



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

**State Narrative for  
Guam**

**Application for 2013  
Annual Report for 2011**



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## **I. General Requirements**

### **A. Letter of Transmittal**

The Letter of Transmittal is to be provided as an attachment to this section.

***An attachment is included in this section. IA - Letter of Transmittal***

### **B. Face Sheet**

The Face Sheet (Form SF424) is submitted when it is submitted electronically in HRSA EHB. No hard copy is sent.

### **C. Assurances and Certifications**

The assurances and certificates are maintained at the Chief Public Health Office at the Department of Public Health and Social Services.

### **D. Table of Contents**

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published January 2012; expires January 31, 2015.

### **E. Public Input**

/2011/

In the beginning of 2009, the new Public Health Approach on Early Childhood Mental Health grant "Project Karinu ("Caring for Babies") was awarded to the Department of Public Health & Social Services (DPHSS). A needs assessment of Guam's resources and needs in the area of early childhood mental health had to be performed as part of the grant.

The Project Karinu Core team members were the Interim Project Director, Project Evaluator, Cultural Linguistic Expert, Technical Assistance Coordinator, and representatives from: BFHNS, BOSSA BPSS, and parent support groups. Some of the topics discussed included barriers to services, gaps between age groups in regards to services by providers, and priorities for CSHCN population.

Many government agencies and organizations are involved in educating parents on the various services and programs available to them. One of these resources is the Parents Information Resource Center (PIRC) which provides parenting skills and child development training. "Project Tinituhon" involved parents in their focus groups to share their views and concerns on young children with signs of social and emotional disorders.

The MCH Program requested for public input by making the MCH grant available on the DPHSS website ([www.dphss.guam.gov](http://www.dphss.guam.gov)) for comments. //2011//

/2012/

On December 10, 2010, the final 2010 Title V Guam MCH Needs Assessment (NA) was placed in the DPHSS Website for any public input and/or comment. A hard copy was available for the public to read or review at the BFHNS Nursing Office. Any comments received from the public for any MCH programs or activities, the PC III with the Director's Office would notify the BFHNS Administrator. CSHCN comments or issues, activities, Home Visiting program activities or

comments, and Project Karinu comments and inquires would be forwarded to the program automatically. The comments will be filed under Public Input with the BFHNS Administrator.

The DPHSS MCH Program will publish Guam's Five-Year MCH Needs Assessment and to disseminate copies to all community partners. MCH Task Force, DPHSS advertised the availability of the MCH Five-Year Needs Assessment Report in the local newspaper and posted it on the DPHSS website.

Also, during the MCH NA Stakeholders meeting with the different focus groups, there was a great deal of input and discussion on various areas of the MCH program. The last stakeholder session brought together 28 stakeholders present at one or more of the first three focus group sessions.

Summaries of the three focus group sessions were disseminated and reviewed at the fourth large priority setting session. Four to six stakeholders in groups were asked to brainstorm a list of needs based on the data presented and their personal experiences with the populations they serve. The groups were also asked to identify emerging problems not yet reflected in the data.

In addition, groups were asked to consider what was already being done effectively to address the problem, what might be some promising opportunities or strategies that are not currently being done, who should be involved in implementing these strategies, and how their organization could help address the need. Finally, groups were asked to think about their own needs in order to contribute to the solution.

Stakeholders who were not able to attend the final session submitted their feedback electronically on the priorities of the State. This was a list of the final priorities that will assist the MCH staff to create State Performance Measures to meet these priorities. Using these common themes and issues, the stakeholders listed the following priorities:

- 1) Increase the percent of women with early entry into prenatal care.
- 2) Decrease the mortality rate of infants.
- 3) Decrease the number of suicides.
- 4) Improve data collection, analysis, and interpretation.
- 5) Increase to at least 70% of mothers who breast-feed their infants at six months.
- 6) Decrease the number of obese children who have a BMI greater than 85% by 10%.
- 7) Improve physical, mental and dental health for adolescents by increasing access to services.
- 8) Update procedures that would increase access and participation of CSHCN.
- 9) Decrease the Chlamydia rate of men/women of all ages as well as other STDs, PID and Syphilis.
- 10) Decrease smoking, alcohol and drug usage, which will in turn decrease low birth, weights, infants born with abnormalities, prenatal drug exposure.

Input into the Title V activities is encouraged throughout the year through involvement of individuals and families in the many advisory groups and task forces as described in Section III E.

The MCH Program is involved with the Guam Early Hearing Detection and Interventions Advisory Board and the BFHNS Administrator is the Chair of the committee is parents are also the Co-Chairs with this Advisory Committee. They voice many views and are very interactive with other parents in this group.

With Project Karinu emphasizes a Family driven Systems of Care concept, which it means there is system with the coordination of care of the children's needs and is family driven in and must focus on the needs of the family first and that provides the direction of the interventions to meet the needs of the child and family. //2012//

***/2013/***

***Among the avenues for public input into the activities supported by the Title V Maternal***

***and Child Health Block Grant is a survey of the families with Children with Special Health Care Needs who utilize the Guam DPHSS Shriners clinics. This survey asks families about their level of satisfaction with the services they have received, the wait times they experienced, how accessible the services were, as well as their impression of the staff who served them. This information is used in evaluating the individual clinics as well as identifying problems that are systemic to the program. In turn this helps identify problem areas that are considered when planning and development of new initiatives are undertaken by the MCH program.***

***DPHSS will explore using Twitter and Facebook as social marketing tools which will enlighten the public about the priorities and funnel information about DPHSS programs out to the public, along with Photo Novellas. The idea behind the Novellas is to "talk story" about Guam's MCH Program via pictures.***

***The data reported in the annual report will be provided to all staff. The new grant application will be presented with highlights of the plans for each population group served. The document itself will be made available for review and comment. The purpose of this meeting will be to solicit feedback from consumers and partners alike, as well as create opportunities for collaboration and better coordination across the different services. Input from this meeting will be incorporated into this document.***

***Most of Guam's MCH staff belongs to a program advisory or workgroup that were formally created. Through regular teleconferences and face-to-face meetings scheduled throughout the year, these advisory or work group members provide voice for program users or clients who tap into the services provided by Guam's programs. Recommendations and input from these groups generally serve to reaffirm our current activities and plans as well as introduce some valuable new ideas such as identifying emerging issues and provide useful feedback for program and policy development.***

***After transmittal to the Maternal and Child Health Bureau, the final version of the Maternal and Child Health Application/Annual Report for FY 2011 will be available on the department Web site. <http://www.dphss.guam.gov/content/bureau-family-health-and-nursing-services>***

***Visitors to the Web site will be able to download the application and will be able to email the program with their comments and questions throughout the year. Hard copies will also be available.***

***The BFHNS wanted to put the application onto the web site earlier, however, due to many conflicting projects, meetings, training, and site reviews the bureau was unable to. A meeting is planned for early August to bring together individuals to review the application and annual report. Their input will be appreciated and will be included in the final application.***

***Planning is under way for 2012 to develop new "Talk Story" forums (i.e. listening sessions, coffee klatches); MCH Program staff will develop a brief road show power point presentation and share all of the current project initiatives that address the top ten MCH Priorities, identified in the Needs Assessment, with stakeholders and families. The Talk Story forums will also serve as an opportunity to share knowledge and expertise, build collaborative partnerships, and encourages an open and ongoing dialogue to address MCH priorities.***

***After the Guam MCH Block Grant Review on August 24, 2012, the MCH staff checked if anyone had a comment on the Guam DPHSS Website on the 2013 MCH Grant Application. So on the week of August 27-30, 2012, there were no recorded comments on the 2013 application.***

***The Guam Early Intervention System (GEIS) had a Newspaper attachment that was published, which included the upcoming events and trainings of the newly Home Visiting Program, Project Bisita i Familia, that included the Healthy Families of America training with the Great Kids Inc. and in November the Parents As Teachers training. The MCH Program Director was also listed as a new member with the Guam Interagency Coordinating Council (ICC) Advisory Board, has the MCH Program representative.***

***The Guam Early Learning Council that is lead by the First Lady of Guam, Mrs. Christine Calvo, and each quarterly Meeting, the MCH Prolgram Director gives a breifing of the 2 early childhood programs: Project Karinu and Project Bisita i Familia. She presents a powerpoint presentation and distributes a short summary of the program's latest progress report of the program, the families that they have within their caseload, the highlightes, trainings, and future plans for the programs to the council members. So the members are aware of the MCH programs and progress they have done. These avenues with the Early Learning Council and other Early Childhood media venues assist the MCH programs in keeping the community aware of the programs and services of the DPHSS has to offer theoughtout the year. //2013//***

## II. Needs Assessment

In application year 2013, Section IIC will be used to provide updates to the Needs Assessment if any updates occurred.

### C. Needs Assessment Summary

/2011/

During the MCH Core Team meeting held in November 2010, members were asked to once again review all the indicators by target population and identify specific themes or similarities that would allow the clustering of specific indicators within the target population. The following are sub-categories and indicators under each population. The orientation and discuss was done with the Core Team to ensure that all members understood the process of the needs assessment and how specific indicator reports were to be completed.

The MCH nursing staff were directed by the BFHNS Administrator to hand count all the Birth Certificates from 2005 to 2009. With the direction of the Administrator other staff was assign to collect data from different agencies and programs, which were related to the Indicators that were assigned to work on. The data collected were also analysis by the data assistant with Guam CEDDERS.

In December 2010, Guam CEDDERS facilitated four stakeholder input sessions. During the session, stakeholders reviewed all previous recommendations and engaged participants in identifying Guam's State Priorities. During the input sessions, a variety of methods were used for assessing the three MCH populations. A brief presentation on the MCH Pyramid, Strengthens that were related with services on Guam's direct health care services; stated the population increase from the projection for military build-up, opportunities for potential new jobs, Family planning services, Shriners' Hospital and Genetics services, Home visiting for post-partum follow-up, , Community health immunization outreaches, and Weakness and Challenges were mentioned were; Insufficient number of doctors, nurses, social workers or specialists to provide direct services, Insufficient funding to support medical s rvices, Lack of State's capacity for resources and technology and strengthen partnerships/collaboration within agencies and programs throughout the community.

During the large stakeholder input session, DPHSS stated their commitment in continuing the collaborative work that was begun as a result of the needs assessment. List of Final Priorities were identified by using these common themes and issues, the stakeholders rank ordered the following priorities:

- 1) Increase the percent of women with early entry into prenatal care
- 2) Decrease the mortality rate of infants
- 3) Decrease the number of suicides
- 4) Improve data collection
- 5) Increase to at least 70% of mothers who breast-feed their infants at six months.
- 6) Decrease the number of obese children who have a BMI greater than 85%.
- 7) Improve physical, mental and dental health for adolescents by increasing access to services.
- 8) Update procedures that would increase access and participation of CSHCN
- 9) Decrease the Chlamydia rate of men/women of all ages as well as other STDs, PID and Syphilis
- 10) Decrease smoking, alcohol and drug usage which will in turn decrease low birth weights, infants born with abnormalities, prenatal drug exposure and improve the reporting of data collection for smoking cessation.

The twenty-eight stakeholders met to provide input on the top MCH needs on Guam. As indicated in the action plans for each State Performance Measure (SPM), specific evaluation and targets were identified and specific timelines are indicated as a measure of monitoring and tracking performance on each objective under each SPM.

The MCHB staff did the review of the document and made a strong recommendation for a Technical Assistance, and they sent Ms. Joan Wrightkin to provide TA. Ms. Wrightkin started the TA session from April 18 to 22, 2011 and they were all held at the DPHSS Central Public Health Center in Mangilao, Guam. So after our TA, the Administrator/MCH Program Director reviewed all the data in the Needs Assessment with the Regional MCH Project Officers, changes were made and submitted it to MCHB.

//2011//

/2012/

This year the MCH Task Force met in January 2012 to review the MCH grant application and review the measures. This discussion was lead by Margarita B. Gay, the MCH Program Director and with the assistance of the Chief Public Health Officer The MCH Task Force members consisted of the; BCDC Guam Immunization Program Manager, the Guam Early Hearing Screening and Detection staff, the BNS WIC program staff, the BFHNS Nursing Supervisor, Family Nurse Practitioner, Community Health Nurse II, the Newborn Screening Coordinator, the Quality Improvement and Assurance staff, the Family Program PC III, the Project Bisita PC III, the Medical Social Workers, and the Office of Vital Statistics Program Coordinator IV. //2012//

/2013/

***The five-year Needs Assessment conducted for the FFY 2011 MCH application identified ten State Priorities. These ten State Priorities remain the same for FFY 2012 application.***

***List of Final Priorities:***

- 1) Increase the percent of women with early entry into prenatal care***
- 2) Decrease the mortality rate of infants***
- 3) Decrease the number of suicides***
- 4) Improve data collection***
- 5) Increase to at least 70% the number of mothers who breast-feed their infants at six months.***
- 6) Decrease the number of obese children who have a BMI greater than 85%.***
- 7) Improve physical, mental and dental health for adolescents by increasing access to services.***
- 8) Update procedures that would increase access and participation of CSHCN***
- 9) Decrease the Chlamydia rate of men/women of all ages as well as other STDs, PID and Syphilis***
- 10) Decrease smoking, alcohol and drug usage, which may decrease low birth weights, infants born with abnormalities, prenatal drug exposure and improve the reporting of data collection for smoking cessation.***

***Beginning with comprehensive needs assessment conducted every five years, States evaluate the needs of their MCH population, assess State resources, and identify priority needs, and specify how they will measure success in meeting these needs. In addition to regularly reporting on a list of National Performance Measures (NPMs), States develop their own State Performance Measures (SPMs) that can assess performance that is not captured by National Performance Measures or that serves to enhance results obtained from National Performance Measures.***

***Changes to the 2010 State Performance Measures***

***In developing the state measures, Guam was working with the MCHB Project Officer attempted to identify intermediate measures for specific aspects of the priorities in order to demonstrate measurable progress within five years.***

- 1. Increase the percent of women with early prenatal care. & Decrease the Chlamydia rate of men/women of all ages as well as other STDs, PID and Syphilis --SPM #1 --The percent of Chamorro women initializing prenatal care in the first trimester.***

- 2. Decrease the mortality rate of infants. & Decrease smoking, alcohol and drug usage which will in turn decrease low birth weights, infants born with abnormalities, prenatal drug exposure and improve the reporting of data collection for smoking cessation --SPM #2 --The rate of Chuukese infant deaths in Guam.**
- 3. Decrease the number of suicides --SPM # 3 --The percent of students in grades 9 through 12 who reported feeling sad or hopeless almost every day for 2 weeks or more during the past 12 months.**
- 4. Improve data collection --SPM #4 --The degree to which Title V cultivates data access and implements and sustains data linking activities.**
- 5. Increase to at least 70% the number of mothers who breast-feed their infants at six months. --SPM #5 --Percent of women breastfeeding their infants at Guam Memorial Hospital Authority and Birthing Center discharge.**
- 6. Decrease the number of obese children who have a BMI greater than 85%. -SPM # 6 - Percent of children ages 12 --19 who self-report that they are overweight or obese.**
- 7. Improve physical, mental and dental health for adolescents by increasing access to services. --SPM # 7 --Percent of adolescents (unduplicated) receiving comprehensive physical and mental health services from the Teen Clinic.**
- 8. Update procedures that would increase access and participation of CSHCN. -SPM # 8 - Increase access to direct and enabling services for Children with Special Health care Needs (CSHCN).**

*There are myriad factors that impact the health of the maternal and child health population, many of which are not within the Title V program's ability to influence. Guam's economy is of great concern -not only because of the impact on families but also because of the loss of capacity in many areas to provide services, including access to health care, to support families.*

*Nonetheless, Title V activities collectively contribute to health outcomes, whether it be an improvement in outcomes, or, with more challenging outcomes, it may be that outcomes did not worsen or would have been more negatively impacted had Title V programs not been present.*

*The majority of general Title V Maternal and Child Health activities focus on primary prevention to support the notion that many health problems are preventable and better stopped before health care resources are needed to address them. In other cases, critical direct care services are missing and Title V serves an important gap-filling role. For children with special health care needs, a focus on wellness requires ensuring that policies in settings outside of health care appreciate the adaptations that are required to include children with disabilities and other conditions in childcare, school, or other prevention strategies, as well as ensuring that their health care is accessible, family centered, integrated, and coordinated.*

*The future of Guam's Title V program will likely bring an increased focus on policy initiatives in order to have the largest impact with few resources. Policy changes, whether in the form of legislation, local ordinances, administrative rules, organizational policies or program policies can be implemented to make the healthy choice the easy one and healthy behaviors the standard. //2013//*

### **III. State Overview**

#### **A. Overview**

//2012//

#### OVERVIEW OF THE STATE

The Island of Guam, is a U.S. Territory, is located 7,500 miles southwest of California. It takes approximately seven hours to arrive in Honolulu, Hawaii, and an additional 17 hours to travel to Washington D.C., via the most direct air route. Guam is neighbors with Australia, the Philippine Islands and the island nation of Japan with three to five hours air travel. Geographically, Guam is the most distant American soil with an indigenous culture dating back more than 2,600 years. As a U.S. territory within the Micronesian region, Guam has relationships with neighboring island communities of the Commonwealth of the Northern Marianas Islands (CNMI), the Republic of Palau (ROP), the Republic of the Marshall Islands (RMI) and the Federated States of Micronesia (FSM). As a result of the Compact of Free Association between the Freely Associated States (FAS) of Republic of Palau (ROP), the Republic of the Marshall Islands (RMI) and the Federated States of Micronesia (FSM), citizens from these islands are allowed unrestricted entrance into Guam for employment, education and health services. The population on Guam according to the Central Intelligence Agency (CIA) Fact Book, Guam's estimated populations stands at about 183,286. Guam is a multi-ethnic, cultural and lingual community with 37% Chamorro (Guam's indigenous population); Filipinos at 26%, Pacific Islanders at 16%, other ethnic groups at 3% and mixed ethnicities at 10%.

The ethnic composition of the population for the most part determines the languages spoken at home and these languages include English 38%, Chamorro 22%, Philippine languages 22%, other Pacific Island languages 7%, Asian language 7% and other languages (2000 Census). Presently, 38% of Guam's households speak English exclusively, 45% speak another language either as frequently as or frequently than English, while 0.7% speak no English at all.

