

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

Guam

**FY 2020 Application/
FY 2018 Annual Report**

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I. General Requirements

I.A. Letter of Transmittal



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



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July 15, 2019

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

Subject: **Announcement No. HRSA-20-001 / Tracking No. 166400**

Dear Grants Management Officer:

Submitted herewith is the 2020 Maternal and Child Health Services Grant application for estimated project period October 01, 2019 and estimated project end date September 30, 2021 prepared by the Department of Public Health and Social Services, Bureau of Family Health and Nursing Services.

Should you have any questions or concerns you may contact me at (671)735-7111 or email at margarita.gay@dphss.guam.gov.

Sincerely,

/s/MARGARITA B. GAY, RN MN
MCH Program Director

I.B. Face Sheet

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

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2018 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: December 31, 2020.

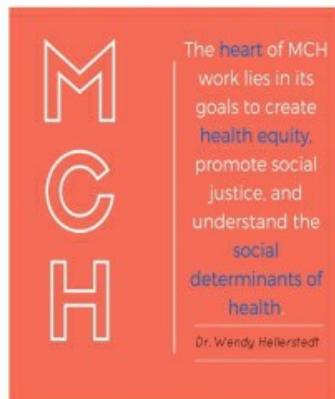
II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: December 31, 2020.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview



The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children, and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 50 million women and children in the U.S. Since 1935, federal and state funds have supported activities that improve the health of pregnant women, mothers and infants, children and children and youth with special health care needs. These groups are often referred to as the “MCH population.”

GUAM’S MCH POPULATION

Guam’s population was estimated at 167,358 in 2018, a growth of 8,000 persons from the official census figure of 159,358 in 2010. The estimated population represents a 5.4% increase from the census figure of individuals who call Guam home. Over half of the population (58%) is age 25 or older. The estimated median age is 30.4 years. Males slightly outnumber females, with an overall sex ratio of 1.03; however, for those age 25 years and older, the sex ratio is 1.0.

Racial and ethnic minorities make up roughly one-third of Guam’s population, yet their disease burden is significantly higher. Guam has well documented health disparities in cultural competence, cardiovascular disease, diabetes, kidney disease, cancer, stroke, and HIV/AIDS. Improving health outcomes for minority and other underserved populations will result in reducing and eliminating adverse health outcomes.

Guam’s population is multi-ethnic/multi-racial. Chamorros comprise the largest ethnic group, accounting for 37.2% of the total population. Filipinos make up 26.3%, Whites make up 6.8%, and Other Pacific Islanders comprise 11.5%. The ethnic group with the fastest rate of increase is the Chuukese population; from only 0.1% in 1980, Chuukese currently make up 7% of the population, a 7,000% increase.

GUAM’S FRAMEWORK FOR NEEDS ASSESSMENT, PROGRAM PLANNING, AND PERFORMANCE REPORTING

The MCH & CSHCN Program is operated as a single organizational unit and serves as both local and state agency. This single State agency is authorized to administer Title V funds and is responsible for both Maternal and Child Health and Special Needs Children Services.

Every five years an assessment of maternal and child needs and needs for children and youth with special health care needs is completed. In 2015, MCH led a collaborative and comprehensive needs assessment process with internal and external MCH experts, agency partners, and consumers.

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; and 5) Adolescent Health. The state priority need selection process included external and internal data collection efforts.

The MCH & CSHCN Program focuses on the well-being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families. The program places an emphasis on developing core public health functions and responding to changes in the health care delivery system. As a territory with significant shortages of pediatric medical services and limited existing services, Guam faces many challenges to development of systematic approaches to population based direct care services.

ACCOMPLISHMENTS AND SIGNIFICANT HIGHLIGHTS

DOMAIN: WOMEN/MATERNAL HEALTH

National Performance Measure: *Percent of women ages 18 through 44 with a preventive medical visit in the past year.*

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

A well-woman visit and/or preconception visit provides a critical opportunity to receive recommended clinical preventive services as well as anticipatory guidance to ensure the health of future pregnancies.

In 2017, 64% of Guam women had a preventive health visit that included preconception and interconception care. Data in the National Vital Statistics System indicate that the percentage of women who received a prenatal care visit in the 1st trimester remained relatively unchanged since 2015 at 60.9%.

The MCH Clinic staff delivers the Early Prenatal Counseling Class (EPCC). The purpose of the class is to provide participants with the necessary knowledge and tools to have a healthy pregnancy and delivery, prevent risk behaviors, and provide appropriate care for the baby and support for breastfeeding initiation.

The Prenatal Interview and Examination (PNI & E) is the first antenatal visit for Guam's MCH clients who suspect a pregnancy. Three areas are addressed during the visit. They are the diagnosis of pregnancy; maternal and fetal health assessment; and the development of a plan for continued care. In 2018, Guam MCH saw 270 women for PNI & E.

Strategies identified in the MCH action plan include: 1) Ensure comprehensive preconception health care services; 2) Partner with stakeholders and relevant health care providers to increase the prevalence of women receiving preventive health visits; and 3) Develop culturally and linguistically policies and protocols to reduce discrimination, disparities and stigmatization related to maternal health and wellness issues.

DOMAIN: CHILD HEALTH

National Performance Measure: *Percent of infants who are ever breastfed and percent of infants breastfed exclusively through 6 month.*

Identified priority need- To reduce infant mortality and morbidity.

According to the 2018 Breastfeeding Report Card, 80.6% of babies born on Guam were "ever breastfed or fed breast milk" slightly lower than the national estimate of 83.2%. As in the case nationally, rates for breastfeeding are lowest in minority populations, as well as infants in low-income households. These disparities are mirrored in the data for long-term breastfeeding with an overall percentage of 19.4% of infants who are breastfed exclusively for 6 months, lower than the national average of 24.9%.

With the multiple complications of prematurity are grouped together, preterm birth (delivery before 37 weeks of

pregnancy) is the leading cause of infant mortality on Guam. Infants born preterm are at an increased risk of breathing complications, infections, and brain injury. In 2018, 9.7% of infants were born preterm on Guam representing a decrease of 10.7% from 2017.

Strategies identified in the MCH action plan include: 1) To continue work to support worksites that are “breastfeeding friendly”; 2) To continue work on Safe Sleep initiatives and 3) To implement Direct on Scene Education (DOSE) with the Guam Fire Department Emergency Medical Technicians.

DOMAIN: CHILD HEALTH

National Performance Measure: *Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9*

Identified priority need- To improve cognitive, physical, and emotional development of all children.

In 2018, injury was responsible for 15 child/young adult deaths on Guam. Twenty-seven percent (27.2%) of hospitalizations and 86.4% of the emergency room visits for children/young adults aged 0 to 24 years were due to injuries. As in the case nationally, the types of injuries vary by age group and have been broken into groups of injuries to those less than one year, one to nine years old, ten to nineteen years, and twenty to twenty-four years of age.

Strategies identified in the MCH action plan include: 1) MCH will work with the Office of Highway Safety to identify participants around the island to build local child passenger safety seat technician capacity; 2) Guam Title V will continue to collect data on child injury; and 3) The Guam Council on Child Death Review and Prevention (GCCDRP) will continue to meet regularly to review cases and make recommendations.

DOMAIN: ADOLESCENT HEALTH

National Performance Measure: *Percent of adolescents ages 12 through 17 with a preventive medical visit in the past year.*

Identified priority need- To promote and enhance adolescent strengths, skills, and supports to improve adolescent health.

From 2015 to 2018, the percent of ten to fourteen year old individuals having an actual screening decreased by 2.4%, whereas in the fifteen to eighteen year old and nineteen to twenty year old groups having an actual screening increased by 13% and 50% respectively.

Guam’s teen birth rates are high compared to the US teen birth rates. Guam’s teen birth rate was 39.5 per 1,000 females aged fifteen to nineteen years in 2017; in 2018 the rate of teen birth was 33.9 per 1,000, a decrease of 15.2%. However, in 2017 Guam’s teen birth rate was 71% higher than the US’s teen birth rate.

Strategies identified in the MCH state action plan include: 1) Guam Title V will collaborate with Guam Department of Education (GDOE) school nurses to increase adolescent referrals by school nurses for sexual health services; 2) The Guam Department of Education’s PREP Program will continue to implement the “*Be Proud/Be Responsible*” curriculum; and 3) Clinical family planning services funded by Title X will continue to be a source of primary care for adolescents by providing reproductive health services in a safe and confidential space.

DOMAIN: CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

National Performance Measure: *Percent of children with and without special health care needs ages 0 through 17 who have a medical home.*

Identified priority need – To provide a whole child approach to services to children and youth with special health care needs.

The NPM 11 target for reporting year 2018 is 59.5% of CYSHCN would have a medical home. Guam is reporting that for year 2018 was 51.9% of CYSHCN has a medical home, a difference of -12.8% from the target setting. Our target for 2019 is 60%.

The percent of CYSHCN who have a medical home on Guam is unknown because they are not tracked until they go to school, which is when they are ages three to five years old. There were 1,969 children ages three to twenty-one years of age enrolled in Special Education programs in the Guam Department of Education. The number of CYSHCN accessing services is relatively low in comparison, based on the data reported by various early childhood programs serving the CYSHCN population.

Strategies identified in the MCH state action plan include: 1) The Guam MCH program is focusing efforts on the care coordination component of medical home around the areas of family empowerment, system navigation, education, and referral to medical and community-based resources; 2) Guam MCH will maintain its critical Title V role in key areas: Information and Referral, Education and Advocacy, and Systems of Care for children and youth with special health care needs; and 3) Guam MCH will continue to assist families in accessing appropriate care and services by providing information and referral services to health care, insurance, and community resources for children and youth with special health care needs to best meet their needs.

TITLE V PARTNERSHIPS

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

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

There are several agencies, programs, and community-based organizations that serve vulnerable populations comprised of women of reproductive age, children and adolescents (especially those with special health care needs). Coordination with all these agencies, programs, and community-based organizations is vital in order to reduce the duplication of efforts and fragmentation of services.

Guam MCH has long-standing relationships with numerous public and private organizations and service providers to carry out the scope of work within the MCH Block Grant. Initiatives for partnerships with governmental agencies and non-governmental agencies continue to flourish on Guam. The methodology for supporting and initiating such collaborations comes from different sources. Many times the directives for the collaborations come from political leaders and state agency heads. Where the Needs Assessment is concerned, partnering methods are developed through strong networking and seeking out nontraditional partners to bring to the table. Guam's needs assessment process has revealed the need for implementing collective impact strategies and strategically aligning partnership for more focused work. These partnerships are vital to the strength of any Needs Assessment process as well improving outcomes for Guam families.

See Supporting Documents for a complete list of Title V Partnerships.

III.A.2. How Federal Title V Funds Support State MCH Efforts

The Title V Block Grant is designed to provide quality maternal and child services for mothers, children, and adolescents (particularly low-income families); reduce the incidence of preventable disease and disabling conditions among children; and treat and care for children and youth with special health care needs.

Title V funds are used to support staff, programs and partnerships throughout Guam DPHSS. Title V staff work to develop, identify, and recommend quality, preventive, educational, and early treatment strategies to prevent illness, injury, disease, and death and eliminate disparities. Title V staff and/or funds support a range of strategies such as breastfeeding, child death review, and serving as an advocate to increase access to medical care services.

Title V funds allow staff to serve as an educational resource to all and to form cooperative partnerships to ensure medical care and to raise awareness regarding morbidity and mortality. Staff convene task forces, committees, and work groups to ensure that individuals living on Guam have access to care and resources to take charge of their health. These partnerships help set the stage for receipt of additional federal funding to move important initiatives forward, leading to higher quality services and support for Title V.

III.A.3. MCH Success Story

After 14 years without a Territorial Epidemiologist, Guam DPHSS hired one in December 2018. The funding for the Territorial Epidemiologist at 30% of salary will be originating from the Health Resources and Services Administration, Maternal and Child Health Bureau (MCHB) State Systems Development Initiative (SSDI) Grant Program.

Dr. Ann Pobutsky came back to Guam in December 2018, after 22 years away, to assume the role of the Territorial Epidemiologist for Guam. Dr. Pobutsky lived on Guam from 1979-1996 and worked as a Planner I, II and III in the Government of Guam, as well as a health and social researcher at the University of Guam, and at the VA-NINCDS Research Center (USNH). She worked as an epidemiologist at the Oregon Health and Sciences University from 1998-2002 and at the Hawaii State Department of Health from 2003-2014 and was a researcher at the University of Hawaii at Manoa (2002-2003 and 2014-2016).

Dr. Pobutsky will contribute significantly to Guam Title V program by providing guidance in the collection and epidemiologic analysis of maternal child health data for the upcoming 2020 Title V MCH Needs Assessment, and make recommendations for surveillance and changes to data collection.

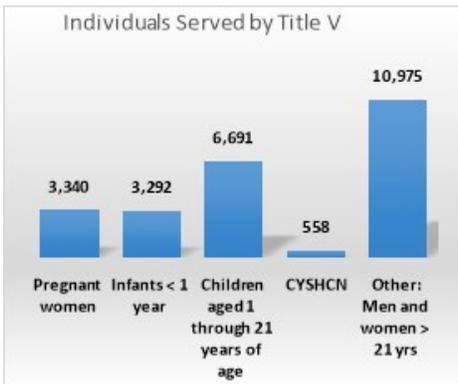
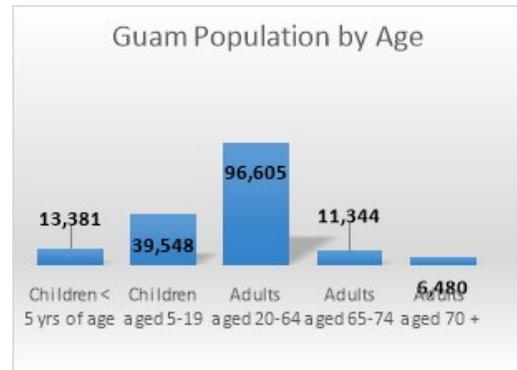
III.B. Overview of the State



The island of Guam lies between 13.2 and 137.7 N and 144.6 and 145.0 E. The island is 30 miles long and 4 to 9 miles wide, giving it an area of 212 square miles, making it the 32nd largest island of the United States. It is the southernmost and largest island in the Marianas as well as the largest in Micronesia.

POPULATION

Guam's population was estimated at 167,358 in 2018^[1], a growth of 8,000 persons from the official census figure of 159,358 in 2010. The estimated population represents a 5.4% increase from the census figure of individuals who call Guam home. Over half of the population (58%) is age 25 or older. The estimated median age is 30.4 years. Males slightly outnumber females, with an overall sex ratio of 1.03; however, for those age 25 years and older, the sex ratio is 1.0.



Guam's population is multi-ethnic/multi-racial.

Chamorros comprise the largest ethnic group, accounting for 37.2% of the total population. Filipinos make up 26.3%, Whites make up 6.8%, and Other Pacific Islanders comprise 11.5%. The ethnic/racial composition of Guam's population has been shifting over time. The proportion of the population comprised of Chamorros declined from 44.6% in 1980, to 37.2% in 2018. On the other hand, Filipinos comprised only 21.2% of the population in 1980, but currently make up 26.3% of the island's people. The ethnic group with the fastest rate of increase is the Chuukese population; from only 0.1% in 1980, Chuukese

currently make up 7% of the population, a 7,000% increase. The ethnic diversity is reflected in the languages spoken at home. Twenty percent of the population (over 5 years) speaks another language as frequently as English at home; another 21% speak another language more frequently than English; and 0.5% speaks no English at all. This has a significant implication for effective service delivery, highlighting the need for culturally competent communication and services for close to half of the island's population.

MCH Population

The MCH Program envisions a nation where all mothers, children, including children and youth with special health care needs, and their families are healthy and thriving. The mission of MCH is to improve the health and well-being of mothers, infants, children, and youth, including those with special health care needs, and their families.

LOCAL GOVERNMENT

Guam is an organized unincorporated territory of the United States, meaning that only select parts of the U.S. Constitution apply to its residents. Individuals born in Guam are considered citizens of the United States. Residents of Guam cannot vote in federal elections. Guam's local government is organized into three branches: executive, legislative, and judicial. The legislative branch consists of a unicameral legislature with 15 members who are elected for two-year terms. The legislature is empowered and responsible for creating laws to protect the community, to ensure the health and welfare of the community, and to promote Guam's development. Guam's judicial branch decides issues of local laws and interprets how these laws should be applied. The judiciary consists of two bodies:

the Superior Court of Guam and the Supreme Court of Guam. Finally, the island’s highest elected officials, the governor and lieutenant governor of Guam, manage the executive branch. These officials are tasked with the implementation of Guam’s laws through its departments, bureaus, and agencies and various committees that make up the Government of Guam.

Guam has a non-voting delegate in the U.S. House of Representatives. Non-voting delegates are able to perform many functions of a full representative, such as serve on committees, speak on the U.S. House Floor, introduce bills, and offer amendments. However, they are not able to vote while conducting business as the Committee as a whole or on final passage of legislation.

Guam’s 2018 general election was historic for the island. Guam elected its first female Governor, gained a female super-majority, with ten females in the Legislature. There are 33 agencies, commissions, and boards within the Government of Guam; 48% are headed by a woman.

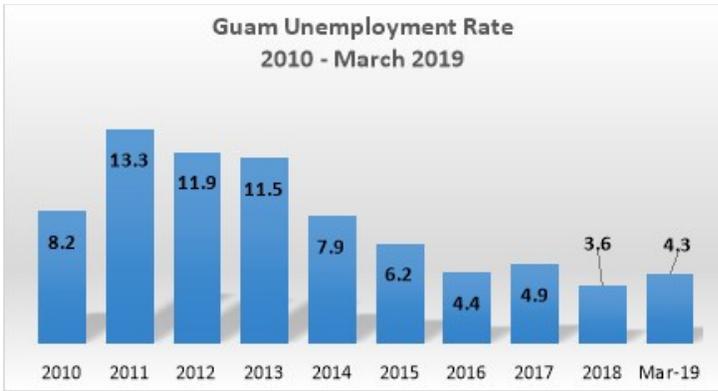
EMPLOYMENT/UNEMPLOYMENT

March 2019 results show total employment of 65,220 individuals, with 49,920 (76.5%) employed in the private sector; 11,520 (17.6%) employed in the Government of Guam; and 3,780 (5.7%) employed in the Federal Government. ^[2]

Employment	Mar 2018	Jun 2018	Sep 2018	Dec 2018	Mar 2019	Percent Change (One Year)
<i>Private Sector</i>	49,200	48,630	49,100	49,950	49,920	1.46%
<i>Federal Government</i>	3,860	3,840	3,760	3,810	3,780	-2.07%
<i>Government of Guam</i>	11,820	10,760	11,360	11,350	11,520	-2.54%
Total Employment	64,880	63,230	64,220	65,110	65,220	0.52%

Looking at job growth, March 2019 data compared to one year earlier (March 2018) shows an increase of 0.52% in overall employment, with a decrease in employment in both Federal government (-2.07%) and Government of Guam (-2.54%) employment. Private sector employment, however, increased 1.46% from March 2018.

The March 2018 Guam Labor Force Participation Rate (LFPR) was 57.9% compared to the U.S. figure of 62.9%. This means that of the 122,720 individuals, who could work, 71,060 were employed and 3,100 were unemployed, but were willing and available to work. Guam’s Labor Force Non-Participation Report shows that 51,660 persons choose not to participate in the labor force. Of those 51,660 individuals, 2,530 indicated that they did not look for work and provided one of the following reasons – 1) Believe(d) no jobs were available; 2) could not find work; 3) School attendance; 4) Family responsibilities and 5) Could not arrange childcare.



The Unemployment rate in Guam for March 2019 ^[3] was 4.3 percent, an increase of 0.7 percentage points from the September 2018 figure of 3.6 percent and a decrease of 0.1 percentage points from the March 2018 figure one year earlier of 4.4 percent. The total number of persons unemployed in March 2019 was 3,120, which is virtually unchanged from one year ago.

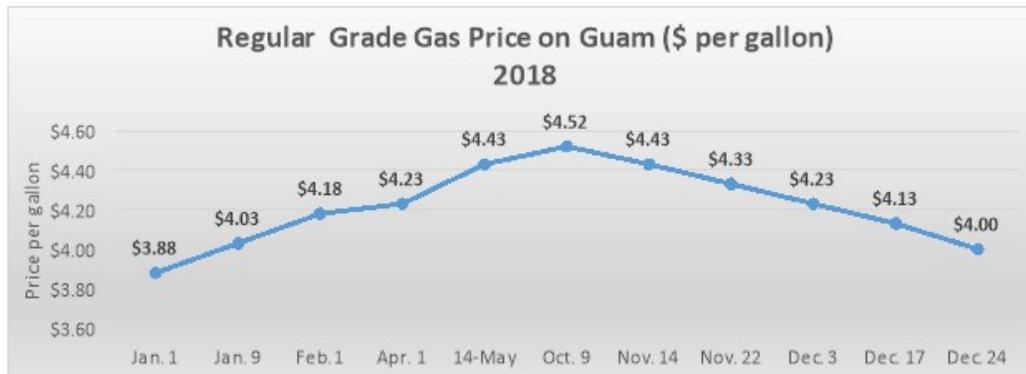
The number of persons Not in the Labor Force decreased by 1,760 from 51,460 in September 2018 to 49,700 in March 2018. For the March

2019 survey period, 2,380 persons, or five percent, in the Not in the Labor Force category indicated that they wanted a job but did not look for work for a variety of reasons. Whereas, 95 percent in the Not in the Labor Force category indicated that they did not want a job during the survey period.

CONSUMER PRICE INDEX

The latest Consumer Price Index (CPI) data was for the 4th quarter 2018, and it shows consumer prices on Guam have increased 2.3% when compared to the same period one year earlier. For those on a fixed income, a 2.3% increase translates to buying 2.3% fewer items than they did one year earlier. Consumer purchasing power dropped from .78 of a dollar in the fourth quarter of 2017 to .77 of a dollar in the fourth quarter 2018. This is a steady decline; Guam residents had .81 of a dollar in purchasing power at the beginning of 2017.

After climbing to a year high of \$4.52 a gallon for regular grade gas, 2018 ended with a gas price of \$4.00 a gallon of regular grade unleaded gasoline. ^[4]



HOUSEHOLD COMPOSITION

While Guam's overall population count has seen little change over the past few decades, the number of households has been fluctuating. Households, which are occupied housing units, grew 30.34% from 1990 to 2000, and then decreased 4.29% from 2000 to 2010. This is largely the result of change in household composition. ^[5]

The island's dominant household type in 2000 was married couples with children under 18 years of age, which represented 19,678 households on the island. In 2010, married couples with children younger than 18 accounted for 18,239 households, a decline of 7.3%. This dramatic transition was largely a result of the children of the baby-boom generation as they grew up and left behind a growing proportion of "empty nester" households

The most dramatic shift during the past years has been the explosion of non-family households^[6] represented by 6,402 households. In 2010, non-family households grew to 7,827 or 22.3% of all households. Elderly people 65 and older make up 21.2% of all persons living alone^[7]

In 2010, the median household income was \$48,274; this is a decrease of 4.82% from 2000. The median family income for 2010 was \$50,607 a change of 4.84% from the year 2000 median family income. ^[8]

HOUSING

According to the 2010 Census of Guam's population, there were 50,567 housing units on Guam. Of the 50,567 units, 42,026 (83.11%) were occupied. Of the civilian population of 154,060 individuals, 73,094 (47.44%) were living in renter occupied units with an average of 3.50 people in the unit. The average rent in 2010 was \$879.00 per month; this was a decrease of 12.68% from the median rent per month in 2000. ^[9]

In 2010, of the 50,567 housing units on Guam, 98.02% use the public water system as their source of water, 0.08% used a water well, and 0.29% had a water catchment system as the only source of water. Almost half of the housing units (54.89%) were constructed from concrete blocks, 38.98% were constructed from poured concrete, and 2.14% were built from wood. Ten percent of the 50,567 housing units lacked complete plumbing and 9.70% lacked complete kitchens. Three and a half percent of the units did not have telephone service. ^[10]

POVERTY

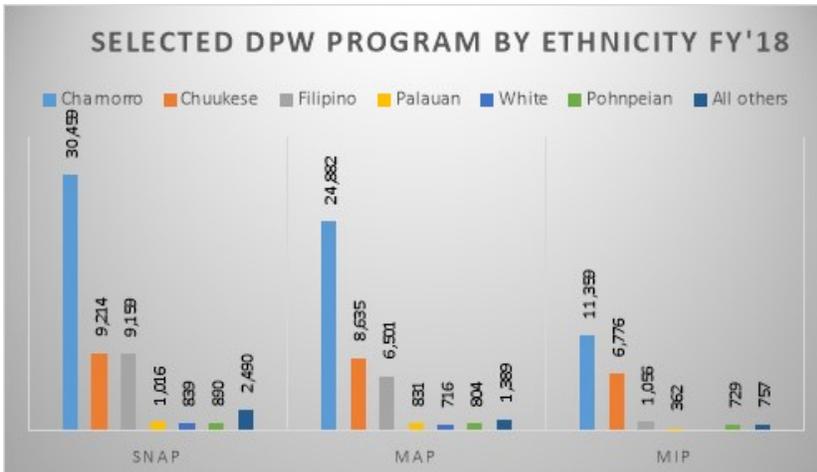
In examining the 2010 poverty status of residents on Guam, 22.50% of all individuals on Guam for whom poverty status was determined are considered to be in poverty; of these, 54% are individuals over 18 years of age; 4% are individuals over the age of 65 and 4% are children under the age of 18. ^[11]

When assessing the poverty status of families on Guam for the same period, 41% were married couple families. Forty four percent of families were a female-headed household and 15% of families with a male-headed household live in poverty. The use of government welfare and social service programs has been on the rise, indicating a growing problem of poverty on Guam. ^[12]

Medicaid

Medicaid in the United States is a federal and state program that helps with medical costs for some people with limited income and resources. The Health Insurance Association of America describes Medicaid as "a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care."^[13] Medicaid is the largest source of funding for medical and health-related services for people with low income in the United States, providing free health insurance to 74 million low-income and disabled people (23% of Americans) as of 2017. ^{[14],[15]}

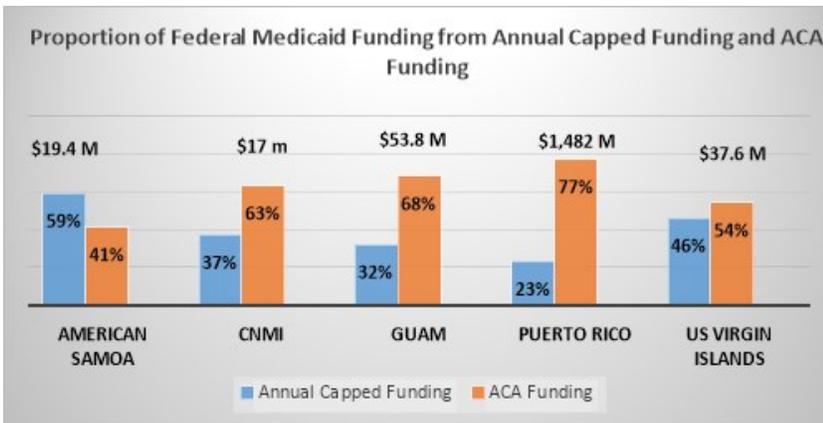
It is a means-tested program that is jointly funded by the state and federal governments and managed by the states, with each state currently having broad leeway to determine who is eligible for its implementation of the program. States are not required to participate in the program, although all have since 1982. Medicaid recipients must be U.S. citizens or qualified non-citizens, and may include low-income adults, their children, and people with certain disabilities



The Federal Medical Assistance Percentage (FMAP), which is the share of a state's Medicaid costs paid for by the federal government, ranges from 50% for the higher income states to 83% for the lower income states. The FMAP for the territories is 55%; an example is if Guam spends \$10 million of its own money on Medicaid services, the federal government at 55% FMAP would put in \$12.2 million.

The federal Medicaid funding for the territories comes from a few different

sources. The permanent source of federal Medicaid funding for the territories is the annual federal capped funding, which has been supplemented by the Patient Protection and Affordable Care Act (ACA).



The chart below shows the proportion of annual federal capped funding and ACA Medicaid funding used by each territory in FY'17. The aggregate total of the annual federal capped funding for the territories was \$400 million. Each territory spent through its capped funding, at which point, the territories used an aggregate of \$1.2 billion in ACA funding.

Eligibility rules in Guam's Medicaid program differ in some ways from those

in the states. Guam is permitted to use a local poverty level to establish income-based eligibility for Medicaid, and is exempt statutorily from requirements to extend poverty-related eligibility to children and pregnant women, and Qualified Medicare Beneficiaries. Guam currently provides coverage to individuals, including children, with modified adjusted gross incomes up to 133% of the Guam poverty level (GPL). In 2016, this was \$1,593 per month for a family of four or approximately 79% of the federal poverty level in 2016. Guam has expanded Medicaid eligibility to the New Adult Group under the Patient Protection and Affordable Care Act.

Guam uses CHIP funds as an additional source of funding for children in Medicaid after it has exhausted its CHIP allotment. It does not offer coverage to children whose incomes are above the threshold for Medicaid eligibility. Approximately 24% of Guam's population was enrolled in Medicaid at the end of 2018.

Federal rules for Medicaid benefits generally apply to Guam, and its Medicaid program provides all mandatory benefits, including nursing facility services, and many optional benefits, including dental coverage and prescription drugs.

Guam has an insufficient number of specialists to provide needed services to beneficiaries, thus the Guam Medicaid program makes every effort to arrange for off-island care to ensure adequate access to quality care. These provider shortages and the remote island geography require beneficiaries to travel long distances to receive medical services that are not available on-island. For example, beneficiaries often travel thousands of miles to Hawaii, U.S. mainland or the Philippines for care.

Medically Indigent Program (MIP)

MIP is a 100% locally funded program established by P.L. 17-83 in October 1983, to provide financial assistance with health care costs to individuals who meet the necessary income, resource, and residency requirements. Public Law 18-31 authorizes the Department of Public Health and Social Services, Division of Public Welfare (DPW), Bureau of Health Care Financing (BHCF) to administer the MIP.

COMPACTS OF FREE ASSOCIATION

The Compacts of Free Association are joint Congressional-Executive agreements between the United States and the Freely Associated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI) and the Republic of Palau. Compact goals include achieving self-government, promoting economic advancement, and securing security and defense rights.

Under the compacts, the U.S. has a responsibility for defense of FSM, and the compacts provide the U.S. with exclusive military use rights in these countries. In addition, under the compacts, the U.S. provides economic assistance and access to certain federal services and programs. The U.S. funds the FSM, RMI, and Palau for a range of development programs, immigration privileges, U.S. transportation of mail, and other benefits. In exchange, each Pacific nation guarantees the U.S. exclusive use of its land for military purposes.

The compacts provide for citizens of these freely associated states to enter and reside indefinitely in the U.S. and citizens of the compact are exempt from meeting the Visa and labor certification requirements of the Immigration and Nationality Act. The migration provisions of the compacts allow compact migrants to enter the U.S. (which includes all states, territories, and possessions) and to lawfully work and establish residence indefinitely.

The Compact of Free Association Amendments Act of 2003 introduced the requirement for an enumeration of qualified nonimmigrants (for the purposes of this report they will be referred to as Compact of Free Association, or COFA, migrants) to be conducted no less frequently than every five years in the following jurisdictions: Hawaii, Guam, the Commonwealth of the Northern Mariana Islands (CNMI), and American Samoa. This enumeration would serve as the basis for apportioning \$30 million in funding annually to these jurisdictions for a range of development programs and other benefits as a result of the in-migration of COFA migrants.

In accordance with the Compact of Free Association Amendments Act of 2003 (Public Law 108- 188), the U.S. Department of the Interior signed an Interagency Agreement (IAA) with the U.S. Census Bureau to produce estimates of COFA migrants for 2018.

The Census Bureau estimates that there were 38,114 COFA migrants residing in the four jurisdictions combined (Hawaii, Guam, CNMI, and American Samoa) in 2018. Guam had the highest number (18,874) of COFA migrants in 2018 with Hawaii having the next highest at 16,680. About 93 % of all COFA migrants in 2018 resided in Guam or Hawaii among these four jurisdictions.

NORTH KOREA

Guam made international headlines in 2017 when North Korea leader Kim Jung Un threatened to launch intermediate-range ballistic missiles toward the island of Guam. While Japan and South Korea were also mentioned in the threats, Guam had a particular ring to the global audience, in part because Guam is the closest American soil to North Korea. Somehow, Guam's slogan "Where America's Day Begins" had a more ominous ring to it.



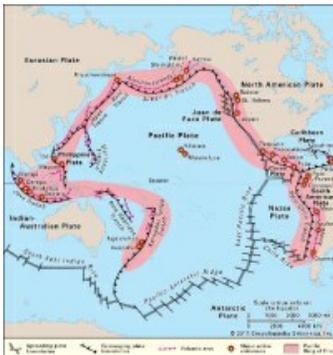
International media outlets from Australia, London, and New York took notice, not just by calling in to get the voice of Guam, but also by dispatching some top field journalists to Guam. There was a “countdown” mood by the international press that came to the island only to find really nothing going on here of any international significance, except possibly the lack of tourists who come to enjoy our sparkling beaches.

Guam hotels, restaurants, and tourist shops began to notice thinning tourist crowds, so much so that some businesses were forced to reduce employee hours. As the North Korea threats continued, Guam’s Japan tourism market, once a staple of the island’s visitor industry for decades, started to plummet. The Guam Visitors Bureau confirmed 7,556 total cancellations in plans to visit Guam since August 2017, although the decline was slightly cushioned by South Korean tourists, who took the threats in stride, and were encouraged to travel through strong competition by low-cost airlines. As analysts acknowledged that North Korean attempts to develop missiles had advanced to a surprising degree, the threat carried a grave tone. 38 North, a website for analysts dedicated to North Korea issues, described tensions between North Korea and the United States as “extremely high, antagonized further by exchanges” between U.S. President Trump and North Korean leader Kim Jung Un. As the leaders continued to exchange words, the Guam Office of Homeland Security/Civil Defense issued an information sheet of what to do in case of nuclear attack and the island’s warning sirens were tested.

In August 2017, President Trump called Governor Eddie Calvo to reassure the island that the U.S. military would protect Guam from North Korea. There was no sense of panic across Guam, even though Guam’s Homeland Security acknowledged it would take only 14 to 18 minutes for a North Korean missile to reach the island. Whether that would be enough time for the U.S. to react without resulting in destruction, on Guam or elsewhere, remains a question. Should note that the threat dissipated within a month or so and is not ongoing.

GUAM AND NATURAL DISASTERS

Guam’s strength is in its resourcefulness. The people of Guam have learned to withstand and recover quickly from natural disasters and are known for developing a resiliency necessitated by their isolation and great geographical distance from the rest of the United States.



Guam is also located within the “Ring of Fire.” The Ring of Fire is an area in the Pacific Ocean where the movement of the earth’s plates causes frequent earthquakes and volcanic activity. The ring extends along the edges of the large Pacific plate, from New Zealand, through Indonesia, past the Mariana Islands and Japan, and along the Aleutian Islands in Alaska. The ring continues further along the whole west coast of the North American continent, Central America and South America to the southernmost point in Chile. These coastal areas are particularly vulnerable to the effects of tsunamis even if the epicenter of an earthquake is located thousands of miles away.

The Northwestern Pacific Ocean region is made up of a succession of three tectonic plates. From the most western, moderately sized Philippine Sea plate, to the small crescent-shaped Marianas Plate and lastly, to the east, the Pacific plate.

Due to its location on the Marianas plate, Guam occasionally experiences earthquakes. In recent years, earthquakes

with epicenters near Guam have had magnitudes ranging from 5.0 to 8.2 (1993). The 1993 earthquake injured 48 people and caused more than \$100 million in damages.

Lying so close to the Equator means that Guam's climate is tropical, with temperatures ranging from a mean high temperature of 86F and a mean low of 76F. The dry season runs from December to June. The remaining months (July to November) constitute the rainy season with an average annual rainfall of around 98 inches.

Guam is located in "Typhoon Alley," the busiest location for tropical cyclones, and it is common for the island to be threatened by tropical storms and possible typhoons during the wet season. The highest risk of a typhoon is during August through December; they can, however, occur year-round.

Super Typhoon Pongsona (2002) was one of the worst typhoons to ever strike the island of Guam. It was Guam's third most intense storm, with sustained winds of 144 miles per hour (mph), gusts to 173 mph. Only two storms exceeded Super Typhoon Pongsona—Karen in 1962, with 155 mph sustained winds; and the Typhoon of 1900, wind speed unknown. Super Typhoon Paka in 1997 equaled Pongsona in intensity while it passed over Guam. Preliminary damage estimates for Guam totaled more than \$700 million, which placed Pongsona in the top five typhoons for damage.



On Sept. 7, 2018 when Typhoon Mangkhut (Thailand for kind of fruit) formed as a tropical depression, it was known as Tropical Depression 26W. On the day it formed, a tropical storm watch was posted for Enewetak. 26W then moved west toward Micronesia and strengthened into a typhoon. Three days later, Typhoon Mangkhut hit Guam. At 5 a.m. on Sept. 10 the NWS in Guam noted that "Damaging or destructive winds are now occurring. Damaging south winds of up to 105 mph with gusts to 120 mph will continue for the next few hours. Winds will gradually decrease to between 55 and 65 mph around midnight."

Typhoon Mangkhut, which was the planet's most intense storm of 2018, this year (that was in 2018, not "this" year), rammed into Hong Kong, causing significant damage. The storm, which had battered the northern Philippines with the strength of a Category 5 hurricane, weakened slightly while crossing the South China Sea but was still a force to be reckoned with in Hong Kong

HEALTH CARE DELIVERY SYSTEM

Guam's health care delivery system is pluralistic and distinguished by a public and private sector for the local civilian population, and a military system for the delivery of medical services to the active military members and their dependents, as well as the military retirees and veterans on Guam.

All the health services customarily found in a community of similar size in the U.S. mainland are available to the island population. One unique problem setting Guam apart from mainland communities is that specialized and tertiary medical services are thousands of miles away, necessitating medical referrals to Japan, the Philippines, Hawaii, or the United States mainland. Guam lies about 5,800 miles (12 flight hours) from the U.S. mainland, and 3,800 miles (7 flight hours) southwest of its closest U.S. neighbor, Hawaii. Guam, while being remote from the U.S., is closer to the Asian rim. Tokyo, Taipei, Manila, and Hong Kong are all within three hours' flight time.

Guam has been designated a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA). Health Professional Shortage Areas (HPSA) are federal designations that apply to areas, population groups or facilities in which there are unmet health care needs. Designations help prioritize limited federal resources to the areas that need them most. The federal Medically Underserved Area/Population (MUA/P) designation identifies areas or populations as having a need for medical services based on demographic data.

Guam's health care system consists of hospitals, outpatient clinics, and home health care services. As a public health department, the goal is to improve the health status of every Guam resident and to ensure access to quality health care. This includes helping each person live a life free from the threat of communicable disease, tainted food, and dangerous products. To assist in this mission, activities include regulation of health care providers and facilities when appropriate.

^[1] US Census Projections, US Census Bureau

^[2] Guam Department of Labor

[3] Guam Department of Labor

^[4] Consumer Price Index, Governor of Guam Office

^[5] Demographic Profile Data Comparative, Prepared by Guam State Data Center, Bureau of Statistics and Plans, December 2012

^[6] A nonfamily householder is a householder living alone or with nonrelatives only.

^[7] Demographic Profile Data Comparative, Prepared by Guam State Data Center, Bureau of Statistics and Plans, December 2012

^[8] Demographic Profile Data Comparative, Prepared by Guam State Data Center, Bureau of Statistics and Plans, December 2012

^[9] Demographic Profile Data Comparative, Prepared by Guam State Data Center, Bureau of Statistics and Plans, December 2012

^[10] Demographic Profile Data Comparative, Prepared by Guam State Data Center, Bureau of Statistics and Plans, December 2012

^[11] Demographic Profile Data Comparative, Prepared by Guam State Data Center, Bureau of Statistics and Plans, December 2012

^[12] Demographic Profile Data Comparative, Prepared by Guam State Data Center, Bureau of Statistics and Plans, December 2012

^[13] [America's Health Insurance Plans \(HIAA\)](#), p. 232

^[14] Terhune, Chad (October 18, 2018). *"Private Medicaid Plans Receive Billions In Tax Dollars, With Little Oversight"*. Health Shots.

^[15] Medicaid, the nation's public insurance program that assists 75 million low-income Americans.

III.C. Needs Assessment

FY 2020 Application/FY 2018 Annual Report Update

At the beginning of a new Title V five-year grant cycle, states are required to conduct a comprehensive needs assessment to identify priority needs of the maternal and child health population and to determine the capacity of the public health system to meet those needs. During the years between the comprehensive needs assessment, states are expected to conduct on-going needs assessments in order to identify and significant changes in the needs and capacity.

The needs assessment update for this year focused on continued collection, analysis and reporting on topics central to the Guam MCH population. Guam's MCH Program reviewed both quantitative and qualitative data to identify areas of significant change, including data related to the ten National Performance Measures selected in 2015. The Guam MCH program uses a wide array for assessment, policy planning, policy development, program implementation, monitoring, and evaluation. Data sources included but are not limited to are the Guam Vital Statistics, Guam Behavioral Risk Factor Surveillance, and the Guam Youth Risk Factor Behavioral Surveillance.

Population based surveys, such as Guam Behavioral Risk Factor Surveillance and the Guam Youth Risk Factor Surveillance provide valuable data for public health surveillance and evaluation. Disparities among sub-populations (race/ethnicity, insurance status, age) in the MCH population were highlighted and discussed.



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

The Planning for the 2020 Title V Needs Assessment began in January 2019. MCH Program Director, along with the MCH and MIECHV Program Coordinators, lead this process. Since the New Year, the following has occurred:

1. We convened a Needs Assessment team who will implement the assessment.
2. Identified a leadership structure for the assessment.
3. Developed a work plan and timeline.
4. Used the Block Grant guidance to develop an overall approach to the assessment.
5. Adopted guiding principles for the assessment. Adopted the MCH Framework to guide data collection.
6. Collected new and existing data sets and reports related to the MCH population that we could leverage for assessment purposes.

Changes in MCH Health Status

Women/Maternal Health

Women comprise 49.4% of Guam's population with 37.2% identifying as Chamorro, 26.3% Filipino and 6.8% as White.

Preventive Care Utilization – In 2017, the Guam BRFSS revealed that 67.9% of women ages 21-65 has a Pap test within the past 3 years. Among 21-30 years old, that decrease to 64.6%. In 2017, about 70% of women aged 18-44 years had received a preventive health visits in the past year. The percent of infants born to mothers receiving prenatal care beginning in the first trimester has not changed since 2015.

Chronic Disease Burden - Data from the Guam BRFSS also show that current smoking among women on Guam is estimated to be 15.2% among Guam women in 2018. Overall, obesity among Guam women was estimated to be 30.7% in 2018 while overweight was estimated to be 28.6%, for a total of 59.3% overweight or obese. Women of childbearing age on Guam have some of the highest rates of both obesity and overweight. Related to overweight and obesity, Guam's women have high rates of diabetes at 12.4% overall among women in 2018. Diabetes during pregnancy (gestational diabetes) was estimated to be 3.7% among Guam women in 2018, but highest among women aged 25-34 at 11.3%.

Substance Abuse - The estimated proportion of current smokers, as well as the proportions overweight or obese in Guam's female population in the 2018 BRFSS both follow an income and educational gradient. Higher proportions of women in lower income households are more likely to report current smoking than higher income households.

Perinatal/Infant Health

Infant Mortality - Guam continues to have a high infant mortality (9.2 per 1,000 live births) and low birthweight births. Almost 10% of infants born on Guam were preterm and of those 53.3% were of low birth weight.

There were 115 neonatal deaths. Of the neonatal deaths, the population of Chamorro infant deaths equaled 34.7%, Chuukese infant deaths were 32.1% and Filipino infant deaths were 13.9%. For the 69 post-neonatal deaths, the Chamorro population was 47.8%, Chuukese population was 24.6%, and the Filipino population was 14.4%.

Breastfeeding - According to the 2018 Breastfeeding Report Card, 80.6% of babies born on Guam were "ever breastfed or fed breast milk" slightly lower than the national estimate of 83.2%. As in the case nationally, rates for breastfeeding are lowest in minority populations, as well as infants in low-income households. These disparities are mirrored in the data for long-term breastfeeding with an overall percentage of 19.4% of infants who are breastfed exclusively for 6 months, lower than the national average of 24.9%.

