240 jobs below the pre-pandemic employment of 67,580 in December 2019 despite an increase of 1,670 jobs in the construction industry. The private sector reduction remains nearly eleven percent below pre-pandemic employment. Preliminary Private Sector employment figures increased from 1,360 in the quarter ending September 2021 and were up by 3,310 jobs over the year. Average weekly hours paid rose from 31.1% to 35.1%, and average weekly earnings increased from $540.82 to $571.17 or 5.6%percent. Has stated below on the Table below on Guam Employment Situation from June 2022 versus June 2019:



Source: Dept of Labor

By June 2022, private sector employment was 7.5% below pre-pandemic. By industry, only three industries (agriculture, construction, and manufacturing) have returned or exceeded their pre-pandemic employment levels. Five sectors (transportation and public utilities, wholesale and retail trade, finance and real estate) have yet to return to their pre-pandemic employment levels.



Unemployment

Source: Guam Dept. of

The unemployment in Guam for December 2022 was 4.0%, a decrease of 0.4% from the September 2022 figure of 4.4%, which was a reduction of 3.2% from December 2021. Guam's population covered by the unemployment survey, 16 years and older, in December 2022 was 123,110. The covered civilian population is comprised of those in the labor force and those not in the labor force.

The December 2022 unemployment rate reflects a decrease in the number of persons unemployed due to an increase in employment and a reduction in the number of persons out of the labor force. The number of persons not in the labor force decreased from 51,950 in December 23021 to 49,740 in December 2022. As stated in the Chart above on Guam Unemployment Rate from December 2019 to December 2022.

Cost of Living

The cost of living is the sum required to pay basic prices such as rent, housing, food, utilities, taxes, heating/cooling, and healthcare services in a specific location and time period.

The minimum wage in Guam went from $8.75 an hour to $9.25, following Guam Public Law 35-38. However, the rising cost of goods is canceling the wage increase for many workers. In today's economy, the value of a dollar has shrunk to 48 cents on Guam, compared with its purchasing power in 1996.

Based on the Guam Occupation and Employment Wage estimates, the average hourly wage was $9.07 or $18,870 annually in May 2020. This reflects the 10th percentile of the island's earning power. At the 90th percentile, the average hourly wage was $313.88, with an average annual salary of $66,303.

The single-person monthly estimated costs are around $2,164. However, a family of four can easily reach around $4,306. According to the Guam Chamber of Commerce, the monthly rent for furnished accommodations in the island capital for an area of 900 sq. feet was around $2,551, whereas the monthly rent for furnished accommodations in other areas was $1,815.

The U.S. average utility cost for two people is around $128. Surprisingly, utilities for two people in Guam are around $275, making it $147 more expensive in Guam. Overall, the cost of groceries is very high, especially for consumables, housekeeping supplies, dairy products, fresh fruit and veggies, other food goods, snacks, and beverages. You can expect to pay 31% more in Guam compared to the U.S.

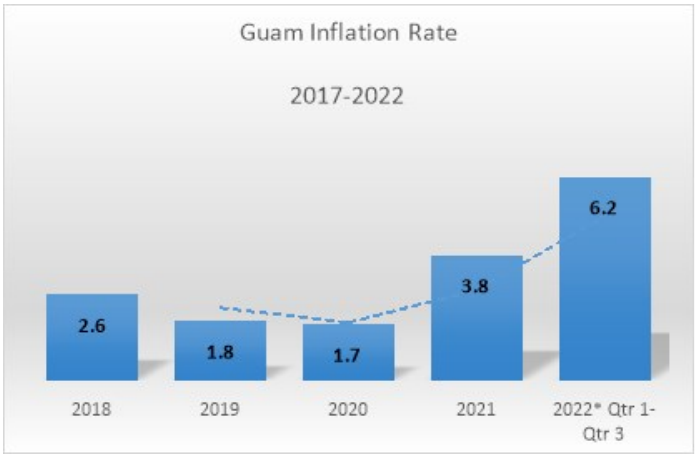
The primary reason for the high cost of living is the "Jones Act." A century-old law mandates that all cargo shipping between U.S. Ports occur only on U.S. flagged vessels, not foreign vessels. The Jones Act is widely credited with artificially inflating the cost of shipping goods to Guam, other U.S. territories, and Hawaii.

The cost of living has seen a notable increase, one that the U.S. Department of Agriculture's Food and Nutrition Services Supplemental Nutrition Assistance Program has taken into account with adjustments to benefits-eligible Guam residents receive. Formerly known as food stamps, SNAP is a government welfare program that provides nutritional assistance to families and individuals suffering from food insecurity.

Based on the inflation rate, program recipients saw a 12.5% increase in benefits on Oct. 1. In the prior year, SNAP maximum benefits for Guam ranged from $369 to $2,216. Adjusted annually, current allotments for a family of four living in Guam increased to $1,385, and the minimum benefit per person rose to $33.00.

Furthermore, income eligibility requirements have also been adjusted, meaning more families may qualify for SNAP based on net and gross monthly income. The resource limit for households increased by $250 to $2,750 for the 48 states and the District of Columbia, Alaska, Hawaii, Guam, and the U.S. Virgin Islands. The resource limit for households where at least one person is age 60 or is disabled increased by $500 to $4,250.00.

Inflation

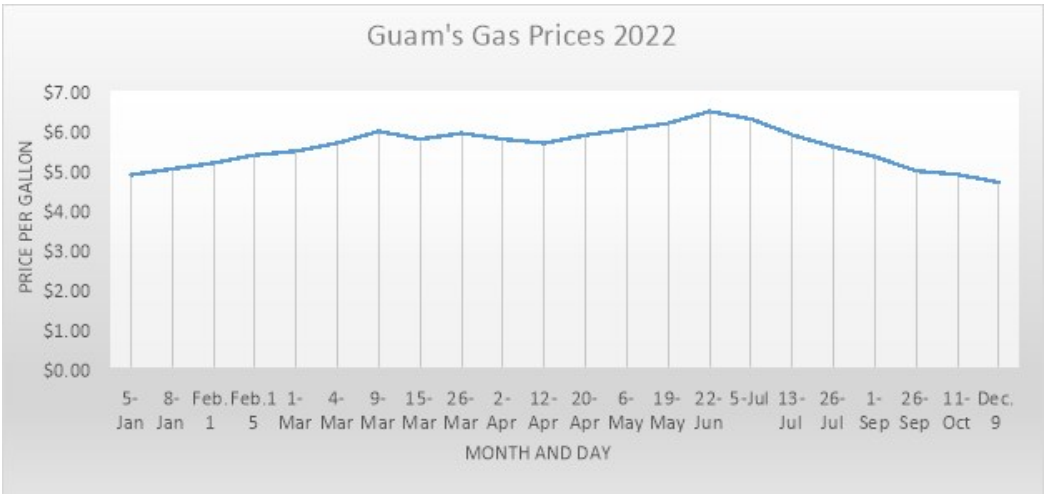


Guam's inflation rate was kept manageable in 2020 and 2021 but increased to 6.2% during the first nine months of 2022, meaning that prices of the 160+ items that Guam consumers purchase were 6% higher during July-September 2022 compared to the same time in 2021.The Table on the left is Titled: Guam Inflation Rate for 2017 to 2022,

Source: Guam Dept. of Labor

Guam: Depart. Of Labor

The motor fuel "gas" price rose 15.8% in 2022 but comparatively less than its 29.7% increase in 2021. This is hardly consoling when gas prices for the entire year never went below the average price of $4.58 in 2022, and worse, it stood above $6 per gallon of regular gasoline during June, peaking at $6.49.



The U.S. Department of Agriculture Food and Nutrition Services increased the benefit amounts to SNAP ("aka Food Stamps") participants by 12.5%, translating to $1,385 per month for a household size of 4. Data also show that the average weekly earnings for employees in the private sector outpaced the official inflation rate as revenues increased 6.4% between January and June 2022 and 13.4% between June 2021 and June 2022.

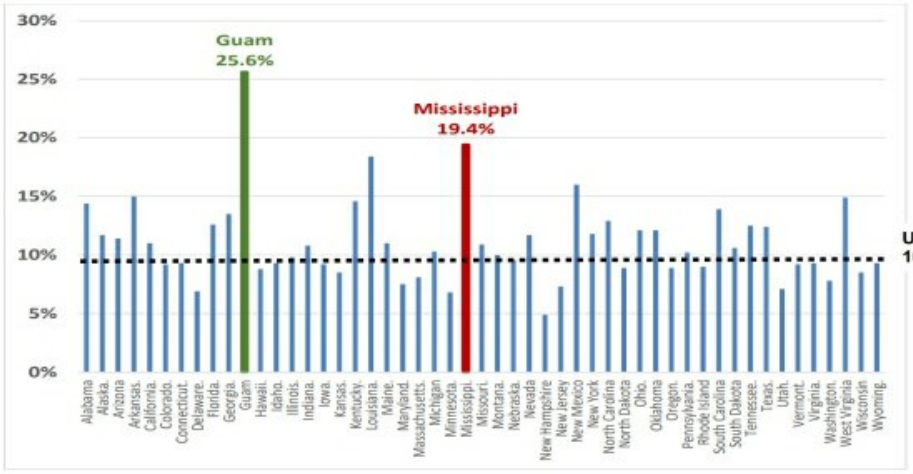
Poverty Rate

The availability of data from the 2020 Guam Census allowed for Guam's poverty rate to be calculated. Unlike the 50 U.S. states whose poverty rates are calculated by the U.S. Census Bureau annually, Guam does not have an estimate for its poverty rate, although one was calculated for 2020 at 29.7%, more than double the national average.

Below presents an estimate for the poverty rate for Guam for the year 2019, along with the 50 U.S. states using data from the U.S. Census Bureau. It shows that, in 2019, 25.6% of households in Guam had incomes below the federal threshold for a family of four. As shown, Guam's poverty rate is more than double the national average of 10.8% and is higher than Mississippi, which has the highest poverty rate among the 50 U.S. states.

Guam Poverty Rate vs. U.S. Poverty Rate 2019

Of the 25.6% of households living in poverty, 54% were individuals over 18 years of age; 4% were individuals over 65, and 4% were children under 18. When assessing families in poverty status, 41% were married-couple families, 44% were female-headed households, and 15% were male-headed households living in poverty. The Table below stated be and the US Census Bureau 2022.



Source: US Census Bureau

Homeless

Homelessness has been defined as the state of having no home or permanent place of residence. Few social problems are as visible as the light of homeless people. Once almost invisible and easily ignored, homeless people are familiar in cities, suburbs, and some rural areas. Some men roam the streets carrying what is left of their possessions in shopping bags in grocery carts. Women are curled up on benches, stairwells, or abandoned houses. Families, typically mothers, and children, are searching for food and seeking shelter. Homelessness takes many forms, but most people have one thing in common, poverty.

Homelessness has several causes, many of which are closely related. One major cause is a lack of affordable housing. Some people cannot afford rent or mortgage payments because they are unemployed. They may be unable to find work because of physical or mental illness. The loss of a job can cause some families to join the ranks of people experiencing homelessness for days, weeks, or months until another job is found. Other homeless people have jobs but do not make enough money to pay for housing, sometimes because the cost of living in their neighborhood has risen. People may also become homeless after living through natural disasters or personal hardship, such as domestic violence.

Nationally, about a third of the homeless population is less than age 24. Homeless children are more likely to have health problems, developmental delays, learning disabilities, emotional difficulties, and mental disorders than children with stable housing.

In January 2022, the BFHNS and Nista staff both participated at the Annual Point of Time (PIT) survey on January of 2022. They identified 1,087 individuals that were homeless. Of the 1,087 individuals, 374 (34.4%) were children under 18. This was an increase of 2020 of 31.6%.

Guam Point-in-Time Data

	2017	2018	2019	2020	2022
Households without children	142	143	184	177	223
Households with at least one adult and one child	117	120	112	92	137
Households with only children	0	2	2	2	0
Persons in households with at least one adult and one child					
Children under the age of 18	350	359	332	289	374
Persons aged 18-24	70	59	67	41	81
Persons over the age of 24	217	227	218	184	301
Persons in a household with only children	0	2	2	2	0
Unaccompanied Youth					
Unaccompanied youth under the age of 18	0	2	2	2	0
Unaccompanied youth 18-24	1	5	12	13	15
Parenting Youth					
Parenting youth aged 18-24	7	6	8	1	8
Children of parenting youth	14	3	11	1	11

Source: Guam PIT Count

Medicaid

The uninsured population in Guam is struggling with the high cost of living due to the high cost of living expenses and insurance premiums. Most goods or commodities are imported. The cost of living in Guam is about 41% higher than in the United States, a family of four estimated monthly cost is easily around $4,306 without rent, and a single person's estimated monthly cost is $2,164 without rent.

Some families in our population are not all qualified under the Guam Medicaid Program because of the program's low-income guidelines. Though Guam's current minimum wage is $8.75, the monthly average income for a full-time employee is $1,517 per month; most people still do not qualify because Guam Medicaid's eligibility determination is based on monthly gross income. The income guidelines for a household of one and four are $1,103 and $2,280 respectively.

The Medicaid Program in Guam differs from the 50 states and the District of Columbia. The U.S. territory's federal

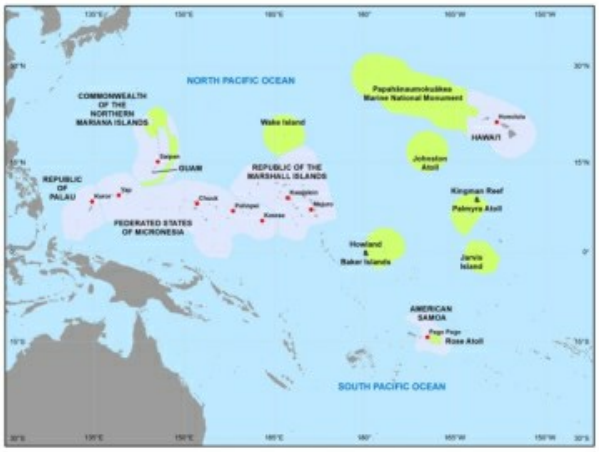
matching rate is fixed in statute, unlike the statutory formula for U.S. states. For instance, Guam's Medicaid's Federal Medical Assistance Percentage (FMAP) rate is 55%, the same as the other territories. However, the FMAP for the 50 states and DC varies by states per capita income, which ranges from 50% to 83%. In addition, the Medicaid Program in the U.S. territories is subject to annual federal capped funding, unlike the states and DC, which are open-ended.

On December 21. 2020 Congress passed an Omnibus Covid Relief bill that corrected a nearly 25-year error that unjustly excluded Compact of Free Association (COFA) citizens residing in the U.S. from participating in Medicaid. The exclusion dates back to the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA), commonly called welfare reform, which changed the categories of persons eligible for specific federal safety-net programs, including Medicaid. As a result, COFA citizens were stripped of their ability to qualify for these programs. In the aftermath of PRWORA, some states continued to provide healthcare services to COFA citizens using their funds, recognizing the contributions and health needs of COFA citizen populations.

Because Medicaid in the U.S. territories operates differently than in the 50 states and DC, the law required the governor to certify to the Centers for Medicare and Medicaid Services (CMS) that the territory wishes to cover COFA citizens under the Medicaid program. If the governor makes this certification, COFA citizens who meet all other Medicaid eligibility rules would be eligible.

Compact of Free Association

The Compact of Free Association (COFA) between the United States and the Federated States of Micronesia was signed in 1982 and ratified in 1986. This allowed unrestricted immigration into the United States, its territories, and possessions, allowing citizens of these nations to enter into, lawfully engage in occupations and establish residence as non-immigrant citizens. Guam has experienced increased migration since the mid-1980s from the Federated States of Micronesia (mainly Chuuk) as well as from other U.S. Associated Pacific Islands (USAPI) (e.g., Palau and the Marshall Islands). The map to the left is the islands mentioned earlier dealing with the Compact of the Free Association (COFA). Generally, individuals who migrate to Guam speak English as a second language and tend to be of low-socio-economic status. According to the Bureau of Statistics and Plans, in 2010, 22.9% of Federated States of Micronesia (FSM) migrants were below the poverty level. Migrants from the USAPI, mainly migrants from the FSM, have significantly impacted Guam's public health system in terms of high cost and disproportionately high rates of (and subsequent treatment of) infectious disease for several decades.



Based on single ethnic group designation in the 1980 U.S. Census of Guam, the number of COFA individuals was low and constituted less than 2% of the population. This grew to 4.1% of the population in 1990, 8.3% in 2000, and 12.1% in 2010, estimated to be 12.7% in 2020.

Compact Negotiations

According to Title II of the Compacts of Free Association, economic assistance is set to expire at the end of FY2023 for the Marshall Islands and Micronesia and at the end of FY2024 for Palau. Compact provisions related to defense, security, migration, and other areas will continue unchanged. Such assistance, called grant assistance, is funded and administered through the Department of the Interior (DOI). The FAS is also eligible for some U.S. federal programs and services. The United States, led by Special Envoy for Compact Negotiations Joseph Yun, and each FAS aim to complete bilateral negotiations to renew economic assistance by May 2023. U.S. negotiating teams have included officials from the Departments of State, the Interior, and Defense. Once negotiators reach bilateral agreements to extend Compact assistance, the President is to submit draft legislation to Congress, and both houses of Congress are to approve them through implementing legislation. In January and February 2023, the United States signed memoranda of understanding with all three Compact countries on the basic levels and types of Compact assistance for the next 20 years on 2043.

Crime

The 2021 Guam Uniform Crime Report*, violent crimes in 2021 decreased by 5.4% compared to 2020. The violent crime reported and known to police in 2021 was estimated at 3.9% violent offenses per 1,000 individuals.

Violent crime comprises four offenses: murder and non-negligent manslaughter, forcible rape, robbery, and aggravated assault. The volume of individual violations within the violent crime category showed that in a year-to-year comparison from 2020 to 2021, murder increased by 28.6%, rape decreased by 7.8%, robbery decreased by 42.4%, and aggravated assault increased by 10.8%.

The nature and extent of Guam's drug problem have not significantly changed over the years, Crystal methamphetamine or "ice" continues to be the most commonly abused illegal drug on Guam, and it has been the prominent drug of choice in Guam over the past three decades. The drug is smuggled onto the island through the postal service and private express mail. The Philippines, which serves as both a production and transshipment area, continues to be one of the primary sources of crystal methamphetamine. Crystal methamphetamine is also produced and transported from neighboring Asian countries such as Hong Kong, Taiwan, China, and Korea.

Marijuana is another prevalent illegal drug in Guam. Reports from law enforcement indicate that marijuana cultivated on Guam is done more in "grow houses" within residential homes rather than marijuana being grown outdoors in the jungle; Marijuana is shipped to Guma via postal packages or transported via commercial air flights from the U.S. mainland and Honolulu. It has attained a social status similar to other jurisdictions dealing with legalized or medical marijuana law. Guam legalized medical marijuana in 2014 under the Joaquin "KC" Concepcion II Compassionate Cannabis Use Act of 2013 but has yet to get off the ground due to the lack of a testing laboratory and enforcement resources.

Further, in April 2019, the Guam Cannabis Industry Act of 2019 was passed under Public Law 35-5 or the Recreational Marijuana Law. The new law allows those 21 to possess up to an ounce of marijuana, and adults can grow no more than six plants for personal use. People, however, still won't be able to legally buy or sell marijuana until rules and regulations are developed by the Legislature. The law establishes a nine-member Cannabis Control Board to oversee the testing, manufacturing, licensing, packaging, and production of marijuana. The cannabis industry could move forward before any legal sales could begin.

The Guam Police Department Officials has seen an influx of CBD (cannabidiol) products from the mainland

transported via USPS and freight forwarding companies such as FedEx and DHL. CBD products have just been introduced into the market and currently do not have an approved manufacturer's listing. As with the recent legislation, of have been significant seizures of several types of marijuana products such as oils, vape juices, edibles (gummies, baked goods), and "dabs" (BHO-butane, honey, oil), which shows that the marijuana industry has become so sophisticated with the diversity of products available on the market.

Recently in June 2023, two middle school students fell ill from using "dab" pens. GDOE declined to go into further detail about the pen used. A “dab” pen is a device used to inhale oil concentrates and other extracts from the cannabis plant, according to the Centers for Disease Control and Prevention. “Dab” may also refer to a wax-like concentrate derived from cannabis.

Military Relocation

The island of Guam is playing a growing role in a contested, troublesome environment. The military relocation of U.S. Marine forces and their families from Okinawa to Guam provided billions of dollars of military projects in the past years and buffered the local economy from what could have been a devastating blow from the Covid 19 pandemic.

The estimated cost of the relocation is $13 billion, with $3 billion funded by the Government of Japan. One of the most significant projects is constructing the Marine Corps Base Camp Blaz in Dededo. The Department of Defense has invested $2.5 billion in Camp Blaz.

The U.S. Marine Corps reactivated a new base on Guam in a ceremony honoring the long-shared history of the Marine Corps and Guam and establishing a forward presence in the Indo-Pacific that will endure into the future.

Guam’s Military newly built Marine Corps Base (MCB) Camp Blaz is the first newly constructed Marine Corps base in 70 years and is a testament to the U.S.-Japan alliance. Guam was chosen as the location for the new base during the 2012 Bilateral Agreement between the U.S. and Japanese governments under the Defense Policy Review Initiative, which set the framework for relocating Marines from Okinawa to Guam. The base is named in honor of Brigadier General Vicente Tomas "Ben" Garrido Blaz, the first Chamorro Marine to attain the general officer rank.

Tourism

Tourism was starting to come back after the post-COVID pandemic and Guam has seeing a slight increase of arrivals of tourist on Guam. From Japanese, Taiwanese, Vietnamese, Korean, and Filipinos are increasing slowly at the end of December 2022. So, tourism expenditures represented the largest share of the source of funds flowing into the Guam economy pre-pandemic. The tourism expenditures impact revenue and employment primarily in tourism-supported industries, including transportation services, retail trade, and indirect effects on the economy.

The reduction in tourism due to the COVD pandemic is caused by the avoidance of travel due to concerns for safety for both personal and business travel. It is further reduced due to government-imposed travel cancellations, restrictions, and quarantine requirements. A significant reduction in travel for safety concerns began before government travel restrictions were enacted. To the extent that these concerns linger, recovery in travel will continue to be impacted as government restrictions are lifted. The resumption of significant international travel will require further easing of government travel and quarantine requirements and increased safety and confidence. For international tourism to Guam to flourish, the virus's incidence must be controlled both in the country of origin and destination.

The Guam Visitors Bureau (GVB) has issued tourist arrival projections for 2023. The history of Japanese tourist arrivals shows a pattern of repeated recovery after downturns due to natural or other adverse events. The pace of such a recovery has been considerable in the short time since Korea and Japan's travel restrictions were eased. Effective October 11, 2022, Japan began to allow entry of independent visa-free tourists and abolished the daily arrival cap. Travelers entering Japan from Guam will be exempted from submitting a negative certificate if they have received three times or more vaccinations.

All travelers entering South Korea are no longer subject to quarantine, regardless of vaccination status (as of June 8, 2022). COVID-19 testing is no longer required before departure (as of September 3, 2022). The visitor arrivals from Korea were fewer than two percent of pre-pandemic levels as of March 2022; only nine months later, in December 2022, their arrivals increased dramatically and exceeded fifty percent of pre-pandemic levels for the respective months. Visitors from Japan were fewer than three percent of pre-pandemic levels in June 2022 and expanded to nearly nine percent over the six months ending in December 2022. Table below are the countries that have arrived on Guam from 2019 and 2023:

Market	2023	2019	% of '19 recovered
Japan	**130,719**	**664,784**	**20%**
Korea	**372,209**	**734,339**	**51%**
Taiwan	**9,031**	**28,346**	**32%**
U.S./Hawaii	**85,912**	**94,141**	**91%**
Philippines	**17,997**	**20,708**	**87%**

Total F.Y. 2023 Arrivals Forecasted = 670,000 (41% of 2019 levels)

Health Care Delivery

Guam's healthcare system consists of public and private providers supported by various health insurance options. The Department of Public Health and Social Services is the public health agency for the Government of Guam responsible for creating public health policies to assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare. Two hospitals serve the residents of Guam as well as neighboring countries. The Guam Memorial Hospital (GMH) is the only public hospital that operates under the oversight of a Board of Trustees under the Guam Memorial Hospital Authority (GMHA). The second hospital is the Guam Regional Medical City (GRMC), a 136-bed privately owned acute hospital with an emergency department and specialty clinics. The island is served by two Federally Qualified Health Centers, the Southern and Northern Regions Community Health Centers, which provide primary healthcare, acute outpatient care, and preventive services and are under Guam's Bureau of Primary Care Services.

During the pandemic year, having two hospitals has been a godsend. With an additional hospital provider in Guam, the unique and unanticipated pandemic scenario has given the island other resources and expertise to help in the fight against a devastating virus.

While Covid 19 has devastated Guam hospitals' utilization, finances, and overall operations, the unique crisis has brought an unexpected potential benefit. Significant funding (through the federal government's pandemic relief allocations to Guam) will cover a sizeable portion of the construction cost of a new hospital. Based on the Army

Corps of Engineers' projection, it will cost $743 million to build a new medical facility comparable to GMH.

The Guam Behavioral Health and Wellness Center (GBHWC) is a public entity providing comprehensive mental health services and substance abuse treatment to adults and children. Medicaid and Medicare are available to Guam residents. In addition, there is a locally-funded Medically Indigent Program for low-income and uninsured residents.

Like many rural areas, Guam has a shortage of primary care physicians, specialists, and psychiatrists. The Health Resources and Services Administration (HRSA) has qualified Guam as both a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA). The shortage of health professionals is primarily attributed to the difficulty in recruiting providers due to Guam's remote island setting, small scale, and territorial status (i.e., not linked to any larger state entity), the physician salary not comparable to the U.S. rate, and the high cost of malpractice insurance. Clearly, with an estimated population of 160,000 individuals, there remains a shortage of primary care physicians, which is felt, most especially among the Medicaid, Medically Indigent, and uninsured patients who struggle to find a provider and a permanent "medical home" since providers on island refuse to accept Medicaid patients due to delayed Medicaid payments. Thus, clients are forced to seek treatment in the hospital emergency room, which is more costly.

The Guam MCH Program focuses on the well-being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families. The program emphasizes developing core public health functions and responding to healthcare delivery system changes.

As a territory with significant shortages of pediatric medical services and limited existing services, Guam faces many challenges in developing systematic approaches to population-based direct care services. In the past few years, program activities addressed the improvement of access to services for low-income, underserved, or uninsured families, identification of the needs of culturally diverse groups, especially non-English speaking and other immigrant groups, and recognition of changes brought about by lack of access to adequate health insurance coverage, public or private, for a significant percentage of the population. In addition, activities for children and youth with special health care need to be focused on assuring pediatric specialty and sub-specialty services to children and families, integrating data systems, continuing collaborations with private and public partnerships, and integrating community-based services.

Other than the shortage of providers, there are gaps in tertiary care services (there are no tertiary care facilities in Guam as in the U.S.), off-island referrals, and inpatient care services. Additionally, there are instances when off-island hospitals/doctors refuse to accept Guam's Medicaid referrals due to untimely reimbursements. Thus, the difficulty of accessing health care (facilities and specialists) increases patients' physical and emotional stress, reducing the likelihood of seeking medical care, and so they forgo medical care until their condition worsens and they have to be hospitalized.

Given the above factors, the cost of providing health care in Guam is relatively high because of its unique geographic location, limited primary care physicians, specialists, and allied health professionals, and lack of tertiary care facilities.

Similarly, the cost of drugs is more expensive in Guam compared to the U.S. due to the limited number of pharmaceutical wholesalers and distributors that can ship drugs and medical devices to Guam effectively compared

to hundreds of companies available in the U.S. mainland. These vendors may exploit this lack of competition by imposing a higher medication price. Other factors contributing to the high cost of pharmaceuticals are the shipping costs and the stocking of drugs with a limited shelf life.

The DPHSS held a Pan Flu Retreat for reviewing finalizing the different chapters of the Plan, this event gave the different clinics, hospitals, health care agencies and program. To sit together to discuss the issues and draft the future plans of the DPHSS Pan Flu Emergency Plan has a whole to provide input and strategies that can help our staff prepare for any future disaster. It's Plan, Practice together, Apply the interventions, and evaluate the process of the plan.

III.C. Needs Assessment
FY 2024 Application/FY 2022 Annual Report Update

Changes in the Health Status and Needs of the MCH Population

The Guam Title V Program conceives of needs assessment as a continuous process in which valuable data, both quantitative and qualitative, relevant to the broad mission of the Program are continuously being gathered and analyzed with an eye to adjusting the Program priorities and activities as appropriate Key findings resulting from the needs assessment highlighted the following priority areas: well-woman visits, breastfeeding; reducing perinatal disparities; mental health including grief and trauma-informed care; implicit bias/discrimination; positive youth development; early childhood developmental screening; medical home identification/place-based care; and addressing social and economic needs. The findings point to persistent health disparities by race/ethnicity, immigration documentation status, and socio-economic status. Furthermore, these findings emphasize the need to address social determinants of health, such as housing, education, violence, and discrimination/implicit bias, among the top factors identified by community members as the most significant unmet needs of Guam women, children, and families.

In addition to reviewing primary and secondary data sources, Needs Assessment efforts involved collecting input from staff/programs, engaging external stakeholders in discussions of ever-evolving conditions and emerging needs, and changing priorities. The information supports and informs Guam's Title V planning, decision-making, and resource allocation. The Title V Federally Available Data (FAD) and the MCH Jurisdictional Survey continued to serve as the primary data source for ongoing needs assessment. Because the FAD utilizes the federal race/ethnicity classifications, state vital statistics data may be used to report data for Guam's detailed ethnicity groups.

The following section provides an overview of population-level data updates available during the reporting period.

Women's/Maternal Health:

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

Breastfeeding: Data from the 2022 Guam Birth Certificates indicated that 82.6% of mothers initiated breastfeeding at hospital discharge. Chamorro women had the highest breastfeeding initiation rate at 36.6%, followed by Chuukese (18.7%) and Filipino (18.2%) women. Carolinian (0.02%), Kosraean (0.7%), and Japanese (1.5%) women had the lowest breastfeeding initiation rates among mothers that delivered in 2022.

Smoking in Pregnancy: According to 2022 Birth Certificate data, 4.3% of women reported that they smoked during the three months before pregnancy (down from 4.4 in 2021), 2.7% of women said that they smoked during the last three months of pregnancy (up 3.8% from 2021), and 5.4% reported that they smoked postpartum. All smoking rates were highest among women under the age of 25. Prenatal smoking rates in Guam are slightly higher than the Healthy People 2030 objective for smoking during pregnancy.

Perinatal/Infant Health:

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

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

Child Health:

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

Immunizations: The Vaccination Coverage of Selected Vaccines among kindergarten children school year 2021-22 shows vaccination coverage with two doses of measles, mumps, and rubella (MMR) was 91.5%, diphtheria, tetanus, and pertussis vaccine (DTaP) was 89.8%, and poliovirus vaccine was 90.9%.

Adolescent Health:

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

Adolescents in Guam experience various health issues. Poor mental health has become a significant concern in recent years. As a result of the Covid 19 pandemic, mental health among adolescents has further declined due to uncertainty, social isolation, stress, disruption to daily life and loss of routine, and loss of family members or loved ones.

According to the 2019 YRBSS, 60% of LGBTQ high schools in Guam seriously considered suicide (survey participants were only asked about their sexual orientation). Compared with the percentages for heterosexual peers, these numbers are exceptionally high. The survey showed that 16.5% of straight teens had seriously considered suicide.

Bullying: In 2019, 11.1% of Guam students in grades 9 through 12 reported feeling unsafe at school. This was an increase from 2017's 10.9%. Both female (10.7%) and male (11.2%) students reported feeling unsafe on school grounds. Feeling unsafe at school decreased as grade level increased from grade 9 (9.8%) to grade 12 (7.5%).

Children and Youth with Special Health Care Needs:

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

COVID 19 Status

COVID-19 Case Count	Total	Today	Past 7 days
COVID-19 Cases	**62,403**	**3**	**34**
Confirmed cases	51,797	1	22
Probable cases	10,606	2	12
Status		**Current isolation location**	
COVID-19 deaths	415	*Hospital*	7
Cases in active isolation	37	*Home*	21
Cases not in isolation	61,951	*Military*	9
Civilian	58,040		
Military service member	4,363		

** As of May 11, 2023, the CDC has ended the pandemic emergency and no longer requires reporting negative COVID-19 test results; therefore, the positivity rate will no longer be reported.*

Changes in MCH/Title V Program Capacity

Over the past 2-1/2 years, Guam DPHSS/MCH has experienced numerous events that have had a serious impact on staff and services, many of which remain unresolved: the impact of COVID-19, including critical staffing shortages; a government-wide reassessment and realignment of job classifications; and a continuing drain of skilled public health professionals. These events have made recruiting and maintaining knowledgeable and skilled Title V staff challenging. To recruit and retain qualified MCH staff, MCH works closely with Human Resources to increase hiring efficiency. Standardized hiring procedures are now in place, and additional technical assistance has been provided throughout the hiring process. Proactive strategies have also been employed to publicize vacant positions. MCH works with colleges throughout the state to initiate critical conversations to draw student talent.

Inflation and Cost of Living The rising inflation and cost of gas, food, and other goods in Guam and across the country are adversely affecting families served by Title V. As a result of the COVID-19 pandemic, many people in Guam were already struggling with important basic needs, like housing, food, medicine, technology, and childcare. The recent infant formula shortage has added additional stress and hardship for families. Title V programs will support families in accessing concrete support to meet these needs and assess the impact of public benefits and programs that promote economic stability.

Title V Partnerships/Collaborations

Partnerships ensure coordination within the MCH healthcare delivery system. The MCH team provides expertise, gathers feedback, facilitates conversations and relationships, and makes connections to assure access to services and maximize the effectiveness of the health system. Title V is heavily focused on collaborative partnerships and demonstrates a solid commitment to coordinating with others to address the emerging and ongoing needs of MCH populations. Both formal and informal collaborative relationships exist that support Title V work.

Guam's Title V program aims to ensure access to quality health care and needed services for maternal and child health (MCH) populations across the island. We have successfully leveraged partnerships and resources to maximize the benefits available to the MCH population. Guam's Title V program is responsible for grants and cooperative agreements from numerous federal funders.

