

**Maternal and Child
Health Services Title V
Block Grant**

Guam

**FY 2016 Application/
FY 2014 Annual Report**

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I. General Requirements

I.A. Letter of Transmittal



EDDIE BAZA CALVO
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RAY TENORIO
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GOVERNMENT OF GUAM
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JAMES W. GILLAN
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JUL 14 2015

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

Dear Grants Management Officer:

The Department of Public Health and Social Services Bureau of Family Health and Nursing Services is submitting the 2016 Title V MCH Block Grant Application/Annual Report, Tracking #128891, for your review and consideration.

Should you have any questions or need further information, please contact Margarita Gay, MCH Project Director, at (671) 735-7111 or via email at margarita.gay@dphss.guam.gov.

Sincerely,

James W. Gillan

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 C of the 2015 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 "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published January 2015; expires December 31, 2017.

I.E. Application/Annual Report Executive Summary

Executive Summary

Background

The Title V Block Grant is a Federal-State partnership program devoted to improving the health of all mothers, women, children and families. Guam's Department of Public Health and Social Services (DPHSS) receives funding from the federal government to manage the Guam Title V Program.

State Title V program develop, deliver, and support comprehensive public health systems and services in every state and territory for women and children, including children and youth with special health care needs. This work is accomplished by providing health services, linking families to appropriate care, and assuring the capacity of states to address priority health issues.

Needs Assessment

Every five years, DPHSS is required by Title V to conduct a statewide needs assessment. The goal of the assessment is to examine data to determine the selection of priorities that will drive Guam Title V for the next five years. The overall aim is to make measurable improvement in the health of Guam's MCH population. The Guam MCH Program conducted the needs assessment cognizant of the needs to leverage existing resources; building upon established collaborations; capitalizing on built partnerships and developing capacity. Using this approach, Guam MCH was able to assure Title V priorities were well aligned with our key partners.

Title V Maternal and Child Health Priorities, FY 2015-2020

1. To improve maternal health by optimizing the health and well-being of women of reproductive age. (Women/Maternal Health)
2. To reduce infant morbidity and mortality. (Perinatal/Infant Health)
3. To improve the cognitive, physical and emotional development of all children. (Child Health)

4. To promote and enhance adolescent strengths, skills and supports to improve adolescent health. (Adolescent Health)
5. To provide a whole child approach to services to Children with Special Health Care Needs. (CSHCN).
6. To reduce the number of individuals who smoke. (Cross-cutting)
7. To increase the number of homeless individuals and families accessing health and social services.(Cross-cutting)

In 2010, six state priorities were identified through the five-year MCH Needs Assessment for three population groups, pregnant women and infants, children and adolescents, and children with special health care needs. For women and maternal health, the need for all women to receive early and comprehensive health care before, during and after pregnancy was replaced by the need to improve maternal health by optimizing the health and well-being of women of reproductive age. In the 2015 Needs Assessment, incorporating preconception planning and prenatal health care practices was a common theme found. Focusing on overall maternal health will allow for more targeted strategies, such as linking mothers to providers through home visiting programs.

For perinatal and infant health, the former priority need of decreasing the number of Chuukese infant deaths by providing access to prenatal care to pregnant Chuukese women along with health education on how to have a healthy pregnancy was too narrow. The overall priority of reducing infant mortality will focus on the more complex birth outcomes that can be related to a number of perinatal factors, such as well-visits, prenatal care, oral health and substance use. Improving breastfeeding rates was added as a priority need as it ranked as one of the top needs in the 2015 Needs Assessment.

For Child Health, the 2010 Priority Listing did not have a specific priority for children. Reducing unintentional injuries reflect a broader need to not just support the child but to support families with healthy and safe parenting behaviors during infancy and early childhood. This need links nicely to the work currently being done by the Collaborative Improvement and Initiative Network (CoIIN) to Reduce Infant Mortality team.

For Adolescent Health, the priority need of reducing the proportion of children, ages 12-19, who self-report being overweight or obese was discontinued and replaced by promoting and enhancing adolescent strengths, skills and supports to improve adolescent health. School environments that promote school connectedness and supportive social relationships have been shown to positively influence health and academic outcomes in school-age children, for example, lower levels of absenteeism, aggression, substance use, and sexual risk behavior, and higher levels of academic performance and self-esteem. Bullying within the school environment is a serious social problem on Guam

For CSHCN, the priority need of having a medical home was continued. Having a medical home is important in assuring the provision of preventive, acute, and chronic care from birth through transition to adulthood. A medical home should help families navigate existing systems of care and should include an interdisciplinary team of primary care physicians, specialists and subspecialists, other health professionals, public health, and the community.

The Cross Cutting/Life Course domain is a newly added category for the 2015 application, therefore both priority needs are newly added.

Accomplishments and Priority Needs by Population Domain:

The following is a brief description of the Guam Title V program with linkages to the selected state priorities, NPMs, the six health domains and defined MCH population groups all of which are intended to “move the needle” in addressing the needs of Guam’s mothers, infant, children and youth and CSHCN.

Women/Maternal Health Domain

Priority: “To improve maternal health by optimizing the health and well-being of women of reproductive age”

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

In Guam, 61.2% of women who gave birth in 2014 had received adequate prenatal care. There were 6.9% of women without prenatal care. A mother’s race is an important predictor of whether or not an infant is born to a mother receiving inadequate prenatal care. Chamorro and Chuukese women in Guam were more likely to have inadequate or no prenatal care compare to Filipino, White or Asian women.

Some Planned Strategies and Activities:

Strategy 1: Partner with Project Karinu and Project LAUNCH to develop a Social Marketing Workgroup; Strategy 2: Develop public awareness materials and have them translated to different Micronesian languages

Analysis of Progress/Challenges for this Domain

Challenges to reaching women of childbearing age in Guam include ready access to affordable care for those who are not pregnant and uninsured. Challenges to improving data on entry into prenatal care include assuring completeness of the birth certificate data.

Perinatal/Infant Health Domain

Priority: “To reduce infant morbidity and mortality”

NPM: Percent of infants who are ever breastfed and percent of infant’s breastfed exclusively through 6 months

Breastfeeding is the best thing a mother can do for her baby because breast milk contains antibodies that will help newborns fight off viruses and bacteria. Babies who are breastfed exclusively for the first six months of life have fewer ear infections, respiratory illnesses, and diarrhea. They also have fewer hospitalizations and doctor’s visits.

Planned Strategies and Activities:

Strategy 1: To partner with the WIC Program, Project Bisita and the Guam Breastfeeding Coalition to promote the benefits of breastfeeding to pregnant women and new mothers; Strategy 2: Continue to participate in the Collaborative Improvement and Initiative Network (CollIN) to Reduce Infant Mortality webinars, trainings and meetings

Analysis of Progress/Challenges for this Domain

Breastfeeding promotion and support are integral parts of the WIC Program. Although there has been an increase in breastfeeding in Guam, there is still a need to change the culture and normalize breastfeeding especially among the lower socioeconomic populations.

Improvements in infant mortality will be seen with the result of a multi-prong approach. A robust Child Death Review Council has yielded valuable data for specific contributors to infant mortality. Challenges to improving data on causes of

death include assuring completeness of the death certificate data.

Child Health Domain

Priority: “To improve the cognitive, physical and emotional development of all children”

NPM: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

It is important to identify a child who is at risk of developing social, emotional or behavioral problems before they become an issue and affect the development of the child. The earlier a child receives services to mitigate any developmental problem, the more time there is to influence a positive outcome

Planned Strategies and Activities:

Strategy 1: Collaborate with government agencies, nonprofit organizations, and private providers to refer patients at risk for developmental issues to Project LAUNCH, Project Karinu, I Famagu-on'ta or GEIS for evaluations; Strategy 2: Develop an Early Childhood Directory to promote departmental programs within DPHSS

Analysis of Progress/Challenges for this Domain

Numerous efforts have contributed to the improvement of child health in Guam over the past few years. Extensive community outreach have brought forward the necessity of child health insurance. The Guam Immunization Program has diligently focused on reducing missed opportunities for immunization when children present to the health department for any service. Immunization staff have also established crucial partnerships with community providers to increase utilization of the Immunization Registry and the Registry has been upgraded to be more useful and user friendly.

Adolescent Health Domain

Priority: “To promote and enhance adolescent strengths, skills and supports to improve adolescent Health”

NPM: The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Babies of teen mothers are at higher risk for low birth weight and infant mortality. Teen moms are less likely to finish high school, more likely to be on public assistance, more likely to be living in poverty, and more likely to have children who have poorer educational, behavioral and health outcomes compared to children born to older parents.

Planned Strategies and Activities:

Strategy 1: Collaborate with nonprofit organizations to educate middle school and high school students on reproductive health and STDs; Strategy 2: Link youths to government agencies and nonprofit organizations that provide contraceptives and STD testing that are affordable, accessible, confidential and youth-friendly.

Analysis of Progress/Challenges for this Domain

The teen population is often difficult to reach outside of a school setting. Through years of community outreach and engagement, DPHSS has become a trusted source of information and services. Discussions about sex and reproductive health may be particularly difficult with teens, as issues such as confidentiality and trust are frequent barriers. Additionally, teens empowered with knowledge regarding issues such as avoidance of coercion, the threat of human trafficking, how to avoid an unintended pregnancy, nutrition guidance and general health promotion strategies is crucial in the establishment of a lifelong health seeking trajectory

CSHCN Domain

Priority Need: Provide a whole-child approach to services to Children with Special Health Care Needs

NPM: Percent of children with special health care needs ages 0 to 18 years whose families report the community-based service systems are organized so they can use them easily.

In a CSHCN survey that was conducted during the Shriners Clinic in July 2014, approximately 56% of families of CYSHCN reported that they participated in decision making and are satisfied with the services they received. Some families were less likely than others to report partnering in decision making and being satisfied with services. Only 29% reported an unmet need for the child, 37% had health care costs present financial problems, 38% had some severe difficulties, and 46.07% had no health insurance for their children. CSHCN and YSHCN that have medical homes are more likely to have their medical needs taken care of on a timely basis and have less complications. Having a medical home, will ensure that the child receives preventive and comprehensive care rather than only on an as needed basis.

Planned Strategies and Activities: Strategy 1: Encourage government agencies that provide CSHCN services to have their clients participate in the; Strategy 2: Educate CSHCN families and community partners on the importance of having a medical home for CSHCN

Analysis of Progress/Challenges for this Domain

Access to adult health care providers for youth transitioning to adulthood continues to be an issue. Barriers exist in locating adult providers that have knowledge of the “childhood” disease or health care issue, getting youth to follow up with appointments and medication regimens and transportation. Youth that make transition into adult health care also report many barriers, including not being allowed to have their families involved in their care, insurance challenges, and having to be responsible for their own care.

Cross-Cutting Domain

Priority Need: “To increase the number of homeless individuals and families accessing health and social services”

NPM: Percent of children ages 0 through 17 who are adequately insured

According to the "Point-in-Time" Survey that was conducted in January 2015, there were 1,280 homeless individuals living on Guam down from 1,356 in 2014. There are many reasons for being homeless: poverty, unemployment, lack of affordable housing, poor physical or mental health, drug and alcohol abuse, gambling, family and relationship breakdown and domestic violence. If the homeless can get the help they need to get back on their feet, it will solve their homeless situation. By getting Medicaid or MIP, they will be able to see a doctor to take care of their medical needs so that they can be healthy enough to get a job and get out of poverty and find a place to live.

Planned Strategies and Activities: Strategy 1: Partner with government agencies and nonprofit organizations to assist the homeless population navigate the system to apply for public assistance (i.e. Medicaid, MIP, SNAP, WIC); Strategy 2: Assist the homeless population in obtaining health insurance.

Analysis of Progress/Challenges for this Domain

Homelessness greatly impacts the health and well-being of children and youth. Homelessness creates enormous negative health and social costs for young people. These youth have high poverty rates and are often runaways or throwaways that have experienced physical and/or sexual abuse, parental substance abuse, foster care, and/or juvenile detention.

II. Components of the Application/Annual Report

II.A. Overview of the State

Geography - Guam is located in the western Pacific Ocean. It is 212 square miles in area, 30 miles long and 4-12 miles wide. It is the largest and southernmost island in the Mariana Islands chain and is also the largest in Micronesia. Guam became part of the U.S. in 1898, when Spain surrendered it as part of the Treaty of Paris following the Spanish-American War.

Population - According to the 2010 U.S. Census, Guam has a population of 159,358. Guam's population increased 2.9% from its 2000 population of 154,805 people. Its population growth was significantly less than the 16.3% increase that occurred between 1990 and 2000. It is suspected that there was a high out-migration of Guam residents as they sought greater economic opportunities in Hawaii or the continental United States. Guam's population growth is expected to continue slow growth over the next 10 years to reach 168,322 by 2020. The percentage of the population under 20 is 36.2%. Women of child bearing years make up about 21.5% of the total population.

Ethnic Profile – Guam is a multi-ethnic, multi-cultural and multi-lingual community. Some of the ethnic groups include Chamorros (37.3%), Filipinos (26.3%), White (7.1%), Chuukese (7.0%), Asians, including Japanese, Chinese, Vietnamese, and Korean, (5.9%) and other Pacific Islanders, including Palauan, Pohnpeian, Kosraean, Marshallese, and Yapese (5.0%).

Government - The Guam Organic Act of 1950 designated the island as an unincorporated territory of the United States and established the three branches of government. The executive branch consists of a governor and lieutenant governor, who are elected every four years and a cabinet appointed by the governor with the consent of the Guam Legislature. Republican Governor Eddie Calvo and Lt. Governor Ray Tenorio are currently serving their second term after being reelected in 2014. The legislative branch includes a unicameral legislature consisting of 15 senators, who are elected every two years, and one non-voting delegate in the U.S. House of Representatives, who is also elected every two years. The 33rd Guam Legislature is made up of nine Democrats and six Republicans and led by Speaker Judith Won Pat and Vice Speaker Benjamin Cruz. Congresswoman Madeline Bordallo is currently serving her seventh term. The judicial branch consists of the Federal District Court, in which the presiding judge is appointed by the U.S. president, and a Territorial Superior Court, in which the judges are appointed for eight year terms by the governor. The Organic Act also granted U.S. citizenship to residents born on Guam. The local laws are aligned with federal laws and Guam is eligible for most federal programs and grants. The main economy of Guam is tourism and the military.

Guam is divided into 19 municipalities: two in the northern region, 11 in the central region and six in southern region. About 41.1% of the residents live in the northern portion of the island, 47.0% live in the central portion and 11.9% live in the southern portion of the island. The two most densely populated municipalities are in the north: Dededo with 22,943 people and Yigo with 20,539 people. In terms of age, 9.0% are children under five years old, 8.8% are between 5-9 years old, 9.4% are between 10-14 years old, 9.0% are between 15-19 years old, 7.8% are between 20-24 years old, 27.7% are between 25-44 years old and 28.3% are over 44 year old .

Military - The Guam National Guard was established in 1980 and is made up of the Guam Army National Guard and the Guam Air National Guard. It currently has over 1,700 members. The Guam National Guard is led by an adjutant general who is appointed by the Governor of Guam. Guam is considered an important military hub because of its strategic location in the Pacific. It is 1,500 miles from Japan, and 2,000 miles from Korea and China. The U.S. Military maintains several installations on Guam: Anderson Air Force Base, Naval Station, Naval Hospital, and Naval

Computer and Telecommunications Station (NCTS). This is reflected by the large number of U.S. military personnel and their families on the island, which is estimated to be over 12,000. The land owned by the military is approximately 29% of the total land area. In 2006, the U.S. signed a bilateral agreement with Japan to relocate 8,000 Marines and 9,000 family members to Guam from Okinawa at a cost of \$10.3 billion. The plan would have added 79,000 extra people including military, civilian base workers and construction workers to Guam's existing population of 160,000. Because of the burden it would have placed on Guam's infrastructure, the number of Marines to be relocated was decreased to 5,000. The buildup is currently on hold because the U.S. Congress still has not come to a consensus on whether to continue funding the buildup. Guam is close to getting a permanently stationed missile defense system (Pacific Daily News (PDN), 5/26/15).

Tourism - Guam's economy is supported mainly from tourism and the U.S. military. Guam experienced a 0.6% increase in tourism arrivals in 2014. Last year, 1,342,377 visitors came to Guam including 810,253 from Japan, 307,939 from South Korea, 16,279 from China and 16,293 from Russia. The Guam Visitors Bureau (GVB) is aiming for two million visitors by 2021 (PDN, 1/15/15). A core objective of the Tourism 2020 plan is the diversification of visitor source markets. Guam's market mix continue to shift, with Japan dropping to a historically low 61.6% of total arrivals, while South Korea continues to increase, now representing 21.9% of total visitors. The increase in the number of tourists from South Korea can be attributed to the increase in the number of direct flights between South Korea and Guam.

There were also growths in other key market areas of Taiwan, China and Russia. China outbound travel continues to grow at a massive rate and represents the greatest opportunity for Guam tourism. Even though visa waiver has not been granted for Chinese to travel to Guam, the U.S. and China have agreed to extend visa validity from one year to ten years. This greatly reduces time and cost required for a U.S. visa and reduces one of the roadblocks to attracting Chinese tourists to Guam. Arrivals from Russia surpassed the target of 12,500, finishing the year at 18,291 arrivals. Russian citizens were allowed to travel to Guam without a visa beginning in 2012.

Guam will host the 12th Festival of Pacific Arts from May 22-June 4, 2016. About 27 island nations across the Pacific will participate. The event is held every four years and was last hosted by the Solomon Islands in 2012. The event is considered the "Olympics of Pacific Arts". The island nations participate in various competitions including fishing and hunting traditions; seafaring and navigation; body ornamentation; carving; tools and instruments; healing arts; weaving and culinary arts (PDN, 5/26/15).

Compact of Free Association - The 1986 Compact of Free Association between the U.S., the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau, that allowed the citizens of these island nations to freely travel and live in the U.S. and its territories, accounts for the significant number of Pacific Islanders on Guam. The Compact of Free Association provided for U.S. economic assistance (including eligibility for certain U.S. Federal Programs), defense of the FSM, and other benefits in exchange for U.S. defense and other operating rights in the FSM, denial of access to FSM by other nations, and other agreements. The Compact was renewed in 2003 for another 20 years.

According to the 2014 Compact Impact Report, the Government of Guam is owed \$144 million for hosting 22,161 migrants from the freely associated states in 2014. Of the costs, \$47 million is owed to GDOE, \$44 million to DPHSS, \$17 million to GMHA and \$7 million to DOC. The federal government only reimbursed the island \$16.8 million. Of the 56,000 who have left FSM, Palau and RMI, 32% are living on Guam (PDN, 2/6/15). The Government of Guam wants to leverage its expenses associated with hosting regional migrants to access more than \$200 million in federal Medicaid funds. About \$200 million of Medicaid funds is available to Guam but the island must match 45 cents for every \$1 of federal funds for Medicaid. Because of the 45:55 match, in order to access the \$200 million of

Medicaid funds, Guam must first match it with \$90 million. The \$200 million is only available until 2018, after which the Medical funding goes down to \$13 million for Guam.

The Governor plans to request the Federal Government to forgo the matching funds as an offset for the Government of Guam's cost of services for the regional migrants (PDN, 2/28/15). The U.S. Naval Hospital is willing to treat regional migrants referred by the Government of Guam if space is available and as long as the Government of Guam reimburses the military hospital for the cost of care (PDN, 3/27/15). According to the 2013-2014 Bureau of Primary Care Services (BPCS) Annual Report, the CHCs treated 10,465 from the FSM.

Although many regional immigrants on Guam have jobs, a majority of them do not have medical insurance because they cannot afford them. They take jobs that other people do not want (PDN, 2/23/15). Of the 13,588 FSM migrants on Guam in 2012, 13.1% were between the ages of 0-4 years old, 13.6% were between the ages of 5-9 years old, 12.8% were between 10-14 years old, 9.6% were between 15-19 years old, and 8.2% were between 20-24 years old. Of the 13,588 total, 32.8% (4,463) were females between 10-44 years old (Guam Statistical Yearbook (GSY) 2013).

The unemployment rate among Chuukese migrants is 22.6% according to the 2010 U.S. Census. Some of the barriers include limited public transportation, limited English language skills, and less educational attainment and work experience (PDN, 3/23/15). According to the GSY 2013, the educational attainment of FSM migrants 18 years and older (7,385) were the following: 3.1% stated no education, 0.7% had nursery or kindergarten, 14.6% had some elementary education, 36.9% had some high school, 22.0% were high school graduates, 18.3% had some college, and 4.4% had a college degree (2012 Surveys of Micronesian Migrants to CNMI, Guam, Hawaii and U.S.).

Of the 2,175 applicants waiting for federally funded Section 8 housing, 600 are from the Freely Associated States (FAS). The average wait time is three years and three months. Of the 2,218 households who are paying rent with Section 8 vouchers, 718 are from Chuuk. Another GHURA housing program allowing applicants to move into units owned by the housing agency, has 1,400 families on the waiting list. There are a large number of FAS migrants who live in shanties and tents without running water, proper sewage disposal and electricity (PDN, 3/10/15)

Affordable Care Act - In July 2014, the Health and Human Services (HHS) ruled that the Affordable Care Act (ACA) market rules did not apply to Guam and the other U.S. Trust Territories (Puerto Rico, American Samoa, the Virgin Islands, and the Commonwealth of the Northern Mariana Islands) because they were not considered a "state". ACA, also known as Obamacare, required insurance companies to comply with the law's major market reforms including guaranteed coverage, mandated benefits, and limits on profits without requiring residents to get coverage or providing subsidies to help them afford coverage. HHS said group health plans in the territories must still comply with other requirements in the law, like the ban on lifetime and annual limits, a ban on rescission and a coverage of preventive benefits (which includes contraception coverage)

Healthcare - Guam currently has three hospitals: the Guam Memorial Hospital Authority (GMHA), Guam Regional Medical City (GRMC) and the U.S Naval Hospital (USNH). The USNH only services active duty U.S. military personnel and their families and retirees. GMHA has 158 licensed acute care beds, plus 40 beds at its off-site, long-term care Skilled Nursing Facility. The hospital offers comprehensive adult and pediatric medical services. These include 24-hour emergency services; medical telemetry and progressive care; obstetrics, labor and delivery; nursery; catheterization lab (periodically with visiting cardiologists); orthopedic services; in-patient and out-patient surgery; intensive care (neonatal, pediatric and adult); skilled nursing care; laboratory and blood bank services; radiology, angiography, nuclear medicine and CT scan diagnostic services; pharmacy; respiratory care; renal dialysis; physical therapy, occupational therapy, speech language pathology, cardiac rehabilitation and recreational therapy; dietetic

services, patient education and social services; and pastoral care services. The hospital opened an urgent care center in January 2015 to treat people who may not need emergency room services. It is not only less expensive but it also frees up the emergency room for patients with true emergencies. It is currently in operation only on weekdays from 3:00 pm -12:00 am until additional staff are hired. Ultimately, the goal is to have it open 24/7. The hospital is getting a new labor and maternity ward. The current maternity ward has only one labor and delivery room, six labor rooms, three delivery rooms and three beds for recovery. There is an average of 10 births a day. The GMHA Board approved the creation of a trauma center on Guam. GMHA is required under the law to treat all patients who come through its doors, regardless of their ability to pay or their medical condition as a result, the hospital is almost always full to capacity and have patients waiting for beds. GMHA also has a difficult time meeting its financial obligations and constantly needs to request for additional funding from the Guam Legislature.

GRMC is a 130-bed private hospital that is located in the northern part of the island. GRMC is operated by The Medical City (TMC), a Joint Commission-accredited Philippine healthcare organization. The \$218 million project was launched in November 2011 and opened for service in July 2015. GRMC offers world-class health services tailored to the needs of Guam and the Micronesia region. The hospital's services is aligned with TMC's centers of excellence and the region's specific health profile, featuring wellness, cardiology, medical oncology, endocrinology, pulmonology, neurology and other medical and surgical subspecialties including orthopedics; ophthalmology; ENT; general surgery; anesthesiology; Ob-Gyn; pediatrics, including neonatology; infectious disease; emergency medicine; ambulance services; laboratory; radiology; physical therapy and pharmacy. The Government of Guam granted GRMC's request for a qualifying certificate which allowed the hospital as much as \$170.6 million in tax breaks over the next 20 years.

DPHSS - The use of medical marijuana was legalized on Guam in November 2014. According to the DPHSS Director, approximately 3,000 patients qualify for the medicinal marijuana. Each patient could qualify for up to five ounces per month, with \$500 as the proposed cost per ounce. The projected revenue is expected to be \$90 million (PDN, 4/26/15).

Insurance Coverage - According to the 2010 U.S. Census, of the 153,625 in the Guam civilian, non-institutionalized population, 49.1% had private insurance, 22.4% had public insurance, 7.4% had both private and public insurance and 21.1% had no insurance. Out of the 52,250 under 18 years old, 7,619 or 14.6% are uninsured. The insurance coverage of patients seeking care at the CHCs, 58.9% had Medicaid, 19.2% had MIP, 12.3% were uninsured, 3.9% had other public insurance, 2.3% had Medicare, 1.9% were on the sliding fee scale, and 1.5% had private insurance.

Unemployment - The Guam Department of Labor reported that the unemployment rate on Guam for December 2012 was 10.7%, a increase of 1.86% from the September 2012 figure of 10.6% and a decrease of 9.78% from the March 2012 figure of 11.8% (The Unemployment Situation on Guam, 2013, DOL, Bureau of Labor Statistics, 3/25/13). The 2015 Guam Employment Report stated that there was a less than 1% increase, or 570 jobs, in the employment rate during the final quarter of 2014. Most of the increase came from the retail industry (310) and the hotel industry (270). The construction industry lost 580 jobs due to the near completion of the Dusit Thani Guam Resort and Guam Regional Medical City. The financial sector also saw a decrease with the impending closure of Citibank on Guam (PDN, 2/24/15).

Poverty Level - According to the U.S. Census, there are 35,848 people or 22.5% of the residents on Guam who have incomes below the poverty level. This represents 6,514 families of which 2,661 are families with a husband and wife (13,980 individuals); 979 families with a male household and no wife (5,270 individuals); and 2,874 families with a female household and no husband (13,124). Children under 5 years old make up 13.5% (4,841), 5 years old 2.7% (962), 6-11 years old 15.6% (5,577), 12-17 years old 14.5% (5,201), 18-64 years old 49.7% (17,822) and 65+

years old 4.0% (1,445). This indicates that there are many households, headed by only a female, with children, who are living in poverty.

Public Assistance - The DPHSS Division of Public Welfare (DPW) Bureau of Health Care Financing Administration (BHCFA) oversees the Medicaid Program, State Children's Health Insurance Program (SCHIP) and the MIP Program. The Medicaid Program provides medical care for persons receiving welfare benefits and low income individuals and families who meet the Medically Categorically Needy Expansion and New Adults Group income and resource guideline. The Guam Medicaid Program has a 45:55 match, whereby Guam pays 45% of the cost and the Federal Government pays the other 55%. Unlike state programs who do not have a limit on the amount of Medicaid dollars they receive, Guam's Medicaid federal reimbursement is capped. Guam also has lower reimbursement rates compared to the states. Because of the difficulties of covering the costs of the basic mandatory set of services, many services and supports that may be needed by children and their families are not covered.

The SCHIP provides health insurance to children in families at or below 200% of the federal poverty line. Guam has opted to implement SCHIP as an expansion to Medicaid because the initial federal allotment was inadequate to implement a stand-alone SCHIP. MIP provides financial assistance with health care costs to individuals who meet the necessary income, resource and residency requirements. It provides for inpatient and outpatient hospital services, clinic, lab, equipment, supplies, and prescriptions to low income individuals and families who are without insurance or with inadequate insurance coverage.

Medicaid offers mandated services and a number of optional services such as dental, optical, pharmacy, off-island medical services, including roundtrip airfare for patients referred for off-island medical treatment. Guam received funding, as a result of the Patient Protection Affordable Care Act of 2010, of \$268 million beginning July 1, 2010 which can be utilized if needed and the local match is available. Childless adults were added to the program in 2012. According to the DPW FY2014 Annual Report, there were 44,528 in the Medicaid Program and 12,471 on MIP with a total of 56,999.

DPW Bureau of Economic Security (BES) administers the Supplemental Nutrition Assistance Program (SNAP) which provides food-purchasing assistance and the Cash Assistance Program (CAP) which provides cash assistance for basic living essentials for low and no-income individuals. In DY2014, 68,524 applications were processed, an increase of 17.2% from FY2013. The Job Opportunities and Basic Skills (JOBS) Program assists individuals in obtaining education, training and employment services. All individuals who receive TANF (Temporary Assistance for Needy Families) or cash assistance are required to work register to participate in the JOBS Program, unless they meet the exemptions criteria. JOBS will help pay for childcare and provide reimbursement for work related expenses, transportation, and education for a high school diploma or GED. There were 1,232 individuals on the JOBS Program in FY2014.