Child Health

Injury - In 2018, injury was responsible for 15 child/young adult deaths on Guam. Twenty-seven percent (27.2%) of hospitalizations and 86.4% of the emergency room visits for children/young adults aged 0 to 24 years were due to injuries. As in the case nationally, the types of injuries vary by age group and have been broken into groups of injuries to those less than one year, one to nine years old, ten to nineteen years, and twenty to twenty-four years of age.

Immunization - Guam falls well under the US percentage of children aged 19 through 35 months who have completed the combined 7-vaccine series. The 7-vaccine series consists of 4 or more doses of DTaP, 3 or more doses Polio, 1 or more doses of MMR, the Hib full series, 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses PCV.

Adolescent Health

Well Child Screening - From 2015 to 2018, the percent of ten to fourteen year old individuals having an actual screening decreased by 2.4%, whereas in the fifteen to eighteen year old and nineteen to twenty year old groups

having an actual screening increased by 13% and 50% respectively.

HPV Vaccination - More than half of Guam adolescents have received at least one dose of HPV vaccine; however less than half have received three doses (or two doses if the first HPV vaccine dose was given after age 15).

Strengths and Challenges that Impact the MCH Population

Many strengths and opportunities are being leveraged to support Guam's MCH infrastructure and delivery system. Strengths include collaboration and coordination; a commitment to eliminating preventable infant, maternal and child deaths; recognition and expansion of the significant impact of early life experiences on health and wellness across the life course; and strong leadership and expertise within the public health system.

Guam's Maternal, Infant and Early Childhood Home Visiting Program Project Bisita highlights Guam's commitment to prevention, early childhood and collaboration between public health, early childhood programs and other sectors that impact health outcomes. By leveraging federal opportunities, Guam is creating a system of home visiting services that can meet the diverse and complex needs of families with young children, particularly in communities facing elevated risk of adverse outcomes. In 2018, Project Bisita serves 68 families improving maternal and child health, development, and family safety, as well as creating pathways for families to access the resources they need.

Despite these strengths and the island's health care infrastructure, significant challenges still exist. Both nationally and on Guam, health care costs are driven by competing factors such as payment systems, chronic disease incidence, emergency room "super utilizers," population demographics, and prevalence of adverse health behaviors. Guam has been designated a Health Professional Area and a Medically Underserved Area. Access to all forms of health care is a problem for many of Guam's residents. It is estimated that roughly 25% of Guam's population is without any form of health insurance. The island is lacking Primary Care, Dental Health, and Mental Health Professionals. The world ratio of physicians to population is about 14: 10,000, and in the United States, it is about 24:10,000. Guam's population of about 180,000 to 200,000 should have about 480 physicians to service the population base. As reported in the 2016 Guam Statistical Yearbook from GMH and the Department of Health and Social Services, Guam had 165 physicians including licensed military physicians working part-time at Guam Memorial Hospital.

Particularly in the outlying areas of Guam, transportation is a challenge. This includes not only the method of transportation, but also the time and distance that need to be covered to reach services. A study which examined reasons for the lack of prenatal care among women of reproductive age on Guam showed that lack of medical insurance (24.3%) and lack of transportation (22.6%) were the main reasons given by respondents for not receiving prenatal care during their pregnancies (Haddock, Bell, Naval and Garrido, 2008).

Another factor is the complexity of embracing an upstream approach to health and wellness to impact systemic conditions that contribute to poor health outcomes. The knowledge that health begins during preconception – and optimal health and development must occur during the earliest stages of life to improve adult health – is still growing in the broader population.

Addressing social determinants of health holds the same challenge. Participants increasingly understand access to education, adequate and sustainable income, transportation, and social and cultural supports are critical to achieving and maintain health. However, knowing how to impact these factors in communities – and having the resources to do so – is not easy.

Finally, economic disadvantages is dispersed inequitably among racial and ethnic groups on our island, particularly for the children of parents from the Federated States of Micronesia, who are roughly five times more likely to live in poverty than an Chamorro child. Poverty is linked with conditions such as substandard housing, unsafe neighborhoods, homelessness, inadequate nutrition and food insecurity, inadequate childcare, lack of access to

health care and unsafe neighborhoods. Poorer children and teens are also at greater risk for poor academic achievement, school dropout, behavioral and social-emotional problems and physical health problem. These effects are compounded by the barriers children and their families encounter when trying to access health care.

Current and Emerging Issues

Maternal Mortality

There were 25 maternal deaths on Guam from 1968 to 2018, and based on Guam's small population, this results in very high maternal mortality ratios (MMR) (Table 3) during the years when there are maternal deaths. The MMR during the past fifty years ranged from a low of 22.6 in 1996 to a high of 91.2 in 2017. Compiling 10-year averages for MMR reduces the MMR; however, the MMR 10-year average from the most recent ten-year period, 2008-2017 at 27.0 is still higher than the U.S. MMR of 20.7 (CDC Wonder, 2011-2015). Although the MMR fluctuates since there are many years with no maternal deaths on Guam, the MMRs are still very high for Guam compared to the U.S., and the number of maternal deaths and the MMR has been increasing in the past 10 years, following the national trend (Mayer, Dingwall, Simon-Thomas et al, 2019).

Teen Births

Guam's teen birth rates are high compared to the US teen birth rates (18.8/1,000)^[1]. Guam's teen birth rate was 39.5 per 1,000 females aged fifteen to nineteen years in 2017; in 2018 the rate of teen birth was 33.9 per 1,000, a decrease of 15.2%. However, in 2017 Guam's teen birth rate was 71% higher than the US's teen birth rate.

Adolescent Mental Health, Depression and Suicide

For years 2013-2018, there were 68 suicide deaths among Guam children aged 10 through 24 years. Males comprise the majority (75%) of suicide deaths. Although more females attempt suicide than males, males are approximately four times more likely to die from suicide.^[2]

Results from the Guam 2017 Youth Risk Behavior Survey show that more Guam high school students who self-identify as lesbian, gay, or bisexual (LGB) report having been bullied on school property (31%) and cyberbullied (19.8%) in the past year, than their heterosexual peers (16.3% and 13.3%, respectively). The survey also showed that more LGB students (18.5%) than heterosexual students (8.8%) reported not going to school because of safety concerns. Among students who identified as "not sure" of their sexual orientation, they also reported being bullied on school property (25.4%), being cyberbullied (26%), and not going to school because of safety concerns (24.7%).

Sexually Transmitted Diseases

Guam has very high rates of chlamydia, along with increasing numbers of gonorrhea and syphilis cases. Primary and secondary syphilis rates among women increased 473%, from 1.1 to 6.3 per 100,000 during 2009–2013. In 2013, the first congenital syphilis case (after no cases since 2008) was reported (Cha S, Malik T, Abara WE, et al). Little is known about STD screening coverage and factors associated with inadequate screening among pregnant women in Guam. The incidence rate of new chlamydia cases overall was 675.5 per 100,000, which was higher than the U.S. rate of 524.6 per 100,000, in 2017 (CDC, 2017). Gonorrhea rates were slightly lower in Guam compared to the U.S. (170.6 per 100,000 versus 122.0 per 100,000 on Guam); however, gonorrhea cases continue to rise from 99 cases in 2014 to 225 in 2018, a 127 percent increase. Guam's military population is a major contributor to the high rates of sexually transmitted infections.

^[1] CDC 2017

^[2] SAMSHA, NSDUH Report, 2011

FY 2019 Application/FY 2017 Annual Report Update

Needs Assessment

Introduction

One of the goals of Guam's Title V MCH Program is to build integrated systems that support health, growth, and development for all MCH populations, including Children with Special Health Care Needs (CSHCN) and their families. The Title V MCH Needs Assessment is a critical component and requirement of the Title V MCH Block Grant and the data analyzed through the needs assessment process is used to determine the importance, magnitude, value, and priority of competing factors, which influence health service delivery systems on Guam.

Needs Assessment Update



This application year (FY 2019) is the fourth year of the FY 2015-2020-grant cycle. During interim years of the grant cycle, an ongoing needs assessment is conducted as a way of continuously monitoring and assessing the needs of the MCH population as well as the capacity of the system to meet those needs. The ongoing needs assessment is considered an annual follow-up to the comprehensive needs assessment that is completed every five years in conjunction with the beginning of a new grant cycle.

Continual monitoring identifies priority health and quality of life issues and provides a focus for the organizations and entities that contribute that contribute to the MCH and CSHCN system. Assessing strengths and weaknesses identifies the important health issues that are emerging or in need of potential new direction, and may identify additional health issues as perceived by residents

and consumers. Lastly, continual monitoring and assessment determines forces that impact the way the MCH and CSHCN system operates, including areas such as legislation, funding and funding shifts, and technology or other impending changes that may affect residents, visitors, and tourists or the system itself, and changes that may provide opportunities for improvement and efficiency.

Guam's Title V utilizes various mechanisms to assess the ongoing needs of Guam's MCH population. Some of the strategies implemented in the past and currently in place are described below.

Annual Block Grant Data Review – Each year during the block grant application process, we review and assess available data related to Title V performance and outcome measures. This allows for a “mini” needs assessment through analysis of data trends and identification of disparities within the MCH population domains. Data reviewed is collected from but not limited to Office of Vital Statistics, DPHSS; Guam Department of Education; Guam WIC Program, DPHSS; Guam Memorial Hospital Authority; and the BRFSS and YRBSS. This data review process informs program planning and goal setting relative to emerging and unmet MCH population needs.

Presentation for community stakeholders and others raise awareness of various health indicators and contribute to ongoing needs assessment activities. Presentations in the past year included infant and child morbidity and mortality, adolescent, and young adult suicide and Title V Performance and Outcome Measures.

Active participation in community events such as the Annual Women's Health Conference, the Comprehensive Cancer Control Program and the Non-Communicable Disease Consortium and attending various public hearings related to the MCH population and/or programs gives program staff the opportunity to interact with stakeholders to gather valuable qualitative information that is used to further guide program activities.

In addition, membership in councils, commissions and committees such as the Guam Homeless Coalition, EMS Commission, EMSC Advisory Board and the Head Start Council provides MCH the opportunity to network with agency partners for obtaining updates on annual plans, objectives, needs and any emerging issues occurring through partner programs.

Selection of Evidence-based Strategy Measures

In developing the evidence-based strategy measures (ESMs) to accompany each NPM, Guam considered several factors. First, measures of outputs of the strategies in the MCH Action Plan were compared to the NPM. Only outputs that could be considered to theoretically impact the NPM itself were advanced to the next stage for further consideration. Next, the simplicity and ease of measurement for the potential ESMs were taken into account and used to prioritize ESMs.

The first set of ESM submitted during the 2017 application year was reviewed during the 2018 application. Several revisions were made to the ESM list to accommodate changing prioritization of strategies in the state Action Plan, revisions to timelines for strategies and measurement barriers.

Action Plan Review

The needs assessment process initially focused on assessing health problems across different populations to help identify and set priorities that would be addressed in the next five years. As a continual process, the goal in subsequent assessments is to identify the tools, resources and assistance needed in order to implement the strategies and activities that address the priorities and objectives included in the five-year Action Plan.

The Title V Action Plan is continually reassessed by MCH staff whose areas of expertise, duties, and responsibilities are strongly aligned with the selected key strategies and activities established for each population domain in the Action Plan. Continual modifications and refinements to the strategies and activities enable Guam MCH to better define specific achievable process measures that will show positive improvement and movement toward outcome achievement.

Changes in Health Status and Needs

As discussed above, Guam continues to monitor all NPMs and SPMs on an annual basis. Other key MCH data are also observed. In particular, primary and secondary syphilis rates among women increased 140.5% from 1.1 to 6.3 per 100,000. From 2013 to 2016, the congenital syphilis rate on Guam (30.4/100,000) nearly tripled the U.S. rate (12.4/100,000).

Guam MCH continues to closely monitor both infant mortality and has seen the following trends and emerging concerns. The infant mortality rate on Guam has been on the rise since 2013's rate of 9.03/1,000 to 2016's rate of 12.49/1,000. The mean and median from 2013 to 2016 was 10.10/1,000 live births. While we have made great strides with overall infant mortality over the last decade, racial and ethnic disparities—particularly among infants born of mothers from the Federated States of Micronesia—persist and remain a major focus of our work. Operationalization of these data, as well as the needs assessment findings discussed above, is addressed throughout the application.

Agency Capacity

Guam continues to use funds from the State System Development Initiative (SSDI) to fund a data clerk, which has the responsibility for expanding data capacity for the Guam Title V Program. The three goals for the Guam SSDI Program include: 1) enhance the ability of Title V programs to access and use data relevant to MCH programming; 2) support the CoIIN to Reduce Infant Mortality; and 3) promote the use of core and minimum data sets. Guam's SSDI data clerk position has been vacant for over two years; as a result, MCH has been hindered in its capacity to develop data sets and data products. In February 2016, the position was filled with the hiring of the data clerk. Data entry long held up due to the vacancy is now proceeding in a positive direction. Unfortunately, the data clerk has resigned due to her acceptance of employment within another Division in DPHSS.

Partnerships, Collaboration, and Coordination

Guam's Title V program is strongly committed to working collaboratively with a wide range of partner agencies to expand the capacity and reach of the Title V MCH and CYSHCN programs. These partnerships and collaborations span public and private sector across the island, as well as MCHB and other Federal programs, which serve the MCH population.

Agency Organizational Structure and Role

The Guam Department of Public Health and Social Services (DPHSS) administers the Title V block grant through the Bureau of Family Health Nursing Services (BFHNS), which is housed in the Division of Public Health.

The Division of Public Health Chief Public Health Officer and the Administrator of BFHNS provide leadership on MCH programs and policies, including direct oversight of MCH programs and coordination of island wide partnerships and collaborative initiatives that support comprehensive, coordinated, and family-centered services.

The mission of Guam DPHSS is “To assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare.”

The department is working toward public health accreditation and has set several strategic priorities to address the division’s mission to promote, protect and improve health and prevent disease and injury in Guam:

- Foster programmatic excellence;
- Support the integration of public health and health care;
- Foster a competent, flexible workforce; and
- Build a sustainable, cohesive organization

As part of the accreditation application, the department is working to update the required community health assessment (CHA) and the community health improvement plan (CHIP).

FY 2018 Application/FY 2016 Annual Report Update

Introduction and Recap

In 2015, The Guam Title V Program conducted a comprehensive needs assessment that included a thorough review of all available quantitative data sources and collection of qualitative data among community stakeholders. The needs assessment process culminated with stakeholders identifying the seven (7) priority areas that would be targeted by the Guam Title V Program over a period of five (5) years. A set of National Performance Measures (NPMs) pre-identified by HRSA/MCHB for these seven (7) priority areas have been identified to monitor Guam's progress and performance in the identified priority areas.

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

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

Child Health - National Performance Measure # 7 - Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

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

Children with Special Health Care Needs - National Performance Measure # 11 and National Performance Measure # 12 - Percent of children with and without special health care needs having a medical home and Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Cross cutting - National Performance Measure # 14 a) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes and National Performance Measure # 15 Percent of children ages 0 through 17 who are adequately insured.

MCH Population Needs

Findings

Population Domain – Women and Maternal Health

Access to health care services including preventive, primary care, and tertiary care often depends on whether a person has health insurance. According to the Guam BRFS, the number of women who responded that they had some kind of health care coverage grew by 5.37 over the 2014 data and the number of women who responded “yes” to the question “Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?” decreased by 1.04% from 2014 data. Women and families under the Federal Poverty Level (FPL) were more likely to report that hospital outpatient departments and emergency departments were the places they usually go when sick, and were more likely to have no usual source of care than those with higher incomes.

According to the OVS, there were 3,441 live births in 2016; the majority (43.27%) of the women delivering a live birth had between 6 – 10 prenatal visits; followed by more than 10 visits (32.95%); 1 – 5 visits were 15.60% of the mothers and lastly were those mothers who did not have any prenatal care at 8.10%.

Population Domain – Perinatal/Infant Health

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 51.82% (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.

Population Domain – Child and Adolescent Health

Non-fatal injuries related to motor vehicles were among the top ten causes for hospital admissions on Guam for children aged five through 24 years of age on Guam. In analyzing the data for 2016, the rate of injury-related admissions was 29.71/100,000 for children aged five through 9 years of age and 61.19/100,000 for adolescents aged 10 through 19. A limitation of this measure is that the rate does not reflect data from the military, so these rates may not accurately reflect the entire island.

Major risk factors for crash deaths in the U.S. include not using seat belts, car seats, and booster seats. Using child restraints improves a child's chances of surviving a crash, and age and size appropriate child passenger seats should be used every trip, regardless of the distance or time in the car.

Population Domain – Adolescent Health

The 2015 Guam Youth Risk Behavior Survey (YRBS) data showed that 45% of high school teen on Guam saw a doctor and/or dentist for a check-up or preventive physical exam. Improving access to preventive services by adolescents means enhancing certain preventative services such as screening, counseling to reduce risk, immunizations, and the provision of general health guidance.

As part of the Community Health Centers Community Health Assessment, there were 179 Adolescent surveys collected. In regards to health status, 35.5% stated they were in good health while 1.8% stated they felt they were in poor health. When asked if they had been to the emergency room in the past 12 months, 83.8% stated "no."

Population Domain – Children with Special Health Care Needs

Based on the Guam Part C Annual Performance report submitted to the US Department of Education Office of Special Education, Part C served 161 infants and toddlers with or at risk for developmental delays or 1.19% of the total estimated population of 13,465 in 2016. For infants under age one, Guam Part C served 147 individuals, or 4.15% of the estimated population of 3,535. The higher percentage of referrals was for the age group 2-3 years of age, which is primarily due to the parents' concern that their toddler is not communicating in comparison to their same age peers. Although Guam Part C continues to provide training for primary referral sources such as physicians, childcare providers, other health care providers and parents, the data continue to show the low number of young children identified and served by Part C.

Population Domain – Cross-Cutting/Life Course

Individuals who live on Guam, aged 18 years of age and over, were asked during the most recent BRFSS survey (2015) 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 2015 BRFSS, 27.4% of the respondents answered that they were current smokers (males 32.5% & females 22.3%). This was a decline from the 2013 data; in which 29.3% of the individuals polled answered, they were current smokers.

Guam has approximately 32,465 uninsured residents or 21% of Guam's population according to the 2013 Guam Statistical Yearbook. Guam Memorial Hospital continues to struggle financially and operationally. The Asia Pacific Island communities, including Guam, face a crisis in non-communicable diseases and many of our residents are without means to afford needed healthcare. People put off getting care at early stages until they are forced to the emergency room. This spiral grows our healthcare costs and degrades our "population health" without an end in sight.

Agency Capacity

Guam continues to use funds from the State System Development Initiative (SSDI) to fund a data clerk, which has the responsibility for expanding data capacity for the Guam Title V Program. The three goals for the Guam SSDI Program include: 1) enhance the ability of Title V programs to access and use data relevant to MCH programming; 2) support the CoIIN to Reduce Infant Mortality; and 3) promote the use of core and minimum data sets. Guam's SSDI data clerk position has been vacant for over two years; as a result, MCH has been hindered in its capacity to develop data sets and data products. In February 2016, the position was filled with the hiring of the data clerk. Data entry long held up due to the vacancy is now proceeding in a positive direction.

A major asset to the BFHNS is the Home Visiting Program, Project Bisita, staffed by registered nurses that provide education and case management. Project Bisita uses evidence-based strategies, in alignment with Healthy Families America, that

supports pregnant women and families and helps parents of children from birth to age 5 access resources and develop positive parenting skills needed to raise children who are physically, socially, and emotionally healthy and ready to learn. The nurses involve the families (fathers, parents, and grandparents) in service delivery.

The Community Health Centers (CHCs) have been networking with Good Samaritan Hospital in Los Angeles to plan and implement telemedicine targeted to Medicaid, MIP and self-pay patients. Good Samaritan Hospital purchased \$457,600 worth of hardware. The Government of Guam IT staff configured, installed, and tested the hardware for iMed as well as the polycom server.

Partnerships, Collaboration, and Coordination

Guam's Title V program is strongly committed to working collaboratively with a wide range of partner agencies to expand the capacity and reach of the Title V MCH and CYSHCN programs. These partnerships and collaborations span public and private sector entities across the island, as well as MCHB and other Federal programs, which serve the MCH population. The updated table below provides a summary of key collaborations and partnerships for the MCH Title V program.

Other MCHB Investments	
State System Development Initiative (SSDI)	Guam's SSDI grant enable the staff of the Office of Vital Statistics, working in collaboration with Title V, to build and expand MCH data capacity to support Title V program efforts and contribute to data and driven decision making; support the Fetal & Infant Mortality Review (FIMR) Collaborative Innovation Network (CoIN) efforts to reduce infant mortality through improved availability and reporting of timely data; and advance the utilization of both the minimum and core data sets for the Guam Title V Program.
Maternal, Infant and Early Childhood Home Visiting (MIECHV)	Guam has received the MIECHV grants, which is jointly administered through the Bureau of Family Health & Nursing Services (BFHNS). MIECHV and Title V collaborate to strengthen the home visiting system on Guam, develop the home visiting workforce, and expand evidence-based home visiting services (Healthy Families America and Parents as Teachers).
Emergency Medical Services for Children (EMSC)	The mission of the EMS for Children Program is to reduce child and youth mortality and morbidity caused by severe illness or trauma. EMSC collaborates with Title V to strengthen emergency systems for children and data sharing.
Other Federal Investments	
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	The WIC Program is within the Bureau of Nutrition Services, DPHSS. EIC collaborates and coordinates with the Title V to provide supplemental nutrition to pregnant, breastfeeding and post-partum women.
Title X Family Planning	The Title X Family Planning program is co-located with Title V in BFHNS. Title X collaborates and coordinates with Title V on access to reproductive health services, as well as prevention initiatives.
Project LAUNCH (Linking Actions for Unmet Needs in Children's Health)	Project LAUNCH is co-located with Title V in BFHNS. Project LAUNCH collaborates and coordinates with Title V to foster the healthy development and wellness of children from birth to eight years of age.
Vaccines for Children Program	The CDC funded immunization program for

	children is housed with DPHSS's Bureau of Communicable Disease Control (BCDC) and collaborates extensively with Title V on issues related to immunization access and vaccine preventable illness.
Other HRSA Programs	
Community Health Centers	Guam's Title V program partners on a variety of MCH prevention and access care initiatives with the two DPHSS Community Health Centers which are Federally Qualified Health Centers (FQHCs)
Other Department of Public Health and Social Services Programs	
HIV/STD Program	The STD/HIV program is housed with DPHSS's Bureau of Communicable Disease Control (BCDC) provides education and collaborates extensively with Title V on issues related to sexually transmitted diseases.
Bureau of Community Health Services (BCHS)	The Bureau of Community Health Services (BCHS) oversees the Medical Social Services Social Workers, the Behavioral Risk Factor Surveillance System (BRFSS), the Tobacco-free program, and Health Educator services. The medical Social Workers conduct the eligibility process of all MCH clients at the DPHSS and the Community Health Centers. They also assist the MCH program Early Prenatal Care Classes (EPCC), Breastfeeding classes, Parenting classes, the monthly Special Kids Clinic, the Shriner's outreach clinics, hemophilia clinics, CSHCN clinics, HIV/AIDS services, joint home visiting, any Child Protective services, family planning services
Medicaid and Medically Indigent Program (MIP)	Medicaid and Medically Indigent Program (MIP) are housed at DPHSS's Division of Welfare and collaborate with Title V on the provision of access to care and prevention services for the MCH population.
Office of Vital Statistics (OVS)	The Office of Vital Statistics (OVS) is responsible for issuing birth certificates, death certificates, marriage licenses, and marriage certificates. They are responsible for reporting vital statistical data in DPHSS. OVS collaborates with Title V in the provision of the necessary data for the Block Grant Some of the pertinent data reported is number of births, and deaths within the Title V population.
Other Governmental Agencies	
Department of Education	Title V partners with the Guam Department of Education on such programs as the Youth Risk Behavior Survey (YRBS), Personal responsibility Education program (PREP), Division of Special Education, Guam Early Intervention System (GEIS), and Head Start
Professional educational programs and universities	
Title V and the BFHNS partners with the School of Nursing University of Guam and the Nursing program at the Guam Community College to provide internships and field placement opportunities to graduate and undergraduate students, as well as partnering with university	

faculty on research and community programming.

Community and Non-profit organizations

Title V maintains partnerships and collaborative relationships with many community and non-profit agencies to coordinated services and improves MCH population health. Key among these are: Sanctuary Inc.; Island Girl Power; Sugar Plum Tree; Parents Empowering Parents (PEP); Project KidCare ID;

Advisory Board and inter-agency work groups

Title V staff and leadership both convene and participate on multiple advisory boards and inter-agency work groups to represent the needs of the MCH population. Key among these are: Project Bisita Advisory Committee; EMSC Advisory Board; EMS Commission; ECCS SMTs

FY 2017 Application/FY 2015 Annual Report Update

Ongoing Needs Assessment Activities

The Guam Title V Program has multiple mechanisms for continually assessing health needs and system capacity. The first is 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.

The second mechanism is through meetings of the MCH Stakeholder Group. During the planning of the 2015, comprehensive Needs Assessment 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.

The Guam Community Health Centers (CHCs) conducted a Community Health Assessment to review the needs of the communities that the CHCs serve, the issues that confront the community, and to develop a perspective on the community experiences with the Guam Northern Region CHC and the Southern Region CHC. There were 602 General surveys completed, 362 Adult surveys completed, 346 Children surveys completed, 222 Prenatal surveys and 179 Adolescent surveys completed.

Guam's Alternative Lifestyle Association (GALA), Inc. is a community-based, social service organization that exists to improve the quality of life of the lesbian, gay, bisexual and transgender (LGBT) community through support, education, and advocacy. Through a partnership with the Guam Behavioral Health and Wellness Center, PEACE Office, GALA launched its Partnership for Success Needs Assessment project in 2014 to assess the unmet needs of Guam's LGBT community on behavioral and physical health issues that included problematic drinking, illicit drug use, prescription drug misuse, tobacco use, suicide, sexual risk behavior, bullying, mood disorders, and discrimination.

There were 257 participants that completed surveys, joined focus groups, stakeholder input sessions and key informant interviews. Discussions of the various GALA Needs Assessment, CHC Community Health Assessment, and the MCH Needs Assessment are included in the discussions related to the Guam selected National Performance Measures (NPM) and Guam selected State Performance Measures (SPM).

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 participates 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. The Guam Title V Program conducted a Children with Special Health Care Needs (CSHCN) Satisfaction survey in January 2016 to poll parents/caretakers of CSHCN on the quality of services they were receiving. There were 269 surveys turned in and the results showed that 64.31% of the children were seeing a physician, nurse, therapist, or social worker for their specific medical condition. Of the families that were seeing a physician, nurse or social worker 63.94% were satisfied with the services they were receiving. Eighty two percent (82.89%) of the parents/caretakers were involved in deciding what care their child receives however, 65.68% were satisfied with the care that child was receiving. When asked if they were able to pay for their child's health needs with private and/or public insurance 73.69% answered that they were able. When asked where they go to receive care for the child's medical care, 62.89% went to Public Health and 78.23% stated that appointments were easy to get. Eighty six percent (86.23%) stated that they were satisfied with the services that they were receiving. When asked if their child was able to take care of itself, get a job and live on their own, 79.56% responded that they were able and 68.12% were satisfied with the services they were receiving.

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 a level. 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.

WOMEN/MATERNAL HEALTH

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

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.

PERINATAL/INFANT HEALTH

State Priority: To reduce infant morbidity and mortality.

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 1st year of life, one of the leading cause of infant mortality on Guam for 2013-2015 was infections (interstitial pneumonia, meningitis, fungal sepsis).

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) CollIN. The Pacific Basin IM CollIN 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).

CHILD HEALTH

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

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.

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.

ADOLESCENT HEALTH

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

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.

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 (144). The number went from five in 2013 to three in 2014.

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.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

State Priority: To provide a whole child approach to services to 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; and support youth participation in the transition process.

CROSS CUTTING/LIFE COURSE

State Priority: To reduce the number of individuals who smoke.

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

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; and refer participants in Title V programs to smoking cessation services where appropriate.

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

Five-Year Needs Assessment Summary (as submitted with the FY 2016 Application/FY 2014 Annual Report)

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 SRHC. 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, BRFSS, Coordinated Chronic Disease Prevention and Health Promotion Program, Comprehensive Cancer Control Program, Diabetes Prevention and Control Program, Office of Minority Health, NCD Control Program and GBCCEDP. BPCS includes the CHCs: the Northern Region Community Health Center (NRCHC) in Dededo and Southern Region Community Health Center (SRCHC) in Inarajan.

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

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.

III.D. Financial Narrative

	2016		2017	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$711,476	\$749,969	\$711,476	\$748,877
State Funds	\$664,408	\$664,408	\$664,408	\$664,408
Local Funds	\$0	\$0	\$0	\$0
Other Funds	\$0	\$0	\$0	\$0
Program Funds	\$0	\$0	\$0	\$0
SubTotal	\$1,375,884	\$1,414,377	\$1,375,884	\$1,413,285
Other Federal Funds	\$1,439,711	\$902,002	\$1,240,374	\$913,487
Total	\$2,815,595	\$2,316,379	\$2,616,258	\$2,326,772
	2018		2019	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	\$750,323	\$757,877	\$748,877	
State Funds	\$562,743	\$568,408	\$562,743	
Local Funds	\$0	\$0	\$0	
Other Funds	\$0	\$0	\$0	
Program Funds	\$0	\$0	\$0	
SubTotal	\$1,313,066	\$1,326,285	\$1,311,620	
Other Federal Funds	\$1,900,000	\$1,421,948	\$1,844,000	
Total	\$3,213,066	\$2,748,233	\$3,155,620	

	2020	
	Budgeted	Expended
Federal Allocation	\$748,877	
State Funds	\$561,658	
Local Funds	\$0	
Other Funds	\$0	
Program Funds	\$0	
SubTotal	\$1,310,535	
Other Federal Funds	\$1,850,000	
Total	\$3,160,535	

III.D.1. Expenditures

Two important points set the stage for this narrative supporting expenditures: 1) each annual allotment has a two-year period of availability that permits two Title V grants to overlap by 12 months; 2) statutory requirements are based on the allotment, not the expenditures in a 12-month fiscal year period. The overlap does provide greater flexibility than some grants, yet also require careful grants management to ensure full compliance with statutes and regulations.

The MCH Block Grant (federal/State funds) significantly supports essential MCH programs and services and the capacity for Guam to adequately address its MCH population needs and enhance the health status of mothers and children. The Federal/State funds support quality maternal and child health services for mothers, children, and adolescents (particularly of low-income families). The MCH Block Grant promotes the development of service systems in States to meet critical challenges in:

- Reducing infant mortality.
- Providing and ensuring access to comprehensive care for women.
- Promoting the health of children by providing preventive and primary care services.
- Increasing the number of children who receive health assessments and treatment services.
- Providing family centered, community based, coordinated services for children and youth with special health care needs (CYSHCN).

30/30/10 Requirement:

Guam tracks expenditures to comply with the Title V 30/30/10 legislative requirement (Section 501 (a)(1)(D)). That is, a minimum of 30% must be expended for preventive and primary care for children; a minimum of 30% must be expended for Children and Youth with Special Health Care Needs; and minimum of 10% of funding can be expended for Title V administration.

The Title V 30/30/10 requirement reflects FY 18 expended \$1,326,285. Of this amount –

- Preventive and Primary Care for Children 32.2% requirement expended \$244,794.
- Children with Special Health Care Needs 31.4% requirement expended \$238,731.
- Title V Administrative Costs 9.7% requirement \$73,476.

Form 3a:

Types of individuals served: federal and non-federal expenditures

Federal:

- Pregnant women - \$157,147
- Infants < 1 year - \$43,729
- Children 1 through 21 years -\$244,794
- Children with Special Health Care Needs - \$238,731
- All others - \$0

Non-Federal:

- Pregnant women - \$126,618
- Infants < 1 year - \$42,206
- Children 1 through 21 years -\$168,823

- Children with Special Health Care Needs - \$168,823
- All others - \$0

The Federal – State MCH Block Grant Partnership is \$1,190,871, which includes \$684,401 in federal funds and \$506,470 in non-federal funds.

Form 3b:

Types of services report federal and non-federal expenditures. Combined federal and non-federal expenditures for FY 2018 includes \$757,877 in federal expenditures and \$653,408 in non-federal expenditures.

Federal:

- Preventive and Primary Care Services for all Pregnant Women, Mothers and Infants up to Age one - \$212,586
- Preventive and Primary Care Services for Children - \$232,289
- Services for CSHCN - \$237,216
- Enabling Services - \$46,540
- Public Health Services - \$29,246

Non-Federal:

- Preventive and Primary Care Services for all Pregnant Women, Mothers and Infants up to Age one - \$205,967
- Preventive and Primary Care Services for Children - \$201,611
- Services for CSHCN - \$205,966
- Enabling Services - \$26,576
- Public Health Services - \$13,288

Direct Services expenditures listed on Form 3b, Section 4 include Federal fund at \$682,091 - and Non-federal Funds at \$613,544

Direct Services – Federal Funds

- Pharmacy - \$33,568
- Physician/Office Services - \$472,633
- Dental Care - \$8,360
- Durable Medical Equipment - \$62,782
- Laboratory Service - \$104,748

Direct Services – Non-Federal Funds

- Pharmacy – \$24,982
- Physician/Office Services - \$387,217
- Dental Care - \$6,245
- Durable Medical Equipment - \$56,209
- Laboratory Service - \$138,891

Other Expended Federal Funds that are under the control of the Title V Program Administration

- Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) - \$827,326

- State Systems Development Initiative (SSDI) - \$27,814
- Project LAUNCH - \$566,808

III.D.2. Budget

The Maternal and Child Health Block Grant total budget for FY 2020 is \$1,310,535

The required State Match for Guam is \$561,658

For the FY 2020 Federal MCH Block Grant 30-30-10 requirements

- Preventive and Primary Care for Children - \$224,664
- Children with Special Health Care Needs - \$224,664
- Title V Administrative Costs - \$74,887

Types of individuals served: federal and non-federal expenditures

Federal:

- Pregnant women - \$ 170,522
- Infants < 1 year - \$54,140
- Children 1 through 21 years -\$224,664
- Children with Special Health Care Needs - \$224,664
- All others - \$0

Non-Federal:

- Pregnant women - \$102,314
- Infants < 1 year - \$68,209
- Children 1 through 21 years -\$170,522
- Children with Special Health Care Needs - \$170,522
- All others - \$0

Other Federal Funds that are under the control of the Title V Program Administration

- Maternal, Infant and Early Childhood Home Visiting Program (MIECHV) - \$1,000,000
- State Systems Development Initiative (SSDI) - \$50,000
- Project LAUNCH - \$800,000

Maintenance of Effort

The Guam Department of Public Health and Social Services assures that the level of funding for the MCH and CSHCN Program will be maintained at a level at least equal to the provided during FY'89.

Form 5

Form 5 reflects the number and percent of the MCH population served by the Title V program on Guam, as defined

by both Title V funding and Title V state match. The estimated total count of individuals served was 19,714.

The Form 5a count reflects individually-delivered direct or enabling services (i.e., the top two levels of the MCH pyramid of Services). This count includes individuals who received a service funded by total federal and non-federal dollars as reported on Form 2, line 8.

The Form 5b provides an estimate on the total percentage of populations who received a Title V supported service in each of the MCH population groups across all levels on the MCH pyramid of Services. This estimate includes all individuals and populations served by the total federal State Match as reported in Form 2, line 8.

III.E. Five-Year State Action Plan

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

State: Guam

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

[State Action Plan Table - Entry View](#)

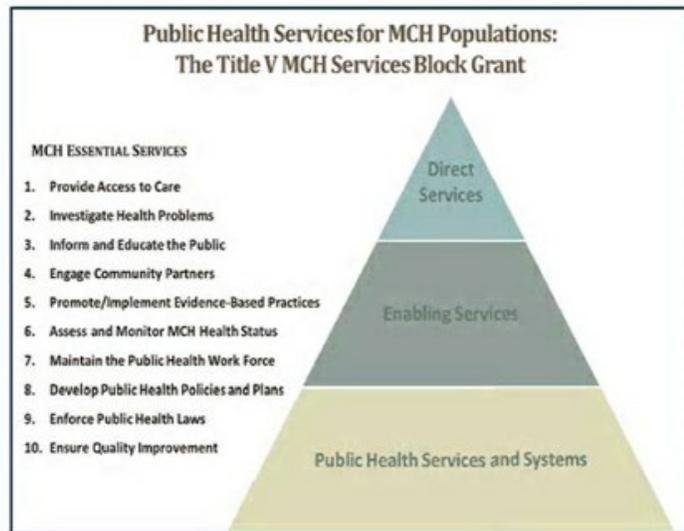
[State Action Plan Table - Legal Size Paper View](#)

III.E.2. State Action Plan Narrative Overview

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

The Maternal and Child Health Services Block Grant (Title V of the Social Security Act) is the only federal program devoted to improving the health of all women, children, and families. Since 1935, federal funds have supported state activities that improve the health of pregnant women, infants, children, adolescents, and children and youth with special health care needs (commonly called the “MCH Population”).

In considering potential strategies for implementing activities of MCH, the 10 Essential Public Health Services were cross walked with the purpose of the MCH Block Grant to the states as defined in Section 501(a)(1), Title V of the Social Security Act.



Direct Services assures access to preventive and primary health services for infants, young children, and adolescents. Specialty clinics such as the Shriners provide specialty services that are generally unavailable or inaccessible to low-income, uninsured, or underinsured families.

Enabling Services are non-clinical services that enable individuals to access health care and improve health outcomes where MCH Block Grant funds are used to cover these services. These services may include care coordination, referrals, health education for individuals or families, and outreach.

Public Health Services and Systems are activities and infrastructure to carry out the core public health functions of assessment, assurance, and policy development, and the 10 essential public health services where MCH Title V Block Grant funds are used to cover these services.

The Guam Department of Public Health and Social Services (DPHSS) is responsible for the administration of the Guam Maternal and Child Health (MCH) Block Grant. The Guam MCH Program, housed with the Bureau of Family Health and Nursing Services (BFHNS) Division of Public Health, provides both a framework and a focal point for MCH efforts at the national and local level. The Guam MCH Program promotes and supports the development of family centered, culturally competent, community-based systems of care for the entire MCH population on Guam. MCH resources and programs are often directed to meet the particular developmental or societal needs of one or more of the target MCH population groups. Title V activities and services on Guam align with the broader purpose of Title V, including:

- Access to quality health care for mothers and children, especially for people with low income and/or limited availability of care.
- Health promotion efforts that seek to reduce infant mortality and the incidence of preventable diseases and to increase the number of children appropriately immunized against disease.
- Access to comprehensive prenatal and postnatal care for low-income women.
- Providing access to rehabilitative services for children who need specialized medical care and treatment.
- Family centered, community-based systems of coordinated care for children and youth with special health care needs.

We focus on low-income women and children in socio-economic, racial, and ethnic groups that are

disproportionately affected by poor health in areas and populations of highest need. Within the Division of Public Health are Bureaus that MCH works with to improve health care services for women, infants and children, and adolescents; increase efficiency and utilization of available services; and enhance knowledge and skills of both consumers and providers of health care. The Division houses the Office of Vital Statistics, the Bureau of Communicable Disease Control (which includes the Immunization program and the STD/HIV program), the Bureau of Community Health Services (which includes the BRFSS program, the tobacco program and the diabetes program), and the Bureau of Nutrition Services (which includes the WIC program).

Based on the findings from the 2015 Title V MCH Needs Assessment, Guam selected seven priority areas to focus on during the 2015-2020 block grant cycle. These priority areas reflect input from the community and the results of island-specific data. The priority areas allow Guam to monitor and evaluate progress in “moving the needle” on Guam MCH efforts. Guam’s Title V 2015-2020 MCH priorities are listed below:

1. To improve maternal health by optimizing the health and well-being of women of reproductive age.
2. To reduce infant mortality and morbidity.
3. To improve the cognitive, physical and emotional development of all children.
4. To promote and enhance adolescent strengths, skills, and supports to improve adolescent health.
5. To provide a whole child approach to services to Children with Special Health Care Needs.
6. To reduce the number of individuals who smoke.
7. To increase the number of homeless individuals and families accessing health and social services.

These priority areas led to the identification and selection of evidence-based or evidence informed strategies along with corresponding performance and outcome measures, which are monitored and evaluated by the Guam MCH Program.

Guam also developed three State Performance Measures (SPMs) to address additional priorities that were identified during the Five Year Needs Assessment process. These measures address priority needs that may not be fully addressed through the selected National Performance Measures (NPMs). Guam’s SPMs can be found in *Section III.E.1 Five Year State Action Plan*.

In addition to the state priorities and national performance measures, which describe ultimate goals, the State Action Plan includes strategies describing the planned activities and evidence-based strategy measures that gauge performance or progress. Guam regularly monitors progress towards meeting goals and objectives by looking at successes and challenges in a collaborative way that include data analysis, progress reports and evaluation.

The strategies listed in the action plan not only track progress toward the identified priorities, but also strengthen the foundation for health across Guam. This is due to the role of Title V as a collaborator and partner in addressing MCH issues. Title V activities are typically systems-level work such as engaging partners, educating partners, ensuring quality improvement, and developing systems support to address maternal and child health issues at the population level. Cross cutting activities such as promoting an equity-focus, considering access to health care from the viewpoint of social determinants of health, assessment and workforce development reflect this as well.

Title V has demonstrated in the past in many ways the ease with which Title V can bring partners to the table on various initiatives and/or activities. A history of wide-ranging work, transparency, and long-standing relationships built on trust means that as new strategies are identified, implementation is generally smooth.

As Title V is a public health program at its core, activities within the Block Grant remain primarily typical public health functions. Adhering to the *10 Essential Public Health Services*, provides Guam Title V with a foundation of evidence-based practices, an implementation and evaluation framework, and processes to document and describe work conducted under the Block Grant.

In 2010, Guam DPHSS was one of the seventy-three health departments in the nation that received a grant through

CDC's National Public Health Improvement Initiative (NPHII), which has three primary focus areas: accreditation readiness, performance management and quality improvement, and fostering collaboration. . From 2010-2011, DPHSS used NPHII funding to strengthen their infrastructure to support performance management efforts, including human resources, information technology, quality improvement, and communications. In 2012, with greater infrastructure in place, DPHSS began the Public Health Accreditation Board's (PHAB) three prerequisites for accreditation: community health assessment, community health improvement plan, and an organizational strategic plan.

For the Community Health Assessment (CHA), DPHSS formed a data subcommittee to collect, analyze, and report the data. The subcommittee was made up of individuals who were familiar with data systems and management within DPHSS. Title V was a member of the data subcommittee.

The Guam Community Health Improvement Plan (CHIP) was developed with agency partners and community stakeholders using the data collected through the community health assessment. The Guam CHIP is a collaborative and actionable plan that aims to increase education, expand community awareness, and improve access to care through policy and measureable action. Based on community input, the Guam CHIP focuses on improvements in the following areas: Vaccine Utilization, Diabetes and Cardiovascular Disease, and Cancer Screening. Title V was highly involved in the CHIP process.

Accreditation of public health departments is associated with several important organizational and operational benefits, such as (1) promotion of high performance and CQI, (2) recognition of high performers that meet nationally accepted standards of quality, (3) clarification of the public's expectations of state and local health departments, and (4) increased visibility and public awareness of governmental public health, leading to greater public trust and stronger constituent support.

III.E.2.b. Supportive Administrative Systems and Processes

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

The workforce development, a U.S. approach to economic development, attempts to enhance a region's economic stability and prosperity by focusing on people rather than businesses. It essentially develops a human-resources strategy. The goal of workforce development is to enhance the skills of those already in the workforce as well as provide tangible and relevant skills to those looking for employment. From courses at a community college to certificate programs at a technical school to on-the-job training, individuals can find a diverse selection of workforce development opportunities to meet their professional goals.

The DPHSS continues to use public health core competencies to assess workforce development needs and will focus on engaging staff in capacity building efforts with community partners. The Public Health Workforce Training Needs Assessment Survey was designed to identify and prioritize training and development initiatives for DPHSS employees. The survey was based on a set of twenty-four organizational competencies that were identified by the DPHSS Quality Improvement Council (QIC).