Social determinants of health

Access to affordable, accessible, and safe housing, transportation, and employment are pressing needs in Guam,

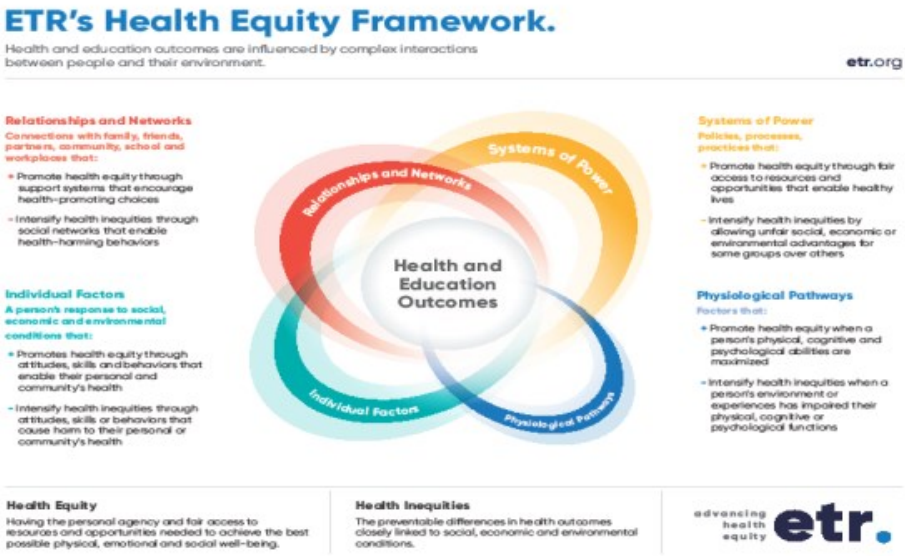
and many families and youth are experiencing negative social and economic consequences due to COVID-19. To address this priority, Title V will support and advise external coalitions and agencies to promote equitable access to childcare and educational opportunities for all children, support families in accessing concrete supports such as housing, job training, and public benefits, and promote best practices for access to virtual health and social services to help bridge the digital and economic divide.

Health Equity

The U.S. Department of Health and Human Services defines health equity as attaining the highest level of health for all people. This means people have fair access to resources needed to achieve their BEST physical, emotional, and social well-being. Adversely, health inequities "are the preventable differences in health outcomes closely linked to social, economic, and environmental conditions." Achieving health equity requires valuing everyone equally, focusing on addressing avoidable inequalities, historical and contemporary injustices, and eliminating health and healthcare disparities. According to the Centers for Disease Control and Prevention, addressing social determinants of health is a primary approach to achieving health equity.

The Health Equity Framework (HEF) is promoted by the Maternal and Child Health Bureau (MCHB) as a science- and justice-based framework specifically designed for researchers and practitioners working across public health and social science fields. The HEF recognizes that inequities result from experiences across one's life and the generations before and that the following four factors are interconnected: relationships and networks, systems of power, individualized factors, and physiological pathways. 1. Relationships and networks: family, friends, partners, community, schools, workplaces 2. Systems of power: policies, processes, practices 3. Individualized factors: response (e.g., attitudes, skills, behaviors) to social, economic, and environmental conditions 4. Physiological pathways: biological, physical, cognitive, and psychological abilities

The HEF is centered on outcomes at the population level, explicitly targeting factors that affect access to resources and opportunity. Instead of focusing only on the individual's ability to act on those opportunities, framing it this way can allow systems to think in new ways, identify gaps, and address how the above factors provide risk and protective factors for health outcomes.



Click on the links below to view the previous years' needs assessment narrative content:

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$748,877	$746,825	$760,558	$762,930
State Funds	$561,658	$567,587	$570,419	$572,198
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$1,310,535	$1,314,412	$1,330,977	$1,335,128
Other Federal Funds	$1,850,000	$780,421	$1,250,000	$897,423
Total	$3,160,535	$2,094,833	$2,580,977	$2,232,551

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$760,558	$742,210	$770,757	
State Funds	$0	$572,330	$578,068	
Local Funds	$570,419	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$1,330,977	$1,314,540	$1,348,825	
Other Federal Funds	$1,146,750	$728,942	$1,190,836	
Total	$2,477,727	$2,043,482	$2,539,661	

	2024	
	Budgeted	Expended
Federal Allocation	$742,210	
State Funds	$572,330	
Local Funds	$0	
Other Funds	$0	
Program Funds	$0	
SubTotal	$1,314,540	
Other Federal Funds	$1,308,255	
Total	$2,622,795	

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 2022, Guam MCH received $742,210 in Title V federal funding and had a local match of $572,330, bringing the total Title V partnership to $1,314,540.

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

The MCH Block grant for 2022 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	$128,445	Pregnant women	$182,652
Infants	$86,572	Infant	$65,489
Children 1-21 years of age	$224,868	Children 1-21 years of age	$134,415
Children with Special Health Care Needs	$228,330	Children with Special Health Care Needs	$189,774
All others	0	All others	0
Total	$668,215	Total	$572,330

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 2022 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 postpartum 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 2022 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 2024, 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 2024, 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 $73,995

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	$119,429	Pregnant women	$113,086
Infants	$89,128	Infant	$45,335
Children 1-21 years of age	$231,228	Children 1-21 years of age	$182,681
Children with Special Health Care Needs	$228,330	Children with Special Health Care Needs	$157,133
All others	0	All others	0
Total	$668,115	Total	$498,235

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.

Guam exercises the two-year spending authority given to states. The two-year authority is a safety net to ensure continuing operations, chiefly payroll, and 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

Guam's Division of Public Health is the largest division within the Guam Department of Public Health and Social Services (DPHSS). The Guam Title V Program is located within the Bureau of Family Health and Nursing Services (BFHNS) within the Division of Public Health. The Guam Title V Program has historically been a leader in the development of a systems of services that is comprehensive, community-based, and family centered. Title V is co-located with the Maternal Infant and Early Childhood Home Visiting (MIECHV) Program and the Family Health Information Resource Center (FHIRC), WIC, Immunization, STD/HIV, and Title X Family Planning which allows for greater communication and collaboration across programs serving children and families. BFHNS pays particular focus to coordinated and integrated systems of care for children and youth with special health care needs (CYSHCN), managing a continuum of linked services to ensure that families of CYSHCN receive maximum benefit from community-based services and systems, including health care, education and social services.

Guam's Title V Program is uniquely positioned through its leadership and many partnerships with families, professionals, health care programs, local and federal agencies and stakeholders to address health care needs of mothers, children, adolescents, including those with special health care needs, at-risk populations, and families to reduce disparities in health outcomes. In concert with the DPHSS Community Health Needs Assessment, Community Health Improvement Plan and the Department's Strategic Plan, the Guam Title V works to address selected priority needs through strategies as noted in the State Action Plan. Guam Title V assumes a leadership role while in others we ensure the appropriate expertise is represented.

Guam's Title V Program uses a life course approach to achieve health for all populations from reproductive life planning, perinatal and infant health, child/adolescent health to those with special health care needs. As new challenges emerge, we identify program staff or partners, based on their expertise, to address the issue. Title V and partners use evidence-based informed strategies and data-driven decisions in developing plans to address issues.

Title V also supports DPHSS efforts to address social determinants and eliminate health inequities through its commitment to promoting racial equity. Inequities exist in individual and population health outcomes due to structural racism – the ways in which institutions and social norms systematically advantage one race and oppress others, that lead to differential access to economic opportunities, community resources and social factors that have a detrimental effect on MCH outcomes. By focusing explicitly on racial equity, Title V can improve outcomes for all communities and help achieve the goal of health equity.

The U.S. Department of Health and Human Services defines health equity as attaining the highest level of health for all people. [[1]] This means people have fair access to resources needed to achieve their BEST physical, emotional, and social well-being. Adversely, health inequities "are the preventable differences in health outcomes closely linked to social, economic, and environmental conditions."[[2]] Achieving health equity requires valuing everyone equally with a focus on addressing avoidable inequalities, historical and contemporary injustices and elimination of health and healthcare disparities. According to the Centers for Disease Control and Prevention, addressing social determinants of health is a primary approach to achieving health equity. [[3]]

Achieving health and well-being in Guam means acknowledging and addressing existing health disparities. COVID-19 has further illuminated these disparities. Systemic inequalities based on race/ethnicity, gender, sexual orientation, and disability status, along with poverty, trauma, and other social and environmental factors, have an interconnected and well-established impact on physical and mental well-being.

At the heart of our work at Guam DPHSS is recognizing social determinants' role in health outcomes. Within the Division of Public Health, we have the capacity and responsibility to apply a health equity focus to all aspects of our work—what we lead, fund, partner, and support—and be intentional about addressing the needs of our MCH populations through our

programs. Our programs connect families to economic, social, and physical supports and services that can help mitigate the impact of discrimination and poverty on their physical, mental, and emotional health. To continue lessening the barriers to equitable access and quality care and services, we recognize the need to listen to and learn from our MCH population. Our Division of Public Health is committed to exploring and targeting the causes and effects of structural injustices on mothers, infants, children, and adolescents within our communities.

[1] U.S. Department of Health and Human Services, Glossary of Terms. 2018

[2] Peterson, Charles, Yeung, Coyle. The Health Equity Framework: A Science- and Justice-Based Model for Public Health Researchers and Practitioners. 2020

[3] https://www.cdc.gov/nchhstp/socialdeterminants/faq.html. July 21, 2020

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

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

Staff retention, recruitment and workforce development have been an ongoing challenge for the Guam Department of Public Health and Social Services (DPHSS). DPHSS as the lead in the Covid 19 response further compounded those challenges. Meaning, the primary focus of the DPHSS since March 2020 was ensuring that the territory's health care system sustains the effects of Covid 19. Filling any vacancies for any non-Covid work was not high on the priority list.

The landscape of Guam's maternal and child health workforce continues to change, even more so during the pandemic. With many of the Title V staff deployed during the pandemic, the program relied heavily on virtual meetings spaces like Zoom and Microsoft Teams to manage workflow. These platforms have also expanded the types of training and education available to staff. Staff continue to use virtual meeting spaces and we envision their continued use as a means for conducting business.

Health departments across the nation are encountering the effects of an aging workforce. Though total employment is not expected to change much, the employment structure will skew older as the population ages. Employment of those aged 55 and older is expected to increase in the next ten years offset by those aged 35 to 54. Employment under the age of 35 is expected to rise, mostly the 25 to 34 age group. The demographic challenges to growth will increase with each advancing year. To maintain our workforce, it will be increasingly imperative that we pursue policies and initiatives that reduce barriers to employment and that we encourage young people to stay. If we do not, the challenges employers already face attracting staff will increase.

The Guam DPHSS and Title V are conscious of the proportion of public health staff approaching retirement age and in the coming years, it will be important to assure that MCH leaders who possess the knowledge and skills to meet the needs of our island's MCH population are in place to continue to work. This requires a succession plan that includes leadership training to assure there is not a gap when current MCH leaders retire.

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

Input from families, parent leaders, and individuals with lived experiences is essential for improving outcomes in all MCH populations. Efforts to increase capacity within MCH to implement, support, and sustain quality family engagement will continue. Additionally, MCH continues to work with partners and stakeholders to identify opportunities for family partnerships, improve systems to reduce barriers to family engagement, encourage capacity in the workforce to enable meaningful family participation, and determine outcomes for successful family professional partnerships in all systems. Initiatives will continue to target increasing family participation on the policy level, intentionally plan activities to include family and partner engagement, and evaluate activities for effectiveness.

All BFHNS staff interacting with families at any level may participate in Strengthening Families training. The Strengthening Families Protective Factors Framework is an international initiative that aims to develop and enhance five protective factors that help keep families strong and children safe from abuse and neglect. Training on the framework was designed to help professionals working with children and families promote the optimal development of all children by teaching strategies and everyday actions to build these protective factors. Most BFHNS staff have taken the training. The training has historically been held in person, but sessions have been available in a virtual setting over the past year. BFHNS staff who took the training virtually provided positive feedback about the experience.

The Guam Title V program strives to improve family/consumer partnerships. In FY16, Guam Title V developed an MCH Advisory Council that paused regular meetings during the height of the Covid-19 pandemic but will continue operation in 2023. The purpose of this Advisory Council is to advise the Title V Director and others on ways to improve the health of families and the MCH population in Guam. The Advisory Council brings together several organizations and groups in Guam with a broad range of expertise, including many who have been working for years to address and improve health outcomes in Guam.

The Council:

- Serves as the conduit for the exchange of information about families, women, infants, children, and adolescents;
- Advises on progress in addressing specific MCH population needs;
- Facilitates private and public sector support for improving MCH health outcomes in Guam;
- Helps focus efforts among partners and recommends collaborative initiatives; and
- Reviews existing and proposed Guam Title V projects.

Guam Early Hearing Detection and Intervention Program (EHDI) engages families of infants with hearing loss in all aspects of the program by providing information and emotional support to families of infants newly diagnosed with hearing loss, actively recruiting parents for the EHDI Advisory Committee, surveying parents about their experiences and successes and program opportunities for improvement.

The Family Planning Program supports an Information and Education Committee comprised of individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ+) persons; persons with disabilities; and persons otherwise adversely affected by persistent poverty or inequality. The Family Planning Program encourages family participation in the decision of minors to seek family planning services and provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

The Guam Head Start Program recognizes that parent and family engagement is essential at every level for children's school readiness and success. Parents are the most critical influence on a child's development. Because of this, Head Start is based on a partnership between parents and staff. Building a trusting, collaborative relationship between parents and staff allows them to share with and learn from one another. By participating in parent-child projects and/or activities as classroom volunteers, parents know more about their child's development and their role as the primary educator of their children.

In the Early Intervention Program, families are involved in determining eligibility and delivery of early intervention services. The Guam Early Intervention Program has an Advisory Council, the Guam Interagency Coordinating Council (GICC), which guides all programmatic activities. The members of the GICC comprise a minimum of 20% family members, including parents of infants or toddlers with disabilities or children with disabilities age 12 or younger, with knowledge of, or experience with, programs for infants and toddlers with disabilities, at least parent member must be a parent of an infant or toddler with disabilities or a child with a disability aged six years or younger. Families are also surveyed annually on their experiences with the program and their outcomes, including the ability of the program to increase their knowledge of their legal rights, advocate for their child's concerns, and support their child's learning and development.

Continuous family engagement occurs with programs such as the Family Health Information Resource Center (FHIRC), Project Bisita (Guam's MIECHV program), and the Preschool Development Grant (PDG). Title V has a special relationship with FHIRC. The strong partnership that FHIRC has with Guam Title V allows FHIRC to provide family-centered, family engagement services for families across Guam. Sadly, since March 2020, the pandemic has caused gaps in service provision for children; parents in the tourist-dependent industry have lost their jobs, thereby losing health insurance, and fear of contracting Covid 19 made families terrified. FHIRC work continued despite the challenges. The focus was on telecommunicating with families via phone calls, WhatsApp, Facebook, and other apps. This ensured that families with disabilities and chronic health conditions received up-to-date, accurate, and relevant information about the Covid virus.

New Projects:

Guam Pediatric Mental Health Care Access Program (GPMHCAP)

The Department of Public Health and Social Services (DPHSS) is applying for funding to support integrating behavioral health services and activities within pediatric primary care settings.

The principal aim for this project funding was to develop a real-time consulting service staffed by mental health professionals, to support pediatric primary care providers in addressing the behavioral needs of their clients. Since Guam is a small island, Title V wanted to ensure that community and agency partners supported the project and that the effort could align/enhance existing services. After extensive outreach/meetings with healthcare and service providers across sectors, several themes emerged:

- Mental health is a serious concern for all children, not adolescents and their families.
- There is support for the consulting service for use by pediatric providers and other healthcare/service providers (school nurses, counselors).
- There is a need for improved systems building and coordination. With millions in federal funding entering the state for mental health programs, services are ever-expanding with new start-ups, including schools. Information sharing and coordination is a critical concern that all providers have repeated.

Guam Maternal Mortality Review Committee (MMRC)

The Guam Maternal Mortality Review Committee (MMRC) will review all pregnancy-associated deaths in Guam. Members appointed to the committee have a shared mission: To examine all Guam maternal deaths to identify and reduce preventable contributors and causes, including the effects of access to care, standardization of care, discrimination, and racism. This examination will help guide recommendations to influence state guidelines and policies and ultimately reduce preventable perinatal deaths in Guam.

The committee's diverse members include representation of multiple regions of Guam and member organizations such as community-based programs, persons with lived experience of maternal morbidity, nurses, maternal health practitioners, obstetricians, maternal-fetal medicine specialists, midwives, nurse practitioners, social work, family practice medicine, critical care, cardiology, substance use specialists, psychiatry, mental health services, family home visiting, public health, federally qualified health care centers, medical examiners, health leadership, reproductive justice, insurance payer, substance use treatment professionals, domestic violence, and individuals serving birthing persons in all regions of in a traditional and non-traditional manner.

Guam Title V fosters family and consumer partnerships and continues to seek out new collaborators who can help us improve our prevention and response efforts in maternal child health. Many of our partners, including agencies and advocacy groups, work with families daily and incorporate what they hear from families into their work; however, they also give family representatives a voice and a seat at the table where they can speak for themselves. These partnerships, some of which go back many years, help our programs understand if Title V efforts resonate with the people we serve and reflect the diversity of communities. These relationships allow us to obtain public input on Title V activities and programs and ensure our resources are used to make correct changes for Guam families.

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

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

Within the Bureau of Family Health and Nursing Services (BFHNS), there is commitment and staffing to ensure the timely collection and reporting of MCH data to inform program planning and implementation. As outlined in previous sections of this application, the Guam Title V program is focused on data-driven decision-making as the foundation for improving outcomes and establishing priorities and objectives to address the needs of the MCH population. Activities are supported and made possible through solid leadership, a committed team, and epidemiology capacity.

The MCH program relies on our territorial epidemiologist, who assists in developing process and outcome measures to gauge the impact of the Action Plan on the health of the MCH population. MCH program staff and other stakeholders periodically monitor progress on each measure throughout the year. Based on measurement performance, MCH program staff and stakeholders revise our strategies and objectives as needed to improve health impact. MCH program staff and the epidemiologist completed our Five-Year Needs Assessment review, which provided data on the MCH population. MCH staff, and stakeholders then used this data to select priorities for the upcoming grant cycle. Once the priorities were chosen, an action plan was developed to impact each priority.

MCH staff engage in professional development opportunities through a variety of avenues that include the Council of State and Territorial Epidemiologists (CSTE), the Association of Maternal and Child Health Programs (AMCHP), and the Pacific Island Health Officers Association (PHIOA). During these national conferences or meetings, there is targeted skills-building training, peer-to-peer sharing, and opportunities to present analyses done throughout the year through oral or poster presentations. In the past year, MCH staff have participated in multiple training opportunities, including those focused on data visualization, grant writing, and health equity. To stay abreast of the latest research in MCH, MCH staff engages in monthly Zoom.

The program has identified in-house staff working with the Territorial Epidemiologist in smaller data management schemes to help alleviate and expand MCH data capacity. The MCH program relies on many data sources to complete and respond to program mandates, and it acknowledges that, at this time, efforts to increase epidemiology staff within the Department of Public Health and Social Services still need to be made known. The program will continue identifying and developing new data sources, improving data quality, effectively measuring health outcomes, and establishing performance metrics to guide the program and policies. Equally, the program will continue to communicate findings in a participatory manner to MCH programs and partner organizations.

Strengthening Health Interventions in the Pacific (SHIP) is modeled after the Centers for Disease Control and Prevention (CDC)'s Field Epidemiology Training Program (FETP) and has been adapted specifically for the Pacific region. It is a program of the Pacific Public Health Surveillance Network (PPHSN) led by the Pacific Community (SPC) in partnership with Fiji National University (FNU), the World Health Organization (WHO), and PIHOA.

The SHIP program aims to strengthen epidemiology and surveillance capacity by focusing its training on two key areas:

1. Preparing U.S.-Affiliated Pacific Islands (USAPIs) health agencies' staff at all levels to become certified Epi Technicians.

2. Developing high-priority surveillance and health information system components for health agencies.

Building on the model of learning "from work, at work, for work," the SHIP program draws upon actual health agency examples that bridge classroom instruction with workplace implementation and train staff to transform data into action. This accredited program's overall objective is to improve the caliber of information/surveillance systems and

strengthen the capacity of health professionals to meet immediate and future public health challenges in the USAPIs and the Pacific region.

Tier 1 comprised five weeklong training modules delivered over five months on-site, plus a special project submission at the end of each tier's course series. The SSDI Coordinator and the SSDI Data Clerk graduated from the course with a postgraduate certificate in Field Epidemiology.

Guam Title V and the Office of the Territorial Epidemiologist are pleased to have matched with an AMCHP Graduate Student in the Epidemiology Program focused on advancing health equity within the MCH/Title V priorities and emerging issues. The key areas she worked on during the summer of 2022 were Medicaid/MIP Users and Infant Mortality in Guam from 2018 to 2021. The research was converted into a poster for the 2023 ANCHP Annual Conference.

In Guam, finding epidemiologists has been difficult due to the lower pay comparisons with the private sector. In the 2023 legislative session, a market adjustment for epidemiologists was implemented, and pay increases are effective April 1, 2023. This will improve our recruiting and hiring of epidemiologists in the future.

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

Guam's State Systems Development Initiative (SSDI) grant is a crucial component and complements the Maternal and Child Health (MCH) Block Grant by allocating funds to develop, enhance, and expand state and jurisdictional Title V MCH data capacity. We intend to improve the availability, timeliness, and quality of MCH data in Guam. The program's initiatives ensure that the MCH programs have access to relevant information and data. Guam SSDI strengthens the Title V MCH Block Grant program by improving the availability, timeliness, and quality of MCH data in Guam. SSDI supports the data needs for the Title V MCH Block Grant application and annual plan, identification of structural and process measures to address the National Performance Measures selected by Guam, development of State Performance Measures and evidence-based/informed measures, and the ongoing needs assessment.

The goals of the SSDI Program are:

- 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.
- 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 SSDI program co-led the 2020 Title V MCH Block Grant needs assessment, assisting with community engagement, primary data collection, analysis, and prioritization. This heightened data capacity is intended to enable us to engage in informed decision-making and resource allocation that supports effective, efficient, and quality programming for women, infants, and children, including children and youth with special healthcare needs and their families.

The Division of Public Health (DPH) recognizes that a structured surveillance system to enable an analysis of risk factors, behaviors, practices, and experiences before, during, and after pregnancy would provide valuable statistics to support existing MCH programs and a basis for applications for new MCH funding allocations for new intervention programs. DPH promotes data sharing within our systems and encourages enhancing current systems versus building new ones.

The purpose of the SSDI program has always focused on access to data and data linkages of critical data elements to support the Title V program. Guam's SSDI program has made tremendous progress toward accessing Middle and High School Surveys, Vital Statistics, Newborn Screening, and Medicaid data. The SSDI program will continue to support the Title V program by improving access to data by expanding or enhancing current data systems. The SSDI program supports the continued work on projects that increase our ability to receive more "real-time" data.

By promoting MCH data infrastructure, our community stakeholders and partners have MCH data collection and analysis capacity. They can then leverage this capacity to make data-informed decisions, particularly regarding program planning. This, in turn, facilitates the creation of effective programs, which leads to health improvements in the MCH population.

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 in charge of the Title V Block Grant, using many 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 Title V. Therefore, our partners utilize those or similar indicators for 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.

The SSDI Coordinator is instrumental in coordinating efforts to support the state and national SSDI goals. She is responsible for leading the efforts to support Title V monitoring and reporting functions, assisting with developing and utilizing key MCH datasets, and supporting program evaluation activities. Specifically, she assists with completing Title V reporting, manages, updates, and edits Vital Records and other supplemental datasets for utilization, and ensures that data validations and documentation are maintained for all indicator reporting and target setting. The SSDI Coordinator is also responsible for monitoring the progress of SSDI activities, the budget, and the completion of grant reporting, such as progress reports and performance reports. The SSDI Coordinator effectively serves as the liaison between Title V leadership and the SSDI program while also helping to ensure the integrity of data reporting, indicators, and activities.

While much has been achieved in this grant cycle, data is useless if not forward moving and we must constantly think of the next set of goals. For the following grant cycle, SSDI hopes to further assist MCH programs in utilization of existing databases and improve data dissemination to stakeholders. This will be done by:

- Maintain existing data collection methods while continuously identifying program-specific improvements.
- Improve data linkages among programs to create a well-rounded understanding of health issues affecting Guam's MCH population.
- Expanding data visualization tools shared with stakeholders (including annual reports and fact sheets) based on shifting and evolving MCH issues and concerns.

Key SSDI program activities, including any products or resource materials that were developed, which served to support State Title V Program efforts

Publications:

Pobutsky A, M Murphy Bell, and C Naval. ***The health transition on Guam: Maternal and child health indicators of interest***. The Guam Medical Association Journal 2023 Volume 3, Number 1

Pobutsky A, M Murphy Bell, and C Naval. ***The demographic, epidemiologic and health transition on Guam: A summary of 100 Years of demographic and health trends***. The Guam Medical Association Journal 2023 Volume 3, Number 1

Submitted:

Pobutsky A, M Murphy Bell, and C Naval. ***"Abortion and Contraception Use in the U.S. Territory of Guam: An Examination of Recent Trends and Data with Implications for Reproductive Health*** Hawai'i Journal of Health & Social Welfare

Posters:

An Analysis of Fetal Deaths on Guam: 2011 to 2022 Cynthia Naval MSPH, Margaret Bell, Ann Pobutsky Ph.D., Cameron C. Murphy *(Accepted for AMCHP)*

Addressing High-Maternal Mortality in the U.S. Territory of Guam: Development of a Maternal Mortality Review Committee (MMRIA) Ann Pobutsky, Ph.D., Margaret Bell, Cynthia Naval, MS, Cameron C. Murphy *(Accepted for AMCHP 2023 Annual Conference) (Accepted for CityMatCH's 2023 MCH Leadership Conference)*

Medicaid/Medically Indigent Program and Infant Mortality Rates for Guam, 2018 to 2021 Nairi Kalpakian, MPH Candidate Guam DPH: Ann Pobutsky, Ph.D., Margaret M. Bell, Cynthia Naval, MSPH, and Cameron C. Murphy *(Accepted for AMCHP)*

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

Title V program activities are supported through a wide range of MCH data and information systems, including surveys, surveillance systems, including partner data resources. Many activities were described in the SSDI Section of this application. This narrative describes data-enhancing partnerships and activities in greater depth.

The Division of Public Health houses the Office of Vital Statistics, where vital records such as birth, death, fetal death, and marriages are maintained and analyzed, shared with partners, and submitted to the CDC for national reporting. Vital statistics are crucial in monitoring trends in births, maternal deaths, and fetal and infant deaths. Vital records data contribute significantly to understanding priority needs for the five domains and are used to report progress in achieving Title V NPM, SPM, and ESM annual objectives.

The Guam Department of Education (GDOE) is applying for $3.75 million from the Institute of Education Sciences (IES) to expand the island's state longitudinal data system (SLDS) under Priority I: Infrastructure and Interoperability by integrating Birth to 5 data and initial workforce data in the Guam One Stop Data Village (GOSDV).

The infrastructure build-up and the enabling of the interoperability of B5 and workforce data system with the GOSDV to build the B20W longitudinal data system in collaboration with the existing GOSDV partners, namely the University of Guam (UOG) and the Guam Community College (GCC) and the new partners namely the Guam Department of Labor specifically the Bureau of Labor Statistics, the Guam Early Learning Council (GELC), the Department of Public Health and Social Services (DPHSS), specifically the Guam Preschool Development Grant Project (PDG-B5), and the Guam Interagency Coordinating Council (GICC) operating as the Guam Early Intervention System (GEIS).

In August 2021, the Guam Preschool Development Grant Birth to 5 (PDG B-5) completed its Needs Assessment. Parents of children birth to 5 and private as well as public early learning stakeholders participated in prioritizing the project activities of the following key strands of the Guam Early Childhood State Plan: Policies and Governance, Parent Choice and Family Supports, Quality/Accessibility/ Supports, Professional Development, and Data Systems. Under the PDG B-5 State Plan Data Systems Strand, two key issues were identified: (1) Lack of a data system to provide unduplicated counts of children served, and (2) no online database or portal for childcare information. Each of the five early childhood programs under the State Plan utilizes "ChildLink," but these five data systems are not interoperable.

● Guam Early Hearing Detection Intervention (GEHDI)

● Project Bisita I Familia

● Project Karinu

● Family Health Information Resource Center (FHIRC)

● Guam Early Intervention System (GEIS)

If the ChildLink mentioned above for each of the five data programs listed above is incorporated into the GOSDV system, the Early Childhood programs will have the procedures/guidance for data collection, and the GELC will be able to provide reports on the state of early childhood early care and education in Guam.

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. In Guam, households without a landline 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 in 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 that survey questions are predetermined, standard, and close-ended, which could fail to identify new and emerging trends and the most critical 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 attending private schools or 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.

Youth Tobacco Survey (YTS)

The Youth Tobacco Survey (YTS) was developed by the American Legacy Foundation and the CDC to evaluate tobacco use among middle and high school students. The survey provides information about teen tobacco use and knowledge and attitudes toward tobacco.

School-based survey methods are not able to 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.

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. Data may not provide insight regarding the neediest or those not receiving benefits.

The Guam Cancer Registry

The University of Guam Cancer Registry collects cancer incidence, survival, and mortality data to assist in developing cancer education, prevention, and screening programs.

The Guam Family Planning Program

The Family Planning Annual Report (FPAR) is the only source of annual, uniform reporting by all Title X service grantees. The FPAR provides consistent data about program users, service providers, utilization of family planning, and related preventive health services. All Title X grantees require the annual submission of the FPAR for program monitoring and performance reports.

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/Challenges

Unlike most of the nation, Guam comprises Asian and Pacific Islander groups. As described in the Overview, these categories represent diverse and distinct populations with differing historical, cultural, and socioeconomic experiences. When diverse groups are aggregated into significant classifications, critical differences in health status are hidden. Thus, data findings can be misleading and may contribute to policies and programs that do not address fundamental community concerns or exacerbate existing inequities.

Another challenge to utilizing data for Title V planning and sharing with MCH partners has been handling small numbers.

Small numbers raise statistical issues and, thereby, the accuracy and usefulness of the data. Problems with confidentiality arise when there are small denominators in rates and percentages. Reliability issues occur when there are small numerators.

Rates and percentages based on (almost) total population counts are subject to random variation. The random variation may be substantial when rates and percentages are calculated using the small numbers in the numerator. Rates based on small numbers may fluctuate over time and geographic area.

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. 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 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. Much work is going into rethinking, improving data collection, and reporting small populations. We pledge to continue this work, continue to learn, improve how we represent data, and empower audiences to interpret information themselves instead of suppressing it while ensuring that privacy and confidentiality are upheld.

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

The Guam Department of Public Health and Social Services recognizes the importance and necessity of solid emergency planning. Over the past two years, the COVID-19 pandemic has illustrated the critical role of emergency preparedness and response and its impact on the lives of all people, including the MCH population.

At the federal level, the National Response Framework (NRF) aligns federal coordination structures, capabilities, and resources into a unified, all-discipline, and all-hazards approach to incident response and the National Incident Management System (NIMS). The Guam Emergency Response Plan (GERP) aligns with the NRF and incorporates the principles of NIMS. Continually refined plans and procedures and the mandated use of NIMS accommodate situational changes and promote preparedness for all kinds of emergencies.

The GERP is designed to assist state-level leaders and emergency management personnel in handling all phases of emergency management during a human-caused or natural disaster. All-hazards emergency management acknowledges that most disasters and emergencies are best managed as a cycle of five stages: prevention, preparedness, response, recovery, and mitigation. The GERP concentrates primarily on the response and recovery phases of the cycle, while mitigation, prevention, and preparedness responsibilities are included in an Appendix. All-hazards emergency management also acknowledges that there are common emergency functional responses. The plan contains fifteen functional annexes to address these commonalities, each managing an Emergency Support Function (ESF). The basic plan and the ESF annexes provide all-hazards emergency operations policies and guidance to state agencies.

The Guam Department of Public Health and Social Services Continuity of Operations Plan (COOP) is designed to ensure continuity of operations during catastrophic events or disruption of normal departmental functions. The COOP is meant to be detailed and clear in its presentation and uncomplicated in its execution. The primary goal of the COOP is to prevent any major disruption of normal activities. The second goal is to mitigate damages that may occur. The third goal is to restore critical services following a disruption of operations rapidly. The fourth goal is to guide recovery from disruption and rapidly and efficiently resume normal operations.

The State Emergency Operations Center (OC) functions under the State Emergency Operations Plan to help healthcare in Guam coordinate and create emergency operations plans specific to their organization and encompass all Guam agencies. The department's Public Health Emergency Coordinator represents DPHSS within the EOC, 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 Title V role in emergency preparedness and response has been the most evident in the state's response to the COVID-19 pandemic. Title V leadership and MCH staff have participated in departmental COVID-19 response efforts, including staffing provider hotlines; contact tracing; standing up alternative care sites; convening and participating in COVID-19 workgroups and committees; and other projects as needed.

All Title V personnel are required to complete FEMA Incident Command Training as part of DPHSS's organizational training requirements. MCH program staff at all levels, depending on the size and scope of emergency response, are involved in disaster response when needed. During the super typhoons, MCH program staff were involved in the incident command structure's planning, logistics, and operations sections. They took part in activities that included health outreach at shelters, assisting with identifying MCH populations in need of medical care (prenatal care, vaccinations, oral health care, etc.), helping with access to contraceptives, distributing infant-safe sleep supplies and hygiene supplies (i.e., shampoo, infant diapers, toothbrush).