In examining the 2010 poverty status of residents on Guam, 22.5% of all individuals on Guam are considered to be in poverty; and of these, 54% are individuals over 18 years of age, 4% are individuals over the age of 65 and 4% are children under the age of 18 (Demographic Profile Data Comparison, Bureau of Statistics and Plans, December 2012). There are a number of federal and local public assistance programs available to families who qualify due to their low income levels. The Medicaid Program provided services to 44,528 eligible individuals in FY2014, an increase from 43,603 from FY 2013 according to the Division of Public Welfare FY2014 Annual Report. They received medical assistance such as dental and optical services, pharmacy services, and off-island medical services. The off-island services include a round-trip airfare for patients referred for treatment not available on Guam and is medically necessary.

About 57,420 individuals received benefits from SNAP in FY 2014, an increase from 57,146 from FY2013. The Women, Infants, and Children (WIC) Program, had a total of 7,496 participants in FY 2013. Guam residents are not eligible to receive Supplemental Security Income (SSI), a Federal income supplement program funded by general tax revenues. SSI is to help aged, blind, and disabled people who have little or no income and provides cash to meet basic needs for food, clothing, and shelter.

The MIP Program is a 100% locally funded medical assistance program established by Public Law 17-83 and amended by Public Law 27-30 that provides financial assistance with health care costs to low-income individuals and families who are without health insurance or have inadequate health insurance coverage. There were 12,471 individuals on MIP in FY2014, a decrease from 12,689 in FY2013.

The Guam Homeless Coalition has conducted a Point-in-Time count annually since 2005 to determine the number of homeless individuals on Guam. In 2014, 1,356 individuals (Marianas Variety, 1/31/15) were determined to be homeless, an increase of 6.6% from 2013's count of 1,271 (GHURA, Continuum of Care Project Rating and Ranking, 1/31/14). Of those identified 1,230 were living in unsheltered, substandard housing (streets, jungle, or abandoned houses). The number of households with only adults was slightly higher than the number of households with adults and children. Households with adults represent homes where homeless persons are above the age of 18. Single-adults or couples are represented in this count. The average size of households with adults was two. When compared to households with adults and children, the average household size was six. According to this year's count, the "unsheltered homeless" 17% were between the ages of 0-5. Children below the age of 18 comprised 43% of the 2014 Point in Time count.

Health Professional Shortage Area - HRSA has calculated an Index of Medical Underservice (IMU) score for communities across the U.S. The IMU score calculation includes the ratio of primary medical care physicians per 1,000 persons, the infant mortality rate, the percentage of the population with incomes below the poverty level, and the percentage of the population older than 64. IMU scores range from zero to 100 where 100 represents the least underserved and zero represents the most underserved. The HHS recently designated Guam as a Federal Health Professional Shortage Area (HPSA) even though there is a relatively large number of licensed physicians on the island. The HPSA designation is granted to areas that demonstrate a need in one or more of the following categories: primary care (including family and general practitioners, paediatricians, obstetricians, and general internists in allopathic or osteopathic practice), mental health and dental care. Guam lacks specialists in orthopedics, dermatology, neurology, critical care, cardiology, neurosurgery, allergy/immunology, gastroenterology, and pediatric subspecialties. The HPSA Program is designed to recruit and retain health professionals by allowing physicians holding J-1 visas to practice in underserved areas. Guam was also designated as a Medically Underserved Area (MUA). This allows physicians to work off a portion of their medical education loans by serving as a physician on Guam.

Education - The Guam Department of Education (GDOE) is composed of 27 elementary schools, eight middle schools, and five high schools with an enrollment of 30,955 during SY 2013-14 according to the GSY 2013. Guam also has two charter schools. The first one, Guahan Academy, opened in 2013. The second one, iLearn Academy Charter, opened in January 2015 with 101 students enrolled and seven teachers (PDN, 1/28/15). The Catholic Archdiocese of Agana operates three high schools and seven elementary schools and had a total enrollment of 4,058 during School Year 2013-14 (GSY 2013). The Department of Defense (DoD) operates one high school and three elementary schools for military personnel and had an enrollment of 2,235 in SY 2013-14 (GSY 2013). The public school drop-out rate for SY 2013-14 was 3.8% compared to 4.0% in SY 2012-13 and 5.3% in 2011-2012. DOE will begin using the ACT Aspire assessment in 2015 rather than the Stanford Achievement Test 10 that has been used for the last several years. The ACT Aspire is aligned with the new curriculum that GDOE will be using,

where the SAT10 is not. The ACT Aspire test provides information about how prepared a student is for college and gives teachers the tools to prepare students (PDN, 2/15/15).

According to a 2005 law, the GDOE must meet 14 requirements to provide an adequate education for Guam students but a December 2014 GDOE report found that only three requirements were met: providing a certified allied health professional, having 180 instructional days and providing a safe learning environment. The requirements that were not met included: lack of certified teachers (45); lack of certified professional administrators (6); lack of certified guidance counselors or health counselors (4); not having properly ventilated classrooms and having classroom temperatures exceed 78 °F (22); not providing an adequate supply of potable water for students to drink and wash hands; not having a reliable supply of electricity (2); not having proper sanitation to include flushable toilets, clean restrooms, clean dining areas and classrooms (10); having an inadequate supply textbooks (17); lack of certified librarians; and not providing regular, timely school bus transportation to and from school (15) (PDN, 1/12/15).

There are two institutions of higher learning on Guam. The University of Guam (UOG) offers post-secondary degree programs through five different colleges and schools: College of Liberal Arts and Sciences, College of Natural and Applied Sciences, School of Business and Public Administration, School of Education, and School of Nursing and Health Sciences. The University provides six Baccalaureate and six Master's Degree programs. For the Fall Semester 2013, there were 3,836 students (GSY 2013) enrolled, a 3.5% increase from the previous year. The Guam Community College (GCC) provides vocational and technical education for students from high school through college. For the Fall Semester of 2013, the college had an enrollment of 2,727 students (GSY 2013) receiving academic as well as technical and professional instructions. GCC provides various academic and professional programs, as well as technical and vocational programs that award Associate Degrees or Certificates of Completion. Journeyman Certificates are awarded to students in the construction, hotel, and restaurant industries. GCC works in collaboration with local high schools and UOG. The University of Guam is raising the tuition by 5% beginning Fall 2015. The increase is needed to keep the university operating without a deficit. Currently, tuition rates for an undergraduate degree are \$190 per credit hour for residents and \$457 for a non-resident. Graduate degrees are currently costing residents \$258 per credit and \$589 for non-residents. The last time the tuition was raised was in 2009. Students pay for half the cost of an education from UOG, and the taxpayers cover the other half (PDN, 1/13/15).

Utilities - The Guam Power Authority (GPA) and Guam Water Authority (GWA) moved into their new facility at Fadian Point. The building is 116,000 square feet over three floors and sits on 15 acres of government land. It consolidates customer service counters and certain offices for GPA and GWA under one roof. It cost \$34.5 million to build (PDN, 1/29/15). Guahan Waste Control now has a tire shredder to help reduce the number of tires on Guam. The shredder can shred 1,200 passenger tires in an hour and about 300 truck tires. The company invested \$1 million for the shredder. According to the company, the island generates about 15,000 tires a month (PDN, 2/14/15). Guam Solid Waste Authority's new household hazardous waste facility and the new Harmon Industrial Transfer Station opened on 1/23/15. Residents now have a place to dispose of household hazardous waste for free and a centralized location to dispose of other household waste (PDN, 1/20/15).

II.B. Five Year Needs Assessment Summary

II.B.1. Process

Goal-The goal of the Title V Needs Assessment is to collect and review qualitative and quantitative data on the health of pregnant women, mothers, infants, children, adolescents, and CSHCN and to present an analysis regarding their overall health on Guam. The Needs Assessment address health status indicators and analyze factors that influence health, with specific attention to data collection, and epidemiological, social, cultural, and behavioral needs. The Needs Assessment is to provide information to MCH Program stakeholders to help shape policies to improve the health outcomes of the MCH populations on Guam and to strengthen partnerships.

Community Assessment-BPCS conducted a Community Needs Assessment in June 2014 in collaboration with the University of Hawaii. A group of 26 staff members divided into four groups and went out to a random selection of households around the island on four consecutive weekends to have residents complete questionnaires addressing insurance coverage; access to care; safety; interpersonal violence; mental, sexual and behavioral health; diet and nutrition; and drug, alcohol and tobacco use. About 1,711 questionnaires were completed. Some of the findings: a majority were on some type of public assistance, 28% delayed prenatal care due to lack of insurance, 18% had no means of transportation to receive care, 29% of children had asthma, 25% had dental caries, 83% said their child's immunizations were current, and 12% of children were bullied.

Stakeholders-A Core Team was formed consisting of a parent and representatives from the following programs: MCH, CSHCN, WIC, MSS, Project Karinu, Project Bisita, Family Planning, Immunization, STD/HIV, BOSSA, GEHDI, and OVS.

Method-MCH Stakeholders were brought together in three separate all-day meetings to discuss the Needs Assessment. Besides the Core Team, there were representatives from GMHA, GFD-EMT, DEH, GEIS, GCC, Project LAUNCH, Guam Coalition, HPLO, Catholic Social Services and Island Girl Power. MCH Partners reviewed and analyzed quantitative and qualitative data from existing performance measures and indicators, as well as taking into consideration the community assessment that was conducted. Stakeholders had to decide whether to continue working on the same priorities from the previous assessment or to pick new ones. The stakeholders were then asked to pick the top seven priorities, making sure that there was at least one priority in each of the six domains. After the seven priorities were determined, the group was divided into three subgroups to do a SWOT Analysis on each of the priorities to determine the strengths, weaknesses, opportunities and threats. The priorities were then ranked from one to seven with one being the highest priority.

Data Sources-The data sources used include birth and death certificates from OVS, BRFSS, YRBSS, Council on Child Death Review Reports, STD/HIV Annual Report, BPCS Annual Report, WIC Program Annual Report, DOE Reports, Youth Tobacco Survey, Family Planning Annual Report, EPSDT Report, Hospital Discharge and Emergency Room Visit Report, National Immunization Survey, and Guam Statistical Yearbook 2013.

Interface- The group then formulated objectives, strategies and action plans for each of the priorities. They made sure that data would be available to capture the measure.

II.B.2. Findings

II.B.2.a. MCH Population Needs

WOMEN/MATERNAL HEALTH

State Priorities: *To improve maternal health by optimizing the health and well-being of women of reproductive age*

According to the 2010 U.S. Census, of the 159,358 people on Guam, females represented 49.3% of the total population, with 44.0% of them in their childbearing years (15-44 years old). According to OVS, there were 3,396 births in 2014, the majority (29.3%) were women ages 20-24. The number of women receiving prenatal care has steadily been increasing due in part to the education of the patients who come to the Women's Health Clinics on the importance of prenatal care while pregnant but the number is still low. About 61.2% of the women received adequate prenatal care while 6.9% had no prenatal care at all. Chamorro and Chuukese women were more likely to have inadequate or no prenatal care compared to Filipino, White or Asian women.

The MCH Program promotes pregnancy screenings and prenatal care at Central Public Health and at the CHCs. Services are free at Central Public Health to those with no health insurance and meet eligibility requirements. The CHCs charge for services but a sliding fee scale is available to those who qualify. GBCCEDP at DPHSS provides free breast and cervical cancer screening consisting of a clinical breast exam, mammogram, pelvic exam and Pap smear to qualified women. Women are eligible if they have no insurance or are underinsured, are U.S. Citizens or Qualified Aliens, and are documented residents of Guam for at least six months.

The MCH Program promotes breastfeeding of newborns and refers pregnant patients to the WIC Program to see if they qualify for services and their breastfeeding classes. According to the WIC Program, only 38.4% of new mothers were exclusively breastfeeding their infants at six months in 2014.

Among the top 10 causes of death for women on Guam in 2014 were heart disease (41.3%), cancer 14.5%), and renal disease (4.2%) as reported by OVS. The types of cancer deaths were lung (27.1%), breast (13.9%) and colon (10.5%). Among women aged 18 and older, 11% reported having non-gestational diabetes, 1.4% had gestational diabetes, and 1.7% were borderline diabetics. According to the 2013 Annual Summary of Notifiable Diseases Report, 74.7% of the 937 Chlamydia cases and 46.7% of the 92 Gonorrhea cases in 2013 were women. Of the five cases of Syphilis in 2013, four were women. In regards to HIV incidence, of the 244 cases reported to DPHSS since 1985, 14.8% of the cases were women.

A well-woman visit provides an opportunity for a woman to receive services to prevent diseases and other health problems, update immunizations, undergo medical tests to check for diseases early when they may be easier to treat and to receive education and counseling to help make informed decisions. Family Planning services are available to prevent unplanned pregnancies. Pregnant women are made aware of the importance of receiving adequate prenatal care especially in their first trimester so that their babies are born healthy.

According to the 2010 U.S. Census, there were 35,848 people (22.5% of the residents on Guam), who had incomes below the poverty level. In terms of the number of households with incomes below the poverty level, 2,874 were headed by a female with children and no husband (approximately 13,124 individuals). Some of the challenges faced by women in this population in being able to receive adequate health care is lack of insurance, the limited number of Medicaid providers, lack of awareness, and lack of transportation. Even though women are able to receive free health care services at Central Public Health, there are not enough medical providers to meet the need, thus appointments are difficult to get. Physicians are difficult to recruit due to the low salaries that are offered in the government. DPHSS is considering implementing a fee schedule so that some of the expenses can be recouped from Medicaid and private insurance payments.

The Alee Women's Shelter provides emergency/protective shelter for women, with or without, children, who are

victims of family domestic violence & sexual assault. In 2014, they sheltered 48 “new” clients and 10 “returning” clients, an increase of 17% increase from 2013. Of the 48 “new” clients, 33.3% were physically abused, 31.2% were emotionally abused and 35.4% of the women experienced both. The ages of the women ranged from 18 years to 60 years and above. Guam has had over 26 suicides every year for the past five years. According to OVS, two of the 28 suicides in 2014 were women, as well as five of the 29 in 2013 and four of the 26 suicides in 2012. Patients over 18 years of age who are at risk for mental health issues are referred to a psychologist at the CHCs or to GBHWC.

The NCD Consortium, of which MCH is a member, successfully obtained \$700,000 from the Legislature to fund health initiatives including assisting pregnant Medicaid patients adopt healthier lifestyles, resulting in increasing prenatal care and reducing infant mortality.

INFANT/CHILD/ADOLESCENT HEALTH

According to the 2010 U.S. Census, of the 35,848 people with income below poverty level, 46.3% are children under 18 years old. Of the 153,625 noninstitutionalized civilian population on Guam, 78.9% had some form of private or public insurance while 21.1% had no health insurance. Of those with insurance, 49.1% had private insurance, 22.4% had public insurance (Medicaid, MIP) and 7.4% had both private and public insurance. In regards to the under 18 population (52,250), 85.4% had some form of health insurance while 14.6% had none. According to the BPCS FY2014 Annual Report, of the 12,847 CHC users between the ages of 0-19 years, 74.1% had Medicaid, 5.9% had MIP, 16.5 % were uninsured, 1.1% had private insurance, 1.3% had other public insurance and 1.1% were eligible for the sliding fee scale.

According to the DPW Annual Report, of the 44,900 individuals eligible for Medicaid in 2014, 7.6% were under 1 year of age, 36.5% were between 1-11 years old, 10.3% were between 12-15 years old and 9.8% were between 16-20 years old. States and territories are required to provide comprehensive and preventive health care services to children under age 21 who are enrolled in Medicaid. The EPSDT benefit ensures that children and adolescents receive appropriate preventive, dental, mental health and developmental and specialty services. The EPSDT usage rate on Guam is low: 21.2% for children under 1 year of age, 42.2% for children 1-11 years of age, 41.4% for children 12-15 years of age, and 29.5% for children between 16-20 years of age. The MIP Program had 12,581 participants in 2014: 1.6% were under 1 year of age, 14.0% were between 1-11 years old, 6.2% were between 12-15 years old and 8.0% were between 16-20 years old.

The SNAP Program had 58,070 recipients in 2014, of which 6.4% were under 1 year of age, 34.0% between 1-11 years of age, 10.0% were between 12-15 years of age and 9.5% were between 16-20 years old. The CCDF provides low-income families with financial resources to find and afford quality child care for their children. There were 2,344 participants in 2014: 10.6% under 1 year of age, 47.0% between 1-11 years of age, 5.5% were between 12-15 years of age and 5.2% were between 16-20 years old. CPS received 3,681 reports of child maltreatment in 2014 (compared to 4,109 in 2013): 19.3% were for physical abuse, 8.2% were for sexual abuse, 14.1% for emotional abuse and 11.2% were for neglect.

PERINATAL/INFANT HEALTH

State Priority: To reduce infant morbidity and mortality

LBW and preterm delivery are major factors in neonatal and infant morbidity and mortality. Risk factors associated with LBW are history of STDs, smoking, alcohol and/or drug use during pregnancy, inadequate maternal weight gain, diabetes, young maternal age, high parity, short intervals between births, poverty and previous preterm or LBW births. The percentage of LBW births differ by race and ethnicity. In 2014, 2.7% of births to Chamorro women were LBW compared to births to Filipino women (1.49%) and births to Chuukese women (1.32%). Disparities also exist in LBW by age. From 2010 to 2014, mothers with the highest percentage of LBW were teen and young adult mothers

(under the age of 24) with 20.6%. Women aged 25-34 years had the lowest percentage with 7.9%.

According to OVS, there were 28 infant deaths out of 3,396 births in 2014. In regards to causes of death, 28.6% were due to prematurity and 25.0% were due to interstitial pneumonia. The infant mortality rate has been going down for the past 5 years but is still above the national average. The rate was 8.24 in 2014 compared to 9.14 in 2013 and 11.93 in 2012. In terms of ethnicity in 2014, 57.1% were Chamorros, 21.4% were Chuukese, and 7.1% were Filipino. In 2013, 46.9% were Chamorros, 28.1% were Chuukese and 12.5% were Filipinos.

The Guam Newborn Metabolic Screening Program ensures that all newborns on Guam are screened for metabolic disorders. The program ensures that newborns with abnormal results receive appropriate care, treatment, counseling and support. In 2014, 100% of all infants received an initial screening and 100% received referrals and treatment. The MCH Program works closely with Project Bisita which provides home visitation to children 0-8 years old and their families who are at risk for health disparities, child abuse and neglect.

The MCH Program has been participating in the CoIIN to Reduce Infant Mortality webinars so that staff can be trained on how to prevent infant mortality and improve birth outcomes. Low income pregnant women can access free prenatal care at Central Public Health but the number of health providers are limited. Women with high risk pregnancies are referred to private providers.

Breastfeeding is the best thing a mother can do for her newborn. Breast milk contains antibodies that will help newborns fight off viruses and bacteria. Babies who are breastfed exclusively for the first six months of life have fewer ear infections, respiratory illnesses, and diarrhea. They also have fewer hospitalizations and doctor's visits. According to the WIC Program, only 38.4% of moms exclusively breastfeed their babies at six months. To promote breastfeeding, the Guam Legislature passed Public Law 32-098 in November 2014 which gave nursing women the right to breastfeed or express breast milk in public or at their workplace without the fear of social constraints, discrimination, embarrassment or prosecution. GMHA has also endorsed the "Baby Friendly Hospital Initiative" which encourages mothers to breastfeed their babies soon after birth. Breastfeeding classes are offered by the WIC Program and at Sagua Managu Birthing Center.

There were 3,428 children under one year of age who were on Medicaid in 2014. The number and age of children who received EPSDT services: 8.6% of children under 5 months of age, 6.4% of children ages 5-7 months, and 6.2% of children ages 8-11 months. Some of the reasons for the low numbers include lack of transportation, lack of coordination between the health provider and EPSDT Program, lack of health providers, difficulty in getting appointments, and no disruption in benefits if the patient fails to receive the services.

The MCH Program and the CHCs are working with the EPSDT Program to eliminate some of the barriers. When a Medicaid patient goes to the CHC to schedule an appointment for EPSDT services, the staff submits their names and their appointment date to the EPSDT Program at Central Public Health to determine if they are eligible for EPSDT services. If the patient is determined to be eligible, the EPSDT Program staff faxes back an authorization to receive services. This eliminates the need for the patient to travel from one facility to another and the patient gets to schedule an appointment with the physician without delay. The EPSDT Program participates at outreaches to educate the public and raise awareness on the importance of EPSDT services to maintain optimum health of a child.

DPHSS successfully applied for technical assistance from the National MCH Workforce Development Center in 2015 and is part of Cohort 2. DPHSS, in partnership with CEDDERS, are trying to increase the number of uninsured children 0-8 years old who have access to timely appropriate services to achieve optimal health and well-being by trying to align early childhood programs under one bureau. This includes Project Karinu, Project Bisita, Project

LAUNCH, GEDHI and CCDF. The alignment of the programs will hopefully prevent the duplication of services and to find and identify children who need services. There are a great number of children who are not receiving services especially those who are not of school age.

CHILD HEALTH

State Priority: Improve the cognitive, physical and emotional development of all children

According to the Guam Immunization Program NIS Report for 2013, only 50.3% of children aged 19-35 months have received their full series of vaccinations. Public Law 32-73 was passed in 2013 and requires all health care providers performing immunizations on children and adults to submit immunization reports into the Guam Immunization Registry (Guam WebIZ) unless the patient or parents of the patient opts out of the Registry. The information collected would allow the Immunization Program to assess the immunization status of children to ensure immunizations are current. The current data on the database does not reflect the true number of children getting vaccinations on Guam which can account for the low percentage in the report. The Immunization Program is updating their computer system so that providers can interface their computers with Immunization's so that the data can go directly into the database without the staff doing double entries or rekeying the data. The MCH Program participates in immunization outreaches conducted at malls, health fairs and villages

Of the 5,579 patients serviced by GBHWC in 2013, 7.1% were children 0 to 12 years of age. The I Famagu'on-ta Program at GBHWC provides integrated, community-based outpatient services to children-adolescents, ages 5-17 years old (up to 21 if still in school), who are high risk and those with serious emotional disturbances and their families. Services include care-coordination or wraparound services and individual and family counseling. Project Karinu is Guam's Early Childhood System of Care for young children from 0-5 years of age with social, emotional, behavioral, and developmental needs, as well as those who are considered "at risk". Project Karinu works in partnership with families and other service providers to meet the unique needs of each child by providing family supports, interventions, and individualized treatment. Since the program started four years ago, 430 referrals have been received and 271 children have been evaluated.

Project LAUNCH is the newest program in DPHSS. It was funded in October 2014 and began seeing patients on July 1, 2015 at SRCHC. Project LAUNCH promotes the wellness (positive physical, social, emotional, behavioral and developmental health) of young children 0-8 years of age. Children who are seen at the CHCs will be provided with a developmental screening to determine if they are at risk for mental health issues. Project LAUNCH will provide home visitation, training for families, and referrals to Project Karinu and other early childhood mental health programs as needed. The CHCs have a psychologist on staff who sees individuals over 15 years of age with mental health issues.

GEIS is a program designed to coordinate early intervention services for families with children ages 0-3 that may need services due to a child's developmental delay, disability, or special need. According to GEIS, from October 2014 to March 2015, 94% of children received early intervention services within 30 days of assessment; 100% of children with transition steps developed with family were completed within the required 90 days; 100% of toddlers had a transition conference as required by IDEA. There were 280 children who received GEIS services in 2014.

Any form of injury will affect the development of a child in one form or another, i.e. physical, mental, behavioral or emotional. It can leave the child with a physical disability which can lead to negative body image and self-esteem problems and later to alcohol or substance abuse. It can leave the child with a mental disability which can lead to poor academic performance, dropping out of school and not being able to get employment later in life. It can also lead to depression and suicide.

According to the DPW FY2014 Annual Report, CPS received 1,548 referrals involving 2,321 children; 2,195 of which were found to be abused or neglected. In terms of age, 5.6% were under one year of age, 47.9% were between 1-9 years old, and 44.7% were between 10-18 years old. In terms of ethnicity, 62.3% were Chamorro and 19.6% were Chuukese. The number of abused cases was down 16.6% from 2013.

The Guam Council on Child Death Review was established on Guam in 2013 and is made up of 14 representatives from various Government of Guam agencies who meet on a monthly basis to discuss deaths and suicides in children 0-18 years old on Guam. The Council includes the DPHSS Director, MCH, CPS, EMS, OVS, GBHWC, GPD, Medical Examiner, GELC, AG, GMHA, Military representative, a pediatrician, and a parent/community stakeholder. The council members review the details of the death, peruse medical histories, determine if the death could have been prevented, and if there were warning signs. The goal of the Council is to understand how and why children die in order to take action to prevent other deaths.

ADOLESCENT HEALTH

State Priority: To promote and enhance adolescent strengths, skills and supports to improve adolescent health.

Bullying or being bullied can negatively affect a person's physical and mental health. Improving adolescents' self-esteem and support system will minimize the effects of bullying. Adolescents who are bullied have higher absenteeism, lower grades, lower self-esteem, more likely to experience depression and anxiety, and experience changes in sleep and eating patterns. In some instances it can lead victims to retaliate through violence. Adolescents who bully are more likely to be alcohol and drug abusers; get into fights, vandalize property and drop out of school; engage in early sexual activity; or be involved in domestic violence. Some of the reasons why individuals are bullied are because of their culture, ethnicity, religion, sexual orientation, socioeconomic status, disability, and physical appearance.

According to the 2013 YRBSS, 19.1% of Guam high school students reported that during the past 12 months, they were picked on or bullied by another student at school; 15.3% were threatened or harassed over the internet, by email, or by cellphone. GDOE has a school policy against harassment, intimidation and bullying; incorporates discussion of bullying into class curriculum and provides training on policies to school staff.

Adolescent participation in high-risk or illegal behaviors, including smoking cigarettes, drinking alcohol, using illicit drugs, early sexual activity and participation in crime, can have severe, long-term consequences. The prevalence of alcoholism among those who began drinking before age 18 is four times higher than those who did not drink before age 21. According to the 2013 Guam YRBSS, 17.5% of Guam high school students reported having drunk alcohol before the age of 13 and 55.3% stated they had tried alcohol. The percentage of Guam high school students who reported binge drinking (drinking ≥ 5 drinks on at least one occasion in the past 30 days) was 13.9% for males and 11.1% in females. About 22.5% of Guam's middle school students reported ever having had drunk alcohol as compared to 31.2% in 2011. About 10% of Guam's middle school students reported having drunk alcohol before the age of 11 years. This was a decrease of 23% from the 2011 data. The reason for the decrease is due in part because the legal drinking age on Guam was raised to 21 years old in 2010. The NCD Consortium promotes the One Nation Campaign which promotes healthy behaviors and alcohol-free, tobacco-free and other drug-free lifestyles on Guam. Their target groups are youths ages 11-17 and young adults 18-30 years old.

The earlier adolescents begin to use illegal drugs and/or abuse otherwise legal substances, the more likely they are to continue using substances and to engage in other risky behaviors. According to the 2013 Guam YRBSS, 28% of Guam high school students reported currently using marijuana. Data indicates that 15% of Guam high school

students tried marijuana before age 13, this was a 5.6% increase from the 2011 data. Of the middle school students surveyed by the 2013 Guam Middle School YRBSS, 6.0% of Guam students had tried marijuana before age 13; this represents a 25.5% increase from 2011 data. When asked if they had ever used a form of cocaine, 4% of middle school students stated that they had. Furthermore, 3.2% of Guam middle school students stated that they had taken steroids without a doctor's prescription.

The use of methamphetamines among high school students increased by 43.8% from 2011 to 2013. About 41% of Guam high school students were offered, sold or given illegal drugs on school. (Guam High School YRBSS). Among the middle school students surveyed by the 2013 Guam Middle School YRBSS, 6.0% of Guam students had tried marijuana before age 13, this represents a 25.5% increase from 2011 data. When asked if they had ever used a form of cocaine, 4.0% of middle school students stated that they had. (Guam Middle School YRBSS).

There were 1,187 individuals served by GBHWC in 2013 with serious mental illnesses and serious emotional disturbances. Of those 21.0% were between the ages of 13 to 17. Youth who have depression are at an elevated risk for other negative health outcomes, including substance abuse and suicide. Suicide is one of the leading causes of teen deaths on Guam. According to OVS, 26 individuals between the ages of 13-19 years old have committed suicide in the last five years on Guam. That is 18.1% of all suicides (total of 144). The number went from five in 2013 to three in 2014. More youths were hospitalized or treated in an emergency department for suicide attempts than were fatally injured. In 2013, 27.9% of Guam high school students and 35.6% of Guam middle school students reported that they had seriously considering attempting suicide at some point in their lives.

Adolescent pregnancy and parenthood are closely associated with a host of social and economic issues that affect teen parents, their children and society. Teenage mothers are less likely to finish high school and are more likely to live in poverty, depend on public assistance, and be in poor health than slightly older mothers. Their children are more likely to suffer health and cognitive disadvantages, come in contact with the child welfare and correctional systems, live in poverty, drop out of high school and become teen parents themselves. According to OVS, there were 3,398 births in 2014, of which 325 were to teen moms ages 15-19 years old. The 2014 Guam teen birth rate for females aged 15-19 years was 48.7/1,000. The population projection for females ages 15-19 was 6,673 in 2014 and was 6,710 in 2013. There were 368 births to mothers ages 15-19 in 2013. The teen birth rate in 2013 was 54.8/1,000.