Guam has a relatively young population with a July 2011 estimated age of 29.4 years. The age structure of the Guam population is estimated as 0-14 years at 27%; 15-64 years at 65.5% and 65 years and older at 7.5%. (Source: U.S. Census). Of the total Guam population, the estimated children population from age 0-21 years is at 65,000. The Guam Public School System (GPSS) school year 2009-2010 data shows that it provided free public education to 30,769 students with a public school dropout rate of 6.1. There are 12 high schools and 25 private elementary and middle schools on Guam, thereby; the student population on Guam could be estimated over 75,000 children.

The economy in Guam currently, has of December 2010 the statistics is showing the total number of jobs on Guam has increased, over the last year, by 1,350 or 2.2%. The rate of growth has slowed; in the latest, three quarters total employment increased by less than one percent. Increased employment related to increased visitor arrivals contributed to this year's increase. (Guam Department of Labor's Bureau of Labor Statistics) The hotels and all other services have increased by 110 and 210 jobs, respectively. The Federal employment also increased by 40 this quarter, up by 80 jobs from the prior year. The Government of Guam employment was essentially unchanged in the latest quarter but increased by 150 jobs over the year. (Guam Department of Labor's Bureau of Labor Statistics) Private average hourly earnings, weekly hours paid and weekly earnings were virtually unchanged in the latest quarter. Average hourly earnings increased by 21 cents per hour from \$12.16 in December 2009 to \$12.37 in December 2010. Over the same period, average weekly hours paid increased from 36.1 to 36.4 and average weekly earnings increased from \$439.52 to \$450.554 or by 2.5 %. (Guam Department of Labor's Bureau of Labor Statistics)

The unemployment in Guam for September 2009 was 9.3%, an increase of 1.0% from the September 2007 figure of 8.3% and an increase of 1.9% from September 2006. The number of people unemployed in September 2009 was 6,510, and increase of 1,200 from September 2007,

which showed that the 5,310 individuals unemployed, and an increase of 1,620 individuals in September 2006. (Guam Department of Labor's Bureau of Labor Statistics)

While the unemployment rate went up reflecting an increased number of individuals unemployed, the number of persons employed increased from 61,250 (2006) to 62,800 (2009). Guam's population covered by the survey, 16 years of age and over, has been steadily growing. The number of persons not in the labor force increased from 39,000 in September 2006 to 43,680 in September 2009. (Guam Department of Labor's Bureau of Labor Statistics)

A major area of Housing on Guam has stated that the median price of a single family home skyrocketed 18 % from a year earlier to \$260,000. The median Guam home is now 53% higher than the national average of \$170,000. Reported from the Economic Forecast, 2010 Guam-CNMI Edition, published by First Hawaiian Bank) //2012//

//2013//

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

**Government:** The executive branch consists of a governor and lieutenant governor, who are elected every four years and a cabinet appointed by the governor with the consent of the Guam legislature. The legislative branch includes a unicameral legislature consisting of 15 senators, who are elected every two years, and one non-voting delegate in the U.S. House of Representatives, who is also elected every two years.

Guam elects one non-voting delegate to the United States House of Representatives. U.S. citizens in Guam vote in a straw poll for their choice in the U.S. Presidential general election, but since Guam has no votes in the Electoral College, the poll has no real effect. However, in sending delegates to the Republican and Democratic national conventions, Guam does have influence in the national presidential race. These delegates are elected by local party conventions.

The judicial branch consists of the Federal District Court, in which the presiding judge is appointed by the U.S. president, and a Territorial Superior Court, in which the judges are appointed for eight year terms by the governor and the Guam Supreme Court.

The Supreme Court of Guam is the highest judicial body of the United States territory of Guam. The Court hears all appeals from the Superior Court of Guam and is subject to original jurisdiction only in cases where a certified question is submitted to it by a U.S. Federal Court, the Governor of Guam, or the Guam Legislature. The Supreme Court of Guam is the ultimate judicial authority on local matters, and an appeal of its decisions can only be heard by the Supreme Court of the United States.

The Court is composed of three justices who are appointed by the Governor of Guam and confirmed by the Guam Legislature. Justices serve for life, subject to a retention election every ten years after his/her appointment.

Guam is governed through the Organic Act, which was passed by the U.S. Congress in 1950. Under this legislation, residents born on Guam are considered U.S. citizens. The local laws are aligned with federal laws. Guam is eligible for most federal programs and grants. The main economy of Guam is tourism and the military.

**Population:** According to the 2010 U.S Census, Guam's population is approximately 159,358 people. This is an increase of 2.9% from the 2000 U.S. Census. of 154,805. The island is divided

into 19 villages, which are overseen by mayors and vice-mayors.

According to the 2000 U.S. Census, 40% of the population live in the north, 41% live in the central area and 19% live in the south. The majority of the people live in the northern village of Dededo (28%). The largest ethnic group is the native Chamorros (37%), followed by Filipinos (26%), Pacific Islanders (11%) and Caucasians (10%). English is the main spoken language. Chamorro is the native language.

**Military:** Guam is considered an important military hub because of its strategic location in the Pacific. It is 1,500 miles from Japan, and 2,000 miles from Korea and China. The U.S. Military maintains several installations on Guam: Andersen Air Force Base, Naval Station, Naval Hospital, and Naval Computer and Telecommunications Station (NCTS). This is reflected by the large number of military personnel and their families on the island, which is estimated to be over 12,000. The land owned by the military is approximately 29% of the total land area.

In 2006, the U.S. and Japan signed a unilateral agreement to move the Marine Corps Air Station Futenma in Okinawa to Camp Schwab, another base in Okinawa but in a less populated location. The relocation of 8,000 Marines and their 9,000 dependents to Guam were part of the agreement. Japan had agreed to pay \$6 billion to help relocate the Marines and their families to Guam (PDN, 3/11/12). But the previously expected completion date of 2014 was pushed back (PDN, 9/3/11).

The number of Marines was downsized to 4,700 due to funding issues by both the U.S. and Japan (PDN, 3/11/12). In the latest talks between the Japan and the U.S., 5,000 Marines are now being moved to Guam at a cost of \$8.6 billion (PDN, 4/28/12). The preparation for the buildup has already started on Guam. Some of these projects include wharf improvements at Apra Harbor in Naval Base Guam, the construction of a parking apron on Andersen Air Force Base and the construction of a military working dog facility in Apra Harbor. The construction of a new naval hospital is currently underway.

**Tourism:** Guam's economy is supported mainly from tourism and the U.S. military. The four largest tourist markets are Japan, Korea, Taiwan and China (PDN, 8/16/11). Tourism expenditures represented \$1.2 billion in Guam economy, or 40% of Guam's gross island product. Visitor spending was 95% of this total, producing \$148.9 million in combined payroll, hotel lodging and gross receipts taxes. The majority of Guam's visitors are from Japan and Korea, which account for 90% of the 1.2 million visitors who arrive annually on Guam. Japanese arrivals have been declining since 2008, while Chinese travelers have grown by 29% over 2007. This is the reason why Guam is trying to convince the U.S. Government to allow Russia and China to be included under the Guam-CNMI Visa Waiver Program. Based on research conducted by the Guam Visitors Bureau (GVB), China and Russia may potentially generate \$212.2 million in combined payroll, hotel lodging and gross receipts taxes by 2018. An expanded visa waiver program would create a projected growth for Guam's tourist industry to \$1.5 billion in five years (Marianas Variety, 7/15/11).

The Department of Homeland Security (DHS) granted Guam a parole authority for Russian tourists to enter the island without visas in November 2011 (PDN, 11/25/11) but denied Chinese tourists (PDN, 3/23/12). The parole authority authorizes eligible Russian tourists, who will be evaluated on a case-to-case basis, to visit Guam for up to 45 days as tourists without the need for visas. Russians who wish to visit other parts of the U.S. still will be required to obtain visas in advance of their trips and may not engage in local employment (PDN, 11/25/11). The parole authority went into effect on January 15, 2012 (PDN, 12/24/11).

Guam saw 1,157,993 visitors in 2011, down 3.1% from the previous year's total of 1,195,385 (PDN, 1/20/12). This can be attributed to the 9.0 earthquake, tsunami and nuclear disasters that occurred in Japan in March 2011. It could have been worse. Although Japanese arrivals were down by 7%, arrivals from other markets increased. Visitors from South Korea were up 20%,

Taiwan was up 38%, Hong Kong was up by 51% and China was up 32% (PDN, 3/2/12).

The Micronesian Cruise Association is trying to develop a regional plan to attract more cruise ships to come to Guam and Micronesia. It is a nonprofit organization that is trying to develop a sustainable visitors market from the cruise industry. The first cruise ship to stop on Guam was in 2005 with 1,749 visitors. In 2011, over 11,000 people visited Guam (PDN, 3/10/12).

Economy: According to Benita Manglona, the Administrator for the Department of Administration (DOA), the Government of Guam is facing a \$35 million budget shortfall for the 2012 fiscal year because of millions of dollars in unpaid obligations from previous years (PDN, 2/24/12). This is the reason why the executive branch is consolidating agencies, implementing layoffs, cutting expenditure and placing a 15% budget reserve at all agencies. The Guam Public Library and the Guam Council on the Arts and Humanities were consolidated with the Department of Chamorro Affairs. Jobs were eliminated from the Department of Public Works. (PDN, 2/24/12). Some of the programs affected were those for senior citizens, whose transportation and meal services were drastically reduced (PDN, 11/1/11).

The Unemployment rate in Guam for March 2012 was 11.8 percent, a decrease of 1.5percentage points from the March 2011 figure of 13.3 percent and an increase of 2.5percentage points from the September 2009 figure of 9.3 percent.

While the unemployment rate went down reflecting a decreased number of persons unemployed, the number of persons employed during the latest period also shows a decrease. Guam's population covered by the survey, 16 years of age and over, has continued to grow. It increased from an estimated 119,720 in March 2011 to 120,810 in March 2012. Comparisons of the March 2011 and March 2012 periods show that the unemployment rate generally decreased for nearly all categories. The unemployment rate for Adult Men and Veterans increased slightly from 10.0 percent to 10.5 percent and 7.3 percent to 8.0percent respectively. (DOL, Release 20012-005)

Guam's Per Capita Income and average (mean) income of persons with income decreased slightly from 2008 to 2010, but mean and median household income increased due to increases in household size and anincreased average number of income earners per household. (DOL, Release 20012-005)

Per Capita Income for 2010 is \$12,864, a decrease of \$225 or 1.7 percentfrom calendar year 2008. Median individual income decreased from \$13,200 in 2008 to \$12,786 in 2010. Per Capita Income statistics for the total non-institutional civilian population includes both those with and without income. The mean income of persons with income in 2010 was \$25,462, a decline of \$17 from 2008's \$25,479. (DOL, 20012-005, published 8/2/12)

Guam's average household income for calendar year 2010 was \$49,263,an increase of \$3,477 or 7.1 percent from calendar year 2008's \$45,786. Median household income increased from \$37,741 in 2008 to \$39,052 in2010. Average household size increased from 3.5 persons per householdin 2008 to 3.8 in 2010. (DOL, Release 20012-005)

DPHSS estimates that 60,000 people on Guam are uninsured or underinsured. Education attainment, employment opportunities, childcare and cost of living may all have contributed to the increased numbers of poor and uninsured people. The Earned Income Tax Credit for taxpayers is federally reimbursed for U.S. States, but Guam has to shoulder the burden itself. The median prices of Guam houses and condos decreased by 25% during the third quarter of 2011 (Marianas Variety, 10/18/11).

Guam lost one of its two shipping companies in November 2011. Horizon Lines cited falling freight rates from China to the U.S. and a rising cost of bunker fuel for their closure on Guam. The Merchant Marine Act of 1920 (also known as the Jones Act) requires that goods shipped between U.S. ports, must be on ships built and registered in the U.S., at least 75% owned by U.S.

companies, and 75% crewed by U.S. citizens. Because of this requirement, it is very expensive to ship to Guam or to the U.S. (PDN, 3/11/12). This leaves only Matson Navigation Co. to manage all of Guam's shipping needs (PDN, 10/26/11). As a result of Horizon Lines departure, the Port Authority of Guam (PAG) could potentially lose about \$200,000 in revenue, from leases and operational costs, a year (PDN, 11/4/11).

The Government of Guam received approval from the Legislature to borrow \$244 million in bonds. The bond was issued in December 2011 to help pay \$198 million in past-due tax refunds, \$16.8 million court mandated cost of living allowance (COLA) payments, and \$26.4 million owed to the Government of Guam retirement fund. The Government of Guam distributed about 30,000 checks at three local malls over a two day period and mailed the remaining 34,675 checks (PDN, 12/6/11). Some of the money owed to taxpayers were garnished from their refund checks to pay for outstanding payments to the Guam Memorial Hospital Authority (GMHA), the Department of Public Health and Social Services (DPHSS), the Attorney General (AG), Guam Housing and Urban Renewal Authority (GHURA), the federal court and the Department of Revenue and Taxation (Rev & Tax). Of the \$9.6 million that were garnished, \$6.4 million went to GMHA and \$800,000 went to the AG to pay for child support (PDN, 12/27/11). Governor Eddie Calvo is trying to borrow an additional \$110 million from bond investors by June 2012. The money will go towards paying \$105 million for 2011 tax refunds, \$25.1 million for retirement contributions by GMHA and debts by DOE, and \$18 million for health insurance (PDN, 3/30/12).

Guam's Consumer Price Index for the fourth quarter of 2011 showed 1.6% increase in food prices, 4.5% increase in housing, 5.5% increase in recreation, 4.7% in fuel prices and 2.9% in services. The Consumer Price Index is a measure of the average change in prices-over time-of goods and services purchased by households. The value of the U.S. dollar on Guam is only 59 cents (PDN, 1/6/12).

The PAG raised their tariffs on February 1, 2011. Most of the tariffs increased by 4%, but some increased by 25%. The increase in fees were needed so that the port could generate enough revenue to repay money that was borrowed for capacity upgrades, which were needed to prepare for the military buildup (PDN, 1/14/12). The PAG's wharf is in very poor condition and is at risk for major failure. The wharf is used to load and unload cargo and passenger ships, and is where 90% of Guam's goods come into the island (PDN, 2/22/12). It will cost between \$40-\$100 million to replace. The U.S. Maritime Administration (MARAD) would like the wharf replaced but PAG would like to do structural repairs instead on the existing structure for \$15 million (PDN, 2/28/12)

Business sales on Guam increased by 6.49% in 2011 over the previous year. According to the Guam Business Activity Report issued by First Hawaiian Bank, nine out of 11 sectors in the report showed an increase over 2010. These sectors included home improvement, insurance hotels, supermarkets, retail, utilities and communications, shipping and restaurants. The decreases were in travel activities and travel agencies (PDN, 1/18/12) The Federal Government's proposed 2013 budget for Guam includes \$140 million for local construction projects, \$101.9 million for military construction projects, \$35 million for the Department of Education (DOE), and \$16 million for compact-impact reimbursement.

Compact of Free Association: The 1986 Compact of Free Association between the U.S., the Federated States of Micronesia (FSM), the Republic of the Marshall Islands (RMI), and the Republic of Palau, that allowed the citizens of these island nations to freely travel and live in the U.S. and its territories, accounts for the significant number of Pacific Islanders on Guam. According to the estimates from the Government of Guam report on the impact of the Compact of Free Association, the population from these regions went from 10,971 in 2000 to nearly 29,614 in 2011 (PDN, 2/26/12). The Compact of Free Association provided for U.S. economic assistance (including eligibility for certain U.S. Federal Programs), defense of the FSM, and other benefits in exchange for U.S. defense and other operating rights in the FSM, denial of access to FSM by other nations, and other agreements. The Compact was renewed in 2003 for another 20 years.

The U.S. Government reimbursed Guam \$16 million for providing services to immigrants from FSM, RMI and Palau in 2011. This amount is grossly inadequate. It costs Guam \$97 million. This amount included \$38 million for education, \$27 million for public safety, and \$32 million for health, welfare and housing (PDN, 3/15/12). The migrant student population numbered 6,559 students in 2011, which is about 21.1% of the total student population compared to 5,073 students in 2010 or 16.5% of the total student population (PDN, 3/14/12).

The Government of Guam believes there's been \$440 million in costs over the past eight years (PDN, 2/25/12). The number of regional migrants using DPHSS clinics has risen over the last several years. In 2005, migrants made up about 33.0% of all Public Health clients. In 2010, the numbers grew to 45.5%. A majority of these were made up of Chuukese (80%) (PDN, 3/15/12).

In recent years, the Guam Police Department (GPD) has seen a rise in the number of people arrested related to alcohol and violence whose ethnic backgrounds are from FSM and Palau. According to a Unified Crime Report for the years 2005-2007, on average, these groups accounted for 40% of DUI arrests, 63% of drunkenness, 43% of aggravated assaults and 30% of assaults even though they only make up 18% of the population.

The Department of Youth Affairs (DYA) was created in 1978 to house juvenile offenders on Guam but changed its mission in 1996 towards juvenile delinquency prevention, treatment and aftercare. Its goals are to enhance and promote leadership skills and citizenship of youths, to increase the number and quality of youth programs and services for youths, to reduce the number of youths entering Family Court, to reduce the number of youths entering the DYA Correctional Facility and to reduce the recidivism rate of youths. In a recent newspaper article (PDN, 3/13/12), it was reported that Chuukese youths make up 34% of DYA clients even though Chuukese only make up 11% of the total population on Guam. Chuukese youths became the most highly admitted ethnic group for the first time in 2011, surpassing Chamorros. The major reason for the drop in Chamorro admissions is that Chamorro teens have gotten better at keeping up with their court orders compared to Chuukese youths according to Guam Attorney General Leonardo Rapadas. Some Chuukese families don't have reliable transportation or working phones. Sometimes Chuukese parents don't understand the consequences of missing court appointments.

For some children, the living conditions at DYA are better than those found in their homes. According to the Attorney General Rapadas, the overrepresentation of Chuukese people in DYA correlates with an overrepresentation of Micronesians in prisons. About 26% of the prison population is from the Freely Associated States.