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

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

III.E.2.b.v.a. Public and Private Partnerships is a foundation Community Health Programs, because they assist with the different aspects in the program, they help to evaluate your processes and management of your program, but an import aspect of the partners they promote and spread the information of your Program. Partnership ensures coordination within the MCH healthcare delivery system. The MCH team provides expertise, gathers feedback, facilitates conversations and relationships, and makes connections to assure access to services and maximize the effectiveness of the health system. Guam's Title V program aims to ensure access to quality health care and needed services for maternal and child health (MCH) populations across the island. We have successfully leveraged partnerships and resources to maximize the benefits available to the MCH population. Guam's Title V program is responsible for grants and cooperative agreements from numerous federal funders. Guam's Title V program has shifted away from a direct services delivery orientation to a preventive, population-based assurance role that could be responsive to new national programs and policies and the changing economic climate. Our MCH partners typically refer uninsured pregnant women, women of childbearing age, children, and adolescents to resources to access primary and preventive and reproductive health care services such as DPHSS clinics and the FQHC's. The core mission of FQHC's is to provide access to primary care services for the most vulnerable populations, regardless of the ability to pay. The services include primary care, mental health care, dental health care, and pharmacy. These services are sometimes known as safety net services and are provided to uninsured and underinsured individuals at or below 250% of the federal poverty level. Access to primary health services reduces morbidity and mortality by providing timely, appropriate, and less expensive care, thereby preventing the development and exacerbation of serious health conditions. Engaging multidisciplinary teams of federal, state, and local leaders allows Guam's Title V Program to improve access to quality health care and much-needed services for MCH populations by coordinating to develop program priorities and address problems. These collaborative relationships strengthen Guam's comprehensive early childhood systems and support Title V program efforts in early childhood development, breastfeeding, and maternal and infant health outcomes. Partnerships in children's health aim to improve comprehensive care for children and youth with special healthcare needs and their families, who often seek services across multiple systems – health care, public health, education, mental health, and social services. Each of these partnerships presents an opportunity for Guam's Title V program to continue strengthening the integration of healthcare delivery systems. Key strategies for systems integration work through public-private partnerships included sharing data analysis and reports with partners, supporting and/or funding professional development opportunities to strengthen workforce capacity, and identifying and improving performance measurement capabilities. DPHSS child-serving programs that partner to make MCH work possible include the Family Health Information Resource Center (FHIRC) for Children and Youth with Special Health Care Needs, Women, Infants, and Children (WIC) Nutritional Program, and Medical Social Services (MSS) – Shriner's Clinic - Hemophilia Program. The Division of Children's Wellness (DCW) has the Bureau of Child Care Services (BCCS) – Child Care Development Fund (CCDF), the Bureau of Social Services Administration (BOSSA) – Child Protective Services (CPS), and the Preschool Development Grant, Birth-5 (PDG B-5), the overarching Early Childhood Care and Education (ECCE) system that assists all ECCE Programs on Guam. Page 1 of 3 pages Created on 7/29/2023 at 11:23 PM Nonprofit Organization Partners 1. Catholic Social Services (CSS) provides vital services for children, families, individuals with disabilities, elderly citizens, and individuals in emergencies, such as food, shelter, and support services. CSS operates the Alee Shelter I for females in family violence and their children, the Alee Shelter II for child abuse and neglect victims, and Guma San Jose shelters for homeless individuals and families. 2. Foster Families Association is the only nonprofit group that addresses the needs of foster families. 3. Guam Coalition Against Sexual Assault and Family Violence is a nonprofit organization comprised of member agencies representing public and private services providers, community individuals, and other community partners and government allies. The Guam Coalition Against Sexual Assault and Family Violence focuses on addressing sexual assault and family violence on Guam at the community level with one united voice. 4. Salvation Army provides social service programs that assist children, older adults, families, and those battling addiction. They offer disaster relief, daycare, summer camps, hospitals, shelters, counseling centers, vocational training, and substance abuse treatment programs. 5. Sanctuary Inc. is a private, nonprofit organization that has existed since 1971. The organization provides an array of services for youth and their families. Services include crisis intervention, counseling and support, emergency shelter, anger management, parenting skills, and parent support groups. Education Partners 1. The University of Guam (UOG) is a U.S.-accredited institution. UOG prepares learners for life by providing the opportunity to acquire knowledge, skills, attitudes, and abilities through the core curriculum, degree programs, research, and outreach. 2. Guam Department of Education Special Education Division supports families by providing information, parent training opportunities, community activities, and resources for children with disabilities. The Division also offers Early Childhood Special Education to children (ages 3 through 5 years) who have been identified as having developmental delays in the following areas: cognition, fine and gross motor skills, hearing, personal and social skills, self-help skills, and speech and language. 3. Guam Department of Education Early Intervention Services (GEIS) provides services and support to young children from birth to three years who have or are at risk for developmental delays and disabilities. Early intervention services are provided in the child's home or community, such as child care centers, playgrounds, beaches, etc. 4. Guam Department of Education Head Start Program promotes school readiness by enhancing children's social and cognitive development through providing educational, health, social, and nutritional services. Government Partners 1. Guam Behavioral Health and Wellness Center (GBHWC) provide substance abuse services, drug education, outpatient services, residential services, inpatient services, child and adolescent mental health services, therapeutic group homes, and transition services to adult services. Prevention and training services are provided for alcohol, suicide, inhalants, and tobacco. 2. I Famagu'on-ta (Our Children) goals are to develop and implement a child-centered, family-focused system of care that delivers effective, comprehensive, community-based,

culturally competent mental health and related services for children and associated services for children and adolescents with severe emotional disturbances and their families, and to ensure longitudinal studies of services system outcomes. Page 2 of 3 pages Created on 7/29/2023 at 11:23 PM 3. Guam Early Learning Council's vision is to ensure that "all of Guam's young children will have healthy minds, bodies, and spirits as the foundation for lifelong success." The focus of the Council is to enhance, improve, support, and strengthen coordination serving young children, birth to five years, and their families, with one outcome being to facilitate the development and enhancement of high-quality early childhood and care systems designed to improve school readiness. 4. Guam Homeless Coalition is committed to providing housing and supportive services for homeless individuals and families. The Guam Homeless Coalition believes and recognizes that quality housing should be tailored to meet the needs of homeless individuals and families. The Coalition will ensure that homeless individuals and families regain housing stability by expanding and implementing a comprehensive community-based housing delivery system to prevent and end homelessness. 5. The Guam Memorial Hospital Authority's (GMHA) mission is to provide quality patient care in a safe environment. Guam Memorial Hospital Authority (GMHA) is a primary source of healthcare services in Guam and is also utilized by some of the neighboring islands in the Western Pacific.

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

Medicaid Overview

The Medicaid program in Guam differs from Medicaid programs operating in each of the 50 states and the District of Columbia. Some of the key differences are:

Guam became a territory in 1950 and its Medicaid program was established in 1975. It is a 100% fee-for-service delivery system with two hospitals currently servicing the territory. Guam elected to expand Medicaid to the Adult Group effective January 1, 2014. Effective January 1, 2021 Guam elected to cover otherwise eligible individuals who lawfully reside in Guam in accordance with the Compacts of Free Association (COFA) between the US and Micronesia, the Marshall Islands and Palau.

Expansion adults are served through an Alternative Benefit Plan, with co-payments for individuals at higher income levels. There are no deductibles or co-payments for any other populations under the Guam Medicaid program. Unlike states, Guam residents are not eligible for Medicare Part D low-income subsidies; instead the Medicaid program receives an additional grant through the Enhanced Allotment Plan (EAP) which must be utilized solely for the distribution of Part D medications to dual-eligible or low-income Medicare eligible individuals.

Through Section 1108 of the Social Security Act (SSA), each territory is provided base funding to serve their Medicaid populations. Over the past decade Congress has temporarily increased federal funding for the territories' Medicaid Programs via a number of specific statutory provisions. For federal fiscal year 2021 Guam's ceiling is $129.7 million.

Unlike the 50 states and the District of Columbia, where the federal government will match all Medicaid expenditures at the appropriate federal matching assistance percentage (FMAP) rate for that state, in Guam, the FMAP is applied until the Medicaid ceiling funds and any other specified federal funds are exhausted. The statutory FMAP rate increased to 55% effective July 1, 2011. Starting in January 2014 Congress has temporarily increased the FMAP along with federal funding, bringing Guam's FMAP to 83% for federal fiscal year 2021.

On January 1, 2023, a longstanding proposal by the Centers for Medicare & Medicaid Services (CMS) to include U.S. territories (American Samoa, Northern Mariana Islands, Guam, Puerto Rico, and the Virgin Islands) in the regulatory definitions of "States" and "United States" under the Medicaid Drug Rebate Program (MDRP) went into effect after several delays. As a result, drug manufacturers participating in the MDRP are now required to include eligible sales and associated discounts, rebates, and other financial transactions that take place in the U.S. territories in their calculations of average manufacturer price (AMP) and best price (BP).

Drug manufacturers participating in the MDRP are now required to include eligible sales and associated discounts, rebates, and other financial transactions that take place in the U.S. territories in their calculations of AMP and BP. Some manufacturers have had their systems ready for years to begin accounting for these sales, despite the number of regulatory delays. Others have required additional work to meet this deadline for implementation.

Manufacturers may wish to ensure compliance by assessing the current status of each specific U.S. territory's participation in the MDRP in order to anticipate the corresponding effect of these developments on pricing and price reporting. To date, the only U.S. territory that has confirmed its intent to participate in the MDRP is Puerto Rico, the largest of the five territories.

As of August 11, 2022, Guam had received approval for a Section 1115 waiver under the Social Security Act, though

there is no effective date for the waiver's implementation on the relevant CMS webpage. On January 9, 2023, the U.S. Virgin Islands announced its intent to request a waiver from participation under Section 1115. As of January 25, 2023, there are no waivers operational in either the Northern Mariana Islands or American Samoa, nor do these territories appear to have waiver applications pending with CMS.

Territorial participation in the MDRP can affect Medicaid rebate liability and forecasting for such liability. Manufacturers should continue to monitor the status of each U.S. territory's participation in the coming months. Importantly, eligible transactions in the territories must now be included in AMP and BP regardless of whether the territory participates in the MDRP.

Federal Allotment and FMAP Rates for FY 2021 and FY 2022 for the U.S. Territories

U.S. Territory	Federal Allotment for FY 2021 (in millions)	Current Federal Allotment for FY 2022 (in millions)	Proposed Federal Allotment for FY 2022 in BBBA (in millions)
American Samoa	$86	$88	$90
Commonwealth of the Northern Mariana Islands	$62	$64	$73
Guam	$130	$133	$140
Puerto Rico	$3,009	$2,943	$3,600
U.S. Virgin Islands	$128	$131	$135

NOTE: FMAP is the Federal Medical Assistance Percentage. ∗ = The most recent continuing resolution passed by the House that would extend FY 2021 FMAP rates will expire on March 11, 2022. Both in the Build Back Better Act (BBBA) and currently for all U.S. territories for FY 2023 and subsequent year, the federal allotment would be increased by a percentage determined by National Health Expenditure data. In BBBA, Puerto Rico's FMAP rate would increase to 83% for FY 2023 and subsequent years. Puerto Rico's FMAP rates are dependent on Puerto Rico establishing payment floors for physician services. FMAP rates for all other U.S. territories would remain at 83% for subsequent years. All FMAP rates do not include the additional 6.2 percentage point increase that is tied certain eligibility requirements in place through the public health emergency period.SOURCE: Letter from Deputy Administrator and Director, CMS, to Medicaid Director, Puerto Rico Medicaid Program (September 24, 2021); Section 122221 of the Senate Finance Committee Draft of the Build Back Better Act.

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

State Action Plan Introduction

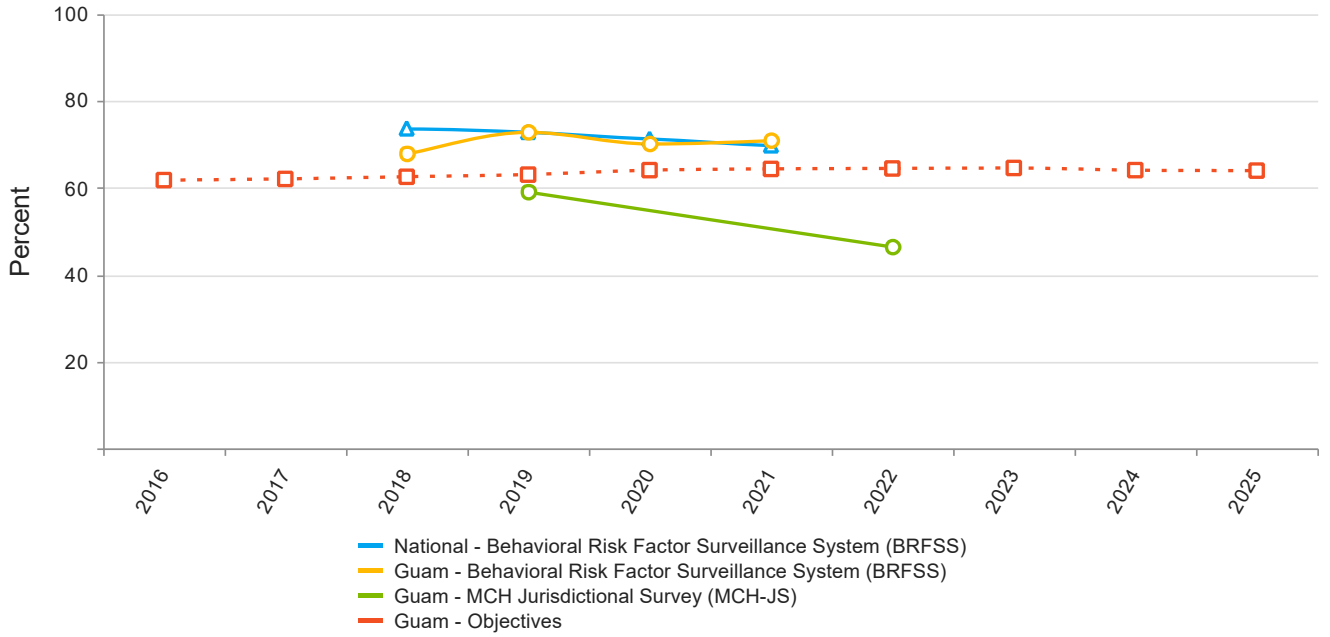
The mission of the Guam Department of Public Health and Social Services (DPHSS) is to protect, promote, and improve the health of all people in Guam through integrated state, county, and community efforts. The Title V Maternal and Child Health (MCH) Block Grant enhances the state's ability to promote prevention, capacity and systems building, public information and education, family-centered systems of care, outreach and program linkage, technical assistance to communities, and other core public health functions.

A comprehensive needs assessment was completed in 2020 that determined Guam's priorities, targeted funds to address priorities, and the methods and measures to address the priorities to meet the state's needs. The Needs Assessment informed the development of the State Action Plan with the intent of supporting and promoting the development and coordination of systems of care for women of childbearing age, infants, and children, including children with special health care needs. The priorities, strategies, and objectives set forth in the State Action Plan address national and state performance measures that align with the goals of the Title V MCH Block grant. The State Action plan emphasizes collaborative efforts with state partners, families, Institutes of Higher Education, and additional stakeholders to strengthen the health, safety, and well-being of mothers and children in Guam. The evidence-based strategies have been developed with the goal of eliminating health disparities, improving birth outcomes, and advancing the health status of women, infants, children, youth, and families.

Women/Maternal Health

National Performance Measures

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



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective			64	64.3	64.4
Annual Indicator		67.9	72.6	69.9	70.7
Numerator		19,695	21,321	20,768	20,857
Denominator		29,007	29,366	29,691	29,494
Data Source		BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year		2018	2019	2020	2021

Previous NPM-1 BRFSS data for survey year 2017 that was pre-populated under the 2018 Annual Report Year 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**	**2022**
Annual Objective		64	64.4
Annual Indicator	59.1	59.1	46.4
Numerator	24,193	24,193	19,418
Denominator	40,968	40,968	41,841
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	62.5	63	64	64.3	64.4
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			
Provisional or Final ?	Final	Final			

Annual Objectives			
	2023	2024	2025
Annual Objective	64.5	64.0	63.9

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					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	63	63.5	80	81	70
Annual Indicator	64.7	80	80	69.9	69.9
Numerator	19,338	28,300	28,300	20,768	20,768
Denominator	29,900	35,376	35,376	29,691	29,691
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2017	2019	2019	2019	2019
Provisional or Final ?	Provisional	Provisional	Provisional	Final	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	71.0	72.0	73.0

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	2021	2022
Annual Objective			20	70	71
Annual Indicator			70.3	86.2	22.4
Numerator			763	878	337
Denominator			1,086	1,018	1,505
Data Source			BFHNS	BFHNS	BFHNS
Data Source Year			2020	2021	2022
Provisional or Final ?			Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	72.0	73.0	74.0

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	2021	2022
Annual Objective			10	12
Annual Indicator		76.5	76.5	76.5
Numerator		13	13	13
Denominator		17	17	17
Data Source		MIECHV Annual Report	MIECHV Annual Report	MIECHV Annual Report
Data Source Year		2020	2020	2020
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	14.0	16.0	18.0

State Performance Measures

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

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	6.1	6	5.9	5.8	5.7
Annual Indicator	8.2	7.2	7	18.1	9
Numerator	259	219	204	477	226
Denominator	3,175	3,058	2,935	2,630	2,521
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	2018	2019	2020	2021	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	5.6	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.

Women /Maternal Health

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

National Performance Measure #1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year.

	2017	2018	2019	2020	2021	2022
Percent of women aged 18 through 44 had a preventive medical visit in the past year.	70.3	75.9	67.9	72.6	69.9	73.1

Source: Behavioral Risk Factor Surveillance System, CDC

There are many factors impacting women's health that can be complex and different, ranging from social-emotional issues, environmental impact, health insurance status, access to health care, birth spacing, and any number of other factors, including the social determinants of health in which individuals are hereditary, grow to, live with, worked with, and related to age. Improving women's health throughout the lifespan is essential to enhancing Guam's women's health and wellness.

Improving the domain of women's/maternal health is crucial to selecting NPM #1 during the Five-Year Needs Assessment. During the 2020 Needs Assessment, stakeholders were vocal about improving the health of women of childbearing age. Many comments related to obesity, tobacco use, substance use, and morbidity that lead to early deliveries were discussed. The 202 Needs Assessment priority ranking process underscored the importance of improving birth outcomes and health for Guam women.

Guam MCH continues to prioritize increased access and utilization of preventive health care services for women of reproductive age. According to the 2021 Guam Behavioral Risk Factor Surveillance System (BRFSS), 73.1% of women on the island had a routine check-up within the past 12 months. There are clear visit gaps for women who are Medicaid-eligible. Women with an annual income of less than $25,000 (52.6%) were less likely to visit the doctor regularly than those with a yearly income between $25,000 and $49,999 (66.7%) or those above or equal to $50,000 (73.4%). Low-income women experience health inequities that increase their risk of unintended pregnancy. This risk can be influenced by cultural, economic, and social factors and may be linked to unmet reproductive health needs that increase the likelihood of infant and maternal mortality rates in Guam.

Well-women visits are essential to a woman’s overall health and well-being. It provides an opportunity to receive recommended clinical preventive services, discuss their health, and prevent or help identify serious health concerns before they become life-threatening.

Women receive MCH clinical services a Nurse Practitioner (NP) provides during their visits. These services include; risk fact assessment, immunization update, reproductive conselling, and health education, as well as providing breast exams, assessment of physical, psychosocial function. As well as providing, breast examinations, and STD/HIV screening and education, and birth control methods. The NP discusses their reproductive health plans with the women and provides a broad range of family planning methods, pregnancy testing, and referral, as necessary.

In 2022, the MCH Women's Clinic (WHC) saw 1,505 women, an increase of 41.6% from the previous year. The largest age group to be seen in the WHC were women within the age group 20-24 years old at 36%, followed by women aged 25-29 at 27%, the age group 30-34 years at 24%, and lastly, the age group 15-19 years at 13%. The most significant proportion of women seen at the WHC were Chuukese women at 46%, Chamorro women at 20%, and Pohnpeian women at 16%.

A pregnancy test detects urine chorionic gonadotropin (UCG) in the urine and confirms or rules out pregnancy. In 2022, The MCH UCG Clinic tested 298 women for pregnancy, with 83.4% testing positive. The age group 20-24 was the largest age group to test positive at 38%, followed by 25-29 at 24% and the age group 15-19 at 14.2%. There were significant differences in ethnicities testing positive for pregnancy, with the largest ethnic group being Chuukese women at 45.3%, Chamorro women at 21%, and Filipino women at 11.4%.

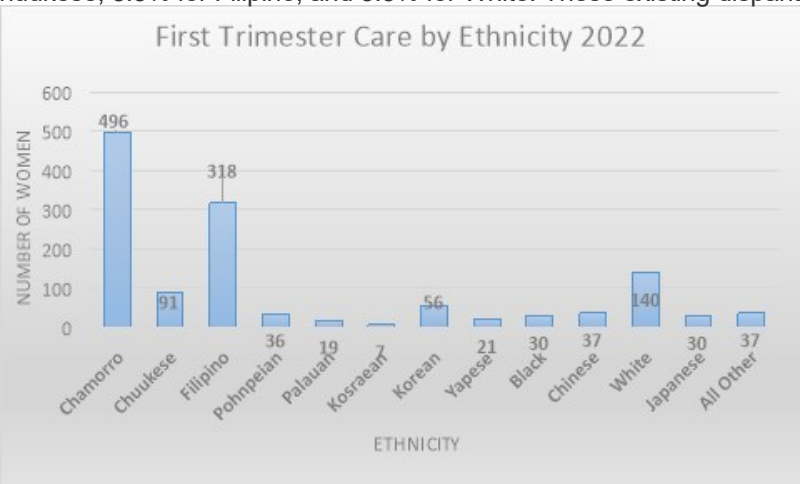
The pregnant woman's prenatal interview and examination (PNI & E) should be the building block of a healthy pregnancy. The PNI & E includes pregnancy confirmation, maternal and fetal health assessment, and developing a plan for continued prenatal care. In 2022, MCH saw 228 women for a PNI & E appointment, and this was a decrease of 23.3% from 2021. Of the women seen, 46% were Chuukese women, followed by Chamorro women at 20% and Pohnpeian women at 16%.

The effect of early prenatal care is strongest for high-risk groups such as teens and low-income women. The Kessner Index is a standard measure of prenatal care based on information obtained from birth certificates. It combines information on the month prenatal care began, the gestational age at birth, and the number of prenatal visits.

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

Although Guam women are engaging in some preventive care services, rates of women accessing prenatal care are significantly lower. For 2022, slightly over half (52.2%) of the live births were to women who had initiated prenatal care during the first trimester of pregnancy,

In 2022, the overall percentage of adequate prenatal care based on the Kessner Index was 49.6%. Specific race/ethnicity-related rates for adequate prenatal care for 2022 were 17.8% for Chamorro women, 8.6% for Chuukese, 8.5% for Filipino, and 5.3% for White. These existing disparities align with the need for Guam Title V to improve NPM #1 by focusing on pre-conception and early prenatal care. Improving access to prenatal care is essential to promoting the needs of Guam mothers, infants, and families. Early and adequate prenatal care is crucial to a healthy pregnancy and birth outcome because it offers the best opportunity for risk assessment, health education, and the management of pregnancy-related complications and conditions.



Moreover, preconception care is a critical component of prenatal and health care for all women of reproductive age. The main goal of preconception care is to provide health promotion, screening, and interventions for women and reduce risk factors that might affect future pregnancies. Given the relationship between pregnancy intention and early initiation of prenatal care, assisting women in having a healthy and planned pregnancy can reduce the incidence of late prenatal care and promote NPM #1.

The Guam Family Planning Program's (GFP) mission is to ensure that all Guam people have access to high-quality, affordable reproductive health care, comprehensive sexual health education, and the right to control their reproductive lives. The GFP provides affordable, gender-affirming reproductive health care services for all individuals in Guam.

In 2022, the GFP saw 337 MCH clients. Continuing collaboration between the GFP and Title V provides an opportunity to improve care for MCH clients by maximizing reproductive health services by providing information and services to prevent, test, and treat sexually transmitted diseases. Furthermore, out of the 337 women seen by the GFP program, 27% tested positive for pregnancy.

The GFP provided adolescents with various acceptable and effective medically approved family planning methods and services. Approximately 13% of all clients were among the adolescent population.

In early 2022, the GFP initiated an initiative to integrate family planning into a broader set of services. During this process, the team (including Title V) identified a need to improve and increase male access to family planning services.

The GFP team further recognized that male family planning services are essential for many reasons. These services can:

- Raise males' awareness of how they can protect their health.

- Reduce males' chances of unintended fatherhood or contracting sexually transmitted infections.
- Support better health outcomes for males, their partners, and potential offspring.
- Lead male clients to potentially build healthier relationships and those with female partners to increase support for contraceptive use.
- Saving money by focusing on prevention instead of treatment.

While progress has been made regarding the teen birth rate, and it has experienced a steady decline in teen births of 15-19-year-olds, in the past five years and prior, Guam continues to struggle with high teen birth rates compared to the national rates. Historically, Guam's teen birth rate ranks higher than the U.S.

Another alarming finding is the number of births to Guam children under age 15, reinforcing the need for earlier intervention with child abuse and education at younger ages regarding sexual intercourse. Guam Youth Risk Behavior Surveillance (YRBS) data shows that at least 8.8% of middle school students reported having sexual intercourse in the past three years.

The adverse effects of parental smoking and now Vaping, that their children have been a clinical and public health concern for decades and were documented in the 1986 U.S. Surgeon General's Report. Unfortunately, millions of children are exposed to secondhand smoke in their homes. These children have an increased frequency of ear infections, acute respiratory illness and related hospital admission during infancy, asthma, and asthma-related problems, and lower respiratory tract infections leading to 7,500 to 15.,000 hospitalizations nationally annually in children under 18.

Guam Title V collaborates with the Non-Communicable Disease Prevention and Control Program – Tobacco Prevention and Control Program (TPCP). The Guam TPCP goals mirror the National Tobacco Control goals: prevent initiation among youth and young adults and eliminate exposure to secondhand smoke.

The estimated proportion of current smokers in the 2021 BRFSS follows an income and educational gradient. Higher proportions of women of lower household income are more likely to report current smoking than higher income households with less than $15,000 reporting current household smoking at 25.5%, those with incomes of $15,000 - $24,999 at 26.4%, those with revenue at $25,000 - $34,999 at 23.9% compared to those with an annual income of $35,000-$49,999 at 19.5% and those at $50,000 and over at 15.2%.

Home visitors promoted smoking cessation for all primary caregivers who reported smoking at enrollment and subsequent 6-month periods during enrollment. Guam's home visiting program "Project Bisita" specifically tracks annual performance data on the percentage of primary caregivers who reported smoking and/or using other tobacco or nicotine products, including e-cigarettes, at enrollment. Caregivers were provided tobacco cessation referrals for counseling services within three months of registration. In addition, home visitors were provided information and resources on tobacco cessation to share with enrolled participants, such as the 1-800 Quit Now. In FY'21, this percentage was 50.2%.

With this in mind, through the 2020 Needs Assessment, a State Performance Measure (SPM) was created, "Percent of Women of Reproductive Age Who are Current Smokers." Overall, 22.5% of women with a live birth smoked cigarettes three months before becoming pregnant.

2022 Live Births with Mothers That Smoked

	2020	2021	2022	% Increase/decrease from 2020
Smoked three months before pregnancy	4.5%	5.8%	4.3%	4.4↓
Smoked 1st Trimester	3.1%	4.6%	3.2%	3.2↑
Smoked 2nd Trimester	2.6%	3.9%	2.7%	3.8↑
Smoked 3rd Trimester	2.5%	3.6%	2.3%	8↑

Source: DPHSS OVS Birth Certificates

Other Women's Health Activities

Guam's Maternal, Infant, and Early Childhood Home Visiting Initiative (MIECHV)

Guam's MIECHV Program, Project Bisita I Familia (Chamorro to "visit the family"), provides evidence-based home visiting services to pregnant and parenting families in 8 Guam villages. Project Bisita aims to improve the lives of children and families by supporting parenting, improving maternal and child health, and promoting child development and school readiness. Project Bisita supports emotional wellness and social connectedness among program participants in several ways.

Project Bisita home visitors and supervisors attended a virtual training on common mental health concerns, strategies for supporting parents who experience mental health challenges, and thoughtful self-regulation techniques to help home visitors when working with parents experiencing mental health challenges.

Project Bisita holds group series (Parent Cafés) to facilitate family connections. Project Bisita identifies topics (such as "Being a Strong Parent" and "Building Strong Relationships with Your Children") based on the needs and interests of their participants and the larger community.

Depression Screening

Project Bisita Home visitors screen all prenatal enrolled clients within three months of delivery. Primary caregivers not registered prenatally are screened within three months of enrollment. Home visitors utilize the Edinburgh Postnatal Depression Scale screening tool at these prescribed time points, and anytime they recognize potential symptoms of depression. Individuals who screen positive are provided support by home visitors through their curriculum (Parents as Teachers and Healthy Families America) models. This intervention promotes healthy mood management by teaching pregnant women and new moms how to respond effectively to stress. These needing further assistance are referrd to Guam Behavior Health and Wellness Programs.

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

WIC serves pregnant women who recently had a baby or are breastfeeding, infants, and children up to age five years. To qualify for WIC benefits, the applicant must meet income guidelines and have at least one nutritional risk documented. Benefits provided by WIC include quality nutrition education and services, breastfeeding promotion and support, referrals to maternal and child healthcare services and other assistance agencies, and supplemental foods prescribed as monthly food. Supplemental foods include fresh fruits and vegetables, whole grains, dairy, protein sources, juice, infant formula, and specialized formulas ordered by physicians. Guam WIC issues electronic food instruments, with each family member receiving a eWIC card to purchase WIC-approved foods. In response to Covid 19, Guam WIC implemented several federally authorized WIC waivers to ensure participant safety. These included social distancing, remote benefits issuance, and separation of duties, all of which enabled WIC benefits to be issued remotely. For certain participant groups, benefits are automatically given each month without action from the participant. Participants in need of regular nutrition assessments were able to receive benefits via a remote telephone appointment.

Reproductive Rights

On June 24, 2022, the U.S. Supreme Court ruled on Dobbs v Jackson Women's Health Organization, which effectively overturned Roe v Wade and has the potential to impact reproductive rights and the Title V population, with health implications for pregnant women, children, and families. Abortion remains legal in Guam. Several bills have been brought up in legislative sessions to restrict abortion access. However, the Governor of Guam has publicly stated that she would veto any passed bill. According to the Robert Wood Johnson Foundation (RWJF), access to safe and high-quality reproductive medical care, including abortion, is an essential element of comprehensive health care and health equity, and restricting access to abortion compromises the health of pregnant women. RWJF says limiting access to abortion increases maternal mortality by nearly%, and women denied abortions are more likely to experience economic hardships. According to the World Health Organization (WHO), 23,000 women die from unsafe abortions each year, and a recent University of Colorado study estimated that banning abortion in the U.S. would lead to a 21% increase in the number of pregnancy-related deaths overall. Furthermore, the Association of Maternal and Child Health Programs (AMCHP) poor maternal health outcomes disproportionately impact women with low incomes, women of color, and women in rural communities.

Utilizing the Centers for Disease Control and Prevention's (CDC) Behavioral Risk Factor Surveillance System

Survey (BRFSS), Bensyl, Iuliano, Carter, et al. (2002) examined contraceptive use throughout the US and Territories. For Guam, reliable BRFSS estimates were available for women aged 25-34 and 35-44 and men aged 25-34. The most common birth control methods reported by women in Guam aged 25-34 were birth control pills (41%), followed by tubal ligation (23.9%), condoms (7.5%), shots (4.5%), and vasectomy (4.5%). For women aged 35-44, the most common methods used were tubal ligation (47%), followed by birth control pills (25.4%), vasectomy (9.2%), shots (4.9%), and condoms (4.2%). For men ages 25-34, the most common birth control methods reported were birth control pills (41.1%), condoms (37.4%), tubal ligation (7.7%), and shots (4.9%).

A more recent assessment of contraceptive use in the US Affiliated Pacific Islands (including Guam) was conducted by Green, Ntansah, Frey, et al. [AE1](2020) in the context of possible Zika virus infection. They found that jurisdictional representatives reported that the most common available contraceptive methods used on Guam included (in no particular rank order): injectable, pills, patches, vaginal rings, condoms, and sterilization. This study also found that contraceptive prevalence was estimated to be 53.6% for any methods and 44.5% for modern methods (female and male sterilization, the IUD, the implant, injectable, oral contraceptive pills, male and female condoms, and vaginal barrier methods). Green, Ntansah, Frey, et al. also estimated that Guam's unmet need for family planning [AE2]was 16.8% (CI 9.4%-25.7%) in 2015.

Maternal Mortality

Maternal mortality is the death of a woman during pregnancy, childbirth, or the postpartum period, and it serves as a sensitive indicator of the quality of a community's health and health care. Many different definitions of maternal mortality are used to track and analyze deaths in other contexts, but Guam uses the following standard definitions from the Centers for Disease Control and Prevention (CDC):

Pregnancy-Associated Death - the death of a woman during pregnancy or within one year of the end of pregnancy from any cause.

Pregnancy-Related Death - The death of a woman during pregnancy or within one year of the end of a pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.

Upon review of death certificates, there were 40 maternal deaths in the US Territory of Guam from 1968 to 2021, resulting in very high maternal mortality ratios (MMR) during the years when there were maternal deaths. The MMR during the past 50 years in Guam ranged from a low of 22.6 in 1994 to a high of 304.2 in 2021. The three-year average for 2017-2019 was 74.0, and the 5-year average for 2017-2021 was 113.1. Compiling 10-year averages for MMR reduces the MMR; however, the MMR 10-year average from the most recent ten-year period, 2008-2017, at 29.4, is still higher than the US MMR of 23.8 in 2020. Although the MMR fluctuates since there are many years with no maternal deaths in Guam, the MMRs are still very high for Guam compared to the US, and the number of maternal deaths and the MMR has been increasing in the past ten years, following the national trend.

Guam's Maternal and Child Health Program is continuing initiatives to address infant, fetal, and maternal mortality in Guam. In 2022, the Territory of Guam was 1 of 8 states (and the only Territory) to receive a grant award from the Centers for Disease Control and Prevention (CDC) to create a Maternal Mortality Review Committee (MMRC) to assess why there is such high maternal mortality on Guam.

A Maternal Mortality Review Committee (MMRC) is a group of professionals and partners who serve pregnant and postpartum women and who collectively review these deaths and examine factors that led to the death. The MMRC aims to determine if the death is related to the pregnancy and if it could have been prevented. The committee then

provides recommendations that could prevent future deaths and protect the health and well-being of women during and after pregnancy.

On a typical week for our FNP who sees our MCH Women's Health Clinic are: Teen pregnancies, Advanced age pregnancies, primigravids over 40s, Anemia patients, Gestational Diabetes, a patient that is needing a Non- Stress Test, a preeclampsia, a positive client with Chlamydia, a with Twins pregnancies, patient that smokes, vapes, and chews betel nut, a mother who just loss her baby, an Obese patients, a patient that needs rhogam or a patient with MODY 2 is maturity-onset diabetes of the young adult.