The Family Planning Program provides comprehensive reproductive and preventative health care services and contraceptives to low-income women and adolescents to prevent unplanned pregnancies and unwanted STDs. The STD/HIV Program prevents and controls the spread of HIV and STDs by offering health education, counseling, testing, referrals and condoms to the general public. WestCare Pacific Islands Project Isa-Ta provides prevention education and supportive group counseling for girls, ages 12-17 years old. Guam has one of the highest rates of STDs. In 2013, the chlamydia rate for all teens aged 15-19 was 13.4/1,000. MCH is in partnership with Island Girl Power and Guam HIV/AIDS Network (GUAHAN) Project who do presentations around the island on HIV/AIDS, self-esteem, dating violence prevention, sexual abuse, building healthy relationships, and overall health.

CSHCN

State Priority: To provide a whole-child approach to services to CSHCN

The CSHCN population is comprised of children under the age of 21 who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who require health and related services of a type or amount beyond that required by average children. There are currently 668 patients on the CSHCN Registry. Patients over 17 years old and patients who have not been seen in the clinics in the past three years are removed from the registry. Mental health services are available for young children at Project LAUNCH (ages 0-8 years old), Project

Karinu (ages 0-5 years old) and I Famagu'on-ta (ages 5-17 years old). MCH collaborates with MSS to provide services to CSHCN clients. CSHCN Clinics are conducted throughout the year including the Special Kids Clinic, the Genetics Clinic, the Shriners Hospital for Children Clinics, and the GCHCP Clinics.

MCH staff are tasked in organizing the Special Kids Clinic which are held twice a month at NRCHC in which patients are seen by a pediatrician, social worker and a nurse. About 34 patients were seen from January to June 2015. The Genetics Clinic is conducted at DPHSS in collaboration with the Western States Genetic Services Collaborative. A medical team, consisting of genetic counselors and a geneticist from Hawaii, comes out to Guam once a year to perform genetic assessments and evaluations, and give referrals and recommendations for follow up care and management. There were 27 patients seen at the February 2014 Genetics Clinic.

A medical team from Shriners Hospital for Children-Honolulu comes to Guam twice a year to conduct clinics at Central Public Health. They provide free medical consultations to children birth to 18 years old who suffer from orthopedic conditions, spinal cord injuries and burns. They work in collaboration with the child's primary physician on Guam. Those who require treatment that are unavailable on Guam are referred to Hawaii. About 340 children were seen at the clinic held from January 10-17, 2014 and 298 children were seen during the clinic held from July 28-August 6, 2014. Telemedicine conferences with families are conducted once a month at Central Public Health to do follow-ups.

The GCHCP provides medical care, social services and education to patients diagnosed with Hemophilia, von Willebrand's Disease and other congenital bleeding disorders. Patients are provided personalized care through a medical home approach and are seen by a physician, nurse, physical therapist and a social worker. Clinics are held once a month at NRCHC for patients and their families. Annual evaluations are conducted, including history of bleeds, medication adherence, joint assessments, and addressing social and economic needs. Treatment recommendations and follow-ups are performed. The staff makes sure that the immunization records are up-to-date and provide injury prevention counseling. MSS maintains a Hemophilia Patient Registry. There are currently 16 children under 21 years old on the Registry. MCH staff conduct hemophilia presentations to health providers in the community to raise awareness.

The Head Start Program provides comprehensive child development services to economically-disadvantaged children, ages 3 to 5 years, with a special focus on helping preschoolers develop the early reading and math skills they need to be successful in school. Children who meet the age requirements but do not meet the income guidelines, but have a special need or disability, are eligible for the Head Start Program. These "over-income" children, however, may only comprise 10% of the total number of funded enrollment. In 2014, 573 children were enrolled in Head Start; of that number 10.1% were children with disabilities and 1.7% children were homeless (GDOE, Head Start Annual Report).

In July 2014, parents of CSHCN patients being seen at the Shriners Clinic were asked to complete a patient survey. There were 204 surveys that were completed. Some of the findings were as follows: 29.4% of the children had private insurance, 22.5% had Medicaid, 1.0% had MIP, and 46.1% had no insurance. Of those with health insurance, 44.1% reported that their insurance covered the healthcare costs, 22.1% covered all prescription costs, 26.5% covered some of the prescription costs, and 1.0% did not cover any of the prescriptions. Most of the families replied that there was a copayment and/or deductible that had to be met.

The survey also found that 58.8% of CSHCN patients lived with both parents, 1.5% lived with only the father, 25% lived with only the mother, 7.4% lived with grandparents and 1.5% lived with foster parents. When respondents were asked who were the primary caregivers, 36.8% were cared of by both parents, 33.3% were cared of by the mother, 4.4% were cared of by the father, 11.3% were cared of by grandparents, 1.5% were cared of by foster parents, 4.4%

were cared of by extended family and 4.4% were cared of by siblings. When asked about their satisfaction with services, 56% reported being satisfied with the services they received. Their dissatisfaction were due to insurance limitations or lack of finances to obtain necessary physical, occupational and/or speech therapy or to find therapists

The GDOE Division of Special Education provides evaluation, specialized instruction and counseling for all students requiring services due to their emotional disabilities. They ensure that all children with disabilities have available to them free and appropriate public education that is designed to meet their unique needs and prepare them for post-secondary outcomes. In order to qualify for special education, children must have a disabling condition defined by IDEA and that condition must have an adverse impact on the child's education. These conditions include intellectual delays, hearing impairment, speech/ language impairment, visual impairment, emotional disturbance, orthopedic impairment, autism, traumatic brain injury, other health impairment, specific learning disability, deafness, blindness or multiple disabilities.

According to GDOE, the percent of youths, age 12-17 years old with special health care needs who receive the necessary services and supports to transition successfully to adult health care, work and independence is 88.5%. For the reporting period July 2014 through March 2015, there were 515 youths age 16 and above with an IEP. Of the 515, 88.5% had an IEP that included coordinated, measurable annual IEP goals and transition services that would reasonably enable them to meet post-secondary goals.

Guam's Positive Parents Together (GPPT) is a coalition of parents who have children with different disabilities. Their mission is to educate and train parents so that they can be the very best advocates for their children in all areas of life. They come together to create one voice and one vision for disabled individuals on Guam. They offer information, support, advocacy, resources and training. The coalition includes parents from Autism Community Together (ACT), the Down Syndrome Association of Guam, GEHDI, and GIFTS, a nonprofit family organization of parents for parents whose children ages 0-26 years old experience or are at risk for social, emotional, behavioral and mental health disorders.

CROSS CUTTING

State Priority (1): To reduce the number of individuals who smoke

Smoking during pregnancy is linked with adverse pregnancy outcomes that include miscarriage; premature birth, LBW babies; and higher risk for SIDS. Secondhand smoke can have adverse effects for children in the household such as ear infections; more frequent and severe asthma attacks; respiratory problems; respiratory infections; and greater risk for SIDS. According to the 2013 Guam BRFSS: 23% of Guam women ages 18-44 years old were current smokers; 12.6% of the adult population had someone in the household that smoke in the home seven days of the week; and 20.2% of Guam's high school students used cigarettes compared to 21.9% in 2011. The 2014 Guam GYTS stated that: 47.5% of the youths (age 13-15 years old) that were surveyed had tried smoking a cigarette (72.2% started before the age of 13) and 15.2% were current smokers. About 44.1% were exposed to tobacco smoke at home and 48.3% were exposed in enclosed public spaces.

The NCD Consortium has been lobbying for stricter tobacco laws. The Legislature is currently considering a bill to raise the age of legal access to tobacco from 18 to 21 years and another bill to provide increased enforcement of the Natasha Protection Act (which prohibits smoking in public places) and to provide training to security guards to enforce the law.

The Tobacco Prevention and Control Program at DPHSS give tobacco prevention presentations at schools and health fairs; conduct Brief Tobacco Intervention (BTI) training; refer clients to smoking cessation classes; and promote the Tobacco Free Quitline, where trained counselors are available on the phone to smokers who want to quit smoking.

State Priority (2): To increase the number of homeless individuals and families accessing health and social services

According to GHURA, there were 1,280 homeless individuals in 2015, a decrease from 1,356 in 2014. There are many reasons for being homeless: poverty, unemployment, lack of affordable housing, poor physical or mental health, drug and alcohol abuse, gambling, family and relationship breakdown, and domestic violence. According to the 2010 U.S. Census, 22.5% of Guam's residents have incomes below the poverty level and the unemployment rate was 7.4% as of March 2014 (DOL). The decrease in the unemployment rate was attributed to more jobs and more employed persons on Guam. The unemployment rate among adult women decreased from 9.6% to 5.3% while the unemployment rate among adult men increased from 6.6% to 7.2% from December 2013 to March 2014. GHURA has three programs to provide affordable housing for low income families: (1) Public Housing is an affordable rental-housing program, (2) Section 8 provides vouchers and certificates, and (3) Guma Trankildat is housing for the very low-income elderly and persons with disability. There are over 2,000 people on the waiting list to get into the programs. GHURA cannot keep up with the demand even though they continue to build new homes.

GHC is a group of government agencies, non-profit organizations and the private sector that come together for the purpose of responding to the needs of homeless youth, families, and single adults. They ensure that the homeless population regain housing stability through the expansion and implementation of a comprehensive community-based housing delivery system to prevent and end homelessness on Guam. GHC sponsors a "Passport to Services" event on an annually basis to assist the homeless population on Guam, of which MCH is a participant. Besides providing free meals, they offer health screenings, immunizations, job and housing assistance, and free haircuts. Over 400 homeless residents attended in 2015. (PDN, 6/27/15).

CSS is a nonprofit organization that provides services to the elderly, the abused, the homeless and individuals with disabilities. They operate homeless prevention programs that provide one-month rental assistance to low-income individuals and families threatened with eviction for non-payment of rent. They manage the Alee Shelters, which provide emergency shelter for women and children who are victims of family violence. Abused women and children may stay at the shelter for up to 45 to 60 days. The Alee Shelter offers case management, transportation, individual and family counseling and referral services.

CSS manages the Guma San Jose Homeless Shelter which provides 24-hour, 7 days a week emergency shelter and support service for individuals and families who are homeless on Guam. Homeless families and individuals may stay at the shelter for up to 60 days. Guma San Jose provides case management, counseling, transportation, educational workshops, clothing, food and referral services. In 2014, Guma San Jose served and sheltered 154 cases which contained 419 individuals. For the women/family shelter, there were 23 single women served, 29 single women with 95 children, 4 single fathers with 8 children and 99 couples/families with 110 children. The CSS also manages the Emergency Food and Shelter Program and the Karidad Supportive Services Program, a supportive housing program for homeless persons with disabilities.

The Salvation Army Family Service Center (FSC) operates homeless prevention programs that provide one-month rental assistance to low-income individuals and families threatened with eviction for non-payment of rent. The FSC also has a food bank and clothing assistance program. The Center also offers life skills and financial management training to homeless families and individuals and conduct follow-up home visits with clients.

Sanctuary, Inc. is a non-profit organization that provides services to youths and their families. Sanctuary conducts outreach and assessment of at-risk, runaway and homeless youth. Sanctuary conducts outreach activities in Guam's public housing neighborhoods. Sanctuary operates a 24-hour crisis hotline and provides families and youths with

crisis intervention and counseling to deal with family problems that may cause the youth to run away or that may cause the parents to sever ties with the youth. Sanctuary operates an emergency shelter for runaway, homeless, abused and troubled youth. Homeless youth may stay at the shelter for up to 30 days. The emergency shelter provides case management, outreach, life skills training, education, transportation, substance abuse counseling, personal care, and mental health care. Youth and their families receive individual and family supportive counseling during the youth's stay at the shelter. Sanctuary also provides 90-day off-site follow-up care.

The Street Outreach Program (SOP) is a program which seeks out and assists youths who are unable to have access to a safe and stable housing environment or whom are simply homeless. This program focuses on teenagers who are runaway, homeless or street bound; who are not provided basic needs such as food, shelter, clothing and a safe environment needed to foster healthy development. Sanctuary's Transitional Living Program (TLP) is an 18-month program for youth between the ages of 16 and 21 and is the only community-based program on Guam and in the region that provides services to older homeless youth who have no suitable alternative placement available to them. TLP will assist them to successfully transition to independence and self-sufficiency by providing shelter, life skills training and services such as supportive counseling and Individualized Personal Plan for each resident. The overall goal of the project is to help youth achieve independence and self-sufficiency to prevent long-term dependency on social services.

Kamalen Karidat is a nonprofit organization under the Archdiocese of Agana that provides food and spiritual nourishment to the homeless. They provide the homeless one meal a day and a snack to take with them until their next meal. MCH partners with them to provide health screenings and immunizations twice a year.

DPW Works Program Section has two programs to assist individuals gain employment: (1) JOBS Program helps individuals build job skills and (2) GETP provides free referral services, employment and training opportunities for able bodied individuals.

II.B.2.b Title V Program Capacity

II.B.2.b.i. Organizational Structure

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

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

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

II.B.2.b.ii. Agency Capacity

MCH collaborates with various bureaus and programs within DPHSS, other government agencies, non-profit organizations, and the private sector to ensure that women and children receive comprehensive, community based coordinated care. BFHNS ensures that the needs of MCH are incorporated into the various clinics that are conducted at Central Public Health: **Women's Health** (prenatal/postpartum care, physicals, birth control methods, cancer screening), **Child Health** (well-baby visits, physicals, CSHCN screenings, hearing tests, immunizations), **CDC Clinic** (PPDs, diagnostic services, treatment), **STD Clinic** (counseling, treatment), **Family Planning (FP)** (comprehensive reproductive health care services including contraceptives), **Walk-In Immunizations** (vaccines to children 0-18 years old), and **CSHCN** clinics.

When a woman comes in for a pregnancy test at the Women's Clinic and is determined to be pregnant, she is given an appointment to attend early prenatal care classes and to see the nurse practitioner to start her prenatal care. Patients are referred to **MSS** to determine if they are eligible for MCH to receive public assistance. After she delivers and is determined to be at risk for developing health issues, the staff from **Project Bisita** schedules a home visit to see how she and the baby are doing. If she or the child are found to be at risk of developing mental health issues, they are referred to **Project Karinu**. This collaboration benefits the entire family because issues can be addressed before they become a problem and affects the development of the child.

If she is not pregnant, she is referred to the **FP Program** to obtain contraceptives to prevent unplanned pregnancies and to increase the spacing between children to promote optimum health. Women are given a thorough exam by a nurse practitioner and are counseled on the various contraceptive methods except abortion. The **Central Public Health Pharmacy** ensures that contraceptives are available. MCH pays for staff salaries, the FP Program procures the contraceptives and the Pharmacy dispenses the medications. MCH utilizes the services of the **Laboratory Section** to conduct pregnancy, STD and HIV tests. The nursing staff works closely with the laboratory staff to ensure that lab results are obtained on a timely basis and patients with abnormal results are followed-up by the health provider.

MCH collaborates with the **STD and FP Program**, in promoting safe sex practices to prevent pregnancy and STDs among teens and women who are of child-bearing age. They participate in trainings, health fairs, conferences and awareness events. MCH assists the STD Program by making sure that women who have STDs are seen by a health provider and treated on a timely basis to minimize the effects of the disease. MCH works closely with the **TB Program** to address the high number of TB cases on Guam. Immigrants from the Philippines and FSM have a high prevalence rate of TB. MCH conducts CDC Clinics in which patients with TB are evaluated by a physician and placed on Direct Observation Therapy to prevent the disease from spreading in the community.

Project Karinu is an Early Childhood Systems of Care Program which provides mental health assessments to children, 0-5 years old, to determine if they are at risk for social, emotional, behavioral and developmental problems. MCH collaborates with **GBHWC I Famagu'on-ta Program** to provide mental health services to children 5-17 years of age (21 if still in school). **Project Bisita** is the Maternal, Infant and Early Childhood Home Visiting Program and conducts home visits to families with children 0-8 years old living in the northern part of the island who are at risk for developing health issues. **Project LAUNCH** screens children 0-8 years old for mental health risks at the CHCs. If a child is determined to be at risk, the child will be referred to Project Karinu and Project Bisita for further evaluation. Staff from the Karinu Program have been cross allocating their time between Project Bisita and Project LAUNCH. MCH collaborates with these three programs to ensure that children and their families receive the services they need, from promotion to prevention to mental health intervention. The goal is to prevent the duplication of services and to minimize the number of children who fall between the cracks.

MCH staff works closely with the **Immunization Program** to ensure that children receive their vaccinations on a timely basis to protect them from childhood diseases. The Immunization Program provides the vaccines and the staff to process the patients and MCH provides the staff to administer the vaccines. Walk-in clinics are offered twice a week at Central Public Health. Immunizations are also available at the Child Health Clinics. The Immunization Program conducts immunization outreaches at low income housing areas, mayors' offices, shopping malls, and at schools, so that as many children can be immunized. A month before the opening of the new school year, immunizations are offered daily at Central Public Health to meet the demands to get children ready for school. Due to federal mandates, immunizations are only available to children who are underinsured, uninsured, on MIP or on Medicaid. WIC immunization outreaches are held for children (ages 0-5 years old) on the first Friday of each month at NRCHC and on the third Friday of each month at the Yona or Agat Community Center. They also conduct special outreaches to target specific populations including the homeless, families living in low cost housing, senior citizens, day care providers, and teen organizations.

The **Dental Program** partners with MCH by providing fluoride varnish to children under 6 years old. The dental staff go to the Head Start Centers and apply fluoride varnish to the children enrolled there as well as their siblings. They also go to the daycare centers to apply fluoride varnish to the children attending there. The dental staff participate in the monthly WIC immunization outreach held once a month at NRCHC. They participate in village immunization outreaches and immunization outreaches held at the malls.

MCH collaborates with **MSS** to provide services to CSHCN clients. MSS schedules the Special Kids Clinic, Genetics Clinic, Shriners Hospital for Children Clinics, and the GCHCP Clinics. Blind and disabled children under 16 years of age, needing rehabilitation services, are referred to GDOE Division of Special Education. Guam Medicaid Program does not have SSI funding. MCH collaborates with BNS by participating in WIC Immunization Outreaches and participating in chronic health screenings. MCH collaborates with the **Guam Tobacco Prevention and Control Program**. MCH staff are trained to be tobacco cessation educators and counsel pregnant women smokers to quit smoking. MCH Program collaborates with **DPW** by making MCH clients aware of the various public assistance programs available to them, including SNAP, Medicaid, MIP, CPS, Foster Care, and the JOBS Program. **OVS** provides vital data to MCH.

MCH collaborates with the **CHCs** which provide comprehensive primary health care to the underserved, indigent and uninsured populations who are most in need of assistance and least able to find it. The target population consists of the low income, uninsured, and medically underserved population. Specific groups within the target population include children 0-11 years old (including CSHCN); adolescents (including youths confined in a correctional facility); women of child bearing age with health risk factors; pregnant women including adolescents; the elderly (55 years and over); individuals staying in emergency or transitional shelters for the homeless; individuals living in substandard

housing units; public health patients (i.e., patients with communicable, infectious, sexually transmitted, and chronic diseases); FSM and Marshallese citizens; and immigrants.

The primary care and preventive services offered at the CHCs include prenatal and postpartum care, women's health (OB/GYN care), well-baby care, child health, immunizations, adolescent health, adult care, minor surgery and wound repair, TB tests, DOTs, EPSDT for children, FP services, cancer screening, communicable disease screening and treatment (HIV, TB, STD), and chronic disease care (hypertension, diabetes, heart disease). The CHCs conduct "extended outreach clinics" 6 times a year for those patients who are unable to go to the health centers for treatment. The staff, which include physicians, nurses, social workers and health educators, go out to low income housing and offer a wide variety of services including immunizations, fluoride varnish treatment, well baby checks, adult care, early intervention services, hearing testing, WIC services, blood pressure and blood sugar screenings, pregnancy testing, and health education in tobacco, diabetes and cancer prevention. They obtain some of their medications through the 340B Program which offers eligible health care organizations drugs at significantly reduced prices. According to the BPCS FY2014 Annual Report, 31,069 patients sought care at the CHCs from October 2013 to September 2014.

II.B.2.b.iii. MCH Workforce Development and Capacity

The MCH Program funds nine staff: the program coordinator, an administrative assistant, a pharmacist technician, three nurses, one social worker, and two medical record clerks. Their resumes are in the "Supporting Documents" section. Seven of them work at Central Public Health and two at NRCHC. The reason why two staff at NRCHC are funded by the MCH Program is that some services are not provided at Central Public Health so patients are referred to the CHCs. The CHCs have more physicians and nurse practitioners than Central Public Health.

All staff in the Division of Public Health are required to undergo Culturally and Linguistically Appropriate Services (CLAS) Training as mandated by the CPHO. The training is conducted by the Office of Minority Health (OMH). OMH is under BCHS and promotes the elimination of health disparities in minority communities specifically to reduce health disparities in cancer, diabetes and obesity. A copy of the CLAS Policy for the MCH Program is attached in the "Supporting Documents" section.

Every year, the Governor's Office issues a Compact Impact Report to the Department of Interior which states the costs the Government of Guam incurs due to hosting immigrants from the Freely Associated States (FAS) consisting of the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei, and Yap), the Republic of the Marshall Islands and Palau. All the programs at DPHSS are required to collect data on the FAS population as a result all the programs have data on race, ethnicity, language and birthplace. This is also true for all other Government of Guam agencies including GDOE, GMHA, and GBHWC.

The MCH Program translates their brochures into different languages to reflect the diversity of their clientele. They use the services of the staff from UOG Micronesian Area Resource Center (MARC).

Translators are available at the District Court if translation services are needed in the clinics. Family and friends are discouraged from being used as translators.

II.B.2.c. Partnerships, Collaboration, and Coordination

UOG and Guam CEDDERS provide training, technical assistance and evaluations to MCH. Guam CEDDERS

oversees the **GEHDI Program** and is responsible for monitoring all newborns screened for hearing loss before 1 month of age and to ensure newborns with positive results are retested before 3 months of age. Infants with hearing loss are then referred to GEIS for early interventions before 6 months of age. Hearing data are shared with MCH. **Project Tinituhon**, of which MCH is a member of, is an **Early Childhood Comprehensive System (ECCS)** which aims to improve the physical, social and emotional developmental of children (0-5 years old) during infancy and early childhood to eliminate disparities. CEDDERS oversees the program.

MCH collaborates with **GDOE** in several programs: **GEIS, Division of Special Education** and **Head Start**. These programs refer patients to the CSHCN Program and MCH refers patients to them. GEIS provides diagnostic services, family support, and intervention services for children who have or are at risk of having developmental delays and disabilities.

MCH collaborates with **GBHWC** and **I Famagu-on'ta** by referring children 0-17 years old with severe mental health needs and their families to receive mental health services. MCH Program collaborates with DYA in promoting FP services, STD prevention and common safe practices to their clients. MCH is a member of the Guam Homeless Coalition and participates in the annual "Point-in-Time" Survey and "Passport to Services" event. MCH collaborates with CSS by referring women and children involved in domestic violence to the Alee Shelters and referring the homeless to Guam San Jose Homeless Shelter. MCH conducts presentations to their clients.

MCH is a member of various councils, committees and work groups to promote MCH interests. The **GELC** was created to provide a coordinated framework, involving all child-serving agencies and family representatives, to develop a comprehensive system of supports for young children (0-8 years old). Members include representatives from the Governor's Office, Guam Legislature, Mayors' Council, DPHSS, MCH, GMHA, GBHWC, UOG, GCC, Guam CEDDERS, GDOE, GEIS, DYA, Guam Judiciary, DOL, Sanctuary, CSS, GCCDA, GPPT and parents.

The **NCD Consortium** is made up of partners from various government agencies, nonprofit organizations and the private sector, to address the burden non-communicable diseases (e.g. cancer, diabetes, heart disease, etc.) are placing on families and communities on Guam. The Consortium includes GELC members and representatives from ACS, Guam Cancer Care, GRMC, GFD, GPD, the Military, private medical clinics, insurance companies, faith-based organizations, private citizens, and parents. The members are divided into Action Teams, each one addressing a different issue: tobacco, alcohol, nutrition/obesity, physical activity, policies, and communication. The MCH staff are part of several action teams. The Consortium meets monthly and have been successful in getting support from senators to pass numerous laws pertaining to prevention of NCDs including stricter tobacco laws, promotion of breastfeeding in public and work places and obtaining additional funding to promote physical activity in public schools.

II.C. State Selected Priorities

No.	Priority Need	Priority Need Type (New, Replaced or Continued Priority Need for this five-year reporting period)	Rationale if priority need does not have a corresponding State or National Performance/Outcome Measure
1	To improve maternal health by optimizing the health and well-being of women of reproductive age	New	
2	To reduce infant morbidity and mortality	Continued	
3	To improve the cognitive, physical and emotional development of all children	New	
4	To promote and enhance adolescent strengths, skills and supports to improve adolescent health	New	
5	To provide a whole child approach to services to Children with Special Health Care Needs	Continued	
6	To reduce the number of individuals who smoke	New	
7	To increase the number of homeless individuals and families accessing health and social services	New	Homelessness is becoming a huge problem on Guam . There is a large number of homeless individuals and families with children on Guam as indicated by the January 2015 "Point in Time" Survey that was conducted by the Guam Housing and Urban Renewal Authority. The survey indicated that there were 1,280 homeless individuals, or 1% of the total population, on Guam.

Selection of Guam’s Title V priorities for 2016-2020 occurred as part of the needs assessment, following the analysis of quantitative and qualitative data. Priority selection occurred with the input of large MCH stakeholder group.

For each MCH population domain, the MCH Program Coordinator compiled a list of potential priorities based on the quantitative data analyzed, themes from various focus groups/community meetings, and input from the Division of Public Health leadership. During the prioritization process, stakeholders were asked to score each potential priority

using the following criteria:

1. Problem/issue has severe consequences
2. Many individuals are affected by the problem/issue
3. Addressing the problem/issue is acceptable to citizens
4. Resources are available to address the problem/issue

In addition to the priorities listed for each domain, “write in” options were collected throughout the stakeholder meetings based on any small group discussions.

For each potential priority, stakeholders were asked to vote. The MCH program staff reviewed the rankings and determined the final list of priorities based on the alignment with MCH based priorities and the ability of Title V to influence each priority. The MCH program gave first consideration to potential priorities ranked highest for each domain as the priority for that domain. In some cases, the highest ranked potential priority was not chosen. This generally occurred when the scope of the highest ranked potential priority was too narrow and a slightly lower ranked priority captured the highest ranked priority plus other relevant topics.

The following Priority Needs were identified as a result of the process:

1	Improve maternal health by optimizing the health and well-being of women of reproductive age (Women’s/Maternal Health)
2	Reduce infant morbidity and mortality (Perinatal/Infant Health)
3	Improve the cognitive, physical and emotional development of all children (Child Health)
4	To promote and enhance adolescent strengths, skills and supports to improve adolescent health (Adolescent Health)
5	Provide a whole child approach to services to Children with Special Health Care Needs(CSHCN)
6	Increase access and utilization of health and social services (Cross cutting)
7.	All individuals and families are able to live in ordinary homes of their choice that support them to live independent and fulfilling lives. (Cross cutting)

Changes in Priority Needs since 2010 MCH Needs Assessment

In 2010, six state priorities were identified through the five-year MCH Needs Assessment for three population groups, pregnant women and infants, children and adolescents, and children with special health care needs. The table below identifies the six state priorities from 2010 and the seven state priorities from 2015 organized by the newly implemented MCH population domains and indicates whether the priority was continued, discontinued, replaced, or added.

Domain	2010 Priority Need	2015 Priority Need	Status
Women/Maternal Health	All women should receive early and comprehensive health care before, during and after pregnancy	Improve maternal health by optimizing the health and well-being of women of reproductive age	Replaced

Perinatal/Infant Health	To decrease the number of Chuukese infant deaths by providing access to prenatal care to pregnant Chuukese women along with health education on how to have a healthy pregnancy.	Reduce infant morbidity and mortality	Replaced
	To increase initiation, duration and exclusivity of breastfeeding		Continued
Child Health		Improve the cognitive, physical and emotional development of all children	Added
Adolescent Health	To reduce the proportion of children, ages 12-19, who self-report being overweight or obese	To promote and enhance adolescent strengths, skills and supports to improve adolescent health	Discontinued
Children with Special Health Care Needs	To increase the percentage of children who have a medical home	Provide a whole child approach to services to Children with Special Health Care Needs	Continued
Cross-Cutting	To increase the capacity to collect, link, analyze, utilize and disseminate Title V data	Increase access and utilization of health and social services	Discontinued
Cross-Cutting		All individuals and families are able to live in ordinary homes of their choice that support them to live	Added

		independent and fulfilling lives.	
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For women and maternal health, the need for all women to receive early and comprehensive health care before, during and after pregnancy was replaced by the need to improve maternal health by optimizing the health and well-being of women of reproductive age. In the 2015 Needs Assessment, incorporating preconception planning and prenatal health care practices was a common theme found. Focusing on overall maternal health will allow for more targeted strategies, such as linking mothers to providers through home visiting programs.

