



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

**GUAM**

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

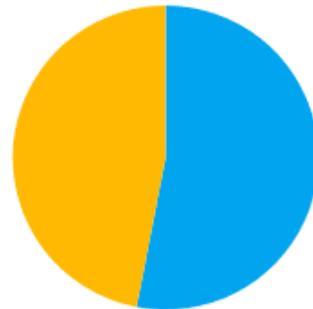
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Margarita Gay Administrator margarita.gay@dphss.guam.gov (671) 735-7111	Margarita Gay Administrator margarita.gay@dphss.guam.gov (671) 735-7111	No Contact Information Provided

### Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$750,323
State MCH Funds	\$664,408
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

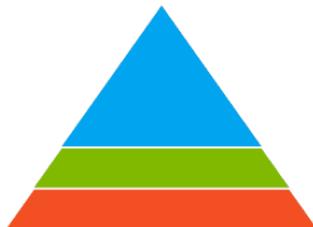
FY 2015 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$480,109	\$224,802
Enabling Services	\$133,407	\$224,804
Public Health Services and Systems	\$136,807	\$214,802

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



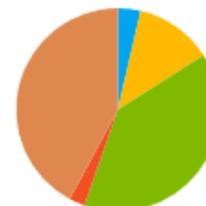
### Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	1,004	\$436,783	31.1%
Infants < 1 Year	3,454	\$293,397	20.9%
Children 1-22 Years	10,988	\$248,956	17.7%
CSHCN	706	\$282,254	20.1%
Others *	11,757	\$141,685	10.1%
<b>Total</b>	<b>27,909</b>	<b>\$1,403,075</b>	<b>100%</b>

FY 2015 Expenditures



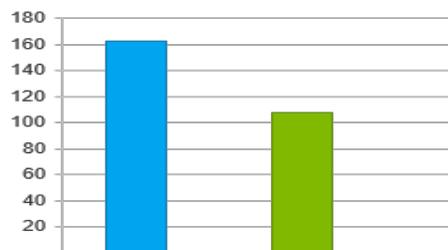
FY 2015 Individuals Served



\*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.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	162
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	108
Other Toll-Free Calls:	0



### 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

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of press releases, PSAs and/or social media messages promoting preventive health care visits for women of reproductive age
NPM 1	Well-Woman Visit	ESM 1.2	Number of webinars for providers on increasing preventive care visits among women in their clinics
NPM 4	Breastfeeding	ESM 4.1	Deliver structured training to nurses and other health care professionals on the benefits of breastfeeding
NPM 7	Injury Hospitalization	ESM 7.1	Number of parents and caregivers receiving car seat education
NPM 7	Injury Hospitalization	ESM 7.2	Percent of families participating in the evidence-based home visiting program who receive injury prevention education
NPM 10	Adolescent Well-Visit	ESM 10.1	Use social media to promote adolescent preventive health care
NPM 11	Medical Home	ESM 11.1	Conduct outreach to families on availability and benefits of the medical home
NPM 11	Medical Home	ESM 11.2	Number of providers trained and provided information on medical home implementation
NPM 12	Transition	ESM 12.1	Facilitate the dissemination of evidence-based transition resources to health care professionals
NPM 14	Smoking	ESM 14.1	Number of pregnant women who smoke referred to the Tobacco Quit line
NPM 15	Adequate Insurance	ESM 15.1	Increase awareness of the need for children to be insured

### State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of women of reproductive age who are current smokers	Women/Maternal Health
SPM 2	The rate of infant deaths between birth and 1 year of life	Perinatal/Infant Health
SPM 3	Percent of students who were bullied on school property during the past 12 months	Adolescent Health

## Executive Summary

Guam, as the westernmost territory of the United States, is the largest and southernmost island in the Mariana Archipelago. The island is 30 miles long, ranges from 5 to 9 miles in width, and has a total land area of 209 square miles. Guam is located in the Western Pacific Ocean, 3,700 miles southwest of Honolulu, 1,500 miles east of Manila, 1,500 miles southeast of Tokyo, and 3,100 miles northeast of Sydney. Guam's latest official population based on decennial census data released by the U.S. Census Bureau is for the year 2010. Guam's 2010 population was 159,358 people. Guam's population increased 2.9 percent from its 2000 population of 154,805 people.

Within the Guam Department of Public Health and Social Services (DPHSS), the Bureau of Family Health and Nursing Services (BFHNS) lead Title V activities. As the Title V Program, BFHNS provides leadership for MCH directly oversees the MCH Program and initiatives and collaborates with other key MCH-serving programs outside of DPHSS. A critical role of Guam's Title V Program is to ensure the needs of the MCH population are addresses through key policies, initiatives, and legislation.