The MCH High-risk prenatal patients are referred to NRCHC Women's Clinic for prenatal services. Accessing and referrals to this clinic is done in an efficient and timely manner. The FNP has good communication/rapport with both OB/GYN providers from Northern Community Health Centers; Dr Meadows and Carlo Losinio CMW-PhD. They are also available for consultation as needed. The patients are charged based on a sliding fee, and even the patients who have difficulty affording care are able to be seen.

A new challenge is addressing OB care of obese patients. This group of patients are at risk of not only Gestational diabetes, high blood pressure, large babies, blood clots-but also fetal, miscarriage, stillbirths. Weekly NST are recommended later in pregnancy to ensure a good outcome.

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

The following programs were added to the taskforce: the DPHSS Medical Advisor, the Medicaid State Office to look at increasing their Medicaid provider visits fees so providers can increase their interest to seeing more prenatal Medicaid clients, Guam Memorial Hospital Authority (GMHA), to discuss other ways to recruit local medical physicians on island, and draft their scope of work of a OB/GYN, the United States Naval Hospital of the Pacific Commander to explore ideas how the off-duty physician can contribute to the crisis. With the Leadership from the Governor's Office Chief of Staff on Health, to assist in bringing in the leaders in the different clinics on Guam together and accomplish the goal of recruiting more OB/GYN providers to the DPHSS clinics. So, in November 2022, the DPHSS had hired a part-time OB/GYN doctor from the US Naval Hospital staff to assist in providing High-Risk OB/prenatal care clients at least once a week in the OB/GYN clinics. Page 1 of 1 pages Created on 7/31/2023

[AE1]provide brief explanation on how they obtained their data

[AE2]what is the definition of this "unmet need for family planning?"

Women/Maternal Health - Application Year

Improving access and utilization of preventive health care services for women of reproductive age continues to be a priority for Guam. Health literacy is also a priority needed to support women in improving their health. A review of Guam's birth data indicates that women's health before and during pregnancy significantly influences infant mortality and other poor birth outcomes. Women who did not initiate prenatal care were more likely to have a pregnancy that resulted in a preterm birth vs. those who initiated prenatal care during their first trimester.

If more women in Guam engage in primary preventive health care, clinicians and other health professionals may offer in providing routine screenings, identifying health risks, offering preventive care such as immunizations and contraception, treating chronic and acute disorders, and linking to support services that may be needed. This will require strategies to address implicit bias, discrimination, and negative perceptions of care.

In the upcoming year, Title V will support activities to meet or exceed the CDC guidelines for the percent of initial cervical screening tests to increase opportunities to provide well-women or preconception visits. Title V will support the Guam Breast and Cervical Cancer Screening Program to provide breast and cervical cancer screening services to low-income, uninsured, and underinsured women to reduce health disparities for priority population groups, including women with cultural/language barriers, women aged 40 to 64 for breast cancer screening, women aged 21 to 64 for cervical cancer screening, those who have never or rarely been screened such as lesbian, gay, bisexual or transgender, queer/questioning (LGBTQ) and allies, and those with limited access.

With the Title X Family Planning Program, MCH will continue the partnership to implement family planning and reproductive health services to low-income and other higher-need women, including those living in underserved areas or without a reliable form of health insurance and their partners. Services provided include family planning and reproductive health education; counseling on birth control methods and provision of birth control methods; screening for pregnancy and STD; and referral to other clinical or social services.

MCH will continue to coordinate with the STD/HIV Program to ensure that we align program activities to reduce the incidence of sexually transmitted infections before, during, and between pregnancies.

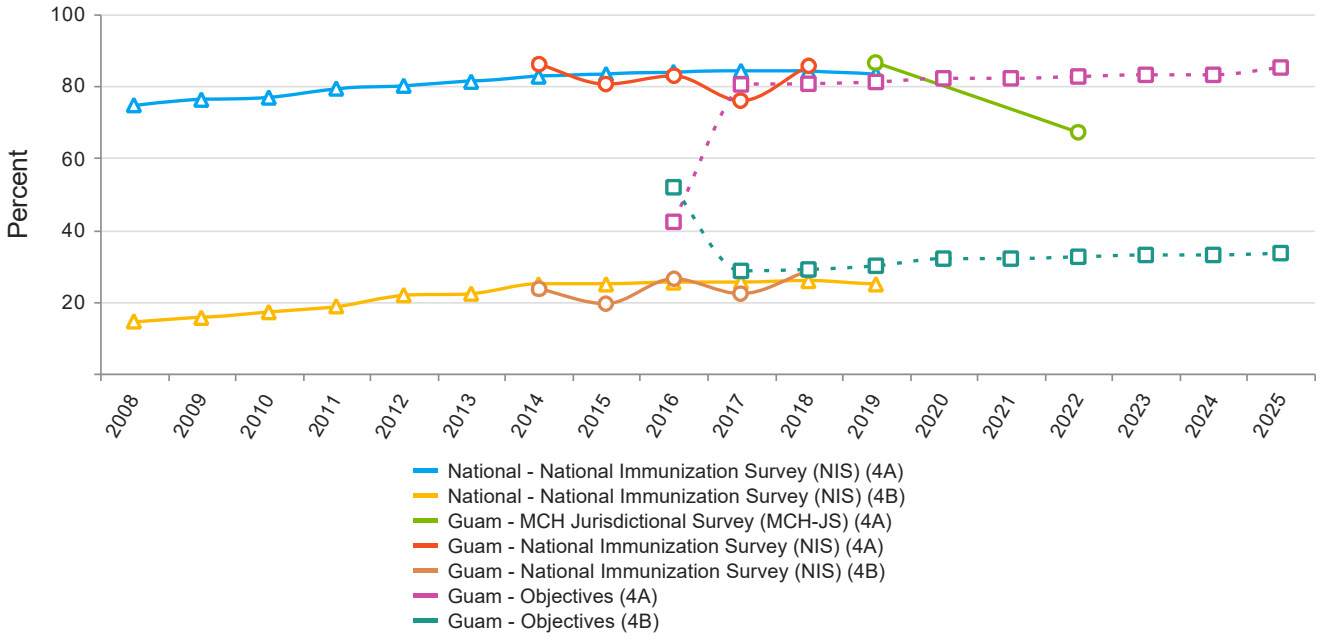
Title V is committed to helping Guam residents reach their fullest health potential by living tobacco-free lives by prioritizing State Performance Measure # 4. Title V will promote the Tobacco Prevention Program to bring awareness to the dangers of tobacco while also providing free resources that help to quit and the Tobacco Quitline, which offers 24 hours a day, seven days a week telephone counseling. Pregnant tobacco users ready to quit will receive expanded services and a nicotine replacement kit with a medical release.

The Guam Maternal Mortality Review Committee (MMRC) is a system of surveillance that collects and analyzes information related to maternal deaths to promote system improvements through evidence-based actions to prevent future untimely deaths. The MMRC will review all pregnancy-associated deaths and determine which are pregnancy related, identify the cause(s), contributing factors, and preventability. The MMRC received CDC grant funding to support the Maternal Mortality Review Information Application (MMRIA) database to capture maternal mortality data and recommendations. With MMRIA, the MMRRC is working towards systematic analysis and sharing information about the multi-factorial issues that cause disparities in maternal deaths.

Perinatal/Infant Health

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)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	80.5	81	82	82	82.5
Annual Indicator	80.6	82.9	76.0	85.6	85.6
Numerator	2,011	2,343	1,801	2,237	2,237
Denominator	2,496	2,826	2,371	2,613	2,613
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2018

Federally Available Data			
Data Source: MCH Jurisdictional Survey (MCH-JS)			
	2019	**2020**	**2022**
Annual Objective	81	82	82.5
Annual Indicator	86.2	86.2	67.2
Numerator	14,472	14,472	11,642
Denominator	16,790	16,790	17,317
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	80.5	81	82	82	82.5
Annual Indicator	79.1	83.5			81
Numerator	1,340	1,373			1,022
Denominator	1,693	1,645			1,262
Data Source	WIC	WIC			WIC
Data Source Year	2018	2019			2022
Provisional or Final ?	Provisional	Provisional			Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	83.0	83.0	85.0

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

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	29	30	32	32	32.5
Annual Indicator	19.4	26.4	22.4	28.7	28.7
Numerator	479	731	501	731	731
Denominator	2,470	2,767	2,237	2,548	2,548
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2018

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	29	30	32	32	32.5
Annual Indicator	2.9	4.5			4.9
Numerator	44	65			58
Denominator	1,509	1,432			1,185
Data Source	WIC	WIC			WIC
Data Source Year	2018	2019			2022
Provisional or Final ?	Provisional	Provisional			Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	33.0	33.0	33.5

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	2021	2022
Annual Objective			2	4	6
Annual Indicator			0	0	0
Numerator			0	0	0
Denominator			5	5	4
Data Source			MIECHV Annual Report	MIECHV Annual Report	MIECHV Annual Report
Data Source Year			2020	2020	2022
Provisional or Final ?			Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	6.0	6.0	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	2021	2022
Annual Objective			2	3
Annual Indicator		0	0	0
Numerator		0	0	0
Denominator		2	2	2
Data Source		NCD Consortiuum	NCD Consortiuum	NCD Consortiuum
Data Source Year		2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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	2021	2022
Annual Objective			10	12
Annual Indicator		0	0	0
Numerator		0	0	0
Denominator		671	997	1,022
Data Source		WIC	WIC	WIC
Data Source Year		2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	14.0	16.0	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					
	2018	2019	2020	2021	2022
Annual Objective	11	10	9	8	7.5
Annual Indicator	10.1	9.8	7.8	15.6	10.7
Numerator	32	30	23	41	27
Denominator	3,175	3,058	2,935	2,630	2,521
Data Source	Guam 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	2018	2019	2020	20121	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	7.0	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

Priority Need – To reduce infant mortality and morbidity.

National Performance Measure – 4 A) Percent of infants ever breastfed; B) Percent of infants breastfed exclusively through 6 months.

	2017	2018	2019	2020	2021	2022
NPM 4 a						
Objective	80.3	80.5	81.0	82.0	82.0	82.5
Indicator	86.0	80.6	82.9	76.0	85.6	85.6
NPM 4 b						
Objective	28.6	29.0	30.0	32.0	32.0	32.5
Indicator	23.5	19.4	26.4	22.4	28.7	28.7

The American Academy of Pediatrics (A.A.P.) recommends that 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 can reduce the risk of asthma, obesity, S.I.D.s, diabetes, ear infections, and respiratory diseases. For mothers, breastfeeding can reduce feelings of anxiety and post-partum depression, reduce post-partum hemorrhage, and may decrease the likelihood of developing breast, uterine, and ovarian cancer. Human milk remains the optimal source of nutrition for the first months of life.

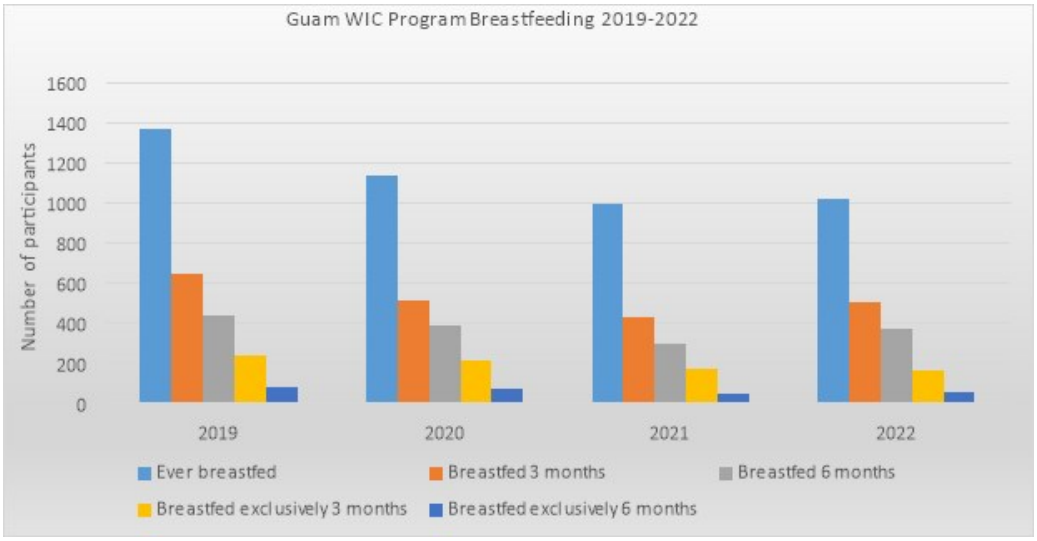
According to the National Immunization Survey (N.I.S.), in 2018, Guam's initiation rate for breastfeeding was 85.6 (CI 77.4 - 91.2). This meets Guam Title V's objective of 82%. Guam's breastfeeding exclusivity rate through six months was 28.7 (CI 21.1 – 37.7), and the Title V objective was 32%.

Data from the 2022 Guam Birth Certificates indicated that 82.6% of mothers initiated breastfeeding at hospital discharge. Chamorro women had the highest breastfeeding initiation rate at 36.6%, followed by Chuukese (18.7%) and Filipino (18.2%) women. Carolinian (0.02%), Kosraean (0.7%), and Japanese (1.5%) women had the lowest breastfeeding initiation rates among mothers that delivered in 2022.

The Special Supplemental Nutrition Program for Women, Infants, and Children (W.I.C.) is a short-term intervention program designed to influence lifetime nutrition and health behaviors in a targeted high-risk population. W.I.C. mothers are strongly encouraged to breastfeed their infants unless there is a medical reason not to. W.I.C. staff are trained to promote breastfeeding and provide the necessary support to new breastfeeding mothers and infants.

The average breastfeeding rate six months post-delivery among Guam W.I.C. participants in 2022 was 36.4%. That rate exceeded the Healthy People 2030 goal of 24.9% (2019), and the Guam Title V set an objective of 32%. The breastfeeding duration rates for exclusively breastfed infants among Guam W.I.C. participants are significantly lower than overall breastfeeding rates. W.I.C. participants often need more access to workplace breastfeeding accommodations and return to work earlier in the post-partum period, constraining participants' ability to maintain breastfeeding, especially exclusive breastfeeding. W.I.C. data from 2022 shows that 15.8% of participants

exclusively breastfed for three months, and 5.6% solely breastfed for six months.



Source: Guam W.I.C. Program

The W.I.C. Breastfeeding Support Program supports families to meet their breastfeeding goals by pairing with peer counselors and parents with "lived" personal experience feeding their children. Peer Counselors are recruited from their communities, often speak the same language, and have similar life circumstances and experiences as their clients. Guam peer counselors improve health by increasing breastfeeding initiation, exclusivity, and duration.

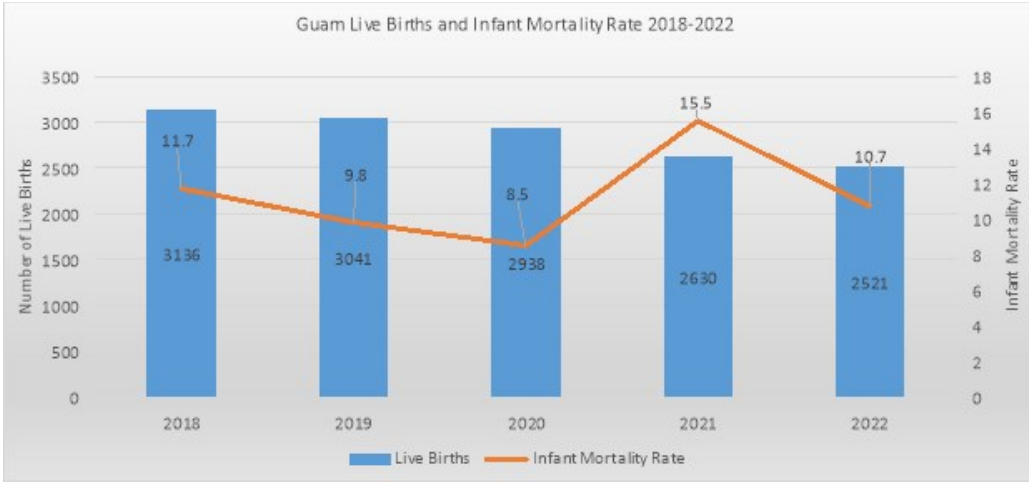
The continuation of the Covid 19 pandemic continued to impact W.I.C. families and their breastfeeding rates. Research is emerging evaluating the negative impact of the pandemic on breastfeeding, particularly among under-resourced populations. Multiple factors are believed to contribute to the disruption in breastfeeding support resulting in decreased breastfeeding rates, including but not limited to the trouble of hospital practices around breastfeeding, decreased in-person appointments, and mixed messaging received by parents across the safety of Covid 19 and breastfeeding.

Improving breastfeeding rates across all races/ethnicities and reducing inequities remain significant public health goals. The poor breastfeeding practices may stem from a range of interrelated historical, cultural, social, economic, and psychosocial factors, as well as suboptimal policies and breastfeeding programs in specific settings. Many sociodemographic factors are associated with an increased likelihood of breastfeeding, such as maternal age, marriage, higher maternal education level, and access to private insurance.

Priority Need – To reduce infant mortality and morbidity.

State Performance Measure 3 – The rate of infant deaths between birth and one year of life.

	2017	2018	2019	2020	2021	2022
S.P.M. 3						
Objective	11.3	11	10	9	8	7.5
Indicator	8.5	10.1	9.8	7.8	15.6	13.4



The loss of an infant is an inconsolable pain that no parent should ever endure. While tragic, infant mortality rates and patterns are essential metrics to measure the overall health of a community. Measuring and understanding why infant death occurs to the most vulnerable population members is a mission of utmost importance for any society. The U.S. Centers for Disease Control and Prevention defines infant mortality as death that occurs before a child lives for one year.

Source: DPHSS OVS

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

It is important to note that ethnic/racial breakdowns in analyses are used to analyze how the experience of living as a person that identifies with an ethnic/racial group affects their health outcomes. This includes cultural practices, prejudices they experience that could affect their quality of life, and so on. Thus, race is not a biological metric but a sociological one. Chamorro's made up 37% of births in the time period 2018 to 2022. For every 1,000 births from mothers who identified as Chamorro from 2018 to 2022, 10.7 Chamorro infants would pass away before reaching 12 months of age, making up 35% of all infant deaths.

Following Chamorro births, Chuukese births were 15% of births in 2018-2022. The Chuukese population in Guam has been quickly growing since the Compact of Free Association, which has allowed individuals from the Federated States of Micronesia to work in the U.S. However, infant mortality outcomes have been exceptionally high for minority Micronesians in Guam. For every 1,000 births from mothers who identified as Chuukese from 2018 to 2022, 17.7 Chuukese infants would pass away before 12 months. Despite only 19% of births, Chuukese infants were 30% of all infant deaths. The odds of infant deaths for Chuukese infants during 2018-2022 were 83% greater than for other infants. Mothers who identified as Pohnpeian also experienced very high rates of infant mortality. Pohnpeian births were only 3.3% of births during 2018-2022 but experienced 7.5% of infant losses. Pohnpeian mothers giving birth during 2018-2022 had 140% greater odds of experiencing an infant loss than all other ethnicities.

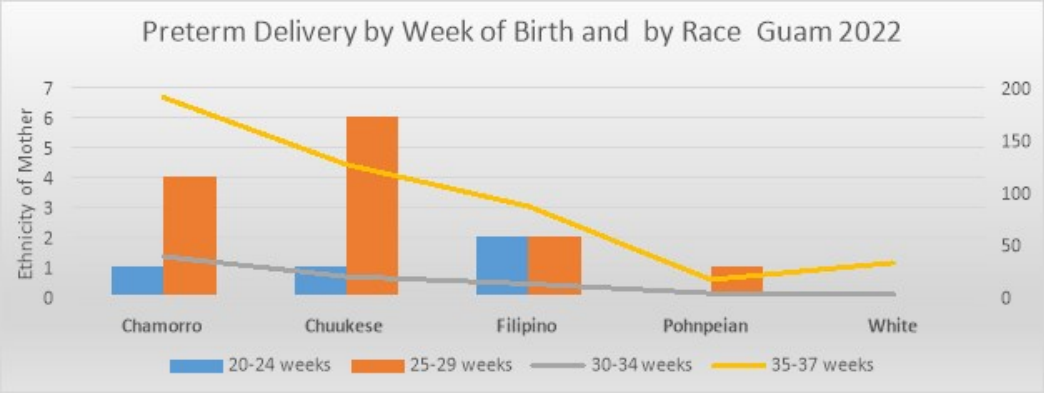
After Chamorro and Chuukese births, 17% of the births were from Filipino mothers. They experienced a crude infant mortality rate of 9.2 deaths per 1,000 births. Filipino mothers had 21% lesser odds of experiencing an infant death than mothers of other ethnic backgrounds during 2018-2022 (p-value = .40 95% CI .47 – 1.26). This association is insignificant because the p-value is much more significant than 0.05, and the 95% confidence interval contains the null value of 1. Regardless, after 2018, Filipino mothers experienced yearly infant mortality rates below the overall infant mortality rate.

Prematurity is the broad category of neonates born less than 37 weeks gestation.

There are sub-categories of preterm birth based on gestational age:

- extremely preterm (less than 28 weeks)
- very preterm (28 to less than 32 weeks)
- moderate to late preterm (32 to 37 weeks).

Preterm birth is the leading cause of neonatal mortality and the most common reason for antenatal hospitalization. Although the causes of preterm birth are complex, risk factors include maternal smoking and substance abuse, adolescent pregnancy, bleeding in pregnancy, and premature rupture of membranes. High-quality preconception and prenatal care are key factors in preventing preterm delivery. Furthermore, social determinants can significantly influence a woman's likelihood of premature delivery.



Source: DPHSS OVS

Preventing deaths and complications from preterm birth starts with a healthy pregnancy. WHO's antenatal care guidelines include key interventions to help prevent preterm birth, such as counseling on a healthy diet, optimal nutrition, and tobacco and substance use; fetal measurements, including the use of early ultrasound to help determine gestational age and detect multiple pregnancies; and a minimum of 8 contacts with health professionals throughout pregnancy – starting before 12 weeks – to identify and manage risk factors such as infections.

Infants born very early are generally not considered viable until after 24 weeks gestation. This means that if you give birth to an infant before they are 24 weeks old, their chance of surviving is usually less than 50 percent. Some infants are born before 24 weeks gestation and do survive.

Source: DPHSS OVS

An infant's birth weight is the first weight recorded after birth, ideally measured within the first hours after birth, before

significant postnatal weight loss has occurred. Low birth weight (L.B.W.) is defined as a birth weight of less than 2500 g (up to and including 2499 g), as per the World Health Organization (WHO)[1]. This definition of L.B.W. has been in existence for many decades. In 1976 the 29th World Health Assembly agreed on the currently used definition. Before this, the definition of L.B.W. was '2500 g or less. Low birth weight is further categorized into very low birth weight (V.L.B.W., <1500 g) and extremely low birth weight (E.L.B.W., <1000 g)[2]

Low birth weight is a valuable public health indicator of maternal health, nutrition, healthcare delivery, and poverty. Neonates with low birth weight have a >20 times greater risk of dying than neonates with a birth weight of >2500 gm. [3],[4]. Low birth weight is also associated with long-term neurologic disability, impaired language development, impaired academic achievement, and increased risk of chronic diseases, including cardiovascular disease and diabetes. Preterm infants carry additional risk due to the immaturity of multiple organ systems, including intracranial hemorrhage, respiratory distress, sepsis, blindness, and gastrointestinal disorders. Preterm birth is the leading cause of all under-5 child mortality worldwide. [5].

In addition, economic studies in low-income settings have demonstrated that reducing the burden of low birth weight would have important cost savings for the health system and households.

---

[1] Organization W.HW.H. International statistical classification of diseases and related health problems, tenth revision, 2nd ed. World Health Organization; 2004.

[2] Organization W.HW.H. International statistical classification of diseases and related health problems, tenth revision, 2nd ed. World Health Organization; 2004.

[3] Kramer M.S. Determinants of low birth weight: methodological assessment and meta-analysis. *Bull World Health Organ.* 1987;**65**(5):663–737.

[4] Badshah S., Mason L., McKelvie K., Payne R., Lisboa P.J.P.J. Risk factors for low birth weight in the public hospitals at Peshawar, NWFP-Pakistan. *B.M.C. Pub Health.* 2008;**8**:197.

[5] You D., Hug L., Ejdemyr S., Idele P., Hogan D., Mathers C. Global, regional, and national levels and trends in under-5 mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the U.N.U.N. Inter-agency Group for Child Mortality Estimation. *Lancet.* 2015;**386**(10010):2275–2286

Perinatal/Infant Health - Application Year

The American Academy of Pediatrics recommends that 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 infants. For infants, breastfeeding reduces the risk of asthma, obesity, SIDs, ear infections, and some respiratory diseases. For mothers, breastfeeding can reduce feelings of anxiety and postnatal depression, reduce post-partum hemorrhage, and decreases the likelihood of developing breast, uterine and ovarian cancers. Human milk remains the optimal source of nutrition for the first months of life.

The Title V needs assessment revealed that breastfeeding is a critical MCH issue for Guam's mothers and infants. Needs assessment themes showed that families want more breastfeeding support and education. The Covid 19 pandemic has highlighted the need to ensure emergency preparedness plans support access to human milk in communities disproportionately impacted by Covid 19. MCH will continue to collaborate with WIC to address health equity, especially in relation to dismantling barriers to breastfeeding.

There was a significant decrease in breastfeeding duration rates. The Covid 19 pandemic likely had an impact on these rates. The WIC anticipates these rates to remain steady or possibly even decrease again due to the pandemic's continued impact on standard practices in clinical settings and within the community, as well as the impact of the stress of living with a prolonged pandemic on the breastfeeding population.

The Guam WIC Program continues to be committed to helping families have positive, successful breastfeeding experiences. WIC will continue to provide resources such as FAQ sheets, handouts, and videos that provide information on various breastfeeding-related topics. Guam WIC employs breastfeeding peer counselors who will continue to provide ongoing one-to-one support to pregnant and breastfeeding participants.

Infant mortality is a multifaceted societal problem linked to factors that affect an individual's physical and mental well-being. Maternal health, socioeconomic status, quality and access to medical care, and public health practices are linked to systemic issues affected by racism. Infant deaths adversely affect families and communities, both socially and emotionally, resulting in adverse symptoms such as depression, grief, and guilt.

Perinatal and infant 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 support, 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 of services, and quality of care.

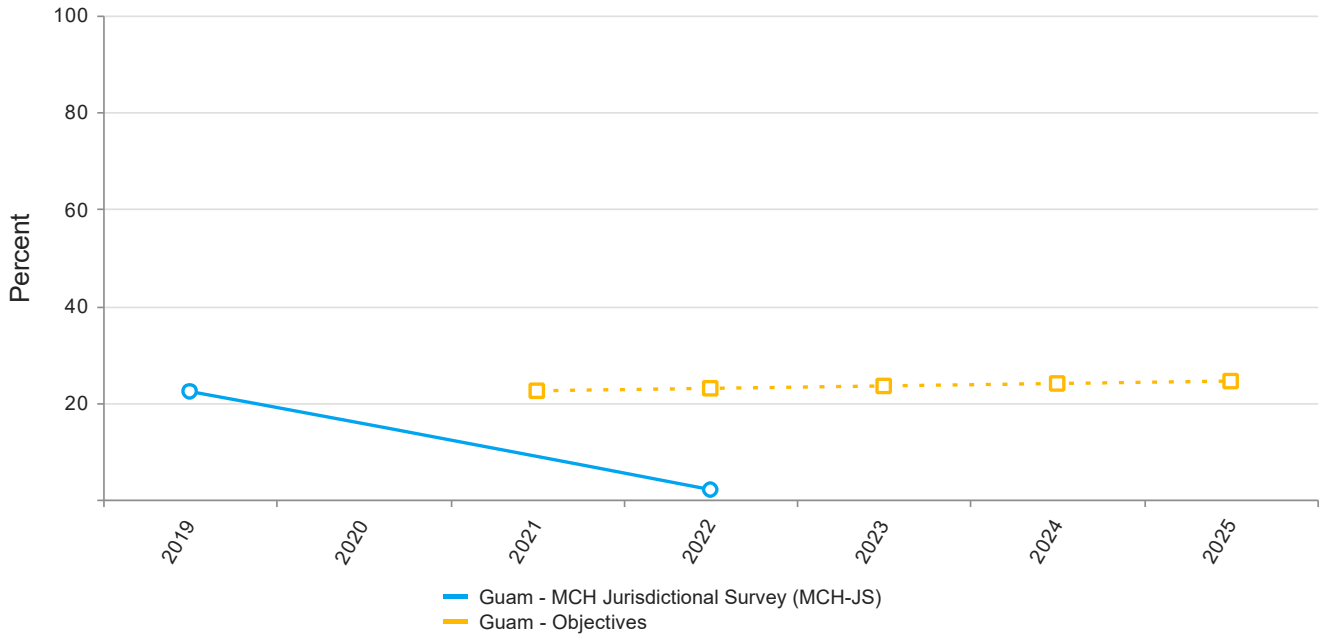
Improving infant health outcomes must address long-term racial and ethnic disparities in infant health. The persistence of inequalities in most of our major health indicators shows that while evidence-based interventions can affect positive change, they alone cannot address the more significant issues contributing to health inequities. Guam's Title V Program thus seeks to combine the strength of data-driven, evidence-based, or evidence-informed intervention opportunities that address perinatal and infant health, including discussions and actions related to racial justice, as well as strengthening clinical/provider relationships, to increase equity in access to health care and social support services.

Title V seeks to engage and empower individuals, families, and communities by increasing awareness of available community resources and supports, working with community stakeholders to improve the delivery of care and services, and enhancing social support, health literacy, and self-care and advocacy skills for pregnant and parenting families.