The first assessment tool was distributed to DPHSS Division of Public Health and the Division of Environmental Health staff beginning June 26, 2017 through July 7, 2017 via Survey Monkey. A total of 122 out of 260 employees responded, for a response rate of 47%. The second assessment tool was distributed to DPHSS Division of General Administration, Division Senior Citizens, and Division of Public Welfare February 12th, 2018 at 8:00 am until Friday, February 23, 2018 at 5:00 pm. For the 2018 survey, a total of 31 out of 182 employees participated for a response rate of 17%. A total of 153 respondents out of 438 employees took the survey with a total response rate of 35% from survey set 2017 & 2018.

Training needs that were identified in both survey were: 1) Financial Planning and Management Skills; 2) Public Health Science Skills; and 3) Leadership and System Thinking Skills. Barriers that were identified in both surveys were: 1) Agency and/or grant budget restrictions; 2) Time away from work; and 3) Individual/personal cost.

Barriers Identified

Barriers Identified		
Agency and/or grant budget restrictions	Partner with another agency to offer training, create offerings in-house, pool grant funds to bring in outside instructors, offer webinars, and utilize Pacific Open Learning Health Net (POLHN) training room etc.	The QIC has made the following recommendations to minimize the barriers to training identified from the training needs assessment. These recommendations should be assessed during the planning phases of trainings and professional development opportunities. According to input provided by the DPHSS Personnel Officer, approximately 15%
Time away from work	Offer in-house training and/or webinars for staff, and schedule staff development activities	
Individual/personal cost	Develop training budget, subsidize training-related fees, i.e., CEU's, Increase per diem, and develop in-house check list	

of the staff is eligible for retirement in the next 5 years. This may result in a future workforce that includes young, new professionals and systems that may need to be put in place (i.e. cross training, succession planning, written policies and protocols, standards of practice, etc.) to capture institutional knowledge. Although some divisions have already started having their staff prepare their Standards Operating Procedures (SOPs), the requirement has yet to be implemented throughout the entire department. Similar to a job description, an SOP is a written document that

outlines the process and procedures by which a job task is done. This document can also serve as a resource for new employees who may be hired to fill a vacancy left by staff due to resignation or retirement.

	2017	2018	
Percent of employees eligible for retirement within the next five years	20% of 414 = 82.8 (83)	15% of 438 = 65.7 (66)	Title V plays an important role in allowing the Department to maintain capacity within the Title V workforce. Title V funding helps ensure the

Department can maintain an adequate workforce in the Central Office to preserve, enhance, and expand services for the Title V population.

Title V staff within Guam DPHSS are the heart of the Title V program and responsible for ensuring the scope and mission of Title V is carried out in Guam. Current MCH staff are encouraged to take advantage of opportunities to participate in training, conferences, and other activities to increase knowledge and skills related to Title V activities. Several staff attend the AMCHP annual conference each year. The Guam MCH Team has attended the MCH Summer Skills Institute sponsored by the MCH Workforce Development Center.

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

- Maternal Infant Early Childhood Home visiting grant supports training for the Guam home visitors.
- Early Childhood Comprehensive Systems grant supports training for providers on developmental screening tools and protocols.
- Family Planning shares resources from the National Family Planning Training Centers to local providers via meetings, webinars, and conference calls.
- The Emergency Medical Services grant/sponsors numerous training projects and the Annual EMS Conference.

The DPHSS is committed to providing culturally competent approaches in its delivery of services. This begins with hiring staff from various racial and ethnic backgrounds to staff training and development. Managers are committed to recruiting staff utilizing non-traditional approaches and ensuring that interview teams are also diverse. DPHSS partners with numerous community based organizations for program design and implementation. Educational and outreach materials utilized by the programs are also reviewed for health literacy and cultural appropriateness, with materials available in additional languages as needed. Feedback is obtained from culturally diverse focus groups, surveys, and parents to provide culturally sensitive services across Guam.

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

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

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

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

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

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

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

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



Guam's Title V MCH Program staff have established strong partnerships with a variety of government agencies, community-based organizations, health providers, and community members with shared goals to improve the health of Guam's MCH population. These partnerships allow Guam MCH to obtain a wide perspective to inform program and policy development, implementation and evaluation. Established partnerships will continue, and Guam MCH will work to strengthen efforts to engage consumers in state Title V activities.

Guam's Title V program is committed to partnering with families and consumers. These partnerships provide a unique perspective that strengthens the quality and effectiveness of MCH programs. Title V strives for services to be provided in a culturally competent manner that extends

beyond medical interpretation due to language barriers and differences in health beliefs and behavior patterns of various cultures. MCH employs a state family leader who assists stakeholders to host Parent Cafés and provide trainings for nurturing families and other programs. She represents the family voice in policy, planning, and development of resources.

MCH attempts to be reflective of the population served, and greater cultural representation is sought in order to broaden the reach of programs and services. Parents of all perspectives are asked to become involved, including those from varying racial and socioeconomic backgrounds.

Guam applied for and was awarded a Family Health Information Resource Center (FHIRC) grant in 2018. The goals of FHIRC are: 1) to be a "one stop" center for CYSHCN and their families to register, and obtain information, support, and assistance to meet their needs; 2) to be a place where parents can help other parents navigate the system to receive care; and 3) to provide training for parents to help them care and advocate for their children. The FHIRC is in the stages of being set up at the Norther Region Community Health Center (NRCHC).

III.E.2.b.iii. States Systems Development Initiative and Other MCH Data Capacity Efforts

The Guam SSDI program is currently housed within the Bureau of Family Health and Nursing Services (BFHNS), Division of Public Health. The Division also houses the Office of Vital Statistics, the Bureau of Communicable Disease Control (which includes the Immunization program and the STD/HIV program), the Bureau of Community Health Services (which includes the BRFSS program, the tobacco program and the diabetes program), and the Bureau of Nutrition Services (which includes the WIC program).

Over the last several years, the Guam Title V MCH Program has built up its ability to access population-based data sets and calculate key measures for MCH. The majority of the key data files related to MCH is housed by other offices within the division and is not under the authority of BFHNS nor the MCH program.

The Title V program also benefits from other public data files such as the Youth Risk Behavior Surveillance (YRBS) and the National Immunization Surveillance (NIS). The availability of these data sources to MCH enable assessment of a wide assortment of MCH topics and support the broad priorities of the Title V Program.

As of 2018, all but two of the data elements in the SSDI Minimum/National Core and Core/State data sets are available – either by direct access to the relevant data system, or through Inter-Governmental Agreement. Access to the remaining data sources is expected to remain consistent. The one indicator currently unavailable on Guam is PRAMS.

Funding received for SSDI has allowed MCH to focus on

1. Goal One: Build and expand State MCH data capacity to support Title V program efforts and contribute to data-driven decision making in the MCH Program.

SSDI funding has helped to ensure continued efforts and contribution to data-driven decision making in MCH, including needs assessment data support, Title V Block Grant data support, identification of structural and process measures for Guam's Title V program, and development of State Performance Measures (SPMs) to address priority needs. SSDI plans to continue providing data and support to the MCH Program, particularly the Title V Block Grant Application and reporting processes, and five – year needs assessment.

2. Overall Goal Two: Enhance data collection, reporting capacity, evaluation, and needs assessment activities, especially related to health disparities.

As part of the Title V requirements, the State must complete a Statewide Needs Assessment every five years. This assessment is a systematic examination of the health behaviors, conditions and risk factors of each of the three Title V – legislatively-defined MCH populations: (1) Preventive and primary care services for all pregnant women, mothers, and infants up to age one; (2) Preventive and primary care services for children; and (3) Services for CSHCN. The state will organize its reporting on the three legislatively-defined MCH populations in the context of five population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) Adolescent Health; and 5) CSHCN.

In planning for the 2020 Guam Title V Maternal and Child Health Services Block Grant Needs Assessment, a MCH Core Team was developed. This group, which is led by the MCH Project Director and MCH Program Coordinator, is tasked with the completion of Guam's Title V Five-Year Needs Assessment. The MCH Core Team will serve as the day-to-day team on all needs assessment activities to include information sharing, providing status updates, troubleshooting and developing consensus on evolving issues.

The Guam Five-Year Needs Assessment aims to serve as an important foundation for future data-driven planning efforts on the island and build upon earlier efforts such as the Guam Community Health Assessment and the Guam Health Improvement Plan, a plan for improving the health of all who call Guam home.

After the five year Needs Assessment is submitted, ongoing interim needs assessment activity will be conducted to

re-examine the health status of Title V's target populations and identifying any necessary changes to state priorities and activities.

The Jurisdictional MCH Survey was determined by MCHB to bring capacity to pre-populate and report on the Title V MCH Block Grant Application/Annual Report on National Performance Measures for which the data apply. Guam Title V staff were very involved evaluated the English version of the Jurisdictional MCH Survey Pretest Core Questions and Jurisdictional Specific Module draft and submitted recommendations to the National Opinion Research Center (NORC) at the University of Chicago. NORC will select four Jurisdictions for the first round of surveys in 2019.

3. Goal Three: Advance utilization of both the minimum and core data set (M/CDS) for State Title V Program.

The SSDI Project Coordinator serves as the lead in compiling and reporting Title V MCH data annually. Additionally, the SSDI Project Coordinator works closely with partners such as WIC, the Public School System, and local hospitals for collecting information vital to needs assessment updates and informing the block grant.

In the past few years, increasing importance has been connected to data requirements in the area of maternal and child health (MCH). A variety of data items are needed at many levels for long and short-term policy decisions and management of MCH.

The Guam Office of Vital Statistics photocopies the birth and death certificates and sends them via USPS to the National Center for Health Statistics (NCHS) approximately every three months. The sending of records serves as a backup for data because of problems encountered with the STEVE system. NCHS keys in the birth and death data. Through a secure portal at the Centers for Disease Control (CDC), data from Guam can be accessed through a secure access management system (SAMS). The data can be uploaded or downloaded through this portal. Unfortunately, the data that is posted is only available for a brief time period after the initial download of the file. NCHS also codes the causes of death. No one at DPHSS is trained in the coding of deaths. Files are available in a text file and can be downloaded into an Excel spreadsheet.

Advances in the systematic collection, analysis, and reporting of data have been made in recent years. Standardizing data definitions and collection methods is an important step in improving the value of data elements, datasets, and data systems and has been a priority of the NCHS.

While there may be challenges in collecting the Core/Minimum data sets, the opportunities outweigh the challenges. In addition to an ethical mandate to know what is happening to children, a solid data foundation to monitor risks and changes in health is crucial for evidence based policy and decision making.

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

The Department of Public Health and Social Services is responsible for public health policies. Guam Memorial Hospital, which is located in the village of Tamuning, provides a broad range of health-care services to residents and people from neighboring islands, such as the Commonwealth of the Northern Mariana Islands and the Federated States of Micronesia. The United States Naval Hospital Guam provides health services primarily to military personnel, but also provides voluntary community services to the civilian community. The Guam Regional Medical City, a private hospital, started its service in 2015 in the north of Guam.

Understanding gaps in the delivery of health care is critical to addressing many of the focus area of the Title V Block Grant. In 2012, the Guam Department of Public Health and Social Services (DPHSS) conducted an island wide community health assessment to identify gaps in public health services and to align resources and island wide efforts to improve population health. Based on the assessment, DPHSS released the Guam Community Health Improvement Plan (CHIP) 2015-2020, a strategic approach to addressing the top public health priorities. Through stakeholder input, public health priorities were selected based on the magnitude of the problem, severity, potential to impact, cost effectiveness, existence of evidence-based models, political feasibility, community readiness, disparities, current trends, and quality of life. Based on outcomes from the prioritization process, the Guam CHIP focuses on the following health issues: 1) Vaccine Utilization; 2) Diabetes and Cardiovascular Disease Mortality; and 3) Cancer Screening (Lung and Cervical Cancer).

Implementation of the CHIP and ongoing assessment of its progress served to identify those barriers in access to health care delivery that negatively affect many of the public health priorities. Those barriers include health care workforce shortages, health insurance coverage, and other socio-demographic factors such as income and poverty.

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

Guam was also designated as a Medically Underserved Area (MUA), which now provides an option for stateside doctors to work off a portion of their medical education loans by serving as a physician on Guam. Guam has a mix of public and private providers, including four large private primary care and multi-specialty clinics (all located centrally within a few miles of the public hospital), about a dozen private practice clinics, and a privately-owned birthing center. There are more than 300 physicians (licensed), 28 dentists, 6 personal and family counselors, and 11 optical centers.

When addressing health disparities, it is important not to overlook the mental health of a population. Most of the work done in the Pacific area is not specific to Guam, but remains the best approximation until more focused research is done on Guam. Pacific island areas have substantially fewer per capita mental health providers than urban areas. Moreover, providers with higher level of specialization in the area of mental health and with greater expertise are extremely scarce.

Medicaid in the United States is a federal and state program that helps with medical costs for some people with limited income and resources. The Health Insurance Association of America describes Medicaid as "a government insurance program for persons of all ages whose income and resources are insufficient to pay for health care."^[1] Medicaid is the largest source of funding for medical and health-related services for people with low income in the United States, providing free health insurance to 74 million low-income and disabled people (23% of Americans) as of 2017.^[2]

Unlike state Medicaid programs, financing for territorial Medicaid programs is capped, meaning territories can only access federal funds up to an annual ceiling, sometimes referred to as Section 1108 allotment or cap.

The federal medical assistance percentage (FMAP) which is the share of a state's Medicaid costs paid for by the federal government, ranges from 50% for the higher income states to 83% for the lower income states. The FMAP for the territories is 55%. An example is – if Guam spends \$10 million of its own money on Medicaid services, the federal government at 55% FMAP would put in \$12.2 million.

Historically, the amount in Section 1108 allotment funding has been insufficient to fund Medicaid in the territories. In recent years, Congress has provided time-limited increases to supplemental funds available under their Section 1108 allotments. Most recently, the Bipartisan Budget Act of 2018, the Consolidated Appropriation Act of 2017, and the Patient Protection and Affordable Care Act provided funds as follows:

- The ACA provided funding for all territories in two blocks: the bulk of funding was provided and made available through September 30, 2019. A smaller amount was provided and available until December 30, 2019, following the exhaustion or expiration of funds in September 30, 2019.

All sources of supplemental funds will expire in 2019 and Congress is now considering whether the territories will need additional funding to supplement Section 1108 allotments in 2020 and beyond. If no additional funds are available, the territories must consider how to proceed. Options include funding Medicaid entirely with unmatched local funds if available, cutting services or eligibility, or a combination thereof.

Guam is also working to strengthen the collaboration with Title V and Title XIX Medicaid program in our state. State Medicaid and MCH Services share the common goal of improving the health status of the maternal and child health population. Guam has a long-standing IAA with Title XIX Medicaid. This agreement has helped support the future transformation of an island wide system of care. The agreement provides a way to hold both parties accountable for their individual roles and responsibilities within the agreement. Through the agreement, we have been able to formalize and support an agreed-upon method for maintaining communication, collecting and sharing data, and exchanging information. By establishing the Interagency Agreement (IAA), we are working collaboratively towards creating stronger state programs with mutual goals that ensure women and children in our state receive needed services. Clear and accessible IAAs can also ensure policy continuity over time as agencies experience staff changes due to attrition and new appointments. These IAAs will reflect the needs and resources of both parties and consider current health care delivery and payment programs. The latter expectation is particularly important in today's rapidly evolving health care delivery environment. Promoting the culture of collaboration through a partnership can assist in expanding the reach and effectiveness Title V and Medicaid agencies have on their populations and overlapping goals. The efforts made through this partnership can bring awareness to each program's value.

^[1] America's Health Insurance Plans (HIAA), p. 232

^[2] Terhune, Chad (October 18, 2018). "Private Medicaid Plans Receive Billions In Tax Dollars, With Little Oversight". Health Shots. .

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

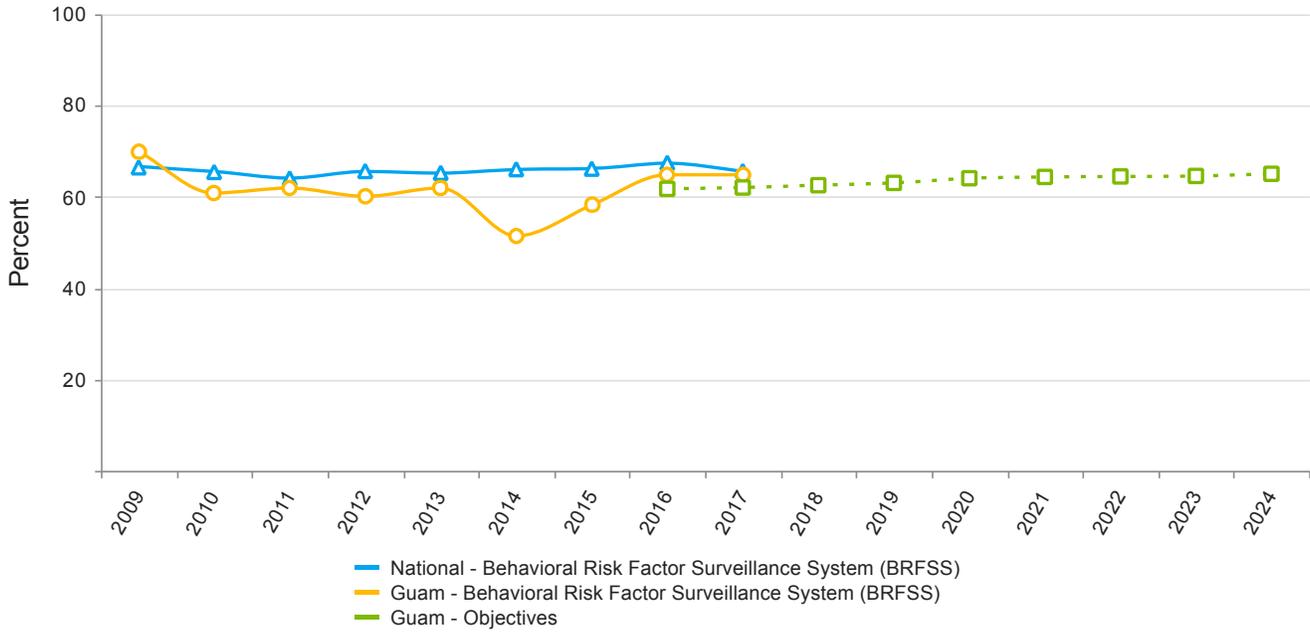
Women/Maternal Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID	Data Not Available or Not Reportable	NPM 1 NPM 14.1
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 1 NPM 14.1
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2017	8.6 %	NPM 1 NPM 14.1
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2017	10.3 %	NPM 1 NPM 14.1
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2017	28.4 %	NPM 1 NPM 14.1
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2016	14.5	NPM 1 NPM 14.1
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2016	12.8	NPM 1 NPM 14.1
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2016	8.2	NPM 1 NPM 14.1
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2016	4.7	NPM 1 NPM 14.1
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2016	553.6	NPM 1 NPM 14.1
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2016	Data Not Available or Not Reportable	NPM 14.1
NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy	PRAMS	Data Not Available or Not Reportable	NPM 1
NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births	SID	Data Not Available or Not Reportable	NPM 1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 14.1
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2017	40.1	NPM 1
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth	PRAMS	Data Not Available or Not Reportable	NPM 1

National Performance Measures

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



Federally Available Data

Data Source: Behavioral Risk Factor Surveillance System (BRFSS)

	2016	2017	2018
Annual Objective	61.7	62	62.5
Annual Indicator	58.1	64.8	64.7
Numerator	17,412	19,432	19,338
Denominator	29,982	29,972	29,900
Data Source	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017

Annual Objectives

	2019	2020	2021	2022	2023	2024
Annual Objective	63.0	64.0	64.3	64.4	64.5	65.0

Evidence-Based or –Informed Strategy Measures

ESM 1.4 - Percent of women program participants (18-44) that received education on the importance of a well-woman visit in the past year.

Measure Status:		Active	
State Provided Data			
	2017	2018	
Annual Objective	61.7	63	
Annual Indicator	88.5	64.7	
Numerator	19,432	19,338	
Denominator	21,966	29,900	
Data Source	BRFSS	BRFSS	
Data Source Year	2016	2017	
Provisional or Final ?	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	63.5	64.0	64.5	65.0	66.0	66.5

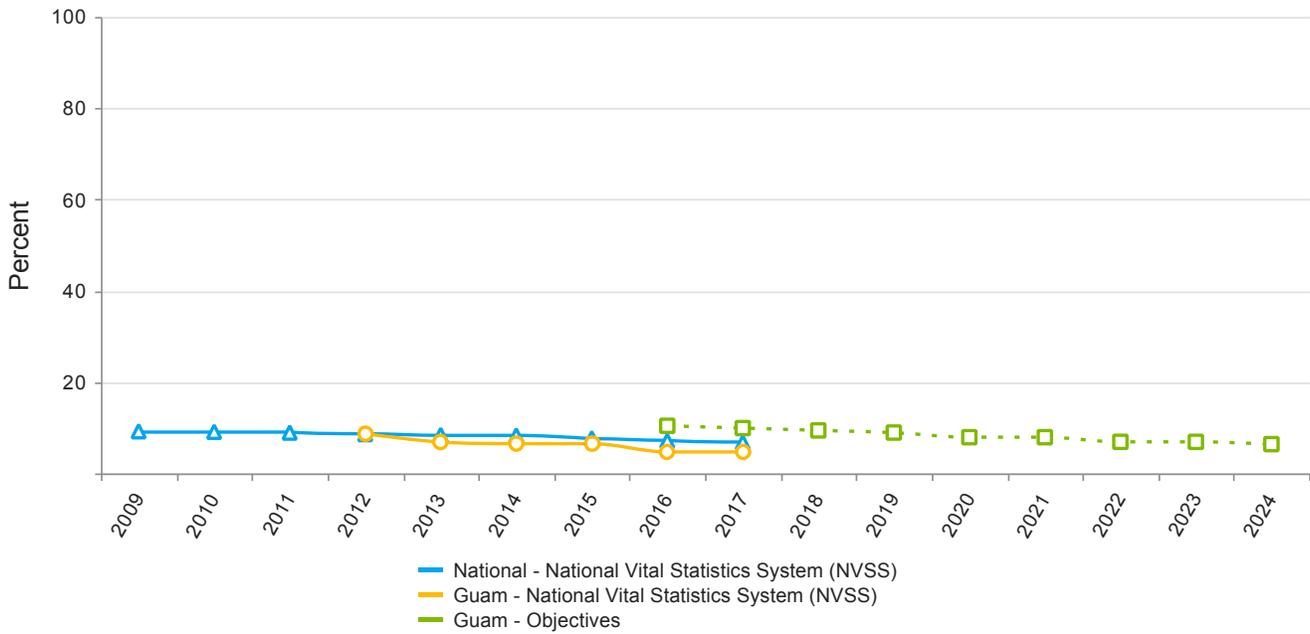
ESM 1.5 - Percentage of women in Title X receiving preconception services

Measure Status:		Active				
Annual Objectives						
	2020	2021	2022	2023	2024	
Annual Objective	10.0	12.0	15.0	20.0	25.0	

ESM 1.6 - The percent of pregnant female clients who are screened for chlamydia, syphilis, gonorrhea, and HIV within their first 20 weeks of pregnancy as a component of their prenatal visit

Measure Status:		Active				
Annual Objectives						
	2020	2021	2022	2023	2024	
Annual Objective	20.0	25.0	30.0	35.0	40.0	

**NPM 14.1 - Percent of women who smoke during pregnancy
Indicators and Annual Objectives**



Federally Available Data			
Data Source: National Vital Statistics System (NVSS)			
	2016	2017	2018
Annual Objective	10.5	10	9.5
Annual Indicator	6.7	4.7	4.7
Numerator	218	159	150
Denominator	3,267	3,364	3,218
Data Source	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	9.0	8.0	8.0	7.0	7.0	6.5

Evidence-Based or –Informed Strategy Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	15.0	15.0	20.0	20.0	20.0	25.0

State Performance Measures

SPM 1 - Percent of women of reproductive age who are current smokers

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		6.2	6.1	
Annual Indicator	6.3	7.8	8.2	
Numerator	218	258	259	
Denominator	3,441	3,292	3,175	
Data Source	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	6.0	5.9	5.8	5.7	5.6	5.5

State Action Plan Table

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

Priority Need

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

NPM

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

Objectives

By Dec. 2020, Increase the percent of women with a past year preventive medical visit. By Dec 2020, Increase the number of women returning for the postpartum visit by 5% by Dec. 2020 by increasing general awareness of the importance of preventive healthcare. Improve coordination among DPHSS programs and bureaus to promote respective outreaches and activities. By Dec 2020, Engage providers in the importance of promoting preventive health care for women of childbearing age by.

Strategies

Increase the percentage of women who receive a preventive medical visit through activities such as outreach, reduction of barriers to healthcare and efficient operations.

Distribute materials on the benefits of postpartum care and encourage providers to educate their patients on the benefits of postpartum care.

Collaborate with the Guam Breast and Cervical Cancer Program to help educate women on the importance of cervical cancer screening and the importance of cervical cancer treatment

Collaborate with the Guam Breast and Cervical Cancer Program to help recruit women who the Guam Breast and Cervical Cancer Program criteria as well as non-program women and educate them on the importance of cervical cancer screening.

ESMs	Status
ESM 1.1 - Number of press releases, PSAs and/or social media messages promoting preventive health care visits for women of reproductive age	Inactive
ESM 1.2 - Number of webinars for providers on increasing preventive care visits among women in their clinics	Inactive
ESM 1.3 - Literature review conducted to define the scope of services required for women's preventive medical visit.	Inactive
ESM 1.4 - Percent of women program participants (18-44) that received education on the importance of a well-woman visit in the past year.	Active
ESM 1.5 - Percentage of women in Title X receiving preconception services	Active
ESM 1.6 - The percent of pregnant female clients who are screened for chlamydia, syphilis, gonorrhea, and HIV within their first 20 weeks of pregnancy as a component of their prenatal visit	Active

NOMs
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations
NOM 3 - Maternal mortality rate per 100,000 live births
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)
NOM 5 - Percent of preterm births (<37 weeks)
NOM 6 - Percent of early term births (37, 38 weeks)
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.2 - Neonatal mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.4 - Preterm-related mortality rate per 100,000 live births
NOM 10 - The percent of infants born with fetal alcohol exposure in the last 3 months of pregnancy
NOM 11 - The rate of infants born with neonatal abstinence syndrome per 1,000 hospital births
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females
NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

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

Priority Need

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

NPM

NPM 14.1 - Percent of women who smoke during pregnancy

Objectives

By Dec. 2020, Increase the percent of women with a past year preventive medical visit to 64%.

By Dec. 2020, Increase the number of women returning for the postpartum visit by increasing general awareness of the importance of preventive healthcare.

By Dec. 2020, Improve coordination among DPHSS programs and bureaus to promote respective outreaches and activities.

By Dec. 2020, Engage providers in the importance of promoting preventive health care for women of childbearing age.

Strategies

Continue to encourage clinics (private and public) to offer preconception care along with a chronic disease screening, vision/hearing screening, tobacco cessation services and assessments of behavioral health during well woman preventive health visits

Develop culturally and linguistically appropriate policies and protocols to reduce discrimination, disparities, and stigmatization related to maternal health and wellness issues.

Collaborate with the Guam Tobacco Control Program to promote the Tobacco Free Quitline.

Collaborate with the Guam Tobacco Control Program who utilize preconception health screening tools and resources to identify smokers

Collaborate with the Guam Tobacco Control Program to increase the number of health care providers who address the dangers of smoking and tobacco use in the preconception visit

ESMs

Status

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

Active

NOMs

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

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

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

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

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

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

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

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

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

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

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

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

State Action Plan Table (Guam) - Women/Maternal Health - Entry 3

Priority Need

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

SPM

SPM 1 - Percent of women of reproductive age who are current smokers

Objectives

By July 2020, reduce the percentage to 8% of women of reproductive age who are current smokers. (Baseline data Pregnant women 10.5% FAD)

Strategies

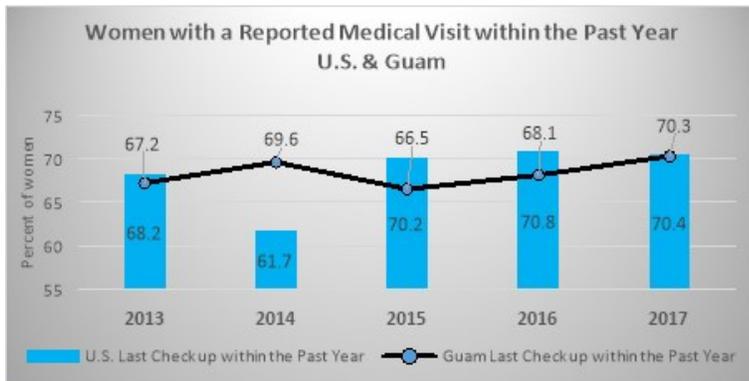
Collaborate with the Guam Tobacco Prevention and Control Program staff to promote the Guam Quitline.

Train the BFHNS MCH staff to screen and refer women of reproductive age to the Guam Quitline.

Refer participants in Title V Programs to smoking cessation services when appropriate.

Women/Maternal Health - Annual Report

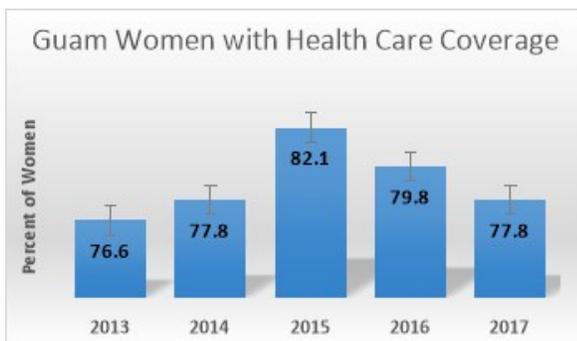
Women/Maternal Health – Annual Report



Guam selected National Performance Measure (NPM) # 1 – Percent of Women who Had a Preventive Medical Visit within the Past Year, based on the results of Guam’s Maternal and Child Health (MCH) 5-Year Needs Assessment. By July 2020, we sought to increase the percentage of women who had a preventive health visit to 64%; this included preconception and interconception care. In 2017, Guam’s Behavioral Risk Factor Surveillance System (BRFSS) data indicated

that 70.3% of women on Guam received a preventive medical visit. The national estimate for 2017 was 70.4%.

In 2017, the prevalence of a women having a routine check-up within the past year increased with household income level. Multi-racial Non-Hispanic women (56.4%) were significantly less likely than Non-Hispanic White women (78.8%) to have received a routine check-up within the past year. Significantly, fewer women with less than a high school education (52.3%) reported having a had a routine check-up within the past year than did women who were high school graduates (63.9%), had some college (71.7%), or were college graduates (72.9%).



Adequate health insurance is an important indicator of a person’s health. People without medical insurance are more likely to lack a source of medical care and skip routine medical care. Without health care coverage, a person increases their risk for serious and disabling health conditions.

On Guam, the percentage of women having health insurance coverage increased from 76.6% in 2013 to 77.8% in 2017. In 2017, disparities between those with a higher income were evident: 93% for those with an income greater than \$50,000

had a form of health insurance, but only 63% of those with an income less than \$15,000 had a form of health insurance.

Good health care for a woman considers the stages of the women’s life, from adolescence to old age. It means caring for all her needs, throughout her life course. For too many years, women’s health care meant little more than maternal health services, such as pregnancy and birth.

In 2018, there were approximately 35,200 women of reproductive age on Guam. The highest racial composition of this population consisted of Chamorro (37.2%); Filipino (26.3%); White (6.8%) and Other Pacific Islander (11.5%). The ethnic group with the fastest rate of increase is the Chuukese population, from 0.1% in 1990 to currently 7% of the population, a 70-fold increase.

Unhealthy birth outcomes, such as low birth weight and preterm birth, are influenced by many factors both before and during pregnancy. Preconception care allows women to talk to their provider about steps to take to promote a healthy pregnancy before conception or implement strategies to delay pregnancy. It also opens the door for early entry into prenatal care. Prenatal care continues to be a crucial method in identifying health issues throughout pregnancy, allowing for early intervention and healthier birth outcomes. Unintended pregnancy can have significant negative consequences for women, their families, and society. Studies indicate that unintended pregnancies are

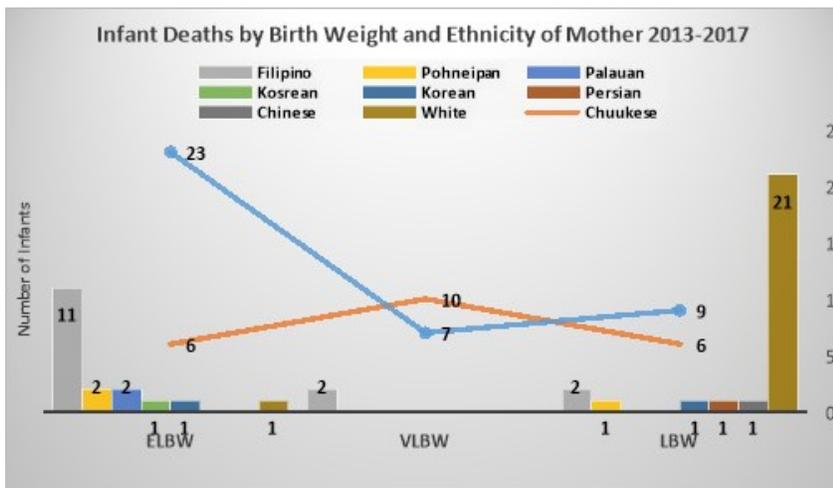
associated with a plethora of adverse health, social, psychological, and economic outcomes.

For the years 2013-2017, there were 21 mothers aged 15 to 19 that experienced an infant death; within the age group 20 to 24, 57 mothers had an infant death; within the age group 25 to 29, 49 mothers experienced an infant death; in the age group 30 to 34 years, there were 40 mothers who had an infant that died; within the age group 35 to 39, 21 mothers had an infant that passed away; and within the age group 40 to 44 years, 7 mothers had an infant that died.

One of the best ways to promote a healthy birth is by having a healthy pregnancy. Getting early and regular care improves the chances of a healthy pregnancy. Preconception care can help to reduce health risks prior to pregnancy and prenatal care can help prevent complications and informs women about important steps they can take to protect their baby and ensure a healthy pregnancy. Babies of mothers who do not get prenatal care are more likely to have a low birth weight and are more likely to die.

Data in the National Vital Statistics System (NVSS) indicate the percent of pregnant women who receive prenatal care beginning in the 1st trimester on Guam remained relatively unchanged since 2015 at 60.9%. Guam falls 24.4% below the Healthy People 2020 target of 77.9%. The percent of women whose prenatal care initiation was late or received no prenatal care also remained unchanged at 13.4%.

An extremely low birth weight (ELBW) infant is defined as one with a birth weight of less than 1,000 grams (2 pounds, 3 ounces). Most extremely low birth weight infants are also the youngest of premature newborns, usually born at 27 weeks' gestational age or younger. Very low birthweight is defined as weighing less than 1,500 grams (3 pounds 5 ounces). Low birth weight (LBW) is defined by the World Health Organization as a birth weight of an infant of 2,499 grams (5 pounds 8 ounces) or less, regardless of gestational age.



Of the 163 infant deaths for 2013-2017, 87 (53.3%) were born with a low birth weight. There were 47 (54%) Extremely low birth weight (ELBW) infants. Of the 47, there were 23 (48.9%) Chamorro infants, there were 11 (23.4%) Filipino infants, and 6 (12.7%) Chuukese infants. There were 19 Very low birth weight (VLBW) infants that died between 2013 and 2017. There were 10 (52.6%) Chuukese infants, 7 (36.8%) Chamorro infants, and 2 (10.5%) Filipino infants. There were 21 Low

birth weight (LBW) infants that passed away between 2013 and 2017. Of the 21, 42.8% were Chamorro infants, 28.5% were Chuukese, and 9.5% were Filipino infants.

The Prenatal Interview and Examination (PNI & E) is the first antenatal visit for Guam's MCH clients who suspect a pregnancy. Three areas are addressed during the visit. They are the diagnosis of pregnancy; maternal and fetal health assessment; and the development of a plan for continued care. In 2018, Guam MCH saw 270 women for PNI & E. The greatest number of women seen was of Chuukese ethnicity at 41.1%, followed by women who were Chamorro (25.1%) and Filipino (12.9%). The largest age group for the women was the age group 20 to 24 at 35.9%, followed by the age group 25 to 29 years at 28.1% and lastly the age group 15 to 19 years at 16.2%.

The MCH Clinic staff delivers the Early Prenatal Counseling Class (EPCC). The purpose of the class is to provide

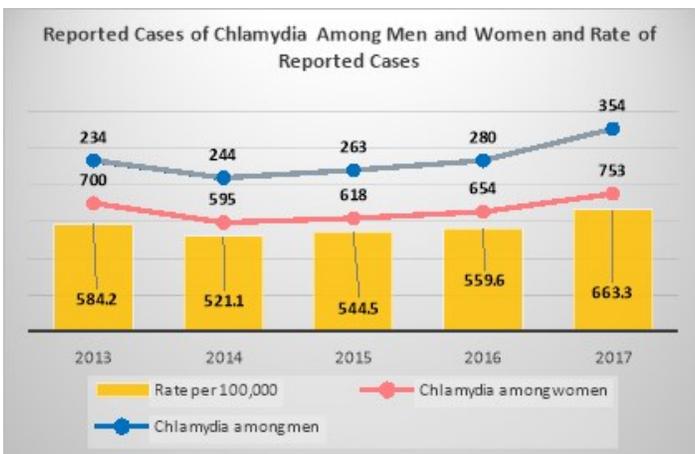
participants with the necessary knowledge and tools to have a healthy pregnancy and delivery, prevent risk behaviors, and provide appropriate care for the baby and support for breastfeeding initiation. The target population is pregnant women and their partners. In 2017, 118 women and their partners received education through EPCC; however, in 2018, 70 women and their partners attended EPCC. This represents a decrease of 40.7%. One reason for the decrease was the loss of nursing staff who deliver the EPCC, for this reason classes were decreased from twice a month to once a month.

On Guam, as stated before, there are 35,200 women of reproductive age and 70.3% of those women are at risk for an unintentional pregnancy. The percent of women at risk for unintentional pregnancy using a “most or moderately” effective method of contraception was 26.1%. The proportion of women using “less effective or no method” of contraception was 74% and 36% respectively.

For the large majority of women of reproductive age, family planning and related reproductive health needs are the driving force for entry into the health care system. The relationship with their family planning provider is essential to addressing the other critical preventive and primary health needs of women in their reproductive years. In 2018, Guam applied for and was awarded a Title X Family Planning grant. One of the features of the grant is the collaboration with the Community Health Centers (CHC) to establish family planning and reproductive health services. In 2017, the CHCs recorded 954 visits for family planning services. In 2018, there were 1,709 family planning visits recorded, an increase of 79.1%.

In relation to the Evidence Strategy Measure (ESM) 1.4, women in the Family Planning/MCH Clinic receive education and counseling on the recommended preventive screenings that optimize health. Information on height, weight, and blood pressure is gathered at each of these visits. After interviewing the client, further education, testing, and/or referrals are provided based on identified needs. Educational topics include sexually transmitted infection screening, pap tests, hemoglobin testing, mammogram referral, and pregnancy testing. The client is also screened for immunization status, smoking, alcohol, illicit drug use, or abuse.

Women in the Family Planning/MCH Clinic who receive a positive pregnancy test are offered a variety of information based on their disposition during the visit. If a client was planning the pregnancy, desires, or seems clear about wanting to continue the pregnancy, she will receive information on Medicaid, SNAP, WIC, and other benefits she may qualify for. If the client seems unsure about the pregnancy, the same information is provided, and other options such as adoption and/or termination are discussed. However, termination may not be option. Presently, Guam has no provider performing such services. The lack of abortion providers on island may force women to go to great lengths or go through great risk to terminate an unwanted pregnancy. In 2017, there were 239 abortions performed, however, in 2018 there were 57 abortions performed, a difference of 76.1%.

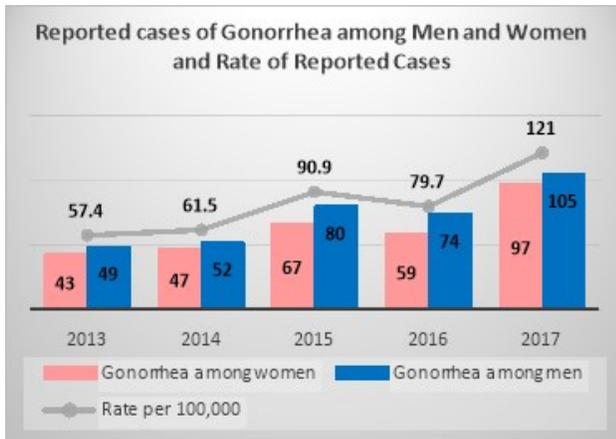


The Personal Responsibility Education Program (PREP) replicates evidence-based teen pregnancy prevention model *Be Proud/Be Responsible* in all Guam public high schools, with the intent to change behavior and delay sexual activity, increase condom or contraceptive use for those who are sexually active, and reduce unintended pregnancy. For the school year 2017-18, the program was delivered to approximately 5,000 students, primarily in 9th and 10th grade.

Sexually Transmitted Disease (STD) rates are reported to be higher in populations that do not regularly access healthcare for STD/HIV testing and other sexual health services. These populations include low

income and uninsured individuals and adolescents. The high rates of chlamydia and the growing number of gonorrhea and syphilis cases on Guam are a cause of concern because these infections are usually asymptomatic; therefore, many infections are likely undetected.

In 2016, Guam reported 934 cases of chlamydia and in 2017, 1,107 cases were reported among men and women of Guam. This represents an increase of 18.5%. Guam's rate of chlamydia of 663.3 per 100,000 was higher than the US rate of 528 per 100,000, a difference of 25.6%. As with other inflammatory STDs, a chlamydia infection may facilitate the transmission of HIV infection. In addition, pregnant women infected with chlamydia can pass the infection to their infants during delivery. Because of the large burden of disease and risks associated with infection, CDC recommends that all sexually active women younger than 25 years receive annual chlamydia screening.



Gonorrhea is the second most commonly reported notifiable disease in the United States. Like chlamydia, gonorrhea is often asymptomatic in women. Infection due to gonorrhea, like that resulting from chlamydia, is a major cause of pelvic inflammatory disease (PID) in the US.

While syphilis was nearly eliminated more than a decade ago, today it is on the rise. Diagnoses of primary and secondary syphilis, the most infectious stages of the disease, increased 76% nationally from 2013 to 2017 (17,365 to 30,644). On Guam, the number of primary and secondary syphilis cases doubled from 6 in 2013 to 13 in 2017.

In 2016, there were 133 cases of gonorrhea reported on Guam. In 2017, the number of reported cases rose to 202, an increase of 51.8%. Guam's rate of gonorrhea of 121 per 100,000 was 29.6% lower than the US's overall rate of 171.9 per 100,000.

The Bureau of Communicable Disease Control (BCDC) was recently awarded the "Accelerating the Prevention and Control of HIV/AIDS, Viral Hepatitis, STDs and TB in the US Affiliated Pacific Islands" grant. The purpose of the grant is to reduce the high incidence rates of tuberculosis and chlamydia on Guam and reduce the incidence of HIV, gonorrhea, syphilis, and viral hepatitis infections.

One of the strategies of the grant is Program Collaboration and Service Integration (PCSI). The PCSI Lead worked with the Title V program to ensure pregnant women received testing for gonorrhea, chlamydia, syphilis, HIV and HBV within the first 20 weeks of pregnancy. Upon pregnancy verification, pregnant women are booked for a Prenatal Initial Interview and Examination (PII & E). The examination includes prenatal blood work and recommended testing for syphilis, gonorrhea, chlamydia, HIV and HBV.

In the first year of the project (2018), there were 148 pregnant women that were within 20 weeks gestation that visited the MCH clinic. Of the 148 women, 58 (39.1%) of the women were tested for HIV, HBV, chlamydia, gonorrhea and syphilis by the PCSI program.

Human papillomavirus (HPV) is the most common viral infection of the reproductive tract. Most sexually active women and men will be infected at some point in their lives and some may be repeatedly infected. The peak time for acquiring infection for both women and men is shortly after becoming sexually active. HPV is sexually transmitted, but penetrative sex is not required for transmission. Skin-to-skin genital contact is a well-recognized mode of transmission.