Through the initial 2016-2020 Needs Assessment process, the Guam MCH Program and MCH stakeholders and partners identified numerous priorities. Therefore, the Guam MCH Program reviewed the issues developed by the stakeholder group and identified the issues that a) could be addresses without using Title V Block Grant funding; b) were not within the control or influence of the Guam MCH Program; or c) were not aligned with programmatic, state and federal priorities. These issues were removed during the prioritization process.

Guam selected seven priorities with the Title V mission, purpose, legislation, and measurement framework in mind. For the 2016-2020 grant cycle, the priorities are:

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

To reduce infant morbidity and mortality.

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

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

To provide a whole child approach to services to Children with Special Health Care Needs.

To reduce the number of individuals who smoke.

To increase the number of homeless individuals and families accessing health and social services.

### KEY ACCOMPLISHMENTS AND PLANS FOR THE COMING YEAR

Each section below (organized by domain) highlights selected accomplishments for the previous year and contains a brief description of the strategies for the new grant cycle (2016-2020). Five-year Action Plans containing evidence based, evidence informed and/or promising practice strategies have been developed for all seven of Guam's priorities. Significant accomplishments on "moving the needle" around Guam's priority areas and national and state performance measures include:

#### Domain 1 – Women/Maternal Health

In the 2015 Guam Behavioral Risk Factor Surveillance System (BRFSS) report, 61.70% of the women who responded stated that they had a routine check-up within the past year. This was a decrease of 8.18% from the 2013 data.

Maternal smoking rates are high on Guam. While pregnant, 10.18% of females smoked in 2014. This amount decreased by 36.54% in 2015. Females most at-risk for smoking before and during pregnancy are those less than age 25, with less than a high school education, and females who are Chamorro.

Despite these limited successes, challenges for this domain include low rates of prenatal care (61.28% in 2014), high fertility rates (136/1,000 females in 2013), high pregnancy rates (106.28/1,000 females in 2014), and breast cancer accounts for 30% of new cancer cases among women and 14% of cancer deaths (2013 data).

For FY 2-016-20, the major priority for this domain is to increase preventive care for women of childbearing age. A focus on this priority will help to address the aforementioned challenges, improve the overall health of this population, and improved birth outcomes. Guam's Title V Program will utilize these strategies to address this priority are:

Increase general awareness of the importance of preventive health care visits for women of childbearing age. Engage primary care providers on the importance of promoting preventive health care for women of childbearing age, and increasing awareness of preconception/interconception health.

## **Domain 2 Perinatal/Infant Health**

Infant mortality is widely recognized as a measure of a community's social and economic well-being, as well as its health. It reflects a range of factors such as medical issues, the ability of health care systems to respond to the needs of women and infants, environmental factors, and social issues such as poverty, education, and culture. Furthermore, infant mortality tells us something about women's lives – their lifestyle and personal habits, their relationships, and the stress they experience.

In 2013, Guam's infant mortality rate was 9.03 infant deaths per 1,000 live births. In 2014, Guam's rate was 7.65/1,000, a decrease of 15.28% from 2013. However, in 2015, the infant mortality rate rose 47.18% to 11.20/1,000. An examination of the 2013-2015 mortality data for those infants less than 28 days of age revealed death by natural causes was the leading cause of infant death. Specific causation factors vary significantly depending on the age of the child. In the 1<sup>st</sup> year of life, one of the leading cause of infant mortality on Guam for 2013-2015 was infections (interstitial pneumonia, meningitis, fungal sepsis).

Infant Mortality Collaborative Innovation and Improvement Network (CoIIN) - The Infant Mortality Collaborative Improvement & Innovation Network (CoIIN) is a public-private partnership initiated in 2012 by the U.S. Health Resource and Services Administration (HRSA) Maternal and Child Health Bureau (MCHB). The National Institute for Children's Health Quality (NICHQ) is leading the work. The states and territories participating in CoIIN collaboratively address common priorities, using evidence-based strategies and principles of quality improvement to reduce infant mortality and birth outcomes.

Guam and the rest of the Pacific Basin, as a result of the Pacific Basin Infant Mortality Summit, developed the Pacific Basin Infant Mortality (IM) CoIIN. The Pacific Basin IM CoIIN focus is to improve the access to quality birth and death certificate data as these data are critical to informed decision-making and actions that reduce infant mortality and improve birth outcomes.

Despite these successes, challenges persist for this domain. These include marked disparities in infant mortality rates; and high rates of babies being born prematurely and with a low birth weight.