Child Health

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**	**2022**
Annual Objective			23
Annual Indicator	22.5	22.5	2.2
Numerator	1,569	1,569	155
Denominator	6,979	6,979	7,074
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data				
	2019	2020	2021	2022
Annual Objective			22.5	23
Annual Indicator	22.5	22.5	22.5	2.2
Numerator	1,569	1,569	1,569	155
Denominator	6,979	6,979	6,979	7,074
Data Source	MCH JS	MCH JS	MCH JS	MCH JS
Data Source Year	2019	2019	2019	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	23.5	24.0	24.5

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**	**2021**	**2022**
Annual Objective			5	7
Annual Indicator		5	5	0
Numerator				
Denominator				
Data Source		MIECHV Annual Report	MIECHV Annual Report	MIECHV
Data Source Year		2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	7.0	7.0	7.0

ESM 6.2 - Developmental Screening Education

Measure Status:	Active

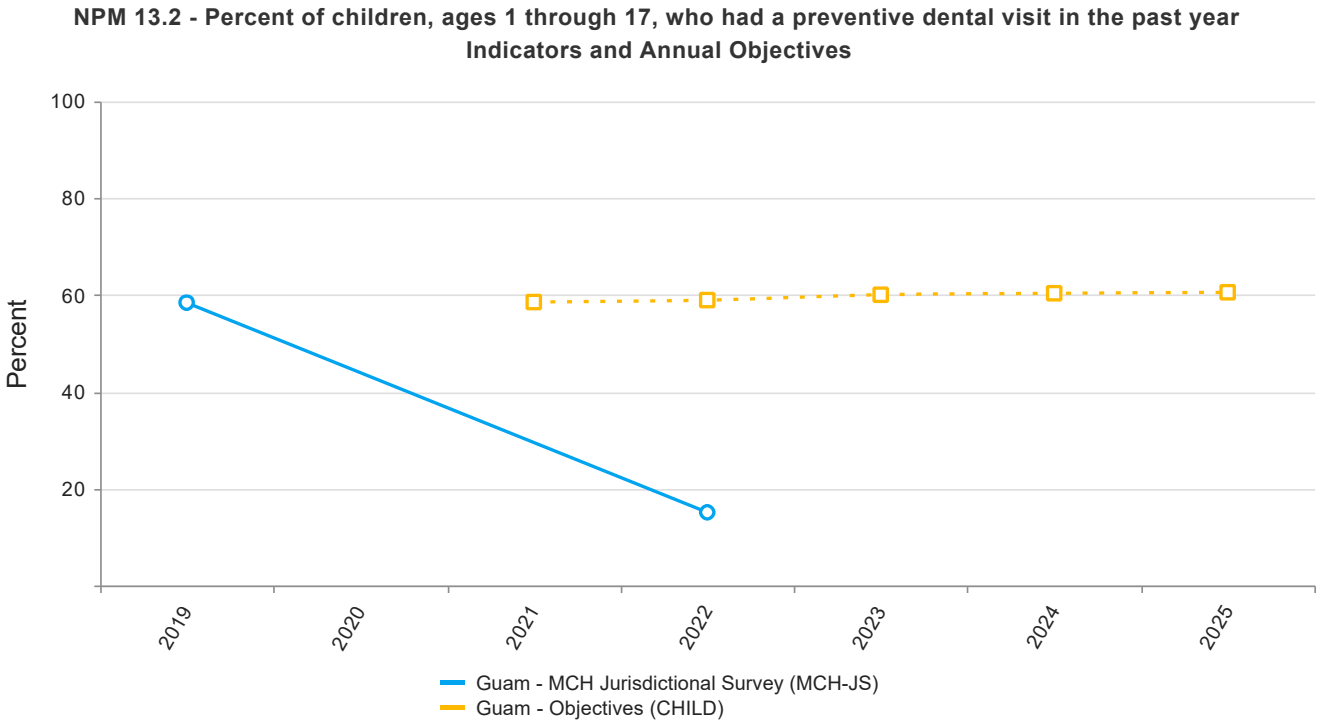
State Provided Data				
	2019	2020	2021	2022
Annual Objective			10	10
Annual Indicator		7	7	4
Numerator				
Denominator				
Data Source		MIECHV Annual Report	MIECHV Annual Report	PDG Annual Report
Data Source Year		2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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**	**2021**	**2022**
Annual Objective			99	60
Annual Indicator		100	59.4	40
Numerator		35	41	30
Denominator		35	69	75
Data Source		MIECHV Annual Report	MIECHV	MIECHV Annual Report
Data Source Year		2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	61.0	62.0	63.0



NPM 13.2 - Child Health

Federally Available Data			
Data Source: MCH Jurisdictional Survey (MCH-JS)			
	2019	**2020**	**2022**
Annual Objective			58.9
Annual Indicator	58.5	58.5	15.1
Numerator	29,856	29,856	7,511
Denominator	51,062	51,062	49,760
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data				
	2019	2020	2021	2022
Annual Objective			58.5	58.9
Annual Indicator	58.5	58.5	58.5	
Numerator	29,856	29,856	29,856	
Denominator	51,062	51,062	51,062	
Data Source	MCH JS	MCH JS	MCH JS	
Data Source Year	2019	2019	219	
Provisional or Final ?	Final	Final	Final	

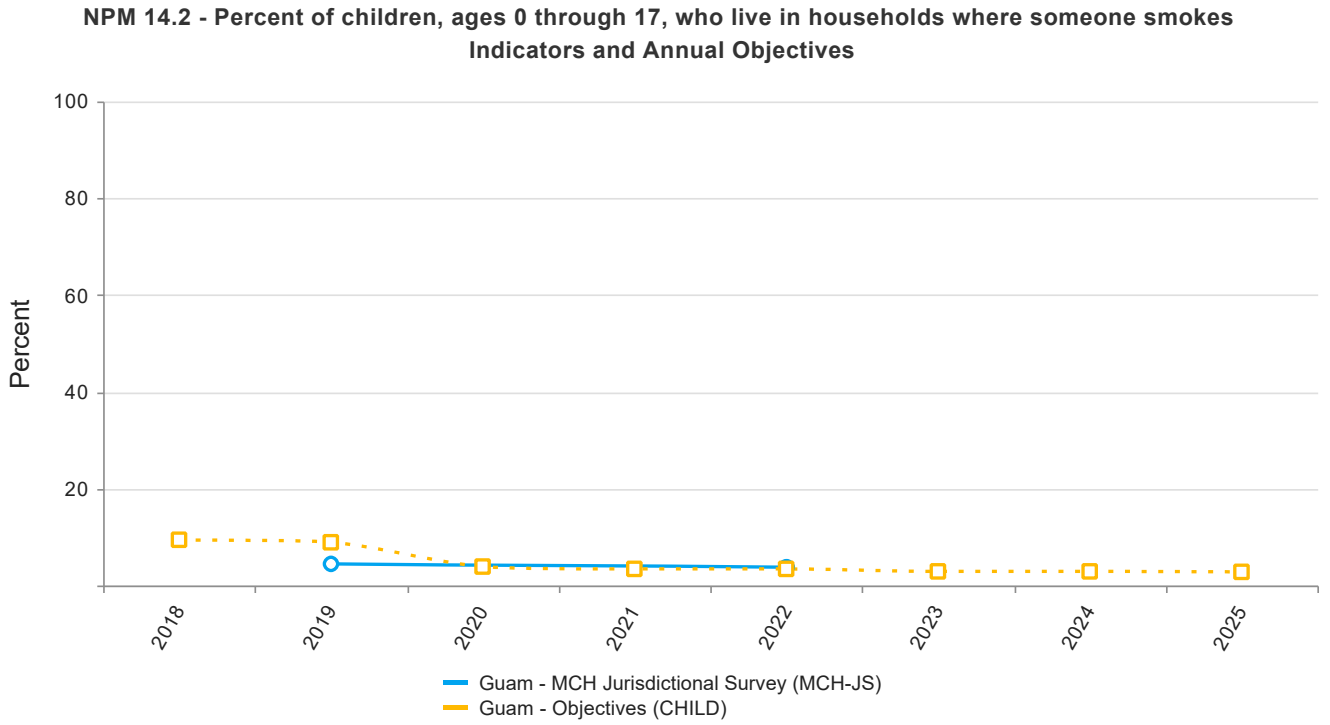
Annual Objectives			
	2023	2024	2025
Annual Objective	60.0	60.3	60.5

Evidence-Based or –Informed Strategy Measures

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

Measure Status:	Active			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			57	26
Annual Indicator	56.5		88.3	88.3
Numerator	287		5,841	7,002
Denominator	508		6,617	7,932
Data Source	DPHSS Dental and Head Start		EPSDT Program	EPSDT Program
Data Source Year	2019		2021	2022
Provisional or Final ?	Provisional		Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	27.0	28.0	29.0



NPM 14.2 - Child Health

Federally Available Data			
Data Source: MCH Jurisdictional Survey (MCH-JS)			
	2019	**2020**	**2022**
Annual Objective	9		3.5
Annual Indicator	4.5	4.5	3.8
Numerator	2,329	2,329	2,011
Denominator	52,312	52,312	52,312
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	9.5	9	4	3.5	3.5
Annual Indicator	8.2	10.7	13	18.1	
Numerator	259	326	381	477	
Denominator	3,175	3,058	2,938	2,630	
Data Source	Vital Statistics DPHSS	Vital Statistics DPHSS	Vital Statistics DPHSS	Vital Statistics DPHSS	
Data Source Year	2018	2019	2020	2021	
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	

Annual Objectives			
	2023	2024	2025
Annual Objective	3.0	3.0	2.9

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					
	2018	2019	2020	2021	2022
Annual Objective		3	3	3	2
Annual Indicator		100	0	0	0
Numerator		2	0	0	0
Denominator		2	62	62	75
Data Source		MCH Program	MEICHV	MIECHV	NIECHV
Data Source Year		2019	2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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	**2021**	**2022**
Annual Objective			70
Annual Indicator	65.9		65.9
Numerator	1,689		1,689
Denominator	2,563		2,563
Data Source	National Immunization Survey (NIS)		National Immunization Survey (NIS
Data Source Year	SY 19-20		SY 21-22
Provisional or Final ?	Provisional		Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	75.0	80.0	85.0

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

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

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

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

Child Health

Priority Need – To improve all children's cognitive, physical, and emotional development.

National Performance Measure # 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

	2019	2020	2021	2022
NPM # 6 Objective	22.5	22.5	22.5	23
Indicator	22.5	22.5	22.5	22.3

Developmental Screening

The annual objective for reporting year 2022 was 23%. The yearly objective was not met as stated in the MCH Jurisdictional Survey. An important caveat is that the data for this measure has a wide confidence interval due to the small sample size (CI – 0.3-14.7) of 1,250 children.

Child health is viewed holistically and through a life course development perspective by Guam Title V and Guam DPHSS. Our guiding vision encompasses the child's physical, mental, emotional, behavioral, and spiritual aspects through the phases of growth. Building capacity for disaggregation strategies based on race, ethnicity, and geography is prioritized. We continue to promote the importance and availability of well-child visits, increasing and tracking developmental screening, oral health screening, and childhood vaccinations. We work to reduce barriers to and improve connections to services.

A developmental screening is a formal process using a tool to see if a child is meeting developmental milestones. It is completed by a healthcare provider, parent, educator, or early childhood professional in collaboration with parents. Developmental screenings allow parents to understand their child's development and learning, which can significantly reduce the possibility that the child will have an undetected developmental delay.

The Preschool Development Grant Birth through Five (PDG B-5) funding provided through the Department of Health and Human Services (HHS) Administration for Children and Families (ACF) was awarded to the Guam Department of Public Health and Social Services (DPHSS) in early 2019 to support the development of an Early Childhood Strategic Plan. Throughout the process, young children ages birth through five, and their families were at the core of the work. The collective vision of Guam being "the best place to raise a child" served as the foundation of the efforts, echoed in the aspiration of all who contributed to our island's shared understanding of early childhood. Yet the reality for many Guam families dies not match this vision. The Strategic Plan contained five key strands: 1) Professional Development; 2) Policies and Governance; 3) Maximizing Parent Choice; 4) Data Systems, and 5) Quality, Accessibility, and Support. There were work groups developed to align with the key strands.

The Work Groups included partners such as – Head Start, Pilot Pre-Kindergarten/Gifted and Talented Education (GATE), Guam Early Intervention System (GEIS), Early Childhood Special Education (ECSE), University of Guam Center for Excellence on Developmental Disabilities Education, Research and Services (UOG CEDDERS), Guam Community College and Title V MCH.

PDG B-5, in partnership with other early childhood partners, re-launched the Neni 311, Guam's centralized telephone access point for parents who want information on services and support for young children. Neni 311 was re-launched

on April 1, 2022, and is now part of the COVID-19 311 Hotline and is a "warm" line available Monday through Friday, 8 am – 5 pm.

An overview of the revisions and updates to the CDC Developmental Milestones Checklist was held for Care Coordinators that manage Guam's Neni 311 warm line –

- Guam Early Intervention, Part C Program Coordinators that work closely with new intakes and referrals for early-intervention services. Parent-engaged developmental monitoring using CDC's Developmental Milestones Checklist was also held. Furthermore, online training on "Watch Me, Celebrating Milestones and Sharing Concerns" was completed.
- Project Bisita Home Visitors completed training on Parent-Engaged Developmental Monitoring using CDC's Developmental Milestones Checklist and the online activity of "Watch Me, Celebrating Milestones and Sharing Concerns."
- Guam Early Learning Council members also completed the online training of "Watch Me, Celebrating Milestones and Sharing Concerns."

Title V continued coordination with other early childhood partners to promote and offer additional training and technical assistance opportunities for the Ages and Stages Questionnaire (ASQ 3) and ASQ Social Emotional (ASQ SE).

Guam Title V has remained dedicated to assuring the early identification of children at-risk for developmental and/or behavioral challenges and for improved linkages between families and the services and supports they need. Help Me Grow (HMG) is a national framework that promotes integrated, cross-sector collaboration to build efficient and effective early childhood systems that mitigate the impact of adversity and support protective factors among families. Successful program implementation leverages existing community resources maximizes opportunities and advances partnerships working collaboratively through the implementation and cooperation of four core components: family and community outreach, provider outreach, a centralized access point, and data collection and analysis.

The Guam HMG effort is not exclusively about healthcare or developmental screening alone, even though developmental screening is a crucial component; instead, it is focused on forging partnerships to collectively address issues families face in the context of their communities. The project's focus includes access to quality care and services, social determinants of health, enhanced education and training, sustainability and accountability, and vulnerable populations. Title V and early childhood partners identified the need for resources around three audiences: families, communities, and providers. This became the foundational framework for much early childhood systems-building work and has been integrated into the PDG Strategic Plan.

Families living in Guam often face challenges when navigating the complex healthcare system. Birth to three are critical social, emotional, and cognitive development years that prepare children for school and beyond. Caring and supportive environments that promote optimal early childhood development dramatically increase a child's chance of successfully transitioning to school. Many families may need help finding the resources they need. Opportunities for health care and traditional public health systems. Differential possibilities for better health result from a much broader spectrum of societal structural and institutional norms, laws, policies, and practices.

A sustainable interaction and service delivery system within early childhood is paramount to the success of families and children ages 0-5 in Guam. Maintaining a coordinated and effective cadre of partners within early childhood leads to credible and long-lasting positive youth development. Responsive caregiving and nurturing, balanced nutrition, and safe communities are important for children to live, learn, grow, and develop to their full potential.

Home-visiting programs

Home visits are one of the several service strategies embedded in a comprehensive, high-quality early childhood system that promotes maternal and early childhood health and development. Developmental screening is a required benchmark performance measure for the Guam MIECHV Program – "Project Bisita." Project Bisita promotes and monitors parent-completed child developmental screening tools (ASQ and ASQ SE). In 2022, there was an 85% completion rate of developmental screens out of 79 families enrolled. Project Bisita home visitors are trained and continue to provide child developmental screenings, post-partum depression screenings, family violence, and other training to support families. The home visitors continue to be able to counsel first-time mothers concerned about their infant's growth and development and strengthen the relationship between caregiver and child through the use of protective factors and a source of emotional support by conducting Parent Cafés. Some of the topics at the cafes' were "Taking Care of Yourself," "Being a Strong Parent," and "Building Strong Relationships with Your Children."

Immunization

To address the priority, need for improving childhood immunization rates, Guam Title V developed a State Performance Measure (SPM) related to Guam's unique needs related to immunization.

	2020	2021	2022
S P M # 5 Objective	35.5	34	
Indicator	16.3	16.3	

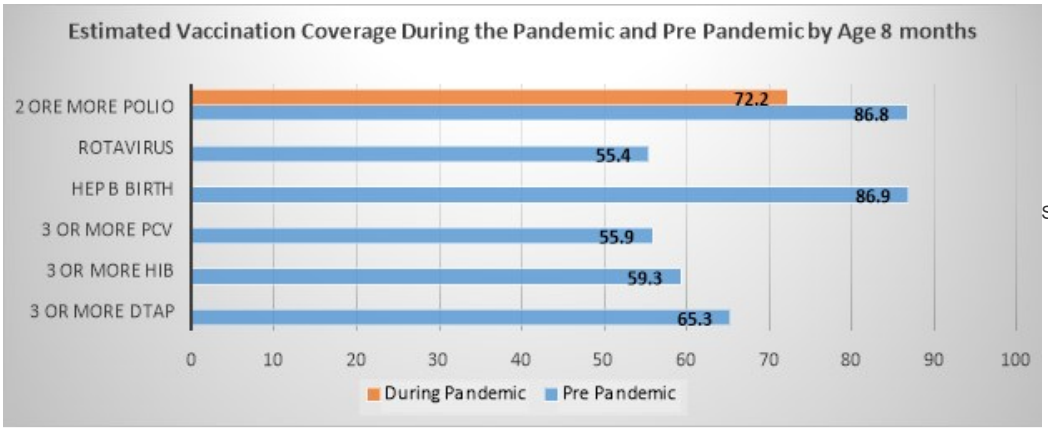
The Federal Vaccines for Children Program (VFC) was established after a measles epidemic in the U.S. and became operational in the fall of 1994 under Section 1928 of the Social Security Act. VFC is an entitlement program for eligible children aged 18 and younger. Provider recruitment to maintain a strong public health infrastructure helps assure high immunization coverage levels and low incidence of vaccine-preventable diseases. The program distributes vaccines at no charge to VFC-enrolled providers to vaccinate children whose parents/guardians may be unable to afford them. This helps ensure children have a better chance of getting all the recommended vaccinations on schedule.

At the national level, CDC uses the National Immunization Survey (NIS) to monitor vaccination coverage among children 19-35 months and teens 13-17 years, and flu vaccinations for children six months to 17 years. The surveys are sponsored and conducted by the CDC's National Center for Immunization and Respiratory Diseases (NCIRD) and authorized by the Public Health Service Act (Section 306). Data collection for the first survey began in April 1994 to check vaccination coverage after measles outbreaks in the early 1990s. USING A STANDARD SURVEY METHODOLOGY, the NIS provides current, population-based estimates of vaccination coverage among children and teens. Vaccination coverage estimates are determined for child and teen vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), and children and teens are classified as being up to date based on the ACIP recommended number of doses for each vaccine.

COVID-19 Pandemic

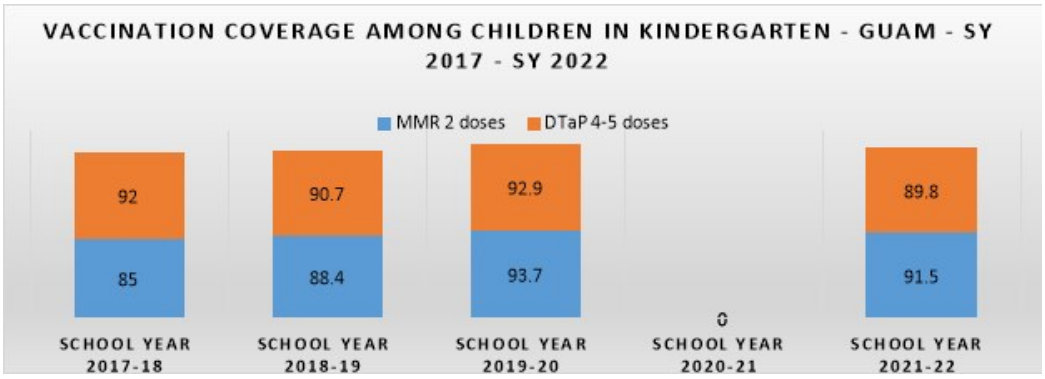
The coronavirus represents one of the most challenging and concerning public health crises of the last century. The COVID-19 pandemic was a multi-faceted health crisis severely affecting essential health services. All countries-initiated measures to reduce the outbreak, including social distancing, closure of nonessential businesses, and

shifting healthcare resources to the response. This had widespread implications for controlling other chronic diseases and preventable illnesses.



Source: CDC NIS

The COVID-19 pandemic disrupted routine child immunization services and threatened the gains in controlling vaccine-preventable diseases. The World Health Organization (WHO) has stated that routine immunization programs were disrupted in at least 68 countries, affecting more than 80 million children worldwide, especially in poor countries. Reducing child vaccination coverage, even briefly, could increase the number of susceptible children and raise the risk of outbreak-prone vaccine-preventable diseases such as measles, polio, and pertussis.

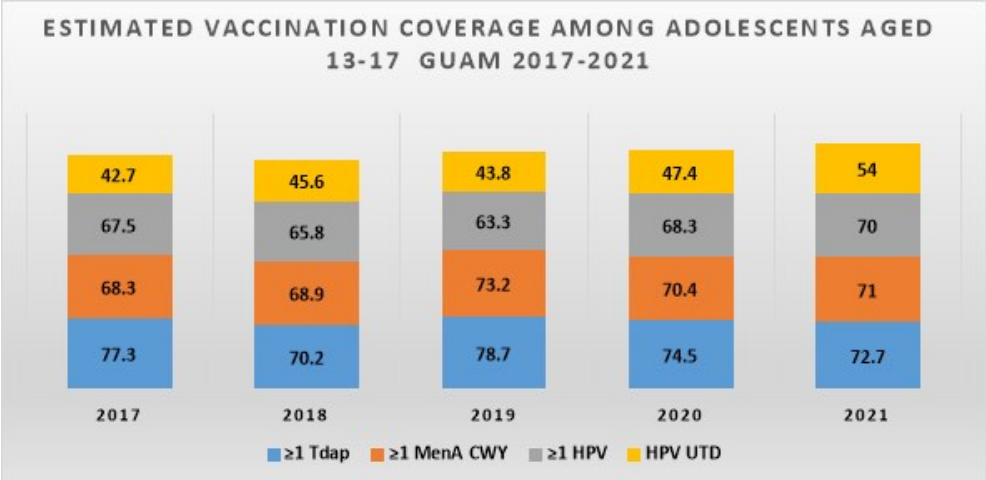


Source: CDC NIS Survey

While the funding for childhood immunizations does not come from Title V, Title V supports the work of the Immunization Program to raise immunization rates across the lifespan. The Vaccination Coverage of Selected Vaccines among kindergarten children school year 2021-22 shows vaccination coverage with two doses of measles, mumps, and rubella (MMR) was 91.5%, diphtheria, tetanus, and pertussis vaccine (DTaP) was 89.8% and poliovirus vaccine was 90.9%.

Table below on the Estimated Vaccination Coverage Among Adolescents age 13-17 on Guam from 2017 to 2021, the result of the 2021 NIS –Teen, released in 2022, showed the rate of Gu am teens aged 13-17 years old who have received one or more doses of tetanus toxoid, reduced on the diphtheria toxoid, and acellular pertussis (Tdap) since the age of ten years was -72.7%, lower than the national estimate of 89.6%. The percentage of teens up to date on

the HPV series in Guam was lower than the national estimate (54% vs 61.7%). Guam's meningococcal conjugate coverage estimate was 71% lower than the national estimate of 89%.



Source: CDC NIS

In 2022, most of the Immunization Program's and Title V efforts focused on providing education, communication, coordination, and distribution of COVID-19 vaccines. Included in these efforts was the development of media campaigns promoting COVID-19 vaccination with testimonials on why individuals choose to receive vaccination with a focus on reaching new mothers, young families, adolescents, and children with special health care needs.

Guam Title V did not change the original priority need, "to improve all children's cognitive, physical development"; however, due to the five-year needs assessment, another priority need was developed – "Promote oral health for children." The Guam Title V Program chose a new National Performance Measures (NPM) #13.2, "Percent of children, ages 1 to 17, who had a preventive dental visit in the past year."

	2019	2020	2021	2022
NPM 13.2 Objective	58.5	58.5	58.5	58.9
Indicator	58.5	58.5	58.5	58.9

Oral Health

Oral health is essential to general health and well-being. There is a strong correlation between poor oral health status and other systemic diseases, such as diabetes, heart disease, stroke, and preterm and low-weight births. Tooth decay (dental caries) is a transmissible infectious oral disease resulting from an imbalance of multiple risk factors and protective factors over time. Though the prevalence and severity of tooth decay have declined among school-age children in recent years, it remains a significant problem in some populations, particularly among certain racial and ethnic groups and low-income children.

Dental caries (tooth decay) remains the most common preventable chronic infectious disease among young children and teens in the U.S. Dental caries are five times more common than asthma. If dental decay is left untreated, it can cause pain and infection leading to problems with chewing, swallowing, speaking, and learning. These problems jeopardize children's physical growth, self-esteem, and capacity to socialize. Poor oral health is also associated with

missing school and poor school performance. U.S. children are estimated to miss more than 51 million school hours annually due to dental problems. Children with poor oral health are three times more likely to miss school and four times more likely to perform poorly than their healthy counterparts.

In 1967 Congress enacted the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services with Medicaid. EPSDT helps ensure that children in low-income families whom 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.

	2022	2021	2020	2019	2018	2017
Total eligible for EPSDT	25050	25541	25442	26492	26829	27055
Total eligible receiving any dental services	7932	6617	7397	9410	8890	8557
Total eligible receiving any preventive dental services	7002	5841	6575	8634	8135	7730
Total eligible receiving sealant on a permanent molar	1747	1623	1514	2240	2495	2493

Source: CMS Form 416

Title V's primary activity to address National Performance Measure 13.2 was delivering oral health education to families with children from birth to age 5 through the home visiting program, "Project Bisita." Project Bisita home visitors educate families about the importance of preventive oral health care, including tooth brushing, flossing, and dental visits. Staff also provided families with oral health supplies and materials (i.e., toothbrushes).

The Bureau of Family Health and Nursing Services and the Guam Title V MCH program was granted a TA Oral Health Training with the partnership of the National Maternal and Child Oral Health Resource Center (OHRC) and the Association of State and Territorial Dental Directors to fund and provide oral health training with the lead instructor Dr. Ohnmar Tut. The training had a lot of preparation between the Project Director of Guam Title V MCH program and with Dr. Ohnmar Tut that began 2 months prior to the training in November 28-29, 2022. There were over 20 participates ranging from RNs, LPNs, Nurse Aides, Community Program Aides, Community Health Workers from four programs.

The oral health training was titled “Fluoride Varnish and Tooth Brushing” that was conducted was done in two days at a Youth Recourse Center and Norther Community Health Center. The training was split in 2 parts each day. The training consisted with 10-15 staff each day that they trained in the morning with Theory on Oral Health and Practical training with children ages 4 months to 8 years of age that the staff had “hands-on” training applying “Fluoride Varnish to the children present at the Immunization Clinic. We also had a potential Dental Officer volunteer to assist in training the staff present. The training was a huge success that the next Oral health training to be planned for next May 2023.

Also MCH conducted health fairs (except when COVID-19 restrictions were in place). At the fairs, staff provided education on oral health and gave out supplies. MCH also provided education at WIC clinics. Staff offered education to families about "baby bottle mouth" and its complications.

In 2022, 26 clinical staff were trained to conduct caries risk assessment and apply fluoride varnish by Dr. Ohnman

Tut, oral health consultant from the Consortium for Oral Health Systems Integration and Improvement (COHSII). Following the training, staff could perform these activities in the clinical setting, such as the CHCs, MCH walk-in clinics, and Immunization clinics for children. Also part of the training from the Guam Health Disparities Program, these staff work with the community in hard-to-reach areas.

Guam's Title V Program has faced significant challenges addressing the national performance measure 13.2. Several key staff, including the Chief Dental Officer and dental assistances, retired or left the program. Efforts to hire oral health staff are underway but slow. Furthermore, the DPHSS Dental Clinic closed. Many oral health materials, supplies, and pamphlets were boxed up and stored. The dental equipment was either put into storage or surveyed out.

Parent Training

The Guam MCH has been very involved with the Guam Early Learning Council (GELC) and Programs in many committees meeting, Advisory council, subcommittee meetings, and parent activities through out the year of 2022. Starting around May, 2022 the Preschool Developmental Grant (PDG) slowly started the Zoom Parent Café presentation with parents from the different early learning programs. So, our MCH program coordination and project director are actively involved in the meetings and our parents in the CSHCN and MIECHV programs attend the Parent Café meetings. Our partners that are involved with the Parent Cafes are: the Guam Head start program, the Guam Early Interventions program, Guam Early Hearing screening, Detection and Intervention (GEHDI)program, Guam CEDDERS, and the Bueau of Child Wellness. The MIECHV program had three Parent Café's and the PDG had also two Zoom Parent Cafes in Early August, 2022.

Outreach Activities and Health Fairs

The Guam MCH program and staff have been participating with Departmental and Program outreaches and Health Fairs but only at the last quart of 2022 due to the decrease COVID restrictions that was made. The MCH program join the Head Start Fitness Fair at the Dededo Gym in August, 2022, the Bureau of Child Wellness Fair at the Micronesian Mall in October 15,2022, Guam Immunization Outreach at GPO mall on August 10, 2022. The MIECHV Project Bisita program and CSHCN staff participated in "Village Plays" around the island also during the last quarter of 2022 with other early childhood programs that promoted Reading, Writing, and Physical Activity with the child and parents during August- September.

Child Health - Application Year

For the 2024 application year, the Guam Title V priorities for children's health will continue to focus on strengthening 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 Maternal, Infant and Early Childhood Visiting (MIECHV) Program will continue to support National Performance Measure #6 Developmental Screening (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 to participate in inter-agency efforts to leverage all existing efforts around screening and follow-up. This work aims to align systems 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 goal of the Guam Preschool Development Grant (PDG) is to ensure that Guam children from birth to age five and their families have equitable access to high-quality services and support they need to enter Kindergarten educationally and developmentally ready to succeed. This includes ensuring that 1) families and children are empowered to lead healthy and engaged lives through timely targeted services and 2) that children have equitable access to high-quality early childhood care and education.

PDG will engage families in PDG governance, increase family knowledge through direct support, and increase access to evidence-based services and programs. For providers, collaboration between agencies will help improve coordination, efficiency, and quality to serve the target population better.

Tooth decay is the most common disease in the United States and is the primary cause of tooth loss through young adulthood. According to CDC, "Children with poor oral health are nearly three times more likely to miss school because of dental pain." Tooth decay is preventable. Fluoride varnish can prevent 33% of dental caries in the primary teeth, and dental sealants, if properly applied, can control up to 80% of dental caries on the chewing surfaces of molars for two years and continue to protect against 50% of dental caries for up to four years.

Many Guam children from low-income families and marginalized populations have limited or no access to preventive dental care. Usually, they lack dental insurance or live in a dental provider shortage area, which results in a higher risk of dental caries and serious infections that can result from untreated dental caries.

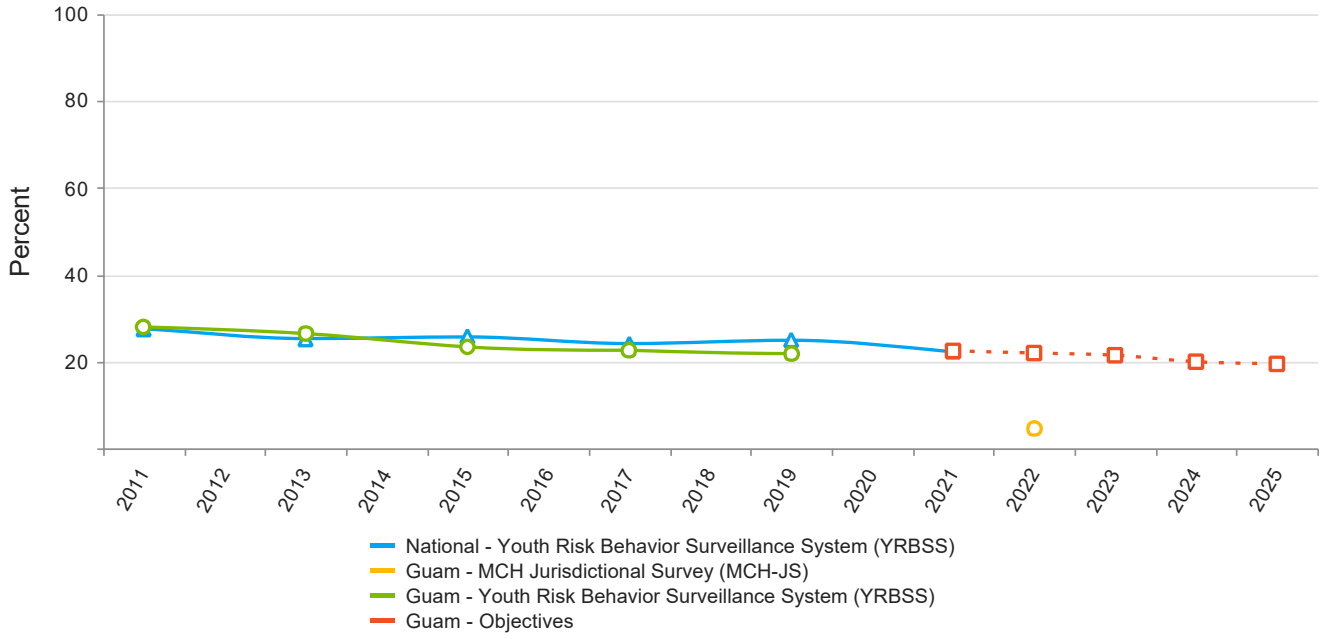
Guam Title V continues to work with Community Health Centers and federally qualified health centers to include oral health assessment in preventive appointments to identify at-risk children. These children are then referred to dental services for follow-up.
Guam families historically have not placed value on oral health treatment or evaluations. This has created a challenge when planning activities to improve oral health outcomes for children or other populations. Some strategies include:

- Promote oral health literacy.
- Address SDoH barriers such as consumption of sugar-sweetened beverages at very young ages, transportation, dental cost, access to care, and dental insurance critical to effecting change.
- Surveillance of oral health data.
- Improve dental access in underserved areas.

Adolescent Health

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)				
	2019	**2020**	**2021**	**2022**
Annual Objective			22.5	22
Annual Indicator	22.5	21.7	21.7	21.7
Numerator	2,221	2,022	2,022	2,022
Denominator	9,859	9,299	9,299	9,299
Data Source	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2019	2019	2019

Federally Available Data	
Data Source: MCH Jurisdictional Survey (MCH-JS)	
	2022
Annual Objective	22
Annual Indicator	4.5
Numerator	849
Denominator	18,946
Data Source	MCH-JS
Data Source Year	2022

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	21.5	20.0	19.5

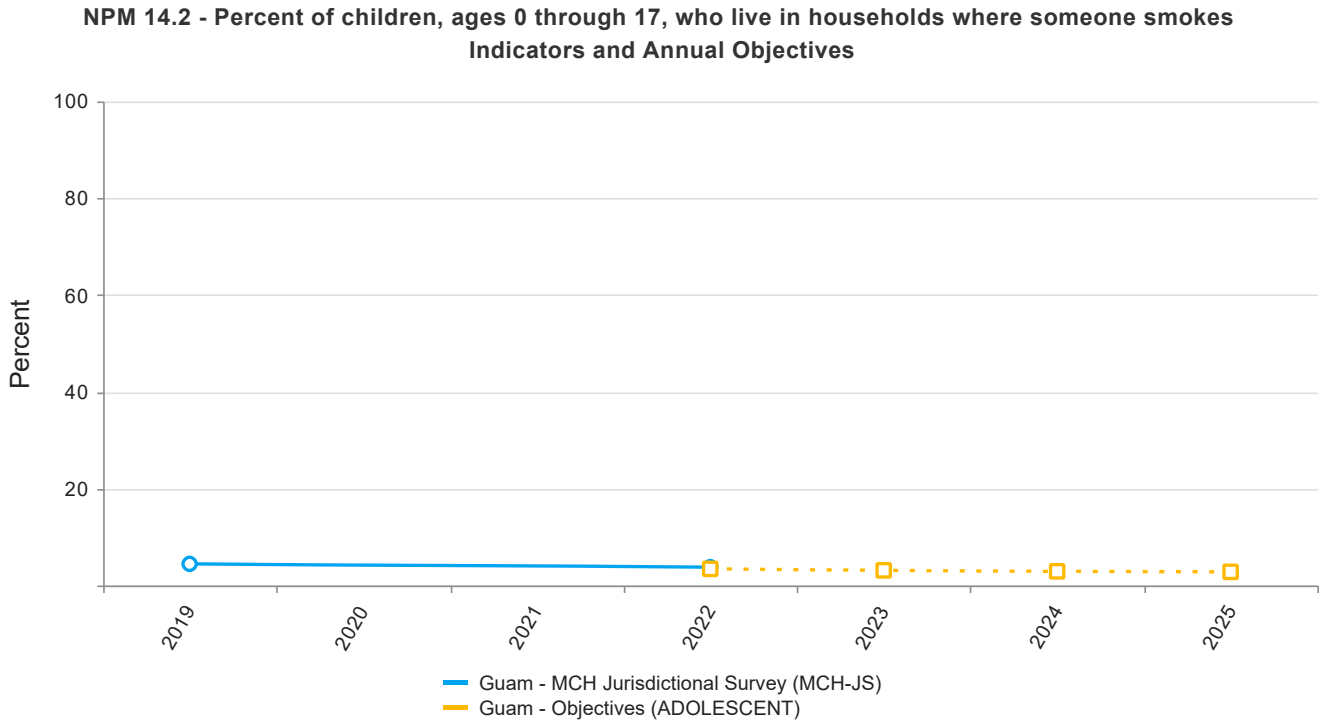
Evidence-Based or –Informed Strategy Measures

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	2021	2022
Annual Objective			20	25
Annual Indicator		0	0	0
Numerator		0	0	0
Denominator		1	1	1
Data Source		BFHNS	BFHNS	BFHNS
Data Source Year		2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	30.0	35.0	35.0



NPM 14.2 - Adolescent Health

Federally Available Data			
Data Source: MCH Jurisdictional Survey (MCH-JS)			
	2019	**2020**	**2022**
Annual Objective	9		3.5
Annual Indicator	4.5	4.5	3.8
Numerator	2,329	2,329	2,011
Denominator	52,312	52,312	52,312
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data			
	2020	2021	2022
Annual Objective			3.5
Annual Indicator	14.5	14.5	14.5
Numerator	3,142	3,142	3,142
Denominator	21,675	21,675	21,675
Data Source	YRBSS	YRBSS	YRBSS
Data Source Year	2019	2019	2019
Provisional or Final ?	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	3.2	3.0	2.9

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					
	2018	2019	2020	2021	2022
Annual Objective		3	3	3	2
Annual Indicator		100	0	0	0
Numerator		2	0	0	0
Denominator		2	62	62	75
Data Source		MCH Program	MEICHV	MIECHV	NIECHV
Data Source Year		2019	2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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**	**2021**	**2022**
Annual Objective			7	7
Annual Indicator	0	0	0	0
Numerator	1	8	0	5
Denominator	39,285	40,094	41,094	41,001
Data Source	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	5.0	5.0	5.0

SPM 2 - Percent LGBTQ high school students attempting suicide

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			42	41
Annual Indicator	42.6	16.1	16.1	16.1
Numerator	425	162	162	162
Denominator	997	1,008	1,008	1,008
Data Source	YRBSS	Guam YRBSS	Guam YRBSS	Guam YRBSS
Data Source Year	2017	2019	2019	2019
Provisional or Final ?	Provisional	Final	Final	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	40.0	40.0	39.0

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.

