



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

GUAM

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

Title V Federal-State Partnership - Guam

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Margarita Bautista Gay Administrator, margarita.gay@dphss.guam.gov (671) 735-7111	Margarita Gay Administrator, margarita.gay@dphss.guam.gov (671) 735-7111	Zenaida Okada Administrative Assistant Zenaida.Okada@dphss.guam.gov (671) 735-7128

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$757,877
State MCH Funds	\$568,408
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

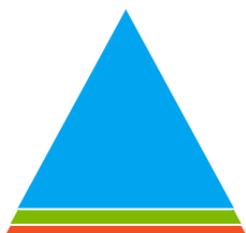
FY 2018 Expenditures



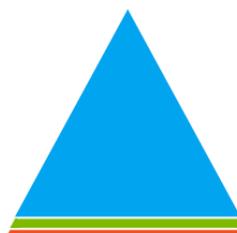
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$682,091	\$613,544
Enabling Services	\$46,540	\$26,576
Public Health Services and Systems	\$29,246	\$13,288

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



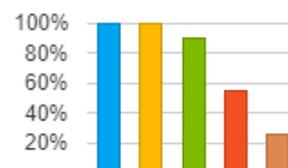
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	\$283,765
Infants < 1 Year	100.0%	\$85,935
Children 1 through 21 Years	90.0%	\$413,617
CSHCN (Subset of all Children)	55.0%	\$407,554
Others *	25.0%	\$0

FY 2018 Expenditures
Total: \$1,190,871



FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

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

State does not have a toll-free hotline.

State did not provide a State Title V Program Website or State Title V Social Media Website.

Selected National Performance Measures

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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	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	Well-Woman Visit	ESM 1.5	Percentage of women in Title X receiving preconception services
NPM 1	Well-Woman Visit	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 4	Breastfeeding	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	Breastfeeding	ESM 4.4	Number of worksites that have created a lactation policy that complies with federal standards.
NPM 4	Breastfeeding	ESM 4.5	Percentage of home visitors trained in breastfeeding best practices
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.1	Number of parents and caregivers receiving car seat education
NPM 7.1	Injury Hospitalization Ages 0 through 9	ESM 7.1.2	Percent of families participating in the evidence-based home visiting program who receive injury prevention education
NPM 7.1	Injury Hospitalization Ages 0 through 9	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 7.2	Injury Hospitalization Ages 10 through 19	ESM 7.2.1	Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment
NPM 10	Adolescent Well-Visit	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	Adolescent Well-Visit	ESM 10.3	Number of schools implementing evidence-based or informed anti-bullying practices and/or programs
NPM 11	Medical Home	ESM 11.1	Conduct outreach to families on availability and benefits of the medical home
NPM 12	Transition	ESM 12.1	Facilitate the dissemination of evidence-based transition resources to health care professionals

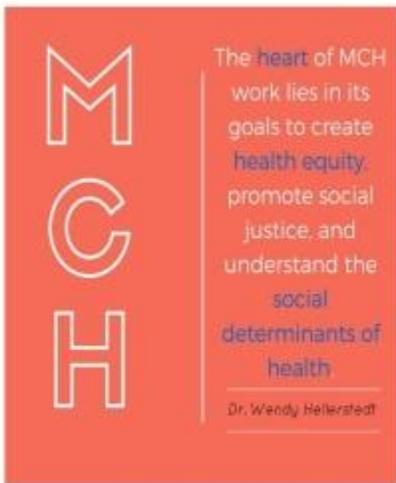
NPM 12	Transition	ESM 12.2	Number of families/providers who obtain needed support from Neni 311 for a support service.
NPM 12	Transition	ESM 12.3	Percent of Families that indicate care coordination and family partnerships are working well within their primary or specialty care provide setting
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Number of pregnant women who smoke referred to the Tobacco Quit line
NPM 14.2	Smoking Household	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 15	Adequate Insurance	ESM 15.1	Increase awareness of the need for children to be insured

State Performance Measures

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

Executive Summary

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.

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.

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.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Guam

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.