For perinatal and infant health, the former priority need of decreasing the number of Chuukese infant deaths by providing access to prenatal care to pregnant Chuukese women along with health education on how to have a healthy pregnancy was too narrow. The overall priority of reducing infant mortality will focus on the more complex birth outcomes that can be related to a number of perinatal factors, such as well-visits, prenatal care, oral health and substance use. Improving breastfeeding rates was added as a priority needs as it ranked as one of the top needs in the 2015 Needs Assessment.

For Child Health, the 2010 Priority Listing did not have a specific priority for children. Reducing unintentional injuries reflect a broader need to not just support the child but to support families with healthy and safe parenting behaviors during infancy and early childhood. This need links nicely to the work currently being done by the Infant Mortality CoIIN team.

For Adolescent Health, the priority need of reducing the proportion of children, ages 12-19, who self-report being overweight or obese was discontinued and replaced by promoting and enhancing adolescent strengths, skills and supports to improve adolescent health. School environments that promote school connectedness and supportive social relationships have been shown to positively influence health and academic outcomes in school-age children, for example, lower levels of absenteeism, aggression, substance use, and sexual risk behavior, and higher levels of academic performance and self-esteem. Bullying within the school environment is a serious social problem on Guam

For Children with Special Health Care Needs the priority need having a medical home was continued. Having a medical home is important in assuring the provision of preventive, acute, and chronic care from birth through transition to adulthood. A medical home should help families navigate existing systems of care and should include an interdisciplinary team of primary care physicians, specialists and subspecialists, other health professionals, public health, and the community.

The Cross Cutting/Life Course domain is a newly added category for the 2015 application, therefore both priority needs are newly added.

II.D. Linkage of State Selected Priorities with National Performance and Outcome Measures

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	67.2	67.5	69.0	69.5	70.0

NPM-4 A) Percent of infants who are ever breastfed

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	42.2	43.0	43.5	44.0	44.5

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	51.8	52.0	53.5	54.0	54.5

NPM 7-Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	37.2	37.0	36.0	35.5	34.0

NPM 10-Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	25.0	30.0	40.0	50.0	55.0

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	58.8	59.0	59.5	60.0	61.0

NPM 12-Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	76.5	77.0	77.5	78.0	79.0

NPM-14 A) Percent of women who smoke during pregnancy

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	10.5	10.0	9.5	9.0	8.0

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	10.5	10.0	9.5	9.0	8.0

NPM 15-Percent of children ages 0 through 17 who are adequately insured

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	77.8	78.0	78.5	79.0	79.5

Performance Measure Selection

The Guidance recommends that grantees select national performance measures where there is anticipated improvement in the baseline rate. The selection of seven of the fifteen national performance measures (NPMs) for programmatic focus was informed by the programmatic objectives and strategies identified for each of the 2016-2020 priority needs. Each of the six population domains have one corresponding NPM selected.

Guam's Title V MCH Program connected the power of data to provide a shared understanding of the various strengths and needs of Guam's MCH population. To further support the MCH Needs Assessment, MCH provided data that focused on the six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CYSHCN; 5) Adolescent Health and 6) Cross-cutting Health.

Stakeholder meetings were conducted with a vast representation of individuals from education, health, and the hospital and law enforcement. Inputs from these individuals were obtained. A list of the most commonly reported health issues identified was created and criteria for prioritization of these health uses was developed. The health issues were ranked and common themes were identified to define a problem need for each population domain. Ranking of the health issues was done using the following criteria:

Relevance as it relates to national priority needs.

Is the health issue reflective of the Title V national performance measure priority areas?

Is the problem need identified in the Guam DPHSS Community Health Assessment?

Does the Guam Code Annotated mandate a health program to address this health issue?

Are there significant racial or socioeconomic disparities related to this health issue?

Ability to be addressed by existing resources and opportunities

Were there strategies/activities identified to address identified health issues?

Does the Guam Title V program have existing activities/strategies that will address these health issues?

Is there Title V resources to address the health issues?

Ease in monitoring progress in addressing the health issue

Are there data collected to monitor progress toward addressing the identified health issues?

Is the overall trends for identified health issues worsening in Guam?

Impact on the population

Based on current data, are there a lot of individuals affected by identified health issues?

Did stakeholders or the general public identify or perceive identified health issues as an emerging or unmet health issue that needs to be prioritized?

Women's/Maternal Health

National Performance Measure #1 – Percent of women with a past year preventive medical visit

Rationale – Given the high burden of chronic disease among Guam's adult population, and the importance of preconception/interconception health on birth outcomes, a focus on preventive care for women of childbearing age is a priority for Guam. Preventive care encompasses a number of components, including physical exams, screening tests (including labs), and counseling. National Performance Measure #1 measures the percentage of women with a past year preventive visit. Increasing the percentage of women who complete preventive visits should improve not

only the health of the mother (and thus reduce the chronic disease burden) but also improve birth outcomes by improving the mother's preconception/interconception health.

Perinatal/Infant Health

National Performance Measure # 4 – A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Rationale - The American Academy of Pediatrics, the Centers for Disease Control and Prevention, and the U.S. Department of Health and Human Services recognize breastfeeding as the optimal nutrition source for infants. Given the documented short and long term, medical and neurodevelopmental advantages of breastfeeding, infant nutrition should be considered a priority public health issue for Guam. The link between breastfeeding and early brain development is a growing science that reinforces the crucial importance of the first 1,000 days of health across the lifespan. Breastfeeding improves cognitive outcomes of preterm and term infants, even when adjusted for family socioeconomic status and educational attainment. If breastfeeding rates increase, lower obesity and chronic disease rates could be realized, and infant health and development could be improved for hundreds of Guam infants every year.

Breastfeeding significantly protects the health of an infant. Breastfed infants have a lower risk of necrotizing enterocolitis, type 1 and type 2 diabetes, leukemia, ear infections, respiratory tract infections, gastroenteritis, atopic dermatitis, and obesity. Breastfeeding is a protective measure against SIDs/SUIDs and this effect is stronger when breastfeeding is exclusive. In addition, mothers who breastfeed experience lower rates of breast and ovarian cancer and type 2 diabetes.

Child Health

National Performance Measure # 7- Rate of hospitalizations for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 18.

Rationale – Unintentional and intentional injuries are a leading cause of morbidity and mortality for children and adolescents. For every injury-related death, there are more hospital admissions, far more emergency room visits, and even more outpatient visits. NPM 7 measures injury-related hospital admissions. Tracking this NPM will help us appropriately direct our injury prevention efforts (based on location and cause of injury) and to determine if our efforts are successful.

Adolescent Health

National Performance Measure # 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Because Guam's selected priority to support adolescent's social emotional development and relationships reflects an emerging area of MCH practice, many of the strategies to address this priority are developmental. Population and program data are needed to help drive and evaluate work in this arena, and as an initial strategy Title V staff will work with partners to assess all available data sources to identify or develop and monitor relevant measures, including potential additional state performance or outcome measures.

Adolescents tend to seek health care as needed for specific health issues rather than engaging in primary and preventive health care practices. DPHSS has a system of health services that may not be consistently sensitive to the unique needs of adolescents or accessed by adolescents for a variety of reasons. In order to ensure all health care providers and addressing the needs of Guam's adolescents based on quality standards of care, Title V will lead efforts to collaborate with the other DPHSS partners that provide services to adolescents such as the CHCs, family planning providers, external partners and others to identify and advance strategies to increase adolescents' access to primary and preventive care and ensure that the care provided is in accordance with standards of care to best

meet the needs of this unique population

Children with Special Health Care Needs

National Performance Measure # 11 – Percent of children with and without special health care needs having a medical home.

Rationale - Having a medical home is important in assuring the provision of preventive, acute, and chronic care from birth through transition to adulthood. A medical home should help families navigate existing systems of care and should include an interdisciplinary team of primary care physicians, specialists and subspecialists, other health professionals, public health, and the community. Through this partnership, the family can access and coordinate specialty care, educational services, out-of-home care, family support, and other public and private community services that are important to the overall health of the child/youth and family.

National Performance Measure 12 – Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care

Rationale - Students experiencing difficulty learning in traditional schools because of multiple discipline infractions are in need of an alternative setting, which includes one-to-one instruction, modifications to the curriculum, transition plans, and support to manage at risk behaviors. These students have difficulty coping with a traditional setting and benefit from a smaller teacher student ratio with individualized interventions. The alternative setting will offer more flexibility and close relationships with the teacher and staff that refocuses the student on a different teaching and learning process, thus allowing the student to gain the necessary skills, receive remediation to transition into a traditional school setting, and be successful upon that transition.

Cross – Cutting

National Measure #14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Rationale - Tobacco use during pregnancy is associated with a number of adverse pregnancy outcomes including low birth weight, small for gestational age and/or preterm birth, spontaneous abortion, still birth, fetal death and sudden infant death syndrome. Cigarette smoking prior to contraception can cause reduced fertility and delayed contraception among women.

A 2006 report of the United State Surgeon General concluded that there is no risk-free level of exposure to secondhand smoke (SHS). Most children are exposed in the home, which is also a source of exposure for adults. The SHS exposure in adults is linked to a variety of health conditions including lung cancer, stroke, and coronary heart disease. Health issues related to SHS exposure in infants and children include respiratory infections, more frequent and severe asthma attacks, ear infections, and sudden infant death syndrome.

National Performance Measures	National Performance Measure (NPM) Priority Areas	MCH Population Domains	Rationale: NOMs
1 Percent of women with a past year preventive medical visit	Well woman care	Women/Maternal Health	1,2,3,4,5,6,7,8,9,10,11
4 Percent of infant who are ever breastfed & Percent of infant breastfed exclusively through 6 months	Breastfeeding	Perinatal/Infant Health	1,2,3,4,5,6,7,8,9,10,11
7 Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19	Injury	Child Health	15,16,18,19,20,21
10 Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year	Well child/adolescent care	Child and Adolescent Health	15,16,18,19,20,21
11 Percent of children with and without special health care needs having a medical home	Medical home	Children and CSHCN	12,13,15,16,17,18,19,21
12 Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care	Transition to Adulthood	Children and CSHCN	12,13,15,16,17,18,19,21
14 Percent of women who smoke during pregnancy & Percent of children who live in households where someone smokes	Smoking	Cross Cutting/Life course	All

II.E. Linkage of State Selected Priorities with State Performance and Outcome Measures

Guam will identify and establish three to five State Performance Measures (SPMs) and their performance objectives as part of the FY 2017 Application/2015 Annual Report and will begin submission of state performance measure data starting with the FY 2018 Application/FY 2016 Annual Report.

II.F. Five Year State Action Plan

II.F.1 State Action Plan and Strategies by MCH Population Domain

The Guam MCH Program developed the 2016-2020 Five Year Action Plan based on identified priority needs and related goals by the required population domain. Our goals and priorities were identified using a variety of indicators, including data reported in the 2015 Needs Assessment.

Stakeholders with subject matter expertise were involved in the development of the Five Year Action Plan. Stakeholders reviewed MCH data, identified priority health needs and emerging issues based on a number of criteria. A problem analysis approach to determine possible intervention points were used. The group developed objectives for each priority that were specific, measurable, achievable, realistic, and time-related; and selected strategies and best or promising practices to address the needs of each population domain.

The following section contains a report of prior year activities (Annual Report FY'14) as well as strategies and activities for the upcoming year (Application FY'16).

1. Reporting Year (Annual Report FY'14)
 - Interpretation of performance data (Form 10D)
 - Summary of activities related to performance measure
 - Planned strategies and activities
 - MCH partnerships
 - Other key partners
 - Related Legislative requirements
2. Analysis of progress/Challenges for population domain

State Action Plan Table

Women/Maternal Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
To improve maternal health by optimizing the health and well-being of women of reproductive age	<p>By Sept. 30, 2020, develop and conduct a public awareness campaign on the importance of prenatal care</p> <p>To partner with government agencies and nonprofit organizations to promote awareness on the importance of prenatal care</p> <p>To improve coordination among DPHSS programs and bureaus to promote respective outreaches and community activities to other programs</p>	Partner with Project Karinu and Project LAUNCH to develop a Social Marketing Workgroup	Rate of severe maternal morbidity per 10,000 delivery hospitalizations	Percent of women with a past year preventive medical visit		
		Develop public awareness materials and have them translated in different Micronesian languages	Maternal mortality rate per 100,000 live births			
		Partner with Micronesian faith-based organizations and Consulates to disseminate translated materials	Percent of low birth weight deliveries (<2,500 grams)			
		Collaborate with Guam Department of Education Parent Family Community Outreach Programs	Percent of very low birth weight deliveries (<1,500 grams)			
		Educate women who access services at DPHSS on the importance of well-woman	Percent of moderately low birth weight deliveries (1,500-2,499 grams)			
			Percent of preterm births (<37 weeks)			
			Percent of early preterm births (<34 weeks)			
			Percent of late preterm births (34-36 weeks)			
			Percent of early term births (37, 38 weeks)			

		visits for their health	Perinatal mortality rate per 1,000 live births plus fetal deaths		
		Partner with GMHA, GRMC and Sagua Managu Birthing Center to distribute materials in the waiting room	Infant mortality rate per 1,000 live births		
		Establish and maintain a calendar of events of DPHSS program activities on a monthly basis	Neonatal mortality rate per 1,000 live births		
			Post neonatal mortality rate per 1,000 live births		
			Preterm-related mortality rate per 100,000 live births		

Women/Maternal Health

Women/Maternal Health - Plan for the Application Year

Priority Need: Improve maternal health by optimizing the health and well-being of women of reproductive age

Objective 1: By July, 2016 develop and conduct a public awareness campaign on the importance of prenatal care.

Rationale for Objective: Early and comprehensive prenatal care is vital to improving pregnancy outcomes. Prenatal care can reduce the complications of pregnancy through health promotion and education, early risk assessment, and intervention of high-risk pregnancies. Women who most need comprehensive prenatal care, such as women who use tobacco, alcohol, or drugs, women who are less educated, single, or very young or older women, are the least likely to get early prenatal care.

While first trimester care is a general indicator of access to care, “adequate prenatal care” is a better measure of appropriate care because it incorporates both early care and a consistent number of prenatal visits into the definition.

The Adequacy of Prenatal Care Utilization Index (APNCU) is used to determine adequacy of prenatal care. The APNCU index assesses both the timelines of initiation of prenatal care and the adequacy of services received once prenatal care has begun. Three primary factors are used to calculate the index categories: month of initiation of prenatal care, the number of observed versus expected prenatal care visits, and the gestational age of the infant at birth. Using the APNCU, prenatal care utilization is classified into five categories: inadequate, intermediate, adequate, adequate plus and missing/unknown.

The Adequacy of Prenatal Care Utilization Index (APNCU)	
Inadequate	Prenatal care initiation begun in month 5 or later <u>or</u> less than 50% expected number of visits
Intermediate	Prenatal care onset 1-4 th month <u>and</u> 50-79% expected Prenatal Care Visits
Adequate	Prenatal care onset 1-4 th month <u>and</u> 80-109 % expected Prenatal Care Visits
Adequate plus	Prenatal care onset 1-4 th month <u>and</u> greater or equal to 110% expected Prenatal care visits
Missing/Unknown	Prenatal care information not recorded

Source: March of Dimes

Current Performance: In Guam, 61.2% of women who gave birth in 2014 had received adequate prenatal care. There were 6.9% of women without prenatal care. A mother's race is an important predictor of whether or not an infant is born to a mother receiving inadequate prenatal care. Chamorro and Chuukese women in Guam were more likely to have inadequate or no prenatal care compare to Filipino, White or Asian women.

Planned Strategies and Activities: To achieve the objective listed above, the following strategies and activities are planned for FY'16:

Strategy 1: Partner with Project Karinu and Project LAUNCH to develop a Social Marketing Workgroup

Activity a: Bring together representatives from families, different cultures and providers to get input on materials

Activity b: Develop written social marketing plan that includes providing multi-media information/products

Activity c: Review all social marketing plans for adaptation, modification, and approval

Strategy 2: Develop public awareness materials and have them translated to different Micronesian languages

Activity a: Request assistance from Consulates and UOG Micronesian Area Research Center (MARC) to translate information materials to different languages

Strategy 3: Partner with various Micronesian faith-based organizations and Consulates to disseminate translated materials.

Activity a: Distribute materials to church groups and residents to educate them on the importance of prenatal care and annual physicals

Strategy 4: Collaborate Guam Department of Education (GDOE) Parent Family Community Outreach Programs

Activity a: To increase access to information among FAS population

Strategy 5: Educate women who access services at DPHSS on the importance of well-woman visits for their health

Activity a: Have physicians, nurses, social workers and other staff that provide direct services in various programs within DPHSS to emphasize the benefits of annual preventive medical visits for their health and unborn child

Strategy 6: Partner with GMHA, GRMC and Sagua Managu Birthing Center to distribute materials in the waiting room

Activity a: To increase access to information and to emphasize importance of prenatal care

Strategy 7: Establish and maintain a calendar of events of DPHSS program activities on a monthly basis

Activity a: Maintain a calendar of events within DPHSS and have all programs contribute to it by providing dates of outreach activities, health fairs, meetings, training and conferences so that everyone in the department are aware of them and can inform their clients and other staff . This activity will also reduce the number of overlapping events.

Activity b: Promote National Prematurity Awareness Month and National Women's Health Month

Activity c: Announce immunization outreaches, health fairs, extended clinics, and other events

MCHB Partnerships: Women of childbearing age who are seen through MIECHV funded home visiting program will receive information on the importance of preconception/interconception and prenatal care.

Other Key Partnerships: Project Karinu, Project LAUNCH, Immunization Program, MSS, WIC, CHCs, GDOE, GMHA, GRMC, Sagua Managu Birth Center, UOG, Guam CEDDERS, Consulates, faith-based organizations, and nonprofit organizations

Related Legislative Requirements: These strategies and activities align with the Title V legislative requirements to:

- Provide and assure mothers access quality maternal health services (501(a)(A));
- Submit a plan responsive to the needs of preventive and primary care services for pregnant women and mothers (505(a)(2)(A));
- Provide a toll-free hotline for information about health care providers and health care services (505(a) (5) (E)).

Women/Maternal Health - Annual Report

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	67.2	67.5	69	69.5	70

NPM # 11 – Percent of mothers who breastfeed their infants at 6 months.

SPM # 5 – Percent of women breastfeeding their infants at GMHA and birthing center discharge.

In Guam, approximately 3,500 babies are born every year. Improving breastfeeding rates has a two for one impact. Breastfeeding strategies affect the health of both an infant and a mother. With a current rate of 51.8% (Guam WIC 2014 data) exclusively breastfeeding at 6 months, approximately 1,639 moms and infants (combined) in Guam are at risk every year for diseases related to low/no breastfeeding. If breastfeeding duration and exclusivity increase, a significant number of improvements could be realized for both mom and baby related to lower rates of obesity and chronic diseases, as well as improved infant health, brain development, and attachment.

Guam's rate for duration at 6 and 12 months and exclusively at 6 months are all below the Healthy People 2020 goals. Guam breastfeeding rates are markedly lower with less than one quarter meeting 6 months duration.

FY 2014 BREASTFEEDING DURATION IN WIC INFANT AND CHILDREN 0-2 YEARS

	Number of Participants	Percentage
Total Currently Breastfeeding	1,173	42.2
Total Who Have Stopped Breastfeeding	1,590	57.2
Total 6 month Duration	536	19.3
Total 12 month Duration	71	2.6
Total 1 – 2 Year Duration	461	16.6

FY 2014 BREASTFEEDING INITIATION OF WIC ENROLLED INFANTS (< 1 YEAR)

	Number of Participants	Percentage
Total infant ever breastfed	2198	100
Total Exclusive breastfed	336	15.3
Total 3 month exclusivity	155	38.6
Total 6 month exclusivity	271	51.8

The Clinic and District Nursing staff attended a Guam Breastfeeding 20-Hour Course on August 29-31, 2014. The Guam NCD Consortium, in partnership with the Guam Breastfeeding Committee, conducted the course for health care workers. This fulfilled the UNICEF recommendations for those who work with mothers and breastfed infants.

SPM # 1 – Percent of Chamorro women initializing prenatal care in the first trimester

The number of women receiving prenatal care has steadily been increasing due in part to the education of the patients who come to the Women's Health Clinics on the importance of prenatal care while pregnant but the number is still low. About 61.2% of women received adequate prenatal care while 6.9% had no prenatal care at all. Chamorros and Chuukese women were more likely to have inadequate or no prenatal care compared to Filipino, White or Asian women.

NPM # 15 – Percent of women who smoke in the last three months of pregnancy.

Tobacco use during pregnancy is associated with a number of adverse pregnancy outcomes including low birthweight, small for gestational age and/or preterm birth, spontaneous abortion, still birth, fetal death and sudden infant death syndrome. Cigarette smoking prior to conception can cause reduced fertility and delayed contraception among women.

Guam women, ages 18-44 years old, were asked during the BRFSS survey if they have smoked at least 100 cigarettes in their entire life, and, if so, do they now smoke cigarettes every day, some days, or not at all. According to the 2013 BRFSS, an estimated 23% of Guam women ages 18-44 years old did report they were current smokers.

In an analysis of the 2013 Guam BRFSS data, current tobacco usage was more prevalent (34.2%) among women with household incomes less than \$15,000 than those with higher incomes. Current smoking prevalence among those with less than a high school education was higher than those with a college degree.

Anti-Smoking Legislation:

- Public Law 32-132: Established tax parity between cigarettes and smokeless tobacco (Signed into law 2/14/14)
- Public Law 32-160: Prohibits the sale and distribution of electronic cigarettes to minors (Signed into law 5/21/14)

- Implemented Quitline student referral as part of Leveraging Pilot Program in partnership with the GDOE
- Public 32-200: Prohibits multi-pack discounts on tobacco products to retailers and consumers (Signed into law 10/13/14)
- Bill 143-33: Expands the Natasha Protection Act of 2005 by providing increased enforcement and providing for enforcement training. (Introduced 7/10/15)
- Bill 141-33: Clarifies the definition of eCigarettes and raises the age of legal access to tobacco products and eCigarettes from 18 to 21 years of age (Introduced 7/6/15)

Analysis of Progress/Challenges for this Domain

Challenges to reaching women of childbearing age in Guam include ready access to affordable care for those who are not pregnant and uninsured. Challenges to improving data on entry into prenatal care include assuring completeness of the birth certificate data.

State Action Plan Table

Perinatal/Infant Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
To reduce infant morbidity and mortality	<p>By Sept. 30, 2020, develop and conduct a public awareness campaign on infant mortality prevention</p> <p>By Sept 30, 2020, increase the number of mothers who breastfeed</p>	<p>Collaborate with GMHA, GRMC and other medical providers to educate the community on how to prevent infant morbidity and mortality</p> <p>To partner with the WIC Program, Project Bisita, and Guam Breastfeeding Coalition to promote the benefits of breastfeeding to pregnant women and new mothers</p> <p>Continue to participate in the Collaborative Improvement and Initiative Network (ColIN) to Reduce Infant Mortality webinar, trainings and meetings</p> <p>Educate prenatal and pregnant women who access</p>	<p>Post neonatal mortality rate per 1,000 live births</p> <p>Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>	<p>A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months</p>		

		<p>DPHSS services on the importance of prenatal care to prevent infant mortality and pregnancy complications</p> <p>Continue to be a member of the Guam Early Learning Council to promote MCH Program</p>				
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Perinatal/Infant Health

Perinatal/Infant Health - Plan for the Application Year

Priority Need: Reduce Infant morbidity and mortality

Objective 1: By July 2017, develop and conduct a public awareness campaign on infant mortality prevention

Rationale for Objective: The infant mortality rate has been going down for the past years but is still above the national average. The rate was 8.24 in 2014 compared to 9.14 in 2013 and 11.93 in 2012. In terms of ethnicity, in 2014, 57.1% were Chamorros, 21.4% were Chuukese, and 7.1% were Filipinos. In 2013, 46.9% were Chamorros, 28.1% were Chuukese and 12.5% were Filipinos.

Planned Strategies and Activities:

Strategy 1: Collaborate with GMHA, GRMC, and other medical providers to educate the community on how to prevent infant morbidity and mortality.

Activity a: Provide an educational webinar for providers to discuss the importance of prenatal care visits and how to leverage opportunities to increase provisions of preventative health visits using the following strategies: 1) provide prenatal health visits during a sick visit; 2) schedule prenatal visits during a sick visit; and 3) encourage evening and weekend appointments for prenatal care in addition to urgent care visits.

Activity b: Encourage medical providers to reiterate the importance of prenatal care to their their prenatal and pregnant patients to avoid pregnancy complications including preeclampsia, premature births, and low birth weight babies.

Strategy 2: Continue to participate in the Collaborative Improvement and Initiative Network (CollIN) to Reduce Infant Mortality webinars, trainings and meetings

Activity a: Participants learn strategies to decrease infant mortality and improve birth outcomes from each other and national experts and from best practices and lessons learned

Strategy 3: Educate prenatal and pregnant women who access DPHSS services on the importance of prenatal care to prevent infant mortality and pregnancy complications.

Activity a: Advice women on the importance of prenatal care (taking prenatal vitamins; avoiding smoking, alcohol

and drugs; controlling high blood pressure and diabetes) to avoid harming the baby.

Activity b: Educate women in Project Bisita the importance of prenatal care

Strategy 4: Continue to be a member of the Guam Early Learning Council to promote MCH Program

Activity a: Collaborate with members of the Guam Early Learning Council Provide in promoting or addressing MCH issues

Activity b: Share findings of Guam Council on Child Death Review, which collects data on infants deaths and the circumstances surrounding the deaths.

Objective 2: By Sept 30, 2020, increase the number of mothers who breastfeed islandwide

Rationale for Objective: Pneumonia is the prime cause of death in children under five years old. One of the risk factors is malnutrition. Measures to prevent pneumonia include immunizations and breastfeeding. Breastfeeding is the best thing a mother can do for her baby because breast milk contains antibodies that will help newborns fight off viruses and bacteria. Babies who are breastfed exclusively for the first six months of life have fewer ear infections, respiratory illnesses, and diarrhea. They also have fewer hospitalizations and doctor's visits.

Planned Strategies and Activities:

Strategy 1: To partner with the WIC Program, Project Bisita and the Guam Breastfeeding Coalition to promote the benefits of breastfeeding to pregnant women and new mothers

Activity a: Promote breastfeeding in the Women's Health Clinics, Child Health Clinics and prenatal classes

Activity b: Refer pregnant women and new mothers to the WIC Program to see if they are eligible for services. The WIC Program offers breastfeeding classes.

Activity c: Educate women under Project Bisita the benefits of breastfeeding

Activity d: To continue to be a member of the Guam Breastfeeding Coalition

Activity e: To continue to be a member of the NCD Coalition

MCHB Partnerships: The MIECHV funded evidence based home visiting program provides information on safe sleep and infant health.

Other Key Partnerships: CHCs, GDOE, WIC Program, GELC, Guam Council on Death Review, OVS, GMHA, GRMC, Sagua Managu, ColIN, and Private providers.

Related Legislative Requirements: These strategies and activities align with the Title V legislative requirements to:

- Reduce infant mortality and the incidence of preventable diseases and handicapping conditions (501(a)(1)(B));
- Promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women (501(a)(1)(B)); and
- Submit a plan responsive to the needs of preventive and primary care services for infants up to age one (505(a)(2)(A))

Perinatal/Infant Health - Annual Report

NPM-4 A) Percent of infants who are ever breastfed

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	42.2	43.0	43.5	44.0	44.5

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	51.8	52.0	53.5	54.0	54.5

NPM #1 – The percent of screen positive newborns who received timely follow-up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

One of the goals of the Guam Newborn Metabolic Screening Program is to ensure that all infants born in Guam are screened for designated disorders. Other goals are to monitor and maintain a program to provide diagnosis, follow-up, management, family genetic counseling, and support.

The main objectives of the program are to ensure that all infants born in Guam receive screening for genetic disorders and follow up to ensure that infants who are confirmed to have one of the conditions included on the newborn screening panel receive appropriate follow up care and treatment. Appropriate genetic counseling for parents and the promotion of public awareness conditions are additional goals.

In 2014, the program was responsible for 100% of infants receiving an initial screen. Of those identified with a genetic condition, 100% received referrals and appropriate treatment.

NPM # 12 – Percent of newborns who have been screened for hearing before hospital discharge.

The Guam Early Hearing Detection and Intervention (GEHDI) Program is administered through partnership with the Guam Center for Excellence in Developmental Disabilities Education, Research and Services (CEDDERS) and the DPHSS. The primary purpose of the GEHDI system in Guam is to positively impact the lives of children and their families through early identification of hearing loss and subsequent follow-up. GEHDI is focused on program improvements that will allow for consistent outcomes. These include screening, diagnostic evaluation and appropriate treatment.