The Guam Community Health Centers (CHCs) along with partners from MCH; the Department of Education; the University of Guam Cancer Research Center; and the UOG School of Nursing collaborated to implement the HPV vaccination project. The UOG Cancer Research Center provided funding for the project, during which adolescents came to the Northern Region Community Health Center to obtain the HPV vaccination; these patients were followed up by UOG staff to ensure that they completed the HPV vaccination series. Of the 353 clients enrolled in the HPV program, 285 (80.8%) adolescents and adults completed the HPV vaccination series.

The Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) works to enhance the existing island-wide infrastructure within health systems to provide breast and cervical cancer screening services to uninsured and



under-insured women and implement key evidence-based strategies to reduce barriers to screening within health systems. The GBCCEDP works collaboratively with other DPHSS programs, such as MCH, and a network of community-based partnerships that provide services to underserved women, and focuses on health care systems that provide essential primary care services to the most vulnerable populations on Guam. The goal of the GBCCEDP is to decrease breast and cervical cancer incidence, morbidity, and mortality by focusing on the underserved population on Guam who may have increased cancer risk.

Since 2000, 3,588 women have been served through the GBCCEDP. Of those women, 53% had never had a mammogram and 35% had never had a pap smear. There have been 70 cases of Breast Cancer detected and 64 cases of Cervical Cancer detected since the year 2000.

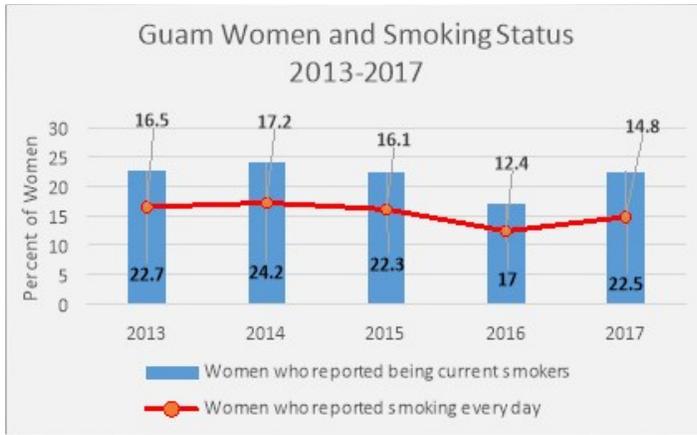


On January 31, 2018, the 34th Guam Legislature presented a Legislative Resolution to the GBCCEDP, recognizing those women who have survived Cancer and those that have lost their lives to Cancer.

Promoting tobacco cessation to reduce adverse birth outcomes and secondhand smoke exposure to children is the second objective that falls with the Women's Health Domain. We selected NPM 14.1 Percent of Women who Smoke during Pregnancy and 14.2 Percent of Children, ages 0 through 17, who live in Households where Someone Smokes. Furthermore, Guam MCH created a State

Performance Measure (SPM) Percent of Women of Reproductive Age who are Current Smokers.

Tobacco use during pregnancy is associated with increased risk of preterm babies, low birth weight full term babies, stillbirth, and fetal death. It is also a risk factor for a variety of pregnancy related complications, such as placenta previa, placental abruption, and difficulty getting pregnancy.



In spite of the negative consequences of maternal smoking on pregnancy outcomes, women continue to smoke. Maternal smoking rates on Guam are relatively high. While pregnant, 12.8% females smoked in 2017. In 2018, 259 females reported smoking during their pregnancy; this amount was a difference of 44.9%. Furthermore, maternal smoking was reported in 34.4% of infant deaths.

Females who live on Guam, age 18 and over, were asked during the most recent BRFSS survey (2017) if they were current smokers; 22.5%

responded that they were. This was an increase of 32.3% from 2016. Furthermore, women were asked if they smoke every day: in 2017, 14.8% reported that they smoked every day. This was an increase of 19.3% from 2016.

Women/Maternal Health - Application Year

The state priority for the maternal/women's health domain is to improve maternal health by optimizing the health and well-being of women of reproductive age.

The National Performance Measure (NPM) selected for this priority was NPM # 1 – Percent of women with a past year preventive medical visit. The Guam MCH Program has identified objectives and strategies to improve the health of Guam's women.

Objective – By July 2020, increase the percentage of women ages 18 through 44 years with a preventive medical visit.

Strategies –

- Conduct community outreach with Project Bisita to reduce barriers and increase access to early and adequate prenatal care that ensure healthy birth outcomes.
- Collaborate with Title X at least twice annually to support pre-conception efforts through dissemination of health educational material on sexual health. This strategy also includes activities, which place emphasis on male involvement, family planning responsibility, and STD/HIV prevention.

Using a broader, more inclusive, and more realistic way to impact women's health and the health of the entire community, MCH has reassessed, updated, and realigned the strategies to address the priority need to improve access to healthcare for women and to improve preconception and interconception health, specifically women who face significant barriers to better health.

Pregnancy provides an opportunity to promote women's overall health and establish a foundation for child health. A child's health during the prenatal period, infancy and early childhood influences their health later in life. The Title V Medical Social Workers continue to provide care coordination referrals to pregnant women at risk for preterm or low birth weight infants. This is an optimal opportunity to ensure pregnant women receive prenatal care, which includes screening for gestational diabetes, monitoring for potential complications, and education to encourage healthy behaviors such as smoking cessation and healthy eating.

Preconception health provides opportunities to promote the health of women before they become pregnant through improved access to health care, whether it be through an actual well care visit or through services offered through DPHSS's other programs such as diabetes prevention and breast and cervical cancer screenings. With half of all pregnancies unplanned, preconception health and health care are important for all people of reproductive age.

Title V funding will continue to provide well woman preventive health visits, prenatal care, education for chronic disease management and prevention for pregnant women; preconception health counseling; reproductive health services; activities that promote access to care; and establishment of policies that positively influence social and economic conditions to address the social determinants of health.

The MCH Program will continue to collaborate with the Tobacco Control Program to look at Guam's data more closely regarding the interaction between socioeconomic status and race on birth outcomes as they relate to smoking and preterm birth, particularly among Chamorro women. Prevention interventions should continue beyond adolescence well into the young adult years.

There are large populations of individuals on Guam, including many children, for whom tobacco use and exposure to second hand smoke is a daily fact of life. These groups are disproportionately impacted by the health burden of tobacco use, which is especially high among certain subpopulations, including racial and ethnic minorities, low-income individuals, and the LGBTQ community, and those with mental health conditions.

For example, lower income cigarette smokers suffer more from diseases caused by smoking than smokers with higher incomes. ^[1] Tobacco use is higher among Guam adults who are not heterosexual as compared to

heterosexual adults. ^[2] Adults reporting poor mental health have higher smoking rates than adults reporting good mental health do.^[3]

The Department continues to promote Tobacco Free Guam. The Guam Quitline is available 24 hours a day, seven days a week, offering telephone counseling in English and other languages through a translation service. Pregnant tobacco users who are ready to quit receive expanded services and with a medical release, they may receive a two-week starter kit of nicotine replacement therapy. Self-help materials are also provided by mail.

The MCH Program will continue to collaborate with the Tobacco Program to provide preconception, pregnant and postpartum women with information on quit resources available and information on the effects of smoking during pregnancy and on the baby once born.

^[1] 2017 Guam BRFSS
^[2] Guam Gala Needs Assessment 2016
^[3] 2017 Guam BRFSS

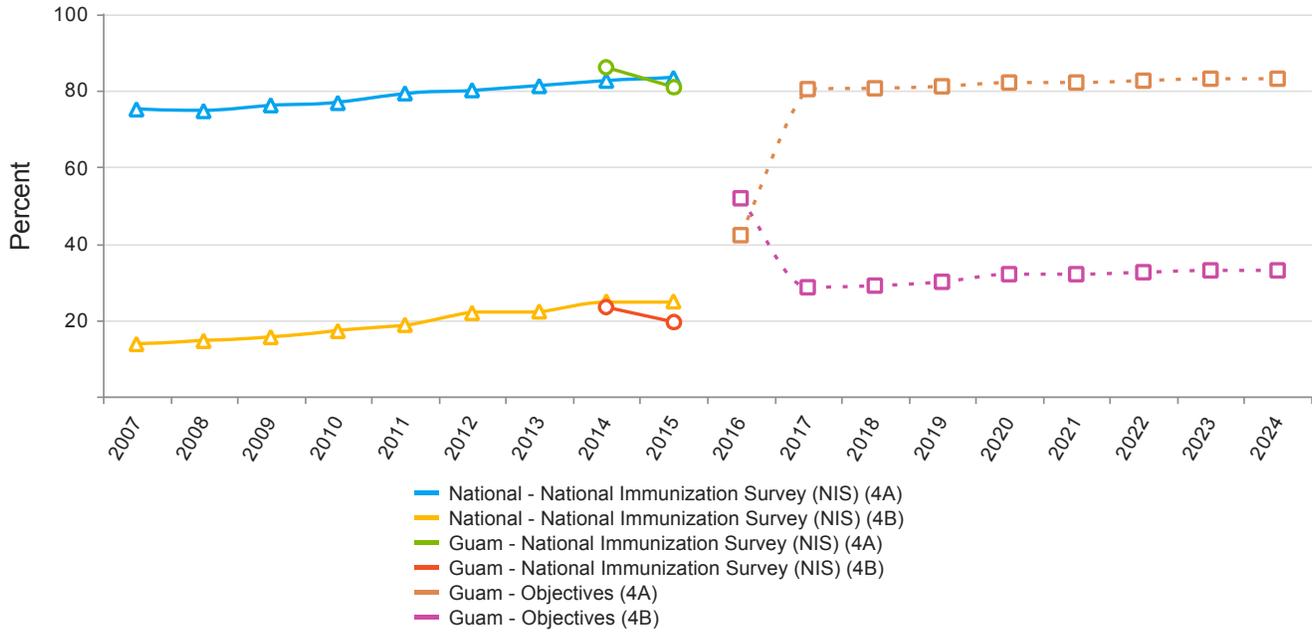
Perinatal/Infant Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2016	12.8	NPM 4
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2016	4.7	NPM 4
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2016	Data Not Available or Not Reportable	NPM 4

National Performance Measures

**NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
Indicators and Annual Objectives**



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data		
Data Source: National Immunization Survey (NIS)		
	2017	2018
Annual Objective	80.3	80.5
Annual Indicator	86.0	80.6
Numerator	2,426	2,011
Denominator	2,819	2,496
Data Source	NIS	NIS
Data Source Year	2014	2015

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	81.0	82.0	82.0	82.5	83.0	83.0

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

Federally Available Data		
Data Source: National Immunization Survey (NIS)		
	2017	2018
Annual Objective	28.6	29
Annual Indicator	23.5	19.4
Numerator	642	479
Denominator	2,735	2,470
Data Source	NIS	NIS
Data Source Year	2014	2015

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	30.0	32.0	32.0	32.5	33.0	33.0

Evidence-Based or –Informed Strategy Measures

ESM 4.3 - Percent of families enrolled in an evidence based home visitation program who received safe sleep education from a trained home visitation provider

Measure Status:		Active	
State Provided Data			
	2017	2018	
Annual Objective	0	98	
Annual Indicator	98	100	
Numerator	96	68	
Denominator	98	68	
Data Source	Project Bisita	Project Bisita	
Data Source Year	2017	2018	
Provisional or Final ?	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	99.0	100.0	100.0	100.0	100.0	100.0

ESM 4.4 - Number of worksites that have created a lactation policy that complies with federal standards.

Measure Status:		Active				
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	3.0	5.0	7.0	9.0	11.0	12.0

ESM 4.5 - Percentage of home visitors trained in breastfeeding best practices

Measure Status:		Active				
Annual Objectives						
	2020	2021	2022	2023	2024	
Annual Objective	2.0	4.0	6.0	6.0	6.0	

State Performance Measures

SPM 2 - The rate of infant deaths between birth and 1 year of life

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		11.3	11	
Annual Indicator	12.5	8.5	10.1	
Numerator	43	28	32	
Denominator	3,441	3,292	3,175	
Data Source	Guam Office of Vital Statistics	Guam Office of Vital Statistics	Guam Office of Vital Statistics	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	10.0	9.0	8.0	7.5	7.0	6.5

State Action Plan Table

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

Priority Need

To reduce infant morbidity and mortality

NPM

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

Objectives

By July 2020, increase the percent of infants who ever breastfed to 82% (baseline 57.2% in 2014)

By July 2020, increase the percent of infants breastfed exclusively through 6 months to 32% (baseline 19.3% in 2014)

Strategies

Continue to use evidence-based curriculums to promote breastfeeding, especially during home visits.

Explore effort with WIC to have Project Bisita home visitors trained as Breastfeeding Peer Counselors.

Continue referrals to WIC Breastfeeding Peer Counselors.

Continue to strengthen efforts in supporting mothers and babies through comprehensive breastfeeding policies.

Continue efforts to enforce, promote and strengthen the naturalness of breastfeeding in the community through the legislative support of the Nana yan Patgon Act (PL 32-098)

Continue partnership with the NCD Breastfeeding Action Team to designate Guam Memorial Hospital as Baby Friendly

Continue partnership with WIC, NCD Breastfeeding Action Team and other partners to plan and implement Breastfeeding Awareness Month.

Continue work to increase the number of public agencies that are Breastfeeding Friendly.

ESMs	Status
ESM 4.1 - Deliver structured training to nurses and other health care professionals on the benefits of breastfeeding	Inactive
ESM 4.2 - Percent of infants enrolled in an evidence-based home visitation program who were breastfed through 6 months of age	Inactive
ESM 4.3 - Percent of families enrolled in an evidence based home visitation program who received safe sleep education from a trained home visitation provider	Active
ESM 4.4 - Number of worksites that have created a lactation policy that complies with federal standards.	Active
ESM 4.5 - Percentage of home visitors trained in breastfeeding best practices	Active

NOMs
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

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

Priority Need

To reduce infant morbidity and mortality

SPM

SPM 2 - The rate of infant deaths between birth and 1 year of life

Objectives

By July 2020, obtain a baseline percentage of infants enrolled in Project Bisita I Familia put to sleep most often on their backs.

By July 2020, obtain a baseline percentage of infants enrolled in Project Bisita I Familia who rarely or never sleep in a shared bed.

Strategies

Educate parents and caregivers on Safe Sleep through outreach events.

Partner with Project Bisita to have Safe Sleep materials translated into a minimum of two additional languages.

Ensure Safe Sleep messaging is culturally sensitive and resonate with the most vulnerable populations.

Work with the Guam Fire Department to implement Direct on Scene Education (DOSE).

Review infant deaths through multi-disciplinary teams to enhance data collection.

Publish annually the data from the multi-disciplinary review of infant deaths.

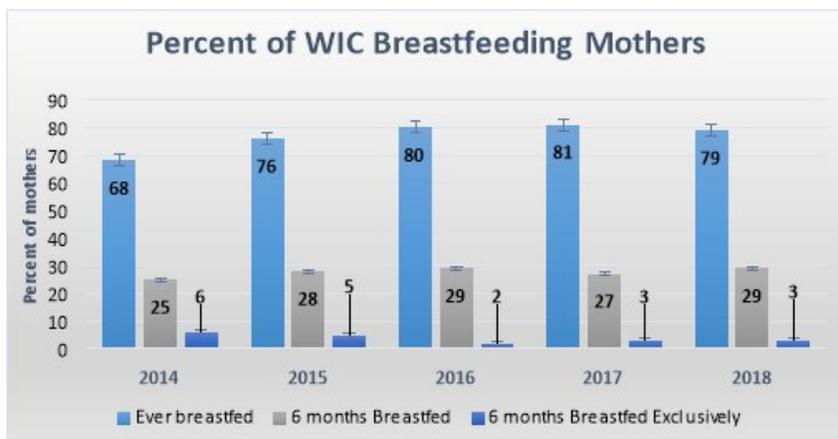
Perinatal/Infant Health - Annual Report

Perinatal/Infant Health – Annual Report

For the Perinatal/Infant health domain, the Guam MCH Program selected National Performance Measure (NPM) #4 – A) Percent of Infants who are ever Breastfed and B) Percent of Infants Breastfed Exclusively through 6 Months.

Additionally, included within the domain of Perinatal/Infant health, Guam's key priority since the 2015 MCH Needs Assessment has been to reduce Guam's infant mortality rate, along with the related factors of preterm birth and low birth weight.

Healthy People 2020 established breastfeeding initiation, duration, and degree of exclusivity as nationally recognized benchmarks for measuring success. The first objective for Guam MCH is to increase the percent of infants who have ever breastfed to 82%. The 2018 indicator is from the Guam WIC Program. The estimate for Guam (79%) failed to meet the annual objective and was 2.6% lower than the national estimate. The current indicator for Guam has not changed significantly since 2014 (mean 76.80%).



The second part of the breastfeeding NPM, the Guam MCH 2020 objective is to increase the percent of infants who breastfed exclusively through 6 months to 32%. The 2018 WIC data indicates that 3% of the WIC infants were breastfed exclusively. This was a difference of 120% from the Guam MCH objective.

Breastmilk is provided in a form more easily digested than infant formula. Breast milk contains antibodies that

help infants fight off viruses and bacteria. Breastfeeding also strengthens the infant's immune system, improves immune responses to certain vaccines, offers possible protection from allergies and asthma, and reduces the probability of SIDs/SUID. In addition, babies who are breastfed exclusively for the first six months, have fewer ear infections, respiratory illnesses, and bouts of diarrhea. They also have fewer hospitalizations and trips to the doctor.

Benefits to the mother include reduction of postpartum blood loss, increased postpartum weight loss with no return of weight once weaning occurs, possible delay of fertility, need for reduced insulin in diabetic mothers, psychological benefits of increased self-confidence and enhanced mother/infant bonding, reduced risk of breast, ovarian, and endometrial cancer, and reduced risk of osteoporosis and bone fracture. There is also an economic benefit of breastfeeding for families due to financial savings with breastfeeding compared to the cost of infant formula.

Because women's social networks are highly influential in their decision making process, they can be either barriers or points of encouragement for breastfeeding. New mothers' preferred resource for concerns about child rearing is often other mothers. For example, advice from friends is commonly cited as a reason for decisions about infant feeding. Perceived social support has also been found to predict success in breastfeeding.



One of the core services of WIC is to provide breastfeding education and support to participants. Breastfeding services include guidance, counseling, and education to pregnant women, providing access to healthy food, provision of breastfeding aids such as breast pumps, and the availability of trained staff.

WIC provides additional services through Breastfeding Peer Counseling, which conducts sessions for pregnant and breastfeding WIC participants to address any breastfeding concerns and provide one-to-one support to WIC mothers who are interested. The Guam WIC Program uses HANDS

(Health and Nutrition Delivery System) to assure success of the program. WIC mothers indicate a high level of satisfaction with the program. Peer Counselors become part of a mother's circle providing basic breastfeding information, contact during pregnancy and the postpartum period and referral to resources if necessary.

Despite Guam's excellent breastfeding initiation rate, the CDC's Maternity Practices in Infant Nutrition and Care report shows that birthing facilities on Guam still have opportunities for improvement. The report is based on a survey of hospital practices conducted every two years. Areas for improvement include appropriate use of breastfeding supplements, inclusion of model breastfeding policy elements, provision of hospital discharge planning support, and adequate assessment of staff competency.

The Guam Maternal, Infant and Early Childhood Home Visiting Initiative (MIECHV), funded by HRSA/MCHB provides evidence-based home visiting services to help pregnant and parenting families attain and maintain optimal health and well-being for all family members.

As the name suggests, home visiting professionals provide services in a family's home. They nurture, coach, educate, offer encouragement, and refer families to services to achieve a shared goal: building a safe, healthy, and stimulating environment for their child. During pregnancy, home visitors encourage mothers to receive regular prenatal care, avoid risky behaviors, and adopt healthy habits. Once the baby is born, home visitors coach parents on positive parenting practices, support breastfeding, help parents prepare for well-child visits, teach parents about child development and nutrition, conduct developmental screenings, support older children when a new baby arrives, and encourage parents to attend to their own health care needs. Home visitors also help families connect with community-based resources and state and federal programs. This could include applying for health insurance, accessing early intervention services, finding childcare, connecting with community resources for stable housing, or finding a job. Home visitors' roles extend beyond the parent-child relationship—they discuss topics such as continuing family education, managing family finances, understanding domestic violence, and dealing with trauma. Research shows that home visits during the post-natal period were extremely effective for addressing mothers concerns about breastfeding, providing education, linking the mothers with community resources and involving other family members. In 2017, 83.3% of Project Bisita's mothers were breastfeding their infants. In 2018, the percentage was at 100%, an increase of 20% %.

Exclusive breastfeding of newborn infants is the norm in Micronesia, and in Chuuk, 79% of infants are still breastfed at the age of 6 months (UNICEF Pacific, 2013). However, data derived from recent Guam public health reports indicate that among Chuukese immigrants on Guam only 28.5% exclusively breastfeed at birth, and by the first follow-up appointment, less than 1% are still exclusively or predominantly breastfeding. This represents an alarming deviation from the usual breastfeding patterns seen in Micronesia. It is important to understand factors that contribute to this low rate of initiation and subsequent marked drop off in breastfeding rates among this immigrant group on Guam. In a study entitled *Facilitators and Barriers for Successful Breastfeding among Migrant Chuukese Mothers on Guam* ^[1] it was found that among this population, key catalysts for breastfeding included

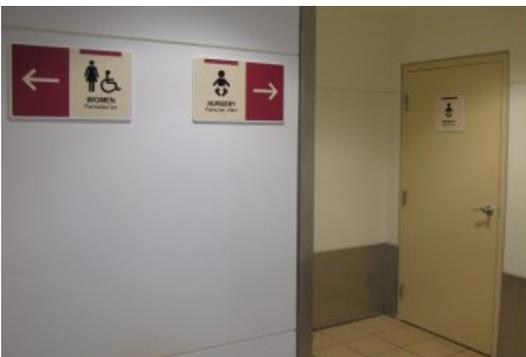
high levels of self-confidence, family support, knowledge about breastfeeding, and the existence of strong traditional Chuukese cultural values. Key barriers included experiences of cultural conflict or social change, lack of support from their local community, family and health-care staff, as well as limited self-knowledge about how to manage common breastfeeding problems.

Guam's breastfeeding moms, their infants, and breastfeeding advocates gathered at the Governor's Conference Room in Adelup for the "Global Latch on." The Latch-on is a worldwide community-building event held every August to celebrate global breastfeeding and aims to provide peer support, and to promote and normalize breastfeeding.



The 2018 Annual Guam Breastfeeding Awareness Health Fair was held at the Micronesia Mall. Breastfeeding information, raffle prizes, health screening, educational tabletop exhibits, and entertainment were featured. The fair aimed to increase public awareness and support of breastfeeding and Guam's Public Law 32-098, known as the Nana Yan Patgon Act. This law allows working mothers to sustain their breast milk supply while at work. It also serves to protect a woman's right to breastfeed in private or public establishments and recognizes the act of breastfeeding as normal and natural.

For the comfort of nursing travelers and employees, the airport built 10 nursing/family rooms throughout the airport --- four in the concourse, two on the ground level, one in the arrivals lobby, one near the US Customs and Border Protection Hall, and one on the second level.

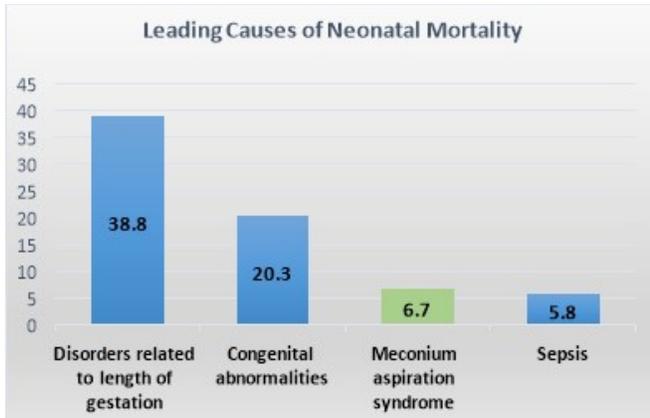


The nursing/family rooms are equipped with a counter, lounge chair, and private lock option and are accessible by both male/female parent and guardian. Airport management is also looking at adding artwork in the nursing and family rooms.

The NCD consortium also reported progress with some of the GovGuam entities, such as the Guam Department of Labor, which opened a breastfeeding room for employee and public use through the assistance of their federal counterpart at the USDOL. According to the consortium, the federal DOL also helped ensure that the airport complies with the law. Under the statute, GDOL is responsible for recording data and addressing allegations of discrimination against nursing women in the workplace of both government and nongovernment of Guam entities, and to ensure that women are aware of breastfeeding rights.

The consortium also reported that the University of Guam (UOG) designated a room in the Health Science building for breastfeeding use by students, staff, and faculty. Other departments on campus have also designated areas where mothers can breastfeed or pump in privacy. Additionally, they said UOG has drafted a written statement supporting breastfeeding.

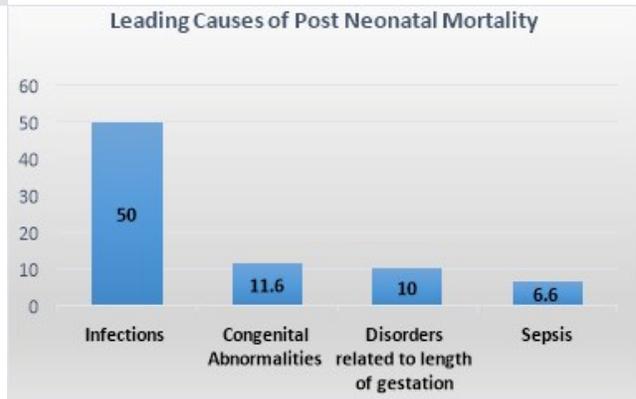
Infant mortality rates are often broken into two components relating to the timing of the death: neonatal and post neonatal. The neonatal mortality rate refers to the number of infant deaths within 28 days after birth. Post neonatal refers to the number of infant deaths from 28 days to the end of the first year of life.



The distinction between neonatal and post neonatal mortality is important because the risk of death is higher immediately after birth/delivery and the causes of death are quite different from those later in infancy. Therefore, effective interventions to reduce infant mortality should take into account the ages at death of infants.

Prematurity is the main cause of infant death on Guam. Prematurity, for the purposes of this report, is a death to an infant who was born before 37 weeks gestation.^[2] In

2018, 9.7% of all live births were preterm which was down from 2017's 10.7%. Important growth and development occurs throughout pregnancy, but especially in the final months and weeks of gestation; being born preterm carries serious, medical, developmental, and potentially behavioral problems that can last a lifetime. Addressing prematurity is complex and has no one single solution. Infants who survive due to advancements of modern medicine and technology may spend weeks or months hospitalized in a neonatal intensive care unit. In addition to the physical risks to the child, premature birth also results in significant economic impacts to the health care system. Prematurity is the main cause of infant death on Guam.



According to the March of Dimes, the average length of stay for a baby admitted to the NICU is 13.2 days. The average cost of a NICU admission is \$76,000 with charges exceeding \$280,000 for infants born prior to 32 weeks gestation. The costs of a premature delivery often do not stop after the baby is discharged. Many of these children go on to have long-term health complications, and need services from early intervention and the school system. According to the National Institutes of Health, the average cost to the United States for premature births is \$26.2 billion each year.

For the period 2013 through 2018, there were 184 infant deaths on Guam. There were 115 neonatal deaths. Of the neonatal deaths, the population of Chamorro infant deaths equaled 34.7%, Chuukese infant deaths were 32.1% and Filipino infant deaths were 13.9%. For the 69 post-neonatal deaths, the Chamorro population was 47.8%, Chuukese population was 24.6%, and the Filipino population was 14.4%.

For the years 2013-2018, there were 25 mothers (12.8%) aged 15 to 19 that experienced an infant death; within the age group of 20 to 24, 51 mothers (28.8%) had an infant death; within the age group of 25 to 29, 44 mothers (24.5%) experienced an infant death; in the age group of 30 to 34 there were 39 mothers (21.4%) who had an infant that died; within the age group 35 to 39, 19 mothers (9.2%) had an infant that passed away and within the age group 40 to 44, 6 mothers (3.6%) had an infant that passed away.

Of the mothers aged 15 to 19, over half (52.3%) were Chamorro, followed by Filipino mothers at 19% and Chuukese mothers at 14.2%. In the age group 20 to 24 years, 40.4% of the mothers were Chamorro, 36.1% were Chuukese mothers, and 8.5% were Filipino mothers that had an infant that passed away. For the age group 25 to 29 years, 42.5% of the mothers were Chamorro, 27.5% were Chuukese, and 15% were Filipino. The last large group that experienced an infant death was the age group 30 to 34 years of age, in which 60% of the mothers were Chamorro,

22.8% were Chuukese, and 5.7% were Pohnpeian.

Several risk factors unique to teens contribute to higher infant mortality rates. First, teens are more likely to continue smoking throughout a pregnancy, increasing the risk of low birth weight, premature birth, complications during pregnancy and SUID (Sudden Unexplained Infant Death). Second, teens are more likely than older women to have a sexually transmitted disease. Chlamydia, syphilis, and HIV all carry serious risks for the baby during pregnancy and after birth. Third, “regular and early prenatal care” says the March of Dimes, is least likely to occur among teens, who often receive late – or even no prenatal care.

Of the 96 deaths of infants born preterm, 44 (45.8%) were born at 28 weeks or less. Very preterm births are usually born with severe health issues and are more unlikely to survive. Of the 44 infants born at \leq 28 weeks, 31 (70.4%) died within the first 24 hours of birth. The remainder of the infants died from congenital defects or birth trauma.^[3]

When looking at the gestational age group of 35 – 40 weeks, there were 52 infant deaths. Within this gestational age group, 45.4% of the deaths occurred within the Chamorro population, followed by Filipino at 15.9% and lastly, Chuukese infants at 13.6%.

Low Birthweight and Very Low Birthweight

Birthweight is a significant factor directly related to infant mortality. Babies born too soon or too small encounter significant risks of serious, costly, and devastating life-long health conditions. Risk factors for low and very low birthweight include multiple births (more than one fetus carried to term), maternal smoking, low maternal weight gain or low pre-pregnancy weight, maternal or fetal stress, infections, and violence toward the pregnant woman.^[4]

Less attention has been paid to the problem of low birthweight and very low birthweight babies. In contrast to infant mortality, the last decade saw no significant drop in the rate of low birthweight. In fact, low birthweight now appears to be on the rise. The medical and social services that are required by low birthweight and very low birthweight infants are significant and the costs are high to society and the American taxpayer. Those babies that survive the first year incur medical bills averaging \$93,800. First year expenses for the smallest survivors will average \$273,900.

Significant savings can accrue from enabling mothers to add a few ounces to a baby's weight before birth. An increase of 250 grams (about 1/2 pound) in birth weight saves an average of \$12,000 to \$16,000 in first year medical expenses. Prenatal interventions that result in a normal birth (over 2500 grams or 5.5 pounds) save \$59,700 in medical expenses in the infant's first year. The long-term cost of low birthweight infants includes re-hospitalization costs, many other medical, and social service costs and, when the child enters school, often-large special education expenses. These public expenses can go on for a lifetime

An extremely low birth weight (ELBW) infant is defined as one with a birth weight of less than 1,000 grams (2 pounds, 3 ounces). Most extremely low birth weight infants are also the youngest of premature newborns, usually born at 27 weeks gestational age or younger. Very low birthweight is defined as weighing less than 1,500 grams (3 pounds 5 ounces). Low birth weight (LBW) is defined by the World Health Organization as a birth weight of an infant of 2,499 grams (5 pounds 8 ounces) or less, regardless of gestational age.

Of the 184 infant deaths for 2013-2018, 109 (53.3%) were born with a low birth weight. There were 58 (54%) Extremely low birth weight (ELBW) infants. Of the 58, there were 27 (46.5%) Chamorro infants, there were 11 (22.4%) Filipino infants and 6 (17.2%) Chuukese infants. There were 22 Very low birth weight (VLBW) infants that died between 2013 and 2018. There were 10 (52.6%) Chuukese infants, 7 (36.8%) Chamorro infants and 2 (10.5%) Filipino infants. There were 29 Low birth weight (LBW) infants that passed away between 2013 and 2017. Of the 29, 42.8% were Chamorro infants, 28.5% were Chuukese, and 9.5% were Filipino infants.

Infants born at a low birthweight are also at increased risk of long-term disability and impaired development. Infants

born weighing less than 2,500 grams are more likely than heavier infants to experience delayed motor and social development. Lower birthweight also increases a child's likelihood of having a school-age learning disability, being enrolled in special education classes, having a lower IQ, and dropping out of high school. ^[5]Risk for many of these outcomes increases substantially as birthweight decreases, with very low birthweight babies most at risk. Being born with a low birthweight also incurs enormous economic costs, including higher medical expenditures, special education and social service expenses, and decreased productivity in adulthood.

Mothers who receive late prenatal care are more likely to have babies with health problems. Mothers who do not receive any prenatal care are three times as likely to give birth to a low-weight baby, and their baby has an infant mortality rate five times that of infants whose mother has received prenatal care beginning before the third trimester. Adequacy of prenatal care – defined by the timing and frequency of care visits – is an important factor in the success of prenatal care. Adequacy has been correlated with positive birth outcomes and other benefits such as reduced risk of postpartum depression and infant injuries.

Sufficient care is best defined as the amount needed to produce both a healthy baby and a healthy mother. The amount of care received in prenatal programs varies in the number of visits and therapeutic interventions. The American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) have issued guidelines, but professionals disagree about the amount and content of prenatal care for normal pregnancies, about what constitutes a high-risk pregnancy, and about methods for handling high-risk pregnancies.

The ACOG and AAP guidelines call for maternity care visits to begin as early as possible during the first 3 months of pregnancy, continuing every 4 weeks until the 28th week, every 2 to 3 weeks until the 36th week, and then every week until delivery—13 to 15 visits. Such guidelines focus primarily on the number of visits rather than on their content.

Social determinants of health – often defined as the circumstances in which people are born, grow up, live, work, and age – shape individual behavior and the choices that are available to individuals for improving health. Some individuals, and specific groups of people, do not have the same access to health care and have limited choices for improving health. Access to health care and healthy behaviors are important, but social determinants of health can have a greater impact on health and birth outcomes. These factors can adversely influence health when nutritious food, transportation, safe housing, education, livable and/or sustainable wages are not available or are very difficult to obtain.

In looking at health insurance status, 41% of women who experienced an infant death had some form of insurance other than Medicaid. Non-Medicaid mothers who received adequate prenatal care had a lower infant mortality rate than Medicaid women who also received the same level of prenatal care. Onset and adequacy of prenatal care was selected as a comparison factor because it is recorded on the birth certificate.

In looking at the various ethnicities of women that experienced an infant death, within the Medicaid program, 69% of the mothers were Chamorro, 10% were Chuukese mothers, and 9% were Filipino mothers. Within the Medically Indigent Program (MIP), the largest ethnicity under the program were Chuukese women at 65.6%, 15.6% were Chamorro mothers and 3.1% were Filipino. There were 35 women with private insurance that had an infant death; 71.4% were Chamorro, and 11.4% each were Chuukese and Filipino women.

Research supports the importance of a “neighborhood effect” ^[6]on health outcome including infant mortality and its risk factors, which can vary widely based on where an individual lives. Social scientists and medical geographers have long acknowledged neighborhood/community as an important determinant of health outcome disparities. Nonetheless, scholars across the globe have mainly focused on the importance of individual factors of child health. However, there is increasing support for the hypothesis that infant and child health risks are associated with particular social structure and community ecologies, which can provide useful feedback to policy makers for the development of public health interventions. Studies have generally focused on assessment of community effects on

health outcomes by using community-level variables using different data, definitions, and methods.

Newborns on Guam are screened for disorders through two methods: 1) bloodspot screening, where blood is drawn from the infant's heel, collected on a filter paper and sent to the Oregon Public Health Laboratory for analysis for disorders; and 2) newborn hearing screening, where newborns are tested using physiologic screening methods. The newborn screening program focus on: 1) ensuring newborns are screened and that physicians receive timely notification of screening results; 2) that those newborns with abnormal screening results receive diagnostic testing; and 3) those diagnosed have access to appropriate treatment or intervention.

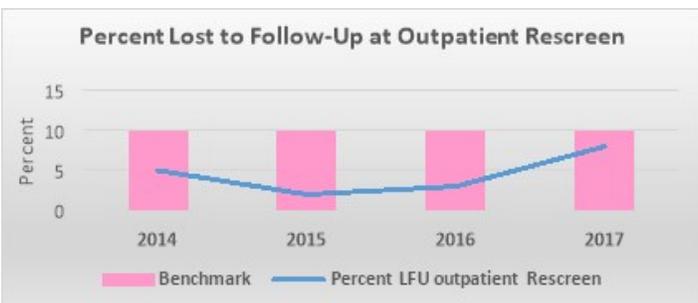
Guam Memorial Hospital Authority (GMHA) in partnership with Guam MCH contracts with Oregon Public Health Laboratory for bloodspot testing. GMHA conducts the bloodspot testing and sends the screen to Oregon Public Health Laboratory. Guam Title V tracks and follows up on abnormal results. Sagua Mañagu (Guam's only birthing center) also contracts with the Oregon Public Health Laboratory. The Oregon Public Health Laboratory sends the results to the Medical Director at Sagua Mañagu. The Medical Director then sends copies of both normal and abnormal results to the infant's health care provider. The US Naval Hospital sends its newborn screening samples to Pediatrix, a commercial laboratory in Pennsylvania. After the screening process is complete, staff at the Naval Hospital do all follow up of newborn screening results.

Newborn bloodspot testing screens for genetic conditions using blood spots in order to help identify infants who may have treatable genetic disorders or medical conditions. Early identification can prevent serious complications, such as growth problems, developmental delays, blindness, intellectual disabilities, and seizures.

In 2017, there were 3,293 live births on Guam. All of the newborns received a bloodspot screen. Of the 3,293, 6% had a "presumptive positive" screen; after re-screening was completed 4.2% had a confirmed case of a disorder.

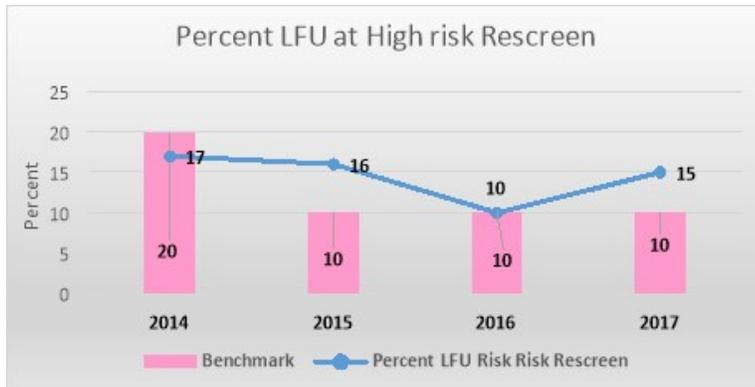
Newborn hearing screening is the standard of care in hospitals nationwide. The primary purpose of newborn screening is to identify newborns who are likely to have hearing loss and who require further evaluation. A secondary objective is to identify newborns with medical conditions that can cause late-onset hearing loss and establish a plan for continued monitoring of their hearing status.

The Guam EHDI Project was established in 2002 through a federal grant awarded to the University of Guam Center for Excellence in Developmental Disabilities Education, Research, & Service (Guam CEDDERS). The Guam EHDI Project receives support through a grant from the U.S. Health and Human Services (HHS), Health Resources and Services Administration (HRSA). The Centers for Disease Control and Prevention (CDC) also provides funding support to complement Universal Newborn Hearing Screening on Guam by implementing Guam ChildLink-EHDI, an integrated data tracking & surveillance system to support the Guam EHDI Project. Through the efforts of this Project, the Universal Newborn Hearing Screening and Intervention Act, Public Law 27-150, became law in December 2004. Guam's local legislation aligns with national goals and ensures a standard of care for all babies born on Guam.



The Guam EHDI project has maintained a 99% initial hearing screening rate at all civilian birthing sites. Guam Regional Medical City data is included in the 2015 to 2017 screening rate data. The Lost to Follow Up (LFU) rate for outpatient rescreens decreased to 2% in 2015. The LFU rate slightly increased to 3% in 2016 but remained below the benchmark for this level. The LFU rate slightly increased to 8% in 2017, but remained below the

benchmark for this level for this four-year period.



The Lost to Follow Up (LFU) rate for High Risk Rescreens was at 17% in 2014, which is below the benchmark for that year. In 2015, the rate decreased to 16%, but was 6% over the established 10% benchmark for the year. In 2016, the rate significantly decreased to 10%, meeting the established Guam EHDI benchmark. In 2017, the rate increased to 15%, exceeding the benchmark for that year.

The Guam EHDI Learning Community, consisting of parents of children who are deaf

and/or hard of hearing (D/HH), pediatricians, audiologist, the Guam Early Intervention System Project Coordinator, Department of Education D/HH Coordinator, Nurses, Birthing Assistants and Nursing Supervisors, a Medical Facility Manager, and the Department of Public Health and Social Services Bureau of Family Health & Nursing Services Administrator, was established to increase health professionals' engagement and knowledge of the EHDI system.

Facilitators and Barriers for Successful Breastfeeding among Migrant Chuukese Mothers on Guam

Kathryn M. Wood PhD, RNC-OB, Kristine Qureshi, PhD, RN, FAAN, CEN, APHN-BC

^[2] March of Dimes

^[3] Birth trauma (BT) refers to damage of the tissues and organs of a newly delivered child, often as a result of physical pressure or trauma during [childbirth](#). The term also encompasses the long term consequences, often of a cognitive nature, of damage to the brain or cranium

^[4]Ricketts, S. A., Murray, E. K., and Schwalberg, R. (2005). Reducing low birthweight by resolving risks: Results from Colorado's Prenatal Plus Program. *American Journal Public Health*

^[5] Reichman, N. (2005).Low birth weight and school readiness. In School readiness: Closing racial and ethnic gaps.*The Future of Children*

^[6] Northern region includes the villages of Dededo, Tamuning, Tumon and Yigo. Central Region includes the villages of Agana Hts., Asan, Maina, Barrigada, Chalan Pago, Ordot, Hagārta, Mangilao, Mongmong, Toto, Maite, and Sinajana. Southern Region includes the villages of Agat, Inarajan, Merizo, Santa Rita, Talofofo, Umatac and Yona

Perinatal/Infant Health - Application Year

Perinatal/Infant – Application Year

Priority Need – To reduce infant morbidity and mortality.

NPM #4 – A) Percent of infants who are ever breastfed; B) Percent of infants breastfed exclusively through 6 months.

According to the 2018 Breastfeeding Report Card, 80.6% of babies born on Guam were “ever breastfed or fed breast milk” slightly lower than the national estimate of 83.2%. As in the case nationally, rates for breastfeeding are lowest in minority populations, as well as infants in low-income households. These disparities are mirrored in the data for long-term breastfeeding with an overall percentage of 19.4% of infants who are breastfed exclusively for 6 months, lower than the national average of 24.9%.

Guam Title V strategies include strengthening our public hospital’s effort in supporting mothers and babies through comprehensive breastfeeding policies. The NCD Breastfeeding Action Team along with Title V is planning to work with Guam’s public hospital in receiving a “Baby Friendly” designation. This particular facility is still in the discovery phase and has not yet committed to becoming designated baby friendly. The NCD Breastfeeding Action Team would provide technical assistance around developing infant feeding policies, staff training, and data collection plans once the commitment is made.

Title V in collaboration with the NCD Breastfeeding Action Team will continue to support worksites to become “Breastfeeding Friendly” and childcare support for lactation is critical to improve Guam’s breastfeeding duration rates. This is especially important as women continue to make up an increasing percentage of the workplace.

The NCD Breastfeeding Action Team along with WIC, MCH, and community partners will be working together planning the Annual Breastfeeding Month activities scheduled for the month of August. These activities include a Proclamation signing, the “Big Latch On” activity and a Breastfeeding Health fair.

MCH will continue working with Project Bisita on Safe Sleep initiatives. While completing a home visit, home visitors are providing education to parents/caretakers on the Back to Sleep initiative and the importance of not sharing a bed with an infants and it is best to put the infant on its back when sleeping. MCH will work with Project Bisita to have Safe Sleep educational materials translated into a minimum of two additional languages.