Adolescent Health - Annual Report

Adolescence is a time of incredible growth and is a crucial physical, psychological, and social developmental period. Learning to stay healthy and avoid risks during this period of life can have lifelong effects on health by assisting adolescents to adopt healthy habits, avoid risky behaviors, and prevent disease. Habits and behaviors frequently started during adolescence related to healthy weight management, exercise, sexual behavior, nicotine/tobacco/vaping, alcohol, and substance use can impact the risk of unfavorable health outcomes in the short and long term. Mental health disorders and related conditions often surface during adolescence and are best addressed early to enhance optimal health.

The Adolescent Health domain focuses on two priority needs. The first is "to improve and enhance adolescent strengths, skills, and support to improve adolescent health." This priority need includes National Performance Measure (NPM) # 9 – Percent of adolescents, ages 12 through 17, who are bullied or bully others."

	2018	2019	2020	2021	2022
N P M # 9 Objective	22.5	22.5	21.7	22.5	22
Indicator	22.5	22.5	21.7	21.7	21

Guam Title V also created two State Performance Measures (SPM) SPM #1 – “Guam youth suicide rate, ages 10-24 years” and SPM #2 – “Percent of LGBTQ high school students attempting suicide.”

The second priority was "Reduce the use of substances including alcohol, tobacco, marijuana, and opioids among youth." This priority need includes NPM #14.2 "Percent of children, ages 0 through 17, who live in households where someone smokes."

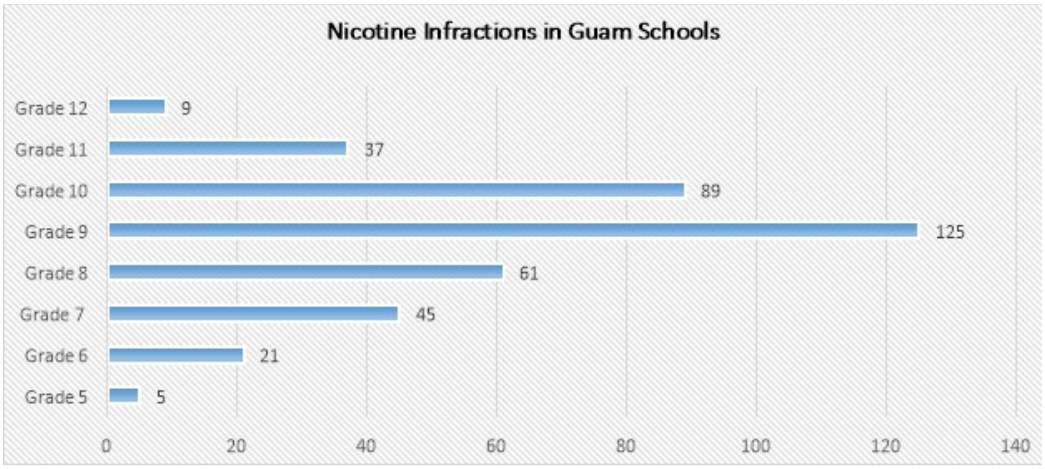
The Centers for Disease Control and Prevention (CDC) defines youth as ages 10-18 and young adults as ages 19-24. This section serves as the narrative for the Annual Report and Application. The narrative considers the adolescent domain as ages 10 to 24 years. In 2020, 35,903 youth and young adults were residing in Guam, approximately 4.28% of the population.

The Guam Youth Risk Behavior Surveillance Survey (YRBSS) is administered by the Guam Department of Education (GDOE). The YRBSS is a school-based surveillance system designed by the CDC. It collects substance use and abuse data, including alcohol, mental health, well-visits, sleep, physical activity and nutrition, obesity and overweight, violence and injury, sexual behaviors, and positive and protective factors. Due to the impact of COVID-19 in Guam on schools during the school year 2021-2022, the YRBSS was not administered during the spring of 2022.

Current cigarette smoking is defined as smoking cigarettes in the past 30 days among Guam students. In 2019, 11.9% of Guam students in high school (grades 9-12) stated that they were current smokers. This was a significant decrease from 2017 (9.8%). Cigarette smoking among Guam students has continuously declined since 2001, when 37.1%

The percentage of cigarette smoking differed significantly between males (15.6%) and females (7.7%). As grade levels increased, students were more likely to report smoking cigarettes. The cigarette smoking percentage for students in 9th grade (7.9%) was lower than the cigarette smoking percentages for students in 10th grade (13.3%) and 12th grade (13.6%).

The Guam Department of Education (GDOE) continues to see underage smoking as a significant issue on school campuses. GDOE has had to discipline students in middle and high schools. In SY 2021-2022, 402 students were disciplined for nicotine use/possession. There were 264 males (65.6%) and 138 females (34.3%).



Source: GDOE

During the same school year, 25 students violated the smoking policy and chose to participate in the tobacco intervention program. Meanwhile, there were 377 students suspended.

Vape products are battery-powered devices that heat liquids and turn them into aerosols inhaled by the user. These liquids usually contain nicotine and kid-friendly flavors like fruit, candy, or mint. Whether smoked, vaped, or chewed, nicotine interferes with adolescent brain development and affects cognitive abilities and mental health.

In 2019, 26.5% of Guam public high school students reported vaping products in the past 30 days. This was a 100% increase from the 2017 data. Guam students were likelier to report vape product use than all other nicotine products combined. Male students (36.7%) reported using vape products at a significantly higher percentage than female students. The use of vape products increased substantially with grade levels from 22.1% in grade 9 to 39.3% in grade 12.

Prescription drugs can be beneficial when prescribed by a doctor and used as directed. The misuse and abuse of prescription medications is a significant health concern in Guam and has led to deaths due to drug overdose.

In 2019, 15.5% of Guam students in grades 9 through 12 reported using prescription drugs not prescribed in the past 30 days. This was a significant increase from 2017. Female students (12.3%) reported a lower percentage than males (18.4%). Students in 9th grade (12.8%) reported a lower rate in 10th grade (18.2%) but lower than grade 12 (9.7%).

Guam youth surpasses the US—mainland youth in the use of marijuana and lifetime use of prescription pain medicine without a prescription. The prevalence rate of methamphetamine, cocaine, and inhalant use you are lower in Guam than in the US, but cocaine and methamphetamine use on the island has increased since 2011. Lifetime and current marijuana use among Guam's youth remain higher than among US youth. Nearly half of all high school students had tried marijuana, and roughly one-fourth had used marijuana within 30 days of the survey. There is no apparent sex difference noted.

Drug Use Indicators, Guam Youth Current and Baseline

Indicator	Source Baseline	Baseline	Current	Source Current
30-day marijuana use, youth	2011 YRBSS	32%	25.9%	2019 YRBSS
Cocaine use prevalence in youth	2011 YRBSS	2.9%	5.2%	2019 YRBSS
Methamphetamine use youth	2011 YRBSS	3.2%	5.6%	2019 YRBSS
Inhalant use youth	2011 YRBSS	8.5%	9.2%	2019 YRBSS
Lifetime prescription pain medicine use without a prescription youth	2017 YRBSS	10.9%	15.5%	2019 YRBSS

Source: Guam BRFSS and YRBSS

The University of Guam Cancer Research Center developed a new program for 6th to 8th-grade students in Guam. The Fuetsan Manhoben Youth Substance Use Prevention Program uses a curriculum of realistic videos showing scenarios where local students are exposed to drinking, smoking, and vaping at bus stops, family parties, and schools.

Fuetsan Manhoben, which means "the power within youth" in Chamorro and other cultures in Guam. The lessons guide students to draw on these values to remain drug-free and healthy. The team produced four videos that depict realistic situations in which substances are offered to middle students and culturally relevant strategies for kids to respond.

Maolek Na Lina'la or Life is Good, is a WestCare Pacific Islands Inc. program aimed to prevent and reduce alcohol and marijuana use in youth ages 11-17 in northern and central villages of Guam.

Funded by the US Department of Health and Human Services - Substance Abuse and Mental Health Services Administration (SAMHSA), Maolek Na Lina'la is committed to building prevention and intervention strategies in Guam through various programs and outreach events in the community using evidence-based programs such as Positive Action for the youth and Talk. They Hear You for parents/caregivers. The program also highlights Champions in the community who exemplify and promote a substance-free lifestyle.

Bullying is a learned behavior that often starts at home, known by older siblings, extended family, and parents, and then transferred to school behaviors. Youth who are bullied are at increased risk for substance use, academic problems, and violence to others later in life, and teens who are both bullies and victims of bullying suffer the most severe effects of bullying and are at greater risk for mental and behavioral problems than those who are only bullied and who are only bullies.

Bullying is a form of adolescent violence. Bullying is any unwanted, aggressive behavior(s) by another adolescent or group of adolescents who are not siblings or current dating partners that involves an observed or perceived power imbalance.

In 2019, 14.5% of Guam students in grades 9 through 12 reported that during the past 12 months, they were picked on or bullied by another student on school property. This was an 11% decrease from 2017. Females (16%) were significantly bullied than males (12.9%). Reported bullying decreased significantly as grade level increased. Students in grade 9 (14.5%) reported significantly more bullying than in grade 12 (11.8%).

An increasing number of adolescents are becoming victims of electronic bullying. Electronic bullying occurs over

digital devices like cell phones, tablets, and computers. Electronic bullying includes sending, posting, or sharing content about someone else that is negative, harmful, false, or mean. It can include sharing personal or private information about someone else, causing embarrassment or humiliation.

In 2019, 12.4% of Guam students in grades 9 through 12 reported being threatened or harassed over the internet, by email, or by someone using a cell phone. This was a decrease from 2017's 13.3%. Females (15.8%) were significantly more likely than males (9.4%) to be electronically bullied. Students in grade 12 (8.9%) reported a significantly lower percentage than students in grades 9(10.3%), grade 10 (16%), and grade 11 (14.1%).

The GDOE has an anti-bully policy, but schools have problems addressing cyberbullying. One of the most significant issues is that teachers and administrators must fully understand how social media platforms work. Students agree that cyber bullying has evolved. Cyberbullying is seen mainly on Instagram, where multiple "tea accounts" were established. Tea accounts (slang for gossip) are set up anonymously and used by students to spread rumors and word.

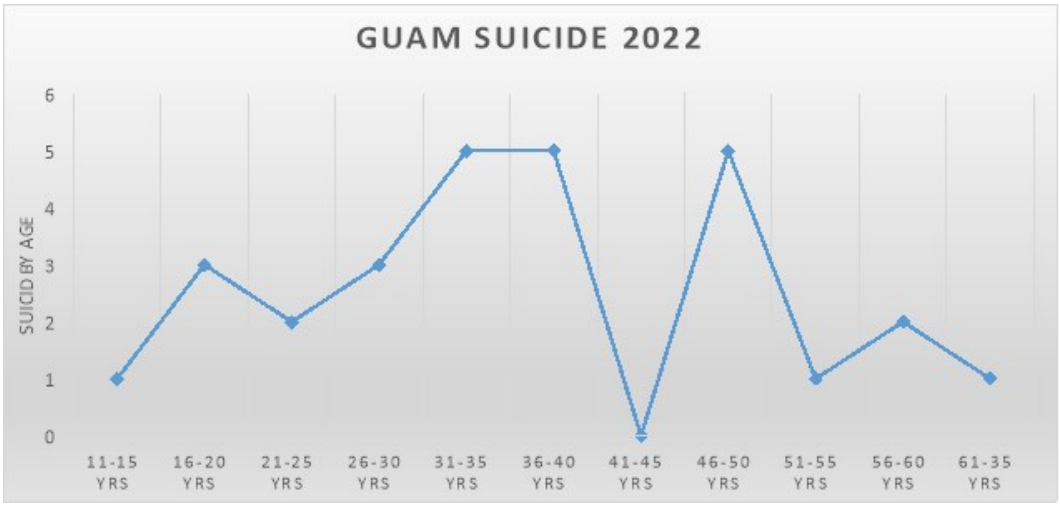
A safe environment is a prerequisite for productive learning. If students feel unsafe, it may lead to decreased academic performance and increased absences. In 2019, 11.1% of Guam students in grades 9 through 12 reported feeling unsafe at school. This was an increase from 2017's 10.9%. Both female (10.7%) and male (11.2%) students reported feeling unsafe on school grounds. Feeling unsafe at school decreased as grade level increased from grade 9 (9.8%) to grade 12 (7.5%).

Adolescents in Guam experience various health issues. Poor mental health has become a significant concern in recent years. As a result of the Covid 19 pandemic, mental health among adolescents has further declined due to uncertainty, social isolation, stress, disruption to daily life and loss of routine, and loss of family members or loved ones.

The closing of schools due to the pandemic had many adverse effects on Guam's school students. Many reported symptoms of depression, anxiety, and loneliness due to the uncertainty of the pandemic. Students experienced anxiety and stress around managing online learning and navigating the online learning world, as well as personal/family issues. Students were worried about their relatives getting sick. Students struggled with being unable to see friends, ending the school year early, and missing end-of-the-year activities, which caused isolation, loneliness, and suicidal ideation. Students lacked energy and motivation to engage in schoolwork, were frustrated, distracted, and developed behavioral issues related to distance learning. For some students, the lack of fluency in English, deficits in technology knowledge, and limited access to good internet connections made the process of distance learning frustrating for many students and parents.

The Island Wide Body of Governing Students has been discussing the merits of the Anti-Bullying policy to include specific protections for LGBTQ students. Furthermore, training is needed to help teachers and administrators determine when cyberbullying occurs. In addition to addressing bullying, GDOE policy prohibits cyberbullying, sexting and sexual harassment in the classroom, on buses and bus stops, and at school-sponsored activities.

Suicide is one of the leading causes of death among adolescents and young adults. Suicide is not experienced equally across genders and sexual orientations. In Guam, the suicide rate for males (45.5 per 100,000) is six 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 age selecting more lethal methods and therefore are more likely to complete a suicide attempt.

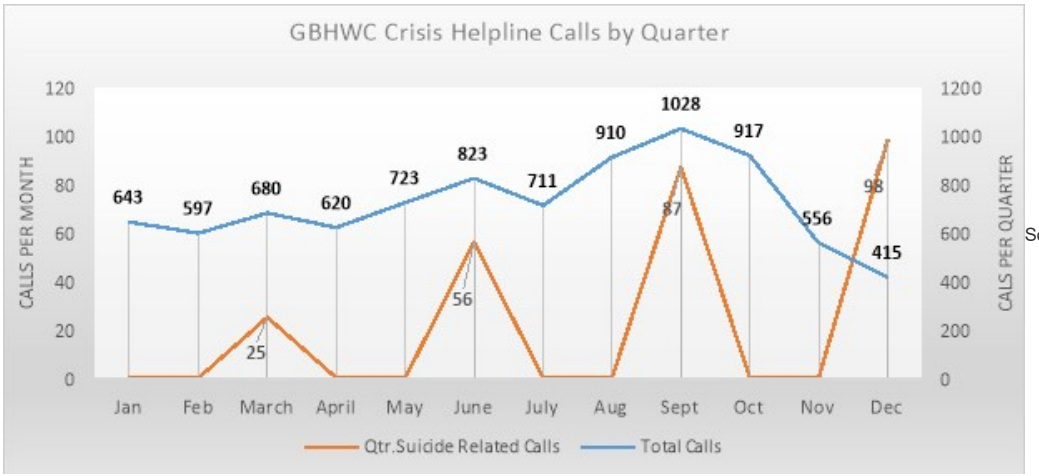


Source: DPHSS, OVS

In 2022, there were 28 completed suicides. Adolescent suicides made up 21.4%, and young adults made up 7.14% of the suicides that were completed.

There have been 33 suicide ideation cases noted by the Guam Department of Education, with 19 of those student cases referred to Guam Behavioral Health and Wellness Center. Based on the numbers provided, it appears that up to 14 students were not referred to support outside of school following initial contact with a school guidance counselor. As it stands, school counselors conduct screenings of students who have suicide ideation. Using a suicide risk screener, the student's risk level is gauged, and the scale ranges from high and moderate to low. Students that rate high to moderate are referred; however, the standard operating procedure does not call for referrals of students identified through the risk screener as low risk. Another compounding factor is that GDOE only has four district school psychologists to administer suicide risk assessments.

The Guam Behavioral Health Wellness Center (GBHWC) crisis helpline field a total of 8623 calls, of which 288 (3%) were suicide related.



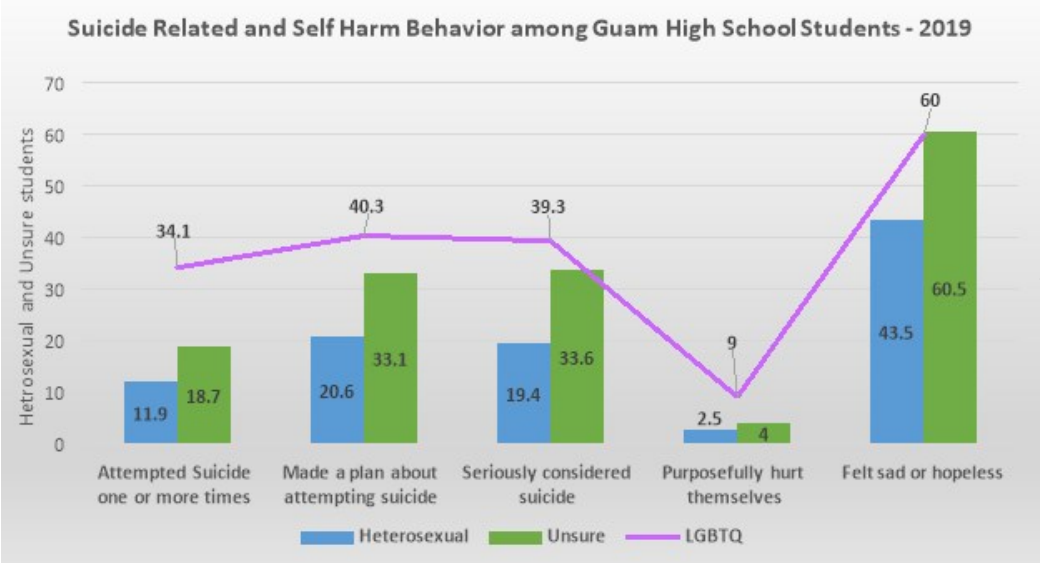
Source: GBHWC Helpline

Lesbian, gay, bisexual, transgender, and questioning/queer (LGBTQ) youth are more than four times as likely to attempt suicide compared to their straight and cisgender peers. [1] Negative treatment by others, such as bullying, is a strong and consistent risk factor for youth suicide.

According to the 2019 YRBSS, 60% of LGBTQ high schools in Guam seriously considered suicide (survey

participants were only asked about their sexual orientation). Compared with the percentages for heterosexual peers, these numbers are exceptionally high. The survey showed that 16.5% of straight teens had seriously considered suicide.

The 2019 Gay, Lesbian, and Straight Education Network (GLSEN) National School Climate Survey reports that LGBTQ youth regularly heard anti-LGBTQ remarks at school and had victimized at school. Schools remain hostile to LGBTQ students. The vast majority of LGBTQ+ students who attended school in-person at some point during the 2021-2022 academic year (83.1%) experienced in-person harassment or assault based on personal characteristics, including sexual orientation, gender expression, gender, religion, actual or perceived race and ethnicity, and real or perceived disability.



Source; 2019 YRBSS

Bullying and harassment go beyond the classroom. Students who were in online-only learning environments during the pandemic experienced higher rates of online harassment based on sexual orientation, gender, and gender expression than those who were in hybrid learning environments. School policies discriminate against LGBTQ students, especially transgender and nonbinary students. Most LGBTQ+ students (58.9%) experienced LGBTQ+-related discriminatory policies or practices at school. There has been an increase since 2019 in restrictions on students' use of names and pronouns and clothing based on gender norms.

Anti-LGBTQ harassment and hostile school environments directly harm mental health and academic performance. A hostile school climate affects students' academic success and mental health. Nearly one-third (32.2%) of LGBTQ+ students missed at least one school day last month due to feeling unsafe. LGBTQ+ students also reported having lower self-esteem and higher levels of depression due to the harassment.

Project Mangåffa' Peer Education Program is a Guam Alternative Lifestyles Association (GALA) core service that utilizes a cultural empowerment and social learning model, delivering health & social services to Guam's LGBTQ community. Mangåffa' is the Chamorro word for family. In the Pacific, the family is the anchor and center of our social lives, playing a central role in influencing our identities. For those in the LGBTQ community, family is also slang, referring to those who identify as LGBTQ. She is "family," to mean she is lesbian or transgender.

A unique aspect of Project Mangåffa' is that services are delivered by those impacted by the health issues individuals seek to address, such as HIV/AIDS, substance abuse, and suicide; they are trained to help others overcome difficult situations and build and maintain healthy lives. Since its implementation four years ago, over 50

people have been trained to be peer educators. They are LGBTQ and straight allies, parents of LGBTQ children, high school and college students, and individuals seeking to make a difference in the lives of others. They range in age from 15 to over 40; they are Chamorro, Chuukese, Filipino, and other ethnicities. Peer educators are certified in Applied Suicide Intervention Skills Training (ASIST), safeTALK, Suicide Postvention, HIV Risk Reduction, Tobacco Cessation, Brief Tobacco Intervention (BTI), and Storytelling for Empowerment curriculum facilitation.

Gala offers free and confidential HIV rapid testing. Results are available in 15 minutes. GALA also provides free condoms and lubes to keep them safe. We have five risk reduction specialists from both the LGBTQ and straight-ally communities. Testing on an appointment basis. GALA's HIV Prevention and Testing Program is funded by a grant from the Office of Minority Health Resource Center (Maryland) and the Guam Department of Public Health and Social Services, STD Program.

GALA can help navigate the health and social service system in Guam. They are partnered with numerous social service agencies (government and non-profit) on the island to get you the care you need. In addition, they are proud members of the Non-Communicable Disease Consortium, the HIV Planning Group, the Guam Coalition against Family Violence and Sexual Assault, the PEACE Council, the State Epidemiological Operating Workgroup, and the Guam Coalition for Peace and Justice. Referral services include linkages to immunization services offered through the Guam Department of Public Health and Social Services; family violence and sexual assault survivor services; access to employment, housing, and legal services. Services offered through partner agencies may have eligibility requirements, conditions, and costs not covered by GALA.

Over the last five years, GALA has offered support groups to LGBTQI persons. Support groups are open and closed, co-facilitated by GALA staff or interns. Support groups are topic-driven and help foster a sense of community, especially among those feeling isolated or wishing to feel connected with others. Support groups are open to LGBTQI persons over 18, who are asked to submit an intake form.

Creating LGBTQI-affirming environments and programs is a goal of GALA. GALA offers LGBTQI Sensitivity & Cultural Competence Training to government, private, and civil society organizations. Workshops can be tailored to fit the agency's needs and can be done at their location. Training is delivered by LGBTQI persons, sharing personal stories and best practices working with the LGBTQI community.

LGBTQI Sensitivity Training is intended to help agencies better work with the LGBTQI community and help to transform social service systems and workplaces to be more LGBTQI-supportive and affirming.

"Dry Nights" is a powerful collection of poetry that explores the profound impacts of love, sensuality, loss, and longing that pervade the night with memories often left unspoken in the day. Dry Nights utilize a variety of poetic forms, distinctly tropical metaphors, musical references, and exquisite illustrations to capture the tender wounds of love. This hand-sized book belies its brevity in the breadth of experiences and stories conveyed in each poem, creating a haunting prosaic of what author Pep Borja describes as "reflections about what it's like to be close to someone." Borja navigates the complex spaces of intimacy, addiction, and suicide to show how dark emotions can be vibrant in the shadows. Coated with ambiguity, intrigue, and powerful imagery, Dry Nights does not hold your hand and gently lead you; instead, it demands you jump headfirst with eyes wide open into its soul. The University of Guam Press, in partnership with acclaimed film director Brian Muña, will release a short film titled "Dry Nights" with showings at UOG and the Guam Museum. The longest scene in the movie was the interpretation of Borja's poem "Billie," about a teenage girl who died of suicide. The Press worked with George Washington High School's drama class and other youth actors to capture Billie's story.

The “Remembering Billie” Documentary will continue UOG Press's suicide prevention initiative by producing a professional documentary centering on the narratives of the mental health and suicide crisis in Guåhan. “Remembering Billie” will include dramatic flashbacks produced in partnership with Breaking Wave Theatre Company; and interviews with a range of mental health professionals, individuals, families, and organizations affected by suicide.

Breaking Wave Theatre Company (BWTC) premiered Unspoken; A Mental Health Anthology - a collection of local works and an original musical that explored the topics of mental health and suicide prevention in Guam. The production made waves through the community for its use of creative and original content to bring to light the important issues of mental health, substance abuse, and suicide prevention. After the production's success and the growing mental health crisis that resulted from the COVID-19 pandemic, it was essential to continue the work that our 2019 production started. With this in mind, BWTC produced Unspoken; Volume II, Live from Home, a virtual production that continued the conversation by using original works from creatives in Guam and beyond.

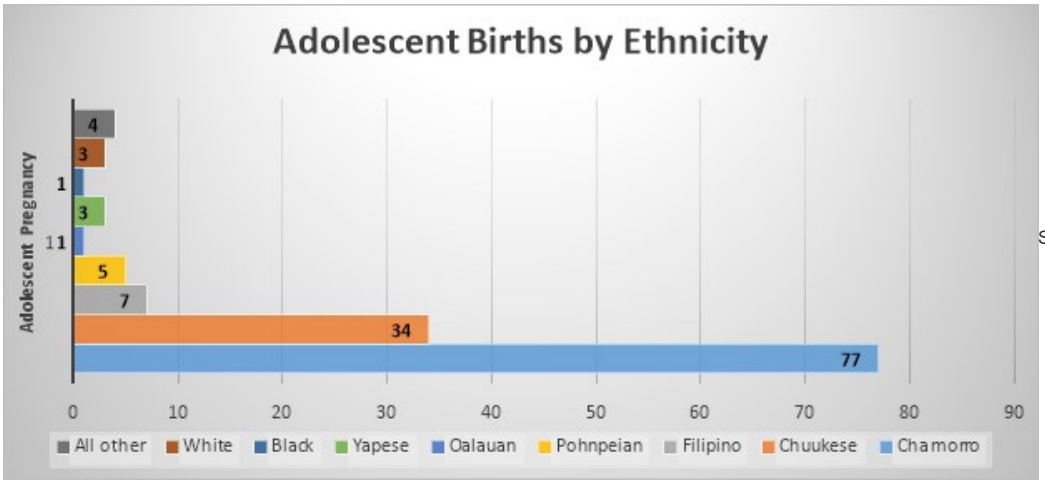
Other Adolescent Issues

Teen childbirth is a strong risk factor for poor outcomes for both infants and their mothers and is expensive for society. Teen pregnancy is closely linked to critical social and public health issues, such as intergenerational poverty and low educational attainment. It significantly contributes to high school dropout rates among girls - only approximately 50 percent of teen moms receive a high school diploma by 22 years, compared to roughly 90 percent of women who are not teen moms. These teen mothers face many struggles to adequately support their child (ren), including being more likely to live in poverty, thus affecting their future economic capacity and lifelong income. Pregnant teens are also less likely to receive timely and consistent prenatal care (45.9%) than women who become pregnant at an older age.

Years	Rate of Pregnancy in women ages 10-44	Rate of live Birth women ages 10-44 (crude birth rate)	Number of live births	Rate of Pregnancy among teens ages 10-19	Rate of live births among teens ages 10-19 (crude birth rate)	Number of teen births ages 10-19)
2018	79.1/1,000	76.8/1,000	3175	18.7/1,000	18.5/1,000	248
2019	74.1/1,000	73.6/1,000	3057	16.6/1,000	16.4/1,000	219
2020	71.4/1,000	71.4/1,000	2938	16.7/1,000	16.9/1,000	224
2021	75.1/1,000	75.1/1,000	2630	11.5/1,000	11.4/1,000	153
2022	75.1/1,000	70.1/1000	2515	10/1,000	10/1,000	135

Data Source: DPHSS Office of Vital Statistics

Teen pregnancy is still a significant public health concern, and Guam has some striking disparities in teen pregnancy by poverty, race and ethnicity, and geography. Health is created through the interaction of individual, social, economic, and environmental factors; and in systems, policies, and processes encountered in everyday life. The growing economic inequities and the persistence of health disparities in Guam experienced by youth are neither random nor unpredictable. Many youths, particularly those of Micronesian ethnicity, experience social, economic, and environmental disadvantages resulting in poverty, homelessness, unemployment, dropping out of high school, discrimination, racism, violence, bullying, and incarceration. These structural inequities lead to disparities in unplanned and unintended teen pregnancies and sexually transmitted infections (STIs). Guam's relatively low rate of teen pregnancy and childbirth results from a dramatic decline in teen pregnancies among all racial and ethnic groups during the past 20 years.



Source: DPHSS OVS

Sexual violence is sexual activity when consent is not obtained or freely given. It is considered a serious public health problem in the United States that has a profound long-term impact on the victim's health, opportunity, and well-being. Sexual violence impacts every community and affects people of all age groups, gender, and sexual orientation. Anyone can experience or perpetrate sexual violence. The perpetrator of sexual violence is usually someone the survivor knows, such as a friend, current or former intimate partner, coworker, neighbor, or family member. Sexual violence can occur in many ways, such as in-person, online, or through technology, i.e., posting or sharing sexually explicit pictures of someone without consent or non-consensual sexting.

In 2020, Guam had the second-highest sexual assaults per capita nationwide. In 2022 the Domestic Assault Response Team under the Guam Police Department reported that 240 sexual assault victims/survivors received services. Of these, 198 were minors, or 82%. This high percentage reflects that sexual assault against minors is more likely to be reported than sexual assault against adults. The Guam Healing Hearts Rape Crisis Center had 72 cases of sexual assault or rape in 2021. Of these, 62 were female, and six were male. 74% were minors. Chamorro's were 69%, Filipinos were 10%, Asians were 14%, other Pacific Islanders were 5%, Caucasians were 7%, and the rest were Black 2%, Hispanic 2%, and unknown 1%. Perpetrators were 69% family members, 20% Acquaintances, and 11% strangers.

It is felt that many cases of sexual assault are not reported for reasons which include culturally based attitudes where victims are often discouraged from reporting sexual assault. Reporting sexual assault is often viewed as bringing shame and unwanted attention to the family. Silence was encouraged to retain the integrity of the family unit, and, as a result, victims were often denied justice. Marginalized groups such as the Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) and the growing homeless population have also been identified as vulnerable segments of the community vulnerable to sexual assault.

Community partners provide new protection for victims, such as advocacy, empowerment, safety planning, and other services. However, there are still barriers to benefits, such as lack of transportation to some services, language barriers, lack of trust in interpreters from their ethnic communities, and lack of affordable, safe housing and shelters, often at total capacity.

The Healing Hearts Crisis Center (HHCC) is Guam's only Rape Crisis Center. It intends 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. It 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, regardless of when the assault occurred or the age, ethnicity, gender, or disability of the victim, Healing Hearts offers a supportive, healing atmosphere with caring people to assist them in regaining feelings of safety, control, trust, autonomy, and self-esteem.

The Preventive Health and Health Services Block Grant (PHHSBG) staff will partner with Victim Advocates Reaching Out (VARO), a local non-profit agency, to provide support for victims of sexual assault, spreading awareness, educating the victims and their families and working to educate the community to eliminate sexual violence. By providing secondary supportive services to sexual assault victims, it will help to fill a need within the community. In addition, VARO will assist victims/survivors with emotional support and finding solutions when they are in hostile and vulnerable situations. VARO will provide emotional support, safety planning, transportation when requested to other agencies for assistance, a 24/7 hotline, case management when appropriate, and assistance in finding safe shelter or housing. The outcomes of these efforts will be reported in a proposed sexual assault prevention conference in Guam.

I Lina'la-Hu, which translates to "My Life," is a Sexual Risk Avoidance Education (SRAE) Program dedicated to educating middle-school-aged youth ages 11-14 on how to voluntarily refrain from non-marital sexual activity and prevent other youth risk behaviors. As one of WPI's newer grants, I Lina'la-Hu will focus education on preventing teen pregnancies, preventing and reducing sexually transmitted infections (STIs,) preventing intimate partner and dating violence and coercion, and will incorporate education and skill building in sexual risk avoidance, responsible decision making, and the identification of local resources.

Sexually transmitted diseases (STDs) are a serious health problem for adolescents, occurring in an estimated one-quarter of sexually active teenagers. Many health problems--including STDs--result from specific risk-taking behaviors. Determinants of STD risks among adolescents include behavioral, psychological, social, biological, and institutional factors. Education is an important component in STD control in adolescents. Education aims to increase adolescent self-efficacy in practicing STD prevention and risk reduction. A comprehensive approach including quality, theory-based education, accessible and effective health clinics, and improved social and economic conditions has the most promise of controlling adolescent STDs.

The recent rise in STIs has disproportionately impacted adolescents and adults in their early 20s. Young people in this age group acquire an estimated half of all new STIs annually, yet they comprise only one-quarter of the sexually active population. As stated in the Sexually Transmitted Disease Surveillance for 2021, rates of reported Chlamydia increased among both males and females in all regions of the United States, most age groups, and all race/Hispanic ethnicity groups. Rates of reported Chlamydia are highest among adolescents and young adults. In 2021, almost two-thirds (58%) of all reported chlamydia cases were among persons aged 15–24. For Guam, the rate of Chlamydia was 423 per 100,000 (Women 640/1000 and men 575/100,000).