Universal Newborn Hearing Screening and Intervention on Guam is mandated by Public Law 27-150. The law took effect in December 2004. The law states “every infant shall be given a physiologic hearing screening examination at the earliest feasible time for the detection of hearing impairments”. In 2014, 2,965 infants born on Guam were screened by GEHDI, this was 87.2% of the total live births on Guam. Of the 2,965, 4.48% failed the initial screen and 0.3% were lost to follow up. There were 436 infants not screened. These were infants that were born at the US Naval Hospital.

NPM # 18 - Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester

While first trimester care is a general indicator of access to care, “adequate prenatal care” is a better measure of appropriate care because it incorporates both early care and a consistent number of prenatal visits into the definition.

The Adequacy of Prenatal Care Utilization Index (APNCU) is used to determine adequacy of prenatal care. The APNCU index assesses both the timelines of initiation of prenatal care and the adequacy of services received once prenatal care has begun. Three primary factors are used to calculate the index categories: month of initiation of prenatal care, the number of observed versus expected prenatal care visits, and the gestational age of the infant at birth. Using the APNCU, prenatal care utilization is classified into five categories: inadequate, intermediate, adequate, adequate plus and missing/unknown.

In Guam, 61.2% of women who gave birth in 2014 had received adequate prenatal care. There were 6.% of women without prenatal care.

SPM # 2 – The rate of Chuukese infant deaths on Guam.

Fetal deaths are defined as death prior to delivery of a fetus 20 weeks or more gestation. The Healthy People 2020 goal for fetal death rate is 5.6 per 1,000 live births. Over the past four years, Guam’s fetal death rate has seen fluctuation from year to year. In 2011, the rate was 10.79/1,000; 2012’s rate was 7.43/1,000; for 2013 the rate was 11.87/1,000 and 2014’s rate was 10.23/1,000.

When looking at disparities in ethnicity, we find that in 2011, female Chuukese were 32.4% of all the fetal deaths followed by Chuukese males at 16.2% and Chamorro males at 13.5%. For 2012, female Chuukese fetal deaths were 29.2% of all the fetal deaths followed by Chuukese and Chamorro males, which stood at 22.2%. In 2013, Chuukese males were 25.0% of all fetal deaths followed by Chuukese and Chamorro females, which were 15.0% of all deaths. For 2014, Chuukese males were 42.9% of all fetal deaths followed by Chuukese females at 17.1% and lastly Chamorro males, which were 14.23% of the fetal deaths recorded.

The perinatal period starts at 20 weeks completed gestation and ends at seven completed days after birth. The first few days of life are the most critical for newborn survival. Mortality rates in the perinatal period are used to evaluate the outcome of pregnancy and monitor the quality of perinatal (prenatal and neonatal) care.

In 2011, the perinatal mortality rate for Guam was 17.0/1,000; for 2012 the rate was 13.6/1,000; 2013’s rate was 14.1/1,000 and the perinatal mortality rate for 2014 was 12.8/1,000. The perinatal rate for 2014 was a 9.3% decrease. Furthermore, the rate for 2014 was a decrease of 24.6% over the rate for 2012.

A neonatal death is defined as a death during the first 28 days of life (0-27 days). During these first days of life, a child is at its highest risk of dying. Thus, it is crucial that appropriate feeding and care are provided during this period, both to improve the child’s chances of survival and to lay the foundation for a healthy life.

There were 52 neonatal deaths in Guam between the years 2011 through 2014, a yearly average of 13 deaths of infants less than 28 days. The average neonatal mortality rate was 1.28 per 1,000 live births. This average is 80% lower than the previous three-year average neonatal mortality rate of 6.6 per 1,000 (2008-2010).

Between the years 2011 and 2014, 144 Guam babies died before their first birthday, an average of 40 deaths per year. The infant mortality rate for years 2011-2014 was 10.42 per 1,000 live births, which was higher than the previous three years (2008-2010), which were 11.65 per 1,000 live births.

Infant deaths were higher among Chamorro males, which comprised 30% for the three-year time frame of 2011-2014. This was followed by Chuukese males at 27.7%, Chamorro females at 26.4%, and lastly Chuukese females at 10.8%.

On Guam from 2011-2014, certain conditions originating in the perinatal period accounted for more than 90% (93.3%) of infant deaths. Of those, the most common related to short gestation (30.0%), interstitial pneumonia at

17.5%, followed by cardiopulmonary arrest at 15.0%. Other common causes of infant deaths were congenital anomalies at 6.7% and SIDS at 3.0%.

The Guam Legislature passed Public Law 32-098 in November 2014 which gave nursing women the right to breastfeed or express breast milk in public or at their workplace without the fear of social constraints, discrimination, embarrassments or prosecution. GMHA has also endorsed the "Baby Friendly Hospital Initiative, which encourages mothers to breastfeed their babies soon after birth.

Analysis of Progress/Challenges for this Domain

Breastfeeding promotion and support are integral parts of the WIC Program. Although there has been an increase in breastfeeding in Guam, there is a great challenge that we face – to change the culture and normalize breastfeeding especially among the lower socioeconomic populations.

Improvements in infant mortality will be seen with the result of a multi-prong approach. A robust Child Death Review Program has yielded valuable data for specific contributors to infant mortality. Challenges to improving data on causes of death include assuring completeness of the death certificate data.

State Action Plan Table						
Child Health						
State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
To improve the cognitive, physical and emotional development of all children	<p>By Sept. 30, 2020, to increase the number of referrals to early childhood programs and early intervention services of young children with social, emotional, behavioral and developmental needs</p> <p>By Sept. 30, 2020, to increase awareness on the importance of injury prevention in young children</p>	<p>Collaborate with government agencies, non profit organizations, and private providers to refer patients at risk for developmental issues to Project LAUNCH, Project Karinu, I Famagu-on'ta or GEIS for evaluations</p> <p>Develop an Early Childhood Directory to promote departmental programs within DPHSS</p> <p>To continue participating in the Guam Early Learning Council</p>	<p>Child Mortality rate, ages 1 through 9 per 100,000</p> <p>Adolescent mortality rate ages 10 through 19 per 100,000</p> <p>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000</p> <p>Adolescent suicide rate, ages 15 through 19 per 100,000</p>	Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19		

Child Health

Child Health - Plan for the Application Year

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

Objective 1: By July 2019, to increase the number of referrals to early childhood programs and early intervention services of young children with social, emotional, behavioral and developmental needs.

Rationale for Objective: It is important to identify a child who is at risk of developing social, emotional or behavioral problems before they become an issue and affect the development of the child . The earlier a child

receives services to mitigate any developmental problem, the more time there is to influence a positive outcome

Planned Strategies and Activities: To achieve the objective listed above, the following strategies and activities are planned for FY'16

Strategy 1: Collaborate with government agencies, nonprofit organizations, and private providers to refer patients at risk for developmental issues to Project LAUNCH, Project Karinu, I Famagu-on'ta or GEIS for evaluations.

Activity a: Promote awareness on the availability of early childhood programs to providers and patients

Strategy 2: Develop an Early Childhood Directory to promote departmental programs within DPHSS

Activity a: Have DPHSS programs, who provide services to pregnant women and children 0-8 years old, fill out a survey listing services they provide

Activity b: Compile information into a directory

Activity c: Distribute directory to all programs and sections in the department so that staff will have a service resource for their clients

Activity d: Make sure staff know what services are available in the department so that they can refer their clients to other programs when necessary

Strategy 3: To continue participating in the Guam Early Learning Council

Activity a: MCH will continue to attend GELC meetings to provide and receive updates of activities and support, and to share data among Council members

Objective 2: By Oct 2016, to increase awareness on the importance of injury prevention in young children

Rational for Objective: Injury is the number one killer of children in the U.S. Leading causes of child injuries include motor vehicle accidents, drowning, suffocation, falls, fires and poisoning according to CDC. Most injuries are predictable and preventable. Severe, nonfatal injuries may lead to physical, mental and developmental disabilities.

Planned Strategies and Activities: To achieve the objective listed above, the following strategies and activities are planned for FY'16

Strategy 1: Partner with GDOE, daycares and other community partners to train staff on how to prevent injuries in young children

Activity a: Encourage meetings and collaboration efforts with organizations that are focusing on injury related prevention community activities

Strategy 2: Develop awareness campaign on injury prevention in young children

Activity a: Identify best-practice and culturally and linguistically appropriate resources and materials for distribution

Activity b: Educate parents in the clinics on the importance of injury prevention in young children

Strategy 3: Require health providers to obtain child abuse training on annual basis

Activity a: Promote awareness on the availability of child abuse awareness training to providers.

Activity b: Educate health providers on the importance of annual child abuse awareness training.

MCHB Partnerships: The MIECHV funded evidence based home visiting program provides information on injury prevention into their interactions with their families.

Other Key Partnerships: CHCs, GDOE, Project LAUNCH, Project Karinu, GEIS, CEDDERS, I Famagu-on'ta, Private providers, Nonprofit organizations, Immunization Program, MSS, GMHA, GRMC, BOSSA, CPS, GBHWC.

Related Legislative Requirements: These strategies and activities align with the Title V legislative requirements to:

- Reduce the incidence of preventable diseases and handicapping conditions among children(501(a)(1)(B));
- Reduce the need for inpatient and long-term care services (501(a)(1)(B));
- Promote the health of children by providing preventive primary care services for low income children (501(a)(1)(B)); and
- Submit a plan responsive to the needs of preventive and primary care services for children (505(a)(2)(A))

Child Health - Annual Report

NPM 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	37.2	37	36	35.5	34

NPM # 7 – Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

According to the 2013 National Immunization Survey (NIS), among Guam children 19 to 35 months of age, 50.3% were up to date with respect to the recommended number of doses of all recommended vaccines. This was below the national level of 70.4%. These vaccines and their recommended doses are: diphtheria and tetanus toxoids and pertussis vaccine (DTP), 4 doses; polio virus vaccine (polio), 3 doses; measles containing vaccine (MCV), 1 dose; Haemophilus influenza type b (Hib), 3 doses; hepatitis B vaccine (Hep B), 3 doses; and varicella zoster vaccine, 1 dose (4:3:1:3:3:1).

The National Immunization Survey (NIS) is a random digit dialed cellular and landline telephone survey of households with children aged 19-35 months. These households are followed by a survey mailed to the child’s vaccination provider (with consent of the respondent) to obtain provider-confirmed vaccination histories.

NPM # 9 – Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Micronesia Brokers, authorized dealer of Colgate Palmolive products in Guam celebrated the First Anniversary of Colgate’s *Bright Smiles, Bright Futures Program* on February 24, 2014. They donated 15,000 toothbrushes and toothpastes to Guam Department of Education. The toothbrushes and toothpastes were distributed to all students, Pre-K to fifth grade, in all 26 public elementary schools. Colgate also donated 850 teacher kits. The kits were given out to the teachers so they can incorporate oral hygiene lessons in the classroom. Colgate Palmolive reiterated its commitment to replenish the toothbrushes and toothpastes supply for another four years.

The DPHSS dental staff performed dental screenings on first, third and fifth grade students to determine the effectiveness of Colgate Palmolive’s Bright Smiles, Bright Futures Program in the 26 DOE elementary schools. Of the 1466 third graders that were screened, 581 (40%) had sealants, 676 (46%) had caries, 821 (56%) had restorations, 406 (28%) had missing teeth and 3 (0.2%) had infections.

Compared to the data that was collected in 2013, the survey showed an 8% increase in the number of children with sealants, a 6% decrease in caries, a 4% increase in the number of restorations and a 4% decrease in the number of missing teeth.

The dental staff continued to promote the Guam Fluoride Varnish Program by participating in health fairs and outreaches which includes the WIC Immunization Outreaches on the first Friday of each month at NRCHC. The dental staff continued to apply fluoride varnish to children under six years of age enrolled in the Head Start Centers, day care centers and at the NRCHC on the second Tuesday of each month.

NPM # 13 – Percent of children without health insurance.

In order for children to receive ongoing and preventive health care, it is essential that they be able to access health care services. Ongoing and preventive healthcare access, as opposed to episodic access, typically requires continuous health insurance. Health insurance is defined as any health insurance, including insurance funded publicly (by the government) or funded privately (by individuals and/or private employers). According to the 2010 Guam Census, there were 52,250 Guam children aged 0 to 18 years, 85.4% had some form of health insurance, while 14.6% had none.

Public health insurance are government-sponsored plans that exist to protect the health of the underserved and are available to certain populations that meet selected qualifying criteria at a reduced or subsidized cost. Public healthcare plans on Guam include Medicaid (state/federal program for low income), Medicare (federal program for elderly), Children's Health Insurance Program (CHIP) (federal program for children), and Medically Indigent Program (MIP) (Guam program for residents).

NPM # 14 – Percent of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

In response to the federal mandate of the Child Nutrition and Women, Infants, and Children (WIC) Reauthorization Act of 2004, the Government of Guam passed Public Law 28-87 in 2005, which established the Healthy Wellness Policy within the Guam Department of Education (GDOE). GDOE established the Growing Up Active, Healthy and Nutritious (GUAHAN) Project. The goal of the GUAHAN Project is to improve children's lifelong eating and physical activity behaviors.

In 2014, a study of 107,145 students was conducted. The students included Pre-Kindergarten (Head Start and Gifted and Talented Education pre-school), and Kindergarten through grade 12. The students represented 26 elementary schools, eight middle schools and five high schools on Guam. These were students enrolled in GDOE during School Years 2010-2014.

Across the age groups and all years, the prevalence of underweight children ranged from 3% to 6%, from 55% to 69% in the healthy weight category, from 13% to 18% in the overweight category and from 12% to 25% in the obese category. For males, 4% were in the underweight category, 54% to 55% in the healthy weight, 15% to 16% in the overweight category, and 26% to 27% in the obese category. For females, 3% to 4% were underweight, 59%-60% were in the healthy weight category, and 19% - 20% were in the obese category.

Analysis of Progress/Challenges for this Domain

Numerous efforts have contributed to the improvement of child health in Guam over the past few years. Extensive community outreach have brought forward the necessity of child health insurance. The Guam Immunization Program has diligently focused on reducing missed opportunities for immunization when children present to the health department for any service. Immunization staff have also established crucial partnerships with community providers to increase utilization of the Immunization Registry and the Registry has been upgraded to be more useful and user-friendly.

Despite these successes, rates of obesity among young children has been slow to change. We hope that this will improve in the future as breastfeeding rates improve, but, we know much work remains. Additionally, adult health risk behaviors influence this population. Toddlers and young children observe parental behavior, such as non-fruit and vegetable consumption and mimic this behavior.

State Action Plan Table

Adolescent Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
<p>To promote and enhance adolescent strengths, skills and supports to improve adolescent health</p>	<p>By Sept 30, 2020, to reduce the teen birth rate on Guam</p> <hr/> <p>By Sept 30, 2020, increase the amount of adolescents with a well-child visit</p>	<p>Collaborate with nonprofit organizations to educate middle school and high school students on reproductive health and STDs</p> <hr/> <p>Link youths to government agencies and nonprofit organizations that provide contraceptives that are affordable, accessible, confidential and youth-friendly</p> <hr/> <p>Collaborate with GDOE and nonprofit organizations to educate children on how to handle bullying in school and where to get help</p>	<p>Adolescent mortality rate ages 10 through 19 per 100,000</p> <hr/> <p>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000</p> <hr/> <p>Adolescent suicide rate, ages 15 through 19 per 100,000</p> <hr/> <p>Percent of children with a mental/behavioral condition who receive treatment or counseling</p> <hr/> <p>Percent of children in excellent or very good health</p> <hr/> <p>Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)</p> <hr/> <p>Percent of children 6 months through 17 years who are vaccinated annually against seasonal</p>	<p>Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.</p>		

			influenza		
			Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine		
			Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine		
			Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine		

Adolescent Health

Adolescent Health - Plan for the Application Year

Priority Need: To promote and enhance adolescent strengths, skills and supports to improve adolescent health

Objective 1: By Sept 30, 2020, to reduce the teen birth rates on Guam

Rationale for Objective: Babies of teen mothers are at higher risk for low birth weight and infant mortality. Teen moms are less likely to finish high school, more likely to be on public assistance, more likely to be living in poverty, and more likely to have children who have poorer educational, behavioral and health outcomes compared to children born to older parents.

Planned Strategies and Activities: To achieve the objective listed above, the following strategies and activities are planned for FY'16

Strategy 1: Collaborate with nonprofit organizations to educate middle school and high school students on reproductive health and STDs

Activity a: Have nonprofit organizations go to the schools to do presentations on sex education, pregnancy prevention, and STDs

Activity b: Continue to collaborate with Youth for Youth Program by supporting them conduct annual conference

Strategy 2: Link youths to government agencies and nonprofit organizations that provide contraceptives and STD testing that are affordable, accessible, confidential and youth-friendly

Activity a: Refer youths to DPHSS and nonprofit organizations to get contraceptives and STD testing.

Objective 2: By Dec 2017, to increase the number of adolescents with a well-child visit.

Rationale for Objective: Because Guam’s selected priority to support adolescent’s social emotional development and relationships reflects an emerging area of MCH practice, many of the strategies to address this priority are developmental. Population and program data are needed to help drive and evaluate work in this arena, and as an initial strategy Title V staff will work with partners to assess all available data sources to identify or develop and monitor relevant measures, including potential additional state performance or outcome measures.

Adolescents tend to seek health care as needed for specific health issues rather than engaging in primary and preventive health care practices. DPHSS has a system of health services that may not be consistently sensitive to the unique needs of adolescents or accessed by adolescents for a variety of reasons. In order to ensure all health care providers and addressing the needs of Guam’s adolescents based on quality standards of care, Title V will lead efforts to collaborate with the other DPHSS partners that provide services to adolescents such as the CHCs, family planning providers, external partners and others to identify and advance strategies to increase adolescents’ access to primary and preventive care and ensure that the care provided is in accordance with standards of care to best meet the needs of this unique population

Strategy 1: Collaborate with GDOE and nonprofit organizations to educate children on the importance of see a medical provider.

Activity a: Provide training to school staff and nonprofit organizations on availability of medical providers at the Community Health Center

Activity b: Develop materials on health prevention which are culturally and linguistically appropriate

MCHB Partnerships: Not Applicable

Other Key Partnerships: CHCs, GDOE, GALA, Westcare

Related Legislative Requirements: These strategies and activities align with the Title V legislative requirements to:

- Reduce the incidence of preventable diseases and handicapping conditions among children(501(a)(1)(B));
- Reduce the need for inpatient and long-term care services (501(a)(1)(B));
- Promote the health of children by providing preventive primary care services for low income children (501(a)(1)(B)); and
- Submit a plan responsive to the needs of preventive and primary care services for children (505(a)(2)(A))

Adolescent Health - Annual Report

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	25	30	40	50	55

NPM # 8 – The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

The Guam teen birth rate (births per 1,000 females aged 15 through 19 years) for 2014 was 48.70/1,000. According to OVS, there were 325 births for mothers ages 15-19 years old in 2014. Population projections for 2014 was 6,673 (GSY 2013) for females ages 15-19. For 2013, the birth rate was 54.84/1,000. There were 368 births to mothers ages 15-19 in 2013 and the population projection for 2013 was 6,710 (GSY 2013).

NPM # 16 – The rate (per 100,000) of suicide deaths among youth aged 15 through 19.

In 2013, 27.9% of Guam high school students reported that they had seriously considered attempting suicide at some point in their lives. Females reported significantly higher rates of suicidal ideation compared to males. Rates of suicidal ideation were significantly higher among 9th grade students compared to the other grades surveyed.

In 2013, 25.2% of Guam high school students reported making a suicide plan within the past 12 months. This was a 9.1% increase from the 2011 Guam high school YRBSS data. Students in grades 10 and 11 had the highest percentage of reporting making a suicide plan (26% each). Female students were significantly more likely than male students to report having made a suicide plan. (Female 32.7% vs. Male 17.9%).

Suicide attempts are a significant risk factor for completed suicide later on. All suicide attempts should be taken seriously. Those who survive suicide attempts are often seriously injured and many have depression and other mental health problems.

In 2013, 18.6% of Guam high school students reported that they had made one or more suicide attempts in the past 12 months. This was 9.4% higher than 2011 data. Among the grades surveyed, 10th graders were most likely to report having made a suicide attempt. Female students reported significantly higher rates of suicide attempts compared to male students.

SPM # 2 – Percent of students in grades 9 through 12 who reported feeling sad or hopeless almost every day for 2 weeks or more during the past 12 months.

In 2013, 39.5% of students in Guam's high schools reported, at some point over the past 12 months, they felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing some usual activities. Female students reported a significantly higher prevalence of such feelings compared to male students. Among the grades surveyed, 10th graders had the highest percentage of feeling sad or hopeless at 40.2%.

SPM # 6 – Percent of students in grades 9 through 12 who self-reported that they are overweight or obese.

Data from the Guam High School YRBSS indicated that 32.2% of students viewed themselves as slightly or very overweight and that 38.2% were trying to lose weight. Girls were more likely than boys to consider themselves overweight (females 35.2% vs males 29.4%) or to be trying to lose weight (females 62.0% vs males 42.7%).

The 2013 Guam High School YRBSS also evaluated some methods of attempted weight control in youth. The data showed that 8.7% of youth vomited or used laxatives to lose weight. This was a 67.30% increase from 2011 data. The use of powders and liquids or pill forms of supplements to lose weight without a doctor consultation increased from 2011 to 2012 by 11.66%. Females practice all of these behaviors significantly more than males.

Data from the 2013 Guam High School YRBSS indicated that 25.7% of female students did not eat for 24 or more hours to lose weight or to keep from gaining weight. This percentage was 112.39% more than male students in 2013. Female students in grade 11 were more apt to practice fasting more than male students in grade 10 (female 27.8% vs male 13.8%).

In 2013, 29.5% of Guam middle school students responding to the YRBSS described themselves as slightly or very overweight. This was a 10.90% increase from 2011. In 2011, 53.2% of middle school students were trying to lose

weight, this percentage decreased by 1.50% in 2013.

The 2013 Guam Middle School YRBSS indicated that 3.5% of students took diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight. Furthermore, 7.4% used purging methods (vomited or took laxatives) to lose weight. Female middle school students practiced these behaviors significantly more than male students.

Twenty five percent of middle school students practiced fasting for 24 or more hours. Female students in grade 7 were more likely to fast than male students in grade 6.

Analysis of Progress/Challenges for this Domain

The data regarding teen pregnancy indicates that progress is being made, but there is still much work to be done. The teen population is often difficult to reach outside of a school setting. Through years of community outreach and engagement, DPHSS has become a trusted source of information and services. Discussions about sex and reproductive health may be particularly difficult with teens, as issues such as confidentiality and trust are frequent barriers. Additionally, teens empowered with knowledge regarding issues such as avoidance of coercion, the threat of human trafficking, how to avoid an unintended pregnancy, nutrition guidance and general health promotion strategies is crucial in the establishment of a lifelong health seeking trajectory

Guam's rate of motor vehicle-related deaths among adolescents has fluctuated in the recent past. While the most recent year's performance is encouraging, additional efforts are needed to reduce these deaths. Guam's graduated driver's license laws provide strong policy support for keeping young drivers safe.

The rate of suicides among Guam young adults is increasing. The reasons for this trend are not entirely clear. Increasing use of social media and cyber-bullying may play a role, as youth and young adults may experience near-constant exposure to taunts or threats. A reluctance to seek help may reduce the likelihood for early intervention when distress occurs. There are general challenges with obtaining reliable data on suicide.

State Action Plan Table

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
<p>To provide a whole child approach to services to Children with Special Health Care Needs</p>	<p>By Sept 30, 2020 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</p> <p>By Sept 30, 2020 determine the extent to which Guam YSHCN receiving primary and specialty care report that the care they are receiving is coordinated, accessible, continuous, comprehensive, compassionate and culturally effective</p>	<p>Encourage government agencies that provide CSHCN services to have their clients participate in the Annual CSHCN Survey</p> <p>Educate CSHCN families and community partners on the importance of having a medical home for CSHCN.</p> <p>Develop public awareness materials on CSHCN and have them translated in different Micronesian languages</p> <p>Partner with various Micronesian faith-based organizations to disseminate translated materials</p> <p>Continue participating in community</p>	<p>Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system</p> <p>Percent of children in excellent or very good health</p> <p>Percent of children ages 19 through 35 months, who have received the 4:3:1:3(4):3:1:4 series of routine vaccinations</p> <p>Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza</p> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p>	<p>Percent of children with and without special health care needs having a medical home</p>		

		outreach activities	Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine			
			Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine			
			Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care		
			Percent of children in excellent or very good health			

Children with Special Health Care Needs

Children with Special Health Care Needs - Plan for the Application Year

Priority Need: Provide a whole-child approach to services to Children with Special Health Care Needs

Objective for Priority: By July 2018 determine the extent to which Guam CSHCN and YSHCN receiving primary and specialty care report that the care they are receiving is coordinated, accessible, continuous, comprehensive, compassionate and culturally effective

Rationale for Objective: CSHCN and YSHCN that have medical homes are more likely to have their medical needs taken cared of on a timely basis and have less complications. Having a medical home, will ensure that the child receives preventive and comprehensive care rather than only on an as needed basis. Need to survey CSHCN families on an annual basis to determine if services they are receiving are adequate or appropriate or if it needs to be improved.

Planned Strategies and Activities: To achieve the objective listed above, the following strategies and activities

are planned for FY'16

Strategy 1: Encourage government agencies that provide CSHCN services to have their clients participate in the Annual CSHCN Survey

Activity a: Need to populate the CSHCN Registry to get a more accurate count on the number of CSHCN on Guam

Activity b: Work with CHCs and CSHCN Clinics to disseminate surveys to patients and families and collect completed surveys from them

Strategy 2: Educate CSHCN families and community partners on the importance of having a medical home for CSHCN

Activity a: Conduct presentations and in-service trainings on the advantages of a medical home in providing comprehensive care to CSHCN and YSHCN

Activity b: Have health providers, nurses, social workers and other staff members who treat CSHCN talk to patients on the importance of a medical home

Strategy 3: Develop public awareness materials in CSHCN and have them translated in different Micronesian languages

Activity a: Work with Social Marketing Workgroup to develop public awareness materials

Activity b: Work with Micronesian Area Research Center to translate public awareness materials

Strategy 4: Partner with various Micronesian faith-based organizations to disseminate translated materials

Activity a: Distribute materials during group gatherings so more people will have access to information

Strategy 5: Continue participating in community outreach activities

Activity a: Participation in as many outreaches as possible allows information to reach more people, raising awareness

MCHB Partnerships: CSHCN program partners with the MIECHV home visiting program to provide care coordination.

Other Key Partnerships: Potential partners include: GDOE, CHCs GMHA, GRMC, MSS, GBHWC, Shriners Hospital, CEDDERS,

Related Legislative Requirements: These strategies and activities align with the Title V legislative requirements to:

- Provide and assure mothers, and children (particularly those with low income or limited availability of health services) access to quality child health services (501 (a)(1)(A));
- Reduce the incidence of preventable diseases and handicapping conditions among children(501(a)(1)(B));
- Reduce the need for inpatient and long-term care services (501(a)(1)(B));
- Promote the health of children by providing preventive primary care services for low income children (501(a)(1)(B));
- Provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX (501(a)(1)(C));
- Provide and promote family-centered, community-based, coordinated care for children with special health care needs and to facilitate the development of community-based system of services for such children and their families (501(a)(1)(D)); and
- Submit a plan responsive to the needs of preventive and primary care services for children (505(a)(2)(A))

Children with Special Health Care Needs - Annual Report

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	58.8	59	59.5	60	61

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	76.5	77	77.5	78	79

NPM # 2 – Percent of children with special health care needs ages 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

NPM # 5 - Percent of children with special health care needs ages 0 to 18 years whose families report the community-based service systems are organized so they can use them easily.

In a CSHCN survey that was conducted during the Shriners Clinic in July 2014, approximately 56% of families of CYSHCN reported that they participated in decision making and are satisfied with the services they received.

Some families were less likely than others to report partnering in decision making and being satisfied with services. Only 29% reported an unmet need for the child, 37% had health care costs present financial problems, 38% had some severe difficulties, and 46.07% had no health insurance for their children.

When asked about their satisfaction with services, 56% reported that they were satisfied with the services received. Satisfaction depends in part on expectations and how well a service met the expectation. Families may not realize that procedures do not have a guaranteed outcome, the more complicated the condition, the less predictable the outcome. Satisfaction also depends on the options that are available and how well they are understood. Many parents commented on the July 2014 survey of Children with Special Health Care Needs being told that their child needed something that they could not afford because of insurance limitations or lack of financial means. Many CYSHCN require physical, occupation, and speech therapy. Though many parents are often told that their child needs on-going therapy sessions, families often lack insurance coverage for those services or they are unable to find therapists,

NPM # 3 - Percent of children with special health care needs ages 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.

The data reported below is from the CSHCN Survey that was conducted in July 2014 . As indicated, the great majority of Guam’s CYSHCN across all ages, races, and level of severity of their health condition reported having a usual source of care and having a personal provider who knows them well.

Medical Home Indicators	
Did your child receive care from more than one health care provider?	58.82%
Did your child use more than one kind of service because of special medical or health needs?	36.76%
Did a social worker/health care provider help you coordinate services among different care providers?	25%
Health care providers communicate well with each other	25%

NPM # 4 - Percent of children with special health care needs ages 0 to 18 years whose families have adequate private and/or public insurance to pay for the services they need.