Public Assistance: There are a number of federal and local public assistance programs available to families who qualify due to their low income levels. As of February 2012, there were 43,700 people receiving food stamps. In 2010, 36,926 people making up 11,595 households were on the food stamp program (PDN, 2/19/12). About \$105.9 million in food stamp benefits were issued in 2011, a 9.5% increase from 2010, in which \$96.7 million were issued. The average on Guam was about \$694 a month, compared to the national average of \$289 according to the fiscal 2010 Supplemental Nutrition Assistance Program (SNAP) State Activities Report (PDN, 4/11/12). Unlike state programs who do not have a limit on the amount of Medicaid dollars they receive, Guam's Medicaid federal reimbursement is capped at \$6.69 million, with a federal matching rate of 50%. Guam also has lower reimbursement rates compared to the states. Because of the difficulties of covering the costs of the basic mandatory set of services, many services and supports that may be needed by children and their families are not covered.

Guam residents are not eligible to receive Supplemental Security Income (SSI), a Federal income supplement program funded by general tax revenues. SSI is to help aged, blind, and disabled people who have little or no income and provides cash to meet basic needs for food, clothing, and shelter. The Medically Indigent Program (MIP) is a 100% locally funded program established by Public Law 17-83 in October 1983 to provide financial assistance with health care cost to

individuals who meet the necessary income, resource, and residency.

The use of government welfare and social services programs has been on the rise, indicating a growing problem of poverty on Guam. There was a 9% increase of households using food stamps and a 2% rise in the number of people on the Temporary Assistance for Needy Families (TANF) Program between 2011 and 2012 (PDN, 4/4/12).

The number of people living below poverty level is relatively high. The percentage of the population living below the poverty level is 23%. According to the Bureau of Labor Statistics, the unemployment rate in Guam in March 2011 was 13.3%, an increase of 4.0% from September 2009 and an increase of 5.0 percentage points from the September 2007 rate of 8.3%. The total number of persons unemployed in March 2011 was 9,970, an increase of 3,460 from the most recent survey of September 2009, in which 6,510 were unemployed (Guam Department of Labor, Bureau of Labor Statistics, News Bulletin, 6/24/11)

There is a shortage of affordable housing on Guam. People who need help in obtaining housing assistance turn to the GHURA. GHURA provides 2,415 vouchers for Section 8 housing, a program that provides for rent vouchers. Clients are allowed to stay in the program indefinitely unless they break the rules or become ineligible for the program. In November 2011, GHURA opened up the waiting list for public housing assistance. More than 5,000 applicants showed up. According to Marcel Camacho, executive director for GHURA, 80% of those on housing assistance are women who head households making about \$14,000 per year (PDN, 11/8/11). The agency did a 2009 housing study that showed that 6,000 units, just for low income, would need to be developed by 2021. The agency is on track to develop 3,000 additional units by 2017.

Homeless Population: Due to the global and local economic downturn, there is a large homeless population on Guam. Guam Homeless Coalition in partnership with Salvation Army conducted a Point-in-Time Homeless Count on January 27, 2011. The U.S. Department of Housing and Urban Development issued "The Point on Time Count" summary report in December 2011. The report states that the number of homeless on Guam rose 6.72% from the 2010 count. However, the number of individuals who were homeless declined 47%. The number of individuals who were counted as homeless in 2010 was 534, and 2011 there were 270 individuals counted.

Utilities: The cost of power, water, trash collection and gas continue to rise on Guam. The Guam Power Authority (GPA) petitioned for a 10.7% base-rate increase over five year in September 2011. On August 1, 2011, power rates increased by 13%. This increase was due to the rising cost of crude oil in Asia. On October 1, 2011, water rates increased by 3%. Gas prices as of March 11, 2012 were \$4.98 per gallon for regular unleaded gasoline.

The Government of Guam opened up a new landfill in the southern part of the island in the village of Inarajan in September 2011 and closed the environmentally hazardous. Ordot Dump (PDN, 12/8/11).

Medical Insurance: The cost of health insurance on Guam has been rising for the past ten years. A few years ago, the Government of Guam gave government employees the option of choosing medical insurance from a variety of health insurance companies like Staywell, SelectCare, Multicover and TakeCare. Currently, only SelectCare offers medical and dental insurance to government employees.

Emergency Medical Services: The Guam Fire Department (GFD) has struggled to maintain its ambulance fleet for the last few years. GFD has 14 ambulances but of those, only three or four are working (PDN, 9/25/11). In September 2011, only three ambulances were available to service the entire island. Because of this situation, a baby died soon after birth because the mother, who went into labor three months early, could not get to a hospital quickly enough. The first ambulance that was sent broke down en route, so another ambulance had to be sent but by this time it was too late to save the baby (PDN, 9/24/11). Guam began leasing four ambulances in October for \$10,000 a month, per vehicle, in an effort to bolster the number of ambulances

available to service the island. GFD now has six ambulances with one ambulance held on standby (PDN, 11/4/11). GFD ordered three more ambulances in March 2012 using \$4240,000 in federal funding supplied by the U.S. Department of Transportation (PDN, 3/20/12).

GFD has contracted LifeQuest Services, a national billing service, to take over the billing for ambulance transports. The company is responsible for generating bills, submitting claims and collecting payments for GFD. PL 29-02 set the transport fee of \$95 for non-emergency transports and \$195 for emergency transports (PDN, 1/27/12).

Guam Memorial Hospital Authority: GMHA is the only provider of emergency and acute care services for civilian residents on Guam. GMHA is required under the local law to treat all patients who come through its doors, regardless of their ability to pay or their medical condition. It has 158 acute care beds and manages 40 licensed long-term care beds at its Skilled Nursing Facility. The beds are usually full to capacity on an almost daily basis and have patients waiting for beds. The emergency room has only one trauma room to handle both adult and pediatric patients. This poses a problem for Emergency Medical Services (EMS) personnel and emergency room personnel when there are multiple traumas involved.

In a recent newspaper article, it was reported that the U.S. Centers for Medicare and Medicaid were initiating a process to terminate GMHA's Medicare provider agreement unless GMHA complied with applicable Medicare participation requirements. GMHA was cited because of the hospital's failure to address deficiencies in meeting healthcare and facility standards and to maintain a physical environment that would assure the safety and well being of the patients. GMHA would no longer receive Medicare reimbursement for services rendered to Medicare patients if it did not perform corrective measures to fix the problems. Medicare is a major source of funding for the hospital. In 2010, it received \$9.8 million from Medicare, which accounted for 22% of the GMHA net patient revenue. (PDN, 6/14/11). Since GMHA cannot refuse patients, the loss of the Medicare funding would strain further the already cash strapped hospital, which already has problems paying its vendors on time, resulting in recurring supply shortages (PDN, 7/14/11).

Lab and supply shortages are causing a safety concern at GMHA. According to a memo by Dr. Annakutty Mathew, a physician at DPHSS and a member of the hospital's Infection Control Committee, to the hospital administration, supply shortages at the hospital's microbiology department had created a patient care and quality care issue. Due to lack of lab supplies, the hospital is forced to send specimens to an outside laboratory. The lab delays have caused some patients to stay at the hospital longer than required, but others have been sent home before tests were finished, then readmitted when the results came back (PDN, 11/24/11)

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) downgraded GMHA's accreditation status from "full accreditation" to "accreditation with follow-up survey" in December 2011. The "accreditation with follow-up survey" rating meant that the hospital needed additional scrutiny because of deficiencies found during previous surveys (PDN, 1/5/12). GMHA was accredited by JCAHO in June 2010 after 30 years of no accreditation. The downgrade was probably due to the fact that GMHA has been dealing with a number of issues that adversely affected its rating. Besides medication and lab supply shortages, there were questionable practices by the nursing and physician staff, the hospital's failure to pay for the employees' retirement fund contributions, building safety and compliance issues, billing and collection issues, and overcrowding (Marianas Variety, 12/13/11). If GMHA lost its accreditation, it would affect Medicare reimbursement because Medicare reimbursement rates are dependent on hospital quality of care. Maintaining JCAHO accreditation is a crucial part of increasing the Medicare funds. The JCAHO accreditation is a legal status authority of Medicare. GMHA remains on the lowest reimbursement schedule in the nation (PDN, 12/13/11). GMHA was returned to full accreditation status in March 2012 and is valid until May 1, 2013 (PDN, 3/15/12).

A new privately owned hospital is being built on Guam in two phases. The first phase will have

120 hospital beds and will cost \$250 million to build. The second phase will have an additional 90 hospital beds. The ground breaking for the new hospital, which will be called Guam Regional Medical City, took place on November 11, 2011. According to Pete Sgro, president of the Guam Healthcare and Hospital Development Foundation, Inc, \$82 million in health care dollars originating from Guam leaves the island economy every year to pay for care at private hospitals outside the island. The first phase of the hospital project is expected to retain 65% of patients now leaving Guam for care (PDN, 11/3/11). The hospital is expected to open in 2014. GMHA can potentially lose \$35 million in revenue as a result of the new hospital. According to Ray Vega, GMHA administrator, the "good payers" (those with private insurance) would move to the new hospital, leaving GMHA with the self-pay, Medicaid, Medicare, and Medically Indigent Program patients. To maintain their status GMHA would need substantial government subsidy (Marianas Variety, 1/18/12).

GMHA was given \$7.56 million (funds from a general application bond that was floated in 2009) to start the formal design process for the expansion of its Emergency Department (ED) and Critical & Intensive Care Unit (CCU-ICU). The ED is expected to expand from 5,400 square feet to 15,000 square feet while the CCU-ICU is expected to go from 2,539 square feet to 7,870 square feet. The ED, which processes 30,000 outpatient visits per year, will have two state-of-the-art Trauma Rooms; two Multipurpose Isolation & Decontamination Room; 12 monitored examination stations; two non-monitored examination stations; one Multipurpose Exam Room; one Multipurpose Suture/Cast Room; one Satellite Laboratory Room; a large, external Permanent Decontamination System; and upgraded Waiting, Triage, Registration, Utility, Storage, Office and Lounge Rooms and Areas. The CCU-ICU saw over 400 patients in 2011. The CCU-ICU will expand from a 10-bed unit to a 15-bed unit (to include two isolation rooms), with most rooms increasing in size from 120 square feet to 200 square feet. The CCU-ICU shall have space to support the following critical functions: Clean and Soiled Utility Rooms; Multipurpose Conference Room; Family Waiting Room; Nourishment and Medication Rooms; Medical Director and Charge Nurse Rooms; MD/RN Lounge; and Medical Supplies and Equipment Storage Rooms (Marianas Variety, 1/18/12). GMH was given \$4 million in compact-impact funding by the Department of Interior to buy medical equipment, supplies, and pharmaceuticals and to pay for outstanding vendor payments (PDN, 2/9/12).

In February 2012, the Governor signed into law, Public Law 31-184 which required the DPHSS to conduct a feasibility study on providing after-hour urgent care services at the Community Health Centers. The committee was to consider three options: extend the hours at CHCs, have private providers rent the space from DPHSS after hours, or pay for patients to go to an outside medical clinic. The committee has been meeting weekly to do the feasibility study. Their findings are due in August 2012.

Health: Guam experienced several infectious outbreaks in 2011. According to the Annual Summary of Notifiable Diseases, Guam -2011, there were seven cases of Pertussis or whooping cough and forty nine (49) cases of Hand, Foot and Mouth Disease. There were a number of patients (3) who caught the mumps in 2011 but not as great as in 2010 when 502 people went down with it. Three cases of dengue fever were reported from persons who travelled to the Philippines (2) and Yap (1). On May 12, 2011, there was a major foodborne outbreak at five public schools in the southern part of Guam. At least 370 students, faculty and staff became ill after eating egg salad sandwiches. All five schools get their food from the same food vendor.

The U.S. Department of Health and Human Services has designated Guam as both a Medically Underserved Area (MUA) and Health Professional Shortage Area (HPSA). The Northern and Southern Region Community Health Centers are under the Bureau of Primary Care Services (BPCS) and are Federally Qualified Health Centers.

While the U.S. has a supply-side shortage of doctors--especially in primary care--the shortage is compounded on Guam by its geographical remoteness and the decline of healthcare

professionals who accept MIP, the local government-funded assistance program that provides health care access for those persons who lack sufficient income. Guam historically and presently addresses the public health care system physician shortage by recruiting off-island doctors to the island, offering one-year contracts, and/or contracting private practice physicians to staff Community Health Centers.

The Northern Region Community Health Center has three full-time doctors (two internists and one pediatrician) and three part-time contractual physicians to serve all patients. An interview with two of the doctors revealed that ideally, the clinic would staff five internists, five gynecologists, five pediatricians, and an additional 30 nurses.

Diabetes is a huge problem on Guam. Diabetes was the fourth leading cause of death on Guam in 2005. Compared to 2000, when it was the seventh leading cause of death. Diabetes is the leading cause of kidney transplants on Guam. It accounted for 63% of cases compared to 40% in the U.S. (PDN, 9/28/11).

Guam has substantially higher cancer rates compared to the U.S. (Pacific Sunday News 6/26/11). According to the Guam Cancer Registry, for 2003-2007, instances of uterine cancer were 49 times higher than U.S. rates, nasopharyngeal cancer rates were 14 times higher, and liver cancer rates are 6.5 times higher. A "Cancer Care on Guam" Forum was held on June 25, 2011 at the Guam Legislature Building to address this problem. Some of the topics that were discussed were the need to improve early detection services and financial assistance for cancer patients. Participants included American Cancer Society, and Guam Cancer Care.

The number of abortions on Guam rose by 10% in 2011 according to GMHA. There were 295 abortions in 2011 compared to 269 in 2010. About 73% of the abortions were performed on single women. Chamorros made up 57%, followed by Filipinos 15% and then Caucasians 9%. (Marianas Variety, 3/9/12).

The Department of Mental Health and Substance Abuse (DMSHA) will soon be charging for their services. They will be submitting a fee schedule to the Guam Legislature in May 2012. The fees are necessary to reduce the department's reliance on the General Fund (PDN, 4/9/12). The Mental Health Parity and Addiction Equity Act requires private health insurance plans to provide equal coverage for mental and physical health services. The University of Guam (UOG) Cancer Research Center received over \$1.6 million from the National Institutes of Health in September 2011. The funding comes as part of a five-year cancer research collaborative between UOG and the University of Hawaii Cancer Center.

Education: The Guam DOE has a total of 40 elementary schools, middle schools and high schools on Guam. There were 31,361 students enrolled in DOE in 2012 (Department of Education, Official Student Enrollment for SY 2011-2012). According to Taling Taitano, the interim Superintendent of the Guam Department of Education, in her State of Public Education address in October 29, 2011, the proficiency rates for the 1,641 students who graduated from DOE in May 2011 was 12% for reading, 6% in language and 1% in math compared to the national average of 24%, 27% and 5% respectively. The dropout rate for public school students was 6.8% in 2011 compared to 6.1% in 2010 (PDN, 10/29/11).

The number of public school students receiving free or reduced-cost lunches increased from 15,500 in 2010 to 16,500 in 2011. This is an increase from 50% to 53% of the total student population. The number of free or reduced-cost lunches in schools is a common measurement of poverty within a community (PDN, 11/3/11). Guam is continuing to phase in parts of President Barack Obama's 2010 Healthy Hunger-Free Kids Act, which regulates what kids eat and the portions they get. Guam cafeterias are seeing more brown rice, less meat, and more fruits and vegetables.

DOE finally hired a new school superintendent. Mr. Jon Fernandez is currently the managing director of the Federal City Council, a nonprofit organization in Washington. He has a master's degree from Harvard University and a law degree from Georgetown University. He arrived on Guam in June.

Office of the Education Suruhanu was abolished. It was created to give a place for people to report when public schools failed to meet basic education standards. The problem with the office was that the Suruhanu only made recommendations. There was no enforcement (PDN, 2/15/12).

The Department of Public Works (DPW) is responsible for providing the bus drivers and school buses for Guam's 38,920 public and private school students (Marianas Variety, 9/2/11). According to the news article, DPW lacked funds to pay for fuel costs, bus drivers and mechanics. DPW had 131 buses in its fleet but only 120 were in operation. They also only had 113 active bus drivers on staff. Because of this shortage, students are sometimes picked up late or not picked up at all. There was an instance where several children were not picked up at their bus stop, so a parent took them to school by walking two miles to the school.

Approximately 1,200 students and 100 staff from Untalan Middle School had to temporarily move out of their Barrigada campus to go to the former John F. Kennedy High School temporary campus in Tiyan. Public Health inspectors found excessive health and safety violations at the school and decided to shut it down (PDN, 1/13/12). Some of the findings included broken baseboards, leaking ceilings, rotting ceiling tiles, ponding water, backed up sewage and broken sidewalks. The buildings at the 50year old Barrigada campus were deemed unsafe and major renovations were required before the school could reopen. It may take as long as two years before the renovations are complete (PDN, 1/4/12)

School Resource Officers (SRO) are now stationed in five public high schools on Guam (PDN, 12/13/11). They started their jobs on February 13, 2012. The SROs are trained law enforcement officers and are responsible for responding to and helping handle criminal activities at the high schools. The SROs are at the schools to create a safe, secure and orderly learning environment for students, teachers, and staff (PDN, 2/14/12). The SROs were hired by the Judiciary of Guam.

DOE has a recurring problem with vandalism in the various schools around the island. Because of the lack of security, schools are easy targets of vandals. The schools incur thousands of dollars of losses each year. Classrooms are damaged, walls are full of graffiti, floors are littered with books and supplies, and computer equipments were destroyed. To address this problem, the Parent-Teacher Organization at V. S. Benavente Middle School were able to raise money to purchase 20 security cameras for two buildings at the school campus. They hope to raise more money to buy an additional 20 cameras for the rest of the campus (PDN, 1/8/12).

The Guam Anti-Bullying Organization (GABO) was founded by three mothers who had experienced the frustration of trying to protect their children from being bullied and were unhappy with the way the issue was being addressed.

GABO is a community organization working to enact true change for the children of Guam, by interacting closely with students, our education system, other bullying prevention programs, and the government, so that no child ever fears going to school because of a bully.