Guam Title V in working with the Guam Fire Department would like to implement Direct on Scene Education (DOSE). DOSE is an innovative attempt at eliminating sleep related deaths due to suffocation, strangulation, or positional asphyxia by using First Responders to identify and remove hazards while delivering education on-scene. First Responders are trained to identify and remove hazards from an infant’s sleep space while on-scene during emergency and non-emergent 911 calls. If personnel find an expectant mother or an infant less than one year of age, they will initiate and “environmental check.” If any hazards are found o=in the home or in the baby’s safe sleep space, they are identified, removed and the family is educated as to why they must be kept away from the baby. The verbal education is the key to behavior change in the field. First Responders are on-scene to help, give their message, thus having an opportunity to make a lasting impression.

Child Health

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations	SID	Data Not Available or Not Reportable	NPM 14.2
NOM 3 - Maternal mortality rate per 100,000 live births	NVSS	Data Not Available or Not Reportable	NPM 14.2
NOM 4 - Percent of low birth weight deliveries (<2,500 grams)	NVSS-2017	8.6 %	NPM 14.2
NOM 5 - Percent of preterm births (<37 weeks)	NVSS-2017	10.3 %	NPM 14.2
NOM 6 - Percent of early term births (37, 38 weeks)	NVSS-2017	28.4 %	NPM 14.2
NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths	NVSS-2016	14.5	NPM 14.2
NOM 9.1 - Infant mortality rate per 1,000 live births	NVSS-2016	12.8	NPM 14.2
NOM 9.2 - Neonatal mortality rate per 1,000 live births	NVSS-2016	8.2	NPM 14.2
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	NVSS-2016	4.7	NPM 14.2
NOM 9.4 - Preterm-related mortality rate per 100,000 live births	NVSS-2016	553.6	NPM 14.2
NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	NVSS-2016	Data Not Available or Not Reportable	NPM 14.2
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000	NVSS-2017	Data Not Available or Not Reportable	NPM 7.1
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS-2017	62.7	NPM 7.1
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	NVSS-2015_2017	Data Not Available or Not Reportable	NPM 7.1
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS-2015_2017	19.7	NPM 7.1
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 14.2

National Performance Measures

**NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9
Indicators and Annual Objectives**

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	35.5	34.0	33.5	33.0	33.0	32.0

Evidence-Based or –Informed Strategy Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		8	8	
Annual Indicator	7	8	8	
Numerator				
Denominator				
Data Source	Project Bisita	Project Bisita	Project Bisita	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Final	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	9.0	9.0	10.0	10.0	11.0	11.0

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	100.0	100.0	100.0	100.0	100.0	100.0

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

Measure Status:		Active				
Annual Objectives						
	2020	2021	2022	2023	2024	
Annual Objective	10.0	12.0	15.0	20.0	25.0	

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

NPM 14.2 - Child Health

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	9.0	8.0	8.0	7.7	7.5	6.5

Evidence-Based or –Informed Strategy Measures

ESM 14.2.1 - Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery

Measure Status:		Active				
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	3.0	3.0	3.0	2.0	2.0	2.0

State Action Plan Table

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

Priority Need

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

NPM

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Objectives

By December 2020, increase of day care centers will apply the Early Learning Guidelines on Injury Prevention and promote the awareness on the importance of injury prevention in young children

By December 2020, an increase of 15% of children through 8 years age are in their right size appropriate car seats per best practices recommendation. (Baseline data 78%, Guam Highway Safety Division 2015).

By December 2020, an increase on the numbers of families receiving education and risk assessment regarding home safety and injury prevention with MIECHV PBIF program, EPCC classes, and Licensed Day Care Centers.

By December 2020, an increase in the number of referrals to early childhood programs (Karinu, Project LAUNCH, PBIF, GEIS) for young children with social, emotional, behavioral, and developmental needs (Baseline data 39 referrals, Project Karinu 2016).

Strategies

MCH will work with the Office of Highway Safety to increase in the number of trained car seat technicians with the MIECHV PBIF program

Incorporate injury prevention into the Early Prenatal Counseling Class (EPCC).

Guam's Council on Child Death Review and Prevention will continue to meet to 1) collect information on individual child deaths; 2) discuss case information; 3) promote collaboration; and 4) make recommendations for changes in laws, policy and practice

MCH will continue to work with Project Bisita to encourage discussion with participants in the home visitation program on safety topics such as car seat safety, water safety, and toy safety

Project Bisita will continue to improve the accuracy and completeness of injury data for Project Bisita performance measures

MCH will continue to collect data on child injury. Data will be used to identify trends in child injury.

Expand comprehensive partnerships and programs aimed at supporting families, such as the safe sleep initiative, public health nursing, child welfare, and education.

MCH will continue the partnership with EMSC to promote the Bus Crash Policy and Procedures

MCH will continue to promote age-appropriate childhood immunizations

ESMs

Status

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

Active

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

Active

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

Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

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

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

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

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

Priority Need

To reduce the number of individuals who smoke

NPM

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

Objectives

By December 2020, a 8% decrease in the number of children exposed to second hand smoke (Baseline data Pregnant women 10.5% FAD)

Strategies

To partner with the Tobacco Prevention and Control Program to assist in educating them on awareness on the dangers of smoking and secondhand smoke to middle school and high school students during outreaches and DOE Parent Teacher activities

Promote awareness to smokers the availability of smoking cessation classes and Tobacco Free Quitline to help them stop smoking, during clinic visits, immunization outreaches, and other local Health Fairs or Health Screenings.

To continue to support the NCD Consortium's efforts to reduce NCDs on Guam and continue the MCH, CSHCN, MIECHV membership to the NCD Committees and Cancer Coalition advisory committee

ESMs

Status

ESM 14.2.1 - Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery

Active

NOMs

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

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

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

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

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

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

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

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

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

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

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

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

Child Health - Annual Report

Child Health – Annual Report

Guam's Title V Needs Assessment identified many priority needs in the domain of child health. These included reducing obesity, reducing unintentional injuries, immunizations, and increasing rates of developmental screening. However, after completing a systematic prioritization process, reducing injury rose as a top priority. For the Child Health domain, Guam selected NPM # 7.1 – Rate of hospitalizations for non-fatal injury per 100,000 children aged 0 through 9 years.

Each year, millions of children are injured and live with the consequences of those injuries. For some children, injury causes temporary pain and functional limitations; for others, injury can lead to permanent disability, depression, chronic pain, traumatic stress, and a decreased ability to perform age-appropriate activities. In addition, family members must often care for the injured child, which can cause stress, time away from work, and lost income.

In 2018, injury was responsible for 15 child/young adult deaths on Guam. Twenty-seven percent (27.2%) of hospitalizations and 86.4% of the emergency room visits for children/young adults aged 0 to 24 years were due to injuries. As in the case nationally, the types of injuries vary by age group and have been broken into groups of injuries to those less than one year, one to nine years old, ten to nineteen years, and twenty to twenty-four years of age.

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

The Bureau of Family Health and Nursing Services (BFHNS) and the Guam Title V program provide support to the Guam Council on Child Death Review and Prevention (GCCDRP). This multi-disciplinary team reviews the deaths of infants, children, and young adults up to the age of 24 years. The GCCDRP works to provide accurate data and information detailing how and why Guam children are dying. The GCCDRP also makes recommendations to assist in reducing the number of preventable infant, child, and young adult deaths.

In 2018, 62 infants, children, and young adults died on Guam. This was 4.9% higher than 2017 and 33.5% lower than 2016. During 2018, 51.6% of the deaths occurred to infants less than one year of age; 9.6% to children aged one to four years old; 3.2% to children aged five to nine years; 4.8% to children aged fifteen to seventeen years; 8% to young adults aged eighteen to twenty years; and 22.5% to young adults aged twenty one to twenty four years. There were no deaths within the age group ten to fourteen years old. Of the 62 deaths in 2018, 22.5% were deemed preventable; this was a decrease from 2017, where 33.8% of the deaths were deemed preventable.

In 2018, there were disparities in the percentage of child deaths represented by each racial/ethnic group compared to the percent of child population. Even though they represent 7% of the population, Chuukese children made up 27% of the child deaths, while Filipinos make up 27.3% of the population and 19.3% of the child deaths. Chamorros make up 37.2% of the population and 33.8% of the deaths.

The mission of the Guam Department of Public Health and Social Services (DPHSS) is to protect the lives of those that call Guam their home. Motor vehicle injuries continue to be a leading cause of death and injury to children and young adults. The current method of child passenger safety intervention through education, enforcement, and policy change has worked to increase child safety seat use and is an evidence-based approach listed in the Centers for Disease Control and Prevention Guide to Community Prevention Services.

The Guam Department of Public Works-Office of Highway Safety (DPW-OHS), along with the Guam Police Department – Highway Patrol (GPD-HP) and other partners such as Title V, continue to promote and implement high visibility and educational outreach as an essential part of Guam's successful seat belt laws.



In 2018, DPW-OHS conducted 4 community outreaches and 19 school presentations on the importance of using seat belts and child safety restraints as well as pedestrian and bicycle safety. In addition, GPD-HP conducted two operation “Buckle Down” interventions. Operation Buckle Down is an educational and enforcement program that DPW-OHS and GPD-HS conducts together. Parents are observed while driving into school grounds to see if they were compliant with Guam seat belt laws and had their children restrained. Parents who were non-complaint were issued seatbelt and/or car seat citations.

The Annual Observational Seat Belt survey conducted in 2017 showed Guam’s seatbelt usage for all passengers at 90.9%. This was the fifth year using the National Highway Traffic Safety Administration procedures. In 2018, the Annual Observational Seat Belt survey showed Guam’s seat belt usage at 92.2%, which was an increase of 1.4% from 2017 data.



In July 2018, the Child Passenger Safety Technician (CPST) lead instructor and CPST instructor conducted a Child Passenger Safety Renewal course and Child Passenger Safety Technician Standardization Training that re-certified 7 CPSTs and 12 new CPSTs.

The number of auto-pedestrian fatalities more than tripled between 2017 and 2018. In 2017, there were 14 pedestrian deaths compared to four in 2018.



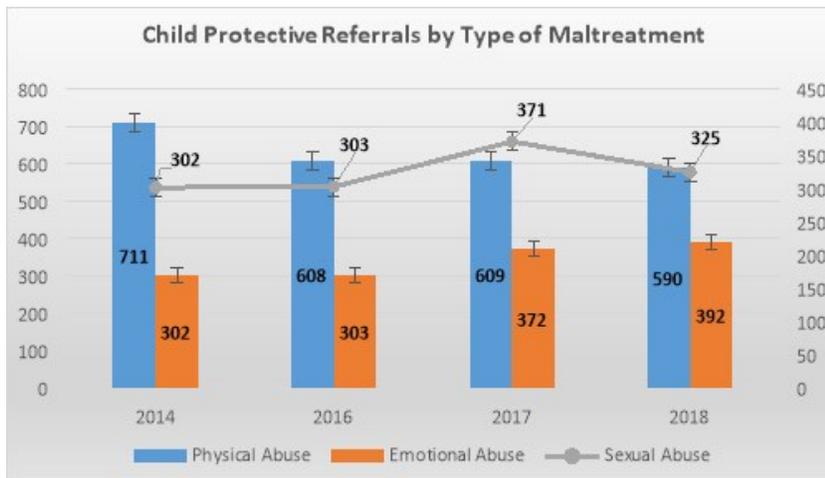
The Pedestrian and Bicycle Safety programs primary goals are to increase the awareness of pedestrian and bicycle safety. DPW-OHS conducted presentations at elementary, middle, and high schools on the importance of walking on sidewalks, utilizing crosswalks, and wearing reflective gear while riding a bicycle and/or operating a motorcycle.

In 2016, there were two cyclists killed on Guam roads, a vehicle driven by a distracted driver struck and killed a 53-year old male, and a 5-year old was hit and killed by a vehicle while riding her bicycle.

The Guam Cycling Federation, I-Bike Guam, and the Non-Communicable Disease Consortium Obesity/Physical Activity team have brought awareness of automobiles and cyclists sharing the roadways on Guam by placing “sharrows” on the roadways. Sharrows (Shared Roadway Bicycle Markings) are intended to help bicycle riders position themselves away from parked cars, to avoid being struck by suddenly opened car doors, and to alert other road users to expect bicyclists to occupy travel lanes. The efforts of the Guam Cycling Federation, I-Bike Guam, and the Non-Communicable Disease Consortium Obesity/Physical Activity team have yielded more than 200 sharrow markings on the roadways. In additions to the sharrows, signs marking “bike route” and “share the roadways” have been erected along popular routes

Child abuse and neglect is one of the Nation’s most serious concerns. Approximately 3 million cases of child abuse and neglect involving almost 5.5 million children are reported each year. The majority of cases reported to Guam’s Child Protective Services (CPS) involve neglect, followed by physical and sexual abuse. There is considerable overlap among children who are abused, with many suffering a combination of physical abuse, sexual abuse, and/or neglect.

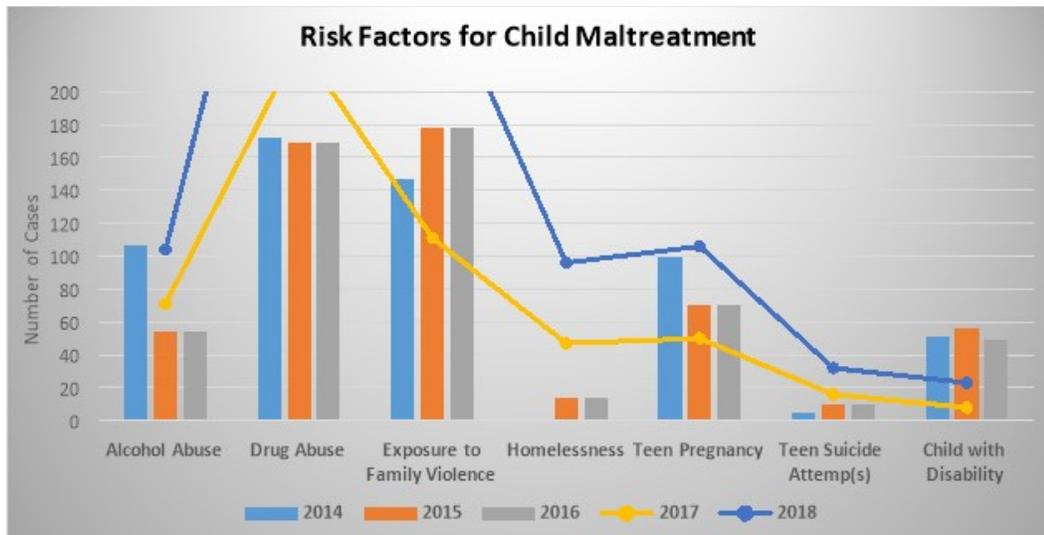
	2014	2015	2016	2017	2018
No. of CPS Referral Received	1548	1492	1389	1471	1364
No. of Children subject to CPS Referral	2321	2185	2147	2205	2039
No. of Referrals from Guam schools	6354	583	610	625	622
No. of Referrals involving FAS citizen	692	711	585	543	417
No. of Referrals received from Military Dependents	98	65	19	13	19



Physical abuse occurs when a child's body is injured because of hitting, kicking, shaking, burning, or other show of force. One study suggests that about 1 in 20 children have been physically abused in their lifetime. Sexual abuse is any sexual activity that a child cannot understand or consent to. It includes acts such as fondling, oral-genital contact, and genital and anal intercourse. It also includes exhibitionism, voyeurism, and exposure to pornography. Studies have suggested that up to one in four girls

and one in eight boys will be sexually abused before they are eighteen years old.

Most child abuse occurs within the family. Risk factors include parental depression or other mental health issues, a parental history of childhood abuse, and domestic violence. Child neglect and other forms of maltreatment are also more common in families living in poverty and among parents who are teenagers or who abuse drugs or alcohol.



In most cases, children who are abused or neglected suffer greater mental health than physical health damage. Emotional and psychological abuse and neglect deny the child the tools needed to cope with stress, and to learn new skills to become resilient, strong, and successful. A child who is maltreated or neglected may have a wide range of reactions and may even become depressed or develop suicidal, withdrawn, or violent behavior. Not all children who are abused have severe reactions. Usually the younger the child, the longer the abuse continues, and the closer the child's relationship with the abuser, the more serious the mental health effects will be.

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) provides voluntary, evidence-based home visiting services to at-risk pregnant women and parents with young children until kindergarten entry. The MIECHV Program builds upon decades of scientific research. MIECHV home visiting services seek to educate parents on child development and progress on developmental milestones and help families connect to necessary services, such as health care or community resources. Under the MIECHV program, Guam is accountable for meeting benchmarks in six areas: (1) improved maternal and newborn health; (2) prevention of child injuries, child abuse, neglect or maltreatment, and reduction of emergency department visits; (3) improvement in school readiness; (4) reduction in crime or domestic violence; (5) improvements in family economic security; and (6) improved coordination and referrals for other community resources and support.

Home visitors prevent child injuries by providing information on hazards in the home environment, coaching caregivers in positive parenting practices and providing guidance on when to seek out further medical care. Home visitors complete a Home Safety Checklist (HSC) with the caregiver to identify safety concerns in the home that may put the infant or toddler at risk for an unintentional injury. Home visiting programs in Guam screen mothers and pregnant women for domestic violence using validated screening tools, and make appropriate referrals to domestic violence services. In addition to screening women for domestic violence, home visitors offer support and education regarding healthy relationships, and assist in the completion of safety plans for domestic violence, to help the mother strategize how to keep her and her children safe. On Guam, 80% of moms were screened for maternal depressive symptoms within 6 months postpartum; 100% of families were provided intimate partner violence referrals; and 91.7% of families were provided information or training around prevention of child injuries (which included car seat safety and safe sleep education) throughout the project period.

Other Child Health Concerns

Immunization

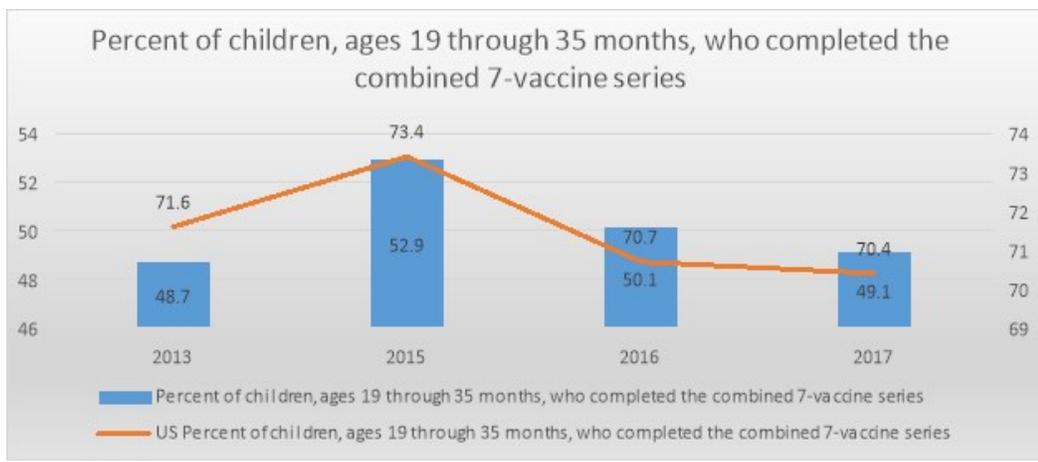
Immunization is the process whereby a person is made immune or resistant to an infectious disease, typically by the administration of a vaccine. Vaccines stimulate the body's own immune system to protect the person against

subsequent infection or disease.

Guam 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). The information collected allows the Immunization Program to assess the immunization status of children to ensure immunizations are current.

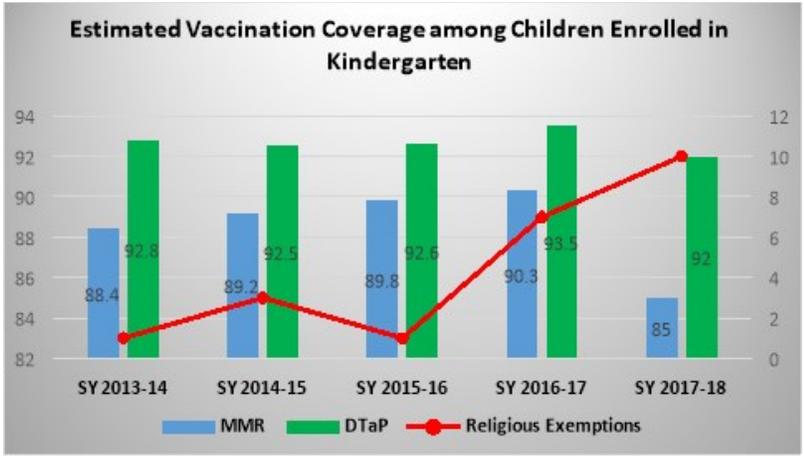
Immunization is a proven tool for controlling and eliminating life-threatening infectious disease and is estimated to prevent between 2 and 3 million deaths each year. It is one of the most cost-effective health investments, with proven strategies that make it accessible to even the most hard-to-reach and vulnerable populations. It has clearly defined target groups; it can be delivered effectively through outreach activities; and vaccination does not require any major lifestyle change.

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 as can be immunized are. 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



As depicted by the graph above, Guam falls well under the US percentage of children aged 19 through 35 months who have completed the combined 7-vaccine series. The 7-vaccine series consists of 4 or more doses of DTaP, 3 or more doses Polio, 1 or more doses of MMR, the Hib full series, 3 or more doses of HepB, 1 or more doses of Varicella, and 4 or more doses PCV.

State and local jurisdictions require children to be vaccinated before starting school to maintain high vaccination coverage and protect schoolchildren from vaccine-preventable diseases. State vaccination requirements, which include school vaccination and exemption laws and health department regulations, permit medical exemptions for students with a medical contraindication to receiving a vaccine or vaccine component, and may allow nonmedical exemptions for religious reasons or philosophic beliefs. To monitor state and national vaccination coverage and exemption levels among children attending kindergarten, CDC analyzes school vaccination data collected by federally funded state, local, and territorial immunization programs.



Guam children entering kindergarten have relatively high immunization coverage levels, even though exemption data has increased over the last 5 school years. While Guam’s coverage rates are high, increasing exemption rates and subsequent decreasing of immunization coverage erodes the integrity of the herd immunity in communities for vaccine preventable disease. As herd immunity is compromised, unvaccinated individuals, children and adults alike, will be placed at a higher risk of contracting vaccine

preventable diseases.

Developmental Screening

Although Guam did not choose the NPM for developmental screening, Guam MCH has been working with Guam’s Project LAUNCH, known as Kariñu. Kariñu, which means loving our children in Chamoru, is part of Guam’s Early Childhood Comprehensive System (ECCS) Initiative. The Guam Early Learning Council made the initiative an island-wide, cross-agency collaborative that provides leadership to build and integrate systems; improve the coordination and alignment of programs/services; support ECCS and workforce development; leverage resources; and collect, share and use early childhood-related data.

Kariñu screens the socio-emotional and behavioral development of young children ages birth to five years using the Ages & Stages Questionnaire (ASQ); Ages & Stages Questionnaire: Social-Emotional (ASQ:SE); and Social Emotional Assessment/Evaluation Management (SEAM) Family Profile. Mothers, fathers, and caregivers with children ages newborn to three months are screened using the Edinburgh Postnatal Depression Scale (EPDS). Since the start of Kariñu, more than 480 ASQ and ASQ-SE screenings have been completed. Guam’s Island-wide Developmental and Behavioral Screening System (iDBSS) is an integrated screening, referral, and service delivery system for children birth to age five years that is culturally and linguistically competent and respectful of the diverse ethnic and cultural backgrounds that exist on Guam. The purpose of the iDBSS is to identify children with or at-risk for disabilities early, and if eligible, access early intervention and/or other early childhood services.

In July 2018, the Guam Early Learning Council, Early Promotion and Identification workgroup reviewed and updated the Universal Referral form. The purpose was to ensure the form continues to be user friendly and captures information that would be needed to assist programs in helping families navigate through the system and receive the appropriate services for their child. All early childhood programs continue to use the Universal Referral Form and are part of the iDBSS process.

Reach Out and Read

Reach Out and Read (ROR) is a nationally recognized program where clinicians give new books to families and teach in the clinic visit how to engage their children in a developmentally appropriate way to read. Data has shown that these projects have increased early literacy and language skills, particularly among disadvantaged and more marginalized families.

The Guam Community Health Centers (CHCs) serves a high proportion of individuals who are economically disadvantaged, and many children have levels of health difficulties. Families often come looking for ways they can help improve their child’s developmental outcome in the setting of these challenges. By engaging in ROR, CHCs can give families something that they can do to help their child develop, empowering both the health institution and the

families to play a pivotal role in their children's development and success.

The program's mission is to help children grow up with books and a love of reading. Although that mission does not mention the process of learning to read explicitly, one major goal of preschool literacy activities is to provide children with some of the cognitive skills they need for successfully learning to read once they get to school. Early exposure to books and reading aloud contributes to a child's readiness to read and learn at school entry, as does more general language exposure.

Child Obesity

In the U.S., obesity in children is occurring at younger ages than previously and is affecting children as early as age two. Being obese and overweight carries health consequences. Children are at-risk for serious chronic diseases including type 2 diabetes, heart disease and certain types of cancer. The estimated prevalence of overweight/obesity in the U.S. for children ages 2 to 19 years is approximately 32%; however, a recent study suggests that the percent of overweight/obese children of those same ages on Guam is significantly higher than their U.S. counterparts at approximately 39%.

The Children's Healthy Living (CHL) Program is a program to prevent early childhood obesity and to improve the health of young children. CHL researchers aim to change the context in which child overweight/obesity occurs by building strong partnerships for action within communities. Nineteen activities address policy, environment, messaging, and training, and targeted six behaviors (sleep time, screen time, physical activity, fruits and vegetables, water and sugar-sweetened beverages).

The project partners with local communities in Hawai'i, Alaska, American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Federated States of Micronesia, the Republic of Palau, and the Republic of the Marshall Islands. These are regions that are not surveyed by the Centers of Disease Control and Prevention in its national program to monitor health and nutrition, and thus limited measured data existed about them prior to the program's inception. However, what data there were suggested that Pacific jurisdictions are some of the most obese countries in the world, and that the problem is growing amongst the children as well as the adults in these regions. Undernutrition also remains a problem in some of these areas, the other face of what is described as the dual burden of malnutrition.

Through a community randomized trial involving measurements of children, households, communities and jurisdictions, the program confirmed this understanding, and through community-based partnership, it is working to reverse this trend. CHL addresses priority areas of food safety, nutrition, and health; agricultural systems and technology; and agricultural economics and rural communities. It supports long-range improvement in and sustainability of agriculture and food systems at the same time that it aims to increase the number of educators, practitioners, and researchers who receive the training and effectively model behaviors necessary to address the complex problem of childhood obesity prevention.



The methods by which the team encourages children to become healthier range from promoting local foods, including produce from students' own school gardens, to creating environments for active play. Traditional foods, sports, and activities are supported, integrating elements from both traditional and modern global cultures that enhance health. Since the program is designed to be self-extending and integrated into its target communities, it included a provision for undergraduate and graduate scholarships, allowing students to earn degrees and use their training in their home communities.

Through the "Get Guam Healthy Incentive Program" monies were appropriated to promote health, wellness, physical activity and the effective use of social and healthcare services for Medicaid-eligible recipients and other disadvantaged populations through individual, family, and community programs. One of those programs was "Early Start, Fit for Life." The goal for "Early Start, Fit for Life" is to reduce and/or eliminate non-communicable disease, including common and modifiable risk factors, such as obesity in children, and to promote health, wellness, and physical activity during and after school at Guam Department of Education (GDOE) in order to provide students with the minimum of 25 minutes of instructional physical education. One of the key objectives was to provide Sports, Play, and Active Recreation for Kids (SPARK) training/SPARK curriculum.

SPARK is a research-based physical education discipline designed in order to promote lifelong wellbeing without sacrificing the enjoyment of physical activities or academic achievements. The program is aligned to the NASPE (National Association of Sport and Physical Education) guidelines. SPARK strives to improve the health of children and adolescents by disseminating evidence-based physical activity and nutrition programs that provide curriculum, staff development, follow-up support, and equipment to teachers of Pre-K through 12th grade students.

Furthermore, the Prevention and Health Promotion action team of the Diabetes Prevention and Control Program (DPCP) developed a Diabetes Curriculum for Guam Public Schools grades K-12. The DPCP through its leadership role and as a member of the secretariat of the Guam Diabetes Control Coalition helped launch the Nutrition and Physical Activity Academy Leadership Cohort in 2017. The inaugural class had 22 teachers complete a four-day training in December 2017. The second cohort in 2018 consisted of 15 teachers who completed the training. Seven different curriculums were developed to include one in the Chamoru language. The second cohort aims to produce materials in other languages such as Chuukese, and Pohnpeian.

Child Health - Application Year

Child Health – Application Year

In the first half of life, more Americans die from violence and injuries — such as motor vehicle crashes, falls, or homicides— than from any other cause, including cancer, HIV, or the flu. However, deaths are only part of the problem. Each year, millions of children visit the emergency department for a non-fatal unintentional injury. Many children and their families are faced with life-long mental, physical, and financial problems due to these injuries. Violence and injuries are so common that they are often accepted as a part of life; however, they can be prevented and their consequences reduced. Reducing the burden of non-fatal injuries can greatly improve the life course trajectory of children resulting in improved quality of life and cost savings.

Motor vehicle injury prevention is one of CDC's "winnable battles" because it is a public health priority with large-scale impact on health and known effective strategies to address them. The Guam MCH Program is focusing on the National Performance Measure: *reducing the rate of injury-related hospitalizations for the age group 0-9 years* for the Title V grant.

Public health strategies to prevent injuries among children includes four areas: identifying the magnitude of the problem through surveillance and data collection; identifying risk and protective factors; developing and testing interventions; and promoting widespread adoption of evidence-based practices and policies.

As part of the five year needs assessment, injury data was reviewed to determine the area of focus for children. As motor vehicle crashes were a top cause of injuries, MCH will work with the Office of Highway Safety to identify participants around the island to build local child passenger safety seat technician capacity.

To maintain or decrease the already low rate of emergency room visits resulting from injury, Guam's MIECHV program, Project Bisita will continue to encourage discussions of safety topics between the home visitor and participant, through topics such as car seat installation, water safety, and toy safety. Project Bisita will also work to improve the accuracy and completeness of data collected on the Guam MIECHV performance measures.

Project Bisita in collaboration with Title V will continue to implement strategies that support services for mothers, infants, and families. In addition, continues professional development for home visitors and MCH nursing staff provided through training and education will be a priority.

Project Bisita will continue to support Title V national performance measures and priorities including:

- Title V priority need to reduce infant morbidity and mortality and national performance measure 4: a) percent of infants who are ever breastfed and b) percent of infant's breastfed exclusively through 6 months.
- Title V's need to reduce the use of tobacco and other substances across the lifespan and national performance measure #14: a) percent of women who smoke during pregnancy and b) percent of children who live in households where someone smokes.

Guam Title V will continue to collect data on child injury. Systematic data on child injury and death is used in defining the problem. Data on the rate of injury and death can show how an injury problem is changing over time; identify trends in injury to evaluate efforts and to initiate preemptive action, and inform decision-making in allocating programs and resources where they are needed most.

The Guam Council on Child Death Review and Prevention (GCCDRP) will continue to meet. The GCCDRP will continue to: 1) collect information on individual child deaths; 2) discuss case information in team meetings and develop an understanding of the incidence and preventable causes of child death; 3) promote collaboration among the agencies that respond to child deaths and provide services to family members; and 4) advise and make recommendations for changes in law, policy and practices that will prevent child deaths.

The Child Care Development Fund (CCDF) is responsible for the inspection, licensure, and regulations of childcare

centers. The CCDF has rules for licensed childcare facilities such as an approved sanitation inspection and use of lead-free paint to be used for painted surface. The CCDF will continue such inspections through the application year.

Guam MCH through the Emergency Medical Services for Children (EMSC) program will continue to achieve a higher level of preparedness in caring for children. The program's goal for 2020 is to have Guam's emergency department at Guam Memorial Hospital verified as Pediatric Prepared. Pediatric Prepared Emergency Care is a voluntary program recognizing hospitals that have demonstrated their ability to stabilize and/or manage pediatric emergencies. The pediatrician for the EMSC program has been providing consultations for the care of pediatric patients waiting for transfer to Guam Memorial Hospital from clinics. He also provides the Guam Fire Department with pediatric medical directorship support.

Guam MCH will continue to work with the EMSC program on the implementation of a Bus Crash Policy and Procedures document. Through the formulation of a Bus Crash Policy, the EMS responders – school nurses, public health nurses, EMTs – know how to provide prompt triage, transfer, and treatment, as well as provide the proper release of children involved in bus crashes.

MCH will collaborate with EMSC in advocating for an improved emergency response infrastructure and a well-coordinate, well equipped, and up-to-date Emergency Response System that complies with the latest recommendations of the National Pediatric Readiness Project (NPRP).

BFHNS staff involvement in Project LAUNCH (Linking Actions for Unmet Needs in Children's Health) funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) will continue. Project LAUNCH is designed to promote the health and wellness of young children from birth to 8 years by addressing the physical, social, emotional, cognitive, and behavioral aspects of their development. The intent is to strengthen and enhance the partnership between physical health and mental health systems at the state and local level. Objectives include: increase access to screening, assessment, and referral to appropriate services for young children and families; expand use of culturally relevant, evidence-based prevention and wellness promotion practices in a range of child-serving settings; increase integration of behavioral health into primary care settings; and improve coordination and collaboration across disciplines at the local, state, and federal levels

The MCH Program, in collaboration with the Guam Early Learning Council, is excited to be bringing the Help Me Grow (HMG) model to the island. This model is a system approach to designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral, and linkage to early childhood resources and services. It reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families. It is specifically designed to help organize and leverage existing resources in order to best serve families with children at-risk for developmental delay. The model does not change or reinvent these programs and services; rather, it ensures collaboration among multiple systems to ensure access to services and seamless transitions for families.

Guam MCH will continue partnership with the Guam Immunization Program to promote immunizations island-wide. Within some populations, Guam has experienced declining immunizations rates and has not met the Healthy People 2020 goal of 80% for child immunizations. For example, the percent of 19 to 35 month olds who received a full schedule of age appropriate immunizations (Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza and Hepatitis B) is at 49.1% based on data obtained from the National Immunization Survey.

The mission of the Guam Immunization Program is to minimize and prevent the occurrence of vaccine-preventable diseases on Guam. The program seeks to fulfill its mission through coordinated program efforts designed to:

- Promote high immunization levels for children and adults.
- Provide vaccines through a network of public and private health care providers.
- Facilitate the development, use, and maintenance of immunization information systems

Support disease surveillance and outbreak control activities.

Provide educational services and technical consultation for public and private health care providers.

Promote the development of private and public partnerships to improve immunization levels across the island.

Promote provider and consumer awareness of immunization issues.

Adolescent Health
Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000	NVSS-2017	Data Not Available or Not Reportable	NPM 7.2
NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000	NVSS-2017	62.7	NPM 7.2 NPM 10
NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000	NVSS-2015_2017	Data Not Available or Not Reportable	NPM 7.2 NPM 10
NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000	NVSS-2015_2017	19.7	NPM 7.2 NPM 10
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	NSCH	Data Not Available or Not Reportable	NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	WIC-2014	8.7 %	NPM 10
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	YRBSS-2017	23.0 %	NPM 10
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS-2017_2018	65.8 %	NPM 10
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS-2017	67.5 %	NPM 10
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2017	77.3 %	NPM 10
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	NIS-2017	68.3 %	NPM 10
NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females	NVSS-2017	40.1	NPM 10

National Performance Measures

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	59.3	59.0	58.5	58.5	58.5	58.0

Evidence-Based or –Informed Strategy Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	7.0	8.0	9.0	10.0	10.0	10.0

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	50.5	60.0	60.5	61.0	61.0	62.0

Evidence-Based or –Informed Strategy Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	48.0	50.0	52.0	54.0	55.0	56.0

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	25.0	31.0	37.0	39.0	39.0	39.0

State Performance Measures

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	12.0	12.0	11.0	11.0	10.0	10.0

State Action Plan Table

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

Priority Need

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

NPM

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

Objectives

By December 2020, increase of 5% in the number of adolescents, aged 12 through 17, with a well-child visits. (Baseline data Guam YRBS 2015)

By December 2020, reduce by 5% of the teen birth rate for females aged 15 through 19 (Baseline data

By December 2020, an increase of 10% of adolescents receiving HPV and MCV4 immunizations according to the Immunization scheduled. (Baseline data 79.6% National

Strategies

Educate on the services provided at the DPHSS Health Centers related to the health and wellness of our youths, to other government agencies and nonprofit organizations that work or educate adolescents.

To increase and strengthen our collaboration with GDOE and nonprofit organizations to educate wellness of adolescents.

To increase awareness of, access to, and utilization of the Vaccines for Children (VFC) Program

Provide parent education on immunizations, including schedules, and the importance to child and adolescent health

To continue to work with the Guam Immunization Program to increase HPV vaccination completion for youth ages 13-17 years

To continue to work with the Guam Cancer Control and the Guam Immunization Program on the development of a Guam HPV Plan

To continue to work with the Guam Cancer Control and the Guam Immunization Program to address perceived barriers to vaccination such as parental lack of understanding and concerns.

Partner with the STD program, to provide culturally competent drop-in services for high-risk and LGBTQ youth at the DPHSS's Central Health center.

Measure the number of youth receiving drop-in medical services. Title V receives this data from the STD program. This information is important to determine whether or not this type of service should be offered in other parts of the island and to determine the reach of services at the current location.

Partner with Emergency Medical Services for Children (EMSC) program to influence policy and legislation, change organizational practices, foster coalitions and networks, educate providers, promote community education, and strengthen individual knowledge and skills related to the prevention and reduction of intentional and unintentional injuries among children and adolescents

Establish protective factors for LGBTQ youth through a partnership with PEACE program.

ESMs

Status

ESM 10.1 - Use social media to promote adolescent preventive health care Inactive

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

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

NOMs

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

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

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

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

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

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

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

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

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

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

Priority Need

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

NPM

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Objectives

By July 2020, reduce the rate of non-fatal hospitalization for children aged 0 through 9 and adolescents aged 10 through 19.

Strategies

Increase Promote and support Fatality Review Teams and their development of strategies to prevent child injury.

Work with local CFR and FIMR teams to improve the quality and timeliness of the data collected from their reviews.

Increase the number of Project Bisita child passenger safety seat technicians.

ESMs

Status

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

Active

NOMs

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

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

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

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

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

Priority Need

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

SPM

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

Objectives

By Dec. 2020, reduce the percent of adolescents, ages 12 through 17, who are bullied or who bully others to 12% (Baseline data 19.1%, Guam YRBSS 2015)

Strategies

Collaborate with GDOE and non-profit organizations to educate children on how to handle bullying school and where to get help.

Identify partners working in high-risk communities or with high-risk groups such as: gay, lesbian, bisexual, transgender youth, to disseminate bullying prevention education and resources.

Title V staff will participate in the GDOE workgroup to assist with YRBSS question selection

Title V will use YRBSS data to monitor behaviors in the adolescent population

Adolescent Health - Annual Report

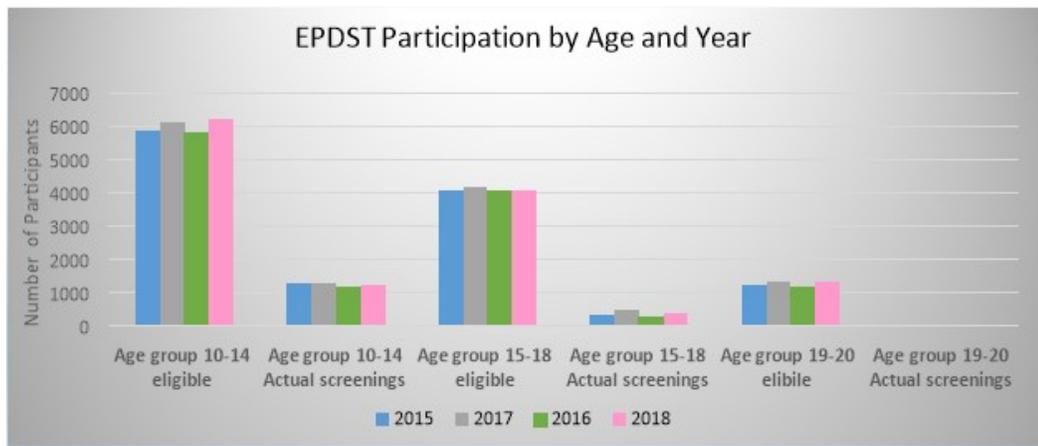
Adolescent Health – Annual Report

At the onset of adolescence, children develop the ability to understand abstract concepts, question values, develop a more mature sense of identity, and learn to establish personal relationships. The physical changes at this age are dramatic, as boys and girls gradually grow into men and women. With this in mind, Guam Title V selected NPM # 10 – Percent of Adolescents, ages 12 to 17, with a Preventive Medical Visit.

The Medicaid Program’s benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment (EPDST) services. EPDST provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents. These screenings are designed to identify health and developmental issues as early as possible. The goal of EPDST is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting. State Medicaid agencies are required to inform all Medicaid-eligible individuals under age 21 that EPDST services are available and of the need for age-appropriate immunizations and provide or arrange for the provision of screening services for all children.

The annual preventive health care visit provides the opportunity for early screening, diagnosis, and intervention, effective treatment, or referrals to decrease morbidity and mortality, and establish effective communication between patient and provider.

The American Academy of Pediatrics and Bright Futures recommend annual well-care visits during adolescence to promote healthy behaviors, prevent risky ones, and detect conditions that can interfere with a teen's physical, social, and emotional development. Comprehensive well care includes a physical exam; immunizations; screening; developmental assessment; oral health risk assessment; and referral for specialized care if necessary.

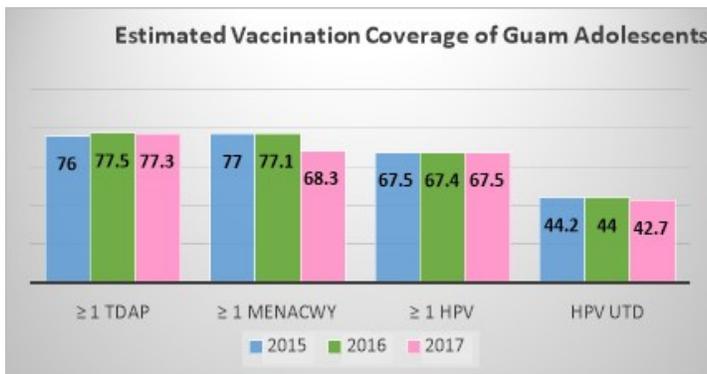


There has been a decrease in those eligible for services under EPDST and those receiving actual screenings in the adolescent population. This may be due to the fact that the majority of youth feel healthy and they do not recognize the need for annual health screenings.

From 2015 to 2018, the percent of ten to fourteen year old individuals having an actual screening decreased by 2.4%, whereas in the fifteen to eighteen year old and nineteen to twenty year old groups having an actual screening increased by 13% and 50% respectively. This may be due to the relatively high number of Family Practice physicians versus Pediatricians working at the Community Health Center (CHC), in addition to the fact that the CHC have extended hours of operation and are open on the weekends.

Nearly 80 million people in the U.S. are currently infected with some type of human papillomavirus (HPV), a common virus transmitted through sexual contact. Every year in the United States, 33,700 women, and men are diagnosed

with a cancer caused by HPV infection. Although cervical cancer is the most well-known of the cancers caused by HPV, there are five other types of HPV cancer. Cervical cancer is the only type of HPV cancer with a recommended screening test. The other types of HPV cancers may not be detected until they cause health problems. HPV vaccination could prevent more than 90% of HPV cancers—31,200 cases every year—from ever developing.

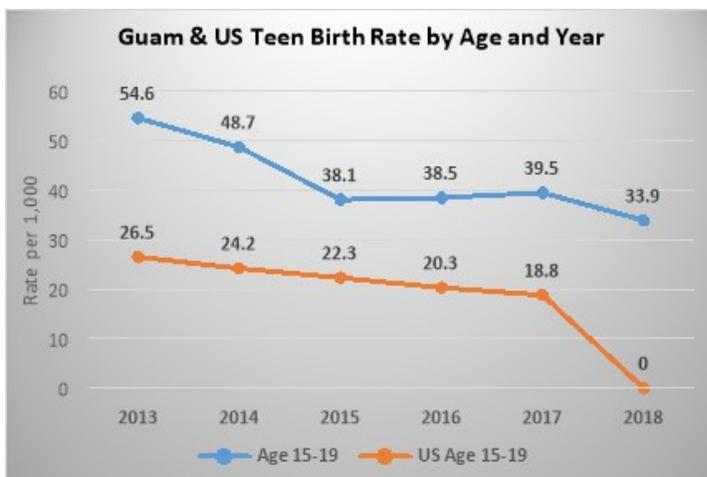


HPV vaccines are given as a series of three shots (two if the child is eleven or twelve) over six months. CDC recommends the HPV vaccine for preteen boys and girls aged eleven or twelve, so they are protected before being exposed to the virus. Two vaccines (Cervarix and Gardasil) protect against cervical cancers in women. Gardasil also protects against genital warts and cancers of the anus, vagina, and vulva. Both vaccines are available for females.