Of the families that took part in the July 2014 CSHCN Survey, 29.4% parents reported having private health insurance for their children, 22.5% were under Medicaid, 1.0% had MIP, and 46.1% had no health insurance for their children.

Of those with health insurance, 44.1% reported that the insurance program covered the health care costs for their child, 22.1% reported that the health insurance program covered prescription costs, 26.5% reported that the insurance coverage covered “some” of the prescription costs, and 1.0% reported that the insurance that they had did not cover their child’s prescriptions. Most of the families replied that there was a co-payment and or deductible that had to be met.

NPM # 6 – The percent of youth with special health care needs who received the service necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

Transition services are defined as a set of activities for a child or youth with special health care needs between the ages of 16 to 21 that: a) is designed to be a results-oriented process focused on improving the academic and functional achievement of the child to facilitate movement from school to post-secondary activities including post-secondary education, vocational education, integrated employment, continuing and adult education, adult services, independent living or community participation; b) is based on the individual child’ need, taking into account the child’s strengths, preferences, and interest; and c) includes instruction, related services, community experiences, the development of employment, and other post-school adult living objectives, and, when appropriate, acquisition of daily living skills and functional vocational evaluation.

The percent of youth, ages 12 to 17, with special health care needs who received the necessary services and supports to transition successfully to adult health care, work, and independence is 88.5%, according to the GDOE Part C Report.

For YSHCN transitioning into adulthood, having a clear path to post-secondary education, employment, health care, and independence with proper supports in place is critical to ensure success. Families of CYSHCN need information and support to make educated decisions to properly transition out of the educational system into adult community-based service and supports. Students with special health care needs can be successful and productive citizens, if, when exiting high school, they have the proper services and supports in place.

Analysis of Progress/Challenges for this Domain

Access to adult health care providers for youth transitioning to adulthood continues to be an issue. Barriers exist in locating adult providers that have knowledge of the “childhood” disease or health care issue, getting youth to follow up with appointments and medication regimens and transportation. Youth that make transition into adult health care also report many barriers, including not being allowed to have their families involved in their care, insurance challenges, and having to be responsible for their own care.

State Action Plan Table

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
<p>To increase the number of homeless individuals and families accessing health and social services</p>	<p>By Feb. 2017, increase the number of homeless individuals and families receiving health care</p>	<p>Partner with government agencies and nonprofit organizations to assist the homeless population navigate the system to apply for public assistance (i.e. Medicaid, MIP, SNAP, WIC)</p> <hr/> <p>Assist the homeless population in obtaining health insurance</p> <hr/> <p>Establish a database to collect information on the effectiveness of efforts to obtain assistance for the homeless</p>	<p>Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system</p> <hr/> <p>Percent of children without health insurance</p>	<p>Percent of children ages 0 through 17 who are adequately insured</p>		
<p>To reduce the number of individuals who smoke</p>	<p>By Dec 2017, to decrease the number of young adults and pregnant women</p>	<p>To educate prenatal and pregnant women who access services at</p>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p>	<p>A) Percent of women who smoke during pregnancy and B) Percent of</p>		

	<p>who smoke</p> <p>By Dec 2017, to decrease the number of children exposed to secondhand smoke</p>	<p>DPHSS the harmful effects of smoking to their general health and to their unborn babies</p> <p>To partner with the Tobacco Prevention and Control Program to promote awareness on the dangers of smoking and secondhand smoke to middle school and high school students</p> <p>To promote awareness to smokers the availability of smoking cessation classes and Tobacco Free Quitline to help them stop smoking</p> <p>To provide Brief Tobacco Intervention Training to medical providers, nurses, social workers and other DPHSS staff who provide direct services</p> <p>To continue to support the NCD Consortium's</p>	<p>Maternal mortality rate per 100,000 live births</p> <p>Percent of low birth weight deliveries (<2,500 grams)</p> <p>Percent of very low birth weight deliveries (<1,500 grams)</p> <p>Percent of moderately low birth weight deliveries (1,500-2,499 grams)</p> <p>Percent of preterm births (<37 weeks)</p> <p>Percent of early preterm births (<34 weeks)</p> <p>Percent of late preterm births (34-36 weeks)</p> <p>Percent of early term births (37, 38 weeks)</p> <p>Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>Infant mortality rate per 1,000 live births</p> <p>Neonatal mortality rate per 1,000 live births</p> <p>Post neonatal</p>	<p>children who live in households where someone smokes</p>	
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		efforts to reduce NCDs on Guam	mortality rate per 1,000 live births			
			Preterm-related mortality rate per 100,000 live births			
			Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births			
			Percent of children in excellent or very good health			

Cross-Cutting/Life Course

Cross-Cutting/Life Course - Plan for the Application Year

Priority Need 1: To increase the number of homeless individuals and families accessing health and social services

Objective for Priority: By Feb 2017, increase the number of homeless individuals and families receiving health care

Rationale for Objective: According to the "Point-in-Time" Survey that was conducted in January 2015, there were 1,280 homeless individuals living on Guam down from 1,356 in 2014. There are many reasons for being homeless: poverty, unemployment, lack of affordable housing, poor physical or mental health, drug and alcohol abuse, gambling, family and relationship breakdown and domestic violence. If the homeless can get the help they need to get back on their feet, it will solve their homeless situation. By getting Medicaid or MIP, they will be able to see a doctor to take care of their medical needs so that they can be healthy enough to get a job and get out of poverty and find a place to live.

Planned Strategies and Activities: To achieve the objective listed above, the following strategies and activities are planned for FY'16

Strategy 1: Partner with government agencies and nonprofit organizations to assist the homeless population navigate the system to apply for public assistance (i.e. Medicaid, MIP, SNAP, WIC)

Activity a: Establish a directory listing services available to low income individuals and families

Activity b: Distribute directory to government agencies and nonprofit organizations so that they will be aware of available services to low income individuals and families

Activity c: Educate the homeless on the types of services available to them and where to find them

Activity d: Assist the homeless in filling out applications to determine eligibility for public assistance

Strategy 2: Assist the homeless population in obtaining health insurance

Activity a: Assist homeless individuals and families apply for Medicaid or MIP insurance so that they can get health care

Strategy 3: Establish a database to collect information on the effectiveness of efforts to obtain assistance for the homeless

Activity a: Have agencies and organizations collect homeless data

Activity b: Have agencies and organizations submit homeless data so that they can be entered into database

Priority Need 2: To reduce the number of individuals who smoke

Objective 1: By Dec 2017, decrease the number of young adults and pregnant women who smoke

Objective 2: By Dec 2017, to decrease the number of children exposed to secondhand smoke

Rational for Objectives: Guam has one of highest rates of smoking among all U.S. States and Territories. Women on Guam smoke as much as men in the U.S. People who begin smoking at an early age are more likely to develop a severe addiction to nicotine than those who start at a later age(American Lung Association). Secondhand smoke can have adverse effects for children in the household such as ear infections; more frequent and severe asthma attacks, respiratory problem, respiratory infections and greater risk for SIDS.

Planned Strategies and Activities: To achieve the objective listed above, the following strategies and activities are planned for FY'16

Strategy 1: To educate prenatal and pregnant women, who access services at DPHSS, on the harmful effects of smoking to their general health and to their unborn child

Activity a: To have nurses, social workers, and other providers educate women patients seen in the clinics on the dangers of smoking

Strategy 2: To partner with the Tobacco Prevention and Control Program (TPCP) to promote awareness on the dangers of smoking and secondhand smoke to middle school and high school students

Activity a: To invite TPCP to participate in MCH outreaches and health fairs

Strategy 3: To promote awareness to smokers the availability of smoking cessation classes and Tobacco Free Quitline to help them stop smoking

Activity a: To have nurses, social workers, and other providers refer smokers to programs or services that will help them stop smoking

Strategy 4: To provide Brief Tobacco Intervention (BTI) Training to medical providers, nurses, social workers and other DPHSS staff who provide direct services

Activity a: To have health providers, nurses and social workers talk about the dangers of smoking during their encounters with patients.

Strategy 5: To continue supporting the NCD Consortium's efforts to reduce NCDs on Guam

Activity a: To assist and provide data to the Tobacco Action Team

MCHB Partnerships: Women of childbearing age who are seen through MIECHV funded home visiting program will receive information on the importance of home stability.

Other Key Partnerships: GBHWC, GDOE, GHURA, Medicaid, MIP, SNAP, WIC, CHCs, JOBS, TANF, DOL, Guam Legislature.

Related Legislative Requirements: These strategies and activities align with the Title V legislative requirements

to:

- Provide and assure mothers access quality maternal health services (501(a)(A));
- Submit a plan responsive to the needs of preventive and primary care services for pregnant women and mothers (505(a)(2)(A)); and
- Provide a toll-free hotline for information about health care providers and health care services (505(a) (5) (E)).

Cross-Cutting/Life Course - Annual Report

NPM-14 A) Percent of women who smoke during pregnancy

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	10.5	10.0	9.5	9.0	8.0

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	10.5	10.0	9.5	9.0	8.0

NPM 15 - Percent of children ages 0 through 17 who are adequately insured

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	77.8	78	78.5	79	79.5

Homeless

Homelessness greatly impacts the health and well-being of children and youth. Homelessness creates enormous negative health and social costs for young people. These youth have high poverty rates and are often runaways or throwaways that have experienced physical and/or sexual abuse, parental substance abuse, foster care, and/or juvenile detention.

GHURA conducted a "Point-in-Time" Survey in January 2015 and found that there were 1,280 homeless individuals living on Guam, down from 1,356 from 2014. In 2014, of those identified, 1,230 were living in unsheltered, substandard housing (streets, jungle, or abandoned houses) an increase of 7.6% from 2013. The number of households with only adults was slightly higher than the number of households with adults and children. Households with adults represent homes where homeless persons are above the age of 18. Single-adults or couples are represented in this count. The average size of households with adults was two. When compared to households with adults and children, the average household size was six. According to the 2014 count, of the "unsheltered homeless,"

17% were between the ages of 0-5. Children below the age of 18 comprised 43% of the 2014 count.

The Guam Housing Coalition is a group of government agencies, non-profit organizations and the private sector that come together for the purpose of responding to the needs of homeless youth, families and single adults. They ensure that the homeless population get homes to live in, instead of living in the streets, parks, or abandoned buildings. There are many services available to the homeless but the homeless may not know about them or do not know how to get them. Many homeless may have a difficult time filling out the application forms, to determine eligibility for health and social services, because they may have trouble understanding the questions on the forms or do not have the required documentation. Government agencies and nonprofit organizations who assist the homeless may not be aware of all the other services available to their clients. A directory that lists services available to the homeless would make it easier for the homeless to get the help they need.

The Catholic Social Services (CSS) manages the Alee Shelters, which provide emergency shelter for women and children who are victims of domestic violence. They may stay at the shelter for up to 45-60 days. The Alee Shelter offers case management, transportation, counseling and referral services. The Salvation Army Family Service Center (FSC) provide one-month rental assistance to those who are on the verge of eviction from their homes.

GHURA has programs to provide affordable housing for low income families. The Public Housing Program provides low cost rentals, the Section 8 Program provides vouchers and certificates to pay for rent and Guna Trankilidat Housing is for very low income elderly and persons with disability. The only problem is that it is difficult to get into the programs. There are over 2,000 people on the waiting list to get housing. GHURA cannot meet the demands even though they continue to build low cost houses.

Sanctuary, Inc. operates a homeless shelter for youths to stay in up to 30 days. The shelter provides case management, life skills training, education, transportation, substance abuse counseling, personal care and mental health care. The Street Outreach Program looks for and assists youths who are runaways, homeless or street bound. Sanctuary's Transitional Living Program is an 18-month program for youths between the ages of 16-21, that provides youths shelter and life skills training to help them achieve independence and self-sufficiency.

The Works Program Section at DPW has two programs to assist individuals gain employment: The JOBS Program helps individuals build job skills and GETP Program provides free referral services and employment and training opportunities for able-bodied individuals.

Low income can apply for public assistance at DPHSS: Medicaid, MIP, and SNAP benefits. Health care services at Central Public Health are free to those who qualify. The CHCs offer a sliding fee scale for those who are unable to pay the regular fees. GMHA cannot turn away and deny services to patients who are unable to pay.

Kamalen Karidat provides the homeless one free meal and a care package everyday.

Smoking

According to the Guam Cancer Facts and Figures 2008-2012 Report, Guam adults have some of the highest smoking rates among all U.S and Territories and women on Guam smoke at the same rate as men in the U.S. From 2008-2012, lung cancer accounted for 15% of new cancer cases on Guam, but it was responsible for nearly one-third of all cancer deaths. Micronesians living on Guam have more than double the incidence rate of the U.S. population. Micronesians have the highest mortality rate from lung and bronchus cancer followed by Chamorros.

The highlights of the 2014 Guam GYTS indicated that of the 13-15 year olds that were surveyed:

- 47.5% had tried smoking cigarettes
- 72.2% had tried smoking before the age of 13
- 15.2% currently smoked cigarettes
- 22.7% currently smoked tobacco

- 44.1% of students were exposed to secondhand smoke at home

Smoking during pregnancy is linked with adverse pregnancy outcomes that include miscarriage; premature birth, LBW babies; and higher risk for SIDS. Secondhand smoke can have adverse effects for children in the household such as ear infections; more frequent and severe asthma attacks, respiratory problem, respiratory infections and greater risk for SIDS.

The Guam Legislature is currently considering a bill that would raise the age of legal access to tobacco products from 18 to 21 years old and another bill to provide increased enforcement of the Natasha Protection Act (which prohibits smoking in public places) and to provide training to security guards to enforce the law.

The Tobacco Prevention and Control Program at DPHSS gives tobacco prevention presentations at schools, health fairs, community outreaches and businesses upon request. They conduct BTI trainings, refer clients to smoking cessation classes and promote the Tobacco Free Quitline, where trained counselors are available on the phone to smokers who want to quit smoking.

Other Programmatic Activities

No content was entered for Other Programmatic Activities in the State Action Plan Narrative section.

II.F.2 MCH Workforce Development and Capacity

The healthcare workforce on Guam is an essential element for the provision of care to the people of Guam. Healthcare workforce includes three key areas: allied professionals, medical professionals, and administrative professionals. Allied professionals are those healthcare professionals that are distinctly different from physicians and nurses. The nursing workforce and physicians are considered medical professionals. Healthcare administrative professionals are the organizational staff required to ensure business of healthcare runs efficiently. Administrative personnel handle the operations which are not related to direct patient care; their work assures allied and medical staff is able to perform their functions adequately and in a timely manner to enable the provision of care on Guam.

The lack of a recognized private health care industry nationally leads to lost opportunities both with business investment as well as with recruitment activities. Lack of recognizing physicians by specialty in US Bureau of Labor Statistics reporting indicates a lack of industry recognition causing disadvantaged economic positioning and workforce composition accounting. Guam would benefit from recognizing the private healthcare industry in its strategy seeking investment funding and economic growth as well as seeking qualified medical staff, such as physicians and nurses.

Guam Community College has released the first of its annual reports mandated by the fiscal 2015 budget, detailing the employment statistics of the college graduates.

The Graduate Employment Report showed the employment status of GCC's 2014 graduates broken down by gender, ethnicity, degree program and career pathways. The report was based on a voluntary and anonymous survey of GCC graduates. Out of 216 total graduates, 157 were female and 59 were male.

The report showed that a majority of GCC graduates entered degree programs in the medical field. GCC offers 32 programs, out of which 11 are certification programs. Three certification programs – medical assisting, practical nursing and pre-nursing – showed the highest percentages of enrollment among the graduates. The associate degree program in medical assisting had the highest percentage of enrollees among the programs. Career pathways are defined by the U.S. Department of Education as a series of connected services, education and training programs that give individuals access to employment and higher education for a specific industry.

The report included graduates' salary levels. Thirty-seven graduates reported making between \$20,000 and \$39,999 while four reported making more than \$40,000. Fifty-five graduates reported making less than \$20,000 while 16

were unemployed. The remaining graduates had either relocated, not reported or were seeking higher degrees.

Training is on-going for the MCH supported staff by the Title V Block Grant. The DPHSS offers a variety of online training opportunities. The Division of Public Health is comprised of several bureaus that collaborate on staff training. For example, in the past, the Division offered training to staff on Public Health Accreditation processes, strategic planning and impact, root cause analysis and quality improvement.

II.F.3. Family Consumer Partnership

The MCH Program understands the importance of family and consumer partnerships as a mechanism to strengthen MCH programming at all levels. The MCH Grant defines family/consumer partnership as “the intentional practice of working with families for the ultimate goal of positive outcomes in all areas through the life course. Family engagement reflects a belief in the value of family leadership at all levels from an individual, community and policy level”. The MCH Program has a limited number of full-time equivalent positions (FTEs) due to budget constraints. In order to fulfill the family/consumer/community input requirement for the grant, the MCH staff are members of committees, councils and advisory groups which have parent representation in them. The MCH Program staff also participate in parent cafes where parents participate in the care of their children by providing input in regards to their care.

Satisfaction surveys are also conducted to determine if the needs of the patients and their families are being met. On July 2014, a survey was conducted at the Shriners Clinic at Central Public Health. The survey asked families about their level of satisfaction with the services they had received, the wait times they experienced, the accessibility of the services, as well as their impressions of the staff who served them. This information is used in evaluating the individual clinic as well as identifying problems that are systemic to the program.

The BFHNS and the MCH Program rely on on-going, continuous encounters with families and partners for meaningful public participation. The BFHNS staff have numerous opportunities throughout the year to listen to families and interested partners about their concerns, priorities, and suggestions for improvements to the Title V program and related activities.

While there are some efforts underway to engage family partners, the leadership realizes there is an opportunity to bolster engagement of representatives from all MCH populations which will be beneficial to the program at all levels. Over the next five years, Title V leadership will explore potential strategies to further involve families and consumers in developing MCH programs and services. Some potential strategies include the development of a full-time MCH Advisory Council which would include representation of all MCH populations, financially supporting an AMCHP family delegate to attend the annual AMCHP Conference and intentionally including family partners and consumers in the process of developing policies.

II.F.4. Health Reform

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and

trust. [1]

The Medicaid Program provides medical care for persons receiving welfare benefits and low income individuals and families who meet the Medically Categorically Needy Expansion and New Adults Group income and resource guideline. Initially the federal assistance was 50% but as a result of the Affordable Care Act, it was raised to 55%. This means Guam has to come up with a 45% local match for every dollar the Federal Government provides. The Medicaid Program offers mandated medical services and a number of optional services such as dental, optical, pharmacy, off-island medical services, including roundtrip airfare for patients referred for off-island medical treatment. Guam received funding of \$268 million beginning July 1, 2010 which can be utilized if needed and the local match is available. This funding was brought about by the Patient Protection Affordable Act of 2010. In 2014, the number of people eligible for the Medicaid Program was 44,528. The Medicaid Program spent over \$80 million in 2014 compared to \$66 million in 2013.

The Medically Indigent Program (MIP) is a locally funded medical assistance program that provides in/out patient hospital and clinical care, laboratory and pharmacy services, and other medical assistance as specified under Guam Public Law 27-30 to low-income individuals and families who are without health insurance or have inadequate health insurance coverage. There were 12,471 people eligible for MIP in 2013 compared to 12,689 in 2013. The reason for the decrease is because more people qualified for the Medicaid Program. The MIP spent just over \$9.7 million on medical services in 2014 compared to \$11.4 million in 2013.

Health care coverage for uninsured women and children is an issue common to all states and territories. Uninsured populations are less likely to access routine, preventive care and more likely to seek care when health problems are severe and require treatment. Lack of preventive health care is a major contributor to poor health status for MCH populations.

According to 2010 Guam census data, 78.9% of Guam residents had some type of health insurance. About 49.1% had private insurance, 22.4% had public insurance (Medicaid or MIP), 7.4% had both private and public insurance and 21.1% had no insurance.

Guam opted not to participate in the ObamaCare Health Insurance Exchange with the Federal Government because it was too costly.

With the exception of Puerto Rico, which has a popular locally funded health coverage program, the rate of uninsured in U.S. territories far exceeds the U.S. average. Many have wondered if the territories were ineligible or left out of the Affordable Care Act. In actuality, two pages of the Affordable Care Act are devoted to the territories, leaving much of its interpretation up to the Department of Health and Human Services (HHS). The biggest difference in how the law applies to states versus territories is that the territories are forced to choose between either implementing an exchange or boosting funding for Medicare. HHS's interpretation of which reforms apply to the territories, however, has made it very difficult for territories to choose to set up exchanges. The Department has interpreted the law to mean that Obama care's market reforms apply to the territories, but not its individual and employer mandates. This increases the risk of "adverse selection," which occurs when not enough healthy people choose to enroll and sends health care premiums skyrocketing unless the exchange is heavily subsidized.

[1] Healthy People 2020 (www.healthypeople.gov)

II.F.5. Emerging Issues

Emerging health issues are those that pose either a threat or relief from threat to the overall health of the population. An emerging issue can be a disease or injury that has either increased incidence or prevalence in the past decade or threatens to increase in the near future. It can also be a “horizon issue” that has just begun to develop in our society and the future public health effects of which are uncertain. Finally, it can be an increased visibility in a long-standing health issue that continues to obstruct the public health goal of reducing death and disability.

While the Title V Needs Assessment identifies priority issues for our community at a set point in time, these areas can be influenced by a number of developing national and local factors which bring new challenges and concerns. Some are overarching in scope, others more specific to a single disease or to our community. Examples are seen below.

- Healthcare costs continue to increase, bringing challenges in providing adequate and affordable health care in both the private and public sectors.
- Environmental change and policies to bring about that change are needed to support individuals in choosing healthy behaviors. Worksite wellness policies and incentives are emerging as a way to encourage physical activity, smoking cessation and healthy eating.
- Childhood obesity may be influenced by community interventions affecting environmental policy.
- Prescription drug abuse rates are rising. Nationally, the CDC reports that prescription drug abuse has become a leading cause of unintentional injury death. In 2013, more than 11% teens reported taking prescription drugs without a doctor’s prescription (YRBS)
- Designing a built environment that can facilitate healthy behaviors requires Public Health at the planning table.
- Environmental Tobacco Smoke

Every year the first-hand use of tobacco kills more Americans than alcohol, accidents, fires, illegal drugs, AIDS, murder, and suicide, combined. Exposure to environmental tobacco smoke (ETS) also may contribute to the development of acute and chronic illnesses that result in premature loss of life. ETS is known to effect or worsen symptoms of illnesses ranging from sub-clinical manifestations to those requiring hospitalization. These symptoms do not necessarily result in imminent life-threatening situations or death. There is no known safe level of exposure to ETS, and no way, unless direct monitoring were taking place, to determine how much actual exposure there is. In addition, the array of individual characteristics and factors that may affect symptoms or illness are extremely difficult to account for. For fetuses, infants, and very young children, it is simpler to describe the risks of exposure to ETS. While there is no known safe level of exposure to ETS in adults, there is absolutely no safe level of exposure for this population, who’s respiratory, cardiovascular, and other bodily systems are developing.

Children’s exposure to ETS is a significant public health problem. A large population is at risk from a very real threat to its health which has resulted in a rise in the number of young women of childbearing age who have begun smoking. Smoking during pregnancy is associated with low birth weight and Sudden Infant Death Syndrome. Each year an estimated 30 infants die from causes related to maternal smoking during pregnancy and/or exposure to ETS in the first months of life. ETS worsens asthma in children and is a risk factor for asthma in healthy children.

II.F.6. Public Input

After transmittal of the MCH Block Grant Application, the entire document will be made available on the DPHSS website. The website will contain contact information so that anyone who would like to comment on the application may do so. Hard copies of the application will also be available.

Among the avenues for public input is the survey of the families with Children with Special Health Care needs who utilize the Shriners Clinics. The survey asks families about their level of satisfaction with the services they have

received, the wait times they experienced, how accessible the service were, as well as their impressions of the staff who served them. This information is used in evaluating the individual clinic as well as identifying problems that are systemic to the program.

The Bureau of Family Health and Nursing Services (BFHNS), the Title V Agency, relies on on-going, continuous encounters with stakeholders for meaningful public participation. The BFHNS staff takes every advantage of numerous opportunities throughout the year to listen to stakeholders and interest organizations about their concerns, priorities, and suggestions for improvements to the Title V program and related activities.

II.F.7. Technical Assistance

Interface with Project LAUNCH and learn how they are assessing local resources and needs, creating a strategic plan, and using evidence-based prevention and health promoting strategies. Guam Title V could review these elements and possibly develop better methods for:

1. Screening program participants
2. Integrating mental health consultation
3. Provide additional training for program staff

Access to care for the MCH population is challenging on a couple of fronts. In Guam, geography is not necessarily the issue as much as: lack of transportation (including an inefficient transit system), lack of childcare, inability to take off time from work, poor family support systems, cultural barriers, domestic problems, etc. Understanding better how to increase access to care among the populations we serve would be welcomed.

Data Collection and Reporting – Technical assistance is requested to effectively use data to inform program impact and continuous quality improvement. We are seeking technical assistance to address these objectives:

1. Determine objectives and needs to measure program outcomes, improvement and compliance in accordance with Title V Block Grant and other federal program requirements and goals.
2. Determine needed measures, indicators, and data elements considering both the present and future.
3. Determine strategies to efficiently and effectively track services, progress, and quality improvement with programmatic and administrative functions.
4. Determine needed report methods and formats.
5. Identify efficient, effective data systems for data collection, reporting and performance management, including potential vendors.

This requested TA will contribute to a more effective approach to measuring and reporting on Guam priority needs/performance measures. Potential results include: increased effectiveness with data collection and use of data; improved capacity and efficiencies to track and report outcomes, progress and quality improvement, identification and development of effective, effective and sustainable data systems and technology.

We are further requesting assistance in identifying strategies for increasing referral of pregnant women to the Tobacco Quitline, and the subsequently increasing the uptake of free tobacco cessation programs. Analysis of existing data shows few call to the Quitline by pregnant women

III. Budget Narrative

	2012		2013	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$ 759,024	\$ 759,024	\$ 760,041	\$ 760,041
Unobligated Balance	\$ 0	\$ 0	\$ 0	\$ 0
State Funds	\$ 619,033	\$ 619,033	\$ 608,032	\$ 608,032
Local Funds	\$ 0	\$ 0	\$ 0	\$ 0
Other Funds	\$ 0	\$ 0	\$ 0	\$ 0
Program Funds	\$ 0	\$ 0	\$ 0	\$ 0
SubTotal	\$ 1,378,057	\$ 1,378,057	\$ 1,368,073	\$ 1,368,073
Other Federal Funds	\$ 152,000	\$ 152,000	\$ 0	\$ 0
Total	\$ 1,530,057	\$ 1,530,057	\$ 1,368,073	\$ 1,368,073

	2014		2015	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$ 711,476	\$ 711,476	\$ 711,476	\$
Unobligated Balance	\$ 0	\$ 0	\$ 0	\$
State Funds	\$ 664,408	\$ 664,408	\$ 664,408	\$
Local Funds	\$ 0	\$ 0	\$ 0	\$
Other Funds	\$ 0	\$ 0	\$ 0	\$
Program Funds	\$ 0	\$ 0	\$ 0	\$
SubTotal	\$ 1,375,884	\$ 1,375,884	\$ 1,375,884	\$
Other Federal Funds	\$ 1,123,896		\$ 1,123,896	\$
Total	\$ 2,499,780	\$ 1,375,884	\$ 2,499,780	\$

Due to limitations in TVIS this year, States are not able to report their FY14 Other Federal Funds Expended on Form 2, Line 9. States are encouraged to provide this information in a field note on Form 2.

	2016	
	Budgeted	Expended
Federal Allocation	\$ 711,476	\$
Unobligated Balance	\$ 0	\$
State Funds	\$ 664,408	\$
Local Funds	\$ 0	\$
Other Funds	\$ 0	\$
Program Funds	\$ 0	\$
SubTotal	\$ 1,375,884	\$
Other Federal Funds	\$ 1,439,711	\$
Total	\$ 2,815,595	\$

III.A. Expenditures

The Guam Division of Public Health (DPH) maintains budget documentation for block grant funding/expenditures for reporting consistent with Section 505(a) and section 506(a)(1) for auditing. The Division of Public Health's financial policies and procedures are based on the requirements of the Guam Governor's Office. As stated, it is "an essential element used to achieve the Governor's goals to gather data and to produce reports with the financial information needed to effectively plan activities and control operations for the services provided to the citizens of Guam."

Procedures are in place to ensure that there is proper authorization for transactions, supporting documentation of all financial documents, and proper segregation of duties. In addition, DPH adheres to the guidance and memoranda of the Office of Budget and Management, federal rules and regulations, and Guam Department of Public Health and Social Services/ Division of Public Health policies and procedures. DPHSS also adheres to the Guam Governor's Office and Department of Public Health & Social Services (DPHSS) policies and procedures regarding the use of contracts.

DPHSS and all associated programs are subject to periodic audits to ensure compliance with state and federal law, regulatory requirements, and agency policies.