A three day conference was held from October 25-27, 2011 to raise awareness about bullying prevention and intervention in our island community. Guam's First Bullying Conference - BASTA! Bullying Affects Students, Teachers, and All - is organized by our island stakeholders to help address bullying on Guam together as one community

One of the local elementary schools, D. L. Perez Elementary School, has a bullying prevention

program which they started three years ago. During the first year, the staff gave presentations to students on the incidences and occurrences of bullying on campus and the harmful effects of bullying and the reasons why people bully; as well as steps to take to ensure that they receive assistance from adults if bullied. The presentations were tailored to each grade level and given at the beginning of the school year. During the second year, presentations were geared towards parents and U.S. drivers to be sure they knew about bullying and its effects on the students. This year they are incorporating community groups such as Victim Advocates Reaching Out (VARO) and the Healing Hearts Crisis Center. As a result of the program, bullying has significantly decreased at the school. Because of their efforts, the administrators at the school were awarded a certificate of commendation and recognition by the 31st Guam Legislature (PDN, 1/15/12).

Guam DOE has not been able to order new textbooks for the past nine years due to budget constraints. Every school year the Guam Legislature appropriates \$2 million to purchase textbooks. In 2011, Guam DOE used the textbook money instead to pay for their electric bill. DOE did not receive any allotment for 2012. According to Laling Taitano, it will cost DOE \$13 million to stay current with new textbook adoptions. Due to the Government of Guam's poor history of paying vendors on time, vendors will not place an order unless it is paid upfront. According to public law, textbooks that have been in continuous use for seven years need to be replaced. DOE is also required by public law to provide textbooks for private schools (PDN, 2/9/12).

Labor Force: In November 2011, the U.S. Department of Labor recognized the Guam Department of Labor (DOL) as the state apprenticeship agency authorized to oversee the territory's registered apprenticeship system. This allows the Guam DOL to oversee and regulate the registered apprenticeship programs on Guam. Additionally, prospective local sponsors of apprenticeship program would be able to apply directly with the local DOL office instead of having to go to the Hawaii office to be certified. With the creation of the Guam State Apprenticeship Agency, the agency is able to provide services such as reviewing and approving apprenticeship standards; coordinating related instruction with colleges and other training providers; issuing recognized credentials to completers of the apprenticeship program; and providing oversight over all registered local apprenticeship. There are about 650 apprentices in training and 80 apprenticeship programs on Guam (Marianas Variety, 3/20/12).

The Agency for Human Resources Development (AHRD) is bringing back the Guamanian Summer Youth Employment and Training Program after a hiatus of six years. The program will be providing summer employment to 400 economically disadvantaged high school juniors and seniors. Each student will earn at least \$1,000 and will go towards paying for school supplies and clothes.

Law Enforcement: There were more rapes reported per capita on Guam than anywhere else in the country. About 88 rapes are reported each year on Guam according to the 2009 Guam Police Department Unified Crime Report. The U.S. Marshals Service presented GPD, Department of Corrections and Guam Judiciary marshals with a ballistic shield valued at \$1,700.

On September 30, 2011, the Governor enacted and signed into law, Public Law 31-97 entitled "The LaniKate Protehi Y Famagu'on-ta Act " and created a Task Force on the Prevention of Sexual Abuse of Children within the Child Protective Act. The task force will find ways to prevent and reduce child sexual abuse from occurring on Guam, whether by expanding services, treatment and programs, or some other form of intervention which may include educational mean such as school curriculum/programs or school support services. The task force is comprised of members from the courts, DPHSS, DMHSA, AG, DOE, GPD, VARO, Catholic Social Services, Sanctuary, Inc., UOG, and the Guam Coalition Against Sexual Assault and Family Violence.

Legislation: There was a number of new legislation that was passed into law this past year that impacted the MCH population:

(1) PL 31-6 -- repeals the statute of limitations for the prosecution of sex crimes against

children (3/9/11)

(2) PL 31-7 -- provides a two-year window to bring alleged perpetrator to civil court to answer for crimes against persons who were under the age of 18 at the time crime was committed.

(3/9/11)

(3) PL 31-9 - relative to bullying, cyber bullying and sexting. (3/9/11)

(4) PL 31-15 - relative to authorizing the Superintendent of Education to hire maintenance, custodial/janitorial, and cafeteria personnel at the Department of Education. (4/18/11)

(5) PL 31-18 - Abolishes the Office of the Adequate Education Suruhanu (4/8/11)

(6) PL 31-28 - relative to excluding law enforcement personnel, employees and positions from the application of the provision of "Safe Harbor" under the government of Guam's drug-free workplace program; and relative to the definition of law enforcement personnel, employee, or position. (4/18/11)

(7) PL 31-29 - relative to authorizing the Guam Department of Education (GDOE) to enter into a public-private partnership for the management of the maintenance, operation and repair of GDOE facilities. (4/18/11)

(8) PL 31-38 - relative to encompassing internet safety in public education curricula. (4/18/11)

(9) PL 31-39 - relative to creating the Guam Cancer Assistance and Treatment (GCAT) program to bridge the gaps in services for Guam cancer patients. (5/9/11)

(10) PL 31-40 - An act to appropriate sixty million eighty eight thousand nine hundred thirty five dollars (\$60,088,935) to the Guam Department of Education for ongoing and continuing capital improvement projects (CIPs), technology upgrades and equipment projects. (5/16/11)

(11) PL 31-42 - relative to providing additional time to utilize funds for the repair and maintenance of school buses and public safety vehicles, and the reallocation of surplus funds to fund preventative maintenance on school buses. (5/16/11)

(12) PL-31-45 states that students are required to take six years of mandatory course work in Chamorro language and culture in the public middle and high schools. (5/23/11)

(13) PL 31-47 - relative to limiting access and regulating the use of social networking websites, instant messaging and chat rooms by registered sex offenders. (5/23/11)

(14) PL 31-48 - relative to the e-mail addresses of registered sex offenders. (5/23/11)

(15) PL 31-49 - relative to providing the Peace Officer Standards and Training Commission with administrative and professional services necessary for the conduct of its activities. (5/23/11)

(16) PL 31-51 - relative to increasing the penalties for drivers who disregard the safety of school children entering or exiting school buses. (5/23/11)

(17) PL 31-57 -- An act to increase the penalties for drivers who disregard the safety of school children entering or exiting school buses. (5/24/11)

(18) PL 31-62 - relative to establishing the Guam Early Learning Council for Guam's Early Childhood Comprehensive System. (5/24/11)

(19) PL 31-69 - relative to the statute of limitation on crimes of first or second degree criminal sexual conduct. (5/24/11)

(20) PL 31-73 - An act to establish the Administrative Rules and Regulations of the Department of Public Health & Social Services relative to child care facilities and group child care homes. Some of the new rules include increased access and mobility for people with disabilities, decreased ratio between children to each caregiver, and compliance to national standards regarding playground equipment and professional development. (6/2/11)

(21) PL 31-75 - an act to appropriate funds for the operations of the Guam Department of Education for fiscal year ending September 30, 2012, and to provide for the efficient opening of all schools, including F.Q. Sanchez Elementary School, by providing financing for working capital expenditures for the 2011-2012 school year; and for other purposes. (8/4/11)

(22) PL 31-80 - relative to requiring the Department of Education to administer a career information delivery system pilot program to middle and high school students. (9/30/11)

(23) PL 31-89 - prohibits the use of video screens in a motor vehicle while in motion or in a lane of traffic. (9/30/11)

(24) PL 31-90 - relative to placing limitations on the importation of tobacco products. (9/30/11)

(25) PL 31-95 - relative to mandating the electronic remittance of child support payments and withholdings by employers and payroll processors. (9/30/11)

- (26) PL 31-96 - relative to Safe Harbor exemption and restrictions. (9/30/11)
- (27) PL 31-97 - relative to creating a task force on the prevention of sexual abuse of children within the Child Protective Act. (9/30/11)
- (28) PL 31-100 - relative to creating a Safe Schools Program: School Crime Stoppers. (9/30/11)
- (29) PL 31-101 - relative to the prohibition of caffeinated malt beverages. (9/30/11)
- (30) PL 31-102 - relative to prohibiting smoking in a motor vehicle when a child is present. (9/30/11)
- (31) PL 31-103 - relative to creating a central database containing information about repeat offenders who have committed multiple offenses involving domestic/family violence; and to be known as the "Family Violence Registry Act". (9/30/11)
- (32) PL 31-109 - relative to differed pleas for domestic violence abusers. (9/30/11)
- (33) PL 31-110 - relative to updating the Guam Uniform Controlled Substance Act based on the U.S. Drug Enforcement Administration Schedule Listing. (9/30/11)
- (34) PL 31-113 - relative to the Guam Uniform Controlled Substances Act. (9/30/11)
- (35) PL 31-117 aka Senator Edward J. Cruz Medical Referral Mileage Collection Bank Account requires all airline mileage accrued under government travel to be deposited into the Ayuda Foundation's Wings of Life Program. The mileage can then be redeemed by patients and their families to go off island for emergency medical treatment. (9/30/11)
- (36) PL 31-127 - relative to providing business privilege tax exemptions for child care centers and group child care homes, to promote early childhood learning and development opportunities for modern child care (11/17/11)
- (37) PL 31-128 - relative to establishing a scholarship program for economically-disadvantaged students, and providing funding sources for the program; and to cite this act as the "Growing Guam's Work Force Scholarship Program". (11/17/11)
- (38) PL 31-129 -relative to establishing a scholarship program for economically-disadvantaged students, and providing funding sources for the program; and to cite this act as the "Every Child is Entitled to a Higher Education Scholarship Program". (11/17/11)
- (39) PL 31-132 - relative to the off-island Educational Training and Cultural Enhancement Fund, and the Sports Fund for off-island travel; and to establish a Mentoring and Leadership Program for the prevention and cessation of alcohol, tobacco and drugs, to be known as "The Youth Educational Training, Cultural Enhancement and Sports Opportunities Act". (11/17/11)
- (40) PL 31-141 - relative to mandating that healthy foods be sold in vending machines at all Government of Guam buildings. (11/17/11)
- (41) PL 31-143 - relative to providing for the safety of pedestrians who are blind or visually impaired when crossing Guam roadways. (11/17/11)
- (42) PL 31-146 - relative to the establishment, promotion, and maintenance of a comprehensive Guam Emergency Medical and Ambulance Services System. (11/17/11)
- (43) PL 31-149 - relative to sexual harassment complaints. (11/21/11)
- (44) PL 31-155 - requires that parental consent be obtained before a minor can have an abortion. Performing an abortion on an unemancipated minor or an incompetent person is a third-degree felony. (12/29/11)
- (45) PL 31-156 - relative to integrating academic curriculum and career and technical education into the Guam Department of Education's basic curricula; and to be known as the "College and Career Readiness Act". (1/4/12)
- (46) PL 31-158 - relative to education and training facilities and opportunities for individuals with disabilities. (1/4/12)
- (47) PL 31-164 - relative to listing Salvia Divinorum, or Salvinorum A, and certain synthetic drugs as Schedule I substances, and listing Carisoprodol as a Schedule IV substance under the Guam Uniform Controlled Substances Act. (1/4/12)
- (48) PL 31-166 (First Time Home Owner Assistance Program Act) will provide qualified first-time homeowners with a grant of up to \$10,000 toward the purchase or construction of a home. (1/4/12)
- (49) PL 31-171 - relative to requiring convicted sex offenders to submit to DNA profiling. (2/3/12)
- (50) PL 31-174 - relative to the "Most Wanted Delinquent Absent Parent List" and other child

support lists of delinquent obligors. (2/3/12)

(51) PL 31-176 - relative to authorizing the community health centers of the Department of Public Health and Social Services to obtain reimbursement for services rendered to medically indigent program patients. (2/3/12)

(52) PL 31-180 - relative to establishing a scholarship program for economically-disadvantaged students seeking careers in the construction trade, and providing funding sources for the program; and to cite this act as the "Building Guam's Trades Scholarship Program." (2/3/12)

(53) PL 31-181 - relative to establishing the Priority Placement Program for affected employees of the government of Guam resulting from any reorganization or reduction in force initiative of the Executive Branch. (2/3/12)

(54) PL 31-184 -- An act to require the Department of Public Health and Social Services to conduct feasibility study on providing after-hour urgent care services at the Public Health Centers. (2/28/12)

(55) PL 31-189 -- Requires all bicycle operators and passengers under 16 years of age to wear approved bicycle helmets. (2/28/12)

(56) PL 31-194 -- relative to restricting the use of mobile phones while driving a motor vehicle, and providing for public education requirements regarding such restrictions. Drivers are only allowed to use their cellular phones when making emergency calls to GPD or EMS.

***An attachment is included in this section. IIIA - Overview***

## **B. Agency Capacity**

/2011/AGENCY CAPACITY:

The MCH Program is managed by BFHNS in DPHSS. BFHNS conducts women's health clinics, child health clinics, immunizations, CSHCN clinics, general public health nursing services, family planning services, and TB/STD clinics. The services provided in the women's health clinic include prenatal care, postpartum care, family planning services and home visits. The services provided in the child health clinics are well-baby checkups, annual physicals, screenings for the CSHCN program, and hearing testing and immunizations. For general public health nursing services, chronic health screenings are performed at outreaches and home visits. Family planning services include family planning clinics for adolescents, women in their child-bearing years, and male clients. The staff provides counseling services and contraceptives for the clients.

The MCH program collaborates with the various bureaus and programs within DPHSS. One of them is BPCS, which is responsible for the management of the two community health centers, the Northern Region Community Health Center (NRCHC) in Dededo and the Southern Region Community Health Center (SRCHC) in Inarajan. These centers 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 MCH clinics and services that are provided at the community health centers include the Special Kids Clinic, the Child Health Immunization Clinic, Hemophilia Clinics, medical social services, pharmacy services, WIC services, chronic health program services, walk-in urgent care, and Medicaid Program services.

The target population include children 0-11 years old (including 0-11 years old with special health care needs); 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. Ambulatory medical needs of the target population are addressed at the centers.

The primary care and preventive services offered at the community health centers 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, directly observed TB therapy, Early Periodic Screening and Diagnostic Testing (EPSDT) for children, family planning services, cancer screening, communicable disease screening and treatment (HIV, TB, STD), and chronic disease care (hypertension, diabetes, heart disease). The support services offered consist of diagnostic laboratory services, pharmacy services, chest x-rays, vision

screening, community outreach services, health education services, nutrition health services, case management, eligibility assistance, home visiting services, and translation services. The social services available at the community health centers are medical social services, SNAP, MIP, Medicaid and WIC. Public Law 27-30 requires that all Medicaid and MIP recipients seek medical treatment at the community health centers first before going to the hospital or private clinic, but before the patients are advised to go to the hospital for further treatment, they are triaged by the registered nurse or physical prior to releasing them. If they have Medicaid insurance they are advised to seek private providers that accept the Medicaid insurance. This law was passed in order to reduce the costs associated with emergency room visits and to reduce the burden at the hospital. This law caused the NRCHC and SRCHC to be overwhelmed with patients. The community health centers cannot handle the increased load of patients. There are not enough physicians, nurses and other medical providers to meet the demand. The pharmacy is always running out of supplies; the waiting time for patients to be seen is 2-3 hours long; patients are turned away when the maximum capacity is reached; and appointments are scheduled months in advance because of the shortage of staff. The Health Centers don't provide urgent or emergency care, they are a preventative and primary care facilities. The health centers have a limited budget to run their facilities. The fees were increased a few years ago but it is still not enough to meet the needs of the island. There is a sliding fee scale at the health centers. If the patient is unable to pay, the fee is either reduced or waived completely. For every \$1.00 that is spent to care for patients, only \$0.65 is reimbursed. DPHSS has a difficult time recruiting physicians and nurses because of the low salaries and long hours. The facility at NRCHC was expanded two years ago to meet the growing needs of the population but due to the shortage of staff, some rooms are left unused. SRCHC is currently undergoing an expansion of its facility, which will be completed in October 2010. They will have the same problem in regards to the shortage of staff because of the recruitment issue.

The MCH program also collaborates with BCDC. The Immunization Program and the AIDS/HIV/STD Program within BCDC collaborate with BFHNS and the MCH Program on a regular basis. The Immunization Program provides the vaccines that are used to immunize the children seen in the various clinics and village outreaches, and the staff to process the patients. BFHNS provides the staff to manage the Child Health Clinic, the Family Health Clinic, the MD Child Health Clinics and the MCH Walk-In Clinic. The Immunization Program also provides in-services for vaccine updates, orientation training for new vaccines and protocols, and provides the funds for staff to attend national immunization trainings. Patients are offered immunizations twice a week at the Central Public Health facility, and village outreaches are usually held once a week in various locations around the island. Immunization Outreaches are held at health fairs 2-3 times a year at the shopping malls and these vaccines are free to the public, children 0-18 years of age, senior citizens, and CSHCN. When requested, the staff will also do outreaches for at risk populations like the homeless, senior citizens, children with special health care needs, day care providers, and teen organizations.

The MCH Program collaborates with the AIDS/HIV/STD Program, as well as the Family Planning Program, in promoting safe sex practices to prevent pregnancy and sexually transmitted diseases among teens and women who are of child-bearing age. They participate in trainings, health fairs and attend family planning conferences, as well as the annual AIDS Walk. The MCH staff participates in the DYA annual Youth-for-Youth Conference as a presenter on such topics as family planning, STD prevention, and common safe practices. The staff provides clinical services for STD clients and family planning services. The MCH staff is also involved in the TB program by providing skin tests, diagnostic services, treatment for positive and active contacts, and follow-up home visits.

BNS provides nutritional counseling and nutritional services. BFHNS have been partnering with BNS and its WIC Program by holding immunization outreaches at its WIC Clinic once a month. Free immunizations are offered exclusively to children under the WIC Program once a month at Central Public Health or at NRCHC. BNS collaborates with the MCH Program by providing breastfeeding training for the staff, who in turn educates WIC clients and other interested mothers, on the importance and benefits of breastfeeding their children. The WIC staff also provides breastfeeding education to new mothers at GMHA. Follow up home visits are performed by MCH staff to review breastfeeding techniques and concepts. BFHNS co-chairs the Guam

Breastfeeding Coalition, whose members include staff from GMHA, the Sagua Managu Birthing Center, the Guahan Project, private medical clinics, BPSS Medical Social Services, BOSSA Child Protective Services, and WIC Program.