More than half of Guam adolescents have received at least one dose of HPV vaccine; however less than half have received three doses (or two doses if the first HPV vaccine dose was given after age 15).

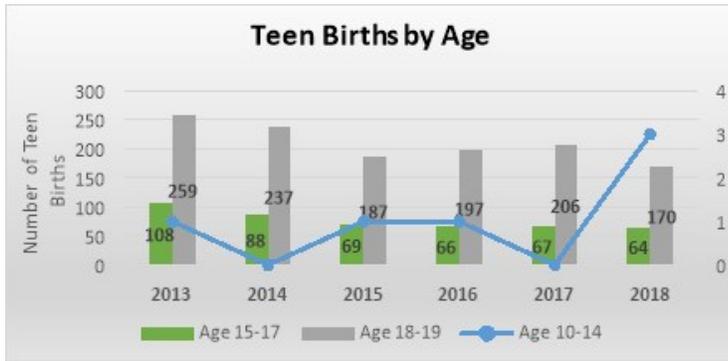
The general lack of knowledge about HPV may explain why the risk of acquiring HPV, or of developing a HPV-related disease, is commonly under-estimated, both at the individual and societal levels. Such a low perception of risk is likely to impair community demand for HPV vaccination. The perception of parents about HPV vaccines is also critical to HPV vaccination success, because parental consent is required to administer HPV vaccines to minor children. Some media attention has centered on the possibility that the sexual nature of HPV transmission may significantly hinder parental acceptance of the vaccine, which would lead to under-utilization.

The Guam Department of Education School Health Counselors in collaboration with Guam Cancer Care and the Department of Public Health and Social Services Immunization Program has launched a school-based immunization program focused on cancer prevention and HPV vaccination. The voluntary immunization program aids in the fight against cancer and will expose children to vaccines that can help prevent a range of vaccine-preventable disease. In particular, children ages nine to seventeen years old who obtain parental consent will be able to receive the HPV vaccine at their respective school site.



According to the National Campaign to Prevent Teen and Unplanned Pregnancy, each year approximately 750,000 teenage girls become pregnant. The rate of pregnancy among US teenagers has been steadily dropping, but it is still higher than almost all industrialized countries.

Guam's teen birth rates are high compared to the US teen birth rates. Guam's teen birth rate was 39.5 per 1,000 females aged fifteen to nineteen years in 2017; in 2018 the rate of teen birth was 33.9 per 1,000, a decrease of 15.2%. However, in 2017 Guam's teen birth rate was 71% higher than the US's teen birth rate.



The Personal Responsibility Education Program (PREP) replicates evidence-based teen pregnancy prevention model *Be Proud/Be Responsible* in all Guam public high schools, with the intent to change behavior and delay sexual activity, increase condom or contraceptive use for those who are sexually active, and reduce unintended pregnancy. For the school year 2017-18, the program was delivered to approximately 5,000 students, primarily in 9th

and 10th grade.

Bullying

Bullying is unwanted aggressive behavior, either physical or verbal, among children where there is an actual or perceived imbalance of power. True bullying involves aggression that is repeated or has the potential to be repeated. Bullying has been linked to many negative outcomes including criminal violence, mental health impacts, substance abuse, and suicide. Victims often suffer from anxiety and depression, physical ailments, and decreased academic achievement. Perpetrators often engage in violent and abusive behavior as adults, abuse drugs or alcohol, and engage in other risky behaviors. Bystanders or those who witness acts of bullying, are also more likely to have mental health problems, suffer from depression and anxiety, and engage in substance abuse.

Our data gathering efforts included an evaluation of responses to bullying and mental health questions included in the latest Youth Risk Behavior Survey (YRBS). Data from the Guam 2017 survey for high school students tell us that the percent of children aged twelve through seventeen who report being bullied on school property was 16.3%, which was down 3.6% from 2015. A break down by gender shows a decrease of 7.2% in the number of female students who reported being bullied from 20.1% in 2015 to 18.7% in 2017. Furthermore, there was a decrease of 5% in male students who reported being bullied from 14.2% in 2015 to 13.5% in 2017.

Cyberbullying is bullying that takes place over digital devices like cell phones, computers, and tablets. Cyberbullying can occur through SMS, Text, and apps, or online in social media, forums, or gaming where people can view, participate in, or share content. Cyberbullying includes sending, posting, or sharing negative, harmful, false, or mean content about someone else. It can include sharing personal or private information about someone else causing embarrassment or humiliation. Some cyberbullying crosses the line into unlawful or criminal behavior.

The most common places where cyberbullying occurs are Social Media, such as Facebook, Instagram, Snapchat, and Twitter; SMS (Short Message Service) also known as Text Message sent through devices; Instant Message (via devices, email provider services, apps, and social media messaging features) and Email.

With the prevalence of social media and digital forums, strangers as well as acquaintances can often view comments, photos, posts, and content shared by individuals. The content an individual shares online – both their personal content as well as any negative, mean, or hurtful content – creates a kind of permanent public record of their views, activities, and behavior. This public record can be thought of as an online reputation, which may be accessible to schools, employers, colleges, clubs, and others who may be researching an individual now or in the future. Cyberbullying can harm the online reputations of everyone involved – not just the person being bullied, but those doing the bullying or participating in it.

In 2018, the Guam Department of Education (GDOE) reported 30 incidents of cyberbullying and sexting in school year 2017/18. The percent of high school students who report being cyberbullied stands at 13.1% according to the 2017 Guam YRBS, which is down from 13.3% in 2015. A breakdown by gender shows the percentage of females

who reported being cyberbullied was 16.3% in 2017, which represents a decline of 17.8% from 2015. High school males who reported being cyberbullied increased 25% (29.9%) from 7.7% in 2015 to 10% in 2017.

In the United States, an estimated 3.2 million youth (ages 8-18) are Lesbian, Gay, Bisexual, Transgender, and Questioning/Queer (LGBTQ). Among older youth, approximately 8% or 1.6 million youth (in grades 9-12) identify as LGBTQ, and nearly 1% or 150,000 youth (ages 13-17) identify as transgender.

While trying to deal with all the challenges of being a LGBTQ, teens also have to deal with harassment, threats, and violence directed at them on a daily basis. LGBTQ youth are nearly twice as likely to be called names, verbally harassed or physically assaulted at school compared to their non-LGBTQ peers.

Results from the Guam 2017 Youth Risk Behavior Survey show that more Guam high school students who self-identify as lesbian, gay, or bisexual (LGB) report having been bullied on school property (31%) and cyberbullied (19.8%) in the past year, than their heterosexual peers (16.3% and 13.3%, respectively). The survey also showed that more LGB students (18.5%) than heterosexual students (8.8%) reported not going to school because of safety concerns. Among students who identified as “not sure” of their sexual orientation, they also reported being bullied on school property (25.4%), being cyberbullied (26%), and not going to school because of safety concerns (24.7%). Bullying puts youth at increased risk for depression, suicidal ideation, misuse of drugs and alcohol, risky sexual behavior, and can affect academics as well. For LGBTQ youth, that risk is even higher.

Results from the Guam 2017 Youth Risk Behavior Survey show that Guam high school students were more likely to report feeling sad and hopeless (almost every day for 2 or more weeks so that they stopped doing some usual activities during the 12 months before the survey) than their US counterparts. In 2017, 50.2% of Guam females reported having felt sad and hopeless in the past 12 month compared to 41.1% of US females, 29.4% of Guam males, and 21.4% of US males. Low self-esteem and depression is a vicious cycle with long-term implications. Depression may predispose an individual to have impaired social and communication skills, which in turn might lead to victimization by peers.

From 2009 to 2017, for both Guam and the nation, female high school students were more likely than male high school students to report having seriously considered attempting suicide in the past 12 months. Guam students were more likely than their US counterparts to report considering suicide. In 2017, 26.2% of Guam high school students seriously considered attempting suicide in the past 12 month before the survey, compared to 17.2% nationally; 33.5% of females seriously considered attempting suicide versus 17.7% of males. In 2017, 20.6% of Guam high school students attempted suicide one or more times during the 12 months before the survey, compared to 7.4% nationally. Females were more likely than males to report attempting suicide (25.6% and 14.6% in 2017, respectively).

It is devastating to note that in Guam's 2017 YRBS that 63.9% of LGB youth reported depressive symptoms, such as sadness or hopelessness for two weeks or more that interfere with their usual activities compared to 36.3% of non-LGB youth. Over four in ten (43.6%) of Guam's LGB youth, compared with close to three in ten in ten (26.2%) non-LGB youth, ever seriously considered attempting suicide, and 40% of Guam's LGB youth attempted suicide according to Guam's YRBS, compared to 20.6% of Guam's non-LGB youth. Among youth who attempted suicide in 2017, the percentage of attempts resulting in injury, poisoning, or overdose that required treatment by a doctor or nurse was over twice that of non-LGB youth (12% vs 5.8%).

In the United States, suicide is the 10th leading cause of death for all ages. More than one person dies by suicide every 15 minutes in the United States.^[1] In 2011, over 8 million adults reported having serious thoughts about suicide and over 1 million reported a suicide attempt.^[2]

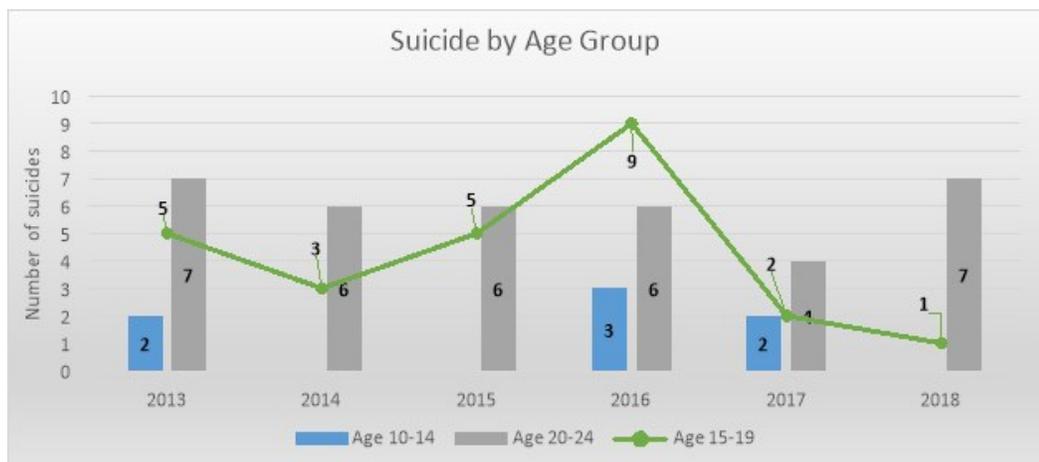
Unfortunately, the picture of suicide on Guam is similar. Suicide is also among the top ten leading causes of death on

Guam. Suicides, however, are just the tip of the iceberg. For every suicide committed, there are many more hospitalizations or emergency department visits for self-inflicted injuries. This statistic fails to capture the number of people who only seek outpatient care following a suicide attempt or do not seek medical treatment at all.

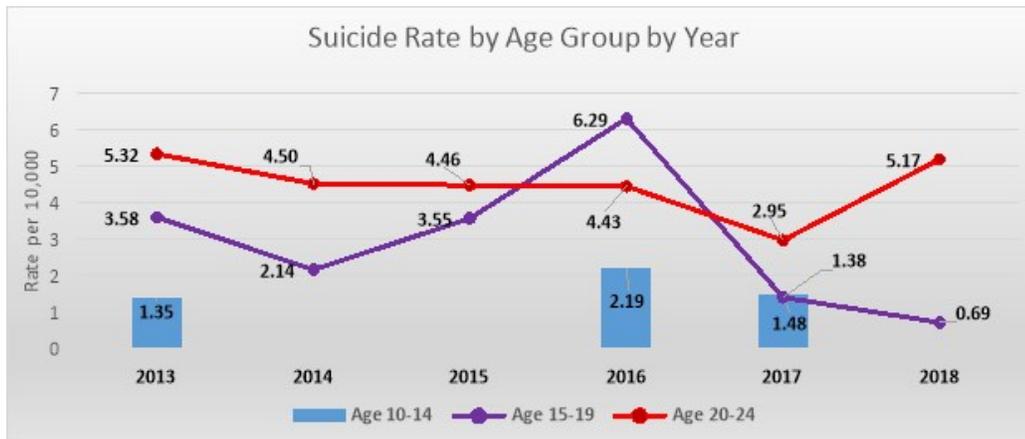
For years 2013-2018, there were 68 suicide deaths among Guam children aged 10 through 24 years. Males comprise the majority (75%) of suicide deaths. Although more females attempt suicide than males, males are approximately four times more likely to die from suicide.^[3]

The lethality of the method used determines the differences between a non-fatal attempt and a death by suicide. Firearm and hanging victims have less of a chance for survival than those using a less lethal method, such as poisoning. Suicide by hanging was the leading cause of death by suicide from 2011-2018. Use of firearms was the 2nd leading method.

Hanging may have been chosen for two main reasons: the anticipated nature of a death from hanging, and accessibility. Those who favored hanging anticipated a certain rapid and painless death with little awareness of dying and believed it was a “clean” method that would not damage the body or leave harrowing images for others. Materials for hanging were easily accessed and individuals may have considered it “simple” to perform without the need for planning or technical knowledge. Hanging is seen as the quickest and easiest method with few barriers to completion and is sometimes adopted despite not being the first choice.



For the year 2013- 2018, Guam recorded seven suicide deaths to children 10 – 14 years of age. The causes of death were Asphyxia due to Hanging (6) and Overdose (1). Very little is known about childhood suicide. There has been a recent wave of research and writing on adolescent suicide, but only a few observed articles on suicide risk in preteens. Until recently, it was believed that children never committed suicide. Most adults want to believe that early childhood is an idyllic time of happiness and carefree living. Even among adults who recognize that childhood for some children can be troubled by stress and pain, most believe that children are not capable of making life-and-death decisions such as suicide.



It should be noted that although suicide is underreported among all age groups, this is particularly true for children. Children seldom leave suicide notes, and they typically have less access to suicidal methods (e.g., guns, pills, etc.). When child suicides do occur, they often are typically reported as accidents. It is impossible to know whether Guam's children killed themselves intentionally or whether they understood the finality of the decision.

The risk and protective factors related to suicidal ideation among college students in Guam remains unknown. The purpose of a University of Guam study was to identify the rates of suicidal ideation and suicide attempt, and explore the risk and protective factors of suicidal ideation among college students in Guam. Two hundred and seven (207) college students at the University of Guam were surveyed. The rate of suicidal ideation and suicide attempts was 10.2% and 8.2%, respectively. In analyses of the survey data, previous suicide attempts, shorter period of living in Guam, high scores on cultural difference and negative affect, and low scores on family meaning were identified as independent predictors of suicidal ideation.

In 2005, the University of Guam's Isa Psychological Services Center applied for and received a three-year grant through the Garrett Lee Smith Memorial Act. This grant supported the creation of the I Pinangon Campus Suicide Prevention program, which has provided suicide prevention services to the university community, including students and their families, faculty, administrators, and staff. In 2008, Isa Psychological Services Center received another three-year grant through the Garrett Lee Smith Memorial Act to support the enhancement, expansion, and institutionalization of campus suicide prevention services through a variety of infrastructure development strategies. Since the inception of the grant in 2005, I Pinangon has reached over 7,000 participants from the university community through gatekeeper training, mental health screening, and other outreach events.

Project Inspire held an inaugural charity gala to raise funds for mental health awareness and suicide prevention, while promoting local artists. The LIFE, CAMERA, ACTION! event brought together organizations hoping to bridge the gap between the arts and mental health in a unique way never before seen and involving our youth. While the event was inspired by a personal tragedy, its goal is to bring hope to those suffering through a medium many of our youth are familiar with: the arts.

Earlier in the year, Project Inspire and the production team lost one of their key members to suicide. The late cinematographer was honored at the event. Throughout 2019, Project Inspire will release public service announcements, focusing on saving lives, and teaching residents how to get help that is available. The group will create messages with the guidance of Guam Behavioral Health and Wellness Center.

Prevention of suicide is not the exclusive responsibility of any one sector of society. Schools can create cultures in which young people feel it is healthy to talk through emotional and other difficulties. General practitioners can restrict the number of tablets prescribed to those at risk of overdose. Accident and Emergency staff can ensure all young people who have attempted suicide receive specialist mental health assessment. In addition, each of us can pay close attention to the overall mental health of our loved ones to reduce the risks of them taking their lives.

The Guam Behavioral Health and Wellness Center launched "Focus on Life," a media campaign that aims on raising the awareness for the need to address the issue of suicide on Guam. This film features survivors, trained caregivers and suicide prevention resources who speak of the pain that suicide had caused or may cause our people, and how we can live through those pains so that it will not happen again.

Guam Behavioral Health and Wellness Center operates the Crisis Hotline. The Crisis Hotline (CHL) project, comprised of one full-time staff and coverage provided by staff of the Adult Inpatient Unit, started as an information help line for Desert Storm and from this tumult was recognized a need for a 24-hour telephone "counseling" service to the island community.

The purpose of the Crisis Hotline is to assist individuals experiencing crises, through staff and volunteers having undergone comprehensive training in crisis intervention, and a strong networking system with other governmental agencies and private organizations.

Approximately 320 calls come through the Crisis Hotline every month. The spectrum of crisis calls range from a youngster needing help with his homework to suicide. The most prevalent calls are relationship problems, most of which are compounded by depression.

Island Girl Power hosted a "Focus on Life" carnival in September 2018. Island Girl Power is a local prevention program, focused on offering positive activities and role models for young girls and their families. The annual event was an opportunity for the community to visit the Island Girl Power facilities and learn more about their prevention programs, including awareness campaigns for suicide and underage drinking. The organization distributed 500-suicide awareness ribbons at the event.

Despite the island's welcoming culture, members of Guam's lesbian, gay, bisexual, and transgender (LGBT) community often struggle for acceptance. In a 2015 health survey, 37% of the LGBT community had experienced being bullied and 25% spoke of suicide. To address this, Guam Behavioral Health and Wellness Center (GBHWC) collaborated with Guam's Alternative Lifestyles Association (GALA) to provide a range of behavioral health to the LGBT community. With additional support from GDOE, GALA brings health awareness, substance abuse prevention, and youth empowerment programs to schools and community centers. Their programming includes Storytelling for Empowerment, an evidence-based substance abuse and suicide prevention curriculum; a health and wellness program; and a Summer Power Camp that includes arts and crafts, physical fitness, and substance abuse and wellness workshops for school-age youth.

GALA relies on strong collaboration with a wide range of schools and community partners – including the University of Guam, Title V MCH, victim advocacy services, village mayors – to identify youth who could benefit from their services.

Since its partnership with the GBHWC GALA has implemented its programs in one high school and three middle schools, serving northern and central villages. Approximately 350 youth have participated in their community based Storytelling for Empowerment workshops, and in the 2017-2018 school year, 260 youth participated in their school and summer camp programs.

By establishing a presence in schools and communities, GALA has also educated parents, teachers, schools administrators, and other adults on the behavioral health needs of LGBT youth, including the increased risk of substance misuse and suicide.

[1] US, DHHS, 2012

[2] SAMSHA, NSDUH Report, 2011

Adolescent Health - Application Year

In 2020, Guam Title V will continue to employ strategies in relation to National Performance Measure # 10 – *Percent of adolescents with a preventive health visit* to advance the quality, relevance, and uptake of available services. The alignment of Guam’s priority need to promote and enhance adolescent strength and skills supports new strategies to help program decision-making and design.

The transition from being a child to a self-reliant young adult represents one of the most dynamic, broad and influential periods of human development. The young adolescent body undergoes more developmental changes than at any other time. The extent of these changes makes the period somewhat risky; given behaviors established during this time often extend into adulthood. At the same time, the teen years represent an ideal time for interventions, largely for the same reason. Well-health visits provide a critical opportunity for providers to influence health and development and alter an adolescent’s trajectory toward more positive long-term outcomes.

Most adolescent morbidity and mortality are preventable. According to the Archives of General Psychiatry, half of lifetime cases of mental health disorders begin showing symptoms by age 14. Both the American Academy of Pediatrics and the American Medical Association recommend comprehensive annual check-ups for adolescents.

Adolescent annual well care is an important opportunity to build a trusting relationship between the teen and the provider and an opportunity to promote the strengths of the adolescent and his/her healthy development. However, some parents and adolescents do not see the value in a well-child exam. Moreover, adolescents feel awkward and uncomfortable going to a “baby doctor” and have concerns over confidentiality. A key approach to increasing preventive visits is to further develop adolescent care practices that are intentional and thoughtful in welcoming and caring for all adolescents.

Title V will collaborate with Guam Department of Education (GDOE) school nurses to increase adolescent referrals by school nurses for sexual health services. Development of resources, education of school nurses and promoting collaboration will begin to improve adolescent knowledge of and motivation to use resources related to sexual health.

The past ten years, GDOE has had an Annual Conference for School Nurses. Topics related to adolescent health needs and provisions of services are regularly included in each conference. Topics have focused on teen suicides, healthy sexual relationships, adolescent health needs and other emerging health care trends such as mental health and crisis assessment of preteen and teens and the opioid crisis.

Strengthening the approaches school nurses use to make reproductive health referrals for adolescents is a best practice in improving reproductive health outcomes for youth. Clinical family planning services funded by Title X will continue to be a source of primary care for adolescents by providing sexual and reproductive health services in a safe and confidential space. Title X is guided by the Office of Population Affairs Program Policy 2014-02 Confidential Services to Adolescents. Improving the sexual health of adolescents is a public health priority due to the potentially serious health consequences that may occur when they do not have access to appropriate health education, healthcare resources, or support to help them make informed decisions and minimize risky behaviors.

The Guam Department of Education’s PREP Program will continue to implement the *Be Proud/Be Responsible* curriculum. This sexual health education curriculum includes the five principles of social and emotional learning skills: self-awareness, self-management, social awareness; relationship skills and decision-making. The *Be Proud/Be Responsible* curriculum also includes parent engagement activities to increase communication of sexual health and health decision making amongst families.

The HPV vaccine has the potential to save thousands of lives from HPV-related cancers. The Immunization Program in collaborating with Guam Cancer Cares has raised awareness about the importance of the HPV vaccine in an effort to reduce cancers on Guam. The Immunization Program will continue to work with Guam Cancer Cares to promote the message about cancer prevention through social media and public advertising. Furthermore, the GDOE

school nurses will continue the school-based voluntary HPV vaccination program.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), cultural competence means being “respectful and responsible to the health beliefs and practices, and cultural and linguistic needs of diverse population groups.” A key compound of quality adolescent care is the extent to which services are delivered in a developmentally appropriate adolescent-friendly and confidential manner.

Students who are perceived as different by other students are more likely to be bullied. These more vulnerable students include LGBT youth, students with physical, mental and learning disabilities; and students who are targeted for differences in race, ethnicity, and religion.

MCH will build on the bullying prevention by continuing to engage with partners involved in bullying prevention efforts. Going forward, our focus will be to continue to form partnerships and collaborations with our community partners. When appropriate, MCH plans to pursue opportunity to join in the conversation and planning efforts to ensure the message of bullying prevention as a public health issue is brought to the table and should be considered in any public health strategic planning efforts.

One of the resources available for adolescents experiencing relationship, bullying, depression, or thoughts of suicide is the Crisis Hotline, a number that is available to teens and parents. MCH will work with other stakeholders to assess the availability of prevention and behavioral health treatment options and identify strategies for increasing awareness and availability of the Crisis Hotline.

MCH Title V will work with the Guam Behavioral Health and Wellness Center to identify opportunities for providing Applied Suicide Intervention Skills Training for program staff and Project Bisita home visitors. *ASIST* is a two-day, two-trainer, workshop designed for members of all caregiving groups. Family, friends, and other community members may be the first to talk with a person at risk, but have little or no training. *ASIST* can also provide those in formal helping roles with professional development to ensure that they are prepared to provide suicide first aid help as part of the care they provide.

The emphasis is on teaching suicide first aid to help a person at risk stay safe and seek further help as needed. Participants learn to use a suicide intervention model to identify persons with thoughts of suicide, seek a shared understanding of reasons for dying, and living, develop a safe plan based upon a review of risk, be prepared to do follow-up, and become involved in suicide-safer community networks. The learning process is based on adult learning principles and highly participatory. Graduated skills development occurs through mini-lectures, facilitated discussions, group simulations, and role-plays.

MCH looks forward to establishing and cultivating a partnership with Project Inspire to address ways to support children who are experiencing family-related trauma that ultimately impacts their performance at schools. Throughout 2019, Project Inspire will release public service announcements, focusing on saving lives, and teaching residents how to get help that is available. The group will create messages with the guidance of Guam Behavioral Health and Wellness Center.

Victim Advocates Reaching Out (VARO) will continue to provide developmentally appropriate services to adolescents in the school setting and will work to identify training needs and other resources to provide quality, evidence-based informed services to adolescents. VARO is a non-profit volunteer based organization that provides crisis intervention, advocate, education, and public awareness and prevention activities in the areas of sexual assault, domestic violence, dating violence, stalking and other violent crimes. Primary prevention education is based on addressing the underlying issues that result in rape and sexual violence and many include some the following topics: bullying and sexual violence, consent, and coercion, dating violence, drug-facilitated rape, gender roles, and health relationships.

GALA will continue to bring health awareness, substance abuse prevention, and youth empowerment programs to

schools and community centers. Their programming includes Storytelling for Empowerment, an evidence-based substance abuse and suicide prevention curriculum; a health and wellness program; and a Summer Power Camp that includes arts and crafts, physical fitness, and substance abuse and wellness workshops for school-age youth.

GALA relies on strong collaboration with a wide range of schools and community partners – including the University of Guam, Title V MCH, victim advocacy services, village mayors – to identify youth who could benefit from their services.

Children with Special Health Care Needs

Linked National Outcome Measures

National Outcome Measures	Data Source	Indicator	Linked NPM
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 12 NPM 15
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 15
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 15
NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)	NIS-2017	49.1 %	NPM 15
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	NIS-2017_2018	65.8 %	NPM 15
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	NIS-2017	67.5 %	NPM 15
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	NIS-2017	77.3 %	NPM 15
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	NIS-2017	68.3 %	NPM 15
NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year	NSCH	Data Not Available or Not Reportable	NPM 11 NPM 15

National Performance Measures

**NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Indicators and Annual Objectives**

NPM 11 - Children with Special Health Care Needs

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

State Provided Data			
	2016	2017	2018
Annual Objective			59.5
Annual Indicator	59	62.6	51.8
Numerator	526	558	462
Denominator	892	892	892
Data Source	CSHCN Registry	CSHCN Registry	CSHCN
Data Source Year	2016	2017	2018
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	60.0	61.0	61.2	62.0	63.0	63.5

Evidence-Based or –Informed Strategy Measures

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		4	4	
Annual Indicator	4	5	5	
Numerator				
Denominator				
Data Source	DPHSS	DPHSS	DPHSS	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	5.0	5.0	6.0	6.0	7.0	7.0

**NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care
Indicators and Annual Objectives**

NPM 12 - Children with Special Health Care Needs

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

State Provided Data			
	2016	2017	2018
Annual Objective			77.5
Annual Indicator	76	76	77.7
Numerator	10,870	10,870	11,115
Denominator	14,301	14,301	14,302
Data Source	Census	Census	Census
Data Source Year	2016	2017	2018
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	78.0	79.0	79.2	80.0	80.0	82.0

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - Facilitate the dissemination of evidence-based transition resources to health care professionals

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		1,000	1,500	
Annual Indicator	0	0	0	
Numerator				
Denominator				
Data Source	MCH	MCH	MCH	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	2,000.0	2,000.0	2,000.0	2,000.0	2,000.0	2,000.0

ESM 12.2 - Number of families/providers who obtain needed support from Neni 311 for a support service.

Measure Status:		Active				
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	25.0	35.0	45.0	50.0	55.0	55.0

ESM 12.3 - Percent of Families that indicate care coordination and family partnerships are working well within their primary or specialty care provide setting

Measure Status:		Active				
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	70.0	75.0	80.0	90.0	100.0

**NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured
Indicators and Annual Objectives**

NPM 15 - Children with Special Health Care Needs

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

State Provided Data			
	2016	2017	2018
Annual Objective			81
Annual Indicator	77.9	76.8	78
Numerator	42,575	41,897	42,446
Denominator	54,635	54,531	54,418
Data Source	Census Projections	Census Projections	Census Projections
Data Source Year	2016	2017	2018
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	82.0	83.0	83.5	84.0	84.0	84.5

Evidence-Based or –Informed Strategy Measures

ESM 15.1 - Increase awareness of the need for children to be insured

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		2	2	
Annual Indicator	1	1	1	
Numerator				
Denominator				
Data Source	DPHSS Website	DPHSS Website	DPHSS Website	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	3.0	3.0	3.0	3.0	3.0	3.0

State Action Plan Table

State Action Plan Table (Guam) - Children with Special Health Care Needs - Entry 1

Priority Need

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

NPM

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Objectives

By July 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.

By July 2020, Increase family satisfaction with the communication among their children's doctors and other health professionals by 3%. (Baseline data 65.6% Guam CSHCN Survey 2015)

Strategies

Collaborate with partners to provide professional development opportunities to health care providers to increase family-centered medical home supports.

CSHCN staff will continue to provide information and support to parents and providers on accessing ongoing, comprehensive care in a medical home.

Develop culturally and linguistically appropriate policies and protocols to reduce discrimination, disparities, and stigmatization related to CSHCN health and wellness issues.

Continue the MCH CSHCN Survey with addition of 3 questions related to services that are coordinated, ongoing and comprehensive

Measure the number of families and providers who contact Neni 311 and are able to obtain the needed support requested.

Increase the current number of scholarships for youth and family members/caregivers to attend the annual PEP Transition Conference

ESMs	Status
ESM 11.1 - Conduct outreach to families on availability and benefits of the medical home	Active
ESM 11.2 - Number of providers trained and provided information on medical home implementation	Inactive

NOMs
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health
NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

State Action Plan Table (Guam) - Children with Special Health Care Needs - Entry 2

Priority Need

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

NPM

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Objectives

By July 2020, Increase family satisfaction with the communication among their children's doctors and other health providers by 3%. (Baseline 65.6% 2015 Guam CSHCN Survey)

Strategies

CSHCN staff will continue to provide information and support to parents and providers on accessing ongoing, comprehensive care in a medical home.

Continue to participate in community outreach activities.

Explore funding opportunities for projects that promote transition services for CSHCN and their families

ESMs

Status

ESM 12.1 - Facilitate the dissemination of evidence-based transition resources to health care professionals Active

ESM 12.2 - Number of families/providers who obtain needed support from Neni 311 for a support service. Active

ESM 12.3 - Percent of Families that indicate care coordination and family partnerships are working well within their primary or specialty care provide setting Active

NOMs

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

State Action Plan Table (Guam) - Children with Special Health Care Needs - Entry 3

Priority Need

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

NPM

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

Objectives

By Feb. 2020, increase the number of homeless individuals and families receiving some Medical health care activities

Strategies

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

The DPHSS bureaus and programs will continue to participate in Guam Homeless Coalition outreaches.

The DPHSS Health Centers and BFHNS staff will continue to assist in providing health and nursing services at the Guam Homeless Coalition outreaches and other Non-profit organizations

To generate a report of the number of participants attended the outreaches, the number of health care services were provided, and the number of participants that receive

ESMs

Status

ESM 15.1 - Increase awareness of the need for children to be insured

Active

NOMs

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

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

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

NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

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

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year

Children with Special Health Care Needs - Annual Report

Children and Youth with Special Health Care Needs – Annual Report

Through the five-year Needs Assessment process, the priority need “to provide a whole child approach to services for children and youth with special health care needs” was selected for Guam’s children and youth with special health care needs (CYSHCN) population domain. The whole child model is described as an organized delivery system that will provide comprehensive, coordinated services for children and youth with special health care needs. Guam decided on two National Performance Measures: #11 “Percent of CYSHCN who have a medical home,” and # 12 “Percent of Adolescents with special health care needs who receive services necessary to make transitions to adult health care” to address the priority need.

The NPM #11 target for reporting year 2018 is 59.5% of CYSHCN would have a medical home. Guam is reporting that for year 2018 51.9% of CYSHCN has a medical home, a difference of -12.8% from the target setting. Our target for 2019 is 60%.

Our Evidence-Based Strategy Measure (ESM) 11.1 was Conduct outreach to families on availability and benefits of the medical home. The target set for 2018 was five outreaches. Guam reached the target that was set. The target set for year 2020 is also five outreaches.

The NPM #12 target for reporting year 2018 is that 77.5% of adolescents with special health care needs receive the services necessary to make transition to adult health care. Guam is reporting that 78% of adolescents had received services to make transition to adult care. The target set for 2019 is 78%.

Our Evidence-Based Strategy Measure (ESM) 12.1 was to facilitate the dissemination of evidence-based transition resources to health care professionals. ESM 12.2 was the number of families/providers who obtain needed support from Neni 311; ESM 12.3 was the Percent of families that indicate care coordination and family partnerships are working well within their primary or specialty care provider setting.

The target for ESM 12.1 was to disseminate 1,000 pieces of resources materials. Several agencies along with Title V have produced a “Neni” Directory. This is a resource directory for providers to use for referral purpose. Guam reached the target of disseminating 1,000 pieces. The target for 2019 is 2,000 pieces. The target for ESM 12.2 was 25 families/providers who obtain needed support from Neni 311. This target was not reached. There needs to be more advertisement of the Neni 311 warm line. The target for ESM 12.3 was 78% of families that indicate that care coordination and family partnerships are working well. Guam did not meet the target by a difference of 50.6%.

Children and youth with special health care needs are defined as “children and youth who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children and youth generally”.

The percent of CYSHCN who have a medical home on Guam is unknown because they are not tracked until they go to school, which is when they are ages three to five years old. There were 1,969 children ages three to twenty-one years of age enrolled in Special Education programs in the Guam Department of Education. The number of CYSHCN accessing services is relatively low in comparison, based on the data reported by various early childhood programs serving the CYSHCN population.

A possible reason for the discrepancy between the number of CYSHCN and the number of children receiving services is that there is no central location or agency for parents and providers to go to obtain information on where to get needed services for CYSHCN or training to help them.

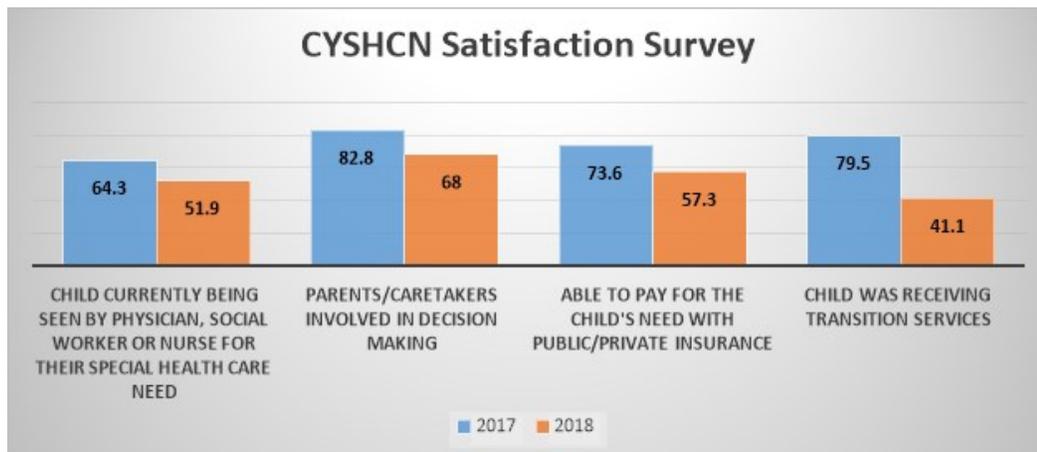
Guam applied for and was awarded a Family Health Information Resource Center (FHIRC) grant in 2018. The goals of FHIRC are: 1) to be a “one stop” center for CYSHCN and their families to register, and obtain information, support, and assistance to meet their needs; 2) to be a place where parents can help other parents navigate the system to

receive care; and 3) to provide training for parents to help them care and advocate for their children.

Guam MCH supports the concept of a medical home that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective. While there are a few true, certified medical homes available on Guam, Title V provides resources and support, which includes care coordination and parental support and advances the concept of medical homes to patients and providers whenever possible.

Factors that may influence medical home accessibility vary and may include health care professional shortage and changes in the local political climate as it relates to healthcare financing. In addition to these factors, a more significant, non-health related factor may come into play, and this is the increased transience among low-income populations. Families that move frequently due to the lack of secure housing may not have the ability to establish secure housing thus, may not have the ability to establish their child in a medical home. On Guam, where more than two out of five children are eligible for Medicaid and are living in families with incomes less than 100% of poverty, frequent moves due to housing concerns may be a contributing factor to patient participation in medical home.

In July 2018, the Guam MCH program conducted an Annual CYSHCN Satisfaction Survey to find out from parents/caretakers of CYSHCN about the quality of services they were receiving. The same survey was conducted in July 2017. The results show that in 2018, 51.9% of CYSHCN were being seen by a physician, nurse, or social worker for their specific condition. This was a decrease of 19.3% from 2017's data. When asked if parents/caretakers were involved in the decision-making process for their child, 68% of parents/caretakers stated that they were involved; this also was a decrease from 2017 (82.8%). When asked if they were able to pay for the child's health needs through private or public health insurance, 57.3% stated that they were able. Lastly, when asked if their child was receiving transition services, 41.1% stated that the child was receiving services; this was a decrease from the 2017 survey of 79.5%.



The Community Health Centers (CHCS) conducted a Community Health Assessment in 2017. A community health assessment identifies and describes factors that affect the health of a community, and the factors that determine available resources to address those factors. The CHCs provide services that include “checkups when you are well, treatment when you are sick, complete care when you are pregnant, and immunizations and checkups for your children.”

There were 269 Child Health Surveys completed. The majority of the children resided in the Northern Region of Guam, with 29.6% in Dededo, 19.9% in Yigo and 0.7% in Tamuning. There were 33.6% that resided in the Southern Region and 16.1% in the Central Region.

The majority of the respondents were Chamorro (45.1%), Chuukese (34.6%), and Filipino (7.5%). Three-quarters of the respondents had Medicaid coverage (73.5%), 5.4% were under MIP, and 6.6% had private insurance. [Wow – nearly 15% had no health coverage, that's sad]

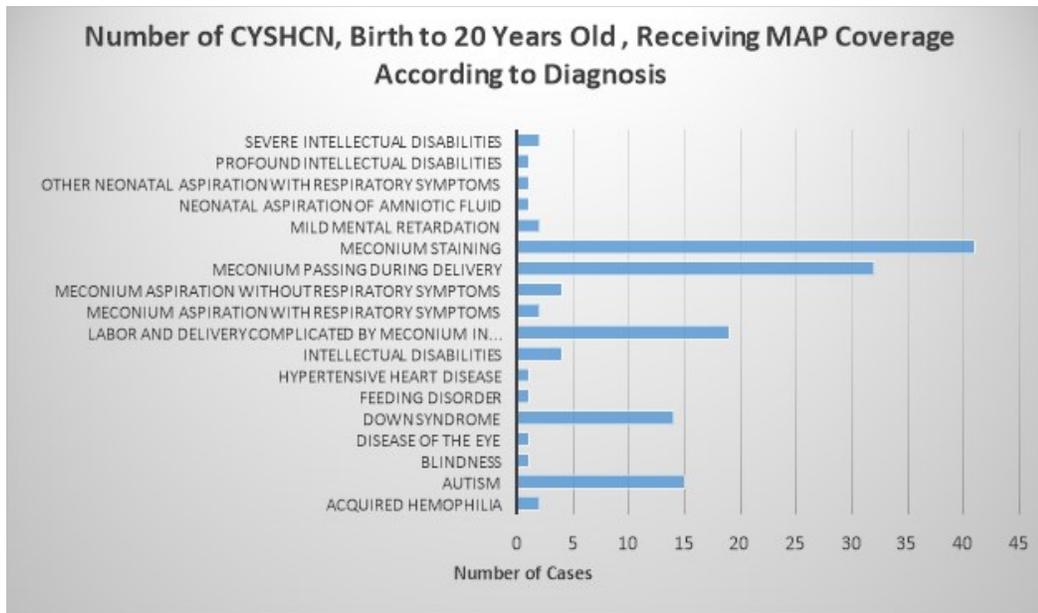
Parents were asked if their children had any medical conditions, and 32.7% responded that their child had asthma, 30.6% stated that the child had bronchitis or wheezing, 14.3% had pneumonia, 8.2% had seizure disorder, 8.2% had poor eyesight, 6.1% had hearing problems, 2% had heart conditions and 8.2% stated that the child had “other” medical conditions.

Parents were asked for their opinion in regards to how they felt their child was growing and learning compared to other children his/her age; 55.2% stated that their child was developing “about the same” as other children, 31.5% answered that their child was developing “a lot better” than other children, and 2.9% stated that their child was developing “a little slower” compared to other children.

For children under the age of two and below [is this “under age two” or ‘age two and below’?], parents were asked if their child’s primary care provider stated they were delayed in any of the following areas: delay in sounds or words (29.1% stated yes); delay in understanding commands and using words (28.6% stated yes); delay in kicking, jumping, or walking (24.2 % stated yes); delay in fine motor skills (25% answered yes); and delay in motor skills (24% stated yes).

The Medicaid Program’s benefit for children and adolescents is known as Early and Periodic Screening, Diagnostic and Treatment (EPDST) services. EPDST provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children, and adolescents. These screenings are designed to identify health and developmental issues as early as possible. The goal of EPDST is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting. State Medicaid agencies are required to inform all Medicaid-eligible individuals under age 21 that EPSDT services are available and of the need for age-appropriate immunizations, and provide or arrange for the provision of screening services for all children.

Guam has expanded Medicaid eligibility to the adult group under the Patient Protection and Affordable Care Act. Guam uses the State Children Health Insurance Program (SCHIP) funds as an additional source of funding for children under Medicaid. The SCHIP for Guam is capped at \$148 million. Because of the difficulties of covering expenses for basic mandatory services, many services and supports that may be needed by children and their families are not covered. It does not offer coverage to children whose incomes are above the threshold for MAP (you might need to define MAP) eligibility. Guam residents are not eligible for the Supplemental Security Income (SSI) program, which provides assistive devices, therapeutic, or rehabilitative services beyond acute care to children under age 16 with disabilities. In 2017, there were 43,476 individuals receiving Medicaid benefits; 20,460 (61%) were children below 19 years of age. There were 144 CYSHCN receiving Medicaid coverage.



The Medically Indigent Program (MIP) is a 100% locally funded program established by Guam Public Law 17-83 in December 1984 to provide hospital access and medical services to those who lack sufficient income and cannot afford to pay for health care. Income limitations for full MIP coverage follow 100% of Federal Poverty Level Guidelines. Eligibility requirements include residing on Guam for at least 6 months not being eligible for Medicaid or Medicare coverage; a child residing in a foster home 18 years and below; and eligible to receive temporary emergency medical and other special care. Unlike Medicaid, participants do not have to be a US citizen. The majority of MIP participants are from the Federated States of Micronesia. In 2017, there were 10,861 individuals receiving MIP benefits; 2,430 (22%) were children below the age of 19 years. Eight CYSHCN received MIP benefits.

Number of CYSHCN, Birth to 20 Years Old , Receiving MIP Coverage According to Diagnosis	
Autism	1
Mild Mental Retardation	1
Labor and Delivery complicated by Meconium in Amniotic Fluid	6

The Guam Department of Education (GDOE) receives federal funds for the implementation of early intervention, special education, and related services for eligible children birth through age twenty-one through the Individuals with Disabilities Education Improvement Act (IDEA) Parts B and C. The IDEA Part B funding for students three to twenty-one years of age, combined with local appropriations, provides for direct and support services for eligible preschoolers, children, and youth with disabilities on Guam.