Budget projections for this section are completed before the fiscal year actually closes. Budgets for various activities should be considered "point-in-time" estimates; however, staff completing this portion of the Title V provides as accurate information as is possible at the time.

There are no major variations in expenditures. Leading expenditures continue to relate to personnel service as well as minor changes in travel (for off-island meeting or conferences). These minor variations are highly dependent on the prices of goods and services.

During FY'14, the Guam joint federal-state Title V Program expended \$1,375,884 for services and activities to

promote the health of women, infants and children including those with special health care needs. With the federal funds, Guam met the 30-30-10 budgeting requirement. Less than 10% of federal funds were used for administration.

"30-30" Minimum Funding Requirement

At least 30 percent of the MCH Title V Block Grant funds will be used for children's preventive and primary care services delivered within a system which promotes family-centered, community-based, coordinated care. At least 30 percent of the Title V Block Grant funds will be used to provide services to CSHCN delivered in a manner which promotes family-centered, community based, coordinated care.

In this Application, administrative costs are defined as the portion of the Title V dollars used to support staff in the MCH Operations Sections. Administrative costs include staff and operating costs associated with the administrative support of MCH. These support functions include, but are not limited to, contract management, accounting, budgeting, personnel, and clerical support for these functions.

By level of the MCH pyramid, the majority of Title V State partnership funds supported activities related to Direct Health Care Services (35%) and Enabling Services (30%). Public Health Services and Systems represented 25% of total expenditures for FY'14. These services included newborn screening for metabolic services, and immunizations.

III.B. Budget

The Guam Title V Program will expend funds following the Public Health Services for MCH Populations pyramid. Services will target the three categories including pregnant women and infants, children and adolescents, and Children with Special Health Care Needs, specifically those in families living at or below 185 percent of the federal poverty level.

1. Preventive and Primary Care Services

The Guam MCH Program will continue to expend Title V funding earmarked for preventive and primary care on immunization, case management and care coordination, hearing and vision screenings and genetic testing and counseling. Clinical service include well child, maternity and prenatal care, family planning, oral health services. Approximately 90% of Title V funding used to cover local health department clinical services. Title V will also support home visiting and care coordination services for pregnant women and infants as well as other activities aimed at improving the health of pregnant women and infants including standards development, quality assurance, health promotion and outreach.

The Title V Program continue try to proactively address factors influencing birth outcomes such as unintended pregnancy, obesity, preconception, prenatal care utilization, alcohol, substance abuse, tobacco, mental health, and eliminating disparities for pregnant women in accessing services.

2. Services to Children with Special Health Care Needs

Title V funding is used to support the Children with Special Health Care Needs activities and services. These programs and services address newborn hearing and metabolic screening, genetic services, and locating medical and dental services specifically for children with special healthcare needs.

3. Infrastructure Building Services

Funds used for the salaries of clinical and administrative staff will help sustain the infrastructure of MCH/CSHCN programs. Funding also needed for the needs assessment and other core functions, equipment, professional development, the purchase of computers, e-mail and informatics system maintenance, support for applied research and surveillance. Funding used to cover travel expenses for attending required meetings, conferences and trainings in the mainland, and other related activities.

4. Administrative

Administrative costs in the Department of Health and the Maternal and Primary Care Administration include administrative overhead, internal accounting and information system charges, budgeting, and other charges generated from the operations and management units of the operating division.

The total request for the Maternal and Child Health Block Grant for FY2016 is \$1,375,884. The State Match is \$664,408.

The breakdown is as follows:

1. Pregnancy women \$437,783.
2. Infants < 1 year old \$293,397.
3. Children 1 to 22 years old \$237,295.
4. Children with Special Health Care Needs \$270,602.
5. Administration \$136,807.

Types of Services by Levels of the Pyramid:

For FY2016 \$656,066 is budgeted for Direct Health Care Services. This includes prenatal care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program; services for high-risk pregnant women; medical service for children with special health care needs and clinical services provided through the local health department.

Guam had budgeted \$358,209 under Enabling Services for FY'16. Activities included under this level of the pyramid are case management services for pregnant women; outreach to pregnant women and children; nutrition education activities targeted to pregnant women and infants; coordination provided through the local health department and/or community based organizations; and assessment, monitoring and referral activities for children with special health care needs.

Guam has budgeted \$361,609 for Public Health Services and Systems. Funds designated to support MCH planning activities for collaboration between the local hospital, Southern and Northern Regional Health Centers and community planning activities.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - [MOA w DPW.pdf](#)

V. Supporting Documents

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

Supporting Document #01 - [Organizational Chart DPHSS.pdf](#)

Supporting Document #02 - [Acronyms.pdf](#)

Supporting Document #03 - [MCH Workforce.pdf](#)

Supporting Document #04 - [MCH CLAS Policy.pdf](#)

Supporting Document #05 - [Needs Assessment Summary.pdf](#)

VI. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Guam

	FY16 Application Budgeted	FY14 Annual Report Expended
1. FEDERAL ALLOCATION	\$ 711,476	\$ 711,476
(Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)		
A. Preventive and Primary Care for Children	\$ 213,443 (30%)	\$ 213,443 (30%)
B. Children with Special Health Care Needs	\$ 213,443 (30%)	\$ 213,443 (30%)
C. Title V Administrative Costs	\$ 71,147 (10%)	\$ 71,147 (10%)
2. UNOBLIGATED BALANCE	\$ 0	\$ 0
(Item 18b of SF-424)		
3. STATE MCH FUNDS	\$ 664,408	\$ 664,408
(Item 18c of SF-424)		
4. LOCAL MCH FUNDS	\$ 0	\$ 0
(Item 18d of SF-424)		
5. OTHER FUNDS	\$ 0	\$ 0
(Item 18e of SF-424)		
6. PROGRAM INCOME	\$ 0	\$ 0
(Item 18f of SF-424)		
7. TOTAL STATE MATCH	\$ 664,408	\$ 664,408
(Lines 3 through 6)		
A. Your State's FY 1989 Maintenance of Effort Amount	\$ 0	
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL	\$ 1,375,884	\$ 1,375,884
(Same as item 18g of SF-424)		
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	\$ 1,439,711	
(Subtotal of all funds under item 9)		
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL	\$ 2,815,595	\$ 1,375,884
(Partnership Subtotal + Other Federal MCH Funds Subtotal)		

FY14 Annual Report Budgeted

1. FEDERAL ALLOCATION	\$ 711,476
A. Preventive and Primary Care for Children	\$ 213,443
B. Children with Special Health Care Needs	\$ 213,443
C. Title V Administrative Costs	\$ 71,147
2. UNOBLIGATED BALANCE	\$ 0
3. STATE MCH FUNDS	\$ 664,408
4. LOCAL MCH FUNDS	\$ 0
5. OTHER FUNDS	\$ 0
6. PROGRAM INCOME	\$ 0
7. TOTAL STATE MATCH	\$ 664,408

**FY16 Application
Budgeted**

9. OTHER FEDERAL FUNDS

Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > State Abstinence Education Grant Program;	\$ 60,337
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > ACA Maternal, Infant and Early Childhood Home Visiting Program;	\$ 1,000,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI);	\$ 95,374
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning;	\$ 284,000

Form Notes For Form 2:

None

Field Level Notes for Form 2:

None

Data Alerts: None

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

State: Guam

	FY16 Application Budgeted	FY14 Annual Report Expended
I. TYPES OF INDIVIDUALS SERVED		
IA. Federal MCH Block Grant		
1. Pregnant Women	\$ 107,721	\$ 106,721
2. Infants < 1 year	\$ 106,722	\$ 106,722
3. Children 1-22 years	\$ 213,443	\$ 213,443
4. CSHCN	\$ 213,443	\$ 213,443
5. All Others	\$ 70,140	\$ 71,146
Federal Total of Individuals Served	\$ 711,469	\$ 711,475
IB. Non Federal MCH Block Grant		
1. Pregnant Women	\$ 330,062	\$ 330,062
2. Infants < 1 year	\$ 186,675	\$ 186,675
3. Children 1-22 years	\$ 23,853	\$ 23,860
4. CSHCN	\$ 57,158	\$ 57,158
5. All Others	\$ 66,660	\$ 66,653
Non Federal Total of Individuals Served	\$ 664,408	\$ 664,408
Federal State MCH Block Grant Partnership Total	\$ 1,375,877	\$ 1,375,883

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

	FY16 Application Budgeted	FY14 Annual Report Expended
II. TYPES OF SERVICES		
IIA. Federal MCH Block Grant		
1. Direct Services	\$ 441,262	\$ 441,262
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 142,979	\$ 142,979
B. Preventive and Primary Care Services for Children	\$ 153,520	\$ 153,520
C. Services for CSHCN	\$ 144,763	\$ 144,763
2. Enabling Services	\$ 133,407	\$ 133,407
3. Public Health Services and Systems	\$ 136,807	\$ 136,807
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		
Physician/Office Services		\$ 441,262
Hospital Charges (Includes Inpatient and Outpatient Services)		
Dental Care (Does Not Include Orthodontic Services)		
Durable Medical Equipment and Supplies		
Laboratory Services		
Direct Services Total		\$ 441,262
Federal Total	\$ 711,476	\$ 711,476

IIB. Non-Federal MCH Block Grant

1. Direct Services	\$ 214,804	\$ 224,802
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	\$ 214,804	\$ 224,802
2. Enabling Services	\$ 224,802	\$ 224,804
3. Public Health Services and Systems	\$ 224,802	\$ 214,802
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		
Physician/Office Services		\$ 224,802
Hospital Charges (Includes Inpatient and Outpatient Services)		
Dental Care (Does Not Include Orthodontic Services)		
Durable Medical Equipment and Supplies		
Laboratory Services		
Direct Services Total		\$ 224,802
Non-Federal Total	\$ 664,408	\$ 664,408

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 3,396

1a. Core RUSP Conditions

Program Name	(A) Number Receiving at Least One Screen	(B) Number Presumptive Positive Screens	(C) Number Confirmed Cases	(D) Number Referred for Treatment
Classic phenylketonuria	3,396 (100.0%)	0	0	0 (0%)
Primary congenital hypothyroidism	3,396 (100.0%)	3	2	2 (100.0%)
Congenital adrenal hyperplasia	3,396 (100.0%)	1	0	0 (0%)
Biotinidase deficiency	3,396 (100.0%)	0	0	0 (0%)
Classic galactosemia	3,396 (100.0%)	1	0	0 (0%)

1b. Secondary RUSP Conditions

None

2. Other Newborn Screening Tests

Program Name	(A) Number Receiving at Least One Screen	(B) Number Presumptive Positive Screens	(C) Number Confirmed Cases	(D) Number Referred for Treatment
Newborn Hearing	3,396 (100.0%)	133	133	133 (100.0%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

DPHSS continues to face obstacles with some new mothers who are transient from Asian countries. The department is working with private physicians to track down parents of infants born with abnormal metabolic screens. DPHSS also faces problems locating parents locally. With the shortage of program funds, the lack of official vehicles used to locate families in remote secluded and inaccessible areas have been a constant problem.

Form Notes For Form 4:

None

Field Level Notes for Form 4:

None

Form 5a
Unduplicated Count of Individuals Served under Title V

State: Guam

Reporting Year 2014

		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	1,693	0.0	0.0	0.0	0.0	100.0
2. Infants < 1 Year of Age	2,156	0.0	0.0	0.0	0.0	100.0
3. Children 1 to 22 Years of Age	4,929	0.0	0.0	0.0	0.0	100.0
4. Children with Special Health Care Needs	861	0.0	0.0	0.0	0.0	100.0
5. Others	11,641	0.0	0.0	0.0	0.0	100.0
Total	21,280					

Form Notes For Form 5a:

None

Field Level Notes for Form 5a:

None

Form 5b
Total Recipient Count of Individuals Served by Title V

State: Guam

Reporting Year 2014

Types Of Individuals Served	Total Served
1. Pregnant Women	1,693
2. Infants < 1 Year of Age	3,396
3. Children 1 to 22 Years of Age	4,929
4. Children with Special Health Care Needs	861
5. Others	11,641
Total	22,520

Form Notes For Form 5b:

None

Field Level Notes for Form 5b:

None

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Guam

Reporting Year 2014

I. Unduplicated Count by Race

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than One Race Reported	(H) Other & Unknown
1. Total Deliveries in State	3,396	297	29	0	1,011	1,991	59	9
Title V Served	2,156	0	0	0	0	0	0	2,156
Eligible for Title XIX	0	0	0	0	0	0	0	0
2. Total Infants in State	3,396	297	29	0	1,011	1,991	59	9
Title V Served	2,156	0	0	0	0	0	0	2,156
Eligible for Title XIX	0	0	0	0	0	0	0	0

II. Unduplicated Count by Ethnicity

	(A) Total Not Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(D) Total All Ethnicities
1. Total Deliveries in State	3,396	0	0	3,396
Title V Served	2,156	0	0	2,156
Eligible for Title XIX	0	0	0	0
2. Total Infants in State	3,396	0	0	3,396
Title V Served	2,156	0	0	2,156
Eligible for Title XIX	0	0	0	0

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

Application Year 2016

Reporting Year 2014

A. State MCH Toll-Free Telephone Lines

1. State MCH Toll-Free "Hotline" Telephone Number	(671) 735-7105	(671) 735-7105
2. State MCH Toll-Free "Hotline" Name	Guam MCH Program	Guam MCH Program
3. Name of Contact Person for State MCH "Hotline"	Maggie Bell	Maggie Bell
4. Contact Person's Telephone Number	(671) 735-7105	(671) 735-7105
5. Number of Calls Received on the State MCH "Hotline"		162

B. Other Appropriate Methods

1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address	http://www.dphss.guam.gov	https://www.dphss.guam.gov
4. Number of Hits to the State Title V Program Website		7,000
5. State Title V Social Media Websites	https://www.facebook.com/guamdpshss	https://www.facebook.com/guamdpshss
6. Number of Hits to the State Title V Program Social Media Websites		2,196

Form Notes For Form 7:

None

Form 8
State MCH and CSHCN Directors Contact Information

State: Guam

Application Year 2016

**1. Title V Maternal and Child Health (MCH)
Director**

Name	Margarita Gay
Title	Administrator, Ciommunity Health & Nursing Service
Address 1	123 Chalan Kareta
Address 2	
City / State / Zip Code	Mangilao / GU / 96913
Telephone	(671) 735-7111
Email	margarita.gay@dphss.guam.gov

**2. Title V Children with Special Health Care
Needs (CSHCN) Director**

Name	Margarita Gay
Title	Administrator, Community Health & Nursing Service
Address 1	123 Chalan Kareta
Address 2	
City / State / Zip Code	Mangilao / GU / 96913
Telephone	(671) 735-7111
Email	margarita.gay@dphss.guam.gov

3. State Family or Youth Leader (Optional)

Name	
Title	
Address 1	
Address 2	
City / State / Zip Code	
Telephone	
Email	

Form Notes For Form 8:

None

**Form 9
List of MCH Priority Needs**

State: Guam

Application Year 2016

No.	Priority Need	Priority Need Type (New, Replaced or Continued Priority Need for this five-year reporting period)	Rationale if priority need does not have a corresponding State or National Performance/Outcome Measure
1.	To improve maternal health by optimizing the health and well-being of women of reproductive age	New	
2.	To reduce infant morbidity and mortality	Continued	
3.	To improve the cognitive, physical and emotional development of all children	New	
4.	To promote and enhance adolescent strengths, skills and supports to improve adolescent health	New	
5.	To provide a whole child approach to services to Children with Special Health Care Needs	Continued	
6.	To reduce the number of individuals who smoke	New	
7.	To increase the number of homeless individuals and families accessing health and social services	New	Homelessness is becoming a huge problem on Guam . There is a large number of homeless individuals and families with children on Guam as indicated by the January 2015 "Point in Time" Survey that was conducted by the Guam Housing and Urban Renewal Authority. The survey indicated that there were 1,280 homeless individuals, or 1% of the total population, on Guam.

Form Notes For Form 9:

None

Field Level Notes for Form 9:

None

**Form 10a
National Outcome Measures (NOMs)**

State: Guam

Form Notes for Form 10a NPMs and NOMs:

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
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%, or >10% missing data and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	63.0
Numerator	2,140
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-1 Notes:

Preliminary data for 2014 live births. Prenatal care is indicated on the Certificate of Live Birth

Data Alerts: None

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

FAD Not Available for this measure.

NOM-2 Notes:

As of 2014, Guam does not have data related to the number of deliveries hospitalizations with an indication of severe morbidity from ICD-10 diagnosis or procedure codes (e.g. heart or kidney failure, stroke, embolism, hemorrhage).

Data Alerts:

1.	Data has not been entered for NOM #2. This outcome measure is linked to the selected NPM 1,14,. 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

FAD Not Available for this measure.

State Provided Data	
	2014
Annual Indicator	0.0
Numerator	0
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-3 Notes:

Guam has not had any deaths related to or aggravated by pregnancy and occurring within 42 days of the end of a pregnancy in 2014

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM #3. Please review your data to ensure this is correct.
----	--

NOM-4.1 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
2013	9.0 %	0.5 %	290	3,219
2012	8.4 %	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%, or >10% missing data and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	6.7
Numerator	227
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-4.1 Notes:

Provisional data provided from the Certificate of Live Birth Office of Vital Statistics

Data Alerts: None

NOM-4.2 Percent of very low birth weight deliveries (<1,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	1.2 %	0.2 %	39	3,219
2012	1.0 %	0.2 %	34	3,533
2011	1.1 %	0.2 %	36	3,269
2010	1.5 %	0.2 %	50	3,410
2009	1.2 %	0.2 %	39	3,402

Legends:

- 🚩 Indicator has a numerator <10 and is not reportable
- ⚡ Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	1.0
Numerator	34
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-4.2 Notes:

Provisional data from by the DPHSS Office of Vital Statistics Certificate of Live Birth

Data Alerts: None

NOM-4.3 Percent of moderately low birth weight deliveries (1,500-2,499 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	7.8 %	0.5 %	251	3,219
2012	7.4 %	0.4 %	261	3,533
2011	7.9 %	0.5 %	258	3,269
2010	7.2 %	0.4 %	244	3,410
2009	6.5 %	0.4 %	221	3,402

Legends:

- 🚩 Indicator has a numerator <10 and is not reportable
- ⚡ Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	4.1
Numerator	139
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-4.3 Notes:

Provisional data provided by the DPHSS Office of Vital Statistics Certificate of Live Birth

Data Alerts: None

NOM-5.1 Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
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%, or >10% missing data and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	9.1
Numerator	309
Denominator	3,396
Data Source	DPHSS, Office of Vital Statistics
Data Source Year	2014

NOM-5.1 Notes:

Provisional data provided by Office of Vital Statistics, DPHSS from the Certificate of Live Birth

Data Alerts: None

NOM-5.2 Percent of early preterm births (<34 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	3.2 %	0.3 %	102	3,195
2012	2.1 %	0.2 %	72	3,478
2011	2.7 %	0.3 %	87	3,266
2010	3.1 %	0.3 %	106	3,395
2009	2.3 %	0.3 %	78	3,385

Legends:

- 🚩 Indicator has a numerator <10 and is not reportable
- ⚡ Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	2.0
Numerator	68
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-5.2 Notes:

Provisional data provided by DPHSS Office of Vital Statistics Certificate of Live Birth

Data Alerts: None

NOM-5.3 Percent of late preterm births (34-36 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	7.7 %	0.5 %	246	3,195
2012	7.4 %	0.4 %	258	3,478
2011	8.1 %	0.5 %	265	3,266
2010	7.8 %	0.5 %	263	3,395
2009	7.2 %	0.4 %	242	3,385

Legends:

- 🚩 Indicator has a numerator <10 and is not reportable
- ⚡ Indicator has a numerator <20, a confidence interval width >20%, or >10% missing data and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	7.1
Numerator	240
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-5.3 Notes:

Provisional data provided by DPHSS Office of Vital Statistics Certificate of Live Birth

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
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%, or >10% missing data and should be interpreted with caution

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
2013/Q2-2014/Q1	NR 	NR 	NR 	NR 

Legends:
 Indicator results were based on a shorter time period than required for reporting

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
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	
	2014
Annual Indicator	3.8
Numerator	13
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-8 Notes:

Provision data provided from the Office of Vital Statistics, DPHSS from the Certificate of Death

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
2013	9.1	1.7 %	30	3,282
2012	11.4	1.8 %	41	3,590
2011	12.5	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	
	2014
Annual Indicator	7.1
Numerator	24
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-9.1 Notes:

Provisional data provided by the Office of Vital Statistics DPHSS Certificate of Death

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
2013	5.2 ⚡	1.3 % ⚡	17 ⚡	3,282 ⚡
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
⚡ Indicator has a numerator <20 and should be interpreted with caution

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
2013	4.0 ⚡	1.1 % ⚡	13 ⚡	3,282 ⚡
2012	3.6 ⚡	1.0 % ⚡	13 ⚡	3,590 ⚡
2011	5.8 ⚡	1.3 % ⚡	19 ⚡	3,294 ⚡
2010	5.6 ⚡	1.3 % ⚡	19 ⚡	3,414 ⚡
2009	3.8 ⚡	1.1 % ⚡	13 ⚡	3,414 ⚡

Legends:
 🚩 Indicator has a numerator <10 and is not reportable
 ⚡ Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2014
Annual Indicator	4.4
Numerator	15
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

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
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	
	2014
Annual Indicator	1,030.6
Numerator	35
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-9.4 Notes:

None

Data Alerts: None

NOM-9.5 Sleep-related 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
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	
	2014
Annual Indicator	0.0
Numerator	0
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-9.5 Notes:

For 2014 there were no SUID deaths recorded

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM #9.5. Please review your data to ensure this is correct.
----	--

NOM-10 The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy

FAD Not Available for this measure.

NOM-10 Notes:

None

Data Alerts: None

NOM-11 The rate of infants born with neonatal abstinence syndrome per 1,000 delivery hospitalizations

FAD Not Available for this measure.

State Provided Data	
	2014
Annual Indicator	0.0
Numerator	0
Denominator	3,396
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-11 Notes:

None

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM #11. Please review your data to ensure this is correct.
----	---

NOM-12 Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

FAD Not Available for this measure.

NOM-12 Notes:

None

Data Alerts: None

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

FAD Not Available for this measure.

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 12 months

FAD Not Available for this measure.

State Provided Data	
	2014
Annual Indicator	29.3
Numerator	215
Denominator	735
Data Source	DPHSS Dental Program
Data Source Year	2014

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
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	
	2014
Annual Indicator	32.3
Numerator	8
Denominator	24,786
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-15 Notes:

Provisional data provided by the DPHSS Office of Vital Statistics and the US Census Bureau Population Projections

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
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	
	2014
Annual Indicator	52.7
Numerator	15
Denominator	28,470
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-16.1 Notes:

Provisional data provided by the DPHSS Office of Vital Statistics Certificate of Death

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
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	
	2014
Annual Indicator	28.7
Numerator	4
Denominator	13,958
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-16.2 Notes:

Provisional data provided by the Office of Vital Statistics, DPHSS Certificate of Death

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
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	33.2 ⚡	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	
	2014
Annual Indicator	21.5
Numerator	3
Denominator	13,958
Data Source	DPHSS Office of Vital Statistics
Data Source Year	2014

NOM-16.3 Notes:

Data provided by the Office of Vital Statistics and US Census Population Projections

Data Alerts: None

NOM-17.1 Percent of children with special health care needs

FAD Not Available for this measure.

NOM-17.1 Notes:

We are striving to have an accurate percent of CSHCN on Guam

Data Alerts: None

NOM-17.2 Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

FAD Not Available for this measure.

NOM-17.2 Notes:

Guam, at the moment, does not have a total for an island wide status. We will look at ways to gather data for this measure.

Data Alerts:

1.	Data has not been entered for NOM #17.2. This outcome measure is linked to the selected NPM 11,15,12,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	--

NOM-17.3 Percent of children diagnosed with an autism spectrum disorder

FAD Not Available for this measure.

NOM-17.3 Notes:

Guam is unable to provide data for this measure

Data Alerts: None

NOM-17.4 Percent of children diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

FAD Not Available for this measure.

NOM-17.4 Notes:

Guam is unable to provide data for this measure

Data Alerts: None

NOM-18 Percent of children with a mental/behavioral condition who receive treatment or counseling

FAD Not Available for this measure.

NOM-18 Notes:

2014 Data presently not available for an island wide status

Data Alerts:

1.	Data has not been entered for NOM #18. This outcome measure is linked to the selected NPM 10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	--

NOM-19 Percent of children in excellent or very good health

FAD Not Available for this measure.

NOM-19 Notes:

Guam presently does not have data for an island wide status. Guam will work towards a method to gather the necessary data for this measure

Data Alerts:

1.	Data has not been entered for NOM #19. This outcome measure is linked to the selected NPM 11,12,14,10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	---

NOM-20 Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

FAD Not Available for this measure.

NOM-20 Notes:

Island wide data not available

Data Alerts:

1.	Data has not been entered for NOM #20. This outcome measure is linked to the selected NPM 10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	--

NOM-21 Percent of children without health insurance

FAD Not Available for this measure.

State Provided Data	
	2014
Annual Indicator	16.9
Numerator	9,727
Denominator	57,726
Data Source	2010 Guam Census of the Population, US Census Bureau
Data Source Year	2010

NOM-21 Notes:

None

Data Alerts: None

NOM-22.1 Percent of children ages 19 through 35 months, who have received the 4:3:1:3(4):3:1:4 series of routine vaccinations

Data Source: National Immunization Survey (NIS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	48.7 %	4.0 %	2,193	4,499

Legends:

- 📄 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6
- ⚡ Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM-22.1 Notes:

None

Data Alerts: None

NOM-22.2 Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

FAD Not Available for this measure.

State Provided Data	
	2014
Annual Indicator	13.5
Numerator	6,384
Denominator	47,457
Data Source	Guam Immunization Program
Data Source Year	2014

NOM-22.2 Notes:

This is provisional data since it only includes data on the flu vaccines our program provides to public and private partners.

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) - Female

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	69.1 %	4.2 %	4,903	7,100

Legends:
 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6
 Estimates with 95% confidence interval half-widths > 10 might not be reliable

Data Source: National Immunization Survey (NIS) - Male

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2013	21.8 %	3.6 %	1,562	7,150

Legends:
 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval half-width/estimate > 0.6
 Estimates with 95% confidence interval half-widths > 10 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)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
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 half-width/estimate > 0.6
- ⚡ Estimates with 95% confidence interval half-widths > 10 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)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
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 half-width/estimate > 0.6
- ⚡ Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM-22.5 Notes:

None

Data Alerts: None

Form 10a
National Performance Measures (NPMs)

State: Guam

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	67.2	67.5	69.0	69.5	70.0

NPM-4 A) Percent of infants who are ever breastfed

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	42.2	43.0	43.5	44.0	44.5

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	51.8	52.0	53.5	54.0	54.5

NPM-7 Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	37.2	37.0	36.0	35.5	34.0

NPM-10 Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	25.0	30.0	40.0	50.0	55.0

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	58.8	59.0	59.5	60.0	61.0

NPM-12 Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	76.5	77.0	77.5	78.0	79.0

NPM-14 A) Percent of women who smoke during pregnancy

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	10.5	10.0	9.5	9.0	8.0

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

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	10.5	10.0	9.5	9.0	8.0

NPM-15 Percent of children ages 0 through 17 who are adequately insured

Annual Objectives					
	2016	2017	2018	2019	2020
Annual Objective	77.8	78.0	78.5	79.0	79.5

Form 10b
State Performance/Outcome Measure Detail Sheet
State: Guam

States are not required to create SOMs/SPMs until the FY 2017 Application/FY 2015 Annual Report.

Form 10c
Evidence-Based or Informed Strategy Measure Detail Sheet
State: Guam

States are not required to create ESMs until the FY 2017 Application/FY 2015 Annual Report.

**Form 10d
National Performance Measures (NPMs) (Reporting Year 2014 & 2015)**

State: Guam

Form Notes for Form 10d NPMs and SPMs

Numbers were based on the July 2014 CSHCN Survey conducted at the Shriners Clinic at Central Public Health.

NPM 01 - The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

	2011	2012	2013	2014	2015
Annual Objective	100.0	100.0	100.0	100.0	100.0
Annual Indicator	100.0	100.0	100.0	100.0	
Numerator	17	5	5	8	
Denominator	17	5	5	8	
Data Source	DPHSS NBS (GMH, Sagua)	DPHSS NBS (GMH, Sagua)	DPHSS Newborn Screening Tracking System	DPHSS Newborn Screening Tracking System	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
	Field Note:	Newborn screenings are conducted at GMHA and Sagua Managu Birthing Center. Positive results are submitted to the MCH Program.
2.	Field Name:	2013
	Field Note:	Due to a computer crash at the Department of Administration on Oct. 31, 2013 the Office of Vital Statistics staff had to manually re-create thousands of lost birth records. The Bureau of Family Health & Nursing Services staff hand counted births and death records for 2013 due to the computer crash.
3.	Field Name:	2012
	Field Note:	2012 data was from the DPHSS BFHNS MCH Newborn Screening Tracking System of all positive screeners for reporting year of 2012.
4.	Field Name:	2011

Field Note:

2011 data was from the DPHSS BFHNS MCH Newborn Screening Tracking System of all positive screeners for 2011.

Data Alerts: None

NPM 02 - The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

	2011	2012	2013	2014	2015
Annual Objective	100.0	100.0	100.0	70.0	70.0
Annual Indicator	42.4	47.3	67.6	55.9	
Numerator	72	97	230	114	
Denominator	170	205	340	204	
Data Source	CSHCN Program CSHCN Registry	DPHSS MCH Program CSHCN Registry	DPHSS MCH Program CSHCN Registry	DPHSS CSHCN Registry	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
	Field Note:	The numbers were based on the July 2014 CSHCN Survey that was conducted at the Shriners Clinic at Central Public Health.
2.	Field Name:	2013
	Field Note:	Note – 2014 – The data for the Denominator was taken from the CSHCN Survey that was created and completed by parents during the Shriner’s Outreach Clinics.
3.	Field Name:	2012
	Field Note:	Note – 2013 – There is a modification to the Annual Objective as recommended. The modification makes the Annual Performance Objective more achievable for the Guam MCH CSHCN Program. Note – 2013 – The data for the Denominator was taken from the CSHCN Survey that was created and completed by parents during the Shriner’s Outreach Clinics.
4.	Field Name:	2011
	Field Note:	The data used for 2011 were taken from the CSHCN Survey was created and done that year with the Shriners’ clients. Results were from the clients that completed the survey form and answered that question.

Data Alerts: None

NPM 03 - The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

	2011	2012	2013	2014	2015
Annual Objective	60.0	60.0	60.0	60.0	60.0
Annual Indicator	57.4	54.6	91.4	77.6	
Numerator	541	618	787	668	
Denominator	943	1,132	861	861	
Data Source	DPHSS MCH/CSHCN registry	DPHSS MCH/CSHCN registry	DPHSS MCH Program CSHCN Registry	DPHSS CSHCN Registry	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

- Field Name:** 2014

Field Note:
An accurate number of children with special health care needs cannot be obtained. The numerator is the number of children in the DPHSS CSHCN Registry in 2014 and the denominator is the number of children in the DPHSS CSHCN Registry in 2013.
- Field Name:** 2012

Field Note:
Note – 2013 – The data for the Denominator was taken from the CSHCN S Registry. The Numerator was the number of parents that reported having a medical home for their child.
- Field Name:** 2011

Field Note:
The 2011 data stated was from the DPHSS CSHCN Program SW III's registry.

Data Alerts: None

NPM 04 - The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

	2011	2012	2013	2014	2015
Annual Objective	80.0	80.0	80.0	80.0	80.0
Annual Indicator	86.9	69.1	91.4	94.5	
Numerator	819	782	787	631	
Denominator	943	1,132	861	668	
Data Source	DPHSS MCH Program's CSHCN's Registry and Survey	DPHSS MCH Program's CSHCN's Registry and Survey	DPHSS MCH Program CSHCN Registry	DPHSS MCH Program CSHCN Registry	
Provisional Or Final ?				Provisional	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2012
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Field Note:

2012– The data for the Denominator was taken from the CSHCN Registry. The Numerator is the number of parents that reported having adequate private and/or public insurance to pay for the services they need for their child.

2.	Field Name:	2011
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Field Note:

The 2011 data stated is from one source the DPHSS CSHCN Program registry.

Data Alerts: None

NPM 05 - Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

	2011	2012	2013	2014	2015
Annual Objective	50.0	50.0	50.0	50.0	50.0
Annual Indicator	30.6	12.2	37.0	55.9	
Numerator	52	25	126	114	
Denominator	170	205	341	204	
Data Source	Guam DPHSS CSHCN Registry and Survey	Guam DPHSS CSHCN Registry and Survey	DPHSS MCH Program CSHCN Registry	July 2014 CSHCN Survey	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

- Field Name:** 2014

Field Note:
The numbers are based on the July 2014 CSHCN Survey that was created and completed by parents during the Shriner's Outreach Clinic.
- Field Name:** 2012

Field Note:
2012 – The data for the Denominator was taken from the CSHCN Survey that was created and completed by parents during the Shriner's Outreach Clinics.
- Field Name:** 2011

Field Note:
2011 data stated was from the 2011 Guam - CSHCN used during the 2011 Shriners' clients that completed the survey and answered that question.

Data Alerts: None

NPM 06 - The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

	2011	2012	2013	2014	2015
Annual Objective	50.0	50.0	50.0	50.0	50.0
Annual Indicator	24.5	16.7	36.2	76.5	
Numerator	231	25	123	156	
Denominator	943	150	340	204	
Data Source	CSHCN Registry	CSHCN Registry	DPHSS MCH Program CSHCN Registry	July 2014 CSHCN Survey	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

- Field Name:** 2014

Field Note:
 Note – 2014 – The data for the Denominator was taken from the CSHCN Survey that was created and completed by parents during the Shriner’s Outreach Clinics.
- Field Name:** 2012

Field Note:
 2012 – The data for the Denominator was taken from the CSHCN S Registry. The Numerator was the number of parents that reported having a medical home for their child.
- Field Name:** 2011

Field Note:
 2011 data stated is from one source the DPHSS CSHCN Registry.

Data Alerts: None

NPM 07 - Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

	2011	2012	2013	2014	2015
Annual Objective	75.0	75.0	75.0	75.0	75.0
Annual Indicator	20.6	19.8	23.2	50.3	
Numerator	1,236	1,239	1,202	2,775	
Denominator	5,999	6,248	5,176	5,518	
Data Source	Guam Immunization Program WEBIZ	Guam Immunization Program (GuWebIZ)	Guam Immunization Program (GuWebIZ)	2013 National Immunization Survey (NIS)	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

- Field Name:** 2014

Field Note:
Denominator was from the 2013 National Immunization Survey (NIS) that was conducted on Guam.
- Field Name:** 2012

Field Note:
The 2012 stated in this measure was from one source, the Guam Immunization registry, GuWebIZ. The data is provisional because it does not consist of all the children 19-35 months on Guam, only what the GuWebIZ has in its database.
- Field Name:** 2011

Field Note:
The 2011 stated in this measure was from one source the Guam Immunization WEBIZ data base. The data is provisional because it does consist all the children 15-35 months on Guam, only what the WEBIZ has in it's data base.

Data Alerts: None

NPM 08 - The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

	2011	2012	2013	2014	2015
Annual Objective	20.0	20.0	20.0	20.0	20.0
Annual Indicator	28.8	22.5	54.8	48.7	
Numerator	138	92	368	325	
Denominator	4,791	4,083	6,710	6,673	
Data Source	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics/2013 Guam Statistical Yearbook	DPHSS Office of Vital Statistics/2013 Guam Statistical Yearbook	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
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Field Note:

The birth rate for teens is based on ages 15-19 years old because the 2010 U.S. Census breaks down the age groups of the population 10-14 years old and 15-19 years old. The population projection for 2014 was 6,673 females in this age group. Population source was obtained from the 2013 Guam Statistical Yearbook. There were 88 births (15-17 years old) and 237 births (18-19 years old).

2.	Field Name:	2013
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Field Note:

Due to a computer crash at the Department of Administration on Oct. 31, 2013 the Office of Vital Statistics staff had to manually re-create thousands of lost birth records. The Bureau of Family Health & Nursing Services staff hand counted births and death records for 2013 due to the computer crash. Also some of the birth certificates were not completely fill out correctly, so some of the prenatal care questions were not answered. But the ages of the mothers were complete and accurate.

3.	Field Name:	2012
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Field Note:

2012 – Denominator is from the newly released Guam’s Census Demographic Profile, compilation of 2010 Guam Census made available by U.S. Census Bureau in 2012 regarding detailed data on population and housing subjects.

2012 – Births for female teenagers aged 15 through 17 was hand counted at the DPHSS Office of Vital Statistics

Data Alerts: None

NPM 09 - Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

	2011	2012	2013	2014	2015
Annual Objective	40.0	75.0	75.0	75.0	75.0
Annual Indicator	70.4	32.2	39.6	29.3	
Numerator	1,026	474	581	215	
Denominator	1,457	1,470	1,466	735	
Data Source	DPHSS Dental Program	DPHSS Dental Program Survey 2012	DPHSS Dental Program	DPHSS Dental Program	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
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Field Note:

The DPHSS Dental staff went to the schools to conduct the screenings. The number of children screened decreased because there were less schools visited due to decrease in staff.

2.	Field Name:	2011
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Field Note:

The data stated for 2011 is official, because this year the DPHSS Chief Dental Officer conducted a screening to all 3rd graders in the Guam Public Elementary Schools. This screening was done for the first time to provide data to the MCH NPM 09.

Data Alerts: None

NPM 10 - The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

	2011	2012	2013	2014	2015
Annual Objective	2.0	2.0	2.0	2.0	2.0
Annual Indicator	2.0	23.3	0.0	2.4	
Numerator	1	1	0	1	
Denominator	49,364	4,286	41,799	41,799	
Data Source	2000 Census Projections	2000 Census Projections and the Guam DPHSS OVS	2000 Census Projections and the Guam DPHSS OVS	OVS/2013 Guam Statistical Yearbook	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
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Field Note:

The denominator is the 2014 population projection for children 0-14 years old according to the 2013 Guam Statistical Yearbook. The numerator was obtained from OVS.

2.	Field Name:	2012
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Field Note:

The 2012 data deaths due to MVC with less than 14 years old is provisional from the DPHSS OVS and the population of children less than 14 years of age is an estimated from Guam Census. Data is correct for this reporting year.

3.	Field Name:	2011
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Field Note:

The 2011 data deaths due to MVC with less than 14 years old is final from the DPHSS OVS and the population of children less than 14 years of age is an estimated from Guam Census. Data is correct for this reporting year.

Data Alerts:

1.	A value of zero has been entered for the numerator for year 2013 NPM# 10. Please review your data to ensure this is correct.
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NPM 11 - The percent of mothers who breastfeed their infants at 6 months of age.

	2011	2012	2013	2014	2015
Annual Objective	50.0	50.0	50.0	50.0	50.0
Annual Indicator	9.0	7.3	7.5	51.8	
Numerator	215	180	186	271	
Denominator	2,377	2,454	2,464	523	
Data Source	DPHSS WIC Program	DPHSS WIC Program	DPHSS WIC Program	DPHSS WIC Program	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
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Field Note:

Data reported is from the Guam WIC Program 2014 Annual Report. This only applies to WIC participants. Island-wide breastfeeding data is unavailable.

2.	Field Name:	2012
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Field Note:

2012 – Data is from the Guam WIC Program through the Arizona in Motion System (AIMS) from the Arizona Department of Public Health.

Data Alerts: None

NPM 12 - Percentage of newborns who have been screened for hearing before hospital discharge.

	2011	2012	2013	2014	2015
Annual Objective	90.0	90.0	90.0	90.0	90.0
Annual Indicator	83.4	85.9	83.6	87.3	
Numerator	2,752	3,095	2,960	2,965	
Denominator	3,298	3,604	3,542	3,396	
Data Source	GUAM EHDI Program	GUAM EHDI Program	GUAM EHDI Program	Guam EHDI Program	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
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Field Note:

Data from the Guam Early Hearing Detection and Intervention Program

2.	Field Name:	2012
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Field Note:

The Guam Early Hearing Detection and Intervention Program was able to obtain GMHA and Sagua Mague's hearing results for 2012 and they were not able to get the Naval Hospital's Hearing screening results for 2012.

Percentage does not include data of newborns screened at the U.S. Naval Hospital, Guam (USNH). USNH does have a newborn hearing screen program however does not provide hearing data to Guam EHDI.

They are still working with the new leadership of Naval Hospital. The total births excluded the number of births at USNH from the DPHSS Vitals Statistics Office. The data is final for this reporting year.

3.	Field Name:	2011
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Field Note:

The Guam Early Hearing Detection and Intervention are only able to obtain GMHA and Sagua Mague's hearing results for 2011 and they were not able to get the Naval Hospital's Hearing screening results for 2011.

Percentage does not include data of newborns screened at the U.S. Naval Hospital, Guam (USNH). USNH does have a newborn hearing screen program however does not provide hearing data to Guam EHDI.

They are still working with the new leadership of Naval Hospital. The total births excluded the number of births at USNH from the DPHSS Vital Statistics Office. The data is final for this reporting year.

Data Alerts: None

NPM 13 - Percent of children without health insurance.

	2011	2012	2013	2014	2015
Annual Objective	50.0	50.0	50.0	50.0	50.0
Annual Indicator	26.0	26.0	22.2	14.6	
Numerator	17,081	17,082	12,500	7,628	
Denominator	65,697	65,698	56,246	52,250	
Data Source	US Census Projections; 2005 Guam HIES	Guam's Census Demographic Profile, compilation of	Guam's Census Demographic Profile	2013 Guam Statistical Yearbook	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
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Field Note:

The data is based on information in the 2013 Guam Statistical Yearbook.

2.	Field Name:	2012
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Field Note:

2012 - Denominator is from the newly released Guam's Census Demographic Profile, compilation of 2010 Guam Census made available by U.S. Census Bureau in 2012 regarding detailed data on population and housing subjects.

2012 – The numerator is the projected total of children without health insurance.

Data Alerts: None

NPM 14 - Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

	2011	2012	2013	2014	2015
Annual Objective	20.0	20.0	20.0	20.0	20.0
Annual Indicator	14.7	12.5	12.4	11.5	
Numerator	5,039	4,068	3,971	3,648	
Denominator	34,273	32,431	31,956	31,726	
Data Source	DPHSS WIC Program	DPHSS WIC Program	DPHSS WIC Program	DPHSS WIC Program	
Provisional Or Final ?				Provisional	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2012
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Field Note:

WIC Risk Code Category 113 denotes children which are at or above the 95th percentile or BMI > 30. Our automated WIC system does not have a Risk Code Category for being > the 85th percentile. The data reflects the cumulative number of children 2-4 years in each of the two fiscal year periods extending from Oct 2010 through Sep 2012 who are certified with the risk code 113 divided by the total number of children 2-4 years during each one-year period. Children are no longer eligible for WIC when they become 5 years of age. Guam WIC provides Participant-Centered Services to all of its participants, associated with the specific nutrition risk factors for which they are certified into the program.

2.	Field Name:	2011
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Field Note:

WIC Risk Code Category 113 denotes children which are at or above the 95th percentile or BMI > 30. Our automated WIC system does not have a Risk Code Category for being > the 85th percentile. The data reflects the cumulative number of children 2-4 years in each of the two fiscal year periods extending from Oct 2010 through Sep 2011 who are certified with the risk code 113 divided by the total number of children 2-4 years during each one-year period. Children are no longer eligible for WIC when they become 5 years of age. Guam WIC provides Participant-Centered Services to all of its participants, associated with the specific nutrition risk factors for which they are certified into the program.

Data Alerts: None

NPM 15 - Percentage of women who smoke in the last three months of pregnancy.

	2011	2012	2013	2014	2015
Annual Objective	10.0	10.0	10.0	10.0	10.0
Annual Indicator	6.9	8.9	8.0	10.5	
Numerator	229	320	284	356	
Denominator	3,298	3,604	3,542	3,396	
Data Source	DPHSS Office of Vital Statistics				
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

- | | | |
|----|--------------------|---|
| 1. | Field Name: | 2014 |
| | Field Note: | Data was provided by OVS. |
| 2. | Field Name: | 2013 |
| | Field Note: | Due to a computer crash at the Department of Administration on Oct. 31, 2013 the Office of Vital Statistics staff had to manually re-create thousands of lost birth records. The Bureau of Family Health & Nursing Services staff hand counted births and death records for 2013 due to the computer crash. Also some of the birth certificates were not completely fill out correctly, so some of the prenatal care questions were not answered. |
| 3. | Field Name: | 2012 |
| | Field Note: | 2012 Data on smoking was collected by hand counting of the DPHSS OVS birth certificates for this reporting year. |

Data Alerts: None

NPM 16 - The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	2011	2012	2013	2014	2015
Annual Objective	5.0	5.0	5.0	5.0	5.0
Annual Indicator	56.6	21.4	35.8	21.5	
Numerator	8	3	5	3	
Denominator	14,143	14,046	13,963	13,958	
Data Source	DPHSS Office of Vital Statistics, 2000 Census Proj	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	OVS/2013 Guam Statistical Yearbook	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
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Field Note:

The denominator is the 2014 population projection for ages 15-19 year olds according to the 2013 Guam Statistical Yearbook. The numerator was provided by OVS.

Data Alerts: None

NPM 17 - Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	2011	2012	2013	2014	2015
Annual Objective	50.0	50.0	50.0	50.0	50.0
Annual Indicator			0.0	0.0	
Numerator			0		
Denominator			3,542	24	
Data Source	GMHA		DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

- 1. Field Name: 2014**

Field Note:
Guam does not have facilities for high risk deliveries.
- 2. Field Name: 2013**

Field Note:
Guam does not have facilities for high-risk deliveries
- 3. Field Name: 2012**

Field Note:
The Guam Memorial Hospital Authority OB Nursery NICU and the Naval Hospital nursery does not apply to this measure for 2012, according to the definition, for this reporting year.
- 4. Field Name: 2011**

Field Note:
The Guam Memorial Hospital Authority OB Nursery NICU does not apply to this measure for 2011, according to the difinition.

Data Alerts:

- 1.** A value of zero has been entered for the numerator for year 2013 NPM# 17. Please review your data to ensure this is correct.

NPM 18 - Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	2011	2012	2013	2014	2015
Annual Objective	75.0	75.0	75.0	75.0	75.0
Annual Indicator	41.3	36.3	38.8	61.2	
Numerator	1,362	1,310	1,374	2,078	
Denominator	3,298	3,604	3,542	3,396	
Data Source	DPHSS Office of Vital Statistics				
Provisional Or Final ?				Final	

Field Level Notes for Form 10d NPMs:

1.	Field Name:	2014
	Field Note:	Data was provided by OVS.
2.	Field Name:	2013
	Field Note:	Due to a computer crash at the Department of Administration on Oct. 31, 2013 the Office of Vital Statistics staff had to manually re-create thousands of lost birth records. The Bureau of Family Health & Nursing Services staff hand counted births and death records for 2013 due to the computer crash. Also some of the birth certificates were not completely fill out correctly, so some of the prenatal care questions were not answered.
3.	Field Name:	2012
	Field Note:	2012 data was collected from the DPHSS OVS Birth Certificates from January 2012 to October 1, 2012. The Electronic Birth Certificate was launch from October 1, 2012. So the MCH staff retrieved the records electronically from October 1, to December 31, 2012
4.	Field Name:	2011
	Field Note:	The 2011 data on this measure on prenatal care in the first trimester was hand counted for this reporting year fro the DPHSS OVS Birth Certificates.

Data Alerts: None

Form 10d
State Performance Measures (SPMs) (Reporting Year 2014 & 2015)
State: Guam

SPM 1 - The percent of Chamorro women initializing prenatal care in the first trimester.

	2011	2012	2013	2014	2015
Annual Objective	75.0	75.0	75.0	75.0	75.0
Annual Indicator	70.5	41.5	74.6	74.9	
Numerator	721	506	518	526	
Denominator	1,022	1,219	694	702	
Data Source	DPHSS Office of Vital Statistics				
Provisional Or Final ?				Final	

Field Level Notes for Form 10d SPMs:

1.	Field Name:	2013
	Field Note:	Due to a computer crash at the Department of Administration on Oct. 31, 2013 the Office of Vital Statistics staff had to manually re-create thousands of lost birth records. The Bureau of Family Health & Nursing Services staff hand counted births and death records for 2013 due to the computer crash. Also some of the birth certificates were not completely fill out correctly, so some of the prenatal care questions were not answered.
2.	Field Name:	2012
	Field Note:	In 2011 the State Performance Measure 01 was changed to measure the number of Chamorro women who had prenatal care by the first trimester of their pregnancy. In 2010, the SPM 01 measured the total number of women who received prenatal within the first trimester. The data source for 2012 was from the Guam DPHSS OVS from the birth certificates.
3.	Field Name:	2011
	Field Note:	In 2011 the State Performance Measrue 02 was changed to measure the number of Chamooro women who had prenatal care by the first trimester of their pregnancy. In 2010 the State Performance Measure was measured the total number of women who received prenatal within the first trimester. The data source for 2011 was from the Guam DPHSS OVS from the birth certificates.

Data Alerts: None

SPM 2 - The rate of Chuukese infant deaths in Guam.

	2011	2012	2013	2014	2015
Annual Objective	50.0	50.0	50.0	50.0	50.0
Annual Indicator	295.5	238.1	343.8	9.0	
Numerator	13	10	11	6	
Denominator	44	42	32	665	
Data Source	DPHSS Office of Vital Statistics				
Provisional Or Final ?				Final	

Field Level Notes for Form 10d SPMs:

- Field Name:** 2014

Field Note:
There were 665 births to Chuukese women. There were 6 infants deaths
- Field Name:** 2012

Field Note:
In 2011 State Performance Measure 02 was changed to measure the number of Chuukese infants that died in 2011. So the data source was from the DPHSS Office of Vital Statistics were used with the 2010-2012 data. 2012 data measured all the infants who were Chuukese that died that year.
- Field Name:** 2011

Field Note:
In 2011 State Performance Measure 02 was changed to measure the number of Chuukess infants that died in 2011. So the data source used was the same with 2010 data. 2011 data measured all the infants who were Chuukese that died that year.

Data Alerts: None

SPM 3 - The percent of students in grades 9 through 12 who reported feeling sad or hopeless almost every day for 2 weeks or more during the past 12 months.

	2011	2012	2013	2014	2015
Annual Objective	5.0	25.0	25.0	25.0	25.0
Annual Indicator	36.6	36.6	39.6	39.6	
Numerator	593	593	585	585	
Denominator	1,621	1,621	1,476	1,476	
Data Source	2011 Guam Youth Risk Behavior Survey	2011 Guam Youth Risk Behavior Survey	2013 Guam YRBS and the Office of Vital Statistics	2013 Guam YRBS and the Office of Vital Statistics	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d SPMs:

1.	Field Name:	2014
	Field Note:	The Guam Youth Risk Behavior Survey is administered every other year
2.	Field Name:	2012
	Field Note:	In 2011 the State Performance Measure was changed also to measure the adolescents in Guam public High Schools (9th and 12th grade) that participated in the 2011 Guam Youth Risk Behavior Survey (YRBS) and self-reported that they were feeling sad and hopeless every day for 2 weeks within the past 12 months. The YRBS survey is done every other year or every 2 years, thus, the data of 2012 data will be the same as this year 2011.
3.	Field Name:	2011
	Field Note:	In 2011 the State Performance Measure was changed also to measure the adolescents were between the 2th and 12th grade that participated in the YRBS 2011 survey and self reported that they were feeling sad adn hopeless every day for 2 weeks within the past 12 months. The data was collected from the Guam YRBS report that was done to Guam's public high school students that participated with the survey.

Data Alerts: None

SPM 4 - (Data Performance Measure) Strengthen data capacity (collection, analysis, and interpretation).

	2011	2012	2013	2014	2015
Annual Objective	5.0	5.0	5.0	5.0	5.0
Annual Indicator				5.0	
Numerator	50	91	91	91	
Denominator	70	59	59	59	
Data Source	All Data Sources used for Guam MCH application	All Data Sources used for Guam MCH application	All Data Sources	All Data Sources	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d SPMs:

1.	Field Name:	2012
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Field Note:

The State Performance Measure 04 was reviewed and settled to be a Data Performance Measure that will be a count of all data sources and all the data reports used to collect data needed for the 2013 MCH application for 2012 data. The MCHB regional staff also guided the Guam MCH program staff to the final statement to be used for this measure.

2.	Field Name:	2011
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Field Note:

The State Performance Measure 04 was reviewed and settled to be a Data Performance Measure that will be a count of all data sources and all the data reports used to collect data needed for the 2012 MCH application for 2011 data. The MCHB regional staff also guided the Guam MCH program staff to the final statement to be used for this measure.

Data Alerts: None

SPM 5 - Percent of women Breastfeeding their infant at Guam Memorial Hospital and Birthing Center discharge.

	2011	2012	2013	2014	2015
Annual Objective	5.0	5.0	5.0	5.0	5.0
Annual Indicator	34.4	43.7	56.5	56.0	
Numerator	798	1,138	2,002	1,863	
Denominator	2,323	2,603	3,542	3,328	
Data Source	GMHA OB/LD Reports and the Birthing Cent	GMHA OB/LD Reports and the Birthing Cent	GMHA OB/LD Reports & the Birthing Center	GMHA OB/LD Reports & the Birthing Center	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d SPMs:

1.	Field Name:	2011
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Field Note:

2011 the State Performance Measure 05 was also changed by the Guam MCH staff to identify how many postpartum mothers at the Guam Memorial Hospital and the Birthing Center that breastfed at discharge. So the 2011 data source was from the GMH Nursery Unit and the Birth Center.

Data Alerts: None

SPM 6 - Percent of students in grades 9 through 12 who self reported that they are overweight or obese.

	2011	2012	2013	2014	2015
Annual Objective	90.0	90.0	90.0	90.0	90.0
Annual Indicator	30.8	30.8	32.2	32.2	
Numerator	489	489	471	471	
Denominator	1,589	1,589	1,464	1,464	
Data Source	2011 Guam Youth Risk Behavior Survey	2011 Guam Youth Risk Behavior Survey	2013 Guam Youth Risk Behavior Survey	2013 Guam Youth Risk Behavior Survey	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d SPMs:

1. **Field Name:** 2014

Field Note:
The Guam Youth Risk Behavior Survey is administered every other year
2. **Field Name:** 2012

Field Note:
2012 State Performance Measure 06 was changed with the MCHB guidance to the Guam MCH program staff. So this measure had data that was collected from the Guam's Youth Riak Behavior Survey Results. The data collected were on the number of adolescents that reported in the YRBS that they are overwieght or obese. So the last survey was done in 2011 and so 2012 data is the same until 2013 will be a new report. So 2011 and 2012 have the same data.
3. **Field Name:** 2011

Field Note:
2011 State Performance Measure 06 was changed with the MCHB guidance to the Guam MCH program staff. So this measure had data that was collected from the Guam's Youth Riak Behavior Survey Results. The data collected were on the number of adolescents that reported in the YRBS that they are overwieght or obese.

Data Alerts: None

SPM 7 - Percent of adolescents (unduplicated) receiving comprehensive physical and mental health services.

	2011	2012	2013	2014	2015
Annual Objective	20.0	20.0	20.0	20.0	20.0
Annual Indicator	17.5	19.8	16.8	8.9	
Numerator	5,844	6,643	4,821	2,533	
Denominator	33,467	33,631	28,709	28,470	
Data Source	BFHNS, BPCS 2011 Annual Report, Census Projections	BFHNS, BPCS 2011 Annual Report, Census Projections	BFHNS, BPCS Annual Report, Census Projections	2014 BPCS Annual Report/2013 Guam Statistical Yearbook	
Provisional Or Final ?				Final	

Field Level Notes for Form 10d SPMs:

1.	Field Name:	2014
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Field Note:

The numerator was from the 2014 BPCS Annual Report. The denominator was the 2014 population projection for children 10-19 years old in the 2013 Guam Statistical Yearbook.

2.	Field Name:	2011
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Field Note:

2011 State Performance Measure 06 was changed to be more specific to measure the adolescents that receive physical and other services within the DPHSS centers of that reporting year. All the data were from the Guam DPHSS,

Data Alerts: None

SPM 8 - Number of (unduplicated) count of Children with Special Health Care Needs (CSHCN) on Guam.

	2011	2012	2013	2014	2015
Annual Objective	75.0	75.0	75.0	75.0	75.0
Annual Indicator			0.0	0.0	
Numerator	943	1,132	861	861	
Denominator					
Data Source	DPHSS CSHCN Registry	DPHSS CSHCN Registry	DPHSS CSHCN Registry	DPHSS CSHCN Registry	
Provisional Or Final ?				Provisional	

Field Level Notes for Form 10d SPMs:

- Field Name:** 2014

Field Note:
We are striving to have an accurate count of CSHCN on Guam
- Field Name:** 2013

Field Note:
State Performance Measure 08 was changed to a count of unduplicated CSHCN by the guidance of the MCHB program staff. This was to establish a baseline number of CSHCN.
- Field Name:** 2012

Field Note:
2012 State Performance Measure was changed to a count of unduplicated CSHCN by the guidance of the MCHB program staff. To establish a baseline of CSHCN numbers from the Guam DPHSS CSHCN registry.
- Field Name:** 2011

Field Note:
2011 State Performance Measure was changed to a count of unduplicated CSHCN by the guidance of the MCHB program staff. To establish a baseline of CSHCN numbers from the Guam DPHSS CSHCN registry.

Data Alerts: None

Form 11
Other State Data

State: Guam

While the Maternal and Child Health Bureau (MCHB) will populate the data elements on this form for the States, the data are not available for the FY 2016 application and FY 2014 annual report.

State Action Plan Table

State: Guam

Please click the link below to download a PDF of the State Action Plan Table.

[State Action Plan Table](#)