There were a number of new legislation that were passed into law this past year that impacted the MCH population:

(1) Public Law 27-30 (known as the "MIP Law") requires Medicaid and MIP recipients seek medical treatment at the community health centers first before going to the hospital or private clinic. This law was passed in order to reduce the costs associated with emergency room visits and to reduce the burden at the hospital.

(2) Public Law 30-163 prohibits the importation and sale of ingestible tobacco film strips, ingestible tobacco sticks, tobacco hard candies, nicotine lollipops, nicotine lip balm, and nicotine water. This law prevents these tobacco products from reaching consumers under the age of 18 years, to whom they are most aggressively marketed to. It will reduce tobacco-related health care costs.

(3) Public Law 30-156 increases the minimum legal drinking age to 21 years old. This will help prevent alcohol-related deaths and injuries among the youth. (6) Public Law 30-155 increases the penalty for violating the hours of sale provision of the alcoholic beverage control law. The first offense would be \$1,500 and for subsequent offenses, \$2,500, \$3,500, and up to \$10,000. The driver's license would be suspended for not less than 30 days and no more than 90 days for the second offense and revoked for the third offense. This would decrease the opportunity for underage drinking and decrease the opportunity for people to drink and drive. //2011//

/2012/

Agency Capacity:

In 2011 the MCH program continued to collaborate with a number of partners in both government and private sectors. This includes not-for-profit organizations, medical clinics, and the military. The following are just some of the partners that promote the MCH program:

The Bureau of Communicable Diseases and Control (BCDC): This bureau works with the BFHNS and the MCH Program on a daily basis with same mission to prevent communicable diseases to protect the health and well being of the community. The BCDC provides the different programs like the HIV/AIDS/STD program, the Infectious Diseases and Quarantine Program, the Tuberculosis Disease Program and Control, the Immunization program, the Pharmacy services at the Central Public Health Clinic, and the Public Health Emergency Preparedness programs. The BCDC also maintains and manages the Laboratory services for the DPHSS and the community.

The Guam Immunization Program plays a very valuable part with the MCH Program, by providing the vaccines for the children under the MCH program both for the clinic services and the immunization village outreaches for the community. The BFHNS provides the Child Health's clinic, the Family Health clinics, the MD Child health clinic, and the MCH Walk-in immunization clinics. The Immunization Program provides vaccines, some processing staff, and the partnership to provide vaccinations to the community. The Immunization program also provides in-services classes for Vaccine updates, orientation on new vaccines and protocols, and participation in national trainings.

The AIDS/HIV/STD Program continues to be a critical partner with the BFHNS and the MCH program. This program promotes awareness on the consequences of contracting sexual transmitted diseases, HIV and AIDS. The goal for the bureaus and programs is to prevent these disease and work to together to prevent these disease and make the community aware of the screening offered at the DPHSS, the treatment can be done in the Central Public Health centers, and the Community Health Centers. The STD/HIV/AIDS program works closely with the Family Planning program to promote safe Sex practices to prevent pregnancy and sexual transmitted diseases among teens and women at childbearing age. The programs collaborate in different MCH and HIV/AIDS activities throughout the year from the Annual AIDS Walk, trainings, the Public Health Fairs, and Family Planning Conferences.

The Bureau of Nutrition Services (BNS) is one new partner with the MCH program and BFHNS. The Bureau is actively planning and conducting monthly Immunization Outreaches held at their central WIC clinic, which offers their WIC clients to receive required free immunizations on a monthly bases. The BNS bureau also provides Breastfeeding training offered to our MCH staff and nurses, so in turn both bureaus are provide breastfeeding education to all their clients and promote the importance of breastfeeding benefits and proper education needed to the MCH population. The BFHNS Community Health Nurse Supervisor II (CHNS II) provides the DPHSS Breastfeeding Classes to all MCH clients and any other interested mothers. The BFHNS CHNS II is the Co-chairperson for the Guam Breastfeeding Coalition (Susu Leche Coalition) which meets monthly with other women and children partners such as the GHMA's Mother - Baby unit head nurses, the HIV/AIDS Guahan Project, other clinic physicians, Medical Social Workers, Child Protective program staff, other alternate birthing specialist, the WIC program educators, the only Birthing Center on Guam called Sagua Mangue (Birthing House), and other DPHSS programs.

The Women, Infant, and Children (WIC) Program as stated early are daily partners with the MCH program. WIC provides nutritional education and provides WIC vouchers to MCH women and children who qualify for these services. The WIC program provides breastfeeding education at the Postpartum unit at the Guam Memorial Hospital Authority (GMHA), when the new mothers are transferred to their postpartum rooms the breastfeeding mentors WIC and GMHA nurses who are trained as Lactation Consultants are there to greet and educate the moms on the breastfeeding and on "Latching" correctly with their baby. The WIC educators are present every morning Monday to Friday. The WIC staff educators will go to each room to provide breastfeeding education to new mothers. On the weekends and evenings the GMHA OB nurses are present to continue the breastfeeding education. During the BFHNS district nurses Postpartum/Newborn Home visiting, the nurses also providing breastfeeding education after a week or two and assess the mothers on their techniques' and understanding on breastfeeding concepts.

The Bureau of Primary Care Services (BPCS) manages the two Community Health Centers and provides MCH clinics for the MCH population and the community of Guam. They conduct Acute and Primary Care services. They also provide Medical Physicians, nursing staff, laboratory services, pharmacy services, and other DPHSS programs clinics. The Community Health Centers are located on both sides of the island; the southern end (village of Inarajan) and the northern area (village of Dededo) of the island. The centers provide the laboratory services, clinic services, Medical Social Services, Special Kid's Clinic, Hemophilia clinics, child health immunization clinics, pharmacy services, WIC services, Medicaid program services, chronic health program services, and walk-in clinics. The Northern center also houses the BFHNS Island-wide nursing services staff in which they provide home visiting services and immunization services. The BFHNS district nurses are also housed in the northern community Health Center because they can be more accessible and closer to their largest populated villages. The BPCS have been offering Extended Outreach Clinics within the northern part on the island (majority are at-risk population). The BFHNS have partnered with the BPCS staff at their Extended outreaches by providing nursing services for immunization, family planning, and educating the community about MCH services and CSHCN awareness.

The Bureau of Professional Support Services (BPSS) 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. The social workers also assist in holding UCG clinics for potential MCH clients, and work with other programs under the DPHSS.

The Dental Program continues to work with the BFHNS, BPCS, the MCH Program, the Head start Program, the Daycare centers, Immunization program, the WIC program and other programs within the DPHS. The Dental Program partners with the BFHNS and MCH program with their

Monthly Immunization Village Outreaches by providing dental varnish services during the outreach, they do preventative services during some child health or CSHCN specialty clinics, and also provide dental teaching and care to Medicaid and MCH clients.

The Emergency Medical Services are community partners in promoting awareness on emergency medical care to women and children throughout the island. The BFHNS Administrator/MCH program director is an active member with the Emergency Medical Services Commission as a nursing representative. The EMS also works with the MCH program by collaborating in promoting child safety education to all children in Guam.

Other partners that are currently working with the MCH program are the Division of Public Welfare which includes the Bureau of Health Care Financing Administration (BHCFA): Medicaid, Medically Indigent Program (MIP), Bureau of Social Services Administration (BOSSA), Child Protective Services, Foster Care, Government of Guam Department of Education with Guam Early Intervention System (GEIS), Head Start Program, and the Parent Information Resource Center (PIRC), Special Education Program. The Department of Public Works (DPW), which we have worked with for over two years, is the Office of Highway Safety. The Department of Youth Affairs (DYA), Guam Fire Department (GFD) with EMS activities, H1N1 mass immunization, the Guam Housing and Urban Renewal Authority (GHURA) with the Homeless Coalition, the Guam Memorial Hospital Authority (GMHA) with data collection with the MCH program, Breastfeeding, GEHDI, and in-services provided by the Education department, Labor and Delivery Ward, OB Ward and OB Nursery. The Guam Police Department (GPD) and the Division of Traffic Safety with the Child Safety awareness and safety prevention.

The University of Guam (UOG) with the partnership of the Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS) who are directly involved with the Project I Famagu'on Ta, Project Karino and the Project Tinituho. Project Tinituhon (Tee nee tu hon) is a cross-agency Early Childhood Comprehensive System (ECCS) that supports families and the community of Guam in developing young children who are healthy and ready to learn at school entry. The Chamorro word Tinituhon, "the beginning," communicates how Guam embraces "the beginning" of a child's early life experiences ensuring that basic needs are met, to include a feeling of safety and security with a sense of belonging and love, in order to set the stage for young children to grow to become well-adjusted.

The DPHSS and the BFHNS continue work with the School of Nursing at the University of Guam to provide clinical practicum at the different sites and public health nursing preceptors for the students. The MCH Task Force welcomed the membership of the Military Health Department with the Anderson Family Health Services, and US Naval Hospital staff.

This year with the involvement with Project Karinu the DPHSS were introduced to the Not-for-Profit Organizations: like the Autism Community Together (ACT) -- educates parents, professionals, and the general public about autism and its effects. Catholic Social Services (CSS) - serves the poor, the elderly and disadvantaged families and individuals for the entire island Guam. Programs include foster care residential services for children up to 17 years old; emergency protective care for women and children who are victims of family violence; homeless shelter for individuals and families, and residential care and support services for children with significant disabilities ages 5-17 years old. Other groups were the Guam Positive Parents Together, Guam Developmental Disabilities Council and the Guahan Project -- educates the general public about AIDS, the Island Wide Breastfeeding Coalition -- promotes breastfeeding for newborns.

#### Barriers/Challenges

Staffing and activities supported by General Fund monies have been significantly and adversely impacted in the following manner:

1. Local staffing levels have been reduced- vacant positions have not been filled creating added

work burden for remaining staff.

2. Reduced capacity to collect data has impacted the territory's ability to document positive program outcomes and identify and address needed changes.
3. Reduced resources to coordinate services and advocate for vulnerable at-risk MCH populations.
4. Overall reduction in government collaboration to assure information sharing, training and problem solving.

//2012//

/2013/

***The MCH Program is managed by BFHNS in DPHSS. BFHNS conducts women's health clinics, child health clinics, immunizations, Children with Special Health Care Needs (CSHCN) clinics, general public health nursing services, family planning services, and TB and STD clinics. The services provided in the women's health clinic include prenatal care, postpartum care, family planning services and home visits. The services provided in the child health clinics are well-baby checkups, annual physicals, screenings for the CSHCN program, and hearing testing and immunizations. For general public health nursing services, chronic health screenings are performed at outreaches and home visits. Family planning services include family planning clinics for adolescents, women in their child-bearing years, and male clients. The staff provide counseling services and contraceptives for the clients. BFHNS provides mental health services for children under five and provide home visiting services for high risk families.***

***The MCH program collaborates with the various bureaus and programs within DPHSS. One of them is BPCS, which is responsible for the management of the two community health centers, the Northern Region Community Health Center (NRCHC) in Dededo and the Southern Region Community Health Center (SRCHC) in Inarajan. These centers 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 MCH clinics and services that are provided at the community health centers include the Special Kids Clinic, the Child Health Immunization Clinic, Hemophilia Clinics, medical social services, pharmacy services, WIC services, chronic health program services, walk-in urgent care, and Medicaid Program services.***

***The target population include children 0-11 years old (including 0-11 years old with special health care needs); 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. Ambulatory medical needs of the target population are addressed at the centers.***

***The primary care and preventive services offered at the community health centers 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, directly observed TB therapy, Early Periodic Screening and Diagnostic Testing (EPSDT) for children, family planning services, cancer screening, communicable disease screening and treatment (HIV, TB, STD), and chronic disease care (hypertension, diabetes, heart disease).***

***The support services offered consist of diagnostic laboratory services, pharmacy services, chest x-rays, vision screening, community outreach services, health education services, nutrition health services, case management, eligibility assistance, home visiting services, and translation services. The social services available at the community health***

*centers are medical social services, SNAP, MIP, Medicaid and WIC.*

*Public Law 27-30 requires that all Medicaid and MIP recipients seek medical treatment at the community health centers first before going to the hospital or private clinic. This law was passed in order to reduce the costs associated with emergency room visits and to reduce the burden at the hospital. This law caused the NRCHC and SRCHC to be overwhelmed with patients. The community health centers cannot handle the increased load of patients.*

*There are not enough physicians, nurses and other medical providers to meet the demand. The pharmacy is always running out of supplies; the waiting time for patients to be seen is 2-3 hours long; patients are turned away when the maximum capacity is reached; and appointments are scheduled months in advance because of the shortage of staff. The health centers have a limited budget to run their facilities. The fees were increased a few years ago but it is still not enough to meet the needs of the island. There is a sliding fee scale at the health centers. If the patient is unable to pay, the fee is either reduced or waived completely. For every \$1.00 that is spent to care for patients, only \$0.65 is reimbursed.*

*DPHSS has a difficult time recruiting physicians and nurses because of the low salaries and long hours. The facility at NRCHC was expanded two years ago to meet the growing needs of the population but due to the shortage of staff, some rooms are left unused. SRCHC is currently undergoing an expansion of its facility, which will be completed in October 2010. They will have the same problem in regards to the shortage of staff because of the recruitment issue.*

*The MCH program also collaborates with BCDC. The Immunization Program and the AIDS/HIV/STD Program within BCDC collaborate with BFHNS and the MCH Program on a regular basis. The Immunization Program provides the vaccines that are used to immunize the children seen in the various clinics and village outreaches, and the staff to process the patients. BFHNS provides the staff to manage the Child Health Clinic, the Family Health Clinic, the MD Child Health Clinic and the MCH Walk-in Clinic. The Immunization Program also provides in-services for vaccine updates, orientation training for new vaccines and protocols, and provides the funds for staff to attend national immunization trainings. Patients are offered immunizations twice a week at the Central Public Health facility, and village outreaches are usually held once a week in various locations around the island. Immunizations are held at health fairs 2-3 times a year at the shopping malls. When requested, the staff will also do outreaches for at risk populations like the homeless, senior citizens, children with special health care needs, day care providers, and teen organizations.*

*The MCH Program collaborates with the AIDS/HIV/STD Program, as well as the Family Planning Program, in promoting safe sex practices to prevent pregnancy and sexually transmitted diseases among teens and women who are of child-bearing age. They participate in trainings, health fairs and attend family planning conferences, as well as the annual AIDS Walk. The MCH staff participates in the DYA annual Youth-for-Youth Conference as a presenter on such topics as family planning, STD prevention, and common safe practices. The staff provides clinical services for STD clients and family planning services. The MCH staff is also involved in the TB program by providing skin tests, diagnostic services, treatment for positive and active contacts, and follow-up home visits.*

*BNS provides nutritional counseling and nutritional services. BFHNS have been partnering with BNS and its WIC Program by holding immunization outreaches at its WIC Clinic once a month. Free immunizations are offered exclusively to children under the WIC Program once a month at Central Public Health or at NRCHC. BNS collaborates with*

***the MCH Program by providing breastfeeding training for the staff, who in turn educates WIC clients and other interested mothers, on the importance and benefits of breastfeeding their children. The WIC staff also provides breastfeeding education to new mothers at GMHA. Follow up home visits are performed by MCH staff to review breastfeeding techniques and concepts. BFHNS is a member of the Guam Breastfeeding Coalition; other members include staff from GMHA, the Sagua Managu Birthing Center, the Guahan Project, private medical clinics, and other DPHSS entities including Medical Social Services, Child Protective Services, and WIC Program.***

***The BNS manages the WIC Program. The MCH program collaborates with them by providing immunizations to the WIC clients, holding breast feeding classes for prenatal clients, and training to be breast feeding consultants to educate other providers. The MCH staff also hold chronic health screenings at the malls four times a year. Some of the services provided are body mass index measures (BMI), blood pressure screenings, glucose and cholesterol testing and counseling. They do chronic health screenings with different agencies like DPW, GIAA, GPA, PAG and the Governor's Office. They also partner with private and not-for-profit organizations by holding health screening during 5K fun/run activities, employee health days and company health fairs. The MSS staff within BCHS collaborates with the MCH Program by processing clients at Central Public Health and at the CHCs to determine if they are eligible for MCH services. They also assist in the Early Prenatal Care classes, the breastfeeding classes, the parenting classes, the monthly Special Kids Clinic, the Shriners Hospital Outreach clinics, the Hemophilia Clinic, and CSHCN clinics. They are involved in providing AIDS/HIV services, joint home visits, child protective services, and family planning services. They also hold clinics for MCH clients to determine whether they are pregnant or not. If they are pregnant, the women are then referred to a primary care provider to receive early prenatal care.***

***The programs under BCHS are MSS, Health Education, Tobacco Control and Prevention, Hemophilia Program, Homebound and Chronic Program, Breast and Cervical Cancer Early Detection Program and Chronic Disease Prevention and Control Program. The MCH staff collaborates with the MSS staff by organizing and conducting the Special Kids Clinic once a month at the NRCHC. They hold monthly clinics with the hemophilia families by providing health screenings and immunizations. The staff makes sure that the immunization records are up-to-date and provide injury prevention counseling. Twice a year, the MCH and MSS staffs hold special clinics for orthopedic patients. These clinics are conducted by the medical staff from Shriners Hospital for Children Hawaii. The medical staff does consultations, take x-rays, and give referrals for off-island treatment. The MSS staff is responsible for determining eligibility for the MCH program and other public assistance programs. The MSS staff maintains a patient registry for the Hemophilia Program and the Shriners Hospitals as well.***

***With the Tobacco Program, the MCH staff are trained to be tobacco cessation educators. They are now certified to counsel and educate clients on the dangers of tobacco use. As part of the medical record, patients are asked about their tobacco history use. The nurses with the CSHCN Program partner with the social workers from the Homebound/Chronic Care Program. They conduct joint home visits to families that receive services from these two programs. The nursing staff do follow up visits with the patients; doing health screenings and determining if social services are needed.***

***The Dental Program provides free basic dental care to children under 17 years old who meet the income guidelines set forth by DPHSS or are under public assistance programs (Medicaid, MIP, WIC, SNAP, and Head Start) and do not have dental insurance. Basic dental care includes exams, prophylaxis, x-rays, sealants, fluoride, restorations, and extractions. The Dental Program partners with the MCH Program by providing fluoride varnish to children seen at the immunization clinics and outreaches. The Guam Fluoride Varnish Program is for children under six years old who are enrolled in the Head Start***