Rates of reported Gonorrhea have increased by 118% since their historic low in 2009. From 2020 to 2021, the overall rate of reported Gonorrhea increased by 4.6%. From 2020 to 2021, rates increased among both males and females. For Guam, the rate of Gonorrhea was 117/100000 (Women 120/10000 and men 150/10000).

Many health problems – including STDs – result from specific risk-taking behaviors. Determinants of STD risks among adolescents include behavioral, psychological, social, biological, and institutional factors. Education is an important component in STD control in adolescents. Education aims to increase adolescent self-efficacy in practicing STD prevention and risk reduction. A comprehensive approach including quality, theory-based education, accessible and effective health clinics, and improved social and economic conditions has the most promise of controlling adolescent STDs.

Beginning in grade 9, students in Guam learn about "Family Life and Human Sexuality." The School Health Education Program of Guam addresses the "prevention of risk behaviors," including "sexual behaviors that contribute to unintended pregnancy, HIV infection, and other [STDs]." The program aims to "improve educational outcomes in Guam's schools." In the Guam Department of Education, K-12 Content Standards and Performance Indicators, pregnancy, sexually transmitted infections (STIs), and HIV are mentioned in Content Standard 1: Health Promotion and Disease Prevention.

Over the past few years, sex education advocates and health providers have worked hard to develop culturally relevant and responsive resources for the indigenous populations of Guam. In 2017, a new teaching resource entitled Navigating Personal Well-being & Sexuality: A Facilitator's Guide for Working with Chuukese and Chamoru Communities was published by health providers, professionals from the Office of Minority Health Resource Center, cultural advisers, and sex education researchers to serve as a guide for educators in providing culturally responsive sex education curriculum.

In 2019, the Centers for Disease Control and Prevention (CDC) released the School Health Profiles, measuring school health policies and practices and highlighting which health topics were taught nationwide. Since the data were collected from self-administered questionnaires completed by schools' principals and lead health education teachers, the CDC notes that one limitation of the School Health Profiles is biased toward reporting more positive policies and practices. In the School Health Profiles, the CDC identifies 20 sexual health education topics as critical for ensuring a young person's sexual health. Below are key instruction highlights for secondary schools in Guam.

Guam secondary schools taught 42.9% of students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 6, 7, or 8. 100% of Guam secondary schools taught students how to access valid and reliable information, products, and services related to HIV, other STDs, and pregnancy in a required course in any of grades 9, 10, 11, or 12.

[1] Johns et al, 2019, Johns et al, 2020

Adolescent Health - Application Year

Adolescence is often a very challenging stage in a person's life. During this time, adolescents experience growth through physical development, cognitive development, social-emotional development, identity, and sexual development. Supporting adolescents' health and development and helping them prepare for their futures can have a lasting impact throughout the life course. The multifaceted nature of adolescent development and wellness means the selected NPM and its associated strategies are responsive to most priority areas, particularly health care, social support and cohesion, and community resources. The NPMs align directly with established approaches to support and enhance children and adolescents' social–emotional development and relationships, strengthen opportunities to build well-being and resilience across the lifespan and facilitate supportive environments that promote respect and dignity for all people of all ages. Other strategies related to mental health and substance use include preventing underage drinking and excessive alcohol consumption, preventing opioid and other substance misuse and deaths, preventing and addressing adverse childhood experiences, reducing the prevalence of major depressive disorders, preventing suicide, and reducing the mortality gap between the living with serious mental illness and the general population.

The Guam Tobacco Prevention Program will continue to promote Tobacco Free school policies for all Guam schools, specifically emphasizing school-wide, non-punitive discipline strategies for youth who violate the tobacco-free school policy, including promoting the second chance as an effective alternative to suspension. The Tobacco program will prioritize youth social-emotional learning with an understanding of the social determinant of health through cross-program collaboration strategies with Guam Behavior Health and Wellness designed to decrease youth risky behaviors, including tobacco and other substance abuse.

Preventive medical visits are one part of overall wellness, but data and community input point to other areas that could help adolescents thrive, such as social-emotional well-being and preparation for adulthood. As the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Surveillance Survey (YRBSS) indicated, over 46% of high school students reported feeling sad or hopeless for over two weeks in the past year, and over 16% reported attempting suicide.

Increasing help-seeking behaviors is a crucial strategy for effective suicide prevention. According to the Suicide Prevention Resource Center, "By teaching people to recognize they need support – and helping them to find it – you can enable them to reduce their suicide risk." During 2024 and subsequent years, Title V will work with partners to lower barriers youth experience when seeking help by promoting self-help tools. We will work with partners to address social and structural environmental barriers – including social-emotional learning to foster peer norms around help-seeking and working to ensure primary care providers are more culturally appropriate, welcoming, and convenient for teens.

Lesbian, gay, bisexual, transgender, questioning/queer (LGBTQ) youth experience a higher rate of health disparities than their heterosexual and cisgender peers. LGBTQ youth are twice as likely to be excluded, bullied, and assaulted at school and over half less likely to have a family member to whom they can turn for support, and transgender youth are more likely to have attempted suicide than their cisgender peers. Increasing protective factors, including family and community support and easy access to healthcare for LGBTQ youth, can help decrease the risk for behavioral health outcomes, including depression, anxiety, substance use, and suicidal thoughts and behavior.

This Guam Pediatric Mental Health Care Access Program (GPMHCAP) aims to improve access to care for pediatric patients with mental health conditions in rural and underserved communities throughout Guam. The focus of this program is to build and strengthen the capacity of best practice care among primary care and other providers supporting patients with these disorders.

The program's objectives will help providers learn about best practices and evidence-based care for patients with

complex medical conditions through didactic and case presentations. Participants will be able to:

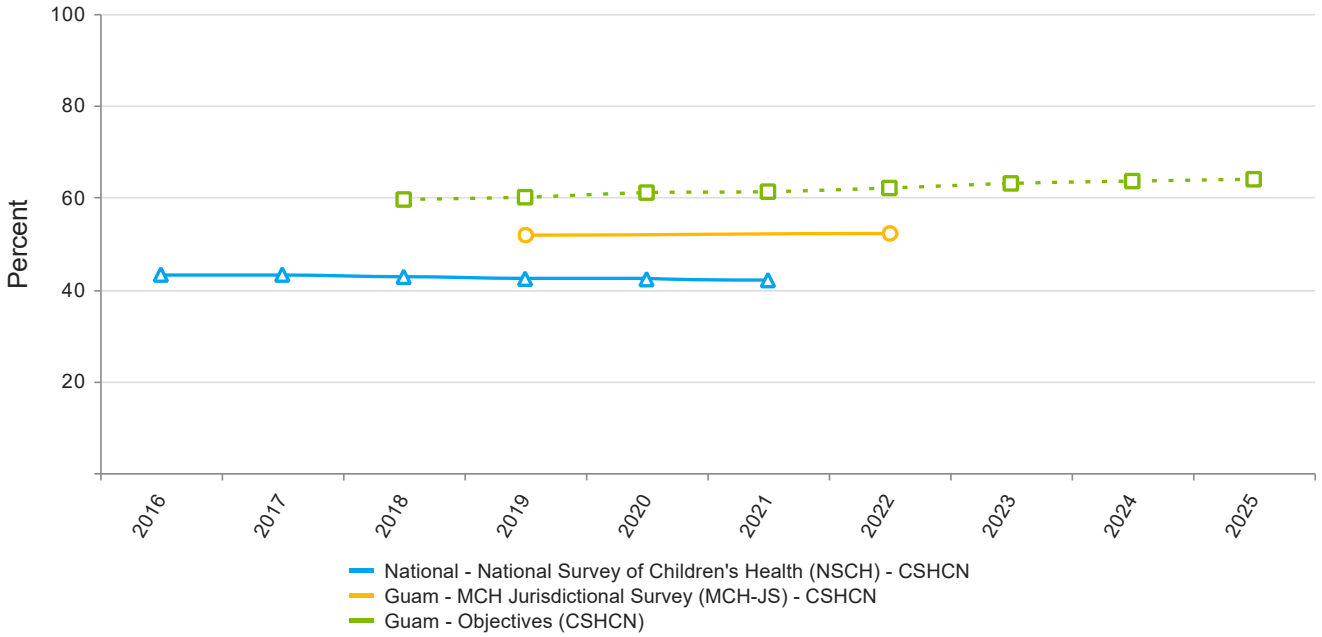
- Provide comprehensive, integrated, and responsive mental health services in community-based settings for early recognition and evidence-based management of childhood mental disorders
- Formulate and implement acceptable treatment modalities according to evidence-based guidelines
- Acquire new skills, competencies, and best practices in pediatric mental healthcare

Children with Special Health Care Needs

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**	**2022**
Annual Objective	60	61	62
Annual Indicator	51.7	51.7	52.1
Numerator	2,328	2,328	750
Denominator	4,500	4,500	1,439
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2022

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	59.5	60	61	61.2	62
Annual Indicator	51.8	51.7	51.7	51.7	
Numerator	462	2,328	2,328	2,328	
Denominator	892	4,500	4,500	4,500	
Data Source	CSHCN	MCH JS	MCH JS	MCH JS	
Data Source Year	2018	2019	2019	2019	
Provisional or Final ?	Provisional	Final	Final	Final	

Annual Objectives			
	2023	2024	2025
Annual Objective	63.0	63.5	63.9

Evidence-Based or –Informed Strategy Measures

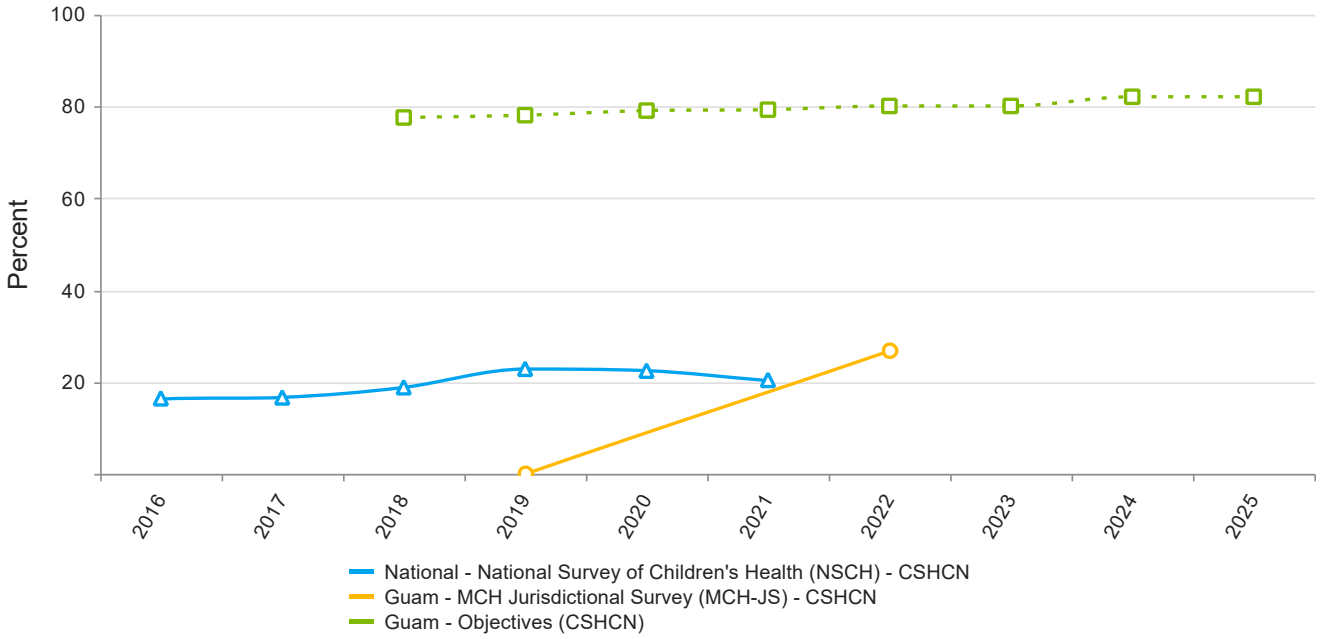
ESM 11.1 - Conduct outreach to families on availability and benefits of the medical home

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	4	5	7	7	4
Annual Indicator	5	7	0	2	1
Numerator					
Denominator					
Data Source	DPHSS	DPHSS	DPHSS	DPHSS	DPHSS
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	4.0	5.0	5.0

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**	**2022**
Annual Objective	78	79	80
Annual Indicator	0	0	26.9
Numerator	0	0	143
Denominator	840	840	532
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2022

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	77.5	78	79	79.2	80
Annual Indicator	77.7	0	0	0	
Numerator	11,115	0	0	0	
Denominator	14,302	840	840	840	
Data Source	Census	MCH JS	MCH JS	MCH JS	
Data Source Year	2018	2019	2019	2019	
Provisional or Final ?	Provisional	Final	Final	Final	

Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	82.0	82.0

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					
	2018	2019	2020	2021	2022
Annual Objective		25	35	45	0
Annual Indicator		100	0	0	0
Numerator		20	0	0	0
Denominator		20	1	1	1
Data Source		Neni 311	Neni 311	Neni 311	Neni 311
Data Source Year		2019	2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	20.0	25.0	25.0

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

Children with Special Health Care Needs - Annual Report

According to the U.S. Department of Health and Human Services, Health Resources and Service Administration (HRSA), Children and Youth with Special Health Care Needs (CYSHCN) are defined as – "Those who have or are at risk for a chronic physical, developmental, behavior, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." CYSHCN is a diverse group with wide-ranging health concerns, such as chronic and acute conditions, including mental and behavioral health. The Title V Block Grant, through HRSA, requires at least 30% of Title V funding to be targeted for CYSHCN.

The priority need developed during the Five-Year Needs Assessment was "to provide a whole child approach to services to children and youth with special health care needs." Guam Title V chooses two National Performance Measures (NPMs) - NPM # 11, "Percent of children with and without special health care needs, ages 12 through 17, who have a medical home," and 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."

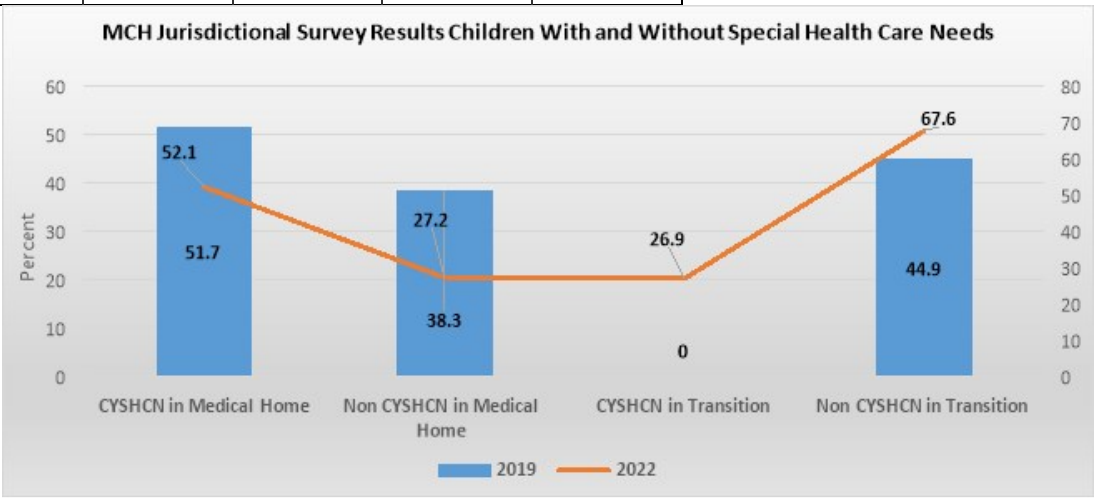
The percentage of Children with Special Health care Needs, ages 0-17, who have a medical home was 62% in 2022. The annual objective for reporting year 2022 was 62%, and the annual objective still needs to be met.

	2018	2019	2020	2021	2022
NPM #11 Objective	59.5	60	61	61.2	62
Indicator	51.8	51.7	51.7		

While many contributing factors potentially impacted this measure, the impact of Covid 19 created barriers to children accessing medical homes. In early 2022, pediatric offices and community health centers were closed. Despite these barriers to accessing pediatric primary care, the data for this NPM stayed relatively stable in Guam, from 61% to 62%.

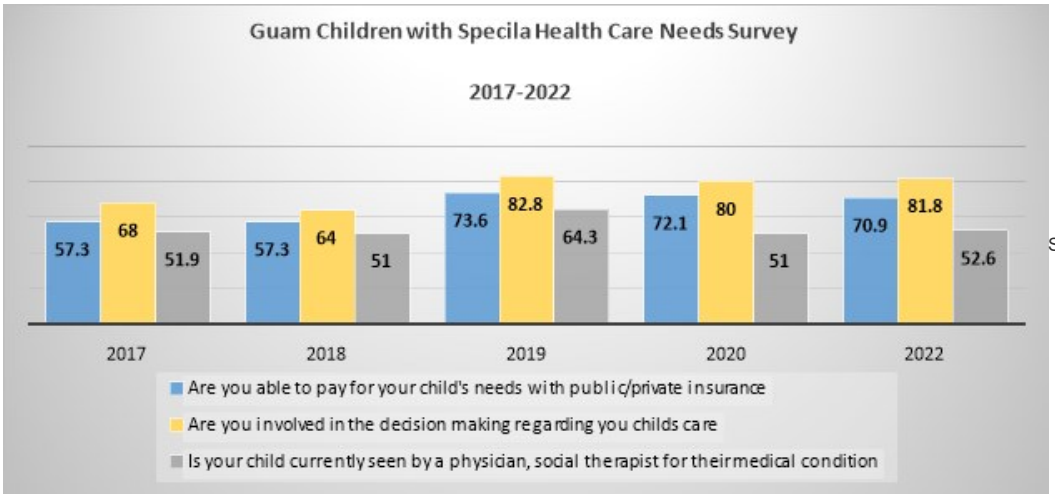
	2018	2019	2020	2021	2022
NPM #12 Objective	77.5	78	79	79.2	80
Indicator	77.7				

Source: MCH Jurisdictional Survey



According to the MCH Children with Special Health Care Needs Survey, families of CYSHCN reported barriers in accessing healthcare practices (such as insurance referrals, urgent care access, and communication with the child's primary care physician), inability to access

specialty care, communication with providers during and between visits to ensure that concerns were addressed. Lack of linkage to resources (transportation, respite care, educational and therapeutic resources). Lack of financial assistance with equipment, medications, or other needs not covered by insurance. Barriers for families whose primary language is not English or with low literacy levels.



Source: MCH CSHCN Survey

Guam Department of Education (GDOE) is a unified school district with early childhood programs and grades kindergarten through 12th grade. GDOE serves over 28,000 students across 26 Elementary schools, 8 Middle schools, 6 High schools, and one alternative school.

As a unitary educational system, GDOE serves as the U.S. Individuals with Disabilities Education Act (IDEA) and the State Educational Agency responsible for providing special education and related services for 1,170 children and youth with disabilities ages three through 21, representing approximately 5.9% of GDOE's student population. GDOE's identification rate is low, considering the national average is around 15%. Most preschoolers and school-age students with disabilities are in the classroom with their peers without disabilities in school settings.

Disability category	Guam Children ages 3-5 with disabilities	U.S. Children ages 3-5 with disabilities	Guam Children ages 6-21 with disabilities	U.S. Children ages 6-21 with disabilities
Autism	8.9	6.9	6.6	7.2
Developmental Delay*	27.9	37.2		
Emotional Disturbance	0	0	6.3	6.5
Hearing Impairment	0	1.3	2.7	1.2
Intellectual Disabilities	0	1.1	4.5	7.6
Multiple Disabilities	0	1.1	4	2.2
Orthopedic Impairment	0	1	1	1
Other health Impairment	0	2.8	9.3	12.9
Specific learning disabilities	0	1.2	55.7	41.5
Speech/language Impairment	48.6	45.9	9	18.9
Traumatic brain injury	0	0.1		0.4
Visual impairment	0	0.5	0.7	0.5
Developmental delay is only allowable through age 9, age group 6-21 cannot be calculated.				

Source: GDOE Special Education

GDOE also serves as the lead agency for the IDEA Part C provisions for early intervention services for 143 eligible young children with disabilities aged birth to three years old, representing 1.65% of the Guam Census 2020 for the age group. Guam's overall identification rate for young children with disabilities continues to be lower than the national data. In the latest IDEA Part C Annual Performance Report, GDOE reported providing early intervention services for 1.13% of infants and toddlers birth to one, compared to the national average of 1.55% for the same age group. For the birth to tree age group, GDOE reported providing early intervention services for 1.65% of infants and toddlers, compared to the national data of 3.26% for the same age group.

Guam's Family Health Information Resource Center (FHIRC) is a "one-stop" center for all CYSHCN and their families to obtain information, support, and assistance to meet their needs and, if needed, get referrals to other agencies and/or programs.

Guam's FHIRC was initially located at the Northern Regional Community Health Center (NRCHC); however, FHIRC had to vacate the office during the pandemic, and the program moved to the MCH CYSHCN program. The partnership has many benefits, such as identifying, supporting, and recruiting families.

The Centers for Disease Control and Prevention's (CDC) "Learn the Signs. Act Early" (LTSAE) Program aims to improve early identification of children with autism and other developmental disabilities so children and families can get the services and support they need. Guam's CDC early Ambassador is actively promoting the "Learn the Signs. Act Early" initiative on the island. The initial training of the Guam Medical Society was conducted by a Developmental-Behavioral Pediatrician at Kapiolani Medical Center and the President of the Hawaii chapter of the American Academy of Pediatrics. There were nine physicians and 12 Service Providers that attended the 2-hour session. A local physician assisted the GELC in identifying a Champion in promoting the importance of developmental monitoring/surveillance and screening. This work moved forward with the training of 18 parents to become LTSAE Parent Advocates. Training on the updated CDC Developmental Milestones Checklist and Parent Engagement Developmental Monitoring was conducted with the following programs – WIC (21 staff), Childcare and Family Care (47 providers), and Parent Advocates (18 attendees).

An already existing committed collaboration of partners for children and families in Guam's Early Childhood Comprehensive System is led by the Guam Early Learning Council (GELC), established in 2008 by Executive Order and confirmed by Public Law 31-62 in 2011. The GELC supports the coordination and collaboration of agencies and organizations, both public and private, serving young children (birth to eight years old) and their families. Members of

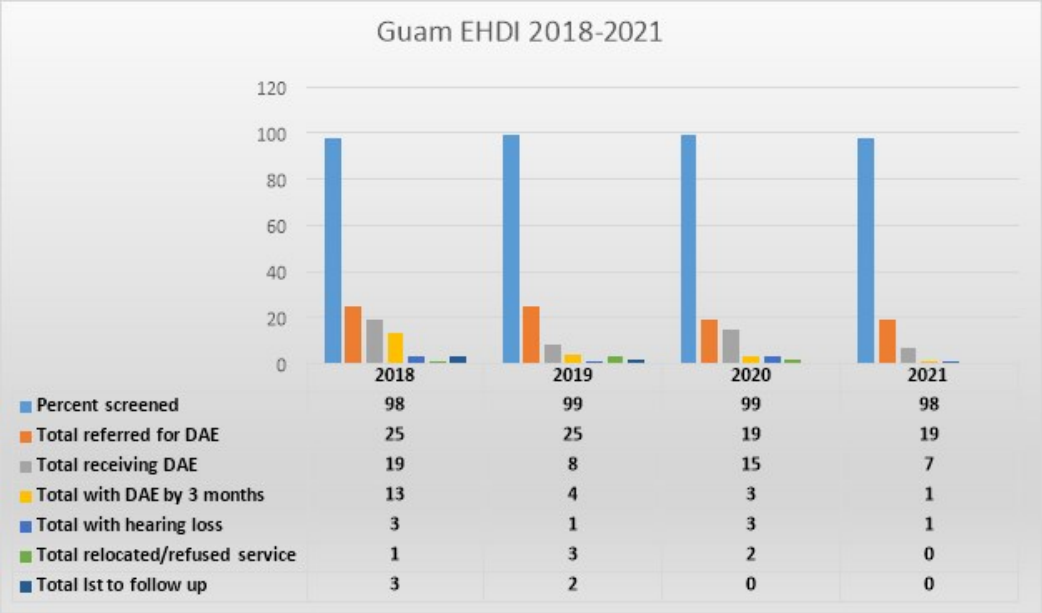
the GELC are parents and representatives from crucial child-serving agencies, including government agencies and private organizations.

The Guam Comprehensive Hemophilia Care Program (GCHCP) members of the small bleeding disorder community go from living their lives controlled by their bleeding disorders to controlling their bleeding disorders 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 in Guam, many individuals with a disease missed school, work, and social activities because of inadequate treatment. There are 20 (16 males and four females) presently in the program.

In 1999, the Emergency Medical Services for Children (EMSC) Program created the Family Advisory Network (FAN) to facilitate the inclusion of family representatives in state EMSC programs. FAN aims to get parents' viewpoints, especially parents of children with special health care needs, involved in all aspects of pediatric emergency care. Today, the FAN membership includes family representatives from most states and U.S. Territories. The Guam Title V CYSHCN Social Worker is Guam's representative.

The EMSC Advisory Committee serves as a forum for issues that have a potential impact on the emergency care and transport of all pediatric patients in Guam; to educate prehospital providers, other health practitioners, and the general public regarding the provision of services available through the emergency medical services for children program; to formulate recommendations which reflect the interest and opinion of pediatric emergency care and injury prevention professionals. The EMSC Advisory Committee is a part of the EMS structure for advising the Guam Department of Public Health and Social Services. The Title V Program Manager is Sectary for the EMS Commission.

The Guam Early Hearing Detection and Intervention (Guam EHDI) Project has facilitated universal newborn hearing screening in Guam since 2008. The project has guided the development of a comprehensive and collaborative system in achieving a systematic process that ensures that all babies born in Guam receive a hearing screening before they leave their birthing facility. Guam EHDI has facilitated the implementation of the 1-3-6 requirement of screening all infants born on Guam for hearing loss by one month of age, receiving a diagnostic evaluation for infants who refer their outpatient by three months of age, and enrollment of infants identified with a hearing loss into early intervention services by six months of age.



Source: Guam EHDI

Over 20 percent of children aged 3–17 in the United States have at least one diagnosed mental, emotional, developmental, or behavioral condition. If untreated, these conditions can become more severe and affect long-term health and well-being outcomes in children and adults. These conditions can emerge in infancy and early childhood, heightening the importance of preventive measures and early identification in supporting long-term child well-being. According to the 2022 Maternal and Child Health Jurisdictional Survey in Guam, only 22.1% of children aged 3 through 17 years with a mental or behavioral condition received treatment or counseling. Among children identified with special health care needs, only 8.6% report receiving care in a well-functioning system, and among children and adolescents, 2.8% of those were not able to obtain the care they needed. A factor contributing to the gap between identifying and treating children's behavioral health disorders is the need for more services or treatment options in Guam.

There is a lack of growth in the workforce for child psychiatrists, developmental-behavioral pediatricians, advanced practice nurses in psychiatry or mental health, and child psychologists. The outlook for these professionals and their availability in Guam is even more dire. There are not locally based developmental-behavioral pediatricians or advanced practice nurses in psychiatry or mental health. The U.S. currently has 9.75 child psychiatrists per 100,000 children aged 0 to 19, a rate considerably lower than the recommended 47 child psychiatrists per 100,000. Guam continues to prioritize the recruitment of psychiatrists for Guam. However, recruitment for clinical professionals has historically been challenging within the territory and recently exacerbated by the COVID-19 pandemic.

Healthcare access and barriers are also relevant to understanding and addressing mental and behavioral health in Guam. In particular, the island's geographical isolation may limit expedient access to specialty mental healthcare and other specialty care essential for detecting and addressing risk drivers. While mental healthcare services are available in Guam (SEOW, 2021), local media reports have indicated concerns regarding the need for more psychiatric providers in Guam. For specialty healthcare offered outside of Guam (e.g., via telehealth or in-person), healthcare providers may be unfamiliar with cultural considerations germane to effectively providing care. Moreover, cultural norms (e.g., respect for older adults), attitudes (e.g., stigma), and beliefs (e.g., religious) regarding mental health may pose additional barriers to accessing services.

The Guam Pediatric Mental Health Care Access Project will work to address this multi-faceted issue.

The Guam Pediatric Mental Health Care Access Program (GPMHCAP) will build upon existing infrastructure to promote behavioral health integration into pediatric primary care. The goal will be to reduce healthcare disparities by creating greater accessibility to meaningful training and consultative information on pediatric behavioral health for primary care providers. To accomplish this goal, the GPMHCAP will develop a startup and implementation plan at the direction of an established Advisory Board. The Advisory Board shall consist of DPHSS, GBHWC, community clinics, and private pediatric primary care physicians.

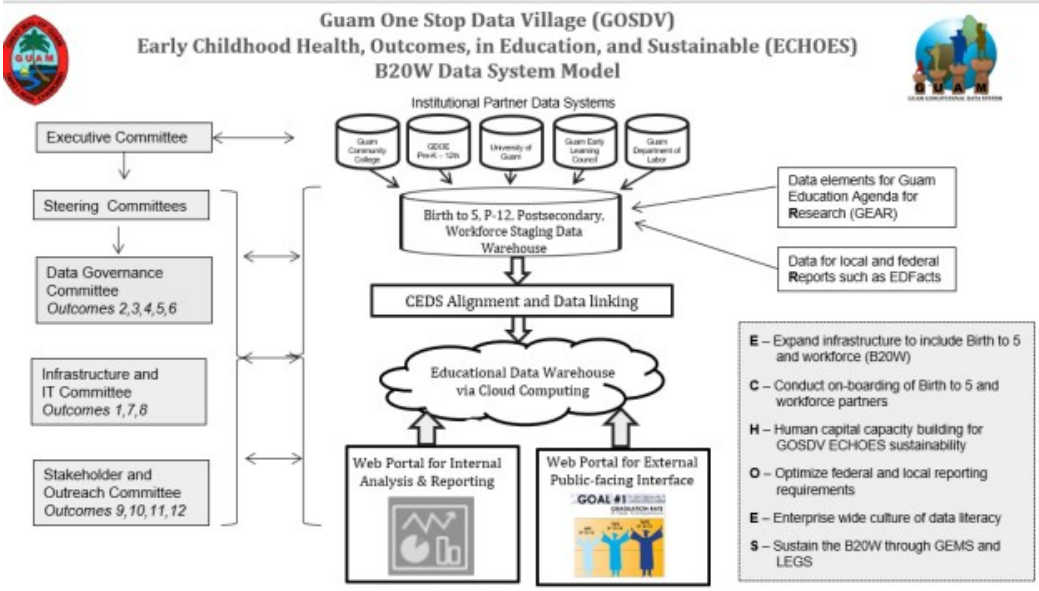
The ChildLink Data System is being utilized and working well for the needs of our CYSHCN. We worked with the developer of ChildLink to build a new CYSHCN system combining all CYSHCN programs (FHIRC, Shriners, and Title V). Reports can be generated as needed or requested. The system developer is available for any "teaks" to the system, or any new fields requested.

The Birth to 5 data system composed of five siloed ChildLink data systems are not interoperable. Though a unique ID is assigned to a child, duplications continue, and service gaps still need to be solved. These young ones will enter the public school system and later either UOG, GCC or join the workforce. The information on early care and early education can help educators at all levels, and policymakers understand the efficacy of early interventions. As noted earlier, no longitudinal data is available for policymakers to make an informed assessment of whether they should continue to approve the funding or to legislate the expansion of, rescind, or further support previous policies discussed earlier, such as universal pre-K, socio-emotional learning for young children, and others.

On behalf of the Territory of Guam, the Joint Boards of Education (Joint Boards), the Guam Early Learning Council (GELC), and the Guam Department of Labor (GDOL), the Guam Department of Education (GDOE) is applying for $3.75 million from the Institute of Education Sciences (IES) to expand the island's state longitudinal data system (SLDS) under Priority I: Infrastructure and Interoperability by integrating Birth to 5 (B5) data and initial workforce data in the Guam One Stop Data Village (GOSDV).

The infrastructure build-up and the enabling of the interoperability of B5 and workforce data system with the GOSDV to build the B20W longitudinal data system in collaboration with the existing partners, namely the University of Guam (UOG) and the Guam Community College (GCC) and the new partners namely the Guam Department of Labor specifically the Bureau of Labor Statistics, the Guam Early Learning Council (GELC), the Department of Public Health and Social Services (DPHSS), specifically the Guam Preschool Development Grant Project (PDG-B5), and the Guam Interagency Coordinating Council (GICC) operating as the Guam Early Intervention System (GEIS). The GOSDV will strengthen the partnership between and among these partners to provide quality information to policymakers, program planners, and decision-makers across the B5, early education, K12 through postsecondary and workforce spectrum. Including Birth to Five and initial Workforce data into the GOSDV will carry the acronym GOSDV ECHOES B20W, spelled out as the Guam One Stop Data Village Early Childhood Health, Outcomes in Education and Sustainable Workforce project.

As mentioned earlier, the lack of a comprehensive, interoperable early childhood data system has created gaps and adverse outcomes, such as (1) a significant proportion of children who are in or needing foster care are not able to avail of urgent health and education services, (2) inequity and disproportionality exist in the provision of early childhood services among the Compact of Free Association (COFA) children, and (3) lack of accessibility to services for vulnerable young children who come from low income, economically disadvantaged families, have low student achievement, have developmental delays and/or disabilities, who speak a language other than English, or who are at risk of poor outcomes, (4) there is no mechanism for tracking unduplicated number of children being served by early childhood programs (5) there is no interoperable system that shares information among programs.


Guam One Stop Data Village (GOSDV)
Early Childhood Health, Outcomes, in Education, and Sustainable (ECHOES)
B20W Data System Model
Institutional Partner Data Systems
Executive Committee
Steering Committees
Data Governance Committee
Outcomes 2,3,4,5,6
Infrastructure and IT Committee
Outcomes 1,7,8
Stakeholder and Outreach Committee
Outcomes 9,10,11,12
Birth to 5, P-12, Postsecondary, Workforce Staging Data Warehouse
Data elements for Guam Education Agenda for Research (GEAR)
Data for local and federal Reports such as EDFacts
CEDS Alignment and Data linking
Educational Data Warehouse via Cloud Computing
Web Portal for Internal Analysis & Reporting
Web Portal for External Public-facing Interface
E – Expand infrastructure to include Birth to 5 and workforce (B20W)
C – Conduct on-boarding of Birth to 5 and workforce partners
H – Human capital capacity building for GOSDV ECHOES sustainability
O – Optimize federal and local reporting requirements
E – Enterprise wide culture of data literacy
S – Sustain the B20W through GEMS and LEGS

Source: GDOE

Children with Special Health Care Needs - Application Year

The Guam Title V Children and Youth with Special Health Care Needs (CYSHCN) program recognizes that CYSHCN and their families often do not receive effective care coordination and are not linked to the resources available to them that address their special needs and allow them to participate fully in public life.