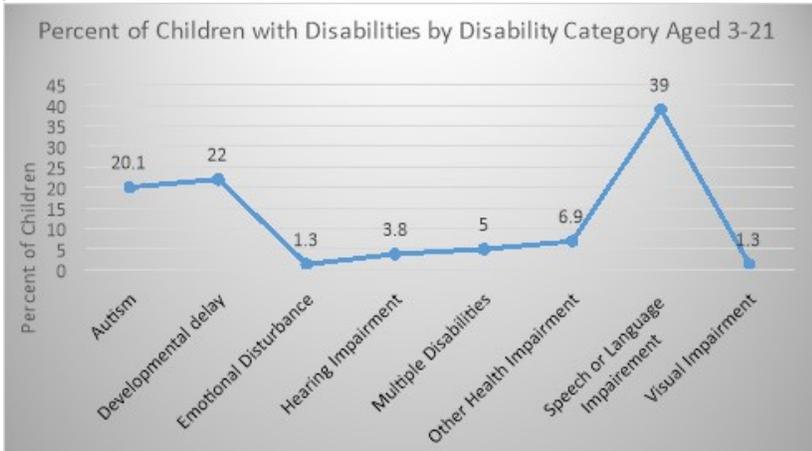
Number of students enrolled in GDOE Special Education Programs for SY 2014-2017			
Number of students	SY 2014-2015	SY 2015-2016	SY 2016-2017
	1,997	1,941	1,979

The Guam Early Intervention System (GEIS) is a program under SPED (define and link to DOE) that provides early

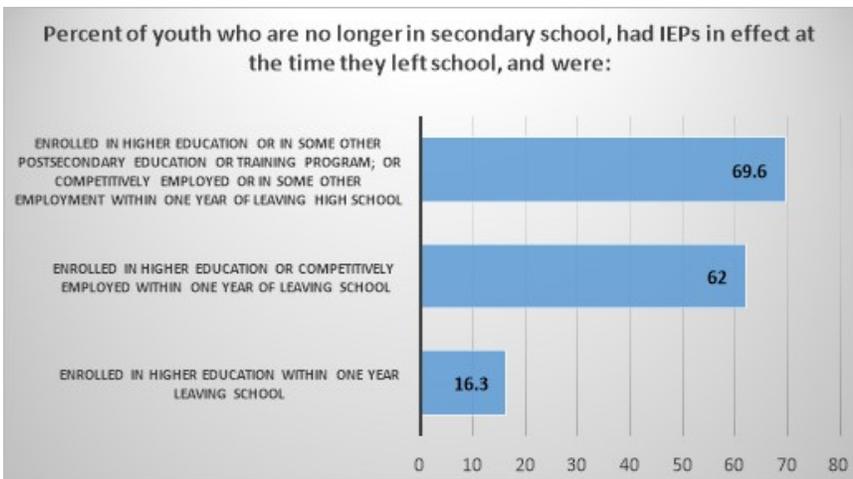
intervention services for families with children ages birth to three years old who have or are at-risk for developmental delays, disabilities or special needs. Services are provided in the child's home or in a community setting, such as hospital, clinic, community center, school, childcare center, beach, playground, etc. Services include newborn developmental assessments, individual family service planning, home visits and therapy, parent education and support, and service coordination with other local agencies.

As described in the approved IDEA State Plan (for Part C?), Guam has adopted the "Environmentally At-Risk for Delay" category for identifying children birth to age two in need of family-centered early intervention services. The qualification factors used included maternal age of fourteen or less, or documented family history of physical or sexual abuse and/or neglect.

Based on the Guam Part C Annual Performance report submitted to the US Department of Education Office of Special Education, Part C served 161 infants and toddlers with or at-risk for developmental delays or 1.19% of the



total 2016 estimated population. The higher percentage of referrals was for the age group two to three years of age, which was primarily due to the parents' concerns that their toddler was not communicating in comparison to their same age peers. Although Guam Part C continues to provide training for primary referral sources such as physicians, childcare providers, other health care providers and parents, the data shows the low number of young children identified and served by Part C.



Part B provides federal funding for the education of children with disabilities and requires, as a condition for the receipt of such funds, the provision of a free public education (FAPE) to children with disabilities between the ages of 3 and 21. School districts must identify, locate, and evaluate all children with disabilities, regardless of the severity of their disability, to determine which children are eligible for special education and related services. Each child receiving services has an

Individualized Education Program (IEP), created by an IEP team, delineating the specific special education and related services to be provided to meet his or her needs. Is the graph intended to show the success of the schools? What is the source of the data? This might better follow the paragraphs about GDOE, Head Start – how about just after the paragraph about the PEP conference.

The Head Start Program assists preschool children from low-income families, aged three to five years old, get ready for school by enhancing their cognitive, social, and emotional development. Children are taught social skills, language and literacy learning, and the promotion of emotional well-being. Each child is evaluated in terms of his/her perceptual motor, physical, mental, and psychological development. There are 25 Head Start centers on Guam with

approximately 20 children per center. A minimum of 10% of the total enrollment must be children with special health care needs. There were 514 children enrolled in Head Start with 50 children identified as having special needs.

The Head Start program works to coordinate service provision based on the child's Individualized Education Plan (IEP) and to ensure that the individual needs of the child and their family are met. SPED provides specialized instructions to students with disabilities in the elementary schools. The type of services range from consultation services to direct delivery of services in a regular classroom or resource room. Services also include psychological services, audiological services, physical therapy and assistive technology devices and services.

Guam Title V works with the various programs under GDOE (Part C, Head Start, and GEIS) to implement early surveillance and screening for all children and links them to existing quality programs and services through the Neni 311 "warm line." The Neni 311 warm line is a number that can be used by family members or anyone in the community to call should they have any questions or concern about a child's development, resources, and services available for children between the ages birth to five years of age.

Parents Empowering Parents (PEP) of children with disabilities is a local organization that aims to build the spirit of teamwork with parents and the community of Guam to work together to improve educational outcomes and adult lives of individuals with disabilities. They aim to aide children with disabilities to live a life with dignity, to achieve their true potential and excel in all areas of their life, academic and otherwise.

In May, PEP held the fourth annual Island Wide Conference on Disabilities – *Promoting Successful Post-Secondary Transition to Training, Employment, and Post-Secondary Education*. The conference was for young persons with disabilities, their parents, and transition teachers. Guam MCH sponsored 60 individuals to attend the conference. Move that graph here – it fits the narrative here better than where it is at.

The Guam System for Assistive Technology (GSAT) provides information on assistive technology to individuals with developmental disabilities and their families and collaborates with local organizations in offering low interest loans for individuals requiring assistive technology devices to improve their quality of life or to become gainfully employed. The mission of GSAT is to enhance the independence, productivity, and quality of life for all individuals with disabilities.

In March 2018, GSAT held the 24th Annual Assistive Technology Conference. The theme for the conference was "Assistive Technology: Breaking Barriers to Accessibility and Independence," which focused on how assistive technology plays an important role in the inclusion of individuals with disabilities in community, workplace, and classroom settings. More than 135 participants attended the conference.

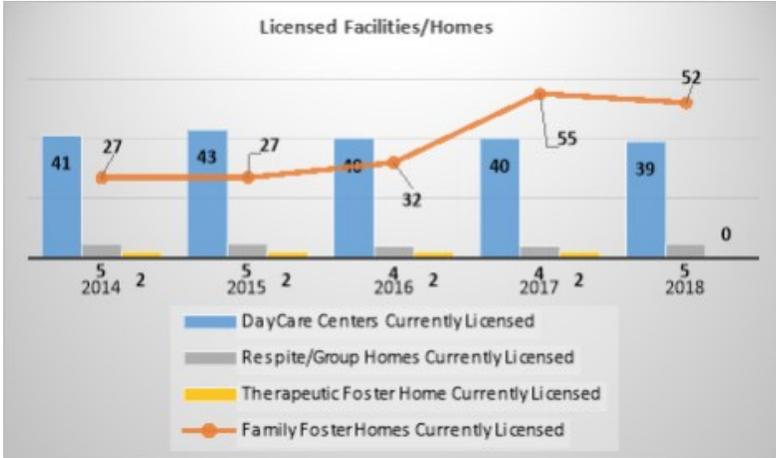
Autism, or autism spectrum disorder (ASD), refers to a broad range of conditions characterized by challenges with social skills, repetitive behaviors, speech, and nonverbal communication. According to the Centers for Disease Control, autism affects an estimated 1 in 59 children in the United States today.

Public Law 33-227 (aka "Hunter's Law"), established an Autism Spectrum Disorder Treatment Center within DISID once their new building is built. Once the center is fully functioning, training will be provided for parents and caregivers of autistic children to be able to help their kids at home. Guam has an estimated population of 260 children and youth with Autism.

Presently Hunter's Law mandates the maximum benefit of \$50,000 per year for an eligible person of up to age nine, and limits the treatment of Autism Spectrum Disorder to a \$25,000 maximum benefit per year for an eligible person who is between nine and twenty-one. A newly introduced Bill (66-35) seeks to amend Hunter's Law to widen the age range and increase health insurance coverage to \$75,000 as a maximum benefit per year for an eligible person up to age fifteen, and have a benefit of \$25,000 for those persons between the age of sixteen and twenty-one. According to the Guam Autism Center, the care needs of children with Autism Spectrum Disorder vary, with some needing additional therapy hours than insurance caps under the current Hunters Law may provide. Bill 66-35 will help

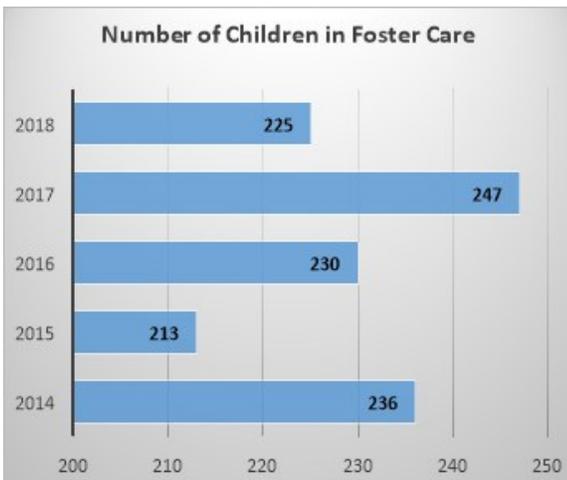
make autism services more accessible and provide for higher quality of support and care for the families and children that deserve these services.

Foster care is a temporary living situation for children whose parents cannot take care of them and whose need for care has come to the attention of child welfare agency staff. While in foster care, children may live with relatives, with foster families, or in-group facilities. Over half of children who enter foster care return to their families.



How long children stay in foster care depends on their family situation and what options are available in their communities. For some children, their stay in foster care is brief; for others foster care lasts one to three years or, in some cases, longer. A key goal of foster care programs is to ensure that children live in stable, lifelong families, since secure attachment to at least one parenting adult is crucial to healthy child development and well-being.

A 2016 study in the journal *Pediatrics* found that children in foster care were twice as likely as others to have learning disabilities and developmental delays, five times as likely to have anxiety, six times as likely to have behavioral problems and seven times as likely to have



depression. The American Academy of Pediatrics, **Healthy Foster Care American Initiative**, identifies mental and behavioral health as the “greatest unmet health need for children and teens in foster care.”

Factors contributing to the mental and behavioral health of children and youth in foster care include the history of complex trauma, frequently changing situations and transitions, broken family relationships, inconsistent and inadequate access to mental health services and the over-prescription of psychotropic medications.

The high percentage of foster youth who have mental health problems is of concern for several reasons. First, the transition to adulthood for this population is difficult enough without the additional challenges associated with having a mental health problem. Second, young people who were receiving treatment while they were in care may lose access to those services after exiting, because many states have not exercised the option to extend Medicaid coverage to former foster youth until the age of 21 years. Third, when young people with mental health problems exit foster care, they must move from a mental health system that serves children to one that serves adults, and this is seldom a seamless transition.

In September 2018, the Substance Abuse and Mental Health Services Administration awarded Guam \$5 million to develop the Healthy Transition Initiative of young people, 16 to 25-years old, with severe emotional disturbance and 18 to 25-years old who have serious mental illness. Project “Tulaika,” or “Change,” is to create seamless and healthy transitions to improve the life trajectories of SED and SMI youth to young adulthood.

Guam Behavioral Health and Wellness Center (GBHWC) partners with the Northern and Southern Community Health

Centers of the Department of Public Health and Social Services. These are additional entry points where behavioral/mental health services could be accessed. This partnership is critical in integrating behavioral health and physical health. More information will be forthcoming on the implementation of this grant.

Other exciting developments coming soon are the development of a “Drop- in Center“ for youth in the I Famagu’on-ta program and the establishment of a Mobile Response and Stabilization Services (MRSS). I Famagu’on-ta (“our children”) Program initiated the reformation process on Guam by adopting the System of Care philosophy and wrap around approach in providing the necessary services to the young people and their families

The youth Drop-In Center would provide a place where youth could receive therapeutic activities, group and individual therapy, psycho-education sessions and have access to computers to do school-related assignments.

The MRSS consists of an upgraded Help-Line system to replace the current GBHWC Crisis Hotline. Part of the plan is to eventually link the Help-Line to the National Suicide Life Line for better services to callers. The second component of the MRSS is the mobile response where the calls coming in require responding out into the community. This includes calls received by 911, which are of behavioral and mental health concerns rather than of a physical or medical nature. The MRSS is a partnership with several agencies and in particular the Guam Fire Department with the 911 system, and GPD.

As stated earlier, Guam residents are not eligible to receive SSI benefits. However, this may change. Guam Congressman Michael San Nicolas introduced his first bill on his first day as a member of the 116th US Congress the first week of January 2019.

H.R. 208, the Guam Supplemental Security Equality Act, aims to correct an oversight. American citizens living on Guam are not eligible to receive Supplemental Security Income (SSI). The SSI law provides benefits to American citizens who live “in the United States”, which is defined in law as being the 50 states, District of Columbia and the Commonwealth of the Northern Mariana Islands. Guam, Puerto Rico, American Samoa, and the US Virgin Islands are not included in the law, thus US residents in these territories are not eligible for SSI benefits.

Puerto Rico has officially endorsed congressional passage of the bill. Puerto Rico Governor Ricardo Rosello issued a letter supporting H.R. 208. Furthermore, Puerto Rico Resident Commissioner Jennifer Gonzales-Colón co-sponsored Congressman San Nicolas’s bill.

In May, Hispanic Caucus Chairman Joaquin Castro stated in a letter to House Speaker Nancy Pelosi, Senate Majority Leader Mitch McConnell, and other congressional leaders, “Congress must extend the Supplemental Security Income program to Guam in the name of American decency.” The one page letter endorses Congressman Michael San Nicolas’s bill H.R. 208.

Just recently, a new bill introduced by Senator Bernie Sanders, along with seven other co-sponsors, seeks to put Guam, Puerto Rico, and other territories at par with the US states when it comes to Medicaid and immediate humanitarian needs.

The Territories Health Equity Act of 2019 would provide the territories with the same need-based, open-ended Medicaid funding available to the 50 states and the District of Columbia, eliminating the arbitrary cap on annual federal Medicaid funding and increasing the federal matching rate for the territories’ Medicaid expenditures.

It would also address Medicare disparities by updating hospital reimbursements and increase funding for the territories to provide prescription drug coverage to low-income seniors.

Children with Special Health Care Needs - Application Year

National Performance Measure # 11 *Percent of children with and without special health care needs who have a medical home.*

This measure is aimed at addressing the Guam priority need of providing a whole child approach to services for children and youth with special health care needs (CYSHCN). The Guam MCH program is focusing efforts on the care coordination component of medical home around the areas of family empowerment, system navigation, education, and referral to medical and community-based resources.

The Guam MCH program has medical social workers that provide coordination to MCH program participants. The medical social workers assess the family's needs and make appropriate referrals to community-based services, and other identified services. They also may make referrals to outside service needs. These may include referrals for housing, as well information on support groups and connections to other family support group organization on Guam.

Based on the Help Me Grow model, Guam Neni 311 will continue our approach to designing a comprehensive, integrated process for ensuring developmental promotion, early identification, referral and linkage to early childhood resources and services, Neni 311 reflects a set of best practices for designing and implementing a system that can optimally meet the needs of young children and families.

Guam MCH will maintain its critical Title V role in key areas: Information and Referral, Education and Advocacy, and Systems of Care for children and youth with special health care needs. Guam MCH will continue to assist families in accessing appropriate care and services by providing information and referral services to health care, insurance, and community resources for children and youth with special health care needs to best meet their needs.

Guam, like many places, is feeling the impact of health professional shortages. Guam has been designated a Health Professional Shortage Area. The shortage is not confined to primary care physicians, but also extends to specialist. Understanding that the health professional shortage Guam is experiencing reflects a national trend. Guam is working to minimize shortage effects by gaining efficiencies; Guam MCH supports the provision of specialty care through multi-disciplinary clinics, which are designed to wrap services around families. These clinics provide coordinated, family centered care.

Transitioning from pediatric to adult healthcare especially for children and youth with special health care needs, has been an important metric for the US health system for many years, but only has received increasing attention in the last few decades. The Maternal and Child Health Bureau (MCHB) has included transition for youth with special health care needs as a core outcome for primary care beginning with Healthy People 2000 and reiterated in the 2010 and 2020 releases.

The Guam 2015 Needs Assessment process made it clear that families were concerned about the transition of children and youth with special health care needs across the life span, not solely the transition to adulthood.

Family, consumer and youth involvement, including families with CYSHCN is a role or activity that enable those who have first-hand experience with systems of care to have direct and meaningful input into the health systems, policies, programs and/or practices that affect services delivery and the health and wellness of children, youth, consumers and families. This type of engagement is different from the important role that families, consumers, and youth play in determining and controlling the array of services and support provided to them and require additional preparation and ongoing support and development.

Guam Title V is looking forward towards a relationship with Guam's Family Health Information Resource Center to recruit and involve families and young adults with special health care needs in education and advocacy regarding policies, issues, and efforts that affect them and their ability to participate and live independently in their community.

Research has shown that children and youth with disabilities and special health care needs are more likely to have undesirable experiences compared to their non-disabled peers while in care in terms of maltreatment, out-of-home placement and permanency. Although poor adult outcomes related to education, employment, health, and community participation among foster youth and youth with disabilities have been well documented for each population separately, very little information exists about those who experienced both foster care and have a disability or special health care need.

Guam MCH's plan to address the needs of foster children with disabilities and/or special health care need is to explore the needs and availability of service supports and other assistance for these youth.

Guam's MIECHV Program Project Bisista home visitors will be oriented on the key components of a family-centered medical home, including the benefits to families. Project Bisita home visitors will continue to assess whether children have a usual source of medical and dental care including whether children received the recommended well-child visit based of the American Academy of Pediatrics schedule and facilitate linkages to services when needed.

Guam Title V will continue to gather and analyze data and report data to provide staff a better understanding of the CYSHCN population and their needs and inform program planning within Guam's Title V CYSHCN program and with external partners. With this data, Title V will continue to develop strategies to improve and enhance supports and services.

Cross-Cutting/Systems Building

Cross-Cutting/Systems Building - Annual Report

No content was entered for the Cross-Cutting/Systems Building - Annual Report in the State Action Plan Narrative by Domain section.

Cross-Cutting/Systems Building - Application Year

No content was entered for the Cross-Cutting/Systems Building - Application in the State Action Plan Narrative by Domain section.

III.F. Public Input

The mission of Guam's Title V Program is to improve the health and wellness of women, children, and families. Analysis of data is one aspect of planning, implementing, and evaluating supports and services to improve MCH outcomes. The ability to engage the community to gain a more comprehensive understanding of those factors affecting the health of the community and practical strategies to impact those factors cannot be underscored. Developing approaches to improve health outcomes requires commitment and partnerships with families, health and human service providers and professionals, organizations and advocacy groups as well as other key stakeholders to understand and support strategies to improve outcomes for all Guam's families. Staff continue to seek new opportunities to invite stakeholders and the public to offer valuable input into policy and program development to ensure they are meeting the unique cultural needs of Guam's diverse population and communities.

Guam MCH Program established an MCH Task Force. The purpose and goals of the Task Force are to provide ongoing guidance and support Title V MCH initiatives on Guam, inform strategies and measures for the Title V Action Plan, identify and respond to emerging MCH issues, and support ongoing needs assessment efforts and public input.

The Task Force meets approximately two times per year, once during the development of the Annual Report/Application and once in the fall to reflect on feedback from the federal review and begin planning for the next year. Members represent a diversity of programs, subject matter experts, and experts in the MCH population domains.

Title V staff serve on a variety of internal and external committees. These committees are composed of individuals representing a broad array of sectors (including general community members), perspectives, and expertise in areas relevant to maternal and child health. Through these committees, Title V is able to gather continuous public input to help shape our understanding of the community's needs and improve our programming.

In summary, Guam Title V recognizes the critical role of Title V funds in the ongoing needs of Guam's MCH population. As such, the information provided from the MCH stakeholders and the public have served an important role in the development of this application and most importantly in the selection of the state priorities and State Action Plan.

III.G. Technical Assistance

Vital Records- Data Quality Improvement

The DPHSS Vital Records Office seeks to increase the knowledge and skills of the Vital Records office staff and to help expand capacity and grow partnerships with key stakeholders around infant mortality and fetal death data collection. The Guam Title V Program enlists the assistance of an expert consultant to help develop and improve skills to conduct stakeholder interviews with infant and fetal death vital records data providers. TA will also be utilized to develop skills and competencies to improve the development of process maps and develop data quality improvement strategies. The desired outcomes of this TA are to improve the understanding of infant and fetal death data, improve data quality of key data fields used to evaluate Perinatal Periods of Risk (PPOR), such as gestational age, birth weight, and demographic data from the infant and fetal death records.

Improving Child Health and CYSCHN Data

Being able to access accurate local data is essential for planning and needs assessment. Although the Pacific Basin MCH Jurisdictional Survey may provide some data on National Performance and Outcome Measures for child health and children and youth with special health care needs, data quality is a substantial challenge. There is a need for expanded data availability and reliability, particularly in the areas of medical home, transition to adult health care, and being able to access stable estimates of various measures by race/ethnicity. Guam is seeking technical assistance for improving our child health and CYSCHN data by identifying options to improve national level data and support in accessing other sources of local level data.

Health Equity

The formula for how to achieve health equity is vague and complex, yet public health must continue to embrace this topic as many ethnic and vulnerable populations suffer adverse birth and health outcomes due to disparities and inequities. The U.S. Department of Health and Human Services defines health equity as the attainment of the highest level of health for all people. Achieving health equity requires valuing everyone regardless of sex, gender, or race; and a dedication to address avoidable inequities, historical and contemporary injustice, and the elimination of health and health care disparities.

Guam MCH is interested in receiving technical assistance on how best to support and expand our capacity to achieve health equity through the reduction of health disparities in our community. We recognize the need to design and implement strategies and/or interventions to ensure access to high-quality health care, measure the impact of evidence-based/evidence informed interventions and to leverage multi-sectoral collaborations and community engagement through inclusive public health practices.

Building a Guam CYSCHN Strategic Plan

As Guam focuses on building capacity to meet the needs of our children and youth with special health care needs, we are seeking assistance to support the development of an island wide strategic plan. Specifically, we plan to engage our MCH partners and other stakeholders in identifying the greatest needs, highest priorities, and most effective use for Title V funding in serving the needs of our children and youth with special health care needs. Guam is requesting consultation as needed from subject matter experts and possible assistance with facilitation of future stakeholder meetings to develop a strategic plan.

Improving ESMs

Guam Title V has been diligent about adopting the national performance measure framework and selecting evidence-based and -informed strategy measures (ESMs) that align with the state's selected priorities and are connected to National Performance Measures. While we have been successful in developing a robust and comprehensive state action plan, including selection of evidence-based strategies and respective ESMs, the

Program recognizes the opportunity for improving ESMs to ensure strategies are operationalized in a meaningful way. Guam Title V will seek technical assistance to glean expert insight on how to revise and improve the selected strategies and corresponding ESMs.

Recruitment Strategies

Baby boomers, the 76 million people born between 1946 and 1964, are rapidly retiring. The oldest Boomers turned 65 in 2011, and for the next two decades, Americans will turn 65 at a rate of 8,000 per day. The Bureau of Family Health and Nursing Services, where MCH is located has already experienced the ripple effects of multiple retirements. While the workforce has so far sustained the movement, the next few years will have an increased impact due to depleting the experienced workforce. According to input provided by the DPHSS Personnel Officer, approximately 15% of the staff is eligible for retirement in the next 5 years (August 2018). This may result in a future workforce that includes young, new professionals and systems that may need to be put in place (i.e. cross training, succession planning, written policies and protocols, standards of practice, etc.) to capture institutional knowledge. Although some in DPHSS have already started having their staff prepare their Standards of Practice (SOPs), it has yet to be implemented throughout the entire department. Similar to a job description, an SOP is a written document that outlines the employee's job duties. This document can also serve as a resource for new employees who may be hired to fill a vacancy left by staff due to resignation or retirement. Succession planning is essential in any organization. It helps to sustain and maintain continuity of operations due to job vacancies as a result of resignation or retirement by providing a plan and process for addressing the transition that will occur when staff leave due to resignation or retirement. Technical assistance will be needed to provide quality training in maternal and child health as a younger workforce emerges over the next few years.

Social Media Strategies

Assistance with the use of social media to provide information and data to partners and the public regarding maternal and child health would be beneficial, Use of social media will facilitate the sharing of information in a modality that is popular to bring common focus to MCH issues. It can also offer a portal for public input into MCH activities. The population uses social media widely that we serve and would be the most effective way of providing and soliciting information. It also offers the possibility of being introduced at the point of service rather than broadcast widely reducing the cost of communication.

Maternal Mortality

Guam Title V is requesting Technical Assistance on Maternal Mortality. The goal of this technical assistance request is to convene a regional summit on Maternal Mortality to develop a collaborative approach to address maternal mortality in Region IX including exploring opportunities to leverage resources across Region IX to regionalize and strengthen the quality of the data; and to identify ways to use the data to drive public health recommendations to reduce maternal deaths.

The objectives of the technical assistance would be:

- Understand the current context and burden of maternal mortality in the US and Region IX specifically;
- Establish a mechanism for sharing best practices among current and prospective Region IX maternal mortality review coordinators;
- Discuss and develop data sharing agreements to facilitate case reviews; and
- Identify the policy and practice changes that can be adopted to improve the maternal mortality process within and between Region IX states and territories, including data systems tools.

IV. Title V-Medicaid IAA/MOU

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

V. Supporting Documents

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

Supporting Document #01 - [Public Law 34.pdf](#)

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

Supporting Document #03 - [MCH Grant 2019 Partnership Chart.pdf](#)

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - [org chart.pdf](#)

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Guam

	FY 20 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 748,877	
A. Preventive and Primary Care for Children	\$ 224,664	(30%)
B. Children with Special Health Care Needs	\$ 224,664	(30%)
C. Title V Administrative Costs	\$ 74,887	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 524,215	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 561,658	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 561,658	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 0		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 1,310,535	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	\$ 1,850,000	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 3,160,535	

OTHER FEDERAL FUNDS	FY 20 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) Formula Grants	\$ 1,000,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 50,000
Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH	\$ 800,000

	FY 18 Annual Report Budgeted		FY 18 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	\$ 750,323		\$ 757,877	
A. Preventive and Primary Care for Children	\$ 225,097	(30%)	\$ 244,794	(32.2%)
B. Children with Special Health Care Needs	\$ 225,097	(30%)	\$ 238,731	(31.4%)
C. Title V Administrative Costs	\$ 75,032	(10%)	\$ 73,476	(9.7%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	\$ 525,226		\$ 557,001	
3. STATE MCH FUNDS (Item 18c of SF-424)	\$ 562,743		\$ 568,408	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	\$ 0		\$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	\$ 0		\$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	\$ 0		\$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	\$ 562,743		\$ 568,408	
A. Your State's FY 1989 Maintenance of Effort Amount \$ 0				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	\$ 1,313,066		\$ 1,326,285	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	\$ 1,900,000		\$ 1,421,948	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	\$ 3,213,066		\$ 2,748,233	

OTHER FEDERAL FUNDS	FY 18 Annual Report Budgeted	FY 18 Annual Report Expended
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	\$ 827,326
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	\$ 100,000	\$ 27,814
Department of Health and Human Services (DHHS) > Substance Abuse and Mental Health Services Administration > Project LAUNCH	\$ 800,000	\$ 566,808

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	Field Name:	1.FEDERAL ALLOCATION
	Fiscal Year:	2018
	Column Name:	Annual Report Expended
	Field Note:	Reporting expenditures from October 1, 2018 through September 30, 2019, inclusive in the total amount are projected expenditures from July 10, 2019 through September 30, 2019.
2.	Field Name:	Federal Allocation, A. Preventive and Primary Care for Children:
	Fiscal Year:	2018
	Column Name:	Annual Report Expended
	Field Note:	Reporting expenditures from October 1, 2018 through September 30, 2019, inclusive in the total amount are projected expenditures from July 10, 2019 through September 30, 2019.
3.	Field Name:	Federal Allocation, B. Children with Special Health Care Needs:
	Fiscal Year:	2018
	Column Name:	Annual Report Expended
	Field Note:	Reporting expenditures from October 1, 2018 through September 30, 2019, inclusive in the total amount are projected expenditures from July 10, 2019 through September 30, 2019.
4.	Field Name:	Federal Allocation, C. Title V Administrative Costs:
	Fiscal Year:	2018
	Column Name:	Annual Report Expended
	Field Note:	Reporting expenditures from October 1, 2018 through September 30, 2019, inclusive in the total amount are projected expenditures from July 10, 2019 through September 30, 2019.
5.	Field Name:	Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)
	Fiscal Year:	2018
	Column Name:	Annual Report Expended
	Field Note:	The actual amount received should be \$50,000.

Data Alerts: None

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

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 20 Application Budgeted	FY 18 Annual Report Expended
1. Pregnant Women	\$ 170,522	\$ 157,147
2. Infants < 1 year	\$ 54,140	\$ 43,729
3. Children 1 through 21 Years	\$ 224,664	\$ 244,794
4. CSHCN	\$ 224,664	\$ 238,731
5. All Others	\$ 0	\$ 0
Federal Total of Individuals Served	\$ 673,990	\$ 684,401

IB. Non-Federal MCH Block Grant	FY 20 Application Budgeted	FY 18 Annual Report Expended
1. Pregnant Women	\$ 102,314	\$ 126,618
2. Infants < 1 year	\$ 68,209	\$ 42,206
3. Children 1 through 21 Years	\$ 170,522	\$ 168,823
4. CSHCN	\$ 170,522	\$ 168,823
5. All Others	\$ 0	\$ 0
Non-Federal Total of Individuals Served	\$ 511,567	\$ 506,470
Federal State MCH Block Grant Partnership Total	\$ 1,185,557	\$ 1,190,871

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: Guam

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 20 Application Budgeted	FY 18 Annual Report Expended
1. Direct Services	\$ 673,992	\$ 682,091
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 224,664	\$ 212,586
B. Preventive and Primary Care Services for Children	\$ 224,664	\$ 232,289
C. Services for CSHCN	\$ 224,664	\$ 237,216
2. Enabling Services	\$ 37,442	\$ 46,540
3. Public Health Services and Systems	\$ 37,443	\$ 29,246
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		\$ 33,568
Physician/Office Services		\$ 472,633
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 8,360
Durable Medical Equipment and Supplies		\$ 62,782
Laboratory Services		\$ 104,748
Direct Services Line 4 Expended Total		\$ 682,091
Federal Total	\$ 748,877	\$ 757,877

IIB. Non-Federal MCH Block Grant	FY 20 Application Budgeted	FY 18 Annual Report Expended
1. Direct Services	\$ 505,494	\$ 613,544
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	\$ 168,498	\$ 205,967
B. Preventive and Primary Care Services for Children	\$ 168,498	\$ 201,611
C. Services for CSHCN	\$ 168,498	\$ 205,966
2. Enabling Services	\$ 0	\$ 26,576
3. Public Health Services and Systems	\$ 0	\$ 13,288
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		\$ 24,982
Physician/Office Services		\$ 387,217
Hospital Charges (Includes Inpatient and Outpatient Services)		\$ 0
Dental Care (Does Not Include Orthodontic Services)		\$ 6,245
Durable Medical Equipment and Supplies		\$ 56,209
Laboratory Services		\$ 138,891
Direct Services Line 4 Expended Total		\$ 613,544
Non-Federal Total	\$ 505,494	\$ 653,408

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: 3,175

Data Source Year: 2018

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Screen	(B) Aggregate Total Number Presumptive Positive Screens	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	3,175 (100.0%)	16	14	14 (100.0%)

Program Name(s)				
Biotinidase Deficiency	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Cystic Fibrosis
Hearing Loss	Maple Syrup Urine Disease	S, βeta-Thalassemia		

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
Hearing Screening	2,856 (90.0%)	4	4	4 (100.0%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

BFHNS/MCH/NBS will log in all the information needed on the 2nd + result and then contact parents/caretaker to set up an appointment with our Medical Advisor for the NBS Program. Screening data is logged into the CSHCN Registry and the MCH Program staff keeps a log to track the testing and treatment information

All NBS are checked yearly by the Medical Advisor.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	Field Name:	Hearing Screening - Receiving At Least One Screen
	Fiscal Year:	2018
	Column Name:	Other Newborn

Field Note:

Data is from 2017 through the EHDI Program. 2018 data not available at this time

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Guam

Annual Report Year 2018

Form 5a – Count of Individuals Served by Title V
(Direct & Enabling Services Only)

Types Of Individuals Served	(A) Title V Total Served	Primary Source of Coverage				
		(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	3,181	78.3	0.0	16.2	4.5	1.0
2. Infants < 1 Year of Age	3,175	60.4	0.0	10.0	16.0	13.6
3. Children 1 through 21 Years of Age	4,220	67.7	0.0	19.0	10.0	3.3
3a. Children with Special Health Care Needs	892	58.0	0.0	38.0	4.0	0.0
4. Others	9,138	39.0	0.0	27.0	8.0	26.0
Total	19,714					

Form 5b – Total Percentage of Populations Served by Title V
(Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	3,294	No	3,181	100	3,181	3,181
2. Infants < 1 Year of Age	3,262	No	3,175	100	3,175	3,175
3. Children 1 through 21 Years of Age	62,605	Yes	62,605	90	56,345	4,220
3a. Children with Special Health Care Needs	Not Available	Yes	Not Available	55		892
4. Others	101,491	Yes	101,491	25	25,373	9,138

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	Field Name:	Pregnant Women Total Served
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	Fiscal Year:	2018
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Field Note:
Pregnant women include all mothers with live birth, those with fetal demise as well as those who received Title V services

Title XIX includes Medicaid only,
Private/Other includes private Tri-care other governmental
None includes Self-pay

2.	Field Name:	Infants Less Than One YearTotal Served
----	--------------------	---

	Fiscal Year:	2018
--	---------------------	-------------

Field Note:
Infants less than one year of age included all live births as well as those served by Title V

Title XIX includes Medicaid only,
Private/Other includes private Tri-care other governmental
None includes Self-pay

3.	Field Name:	Children 1 through 21 Years of Age
----	--------------------	---

	Fiscal Year:	2018
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Field Note:
Children aged 1 through 22 years of age includes all those received Title V services

Title XIX includes Medicaid only,
Private/Other includes private Tri-care other governmental
None includes Self-pay

4.	Field Name:	Children with Special Health Care Needs
----	--------------------	--

	Fiscal Year:	2018
--	---------------------	-------------

Field Note:
CSHCN includes those who received Title V services

Title XIX includes Medicaid only,
Private/Other includes private Tri-care other governmental
None includes Self-pay

5.	Field Name:	Others
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Fiscal Year: 2018

Field Note:

Others include all those who received Title V services such as outreach events or through other various Title V programs

Title XIX includes Medicaid only,

Private/Other includes private Tri-care other governmental

None includes Self-pay

Field Level Notes for Form 5b:

1.	Field Name:	Pregnant Women
	Fiscal Year:	2018
	Field Note:	The denominator includes all mothers with live birth those with fetal death. Services include well-woman care/annual visits, prenatal/postpartum care, immunizations, counseling, educational services and breastfeeding education.
2.	Field Name:	InfantsLess Than One Year
	Fiscal Year:	2018
	Field Note:	Includes all live births and those who received Title V services. The services include newborn metabolic and hearing screening, follow up and referral if necessary
3.	Field Name:	Children 1 Through 21 Years of Age
	Fiscal Year:	2018
	Field Note:	This includes all those who received Title V services, those enrolled in WIC, Project Bisita, Karinu and the Community Health Centers. The services include wee child/adolescent visits, immunizations, counseling and education, pregnant testing, STD screening
4.	Field Name:	Children With Special Health Care Needs
	Fiscal Year:	2018
	Field Note:	This includes the families impacted through the provision of information and referrals, screening (blood spot, hearing) health fairs, conferences.
5.	Field Name:	Others
	Fiscal Year:	2018
	Field Note:	Denominator value based on Census population estimates for 2018 for individuals 22 years and older on Guam. Numerator value based on the total number of individuals ages 22 years and older that received Title V supported services at any level of the pyramid (direct, enabling, public health services and systems)

Data Alerts:

1.	Pregnant Women, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
2.	Infants Less Than One Year, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.

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

State: Guam

Annual Report Year 2018

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non- Hispanic White	(C) Non- Hispanic Black or African American	(D) Hispanic	(E) Non- Hispanic American Indian or Native Alaskan	(F) Non- Hispanic Asian	(G) Non- Hispanic Native Hawaiian or Other Pacific Islander	(H) Non- Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	3,175	209	22	0	0	581	2,227	0	136
Title V Served	3,175	209	22	0	0	581	2,227	0	136
Eligible for Title XIX	2,713	156	18	0	0	469	1,968	0	102
2. Total Infants in State	3,175	209	22	0	0	581	2,227	0	136
Title V Served	3,175	209	22	0	0	581	2,227	0	136
Eligible for Title XIX	2,713	156	18	0	0	469	1,968	0	102

Form Notes for Form 6:

None

Field Level Notes for Form 6:

None

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Guam

Toll-Free numbers are not available to all jurisdictions.

A. State MCH Toll-Free Telephone Lines	2020 Application Year	2018 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number		
2. State MCH Toll-Free "Hotline" Name		
3. Name of Contact Person for State MCH "Hotline"		
4. Contact Person's Telephone Number		
5. Number of Calls Received on the State MCH "Hotline"		

B. Other Appropriate Methods	2020 Application Year	2018 Annual Report Year
1. Other Toll-Free "Hotline" Names		
2. Number of Calls on Other Toll-Free "Hotlines"		
3. State Title V Program Website Address		
4. Number of Hits to the State Title V Program Website		
5. State Title V Social Media Websites		
6. Number of Hits to the State Title V Program Social Media Websites		

Form Notes for Form 7:

None

Form 8
State MCH and CSHCN Directors Contact Information

State: Guam

1. Title V Maternal and Child Health (MCH) Director	
Name	Margarita Bautista Gay
Title	Administrator
Address 1	123 Chalan Kareta
Address 2	
City/State/Zip	Mangilao / GU / 96913
Telephone	(671) 735-7111
Extension	
Email	margarita.gay@dphss.guam.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Margarita Gay
Title	Administrator
Address 1	123 Chalan Kareta
Address 2	
City/State/Zip	Mangilao / GU / 96913
Telephone	(671) 735-7111
Extension	
Email	margarita.gay@dphss.guam.gov

3. State Family or Youth Leader (Optional)

Name	Zenaida Okada
Title	Administrative Assistant
Address 1	123 Chalan Kareta
Address 2	
City/State/Zip	Mangilao / GU / 96913
Telephone	6717357128
Extension	
Email	Zenaida.Okada@dphss.guam.gov

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Guam

Application Year 2020

No.	Priority Need
1.	To improve maternal health by optimizing the health and well-being of women of reproductive age
2.	To reduce infant morbidity and mortality
3.	To improve the cognitive, physical and emotional development of all children
4.	To promote and enhance adolescent strengths, skills and supports to improve adolescent health
5.	To provide a whole child approach to services to Children with Special Health Care Needs
6.	To reduce the number of individuals who smoke
7.	To increase the number of homeless individuals and families accessing health and social services

Form 9 State Priorities-Needs Assessment Year - 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:

Field Name:

Priority Need 3

Field Note:

This is a new priority addressing children and adolescent health needs such as developmental screening, child care safety, injury prevention, etc.

Field Name:

Priority Need 4

Field Note:

This is a new priority addressing adolescent health needs such as bullying and injury prevention, etc. Furthermore, it address the reduction of risky behaviors relating to alcohol, tobacco and other drugs.

Field Name:

Priority Need 5

Field Note:

This priority is comprehensive in nature, with objectives and strategies focusing on more targeted issues/focus areas. This priority address the measure of "coordinated, comprehensive care within a medical home".