***Program, attend daycares, receive immunizations at the medical clinics and village outreaches, and those seen in the dental clinic. Dental services are also offered to clients in the CSHCN Program and Hemophilia Program.***

***The Office of Emergency Medical Services (EMS) is responsible for promoting the establishment and maintenance of an effective system of emergency medical services, including the necessary equipment, personnel and facilities to insure that all emergency patients receive prompt and adequate medical care throughout the range of emergency conditions encountered. EMS and the MCH Program are community partners in promoting awareness on emergency medical care to women and children throughout the island. The MCH Program Coordinator is a member of the EMS Commission. They collaborate by promoting child safety education around the island. The other members of the commission include staff from GFD, Federal Fire Department, GPD, GMHA, the Guam Community College (GCC) and pediatric medical offices, as well as a parent from the CSHCN Program. The MCH Program collaborates with EMS by being an advocate for pediatric injury prevention programs such as bicycle safety and playground safety.***

***In 2006, the EMS Commission approved the addition of the EMS for Children Subcommittee within the Commission to review and revise existing EMS Protocols to include pediatric basic life support and advanced life support protocols. The commission is also working to address some emergency medical related issues such as bus emergencies with pediatric injuries.***

***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. Some of the pertinent data they need to report are number of births, deaths, marriages, and divorces. Births can be further broken down to teen births, ethnic groups, marital status, etc. Deaths can be grouped by sex, age, place, race and cause. Marriages can be separated by age and race of bride and groom, education, and the number of times the couple have been married before. Divorces can be reported by the age of the couple, educational background, and residence. Because of a shortage of staff and the lack of equipment to do electronic reporting, OVS has not been able to publish a statistical report since 1997.***

***In October 2010, OVS will finally be able to issue birth, death and marriage certificates as well as marriage licenses electronically. New computer hardware and software will be installed. OVS will be using two programs, the State and Territorial Electronic Vital Event System (STEVE) and the Electronic Verification of Vital Events Nationwide System (EVVE). With STEVE, birth and death records can be copied electronically and paper certificates be printed, certified and issued immediately. This will minimize the wait time for customers as well as allow staff to do other duties besides issue certificates. This will allow the staff to retrieve pertinent data for their reports, as well as provide data for other programs in the departments. Most of the federal grants require some type of data dealing with vital statistics. EVVE will allow other local and federal government agencies, like the Social Security Administration or the U.S. Passport Office, remote access to the system to verify birthdates, decreasing the wait time for their customers as well. The system will also generate money for the department because a fee is charged for using the system.***

***The DPHSS Division of Public Welfare (DPW) is the State Office of the SNAP Program, Medicaid Program, the SCHIP Program, MIP Program, Child Protective Services (CPS), Foster Care, and JOBS Program. A majority of the MCH clients are eligible for these programs because of their low income. DPW collaborates with the MCH Program by making MCH clients aware of the various public assistance programs available to them and to assisting them in obtaining these services. The Bureau of Economic Security (BES) determines if the MCH clients are eligible for the SNAP Program, formerly known as the Food Stamps Program. The Bureau of Health Care Financing Administration (BHCFA)***

**determines the eligibility for the Medicaid, SCHIP or MIP programs. The Bureau of Social Services Administration (BOSSA) provides child protective services and foster care. The Works Section provides information on the JOBS Program.**

**The SNAP Program helps people with low incomes and resources buy the food they need for good health. The Medicaid Program is national public health coverage for low-income individuals, financing health and long term care services for families, people with disabilities, and the elderly. Eligibility is based on a number of factors like age, income, resources, citizenship, or if pregnant, blind, disabled, or aged. The SCHIP Program is a federal program that provides matching funds to states for health insurance to families with children. The program was designed with the intent to cover uninsured children in families with incomes that are modest but too high to qualify for Medicaid.**

**The MIP Program is a 100% locally funded program that was established in 1983 to provide financial assistance with health care cost to individuals who meet the necessary income, resource and residency requirements. Some of the eligibility requirements include (1) must be a Guam resident for at least six months, (2) not eligible for Medicaid or Medicare, (3) a child in foster care, age 18 years and below, and (4) eligible to receive temporary emergency medical or other special care.**

**BOSSA is responsible for child protective services and foster care. They handle child abuse cases, offer emergency shelters for children who are removed from their parents and provide foster care. They are also tasked to inspect day cares around the island. BOSSA collaborates with the MCH Program to prevent child abuse and to promote early childhood mental health wellness. They participate in health fairs, attend child safety training, child abuse training and investigate child abuse cases.**

**The Works Program oversees the JOBS Program, GETP Program, CCA Program and TCCS Program. The JOBS Program is designed to enhance welfare-receiving parents' job skills and opportunities. MCH clients are able to get on-the-job training to obtain the necessary skills to gain employment and to get off public assistance. The Department of the Interior awarded a \$5 million grant to Guam with \$3 million going towards paying for the construction of a Public Health laboratory and office. //2013//**

## **C. Organizational Structure**

/2011/

Organizational Structure:

DPHSS is headed by the Director and Deputy Director. There are five divisions within the department: the Division of Public Health (DPH), the Division of Environmental Health (DEH), Division of Senior Citizens (DSC), Division of Public Welfare (DPW) and the General Administration and Management Support Services. (see Attachment)

The Division of Public Health is overseen by the Chief Public Health Officer in the Chief Public Health Office. DPH includes the (1) Dental Program, (2) Health Professional Licensing Office, (3) Office of Emergency Medical Services, (4) Office of Epidemiology and Research, (5) Office of Planning and Evaluation, (6) Office of Vital Statistics, (7) Bureau of Communicable Disease and Control (BCDC), (8) Bureau of Family Health and Nursing Services (BFHNS), (9) Bureau of Nutrition Services (BNS), (10) Bureau of Professional Support Services (BPSS), and the Bureau of Primary Care Services (BPCS). The MCH and CSHCN programs are managed by the BFHNS Administrator. //2011//

/2012/

This January 2011, the people of Guam elected a new Governor of Guam the Honorable Edward B. Calvo and the Honorable Lt. Governor Ray Tenerio. New leadership took office on January 3, 2011, new cabinet members and a newly elected Senatorial. The mission for this governor is to

better improve our customer services and do the best in what we provide.

The Department of Public Health & Social Services also has a confirmed Director, Mr. James Gillian and a new Deputy Director, Mr. Leo Casil. Finally after 8 years, the Division of Public Health has a full time Chief Public Health Officer Dr. Suzanne Sison, who will oversee the BFHNS, BCDC, BPSS, BNS, BPCS, OVS, EMS/Health Professional Licensing Office, and the Dental Services.

So since March 2011 with the new Director of DPHSS the Organizational Chart is still headed by the new Director, Mr. James Gillian and the new Deputy Director, Mr. Leo Casil. There are still five divisions within the department: the Division of Public Health (DPH), the Division of Environmental Health (DEH), Division of Senior Citizens (DSC), Division of Public Welfare (DPW) and the General Administration and Management Support Services. (see Attachment)

The Division of Public Health is overseen by the new Chief Public Health Officer in the Chief Public Health Officer, Dr. Suzanne Sison. The DPH includes the (1) Dental Program, (2) Health Professional Licensing Office, (3) Office of Emergency Medical Services, (4) Office of Epidemiology and Research, (5) Office of Planning and Evaluation, (6) Office of Vital Statistics, (7) Bureau of Communicable Disease and Control (BCDC), (8) Bureau of Family Health and Nursing Services (BFHNS), (9) Bureau of Nutrition Services (BNS), (10) Bureau of Professional Support Services (BPSS), and the Bureau of Primary Care Services (BPCS). The MCH and CSHCN programs are managed by the BFHNS Administrator.

The Bureau of Family Health and Nursing Services (BFHNS) is managed by the Community Health Nursing Services Administrator, Ms. Margarita Bautista Gay RN.MN., the BFHNS consist of a Nursing staff and a Program staff. The Clinic and District Nursing areas are managed by the Community Health Nurse Supervisor II, Ms. Evangaline RN, NP. The CRHC Clinic consist of 2 NPs, 2 LPNs, 3 RNs, and 5 CNAs and the District Nursing consist of 4 RNs. The BFHNS manages 5 grants : Family Planning grant, MCH grant, Home Visiting grant, Absentance Education grant, Project Karinu grant, and also manages the Medical Records area. The Nursing Office staff consist of Administrative Assistant, 2 Program Coordinator III, and 1 Program Coordinator IV. Project Karinu is managed by the Project Director and 9 staff under the Project. The Family Planning program is coordinated by Mr. Raymond Salas PC III and he also detailed to oversees the Medical Records area and a staff of two Medical Records Clerks. The Project Bisita i Familia, the Home Visiting Program is coordinated by Mr. Roy Candaso PC III and with one Community Program Aide II at this time. The MCH Program is managed by Ms. Margaret Bell the PC IV with the also Project Bisita and the Absentance grant. The Project Karinu grant is managed by the Project Director Ms. Florence Blass and with Lead Family Coordinator, Social Workers, a Mental Health Specialist, and 5 other Systems of care coordinators. The Administrator manages all the programs, clinical services, community health activities and all related grant requirements.

//2012//

/2013/

***DPHSS is headed by the Director and Deputy Director. There are five divisions within the department: the Division of Public Health (DPH), the Division of Environmental Health (DEH), Division of Senior Citizens (DSC), Division of Public Welfare (DPW) and the Division of General Administration Services (DGA). The Division of Public Health is overseen by the Chief Public Health Officer in the Chief Public Health Office. DPH includes the (1) Dental Program, (2) Office of Epidemiology and Research, (3) Office of Planning and Evaluation, (4) Office of Vital Statistics, (5) Bureau of Communicable Disease and Control (BCDC), (6) Bureau of Family Health and Nursing Services (BFHNS), (7) Bureau of Nutrition Services (BNS), (8) Bureau of Community Health Services (BCHS), and the (9) Bureau of Primary Care Services (BPCS). The MCH and CSHCN programs are managed by the BFHNS Administrator.***

***New leadership was sworn in for the Executive and Legislative Branches in January 2011.***

**Republican Governor Eddie Calvo and Lt Governor Ray Tenorio took over for former Governor Felix Camacho and Lt. Governor Mike Cruz. Six new senators were elected among the 15 senators who won seats for the 31st Guam Legislature, which is led by a Democratic majority. A new director, James Gillan, and a deputy director, Leo Casil were appointed to run DPHSS. A Chief Public Health Officer (CPHO) was finally hired after being vacant for seven years. Dr. Suzanne Sison, now oversees the Division of Public Health (DPH).**

**The MCH Program is under BFHNS which is overseen Administrator Margarita Gay. BFHNS includes the Nursing Staff (clinic and district nursing), Medical Records Section and six programs. The programs are MCH, CSHCN, Family Planning, Project Karinu, Project Bisita, SSDI, and Abstinence Education. Project Karinu offers mental health services for children one to five and Project Bisita offers home visiting services to high risk families**

**//2013//**

**An attachment is included in this section. IIIC - Organizational Structure**

## **D. Other MCH Capacity**

*/2011/*

The BFHNS staff include one nursing administrator, 10 full-time registered nurses (RN) and one part-time RN, two licensed practical nurses (LPN), four nurse aides (NA), two program coordinators (PC) and one administrative assistant (AA). All the staff is involved in providing services to MCH Clients. The MCH Program partially funds two RNs, one LPN, one NA, one PC, and one AA. The program also partially funds one social worker and one pharmacy technician from BPSS, and one NA and one medical records clerk from BPCS. All the staff is located in Central Public Health in Mangilao except for the social worker and the two staff from BPCS who are at the NRCHC in Dededo. (See Attachment for Table 6, 7, 8) *//2011//*

*/2012/*

The Bureau of Family Health and Nursing Services provides nursing support to the other Federally Funded programs in the Department of Public Health and Social Services. These programs include the Communicable Disease and Control Program, Tuberculosis Program, Immunization Program, and the Chronic Disease Program. The Community Health Nurses participate in the outreach clinics held for chronic health screening and immunizations. They also conducted health and home assessments for all active Tuberculosis patients on the island. In addition, these Nurses provide disaster nursing support for the Department of Public Health and Social Services.

The Central Clinic Nurses provided nursing support to the following ongoing clinics and programs: Communicable Disease Clinic-Tuberculosis, Hansen's Disease, Leprosy, Sexually Transmitted Diseases, and Immunization Clinics. The Maternal Child Health Clinic provided the following services: Family Nurse Practitioner Well Child health clinics, Women's Health Nurse Practitioner Family Planning and Prenatal Clinics. In addition, the Child Health Pediatrician provides well child and special needs clinics for babies with abnormal newborn screenings.

The new Home Visiting Program that the Bureau of Family Health and Nursing Services has been awarded for the next 4 years, has increase our capacity with learning and implementing a Evidence Based Home Visiting Model to our identified high-risk population in the northern area of Guam. The district nurses will be working with Community Program Aide visitors, Lead Family partners, early childhood programs, early intervention services programs and with at-risk children and families.

The Bureau of Family Health and Nursing Services are charged with overseeing the Karinu grant, an early childhood systems of care grant. This 6 year grant will allow community health workers to case find, identify, and through a licensed child psychologist, treat children 0-5 years old for social, emotional, and developmental disorders. The program is relatively new and has 58clients in its present caseload.

The Children with Special Health Care Needs program, under the MCH program recently lost the staff under that position of Program Coordinator III. This individual resigned and at this moment the position is on hold and we cannot hire at this moment. The Program Coordinator III responsibilities were detailed to other MCH staff after January 2011. This PC III for CSHCN was the individual who coordinated the biannual Shriners' Children's Hospital Outreach clinics on Guam. In addition, the Program Coordinator III attended meetings and trainings for various children with special health care needs conditions. She was a part of the Autism Community group, and the Down's Syndrome Community group. She was instrumental in collecting information for the Child with Special Health Care Needs registry. Due to her absence the CSHCN registry was not found after the PC III vacated and it the MCH Program Director to look at different registries within the department related to CSHNC clients. The registry included patients from the Shriners Clinics, Special Kids clinic, the Medical Social Services as well as patients with special needs referred by families, and the Community Health Nurses as well as the Clinic Nurses from Dededo Primary Care Clinic and the Mangilao Clinics. The Program Coordinator III participated in various community activities such as the Head start Fitness Fair, the Breastfeeding Fair, the Maternal Child Health Fair, and the Child Passenger Safety Fair. During November 2010, the Bureau of Family Health and Nursing Services conducted the annual Healthy Mothers and Healthy Babies Fair held at the Micronesia Mall. Participants included the following: WIC, Immunization program, Medical Social Services, Child Protective Services, Breastfeeding Coalition, Down's Syndrome of Guam, Parent Information Resource Center-PIRC, Guam Early Intervention Services, the Department of Public Works Office of Highway Safety, and the Chronic Disease Program. There were many activities scheduled throughout the fair such as educational activities for children and women, and educational presentations for families in attendance. There were giveaways such as booklets and cars seats for infants and toddlers, and booster seats for children. In January 2010, the booster seat law became effective on Guam. This made it the law on Guam for all children less than 4'9" to use a booster seat. In addition, all passengers in the vehicle have to use seat belts and no passengers are allowed to ride in the back of a pickup truck which is customary for large families and construction workers traveling on Guam's roads. //2012//

*/2013/*

***The BFHNS staff include one nursing administrator, 10 full-time registered nurses (RN) and one full-time NP and a part-time NP, two licensed practical nurses (LPN), 6 certified nurse aides (NA), three program coordinators (PC), one part-time contracted Pediatrician and one administrative assistant (AA). All the staff is involved in providing services to MCH Clients. The MCH Program partially funds two RNs, one LPN, one NA, one PC, and one AA. The program also partially funds one social worker and one pharmacy technician from BPSS, and one NA and one medical records clerk from BPCS. All the staff are located in Central Public Health in Mangilao except for the social worker and the two nursing staff from BPCS who are at the NCHC in Dededo.***

***Project Karinu an Early Childhood Mental Health Initiative project dealing with the target of 0 to 5 years of age children and families with severe mental health disorders. This project's main objective is to provide a Systems of Care Approach to guide the child and the family to meeting their needs and to improve their family outcomes. The staffing consist of Wrap-Around Coordinators, Lead Family Partners, a Mental Health Specialist, a Social Marketer, and a Certified Nurse Aide to assist the home visitors. They involve parents in every working group and they provide training for the parents and families.***

***Culturally and Linguistically Appropriate Services***

***Because Guam is a melting pot, it is paramount that Guam's MCH Program provide services in a culturally, linguistically and developmentally competent manner with people of diverse backgrounds.***

***Guam's Title V Program strives to deliver culturally competent services and this is***

*demonstrated by: following the department's mission statement committing to cultural diversity, developing materials in languages reflecting the needs of the patient population, policies and procedures to address the needs of the population, taking into account factors such as race, age, ethnicity, gender, disability and sexual orientation. Activities funded by MCH include an expectation that all staff have a working knowledge of cultural competence and the ability to conduct their work in a manner that shows consideration for racial and ethnic differences for clients with physical, emotional and mental disabilities.*

*The Guam Office of Minority Health (GOMH) was established December 2009 through Executive Order 2009-06 --Relative to Creating the Guam Office of Minority Health. The mission of the GOMH is to eliminate health disparities on Guam through provision of culturally and linguistically competent services. The GOMH has provided staff development training in Culturally and Linguistically Appropriate Services (CLAS).*

#### **Public Health Accreditation**

*In October 2011, the Department of Public Health and Social Services (DPHSS) took its first steps in preparing for public health accreditation from the Public Health Accreditation Board. The Public Health Accreditation Board (PHAB), an independent organization started in 2007 to begin the accreditation of public health departments and tribal health agencies throughout the country.*

*Managing performance and strengthening accountability have emerged as the prevailing themes confronting public health agencies as expectations continue to rise and resources tighten. Two prominent strategies to strengthen accountability and improve performance across agencies are voluntary accreditation of health departments coupled with continuous quality improvement (QI) and quality assurance (QA).*