In FY 2016-2020, the major priority for this domain is to reduce infant mortality by increasing the percent of mothers who breastfeed their infants. Breastfed infants are less likely to develop medical problems such as childhood obesity, respiratory or gastrointestinal infections and are at lower risk for childhood cancers, asthma, and Sudden Infant Death Syndrome (SIDS). Title V will utilize the following strategies to address this priority:

Align and strengthen infant feeding education through referrals and linkages to community resources through existing programs including home visiting and WIC.

Partner and collaborate with medical providers to educate the community on the benefits of breastfeeding.

Continue to partner with the Breastfeeding Action Team of the Non-Communicable Disease (NCD) Consortium to support breastfeeding in the work place.

## **Domain 3 – Child Health**

The majority of Guam's children are in good health with declining mortality and hospitalization. A major priority of the Guam Title V Program is to improve the cognitive, physical, and emotional development of all children. In addition, while most children receive annual well child visits, elements of care such as developmental screening need improvement. Key accomplishments include efforts to address the social-emotional needs of children in partnership with key stakeholder such as the Guam Early Learning Council and the Guam Interagency Coordinating Council.

Project Bisita is the Maternal, Infant and Early Childhood Home Visiting Program that 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. The program consists of four RN Home Visitors that follow the Healthy Families America (HFA) Parents as Teacher curriculum to educate parents and families on the parent and child relationship to prevent child abuse and domestic violence.

A key challenge to achieving future improvements in child health is to strengthen collaboration across child-serving programs, as these are spread out across DPHSS and other Government of Guam agencies. In addition to continued support for core program including home visiting, Guam's action plan addresses the need to promote and increase developmental screening for all Guam's children, and to develop new collaborative strategies to support children's social-emotional health using strengthen based approach to building assets, as well as to improve engagement of vulnerable families in high quality health care.

#### **Domain 4 Adolescent Health**

According to OVS, there were 3,398 births in 2014, of which 325 were to teen mom's 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.

Although Guam has had several successes in the area of adolescent health, data suggest that healthy lifestyles, suicide, and access to care remain areas of concern. High-quality preventive care can help address each of these challenges, and can build on Guam's successes in other areas of adolescent health, such as the declining teen pregnancy rate.

To address this priority, MCH staff developed a five-year plan which includes improving adolescent preventive visits; increasing the number of providers trained on culturally-competent, adolescent-friendly care; increasing the proportion of adolescents with a documented well child exam; and developing a social media campaign to promote adolescent well-care and targeted health messages.

#### **Domain 5 Children with Special Health Care Needs**

Over the past five years, Guam has improved on two of the five national core measures related to Children and Youth with Special Health Care Needs (CYSHCN). These include: families partner in decision-making 82.89%; CYSHCN with a medical home 64.31%; families of CYSHCN have adequate medical insurance 62.89%; families of CYSHCN can easily access community-based services 68.12% and CYSHCN receiving services necessary to make transitions into adult life 88.54%.

Despite Guam's relative high success on the measures, there is substantial room for improvement.

In FY 2016-2020, the priority for this domain is to provide a whole child approach to services for CYSHCN. Title V will utilize the following strategies to address this priority:

Support providers in implementing a medical home.

Increase general awareness of a medical home approach to care.

Support youth participation in the transition process.

#### **Domain 6 Cross Cutting /Life Course**

Tobacco exacts a major toll on the health of Guam's MCH population across the life course. High rates of smoking contributes to poor women's health and poor birth outcomes while secondhand smoke exposure leads to morbidity among Guam's children.

In FY 2016-2020, the measure for this domain is to reduce exposure to tobacco among the MCH population (pregnancy and secondhand smoke exposure among children). Title V will utilize these strategies to address this measure:

Collaborate with the Tobacco Prevention and Control Program to promote Guam's Tobacco Quit Line.

Refer participants in Title V programs to smoking cessation services where appropriate.

The overall number of homeless people on Guam for 2016 has decreased 19% compared to 2015. In a preliminary report from the Point-In-Time Count, it was stated that the island had 1,085 homeless persons. These individuals lived in public and private places "not designated or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus, and other sites." One hundred and thirteen (113) individuals lived in emergency shelters and transitional housing programs. However, what was most disturbing is the total number of minors that were counted as homeless. The number of children, total persons under age 18, stood at 410. While some of them are with families living on the street, the majority of the 410 children were living in poor housing conditions.

In FY 2016-2020, the priority for this domain is to increase the number of homeless individuals and families accessing health and social services. Title V will utilize the following strategies to address this priority:

Increase opportunities for referral to additional services or consultation

Reinforce the need to use referrals for additional services

Reinforce the need to use the medical home (not the emergency room) for primary health care.