Form 10
National Outcome Measures (NOMs)

State: Guam

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

None

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	59.3 % ⚡	0.9 % ⚡	1,724 ⚡	2,908 ⚡
2016	60.2 % ⚡	0.9 % ⚡	1,838 ⚡	3,053 ⚡
2015	63.3 %	0.9 %	1,916	3,029
2014	58.1 %	0.9 %	1,822	3,136
2013	50.9 %	0.9 %	1,503	2,951
2012	53.9 %	0.9 %	1,515	2,813

Legends:

- 📌 Indicator has a numerator <10 and is not reportable
- ⚡ Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM 1 - Notes:

None

Data Alerts: None

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

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

NOM 2 - Notes:

None

Data Alerts:

1.	Data has not been entered for NOM 2. This outcome measure is linked to the selected NPM 1,14.1,14.2,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	---

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

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

State Provided Data	
	2018
Annual Indicator	91.2
Numerator	3
Denominator	3,289
Data Source	Guam Office of Vital Statistics
Data Source Year	2017

NOM 3 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	8.6 %	0.5 %	282	3,280
2016	8.4 %	0.5 %	287	3,400
2015	9.2 %	0.5 %	307	3,337
2014	7.8 %	0.5 %	261	3,362
2013	9.0 %	0.5 %	290	3,219
2012	8.3 %	0.5 %	295	3,533
2011	9.0 %	0.5 %	294	3,269
2010	8.6 %	0.5 %	294	3,410
2009	7.6 %	0.5 %	260	3,402

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	9.2
Numerator	293
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

NOM 4 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	10.3 %	0.5 %	338	3,285
2016	9.4 %	0.5 %	321	3,426
2015	10.0 %	0.5 %	335	3,348
2014	9.7 %	0.5 %	326	3,375
2013	10.9 %	0.6 %	348	3,195
2012	9.5 %	0.5 %	330	3,478
2011	10.8 %	0.5 %	352	3,266
2010	10.9 %	0.5 %	369	3,395
2009	9.5 %	0.5 %	320	3,385

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	9.7
Numerator	308
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

NOM 5 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	28.4 %	0.8 %	934	3,285
2016	28.2 %	0.8 %	967	3,426
2015	30.5 %	0.8 %	1,020	3,348
2014	32.1 %	0.8 %	1,085	3,375
2013	30.0 %	0.8 %	958	3,195
2012	34.3 %	0.8 %	1,193	3,478
2011	32.9 %	0.8 %	1,075	3,266
2010	34.0 %	0.8 %	1,153	3,395
2009	33.1 %	0.8 %	1,120	3,385

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	8.6
Numerator	273
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

NOM 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2014/Q4-2015/Q3	1.0 %			
2014/Q3-2015/Q2	1.0 %			
2014/Q2-2015/Q1	4.0 %			

Legends:
🚩 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
2016	14.5	2.1	50	3,458
2015	17.4	2.3	59	3,398
2014	12.3	1.9	42	3,421
2013	11.8	1.9	39	3,311
2012	11.9	1.8	43	3,610
2011	11.2	1.9	37	3,315
2010	15.4	2.1	53	3,446
2009	12.8	1.9	44	3,441

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

NOM 8 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2016	12.8	2.0	44	3,432
2015	14.3	2.1	48	3,366
2014	8.3	1.6	28	3,392
2013	9.1	1.7	30	3,282
2012	11.4	1.8	41	3,590
2011	12.4	2.0	41	3,294
2010	14.1	2.0	48	3,414
2009	10.5	1.8	36	3,414

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	11.3
Numerator	36
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

NOM 9.1 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2016	8.2	1.6	28	3,432
2015	9.8	1.7	33	3,366
2014	4.1 ⚡	1.1 ⚡	14 ⚡	3,392 ⚡
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

State Provided Data	
	2018
Annual Indicator	7.9
Numerator	25
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

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
2016	4.7 ⚡	1.2 ⚡	16 ⚡	3,432 ⚡
2015	4.5 ⚡	1.2 ⚡	15 ⚡	3,366 ⚡
2014	4.1 ⚡	1.1 ⚡	14 ⚡	3,392 ⚡
2013	4.0 ⚡	1.1 ⚡	13 ⚡	3,282 ⚡
2012	3.6 ⚡	1.0 ⚡	13 ⚡	3,590 ⚡
2011	5.8 ⚡	1.3 ⚡	19 ⚡	3,294 ⚡
2010	5.6 ⚡	1.3 ⚡	19 ⚡	3,414 ⚡
2009	3.8 ⚡	1.1 ⚡	13 ⚡	3,414 ⚡

Legends:

- 📌 Indicator has a numerator <10 and is not reportable
- ⚡ Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	3.5
Numerator	11
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

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
2016	553.6 ⚡	127.4 ⚡	19 ⚡	3,432 ⚡
2015	445.6 ⚡	115.3 ⚡	15 ⚡	3,366 ⚡
2014	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2013	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2012	362.1 ⚡	100.6 ⚡	13 ⚡	3,590 ⚡
2011	303.6 ⚡	96.2 ⚡	10 ⚡	3,294 ⚡
2010	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2009	NR 🚩	NR 🚩	NR 🚩	NR 🚩

Legends:

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

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
2016	NR 	NR 	NR 	NR 
2015	NR 	NR 	NR 	NR 
2014	NR 	NR 	NR 	NR 
2013	NR 	NR 	NR 	NR 
2012	NR 	NR 	NR 	NR 
2011	NR 	NR 	NR 	NR 
2010	NR 	NR 	NR 	NR 
2009	NR 	NR 	NR 	NR 

Legends:

-  Indicator has a numerator <10 and is not reportable
-  Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	63.0
Numerator	2
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

NOM 9.5 - Notes:

None

Data Alerts: None

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

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

State Provided Data	
	2018
Annual Indicator	0.0
Numerator	0
Denominator	3,175
Data Source	Office of Vital Statistics
Data Source Year	2018

NOM 10 - Notes:

There were no recorded live birth infants with fetal alcohol exposure

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 10. Please review your data to ensure this is correct.
----	--

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

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

NOM 11 - Notes:

There were no recorded live births with neonatal abstinence syndrome

Data Alerts:

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

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

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

NOM 12 - Notes:

None

Data Alerts: None

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

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

NOM 13 - Notes:

None

Data Alerts: None

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

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

NOM 14 - Notes:

FAD not available for Guam. Guam is working with MCHB to develop a jurisdictional survey to implement and track this measure

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
2017	NR	NR	NR	NR
2016	41.9	12.1	12	28,626
2015	NR	NR	NR	NR
2014	NR	NR	NR	NR
2013	NR	NR	NR	NR
2012	NR	NR	NR	NR
2011	NR	NR	NR	NR
2010	NR	NR	NR	NR
2009	NR	NR	NR	NR

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	29.9
Numerator	8
Denominator	26,754
Data Source	Office of Vital Statistics and Census Projections
Data Source Year	2018

NOM 15 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	62.7	14.8	18	28,721
2016	69.7	15.6	20	28,692
2015	53.2	13.7	15	28,201
2014	59.7	14.5	17	28,470
2013	45.3	12.6	13	28,709
2012	51.7	13.4	15	28,990
2011	55.0	13.8	16	29,079
2010	55.3	13.8	16	28,938
2009	62.4	14.7	18	28,862

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	39.8
Numerator	11
Denominator	27,664
Data Source	Office of Vital Statistics and Census Projections
Data Source Year	2018

NOM 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2015_2017	NR	NR	NR	NR
2014_2016	NR	NR	NR	NR
2013_2015	NR	NR	NR	NR
2012_2014	NR	NR	NR	NR
2011_2013	NR	NR	NR	NR
2010_2012	NR	NR	NR	NR
2009_2011	NR	NR	NR	NR
2008_2010	NR	NR	NR	NR
2007_2009	NR	NR	NR	NR

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	7.0
Numerator	1
Denominator	14,302
Data Source	Office of Vital Statistics and Census Projections
Data Source Year	2018

NOM 16.2 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2015_2017	19.7 ⚡	4.8 ⚡	17 ⚡	86,320 ⚡
2014_2016	42.1 ⚡	9.9 ⚡	18 ⚡	42,806 ⚡
2013_2015	31.0 ⚡	8.6 ⚡	13 ⚡	42,000 ⚡
2012_2014	NR 🚩	NR 🚩	NR 🚩	NR 🚩
2011_2013	35.6 ⚡	9.2 ⚡	15 ⚡	42,152 ⚡
2010_2012	40.2 ⚡	9.7 ⚡	17 ⚡	42,327 ⚡
2009_2011	37.8 ⚡	9.4 ⚡	16 ⚡	42,383 ⚡
2008_2010	33.1 ⚡	8.9 ⚡	14 ⚡	42,235 ⚡
2007_2009	NR 🚩	NR 🚩	NR 🚩	NR 🚩

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

State Provided Data	
	2018
Annual Indicator	7.0
Numerator	1
Denominator	14,302
Data Source	Office of Vital Statistics and Census Projections
Data Source Year	2018

NOM 16.3 - Notes:

Due to the relatively small number of deaths, three-year data estimates are provided to improve precision and reportability. However, trends are mitigated with three-year data where each estimate shares 67% (2/3) of the data with the next estimate. Standard statistical tests that assume independence should not be used when comparing overlapping 3-year estimates. Estimates by stratifiers are calculated with five-year data to improve precision and reportability. Urban/rural residence and

race/ethnicity denominators are not available for territories.

14,302 is the estimated population projection of 15 to 19 year olds

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

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

NOM 17.1 - Notes:

FAD is not available. Guam is working with MCHB to develop a jurisdictional survey that will track this measure

Data Alerts: None

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

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

NOM 17.2 - Notes:

The number of children with special health care needs (CSHCN) is unknown because they are not tracked until they have to go to school which is when they are three to five years old. The number of CSHCN accessing services is relatively low in comparison based on the numbers reported by various early childhood programs servicing the CSHCN population. A possible reason for the discrepancy between the number of CSHCN and the number of children receiving services is that there is no central location for parents/guardians to go to to obtain information on where to go for needed services for CSHCN. There is no central agency collecting or entering data into one CSHCN database.

Data Alerts:

1.	Data has not been entered for NOM 17.2. This outcome measure is linked to the selected NPM 11,12,15,. 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, ages 3 through 17, diagnosed with an autism spectrum disorder

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

NOM 17.3 - Notes:

FAD is not available.

The number of children with special health care needs (CSHCN) is unknown because they are not tracked until they have to go to school which is when they are three to five years old. The number of CSHCN accessing services is relatively low in comparison based on the numbers reported by various early childhood programs servicing the CSHCN population. A possible reason for the discrepancy between the number of CSHCN and the number of children receiving services is that there is no central location for parents/guardians to go to to obtain information on where to go for needed services for CSHCN. There is no central agency collecting or entering data into one CSHCN database.

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

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

NOM 17.4 - Notes:

FAD is not available.

The number of children with special health care needs (CSHCN) is unknown because they are not tracked until they have to go to school which is when they are three to five years old. The number of CSHCN accessing services is relatively low in comparison based on the numbers reported by various early childhood programs servicing the CSHCN population. A possible reason for the discrepancy between the number of CSHCN and the number of children receiving services is that there is no central location for parents/guardians to go to to obtain information on where to go for needed services for CSHCN. There is no central agency collecting or entering data into one CSHCN database.

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

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

NOM 18 - Notes:

FAD not available.

The number of children with special health care needs (CSHCN) is unknown because they are not tracked until they have to go to school which is when they are three to five years old. The number of CSHCN accessing services is relatively low in comparison based on the numbers reported by various early childhood programs servicing the CSHCN population. A possible reason for the discrepancy between the number of CSHCN and the number of children receiving services is that there is no central location for parents/guardians to go to to obtain information on where to go for needed services for CSHCN. There is no central agency collecting or entering data into one CSHCN database.

Data Alerts:

1.	Data has not been entered for NOM 18. This outcome measure is linked to the selected NPM 11,10,15,. 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, ages 0 through 17, in excellent or very good health

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

NOM 19 - Notes:

FAD is not available. Guam is working with MCHB to develop a jurisdictional survey that will track this measure

Data Alerts:

1.	Data has not been entered for NOM 19. This outcome measure is linked to the selected NPM 14.1,14.2,11,10,15,. 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, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: WIC

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2014	8.7 %	0.5 %	238	2,737
2012	10.0 %	0.6 %	288	2,870
2010	11.4 %	0.6 %	370	3,248
2008	11.7 %	0.7 %	279	2,383

Legends:

- Indicator has a denominator <50 or a relative standard error ≥30% and is not reportable
- Indicator has a confidence interval width >20% and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	23.0 %	1.7 %	1,990	8,652
2015	20.3 %	1.5 %	1,869	9,204
2013	20.1 %	1.4 %	1,769	8,802
2011	15.4 %	1.3 %	1,300	8,463
2007	15.5 %	1.0 %	1,440	9,272

Legends:

- Indicator has an unweighted denominator <100 and is not reportable
- Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

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

NOM 21 - Notes:

FAD is not available. Guam is working with MCHB to develop a jurisdictional survey that will track this measure

Data Alerts: None

NOM 22.1 - Percent of children, ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

Data Source: National Immunization Survey (NIS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	49.1 %	3.3 %	2,383	4,853
2016	50.1 %	3.2 %	2,477	4,947
2015	52.9 %	3.6 %	2,676	5,058
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, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) - Flu

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017_2018	65.8 %	1.9 %	30,604	46,503
2016_2017	62.1 %	2.5 %	28,213	45,424
2015_2016	61.0 %	1.6 %	26,409	43,279
2014_2015	61.3 %	2.8 %	26,790	43,718

Legends:

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

NOM 22.2 - Notes:

None

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	67.5 %	3.0 %	9,748	14,450
2016	67.4 %	2.5 %	9,705	14,390
2015	60.2 %	2.9 %	8,740	14,510

Legends:

- 🚫 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval 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) - Teen

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	77.3 %	2.7 %	11,167	14,450
2016	77.5 %	2.2 %	11,156	14,390
2015	79.6 %	2.3 %	11,554	14,510
2013	73.9 %	2.8 %	10,523	14,250

Legends:

- 🚫 Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval 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) - Teen

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	68.3 %	3.0 %	9,873	14,450
2016	77.1 %	2.2 %	11,095	14,390
2015	76.2 %	2.5 %	11,063	14,510
2013	72.4 %	2.9 %	10,317	14,250

Legends:

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

NOM 22.5 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	Annual Indicator	Standard Error	Numerator	Denominator
2017	40.1	2.4	270	6,726
2016	38.0	2.4	255	6,705
2015	38.8	2.4	257	6,629
2014	48.7	2.7	323	6,626
2013	54.3	2.9	363	6,686
2012	54.7	2.8	372	6,801
2011	62.0	3.0	425	6,859
2010	60.0	3.0	412	6,871
2009	57.3	2.9	392	6,837

Legends:

- Indicator has a numerator <10 and is not reportable
- Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2018
Annual Indicator	33.9
Numerator	234
Denominator	6,894
Data Source	Office of Vital Statistics and Census Projections
Data Source Year	2018

NOM 23 - Notes:

None

Data Alerts: None

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

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

NOM 24 - Notes:

FAD not available for Guam

Data Alerts:

1.	Data has not been entered for NOM 24. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	--

NOM 25 - Percent of children, ages 0 through 17, who were not able to obtain needed health care in the last year
Federally available Data (FAD) for this measure is not available/reportable.

NOM 25 - Notes:

FAD is not available. Guam is working with MCHB to develop a jurisdictional survey that will track this measure

Data Alerts:

1.	Data has not been entered for NOM 25. This outcome measure is linked to the selected NPM 11,15,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.
----	--

**Form 10
National Performance Measures (NPMs)**

State: Guam

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

Federally Available Data			
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)			
	2016	2017	2018
Annual Objective	61.7	62	62.5
Annual Indicator	58.1	64.8	64.7
Numerator	17,412	19,432	19,338
Denominator	29,982	29,972	29,900
Data Source	BRFSS	BRFSS	BRFSS
Data Source Year	2015	2016	2017

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	63.0	64.0	64.3	64.4	64.5	65.0

Field Level Notes for Form 10 NPMs:

None

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data		
Data Source: National Immunization Survey (NIS)		
	2017	2018
Annual Objective	80.3	80.5
Annual Indicator	86.0	80.6
Numerator	2,426	2,011
Denominator	2,819	2,496
Data Source	NIS	NIS
Data Source Year	2014	2015

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	81.0	82.0	82.0	82.5	83.0	83.0

Field Level Notes for Form 10 NPMs:

None

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

Federally Available Data		
Data Source: National Immunization Survey (NIS)		
	2017	2018
Annual Objective	28.6	29
Annual Indicator	23.5	19.4
Numerator	642	479
Denominator	2,735	2,470
Data Source	NIS	NIS
Data Source Year	2014	2015

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	30.0	32.0	32.0	32.5	33.0	33.0

Field Level Notes for Form 10 NPMs:

None

NPM 7.1 - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	35.5	34.0	33.5	33.0	33.0	32.0

Field Level Notes for Form 10 NPMs:

1.	Field Name:	2018
	Column Name:	State Provided Data

Field Note:

The rate of non-fatal hospitalization was 56.9/1000.
The figure that is showing is due to small numbers

NPM 7.2 - Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	59.3	59.0	58.5	58.5	58.5	58.0

Field Level Notes for Form 10 NPMs:

1.	Field Name:	2018
	Column Name:	State Provided Data

Field Note:

The rate of non-fatal hospitalization was 56.9/1000
 The figure that is showing is due to small numbers

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

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	50.5	60.0	60.5	61.0	61.0	62.0

Field Level Notes for Form 10 NPMs:

1.	Field Name:	2017
	Column Name:	State Provided Data

Field Note:

Guam does not have the full results from the 2017 Guam YRBSS. Results should be in late August

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

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

State Provided Data			
	2016	2017	2018
Annual Objective			59.5
Annual Indicator	59	62.6	51.8
Numerator	526	558	462
Denominator	892	892	892
Data Source	CSHCN Registry	CSHCN Registry	CSHCN
Data Source Year	2016	2017	2018
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	60.0	61.0	61.2	62.0	63.0	63.5

Field Level Notes for Form 10 NPMs:

None

NPM 12 - Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care - Children with Special Health Care Needs

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

State Provided Data			
	2016	2017	2018
Annual Objective			77.5
Annual Indicator	76	76	77.7
Numerator	10,870	10,870	11,115
Denominator	14,301	14,301	14,302
Data Source	Census	Census	Census
Data Source Year	2016	2017	2018
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	78.0	79.0	79.2	80.0	80.0	82.0

Field Level Notes for Form 10 NPMs:

None

NPM 14.1 - Percent of women who smoke during pregnancy

Federally Available Data			
Data Source: National Vital Statistics System (NVSS)			
	2016	2017	2018
Annual Objective	10.5	10	9.5
Annual Indicator	6.7	4.7	4.7
Numerator	218	159	150
Denominator	3,267	3,364	3,218
Data Source	NVSS	NVSS	NVSS
Data Source Year	2015	2016	2017

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	9.0	8.0	8.0	7.0	7.0	6.5

Field Level Notes for Form 10 NPMs:

None

NPM 14.2 - Percent of children, ages 0 through 17, who live in households where someone smokes - Child Health
Federally available Data (FAD) for this measure is not available/reportable.

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	9.0	8.0	8.0	7.7	7.5	6.5

Field Level Notes for Form 10 NPMs:

None

NPM 15 - Percent of children, ages 0 through 17, who are continuously and adequately insured - Children with Special Health Care Needs

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

State Provided Data			
	2016	2017	2018
Annual Objective			81
Annual Indicator	77.9	76.8	78
Numerator	42,575	41,897	42,446
Denominator	54,635	54,531	54,418
Data Source	Census Projections	Census Projections	Census Projections
Data Source Year	2016	2017	2018
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	82.0	83.0	83.5	84.0	84.0	84.5

Field Level Notes for Form 10 NPMs:

None

**Form 10
State Performance Measures (SPMs)**

State: Guam

SPM 1 - Percent of women of reproductive age who are current smokers

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		6.2	6.1	
Annual Indicator	6.3	7.8	8.2	
Numerator	218	258	259	
Denominator	3,441	3,292	3,175	
Data Source	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	6.0	5.9	5.8	5.7	5.6	5.5

Field Level Notes for Form 10 SPMs:

None

SPM 2 - The rate of infant deaths between birth and 1 year of life

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		11.3	11	
Annual Indicator	12.5	8.5	10.1	
Numerator	43	28	32	
Denominator	3,441	3,292	3,175	
Data Source	Guam Office of Vital Statistics	Guam Office of Vital Statistics	Guam Office of Vital Statistics	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	10.0	9.0	8.0	7.5	7.0	6.5

Field Level Notes for Form 10 SPMs:

None

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	12.0	12.0	11.0	11.0	10.0	10.0

Field Level Notes for Form 10 SPMs:

None

**Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)**

State: Guam

ESM 1.4 - Percent of women program participants (18-44) that received education on the importance of a well-woman visit in the past year.

Measure Status:		Active	
State Provided Data			
	2017	2018	
Annual Objective	61.7	63	
Annual Indicator	88.5	64.7	
Numerator	19,432	19,338	
Denominator	21,966	29,900	
Data Source	BRFSS	BRFSS	
Data Source Year	2016	2017	
Provisional or Final ?	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	63.5	64.0	64.5	65.0	66.0	66.5

Field Level Notes for Form 10 ESMs:

None

ESM 1.5 - Percentage of women in Title X receiving preconception services

Measure Status:		Active				
Annual Objectives						
	2020	2021	2022	2023	2024	
Annual Objective	10.0	12.0	15.0	20.0	25.0	

Field Level Notes for Form 10 ESMs:

None

ESM 1.6 - The percent of pregnant female clients who are screened for chlamydia, syphilis, gonorrhea, and HIV within their first 20 weeks of pregnancy as a component of their prenatal visit

Measure Status:		Active			
Annual Objectives					
	2020	2021	2022	2023	2024
Annual Objective	20.0	25.0	30.0	35.0	40.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.3 - Percent of families enrolled in an evidence based home visitation program who received safe sleep education from a trained home visitation provider

Measure Status:		Active	
State Provided Data			
	2017	2018	
Annual Objective	0	98	
Annual Indicator	98	100	
Numerator	96	68	
Denominator	98	68	
Data Source	Project Bisita	Project Bisita	
Data Source Year	2017	2018	
Provisional or Final ?	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	99.0	100.0	100.0	100.0	100.0	100.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.4 - Number of worksites that have created a lactation policy that complies with federal standards.

Measure Status:				Active		
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	3.0	5.0	7.0	9.0	11.0	12.0

Field Level Notes for Form 10 ESMs:

None

ESM 4.5 - Percentage of home visitors trained in breastfeeding best practices

Measure Status:				Active	
Annual Objectives					
	2020	2021	2022	2023	2024
Annual Objective	2.0	4.0	6.0	6.0	6.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective			8	8
Annual Indicator	7	8	8	8
Numerator				
Denominator				
Data Source	Project Bisita	Project Bisita	Project Bisita	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Final	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	9.0	9.0	10.0	10.0	11.0	11.0

Field Level Notes for Form 10 ESMs:

None

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	100.0	100.0	100.0	100.0	100.0	100.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:		Active				
Annual Objectives						
	2020	2021	2022	2023	2024	
Annual Objective	10.0	12.0	15.0	20.0	25.0	

Field Level Notes for Form 10 ESMs:

None

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	7.0	8.0	9.0	10.0	10.0	10.0

Field Level Notes for Form 10 ESMs:

None

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	48.0	50.0	52.0	54.0	55.0	56.0

Field Level Notes for Form 10 ESMs:

None

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	25.0	31.0	37.0	39.0	39.0	39.0

Field Level Notes for Form 10 ESMs:

None

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

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective			4	4
Annual Indicator	4	5	5	
Numerator				
Denominator				
Data Source	DPHSS	DPHSS	DPHSS	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Provisional	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	5.0	5.0	6.0	6.0	7.0	7.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.1 - Facilitate the dissemination of evidence-based transition resources to health care professionals

Measure Status:		Active		
State Provided Data				
	2016	2017	2018	
Annual Objective		1,000	1,500	
Annual Indicator	0	0	0	
Numerator				
Denominator				
Data Source	MCH	MCH	MCH	
Data Source Year	2016	2017	2018	
Provisional or Final ?	Provisional	Provisional	Final	

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	2,000.0	2,000.0	2,000.0	2,000.0	2,000.0	2,000.0

Field Level Notes for Form 10 ESMs:

- Field Name:** 2017

Column Name: State Provided Data

Field Note:
This ESM was not accomplished due the lack of staff. Staff presently are juggling two to three "other" job responsibilities
- Field Name:** 2018

Column Name: State Provided Data

Field Note:
This ESM was not accomplished due the lack of staff. Staff presently are juggling two to three "other" job responsibilities

ESM 12.2 - Number of families/providers who obtain needed support from Neni 311 for a support service.

Measure Status:				Active		
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	25.0	35.0	45.0	50.0	55.0	55.0

Field Level Notes for Form 10 ESMs:

None

ESM 12.3 - Percent of Families that indicate care coordination and family partnerships are working well within their primary or specialty care provide setting

Measure Status:				Active		
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	65.0	70.0	75.0	80.0	90.0	100.0

Field Level Notes for Form 10 ESMs:

None

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

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

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	15.0	15.0	20.0	20.0	20.0	25.0

Field Level Notes for Form 10 ESMs:

None

ESM 14.2.1 - Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery

Measure Status:				Active		
Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	3.0	3.0	3.0	2.0	2.0	2.0

Field Level Notes for Form 10 ESMs:

None

ESM 15.1 - Increase awareness of the need for children to be insured

Measure Status:		Active	
State Provided Data			
	2016	2017	2018
Annual Objective		2	2
Annual Indicator	1	1	1
Numerator			
Denominator			
Data Source	DPHSS Website	DPHSS Website	DPHSS Website
Data Source Year	2016	2017	2018
Provisional or Final ?	Provisional	Provisional	Provisional

Annual Objectives						
	2019	2020	2021	2022	2023	2024
Annual Objective	3.0	3.0	3.0	3.0	3.0	3.0

Field Level Notes for Form 10 ESMs:

None

Form 10
State Performance Measure (SPM) Detail Sheets

State: Guam

SPM 1 - Percent of women of reproductive age who are current smokers

Population Domain(s) – Women/Maternal Health

Measure Status:	Active								
Goal:	To reduce the percentage of women of reproductive age who are current smokers								
Definition:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Numerator:</td> <td>Number of women aged 18-44 who responded on the Guam BRFSS that they are currently smoking</td> </tr> <tr> <td>Denominator:</td> <td>Number of women aged 18-44 that respond to BRFSS</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of women aged 18-44 who responded on the Guam BRFSS that they are currently smoking	Denominator:	Number of women aged 18-44 that respond to BRFSS	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of women aged 18-44 who responded on the Guam BRFSS that they are currently smoking								
Denominator:	Number of women aged 18-44 that respond to BRFSS								
Unit Type:	Percentage								
Unit Number:	100								
Healthy People 2020 Objective:	27-1 Reduce tobacco use by adults 26-6 Increase smoking cessation during pregnancy								
Data Sources and Data Issues:	Guam Behavioral Risk Factor Surveillance System Although women 15-44 years are typically considered the defining range for "reproductive age", the BRFSS only includes those age 18 and older. This is the reason the age range 18-44 years was chosen for the measure.								
Significance:	While reduction of smoking during pregnancy has always been a priority for Guam, it is important to broaden the scope to encompass concerns for the interconception and pre-conceptional periods in women's lives. Guam has high rates of smoking-related mortality among women.								

SPM 2 - The rate of infant deaths between birth and 1 year of life
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active								
Goal:	Reduce the island-wide infant mortality rate								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>The number of deaths to live born infants aged 0 to 364 days during the year</td> </tr> <tr> <td>Denominator:</td> <td>The number of deaths to live born infants aged 0 to 364 days during the year</td> </tr> <tr> <td>Unit Type:</td> <td>Rate</td> </tr> <tr> <td>Unit Number:</td> <td>1,000</td> </tr> </table>	Numerator:	The number of deaths to live born infants aged 0 to 364 days during the year	Denominator:	The number of deaths to live born infants aged 0 to 364 days during the year	Unit Type:	Rate	Unit Number:	1,000
Numerator:	The number of deaths to live born infants aged 0 to 364 days during the year								
Denominator:	The number of deaths to live born infants aged 0 to 364 days during the year								
Unit Type:	Rate								
Unit Number:	1,000								
Healthy People 2020 Objective:	16-1c Reduce fetal and infant deaths								
Data Sources and Data Issues:	Guam DPHSS Office of Vital Statistics								
Significance:	Infant deaths is a critical indicator of the health of a population. It reflects the overall state of maternal health as well as the quality and accessibility of primary health care available to pregnant women and infants.								

SPM 3 - Percent of students who were bullied on school property during the past 12 months
Population Domain(s) – Adolescent Health

Measure Status:	Active								
Goal:	Reduce the percent of students in grades 9 through 12 that report having been bullied on school property								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of 9th to 12th graders who have ever been bullied on school property during the past 12 months</td> </tr> <tr> <td>Denominator:</td> <td>Total number of 9th to 12th graders in public schools</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of 9th to 12th graders who have ever been bullied on school property during the past 12 months	Denominator:	Total number of 9th to 12th graders in public schools	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of 9th to 12th graders who have ever been bullied on school property during the past 12 months								
Denominator:	Total number of 9th to 12th graders in public schools								
Unit Type:	Percentage								
Unit Number:	100								
Healthy People 2020 Objective:	41 Reduce bullying among adolescents								
Data Sources and Data Issues:	<p>Guam Youth Risk Behavior Surveillance (YRBS)</p> <p>The Guam YRBS is conducted biannual in schools that voluntarily participate</p>								
Significance:	<p>Bullying is a form of violence in which one person repeatedly targets another who is weaker, smaller, or more vulnerable. It is repeated behavior intended to harm or disturb the target. An imbalance of power exists in all bullying situations. Bullying can be physical, verbal, and/or psychological when done in person or on-line. An individual may be impacted by a broad range of types of violence. Bullying affects both targets and bullies.</p>								

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Guam

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Guam

ESM 1.4 - Percent of women program participants (18-44) that received education on the importance of a well-woman visit in the past year.

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

Measure Status:	Active									
Goal:	To ensure that women are receiving education on the importance of well-woman visits									
Definition:	<table border="1" style="width: 100%;"> <tr> <td style="width: 25%;">Numerator:</td> <td>Number of MCH women (including pregnant and postpartum) program participants who have received education on the importance of a well-women/preventive health visit in the reporting year</td> </tr> <tr> <td>Denominator:</td> <td>Number of MCH women (including pregnant and postpartum) program participants</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>		Numerator:	Number of MCH women (including pregnant and postpartum) program participants who have received education on the importance of a well-women/preventive health visit in the reporting year	Denominator:	Number of MCH women (including pregnant and postpartum) program participants	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of MCH women (including pregnant and postpartum) program participants who have received education on the importance of a well-women/preventive health visit in the reporting year									
Denominator:	Number of MCH women (including pregnant and postpartum) program participants									
Unit Type:	Percentage									
Unit Number:	100									
Data Sources and Data Issues:	MCH Women's Health Clinic Reports									
Significance:	A well women visit is a way to make sure an individual is staying health. A well-woman visit is an excellent opportunity for counseling patients about maintaining a healthy lifestyle and minimizing health risks. Components of the visit may vary depending on the patients age, risk factors, and physician preference.									

ESM 1.5 - Percentage of women in Title X receiving preconception services
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active	
Goal:	To increase the percentage of women receiving preconception services through family planning	
Definition:	Numerator:	Number of women receiving preconception services through the family planning clinic in the past year
	Denominator:	Number of women accessing services through the family planning clinic
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	Community Health Center Family Planning Clinic	
Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of diseases to optimize the health of women before, between, and beyond potential pregnancies.	

ESM 1.6 - The percent of pregnant female clients who are screened for chlamydia, syphilis, gonorrhea, and HIV within their first 20 weeks of pregnancy as a component of their prenatal visit
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Measure Status:	Active	
Goal:	To reduce STDs by screening pregnant women	
Definition:	Numerator:	Number of pregnant female clients screened within their first 20 weeks of pregnancy
	Denominator:	Total number of female clients seen
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	Program collaboration and services integration grant annual reports	
Significance:	Testing and treating pregnant women for STDs is a vital way to prevent serious health complications to both mother and baby that may otherwise happen with infection. Sexually transmitted infections (STI) have been associated with a number of adverse pregnancy outcomes including spontaneous abortion, stillbirth, prematurity, low birth weight (LBW), postpartum endometritis, and various sequelae in surviving neonates.	

ESM 4.3 - Percent of families enrolled in an evidence based home visitation program who received safe sleep education from a trained home visitation provider

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

Measure Status:	Active								
Goal:	Provide Safe Sleep education to families enrolled in a evidence based home visitation program								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of families (with a child less than 1 year of age) enrolled in a evidence based home visitation program who received Safe Sleep education from a trained home visitor</td> </tr> <tr> <td>Denominator:</td> <td>Number of families enrolled in a evidence based home visitation program with a child aged less than 1 year during the reporting period</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of families (with a child less than 1 year of age) enrolled in a evidence based home visitation program who received Safe Sleep education from a trained home visitor	Denominator:	Number of families enrolled in a evidence based home visitation program with a child aged less than 1 year during the reporting period	Unit Type:	Percentage	Unit Number:	100
	Numerator:	Number of families (with a child less than 1 year of age) enrolled in a evidence based home visitation program who received Safe Sleep education from a trained home visitor							
	Denominator:	Number of families enrolled in a evidence based home visitation program with a child aged less than 1 year during the reporting period							
	Unit Type:	Percentage							
Unit Number:	100								
Data Sources and Data Issues:	Guam MECHV Program								
Significance:	Increasing the number of families who receive Safe Sleep education will help to reach those families who did not receive education in the hospital and will also serve to reinforce the message for those families who did receive the education prior to hospital discharge. Many families feel more comfortable having conversations and asking questions with their trusted home visitor with whom they have built a good relationship. Safe Sleep education delivered during home visits will help to overcome barriers related to sleep practices.								

**ESM 4.4 - Number of worksites that have created a lactation policy that complies with federal standards.
 NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months**

Measure Status:	Active								
Goal:	Increase the number of worksites that have created a lactation policy that complies with federal standards								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of worksites with a policy</td> </tr> <tr> <td>Denominator:</td> <td>N/A</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>99</td> </tr> </table>	Numerator:	Number of worksites with a policy	Denominator:	N/A	Unit Type:	Count	Unit Number:	99
Numerator:	Number of worksites with a policy								
Denominator:	N/A								
Unit Type:	Count								
Unit Number:	99								
Data Sources and Data Issues:	Non-Communicable Disease Consortium Breastfeeding Action Group Assessment Survey								
Significance:	For infants not breastfeeding, there is associated increased risk of infant mortality and morbidity and significantly higher risk of any diseases including diabetes, obesity, SIDS, etc. Duration rates are greatly affected by mothers returning to work to businesses that are not meeting the federal workplace accommodation law. Policies must be in place and implemented to provide an environment that is conducive to supporting breastfeeding mothers.								

ESM 4.5 - Percentage of home visitors trained in breastfeeding best practices

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

Measure Status:	Active	
Goal:	Increase the number of home visitors trained in breastfeeding best practices	
Definition:	Numerator:	Home visitors trained in breastfeeding best practices in the past year
	Denominator:	MIECHV home visitors
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	MIECHV Program	
Significance:	<p>Advantages of breastfeeding are indisputable. The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six months as human milk supports optimal growth and development by providing all required nutrients during that time. Breastfeeding strengthens the immune systems, improves normal immune response to certain vaccines, offers protection from allergies, and reduces the possibility of SIDs.</p>	

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

NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active								
Goal:	To increase the number of parents and caregivers receiving car seat education								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of parents and caregivers receiving car seat education</td> </tr> <tr> <td>Denominator:</td> <td>N/A</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of parents and caregivers receiving car seat education	Denominator:	N/A	Unit Type:	Count	Unit Number:	100
Numerator:	Number of parents and caregivers receiving car seat education								
Denominator:	N/A								
Unit Type:	Count								
Unit Number:	100								
Data Sources and Data Issues:	Emergency Medical Services for Children program data								
Significance:	Motor vehicle crashes are a leading cause of death among children in the United States. The consistent and correct use of car seats and boosters can reduce the risk of serious injury and death for infants, toddlers and children.								

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

NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active								
Goal:	To increase the percent families participating in the evidence-based home visiting program who receive injury prevention education								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of families participating in the evidence-based home visiting program who receive injury prevention education</td> </tr> <tr> <td>Denominator:</td> <td>Number of families participating in the evidence-based home visiting program</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of families participating in the evidence-based home visiting program who receive injury prevention education	Denominator:	Number of families participating in the evidence-based home visiting program	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of families participating in the evidence-based home visiting program who receive injury prevention education								
Denominator:	Number of families participating in the evidence-based home visiting program								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	Home visiting program database								
Significance:	Injury is a leading cause of child morbidity and mortality. Home visitors can play an important role in increasing awareness about injury hazard, identifying risk and protective factors in the home setting, and teaching caregivers injury prevention methods. Home visiting is one strategy that shows promise for reducing rates of self-reported and substantiated child maltreatment and use of emergency rooms to treat child injuries.								

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

NPM 7.1 – Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9

Measure Status:	Active	
ESM Subgroup(s):	Children 0 through 9	
Goal:	Train at least 50% of Emergency Medical Technicians to conduct Direct on Scene education (DOSE)	
Definition:	Numerator:	The number of Emergency Medical Technicians that have received DOSE training
	Denominator:	The total number of Emergency Medical Technicians
	Unit Type:	Percentage
	Unit Number:	100
Data Sources and Data Issues:	Health Professional License Office (HPLO) Office of Emergency Medical Services	
Significance:	Training Emergency Medical Technicians to conduct activities associated with DOSE will reduce the risk of unsafe sleep environments in the home of families with pregnant women and infants less than one year of age. First responders have a unique opportunity that nurses, physicians and other providers of care do not; namely, they are able to see families in their home environment and visually assess an infant's sleep environment while educating, not just the mother, but the whole family on ways to reduce risk factors associated with SID/SUID, asphyxia, suffocation, and/or strangulation.	

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

NPM 7.2 – Rate of hospitalization for non-fatal injury per 100,000 adolescents, ages 10 through 19

Measure Status:	Active								
Goal:	Decrease the rate of injury related hospitalizations among children 0-9 years by reviewing all child deaths through the Guam Council on Child Death Review and Prevention								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment</td> </tr> <tr> <td>Denominator:</td> <td>NA</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>10</td> </tr> </table>	Numerator:	Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment	Denominator:	NA	Unit Type:	Count	Unit Number:	10
Numerator:	Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment								
Denominator:	NA								
Unit Type:	Count								
Unit Number:	10								
Data Sources and Data Issues:	Guam Council on Child Death Review and Prevention Annual Report								
Significance:	The Guam Council on Child Death Review and Prevention systematically and comprehensively reviews infant and child deaths using a multi-disciplinary, evidence-based consensus approach. The Council reviews medical records, autopsy report, investigation reports, and other relevant information that is compiled for each death. The Council seeks to identify underlying causes and contributing factors to the infant and child deaths on Guam and develops recommendations to prevent future injuries and deaths. By understanding the etiology of infant and child deaths on Guam, the Council is able to set targeted priorities for prevention efforts.								

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

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

Measure Status:	Active								
Goal:	To ensure that adolescent program participants are receiving education on the importance of a well-visit								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of adolescent program participants (age 15-18 years) who have received education on the importance of a well / preventive health visit in the reporting year</td> </tr> <tr> <td>Denominator:</td> <td>Number of adolescent program participants (age 15-18 years)</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of adolescent program participants (age 15-18 years) who have received education on the importance of a well / preventive health visit in the reporting year	Denominator:	Number of adolescent program participants (age 15-18 years)	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of adolescent program participants (age 15-18 years) who have received education on the importance of a well / preventive health visit in the reporting year								
Denominator:	Number of adolescent program participants (age 15-18 years)								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	Child Health Clinic Report								
Significance:	Adolescence is an important period of development physically, psychologically, and socially. As adolescents move from childhood to adulthood, they are responsible for their health, including an annual preventive well visit which helps to maintain a healthy lifestyle, avoid risky behaviors, manage chronic conditions and prevent disease.								

ESM 10.3 - Number of schools implementing evidence-based or informed anti-bullying practices and/or programs
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

Measure Status:	Active								
Goal:	To increase the number of schools implementing anti-bullying policies, practices, or programs so students receive information about bullying or social emotional/character development to reduce the negative impact on overall health and well-being								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of schools implementing evidence-based or informed anti-bullying practices and/or programs</td> </tr> <tr> <td>Denominator:</td> <td>NA</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>40</td> </tr> </table>	Numerator:	Number of schools implementing evidence-based or informed anti-bullying practices and/or programs	Denominator:	NA	Unit Type:	Count	Unit Number:	40
Numerator:	Number of schools implementing evidence-based or informed anti-bullying practices and/or programs								
Denominator:	NA								
Unit Type:	Count								
Unit Number:	40								
Data Sources and Data Issues:	Guam Department of Education Annual Report/ State of Education Report								
Significance:	Bullying is one type of youth violence that threatens young people's well-being. Bullying can result in physical injuries, social and emotional difficulties, and academic problems. Training school staff and students to prevent and address bullying can help sustain bullying prevention efforts across time.								

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

NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Measure Status:	Active								
Goal:	To increase the number of children with and without special health care needs who have a medical home								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of families reached during community outreaches</td> </tr> <tr> <td>Denominator:</td> <td>N/A</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of families reached during community outreaches	Denominator:	N/A	Unit Type:	Count	Unit Number:	100
Numerator:	Number of families reached during community outreaches								
Denominator:	N/A								
Unit Type:	Count								
Unit Number:	100								
Data Sources and Data Issues:	DPHSS calendar of community outreaches and sign in sheets								
Significance:	The medical home is best described as a model or philosophy that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety								

ESM 12.1 - Facilitate the dissemination of evidence-based transition resources to health care professionals
NPM 12 – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Measure Status:	Active								
Goal:	To increase the percent of adolescents with and without special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of evidence-based transition resources disseminated</td> </tr> <tr> <td>Denominator:</td> <td>N/A</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>5,000</td> </tr> </table>	Numerator:	Number of evidence-based transition resources disseminated	Denominator:	N/A	Unit Type:	Count	Unit Number:	5,000
Numerator:	Number of evidence-based transition resources disseminated								
Denominator:	N/A								
Unit Type:	Count								
Unit Number:	5,000								
Data Sources and Data Issues:	Mailing lists, quantity of materials distributed								
Significance:	Effective transition of care can promote continuity of developmental and age-appropriate care for adolescents with and without special health care needs								

ESM 12.2 - Number of families/providers who obtain needed support from Neni 311 for a support service.
NPM 12 – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Measure Status:	Active								
Goal:	Increasing utilization of a medical home by increasing access to resources for providers and/or families of CSCHN or non-CSCHN .								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of families/providers who obtain needed support.</td> </tr> <tr> <td>Denominator:</td> <td>Number of families/providers who contact Neni 311.</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of families/providers who obtain needed support.	Denominator:	Number of families/providers who contact Neni 311.	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of families/providers who obtain needed support.								
Denominator:	Number of families/providers who contact Neni 311.								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	Neni 311 log book or database								
Significance:	<p>Neni 311 is a free help line and community network that connects parents and providers with culturally appropriate resources, health care coordination, services and information to maximize healthy growth and development of children and families.</p> <p>Neni 311 is modeled after Help Me Grow which is an evidence-based system that connects at-risk children with the services they need. Help Me Grow builds collaboration across sectors and improve access by identifying gaps and barriers to access.</p>								

ESM 12.3 - Percent of Families that indicate care coordination and family partnerships are working well within their primary or specialty care provide setting
NPM 12 – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care

Measure Status:	Active								
Goal:	To increase the number of families that receive effective care coordination, and are able to partner in decision-making within the primary and/or specialty care provider setting.								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of parents, families, or parents that indicate effective care coordination and family partnerships</td> </tr> <tr> <td>Denominator:</td> <td>Total number of respondents</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of parents, families, or parents that indicate effective care coordination and family partnerships	Denominator:	Total number of respondents	Unit Type:	Percentage	Unit Number:	100
Numerator:	Number of parents, families, or parents that indicate effective care coordination and family partnerships								
Denominator:	Total number of respondents								
Unit Type:	Percentage								
Unit Number:	100								
Data Sources and Data Issues:	CSHCN Survey administered to families and patients within the primary and/or specialty care provider setting. The measure is calculated by comparing the number of favorable responses to survey results questions relating to care coordination and family partnerships to the total number of respondents								
Significance:	This measure is significant because it allows us to monitor the efficacy of activities to improve care coordination and family partnerships. One of the strongest components of the Medical home model is assisting families with coordination health care among the various providers involved in caring for a child with special health care needs.								

ESM 14.1.1 - Number of pregnant women who smoke referred to the Tobacco Quit line
NPM 14.1 – Percent of women who smoke during pregnancy

Measure Status:	Active								
Goal:	To decrease the number of women who smoke during pregnancy								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of women referred to the Tobacco Quit line</td> </tr> <tr> <td>Denominator:</td> <td>N/A</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of women referred to the Tobacco Quit line	Denominator:	N/A	Unit Type:	Count	Unit Number:	100
Numerator:	Number of women referred to the Tobacco Quit line								
Denominator:	N/A								
Unit Type:	Count								
Unit Number:	100								
Data Sources and Data Issues:	Referral log to the Tobacco Quit line								
Significance:	Tobacco smoking and pregnancy is related to many effects on health and reproduction, in addition to the general health effects of tobacco.								

ESM 14.2.1 - Percent of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery

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

Measure Status:	Active								
Goal:	To increase the number of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery</td> </tr> <tr> <td>Denominator:</td> <td>Number of clients enrolled prenatally in the home visitation program who reported smoking at the time of intake</td> </tr> <tr> <td>Unit Type:</td> <td>Percentage</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery	Denominator:	Number of clients enrolled prenatally in the home visitation program who reported smoking at the time of intake	Unit Type:	Percentage	Unit Number:	100
	Numerator:	Number of clients enrolled prenatally in the home visitation program who reported reduction or stoppage of smoking by time of delivery							
	Denominator:	Number of clients enrolled prenatally in the home visitation program who reported smoking at the time of intake							
	Unit Type:	Percentage							
Unit Number:	100								
Data Sources and Data Issues:	MIECHV program								
Significance:	Smoking during pregnancy is a significant risk factor for the mother and her unborn baby, Tobacco smoke reduce oxygen flow to the placenta and exposes the developing fetus to numerous toxins. This increases the risk of spontaneous abortion and ectopic pregnancy. It can also result in poor health outcomes for the newborn, including low birthweight, intrauterine growth restriction, prematurity, birth defects, lung function abnormalities and respiratory symptoms and perinatal mortality.								

ESM 15.1 - Increase awareness of the need for children to be insured
NPM 15 – Percent of children, ages 0 through 17, who are continuously and adequately insured

Measure Status:	Active								
Goal:	To increase the number of children who are adequately insured								
Definition:	<table border="1"> <tr> <td>Numerator:</td> <td>Number of social media posts regarding children's health insurance</td> </tr> <tr> <td>Denominator:</td> <td>N/A</td> </tr> <tr> <td>Unit Type:</td> <td>Count</td> </tr> <tr> <td>Unit Number:</td> <td>100</td> </tr> </table>	Numerator:	Number of social media posts regarding children's health insurance	Denominator:	N/A	Unit Type:	Count	Unit Number:	100
Numerator:	Number of social media posts regarding children's health insurance								
Denominator:	N/A								
Unit Type:	Count								
Unit Number:	100								
Data Sources and Data Issues:	DPHSS website DPHSS Face book								
Significance:	Children who have health insurance have a better chance of being healthy. Having health insurance will allow them the medical care needed for them to stay healthy								

**Form 11
Other State Data**

State: Guam

The Form 11 data are available for review via the link below.

[Form 11 Data](#)