*Quality Improvement (QI) is a distinct management process and set of tools and techniques that are coordinated to ensure that departments consistently meet their communities' health needs and strive to improve the health status of their populations. Quality Assurance (QA) is that set of activities that are carried out to set standards and to monitor and improve performance so that the care provided is as effective and safe as possible. A Program Improvement Manager (PIM) was hired in the winter of 2011. The PIM is the lead person for all QI/QAQ activities within the department. A multi-disciplinary internal DPHSS QI/QA Advisory Council has been established to provide guidance, analysis and recommendations that may help the DPHSS efforts to improve the performance and quality of service it provides. The Advisory Council received 30 credit hours in Quality Assurance/Quality Improvement/ Performance Management from the Pacific Island Health Association (PIHOA) and the American Pacific Leaders Council (APNLC). In addition, the Advisory Council received an addition 30 credit hours of training from the HLATTE Management Training under the University of Guam Professional Development and Lifelong Learning Center.*

*For public health departments to reach their full potential, improving the health of the people and communities they serve, high performance, efficiency, and evidence-based practices are critical.*

#### **Western States Genetic Services Collaborative (WSGSC)**

*WSGSC is a multi-state HRSA funded effort to increase the capacity of Alaska, California, Hawaii, Idaho, Oregon, Washington state and Guam to coordinate and increase access to genetic services for children with disorders detected by the newborn screening blood test, birth defects and with other genetic disorders.*

#### **Emergency Preparedness**

*The mission of the Emergency Medical Services (EMS) program in Guam is to reduce both*

***the human suffering and economic loss to society resulting from premature death and disability due to injuries and sudden illness.***

***Emergency preparedness includes all activities, such as plans, procedures, contact lists and exercises, undertaken in anticipation of a likely emergency. The goal of these preparedness activities is to make sure that the government is ready and able to respond quickly and effectively in the event of an emergency.***

***The Bureau of Family Health and Nursing Services participates in many of the planned preparedness exercises Preparedness exercises are designed to test how well the plans and procedures work during simulated emergency situations. Such exercises help the government identify strengths as well as any problems or inadequacies in preparedness plans and procedures so that these can be addressed before, not after, an actual emergency. Public health nurses are fundamental to the successful outcome and rehabilitation of the community.***

***The Guam Department of Public Health and Social Services (DPHSS) is mandated under Emergency Support Function (ESF) 8 (Health and Medical), to assist with mass care and to assure the health and safety of the public during times of disaster and emergency. Nursing resources are essential to DPHSS being able to carry out its mandated responsibilities. The nursing resources activated under these mandates may be used to assist any health care entity or community in Guam that is impacted by a disaster or emergency.***

***Emergency Medical Services and Emergency Medical Services for Children***  
***The mission of the Guam Emergency Medical Services for Children (EMSC) Program is to prevent and reduce child, youth and adolescent disability and death resulting from severe illness and injury.***

***The goals of the EMSC Program are to ensure that state-of-the-art emergency medical care is available for ill or injured children and adolescents, to ensure that pediatric service is well integrated into an emergency medical services system, and to ensure that the entire spectrum of emergency services --including primary prevention of illness and injury, acute care, and rehabilitation --is provided to children and adolescents.***

#### ***Sexual Violence Prevention and Education***

***The program conducts primary prevention education activities addressing rape, sexual abuse and family violence. The program collaborates and networks with coalitions and partner agencies in conducting education and awareness, developing and advocating for policies addressing rape, sexual abuse and family violence prevention.***

#### ***Tobacco Control Program and Supplemental Quit line***

***The program implements a coordinated and comprehensive approach to tobacco control by developing, enforcing and advocating for policies, counter-marketing strategies, cessation programs, surveillance and evaluation. The Quit line connects callers to a trained counselor who can help them develop a personal plan to stop smoking.***

#### ***Home Visiting Program***

***Research indicates that healthy human development is connected to preventing poor outcomes that occur during the youngest years of a child's life. Early health indicators, including birth weight, immunization rates, and parental knowledge and proper child development, all are significant predictors of school performance and social engagement in later years. Problems apparent at this young age have been accurate predictors***  
***Home visiting programs offer voluntary, family-focused services to expectant parents and families with new babies and young children. Home visiting supports the child and family by buffering the effects of risk factors and stress in the family. Evidence shows that when***

**families receive home-based support, their children are born healthier and are less likely to suffer from abuse or neglect.**

**Guam promotes home visitation programs that are based on national "model" program that require specialized training for home visitors to do this important work. All home visitation models have the same goal to promote strong and nurturing parent-child relationships so that babies and young children grow up healthy, happy, safe and ready to learn.**

#### **Systems Development Initiative (SSDI)**

**The Guam MCH Data Integration Project is funded by a 2011-2013 State Systems Development Initiative (SSDI) grant. The project focuses on Title V Health Systems Capacity Indicator #9(A): the ability of States to assure that the Maternal and Child program and Title V agency have access to policy and program relevant information and data.**

**The SSDI project is designed to strengthen system-level data capacity to support the development of systems of care at the community level. The goals of the project include the following: Direct Guam's ongoing Title V Needs Assessment activities with a focus on the Healthy People 2020 Goal, ?Eliminate health disparities for racial and ethnic groups, people with low income, people with disabilities, women, and people in different age groups as compared to the total population.**

**This project will also be able to evaluate the ability of Guam's key MCH data systems to provide the island wide programs with policy and program relevant information and data Strengthen Guam's MCH infrastructure through assurance of the capacity of the MCH data workforce to meet data system development, maintenance, and integration needs. //2013//**

## **E. State Agency Coordination**

/2011/

The MCH program collaborates with a number of partners in both government and private sectors. These include not-for-profit organizations, medical clinics, and the military. The Department of Education has several programs involved with MCH:

a) Guam Early Intervention System (GEIS) provides diagnostic services as well as family support and intervention services for children who have or are at risk of having developmental delays and disabilities. The MCH Program refers patients and GEIS refers patients to the CSHCN Program. GEIS are partners in Project Karinu and Project Bisita.

b) Head Start Program is a national program that 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. The Program provides information to parents about their program at immunization outreaches refers patients to CSHCN and is a partner in DPHSS Project Karinu.

c) Parent Information and Resource Center (PIRC) help implement successful and effective parental involvement policies, programs, and activities that lead to improvements in student academic achievement and that strengthen partnerships among parents, teachers, principals, administrators, and other school personnel in meeting the education needs of children. They are partners in Project Karinu and Project Bisita.

d) Division of Special Education is committed to supporting all exceptional children and youth lead rich, active lives by participating as full members of their school and community. These include both children with disabilities and those who are gifted and talented. They refer patients to CSHCN, counsel parents of special needs children and are involved in Project Karinu.

The Department of Public Works (DPW) Office of Highway Safety and the Guam Police Department (GPD) Division of Traffic Safety are involved in the Child Passenger Safety Program. The Department of Youth Affairs (DYA) is committed to juvenile delinquency prevention, treatment and aftercare. They sponsor the Youth for Youth Conference held every year in which

the MCH staff are participants of by being one of the presenters on health issues. The MCH staff educates the DYA staff on various adolescent health issues, who in turn educate their clients. The MCH staff holds special immunization clinics for DYA clients. DYA are partners in Project Karinu.

The Guam Fire Department (GFD) collaborates with the MCH Program by promoting awareness on child passenger safety through staff training, public education and car seat inspections. They participate in disaster drills and exercises. They also help develop the pediatric emergency protocols. GFD also collaborates with CSHCN in the Special Needs Identification Program (SNIP). The Guam Housing and Urban Renewal Authority (GHURA) help find homes for the homeless population and refer their clients to DPHSS for services.

The Guam Memorial Hospital Authority has always collaborating with MCH Program with data collection and providing services to the MCH population. The staff of GMHA's Labor and Delivery Ward, OB Ward, and Nursery are involved in testing newborn hearing, postpartum newborn referrals, making sure that child passenger car seats are properly placed before newborns are discharged from the hospital, collecting data for the MCH Program, are members of the breastfeeding coalition and are partners in Project Karinu.

The University of Guam (UOG) has several projects with the MCH Program but are not research projects. The following are projects that the MCH Program collaborate with the UOG:

A) The Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS) are partners with individuals with disabilities and their families, agencies, organizations, and service providers to create pathways that enhance, improve, and support the quality of life of individuals with developmental disabilities and their families. The MCH Program staff play a significant part of this process by their involvement in numerous meetings and discussion affecting this populations.

B) The Guam Early Hearing Detection and Intervention Project (GEHDI) established in 2002 to create the Guam's Newborn Hearing Screening and Intervention Program. The overall goal of the Project is to ensure all babies born on Guam receive the following: (1) hearing screening before discharge from the hospital or birthing site, (2) diagnostic audio logical evaluation before 3 months of age; and (3) early intervention services before 6 months of age. They screen newborn hearing and train nurses on how to screen newborns. The MCH staff is on their advisory board. They participate in health fairs.

C) The Project I Famagu'on-ta (Our Children) established to develop a system of care for children-adolescents with severe emotional disturbances and complex mental health needs and their families. They are partners in Project Karinu and Project Bisita.

D) The Project Tinituhon (The Beginning) is an Early Childhood Comprehensive System (ECCS) that supports families and the community of Guam in developing young children who are healthy and ready to learn at school entry. They are part of the Early Learning Council Advisory Board. They provide access to care and a medical home.

E) The School of Nursing and BFHNS nursing staff collaborates by having the nurses' preceptor for the nursing students. The BFHNS nursing staff supervises the nursing students' practicums.

F) The military Family Support groups and the military clinic staff are also involved with the MCH Programs. There are representatives from the Anderson Air Force Base Family Health Services and the US Naval Hospital serve as liaisons in various coalitions taskforces. They are also a valuable partnership with the Family support group in Project Karinu. //2011//

/2012/

The Not-for -profit organizations are also involved in the MCH Program:

a) The Autism Community Together (ACT) educates parents, professionals, and the public about autism and its effects. The MCH staff participates in the autism fair. ACT is a partner in Project Karinu.

b) The Catholic Social Services (CSS) serves the poor, the elderly and disadvantaged families and individuals for the entire island Guam. Programs include foster care residential services for children up to 17 years old; emergency protective care for women and children who are victims of family violence; homeless shelter for individuals and families, and residential care and support services for children with significant disabilities ages 5-17 years old. They refer the homeless to

DPHSS to apply for public assistance and to obtain medical care. They are a member of the homeless coalition.

c) The Guam Positive Parents Together (GPPT) educates the public on the various services available for children with special health care needs. They are partners with various parent support groups.

d) The Guam Developmental Disabilities Council advocates for people with developmental disabilities.

e) The Guahan Project educates the public about AIDS and conducts services and activities to promote awareness of HIV/AIDS prevention.

f) The Island Wide Breastfeeding Coalition promotes breastfeeding for newborns and provides community-partnership to support breastfeeding practices on Guam..

g) Sanctuary, Inc offers temporary safe refuge for troubled teens ages 12 to 17 years olds within the community. They provide shelters within the community for teens that need the support and guides from the project councilors.

Several pediatric medical offices that provide services to MCH clients give referrals to obtain services at DPHSS. They include the FHP Medical Center, the Polymedic Clinic, and the Tumon Medical Office.

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently awarded DPHSS a six-year grant called Project Karinu. The project will develop, implement, and sustain a system of care that promotes young children's mental health, prevents disruption in young children's social and emotional development, and provides direct intervention for young children and their families. The MCH Program will play an important role in managing the grant by being involved in the recruitment of the providers, training, screening, and referral process.

The MCH Program is also involved in another grant called Project Bisita I Familia (Visiting Our Families). This is from the Affordable Care Act in collaboration with the Maternal and Child Health Bureau. Project Bisita established to assist mothers of children under eight years old to develop healthy minds, spirits, and well-being with the help of home visiting practices in the area of early childhood. //2012//

***/2013/***

***The MCH program collaborates with a number of partners in both government and private sectors. These include not-for-profit organizations, medical clinics, and the military.***

***Guam DOE has several programs which collaborate with the MCH Program. (1) Guam Early Intervention System (GEIS) provides diagnostic services as well as family support and intervention services for children who have or are at risk of having developmental delays and disabilities. The MCH Program refers patients and GEIS refers patients to the CSHCN Program. GEIS are partners in Project Karinu and Project Bisita. (2) Head Start Program is a national program that 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. They provide information to parents about their program at immunization outreaches, refer patients to CSHCN and is a partner in DPHSS's Project Karinu. (3) Division of Special Education is committed to supporting all exceptional children and youth lead rich, active lives by participating as full members of their school and community. These include both children with disabilities and those who are gifted and talented. They refer patients to CSHCN, counsel parents of special needs children and are involved in Project Karinu. (4) Parent Information and Resource Center (PIRC) helped implement parental involvement policies, programs, and activities that lead to improvements in student academic achievement and strengthened partnerships among parents, teachers, principals, administrators, and other school personnel in meeting the education needs of children. They specialized in providing support to low income communities, particularly those for whom English is not their first language and performed training, outreach, and home visits. PIRC was an important partner of the MCH Program for many years. The organization had to close its doors in October 2011 after***

*four years of operation when their funding ran out from the U.S. Department of Education (PDN, 9/30/11).*

*The Department of Public Works (DPW) Office of Highway Safety and the GPD Division of Traffic Safety are involved in the child passenger safety program. DYA is committed to juvenile delinquency prevention, treatment and aftercare. They sponsor the Youth for Youth Conference held every year in which the MCH staff are participants of by being one of the presenters on health issues. The MCH staff educate the DYA staff on various adolescent health issues, who in turn educate their clients. The MCH staff hold special immunization clinics for DYA clients. DYA are partners in Project Karinu.*

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*The U.S. Military is also involved in the MCH Program. Representatives from the Anderson Air Force Base Family Health Services and the US Naval Hospital serve as liaisons in various coalitions. They are partners in Project Karinu.*

*Non-profit organizations are also involved in the MCH Program: (1) Alee Shelter is a 24 hour emergency shelter for women ages 18 and older, with or without minor children, who are victims/survivors of family/domestic violence or sexual assault. Clients under five years old are referred to Project Karinu for mental health evaluations. (2) Autism Community Together (ACT) educates parents, professionals, and the general public about autism and its effects. The MCH staff participate in the autism fair. ACT is a partner in Project Karinu. (3) Catholic Social Services (CSS) serves the poor, the elderly and disadvantaged families and individuals for the entire island Guam. Programs include foster care residential services for children up to 17 years old; emergency protective care*

*for women and children who are victims of family violence; homeless shelter for individuals and families, and residential care and support services for children with significant disabilities ages 5-17 years old. They refer the homeless to DPHSS to apply for public assistance and to obtain medical care. They are a member of the homeless coalition. (4) Guam Positive Parents Together (GPPT) educates the public on the various services available for children with special health care needs. They are partners with various parent support groups. (5) Guam Developmental Disabilities Council are advocates for people with developmental disabilities. (6) Guahan Project educates the general public about AIDS. (7) Island Wide Breastfeeding Coalition promotes breastfeeding for newborns. (8) Sanctuary, Inc offers temporary safe refuge for troubled teens ages 12 to 17 years old. There are several pediatric medical offices that provide services to MCH clients and give referrals to obtain services at DPHSS: They include the FHP Medical Center, the Polymedic Clinic, and the Tumon Medical Office.*

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## **F. Health Systems Capacity Indicators**

*/2013/*

*HSCI 01: The rate of children hospitalized for asthma per 10,000 children less than five years of age.*

*The number of children 0-5 years old hospitalized for asthma in 2011 decreased by 33.5% compared to 2010. There is a strong link between asthma and smoking. Pediatricians are now educating parents on the dangers of second hand smoke to their newborns. If a woman smokes while she is pregnant, her baby is at risk of having a respiratory complication during delivery. If the mother continues to smoke around the infant, the infant has a high risk of developing asthma before the age of one.*

*The MCH Program partners with the Guam Tobacco Free Coalition in promoting tobacco prevention. They have been instrumental in getting laws passed which promote a smoke-free Guam. Smoking is now prohibited in government facilities, restaurants, and other public places. In 1999 Guam performed their first SYNAR inspection. SYNAR is a Federal Amendment that requires States to enact and enforce laws prohibiting the sale and distribution of tobacco products to individuals under the age of 18. In 2003, DMHSA established their Tobacco Control Program. In 2004, the DOC was the first government facility to go smoke free. In 2005, the Natasha Protection Act was passed which prohibited smoking in public places except in designated smoking areas, and by regulating smoking in places of employment. In 2007, all Government of Guam agencies went tobacco-free and the Tobacco Quit Line was established. In 2009, smoking was prohibited within 20 feet of an entrance to a public building. In 2010, the Guam Legislature imposed a \$3 tax on a pack of cigarettes. In September 2011, Public Law 31-102 was passed which prohibits smoking in the car in the presence of children under 18 years old.*

*The Behavioral Risk Factor Surveillance System (BRFSS) for Guam contains data on*

**asthma within the adult population. In the 2010 data, 5.2% of the adult population stated they they currently have asthma. This was an increase of 15.55% from the 2007 data that showed 4.5% of the adult population stating that they currently have asthma.**

**Guam's Youth Risk Behavioral Surveillance (YRBS) also has questions pertaining to asthma. In answering the question "Have you ever been told that you have asthma" in 2011, 19.7% of the students answered yes. When asked the same question in 2007, 18.5 % of the students answered yes, an increase of 6.48%.**

**BFHNS collaborates with DPHSS's Guam Tobacco Prevention and Control Program. They are involved in outreach activities which educate the public on the dangers of smoking. BFHNS has two staff trained in smoking cessation. When a client is identified to be a smoker, the client is referred to one of the smoking cessation specialist, who educates the smoker on the dangers of smoking and the benefits of quitting. The specialist also makes the smoker aware of the availability of the Guam Tobacco Quitline, a 24 hour hot line for smokers who wants to quit smoking. The Quitline was established in 2007 for adult smokers and was extended to youths ages 11-17 in February 2012.**

**Household environmental causes for asthma, including tobacco smoke, will be reviewed by Guam's Maternal, Infant, and Early Childhood Home Visiting Program, also known as Project Bisita I Familia.**