For the 2024 Application year, the priorities for CUSHCN are to strengthen systems of care to advance inclusivity and promote equitable and optimal outcomes for children and youth with special healthcare needs and engage individuals, families, and communities as partners in the development and implementation of programs and policies that promote health equity.

Title V will continue to focus on six outcome areas tied to national performance measures for CYSHCN that were adopted and promoted to HRSA's Maternal and Child Health Bureau (MCHB): 1) families are partners; 2) medical homes; 3) financing of care for needed service; 4) coordinated services; 5) early and continuous services; 6) effective transition to adult health care.

Title V's CYSHCN program will continue to focus on improving the transition to adult services; identification, screening, assessment, and referral; education and awareness; family and youth engagement; inclusion and community-based services and supports. Through partners, Title V will continue supporting NPM # 12 (percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to transition to adult health care).

MCH will be an implementation partner with the Guam Pediatric Mental Health Care Access Program (GPMHCAP) in the upcoming year. The program will increase the timely detection, assessment, treatment, and referral of children and youth with behavioral health disorders in a pediatric primary care setting.

The Title V CYSHCN will continue education and awareness. The CYSHCN program will continue to partner with the Family Health Information Resource Center (FHIRC) to connect families to highly skilled, knowledgeable individuals that can provide first-hand experience and understanding of the challenges faced by families of CYSHCN.

In addition, the program will respond to calls that come through Neni 311 to provide families and community partners information related to navigating the systems of care, such as insurance options, resources for chronic conditions, developmental screening, early intervention, childcare resources, eligibility requirements for services, and educational supports for families.

Title V's CYSHCN Program will continue to partner and work with the following:

- Preschool Development Grant – which focuses on building systems to promote a comprehensive network of services and programs that helps children with special health care needs and those at risk for chronic, developmental, behavioral, or emotional conditions reach optimal developmental health.
- Early Intervention provides intervention services for eligible children, ages 0-3 years, with developmental delay or at biological risk as mandated by Part C of the Individuals with Disabilities Education Act.
- Newborn Hearing Screening – This provides newborn hearing screening for infants as required by Guam law to identify hearing loss early so that children can receive timely early intervention 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

The Guam Title V MCH Program strives to solicit public input to guide program development, implementation, and evaluation. Title V staff seek opportunities to invite stakeholders, people with lived experience, and the public to offer valuable input into policy and program development to ensure they meet the unique cultural needs of Guam's diverse population and communities.

The Guam Title V Maternal and Child Health (MCH) team is committed to collecting input throughout the year and works in partnership with programs and agencies to assess and identify needs and priorities. Guam's MCH team attends webinars, is present at community meetings, joins advisory groups, attends conferences, presents at events, and more. This guarantees that Title V obtains available data, and that Title V is always at the table. The Title V team recognizes the need for Guam to seek and obtain a broad spectrum of input and received many voices throughout the Title V application year – men, women, families, stakeholders, MCH workforce, partners, health experts, advisory boards, and more.

The Title V Program has conducted multiple presentations on the findings from the Title V MCH Needs Assessment and collected input from providers, academics, families, community-based organizations, and other state agencies. Title V Needs Assessment data continues to be used in program reports, grant solicitations, and public presentations.

In the past, the completed MCH annual report and grant application were posted, in its entirety, on the Guam Department of Health and Social Services website for public comment. The posting of the MCH annual report and application would also be announced in the legal sections of newspapers across the island with instructions on where to find the document online. To provide comments, the public was directed to mail a letter or set up an in-person meeting with the MCH director. No comments were ever received.

After submission of the Application/Annual Report to HRSA and following our Annual Review, the FY 2024 Application/FY 2022 Annual Report will be posted to the Title V webpage on the DPHSS website. This webpage also includes the ability for visitors to leave public comments. The Title V Manager is responsible for addressing the received public statements, responding, and making recommendations for incorporation into Title V practice and interventions.

III.G. Technical Assistance

Technical Assistance

Some potential areas of needed technical assistance as we work on our Action Plan strategies include:

- Support for entry-level epidemiologists to receive training in statistical methods and how to use statistical software to query and analyze public health data.
- Additional training related to health equity and anti-racism, specifically how to incorporate and operationalize these concepts in maternal child health programs.
- Training on how to collaborate effectively with emergency preparedness programs to incorporate MCH considerations.
- Training related to compassion fatigue, burnout, and resilience for MCH professionals.

Additional requests for technical assistance will be made as the needs arise.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - GU_MOU_FY22.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - GU_MOU_FY23 CBP Revised (2).pdf

Supporting Document #02 - Fetal Death Poster.pdf

Supporting Document #03 - MMRIA_GUAM_POSTER_3_10_2023 (003) (3).pdf

Supporting Document #04 - AMCHP 2023 Poster - Nairi Kalpakian (002) (4).pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - BFHNS Org Chart.pdf

VII. Appendix

+

This page is intentionally left blank.

Form 2
MCH Budget/Expenditure Details

State: Guam

	FY 24 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 742,210	
A. Preventive and Primary Care for Children	$ 231,228	(31.1%)
B. Children with Special Health Care Needs	$ 228,330	(30.7%)
C. Title V Administrative Costs	$ 74,095	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 533,653	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 572,330	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
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)	$ 572,330	
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)	$ 1,314,540	
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)	$ 1,308,255	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 2,622,795	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventing Maternal Deaths: Supporting Maternal Mortality Review Committees	$ 147,686
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Family Professional Partnership/CSHCN	$ 83,108
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	$ 977,461
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000

	FY 22 Annual Report Budgeted		FY 22 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 760,558 (FY 22 Federal Award: $ 773,963)		$ 742,210	
A. Preventive and Primary Care for Children	$ 228,168	(30%)	$ 224,868	(30.2%)
B. Children with Special Health Care Needs	$ 228,168	(30%)	$ 228,330	(30.7%)
C. Title V Administrative Costs	$ 76,055	(10%)	$ 73,995	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 532,391		$ 527,193	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 0		$ 572,330	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 570,419		$ 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)	$ 570,419		$ 572,330	
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		$ 1,314,540	
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		$ 728,942	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 2,477,727		$ 2,043,482	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 50,000	$ 15,683
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	$ 666,687
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Family Professional Partnership/CSHCN	$ 96,750	$ 46,572

Form Notes for Form 2:

None

Field Level Notes for Form 2:

None

Data Alerts:

- The value in Line 3, State MCH Funds, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please add a field level note indicating the reason for the discrepancy.
- The value in Line 4, Local MCH Funds, Annual Report Expended is greater or less than 10% of the Annual Report Budgeted. Please add a field level note indicating the reason for the discrepancy.

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Guam

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 119,429	$ 128,445
2. Infants < 1 year	$ 89,128	$ 86,572
3. Children 1 through 21 Years	$ 231,228	$ 224,868
4. CSHCN	$ 228,330	$ 228,330
5. All Others	$ 0	$ 0
Federal Total of Individuals Served	$ 668,115	$ 668,215

IB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 113,086	$ 182,652
2. Infants < 1 year	$ 45,335	$ 65,489
3. Children 1 through 21 Years	$ 182,681	$ 134,415
4. CSHCN	$ 157,133	$ 189,774
5. All Others	$ 0	$ 0
Non-Federal Total of Individuals Served	$ 498,235	$ 572,330
Federal State MCH Block Grant Partnership Total	$ 1,166,350	$ 1,240,545

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

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 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 459,558	$ 437,820
3. Public Health Services and Systems	$ 282,652	$ 304,390
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		$ 0
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		$ 0
Federal Total	$ 742,210	$ 742,210

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 308,461	$ 200,559
3. Public Health Services and Systems	$ 189,774	$ 118,067
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		$ 0
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		$ 0
Non-Federal Total	$ 498,235	$ 318,626

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: 2,521 **Data Source Year: 2022**

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	2,521 (100.0%)	19	6	6 (100.0%)

Program Name(s)				
Argininosuccinic Aciduria	Biotinidase Deficiency	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia
Cystic Fibrosis	Glycogen Storage Disease Type II (Pompe)	Hearing Loss	Mucopolysaccharidosis Type I (MPS I)	Primary Congenital Hypothyroidism
Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1				

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

When testing is completed, the Newborn Screening Laboratory issues a report of all test results to the specimen submitter, usually the birthing facility. In addition to this laboratory report, abnormal, unsatisfactory, and invalid test results are reported by the DPHSS's Title V program.

The physician of record or the birthing hospital newborn screening contact person is expected to inform the parent or guardian. If the newborn has a new primary care provider, the new physician should follow up on abnormal test results and facilitate recommended follow-up activities. Necessary follow-up may include evaluating the newborn's medical condition and collecting a repeat newborn screening specimen or referral to a pediatric medical specialist for diagnostic testing. If the mother cannot be contacted, the birth hospital and/or DPHSS may be needed to help locate the family.
Community Health Nurses (RNs)from the BFHNS will check the home address and the Mayor's office first then home address.

Form Notes for Form 4:

Newborns that are confirm positive, will be monitored by DPHSS Medical Advisor Dr. Robert Leon Guererro at the Northern Community Health Center for over 2 yrs until stable. No new NBS test done for Other children.

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 2022

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	2,361	35.0	0.0	62.0	3.0	0.0
2. Infants < 1 Year of Age	2,360	35.0	0.0	62.0	3.0	0.0
3. Children 1 through 21 Years of Age	6,535	30.0	0.0	66.0	4.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	834	29.0	0.0	69.0	2.0	0.0
4. Others	630	13.0	0.0	83.0	4.0	0.0
Total	11,886					

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	2,623	Yes	2,623	90.0	2,361	2,361
2. Infants < 1 Year of Age	2,622	Yes	2,622	90.0	2,360	2,360
3. Children 1 through 21 Years of Age	61,778	Yes	61,778	92.0	56,836	6,535
3a. Children with Special Health Care Needs 0 through 21 years of age^	1,817	Yes	1,817	53.0	963	834
4. Others	103,901	Yes	103,901	25.0	25,975	630

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2022**
	Field Note: used reference data	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2022**
	Field Note: total live births	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: used reference data	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: used reference data	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2022**
	Field Note: used reference data	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2022**
	Field Note: used reference data	
2.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2022**
	Field Note: used reference data	
3.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: used reference data	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: used reference data	
5.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2022**
	Field Note: used reference data	

Data Alerts:

1.	Pregnant Women, 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.
2.	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 2022

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	2,521	179	39	0	0	599	1,644	0	60
Title V Served	2,521	179	39	0	0	599	1,644	0	60
Eligible for Title XIX	1,629	23	1	0	0	179	1,392	0	34
2. Total Infants in State	2,521	179	39	0	0	599	1,644	0	60
Title V Served	1,452	16	2	0	0	481	942	0	11
Eligible for Title XIX	2,521	179	39	0	0	599	1,644	0	60

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	2024 Application Year	2022 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	2024 Application Year	2022 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		
4. Number of Hits to the State Title V Program Website		
5. State Title V Social Media Websites		
6. Number of Hits to the State Title V Program Social Media Websites		

Form Notes for Form 7:

None

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	Hagatna / GU / 96910
Telephone	(671) 634-7408
Extension	0
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	Hagatna / GU / 96910
Telephone	(671) 634-7408
Extension	
Email	margarita.gay@dphss.guam.gov

3. State Family Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Guam

Application Year 2024

No.	Priority Need
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

Form Notes for Form 9:

None

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 10
National Outcome Measures (NOMs)

State: Guam

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

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
2021	64.4 %	1.1 %	1,316	2,042
2020	64.1 %	1.0 %	1,389	2,166
2019	64.2 %	1.0 %	1,566	2,440
2018	60.7 %	1.0 %	1,579	2,603
2017	59.3 %	0.9 %	1,724	2,908
2016	60.2 %	0.9 %	1,838	3,053
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

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	
	2022
Annual Indicator	52.2
Numerator	1,317
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

NOM 1 - Notes:

None

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
2017_2021	NR	NR	NR	NR
2016_2020	NR	NR	NR	NR
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

	2022
Annual Indicator	79.3
Numerator	2
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

NOM 3 - Notes:

None

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
2021	10.4 %	0.6 %	270	2,605
2020	9.3 %	0.6 %	263	2,817
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
2022	7.0 %	1.6 %	3,640	52,312
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	
	2022
Annual Indicator	9.1
Numerator	229
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

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**
2021	12.6 %	0.7 %	327	2,600
2020	11.6 %	0.6 %	329	2,834
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**
2022	7.1 %	2.2 %	3,732	52,312
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	
	2022
Annual Indicator	24.0
Numerator	605
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

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**
2021	34.0 %	0.9 %	884	2,600
2020	33.0 %	0.9 %	936	2,834
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	
	2022
Annual Indicator	20.0
Numerator	505
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

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**
2020	11.8	2.0	35	2,960
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	
	2022
Annual Indicator	15.7
Numerator	40
Denominator	2,555
Data Source	DPHSS OVS
Data Source Year	2022

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**
2020	8.2	1.7	24	2,935
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	
	2022
Annual Indicator	10.7
Numerator	27
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

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**
2020	4.8 ϟ	1.3 ϟ	14 ϟ	2,935 ϟ
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	
	2022
Annual Indicator	5.2
Numerator	13
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

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**
2020	3.4 ϟ	1.1 ϟ	10 ϟ	2,935 ϟ
2019	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2018	3.5 ϟ	1.1 ϟ	11 ϟ	3,165 ϟ
2017	NR ⚑	NR ⚑	NR ⚑	NR ⚑
2016	4.7 ϟ	1.2 ϟ	16 ϟ	3,432 ϟ
2015	4.5 ϟ	1.2 ϟ	15 ϟ	3,366 ϟ
2014	4.1 ϟ	1.1 ϟ	14 ϟ	3,392 ϟ
2013	4.0 ϟ	1.1 ϟ	13 ϟ	3,282 ϟ
2012	3.6 ϟ	1.0 ϟ	13 ϟ	3,590 ϟ
2011	5.8 ϟ	1.3 ϟ	19 ϟ	3,294 ϟ
2010	5.6 ϟ	1.3 ϟ	19 ϟ	3,414 ϟ
2009	3.8 ϟ	1.1 ϟ	13 ϟ	3,414 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	
	2022
Annual Indicator	16.3
Numerator	41
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

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**
2020	374.8	113.2	11	2,935
2019	394.6	114.1	12	3,041
2017	NR	NR	NR	NR
2016	553.6	127.4	19	3,432
2015	445.6	115.3	15	3,366
2014	NR	NR	NR	NR
2013	NR	NR	NR	NR
2012	362.1	100.6	13	3,590
2011	303.6	96.2	10	3,294
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	
	2022
Annual Indicator	555.3
Numerator	
Denominator	
Data Source	
Data Source Year	

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**
2020	NR	NR	NR	NR
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	
	2022
Annual Indicator	39.7
Numerator	1
Denominator	2,521
Data Source	DPHSS OVS
Data Source Year	2022

NOM 9.5 - Notes:

None

Data Alerts: None

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.

NOM 10 - Notes:

None

Data Alerts:

1.	Data has not been entered for NOM 10. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.

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

Federally available Data (FAD) for this measure is not available/reportable.

NOM 11 - Notes:

None

Data Alerts:

1.	Data has not been entered for NOM 11. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.

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
2022	5.9 %	1.7 %	2,930	49,760
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**
2021	NR	NR	NR	NR
2020	NR	NR	NR	NR
2019	35.5	11.2	10	28,204
2018	NR	NR	NR	NR
2017	NR	NR	NR	NR
2016	41.9	12.1	12	28,626
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	
	2022
Annual Indicator	30.0
Numerator	8
Denominator	26,705
Data Source	DPHSS OVS
Data Source Year	2022

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**
2021	NR	NR	NR	NR
2020	42.1	12.2	12	28,481
2019	NR	NR	NR	NR
2018	38.3	11.5	11	28,745
2017	62.7	14.8	18	28,721
2016	69.7	15.6	20	28,692
2015	53.2	13.7	15	28,201
2014	59.7	14.5	17	28,470
2013	45.3	12.6	13	28,709
2012	51.7	13.4	15	28,990
2011	55.0	13.8	16	29,079
2010	55.3	13.8	16	28,938
2009	62.4	14.7	18	28,862

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	33.1
Numerator	9
Denominator	27,188
Data Source	DPHSS OVS
Data Source Year	2022

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**
2019_2021	NR	NR	NR	NR
2018_2020				
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	
	2022
Annual Indicator	3.7
Numerator	1
Denominator	27,188
Data Source	DPHSS OVS
Data Source Year	2022

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**
2019_2021	NR	NR	NR	NR
2018_2020	NR	NR	NR	NR
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	
	2022
Annual Indicator	14.7
Numerator	4
Denominator	27,188
Data Source	DPHSS OVS
Data Source Year	2022

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
2022	2.8 % ϟ	0.9 % ϟ	1,439 ϟ	52,312 ϟ
2019	8.6 %	2.0 %	4,500	52,312

Legends:

ϟ 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
2022	0 %	0	0	1,439
2019	22.1 %	11.4 %	996	4,500

Legends:

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
2022	0.7 %	0.7 %	286	43,087
2019	0.5 %	0.5 %	219	44,449

Legends:

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
2022	1.7 %	1.4 %	744	43,087
2019	0.5 %	0.5 %	228	44,449

Legends:

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
2022	26.6 %	14.1 %	445	1,675
2019	31.6 %	25.9 %	524	1,661

Legends:

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
2022	85.0 %	2.1 %	44,471	52,312
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
2020	8.7 %	0.6 %	195	2,234
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 <20 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
2022	37.1 %	5.0 %	8,918	24,039
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
2022	26.8 %	4.4 %	13,996	52,312
2019	12.8 %	3.9 %	6,693	52,312

Legends:

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
2018	51.7 %	5.3 %	2,000	3,000
2017	40.6 %	5.3 %	1,000	3,000
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
2021_2022	58.3 %	2.1 %	28,013	48,050
2020_2021	51.5 %	2.4 %	23,991	46,584
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
2021	70.0 %	3.8 %	9,987	14,270
2020	68.3 %	3.3 %	9,571	14,010
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**
2021	72.7 %	3.8 %	10,371	14,270
2020	74.5 %	3.0 %	10,431	14,010
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
2021	71.0 %	3.9 %	10,129	14,270
2020	70.4 %	3.3 %	9,858	14,010
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**
2021	23.8	2.0	150	6,296
2020	33.0	2.3	214	6,491
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	
	2022
Annual Indicator	19.4
Numerator	131
Denominator	6,746
Data Source	DPHSS OVS
Data Source Year	2022

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
2022	36.0 %	9.5 %	1,655	4,600
2019	44.9 %	16.2 %	1,602	3,565

Legends:

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
2022	2.2 %	0.9 %	1,177	52,312
2019	4.0 %	1.2 %	2,079	52,312

Legends:

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)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective			64	64.3	64.4
Annual Indicator		67.9	72.6	69.9	70.7
Numerator		19,695	21,321	20,768	20,857
Denominator		29,007	29,366	29,691	29,494
Data Source		BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year		2018	2019	2020	2021

Previous NPM-1 BRFSS data for survey year 2017 that was pre-populated under the 2018 Annual Report Year 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**	**2022**
Annual Objective		64	64.4
Annual Indicator	59.1	59.1	46.4
Numerator	24,193	24,193	19,418
Denominator	40,968	40,968	41,841
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	62.5	63	64	64.3	64.4
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			
Provisional or Final ?	Final	Final			

Annual Objectives			
	2023	2024	2025
Annual Objective	64.5	64.0	63.9

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)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	80.5	81	82	82	82.5
Annual Indicator	80.6	82.9	76.0	85.6	85.6
Numerator	2,011	2,343	1,801	2,237	2,237
Denominator	2,496	2,826	2,371	2,613	2,613
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2018

Federally Available Data			
Data Source: MCH Jurisdictional Survey (MCH-JS)			
	2019	**2020**	**2022**
Annual Objective	81	82	82.5
Annual Indicator	86.2	86.2	67.2
Numerator	14,472	14,472	11,642
Denominator	16,790	16,790	17,317
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	80.5	81	82	82	82.5
Annual Indicator	79.1	83.5			81
Numerator	1,340	1,373			1,022
Denominator	1,693	1,645			1,262
Data Source	WIC	WIC			WIC
Data Source Year	2018	2019			2022
Provisional or Final ?	Provisional	Provisional			Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	83.0	83.0	85.0

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)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	29	30	32	32	32.5
Annual Indicator	19.4	26.4	22.4	28.7	28.7
Numerator	479	731	501	731	731
Denominator	2,470	2,767	2,237	2,548	2,548
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2018

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	29	30	32	32	32.5
Annual Indicator	2.9	4.5			4.9
Numerator	44	65			58
Denominator	1,509	1,432			1,185
Data Source	WIC	WIC			WIC
Data Source Year	2018	2019			2022
Provisional or Final ?	Provisional	Provisional			Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	33.0	33.0	33.5

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**	**2022**
Annual Objective			23
Annual Indicator	22.5	22.5	2.2
Numerator	1,569	1,569	155
Denominator	6,979	6,979	7,074
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			22.5	23
Annual Indicator	22.5	22.5	22.5	2.2
Numerator	1,569	1,569	1,569	155
Denominator	6,979	6,979	6,979	7,074
Data Source	MCH JS	MCH JS	MCH JS	MCH JS
Data Source Year	2019	2019	2019	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	23.5	24.0	24.5

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution.

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)				
	2019	**2020**	**2021**	**2022**
Annual Objective			22.5	22
Annual Indicator	22.5	21.7	21.7	21.7
Numerator	2,221	2,022	2,022	2,022
Denominator	9,859	9,299	9,299	9,299
Data Source	YRBSS	YRBSS	YRBSS	YRBSS
Data Source Year	2017	2019	2019	2019

Federally Available Data	
Data Source: MCH Jurisdictional Survey (MCH-JS)	
	2022
Annual Objective	22
Annual Indicator	4.5
Numerator	849
Denominator	18,946
Data Source	MCH-JS
Data Source Year	2022

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	21.5	20.0	19.5

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**	**2022**
Annual Objective	60	61	62
Annual Indicator	51.7	51.7	52.1
Numerator	2,328	2,328	750
Denominator	4,500	4,500	1,439
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2022

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	59.5	60	61	61.2	62
Annual Indicator	51.8	51.7	51.7	51.7	
Numerator	462	2,328	2,328	2,328	
Denominator	892	4,500	4,500	4,500	
Data Source	CSHCN	MCH JS	MCH JS	MCH JS	
Data Source Year	2018	2019	2019	2019	
Provisional or Final ?	Provisional	Final	Final	Final	

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	63.0	63.5	63.9

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**	**2022**
Annual Objective	78	79	80
Annual Indicator	0	0	26.9
Numerator	0	0	143
Denominator	840	840	532
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2022

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	77.5	78	79	79.2	80
Annual Indicator	77.7	0	0	0	
Numerator	11,115	0	0	0	
Denominator	14,302	840	840	840	
Data Source	Census	MCH JS	MCH JS	MCH JS	
Data Source Year	2018	2019	2019	2019	
Provisional or Final ?	Provisional	Final	Final	Final	

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	80.0	82.0	82.0

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**	**2022**
Annual Objective			58.9
Annual Indicator	58.5	58.5	15.1
Numerator	29,856	29,856	7,511
Denominator	51,062	51,062	49,760
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			58.5	58.9
Annual Indicator	58.5	58.5	58.5	
Numerator	29,856	29,856	29,856	
Denominator	51,062	51,062	51,062	
Data Source	MCH JS	MCH JS	MCH JS	
Data Source Year	2019	2019	219	
Provisional or Final ?	Final	Final	Final	

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	60.0	60.3	60.5

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**	**2022**
Annual Objective	9		3.5
Annual Indicator	4.5	4.5	3.8
Numerator	2,329	2,329	2,011
Denominator	52,312	52,312	52,312
Data Source	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2022

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	9.5	9	4	3.5	3.5
Annual Indicator	8.2	10.7	13	18.1	
Numerator	259	326	381	477	
Denominator	3,175	3,058	2,938	2,630	
Data Source	Vital Statistics DPHSS	Vital Statistics DPHSS	Vital Statistics DPHSS	Vital Statistics DPHSS	
Data Source Year	2018	2019	2020	2021	
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	3.0	3.0	2.9

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

State Provided Data			
	2020	2021	2022
Annual Objective			3.5
Annual Indicator	14.5	14.5	14.5
Numerator	3,142	3,142	3,142
Denominator	21,675	21,675	21,675
Data Source	YRBSS	YRBSS	YRBSS
Data Source Year	2019	2019	2019
Provisional or Final ?	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	3.2	3.0	2.9

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Due to the pandemic, the YRBSS was not conducted in the Guam public middle or high schools.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Due to the pandemic, the YRBSS was not conducted in the Guam public middle or high schools.	

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**	**2021**	**2022**
Annual Objective			7	7
Annual Indicator	0	0	0	0
Numerator	1	8	0	5
Denominator	39,285	40,094	41,094	41,001
Data Source	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics	Guam DPHSS Office of Vital Statistics
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	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**	**2021**	**2022**
Annual Objective			42	41
Annual Indicator	42.6	16.1	16.1	16.1
Numerator	425	162	162	162
Denominator	997	1,008	1,008	1,008
Data Source	YRBSS	Guam YRBSS	Guam YRBSS	Guam YRBSS
Data Source Year	2017	2019	2019	2019
Provisional or Final ?	Provisional	Final	Final	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	40.0	40.0	39.0

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					
	2018	2019	2020	2021	2022
Annual Objective	11	10	9	8	7.5
Annual Indicator	10.1	9.8	7.8	15.6	10.7
Numerator	32	30	23	41	27
Denominator	3,175	3,058	2,935	2,630	2,521
Data Source	Guam 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	2018	2019	2020	20121	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	7.0	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					
	2018	2019	2020	2021	2022
Annual Objective	6.1	6	5.9	5.8	5.7
Annual Indicator	8.2	7.2	7	18.1	9
Numerator	259	219	204	477	226
Denominator	3,175	3,058	2,935	2,630	2,521
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	2018	2019	2020	2021	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	5.6	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	**2021**	**2022**
Annual Objective			70
Annual Indicator	65.9		65.9
Numerator	1,689		1,689
Denominator	2,563		2,563
Data Source	National Immunization Survey (NIS)		National Immunization Survey (NIS
Data Source Year	SY 19-20		SY 21-22
Provisional or Final ?	Provisional		Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	75.0	80.0	85.0

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					
	2018	2019	2020	2021	2022
Annual Objective	63	63.5	80	81	70
Annual Indicator	64.7	80	80	69.9	69.9
Numerator	19,338	28,300	28,300	20,768	20,768
Denominator	29,900	35,376	35,376	29,691	29,691
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2017	2019	2019	2019	2019
Provisional or Final ?	Provisional	Provisional	Provisional	Final	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	71.0	72.0	73.0

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	2021	2022
Annual Objective			20	70	71
Annual Indicator			70.3	86.2	22.4
Numerator			763	878	337
Denominator			1,086	1,018	1,505
Data Source			BFHNS	BFHNS	BFHNS
Data Source Year			2020	2021	2022
Provisional or Final ?			Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	72.0	73.0	74.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
Due to the pandemic, some services were not fully. operational

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	2021	2022
Annual Objective			10	12
Annual Indicator		76.5	76.5	76.5
Numerator		13	13	13
Denominator		17	17	17
Data Source		MIECHV Annual Report	MIECHV Annual Report	MIECHV Annual Report
Data Source Year		2020	2020	2020
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	14.0	16.0	18.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: The MIECHV Program did not have home visits in 2021 due to the Covdi 19 pandemic.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The MIECHV Program restarted home visits in late 2022.	

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

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective			2	4	6
Annual Indicator			0	0	0
Numerator			0	0	0
Denominator			5	5	4
Data Source			MIECHV Annual Report	MIECHV Annual Report	MIECHV Annual Report
Data Source Year			2020	2020	2022
Provisional or Final ?			Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	6.0	6.0	7.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note:	There were no training opportunities in 2021 due to the Covid 19 pandemic
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note:	A home visitor resigned.

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	2021	2022
Annual Objective			2	3
Annual Indicator		0	0	0
Numerator		0	0	0
Denominator		2	2	2
Data Source		NCD Consortiuum	NCD Consortiuum	NCD Consortiuum
Data Source Year		2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: There were no NCD COnsortiuum meetings held in 2021 due to the Covid 19 pandemic	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The NCD Consortium met once in 2022. However, the Title V Program has a relationship with the WIC Program, which sees breastfeeding as a priority need	

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	2021	2022
Annual Objective			10	12
Annual Indicator		0	0	0
Numerator		0	0	0
Denominator		671	997	1,022
Data Source		WIC	WIC	WIC
Data Source Year		2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	14.0	16.0	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**	**2021**	**2022**
Annual Objective			5	7
Annual Indicator		5	5	0
Numerator				
Denominator				
Data Source		MIECHV Annual Report	MIECHV Annual Report	MIECHV
Data Source Year		2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	7.0	7.0	7.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: There was no training opportunities in 2021 due to the Covid 19 pandemic	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The MIECHV Program did not hire any new home visitors during 2022	

ESM 6.2 - Developmental Screening Education

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			10	10
Annual Indicator		7	7	4
Numerator				
Denominator				
Data Source		MIECHV Annual Report	MIECHV Annual Report	PDG Annual Report
Data Source Year		2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	10.0	10.0	10.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: There was no training opportunities in 2021 due to te Covid 19 pandemic	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The PDG and GELC Leadership Team (which Title V is a part of) have conducted four trainings for developmental screening/monitoring with 27 people in attendance in the first half of the year. This training included topical areas such as CDC 4-Key Steps for Early Identification, “Developmental Screening and Surveillance, and the CDC Act Early Resources.”Guam's CDC Act Early Ambassador is taking an active role in promoting the "Learn the Signs.Act Early" initiative on the island.	

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**	**2021**	**2022**
Annual Objective			99	60
Annual Indicator		100	59.4	40
Numerator		35	41	30
Denominator		35	69	75
Data Source		MIECHV Annual Report	MIECHV	MIECHV Annual Report
Data Source Year		2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	61.0	62.0	63.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note:	There were 41 completed developmental screens in 2021 out of the 69 families enrolled in the program
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note:	The Home Visiting Program started home visiting towards the late part of 2022

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	2021	2022
Annual Objective			20	25
Annual Indicator		0	0	0
Numerator		0	0	0
Denominator		1	1	1
Data Source		BFHNS	BFHNS	BFHNS
Data Source Year		2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	30.0	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	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: There was no training opportunities in 2021 due to the Covid 19 pandemic	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: There was no training.on the LGBTQ community during 2022 due to the pandemic	

ESM 11.1 - Conduct outreach to families on availability and benefits of the medical home

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	4	5	7	7	4
Annual Indicator	5	7	0	2	1
Numerator					
Denominator					
Data Source	DPHSS	DPHSS	DPHSS	DPHSS	DPHSS
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Provisional	Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	4.0	5.0	5.0

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	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: There was 2 Shriner Outreach Clinic held in 2021	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: There was only one outreach event for 2022 (Children's Halloween Fair)	

ESM 12.1 - Number of families/providers who obtain needed support from Neni 311 for a support service.

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective		25	35	45	0
Annual Indicator		100	0	0	0
Numerator		20	0	0	0
Denominator		20	1	1	1
Data Source		Neni 311	Neni 311	Neni 311	Neni 311
Data Source Year		2019	2020	2021	2022
Provisional or Final ?		Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	20.0	25.0	25.0

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	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: In 2021, the Neni 311 line was "repurposed" as a Covid hotline	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The Early Childhood NENE 311 Hot Line has been used for families since the COVID-19 pandemic and was recently brought back in January 2023. Still, the Guam Preschool Developmental Grant manages it, provides the services to have that 311 line answered with trained individuals, and referring the parents to the correct programs needed to meet their family outcomes.	

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

Measure Status:	Active			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			57	26
Annual Indicator	56.5		88.3	88.3
Numerator	287		5,841	7,002
Denominator	508		6,617	7,932
Data Source	DPHSS Dental and Head Start		EPSDT Program	EPSDT Program
Data Source Year	2019		2021	2022
Provisional or Final ?	Provisional		Provisional	Provisional

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	27.0	28.0	29.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: This ESM has been changed from children enrolled in Head Start to the number of children enrolled in the EPSDT Program	

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					
	2018	2019	2020	2021	2022
Annual Objective		3	3	3	2
Annual Indicator		100	0	0	0
Numerator		2	0	0	0
Denominator		2	62	62	75
Data Source		MCH Program	MEICHV	MIECHV	NIECHV
Data Source Year		2019	2020	2020	2022
Provisional or Final ?		Provisional	Provisional	Provisional	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	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	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: There were no home visits due to Covid 19	

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 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:	<table><tr><td>**Unit Type:**</td><td>Percentage</td></tr><tr><td>**Unit Number:**</td><td>100</td></tr><tr><td>**Numerator:**</td><td>Number of pregnant female clients screened within their first 20 weeks of pregnancy</td></tr><tr><td>**Denominator:**</td><td>Total number of female clients seen</td></tr></table>
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 EPSDT 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 EPSDT who had a preventive dental visit in the past year
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** The number of children ages 3 to 5 enrolled in EPSDT who had received a preventive dental service. **Denominator:** Total number of eligible children enrolled in EPSDT
Data Sources and Data Issues:	EPSDT Program
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><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><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><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><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><td>Denominator:</td><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><td>Data Sources and Data Issues:</td><td>MIECHV program</td></tr>
<tr><td>Significance:</td><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 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 2022

	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	Yes	Daily	0		
2) Vital Records Death	Yes	Yes	Daily	0	No	
3) Medicaid	Yes	No	More often than monthly	1	No	
4) WIC	Yes	No	More often than monthly	1	No	
5) Newborn Bloodspot Screening	Yes	No	More often than monthly	1	No	
6) Newborn Hearing Screening	Yes	No	Monthly	1	No	
7) Hospital Discharge	No	No	Never	NA	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) CYSHCN ChildLink	Yes	Yes	Daily	0	No	
10) BISITA ChildLink	Yes	Yes	Daily	0	No	

Form Notes for Form 12: