



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

GUAM

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Guam

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$711,476
State MCH Funds	\$664,408
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$441,262	\$224,802
Enabling Services	\$133,407	\$224,804
Public Health Services and Systems	\$136,807	\$214,802

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	1,693	\$436,783	31.7%
Infants < 1 Year	3,396	\$293,397	21.3%
Children 1-22 Years	4,929	\$237,303	17.2%
CSHCN	861	\$270,601	19.7%
Others *	11,641	\$137,799	10.0%
Total	22,520	\$1,375,883	100%

FY 2014 Expenditures



FY 2014 Individuals Served



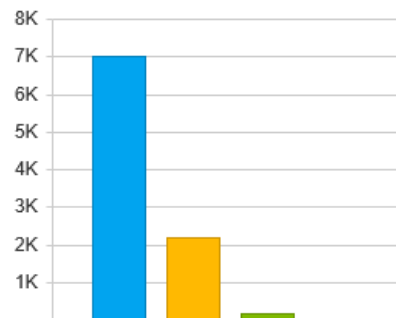
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	7,000
State Title V Social Media Hits:	2,196
State MCH Toll-Free Calls:	162
Other Toll-Free Calls:	0



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 (CoIIN) 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.