**HSCI 02: The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.**

**HSCI 03: The percent State Children Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.**

**Dependent children under the age of 20 years old are enrolled under the Early Periodic Screening Diagnosis and Treatment (EPSDT) program once they are eligible under the Medicaid Program. The Medicaid Program is a 55% federally funded and 45% locally funded program. The EPSDT Program follows a periodicity schedule based on the age of the client. An eligible EPSDT client could have as much as 12 physical exams.**

**The EPSDT program uses the following periodicity schedule: (1) Infancy -three physical examinations: one exam at 0-4 months, one at 5-7 months and one at 8-11 months; (2) Early childhood -three physical examinations: one exam at 12-23 months, one at 2-3 years old and one at 4-5 years old; (3) Late childhood -three physical examinations: one exam at 6-7 years old, one at 8-11 years old and one at 12-14 years old; and (4) Adolescence three physical examinations: one exam at 15-16 years old, one at 17-18 years old and one at 19-20 years old. The number of EPSDT clients who avail of this service is captured through the number of claims received and paid by the BHCFA who administers the Medicaid Program. Only 54 children of the eligible 1,281 children less than one year of age received at least one initial periodic screening.**

**HSCI 04: The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.**

**In 2011, 1,662 of 3,298 (50.4%) pregnant women met the WHO definition of adequate prenatal care (eight or more prenatal visits). This is a 12.1% decrease from 2010. There continues to be a decrease number of pregnant women meeting adequate prenatal care since 2009. Not all birth certificate questionnaires were completely filled out. Some of the reasons for the decline are transportation problems of the clients, a limited number of medical providers seeing prenatal patients, and very few clinics accepting patients with MIP or MAP. Scheduling appointments have been an issue at Central Public Health. Pregnant clients have found it difficult to make appointments via telephone. In addition, there are times when the appointment book is not available.**

**BFHNS participated in the annual Healthy Mothers, Healthy Babies Fair in October. Over 102 families were seen. The importance of early and continuous prenatal care were**

*emphasized to the families. The MCH staff was interviewed by KUAM News in December 2011 on teen pregnancies and family planning services.*

*Central Public Health had 2,926 encounters in the Women's Health Clinic in 2011. There were 1,953 prenatal clients that were screened in the clinic. Of the 388 women that were screened in the Pregnancy Screening Clinic, 159 (41%) initiated their prenatal care in their first trimester. A total of 590 pregnancy tests were performed at Central Public Health. NRCHC and SRCHC had 10,419 encounters in their Women's Health Clinic. The CHCs now have an electronic record system. Their medical records are now computerized thus scheduling patients are easier and more efficient. Pharmacy services will be the next to go electronic so that more prescriptions can be filled and medications can be ordered more efficiently.*

*The CJHCs hired a perinatal care coordinator and begun implementing the "Comprehensive Perinatal Care" program. The perinatal care coordinator conducts the "Comprehensive Perinatal Assessment" to identify financial, health and social service needs of pregnant women. Needs are the prioritized and an individual care plan is developed to improve pregnancy outcomes through intervention that optimizes quality prenatal care. Additionally, the CHCs implemented formal institutional mechanisms/processes such as a new standard of prenatal care policy. This new policy mandated all pregnant women 32 weeks in gestation be referred to Mariana Physician Group for continuous prenatal care and the policy included changes in frequency of prenatal visits so that women do not come as often as they used to. By doing so, this allows CHC providers more appointment time slots to see more women in their first trimester of pregnancy in lieu of women in their 2nd or 3rd trimester. Realizing the gaps in obstetrical and gynecological care is a serious problem; the CHCs also had to redesign the clinic flow to reduce the cycle time of the visit so that more patients can be seen. Thus, the NRCHCV Women's Health Services was "re-engineered" through the establishment of a new "Perinatal Care" unit. With this new unit, there is more space for the perinatal care coordinator and the certified nurse midwives to provide prenatal care services so that the clinic flows more efficiently, thus reducing the cycle time (i.e., time of entry to the time of exist) resulting in more patients seen.*

*The CHCs as a whole had 10,419 encounters in FY'11 for Women's Health, an increase of 7.25% from 2010 encounters. The NRCHC had 7,905 encounters in Women's Health for FY 2011 an increase of 17.05% from 2010 data. The SRCHC however, saw a decrease from the 2011 data of 15.09%*

*There are presently 12 physicians, and four nurse midwives providing prenatal care and delivery. The only clinics accepting MIP/MAP patients are NRCHC and SRCHC. Central Public Health is the only clinic providing free prenatal care for teenagers and those without health coverage that meet income criteria.*

*HSCI 05: Comparison of health system capacity indicators for Medicaid, non-Medicaid and all MCH populations in the State.*

*HSCI 05A: Percent of low birth weight (<2,500 grams)*

*The MCH staff are unable to obtain this data because Medicaid-eligibility of newborns cannot be determined at birth. Children are given Medicaid-eligibility status retroactively. Insurance information is not found on the birth certificates. Newborns are registered on the insurance after the mother delivers and when the mother completes the insurance application. Babies born to mothers, who are receiving Medicaid benefits, are not entitled to Medicaid benefits until the mother registers the child and the State Medicaid Office approves it. GMHA is not notified until three months after the child is born whether the child is covered under Medicaid.*

*There were 217 newborns who weighed less than 2,500 grams at birth out of a total 3,298 births in 2011. This came out to be 6,6%. A lot of pregnant women do not get prenatal care for a variety of reasons. Some lack transportation to get to the clinic, some have a difficult time getting appointments because of the limited number of health care providers who do prenatal care and some cannot afford to pay for the lab tests that are associated with the*

visits.

The GMHA Health Educator has been providing prenatal information and hospital tours to MCH clients. The GMHA Health Educator provides prenatal/newborn care classes twice a month at the hospital for women who are in their last trimester of pregnancy. The BFHNS nursing staff provide early prenatal classes twice a month at Central Public Health to women who are seen at their Women's Health Clinics. BFHNS offers prenatal classes at Central Public Health. DPHSS is the only facility that offers free prenatal services. They have two nurse practitioners who see patients at the Women's Health Clinics. The CHCs do extended outreaches every quarter to accommodate patients who are unable to go to their facilities. The staff hold the clinic on Saturday at one of the villages. They usually go to communities with a large population of low income families. BFHNS will review how patients are being scheduled for the Women's Health Clinic. They will see if appointments can be streamlined so that more patients can be accommodated. BFHNS will see if funding can be found to hire additional physicians and nurses for the program.

**HSCI 5B: Infant deaths per 1,000 live births.**

Low birth weight is a major predictor of infant mortality. Low birth weight infants are more likely than normal weight babies to have health problems during the neonatal period. Low birth weight babies may also suffer more respiratory difficulties and require additional oxygen or mechanical ventilation to breath until their lungs are fully develop. Other problems common in low birth weight infants include neurological problems, weakened immune systems and difficulty regulating body temperature, eating and gaining weight. In addition, low birth weight infants are at higher risk for experiencing Sudden Infant Death Syndrome.

Infant death is high on Guam. There were 44 infant deaths on Guam in 2011 out of 3,298 births. The rate for infant deaths per 1,000 is 13.34 a difference of 6.70 from the 2010 data. In 2010, there were 51 infant deaths, thus the IMR was 14.62 per 1,000 live births. Some of the causes of death were complications due to prematurity, pneumonia, cardiopulmonary arrests and genetic defects.

A women's health status prior to becoming pregnant and between pregnancies is a key factor in her pregnancy outcome. Health promotion activities, freedom from domestic violence, food security, good nutrition, access to primary care and family planning, screening and interventions for risk taking behavior such as smoking and drug abuse, oral health services, and good mental health are all critical to overall good family health. Some of the challenges facing the BFHNS staff include increasing caseloads, decreasing budgets, and climbing costs of materials and lab fees. There are a limited number of private providers willing to see MIP/MAP patients due to delayed payment or nonpayment.

**HSCI 05C: Percent of pregnant women entering care in the first trimester**

There were 1,362 pregnant women who received prenatal care beginning in the first trimester according to OVS. There were 3,298 women who gave birth in 2011. About 41.3% of pregnant women received prenatal care. Birth certificates do not indicate whether mothers are on Medicaid or not.

**HSCI 05D: Percent of pregnant women with adequate prenatal care (observed prenatal visits is greater than or equal to 80% [Kotelchuck Index])**

In 2011, 1,662 of 3,298 (50.4%) pregnant women met the WHO definition of adequate prenatal care (eight or more prenatal visits). This is a 35% decrease from 2010. There continues to be a decrease number of pregnant women meeting adequate prenatal care since 2009. Not all birth certificate questionnaires were completely filled out. Some of the reasons for the decline are transportation problems of the clients, a limited number of medical providers seeing prenatal patients, and very few clinics accepting patients with MIP or MAP. Scheduling appointments have been an issue at Central Public Health.

*Pregnant clients have found it difficult to make appointments via telephone. In addition, there are times when the appointment book is not available.*

*Early Prenatal Care classes are held at Central Public Health twice a month. These classes provide education on various health topics such as pregnancy, nutrition, exercise, dangers of alcohol and drug abuse, breastfeeding and childcare.*

*Under the Affordable Care Act Maternal, Infant and Early Childhood Home Visiting Program of 2010, Guam was required to conduct a statewide maternal, infant and early childhood home visiting needs assessment as a condition for receiving FY 2011 funding. As a result, a community was identified at risk for poor birth outcomes and child development. The needs assessment methodology included analysis of secondary data on maternal and child health, poverty, crime, domestic violence, high school dropout, substance abuse, unemployment and child maltreatment.*

*Home visitation programs offer an effective mechanism to ensure ongoing prenatal education, social support, and linkages with public and private community services. Benefits from this program include an increase in birth weight among infants, fewer emergency room visits, and a decrease in maternal smoking and incidences of child abuse and neglect.*

*HSCI 06A: The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Infants (0 to 1) , HSCI 06B: The percent of poverty level for eligibility in the State's Medicaid and SCHIP programs. - Medicaid Children and 06C: Percent of poverty level for eligibility in the State's Medicaid and CHIP programs doe infants (0-1), children, Medicaid and pregnant women.*

*Guam, by virtue of being a territory and not a state, receives Medicaid funds at a lower rate than the 50 States. Due to the federal Medicaid cap, which severely restricts provision of services to all eligible families, eligibility is determined at 100% of the Federal Poverty Level (FPL). Guam's Medicaid federal reimbursement is capped at \$6.69 million, with a federal matching rate of 50%. Because of the difficulties of covering the costs of the basic mandatory set of services, many services and supports that may be needed by children and their families are not covered. Guam is not eligible to receive SSI. Guam's locally funded MIP provides medical assistance to low-income families who do not qualify for Medicaid. Considered a payer of last resort, MIP currently provides a severely limited health care benefit package.*

*In April 2012, Guam Congresswoman Madeleine Bordallo joined representatives from the other U.S. territories in calling for the reversal of a House Committee's decision to repeal \$6.3 billion in additional Medicaid funding. The funding would have increased the territories' Federal Medical Assistance Percentage (FMAP) from 50% to 55% and helped bridge the current inequality that exists between the states and territories, as well as address the shortfalls caused by the Medicaid Cap.*

*On May 14, 2012, Guam Congresswoman Madeleine Bordallo wrote a letter to Governor Eddie Baza Calvo regarding the more than \$4.5 million in federal Medicaid funds that were available to Guam in Fiscal Years 2009 through 2011 yet were unspent. She further states with the enactment of the American Recovery and Reinvestment Act (ARRA) in 2009 and the Affordable Care Act (ACA) in 2010 provided substantial increases in Medicaid funding for Guam and will ultimately result in a tripling of federal Medicaid assistance by Fiscal Year 2019. She urged DPHSS to explore changes in the way it processes medical claims for Compact Impact migrants. As noted in the GAO report released in 2011 regarding the impacts of the Compacts of Free Association, Compact migrants are eligible to receive Medicaid Coverage for emergency medical treatment. DPHSS has not been filing any Medicaid claims for emergency medical treatment, but instead relies on MIP for health coverage. By shifting coverage for emergency services from MIP to Medicaid, a portion of the unused federal Medicaid funds could be utilized and the federal government would then be responsible for 55% of the financial burden. The resulting savings in MIP could then be reallocated to meet the local matching requirements for Medicaid.*

**HSCI 07A: Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program.**

**No data collected. The Medicaid program does not do presumptive eligibility. Clients are either eligible or ineligible for Medicaid. There is no waiting list. Medicaid program does not pay any services rendered to applicants. However, if the applicant is found eligible, services incurred three (3) months prior to the date of application will be paid provided the services are covered benefits under the Medicaid program.**

**HSCI 07B: The percent of EPDST eligible children aged 6 through 9 years who have received any dental services during the year.**

**EPDST eligible clients needing dental services require prior authorization from the Medicaid Program. However, this was discontinued in 2003 due to staff shortages in the Medicaid Program. The collected data is based on the number of EPDST clients' claims received and paid by the Medicaid Program. The data were based on BHCFA's Annual EPDST Participation Report. The decrease of 6-9 year olds receiving any dental services may be due to the reimplementaion of the prior authorization requirement on June 20, 2011. The prior authorization requirement helps prevent fraud and abuse and over utilization of services.**

**The dental clinic at Central Public Health is the only clinic within DPHSS. There used to be a dental clinic at both NRCHC and SRCHC but because of the inability to hire new staff when existing staff retired or resigned, the clinics were forced to close. DPHSS used to have seven dentists, three clerks, one facilities maintenance staff, one program coordinator and 17 dental health specialists in the dental program. There is only one dentist and seven dental health specialists left. The other dentist is now the Chief Public Health Officer. She still does clinical work when needed in the dental clinic.**

**The Dental Program offers free basic dental care to children under 17 years old. This includes oral exam, prophys, x-rays, fluoride, sealants, restorations, extractions, and prescriptions. They also provide emergency dental services to senior citizens over 55 years old. Appointments used to be scheduled for preventive care but because of the shortage of staff and limited supplies, the dental clinic now only sees patients for emergencies and referrals and a limited number of appointments for preventive care. Patients with Medicaid are referred to private dentists.**

**The Dental Program still does the Guam Fluoride Varnish Program. The staff goes out to the 20 Head Start Centers and applies varnish to the 500 children enrolled there. Daycares used to be included but because of the limited supplies, that is no longer possible.**

**The Dental Program partners with the Immunization Program by attending their village and WIC outreaches and providing fluoride varnish to the children receiving vaccinations. They also participate in health fairs and after school programs. They give dental presentations to schools to promote dental care.**

**Eligibility specialists under BES inform Medicaid-eligible clients with dependent children the availability of the EPDST program. The BHCFA staff do outreaches to inform the public on the availability of EPDST services and other program benefits.**

**The Dental Program will continue referring patients with Medicaid to private dentists. Parents are encouraged to take their children to the dentist for checkups and to have their caries restored. They are educated on the importance of retaining deciduous teeth and to save permanent teeth with root canals rather than to opt for extractions. They are told to stop drinking soda and juices, to limit sugar intake and to brush and floss regularly especially before going to school and before bedtime. The dental staff will continue applying fluoride varnish at Head Start Centers, outreaches and health fairs.**

**HSCI 08: The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.**

*There is no data because Guam is not eligible for SSI. "The Supplemental Security Income (SSI) is a federal cash assistance program that provides monthly payments to low-income aged, blind, or disabled persons in the 50 states, the District of Columbia, and the Northern Mariana Islands. The former federal-state programs of Old-Age Assistance, Aid to the Blind, and Aid to the Permanently and Totally Disabled still operate in Guam, Puerto Rico and the Virgin Islands. These programs are administered at the federal level by the Secretary of Health and Human Services." (Social Security and SSI Statistics by Congressional District, December 2002). SSI was never extended to Guam, Puerto Rico and the Virgin Islands. If Guam had received SSI benefits, clients would not be eligible for food stamps. Guam cannot have both programs.*

*Children with special health care needs under 18 years old are qualified to be seen at the Shriners Outreach Clinic at Central Public Health, when they are offered, if they have medical conditions related to burns and orthopedic problems. There were two outreaches in 2011.*

*Patients with Hemophilia, von Willebrand's Disease and other bleeding disorders are eligible for services in the Hemophilia Program at DPHSS. The Guam Comprehensive Hemophilia Care Program (GCHCP) staff meets once a month to see patients. GCHCP staff is made up of a physician, two nurses, a social worker, and a physical therapist who go over each patient's medical history and discuss the best treatment to manage their conditions. There were 46 patients seen in 2011*

*A Special Kids Clinic is held twice a month at NRCHC. Patients and their families meet with a physician for evaluation and treatment. There were 43 patients that were seen in 2011.*

*Children with metabolic medical conditions were treated at a Genetics Clinic that was held on September 26-30, 2011 at Central Public Health. There were 27 children that were seen. Two Shriners Outreach Clinics were held in 2012, one in January and one in June. A total of 498 children were seen by the medical staff from Shriners Hospital for Children in Honolulu.*

*The CSHSN Program hopes to expand the registry by including patients from other programs dealing with children with special health care needs like the Hemophilia Program, children with autism, hearing impaired and children enrolled in special education.*

*CSHSN staff hope to partner with other organizations and family support groups including Autism Community Together (ACT); Down's Syndrome Association of Guam (DSAG); Guam's Positive Parents Together (GPPT); Guam Identifies Families Terrific Strengths, Inc (GIFTS) which is an umbrella organization for several family support groups; and Guam's Family Support 360° For Military Families which aids military families to access community support. Another Genetics Clinic is scheduled for November 2012.*

*HSCI 09A: The ability of States to assure that the Maternal and Child Health program and Title V agency have access to policy and program relevant information and data.*

*OVS will be launching STEVE-ER System in 2012. With STEVE-ER, GMHA and Sagua Managu Birthing Center will be able to register birth records electronically, thus eliminating the need to record birth information manually. This in turn will decrease the wait time to get birth certificates, which are needed to apply for Social Security Numbers, public assistance benefits and health insurance.*

*The Governor signed Executive Order 2009 --12 establishing the Guam eHealth Collaborative (GeHC). The GeHC will provide guidance and coordination of electronic health information exchange (eHIE) and related efforts and promote engagement of health care providers, health care systems and consumers. Furthermore, the GeHC is tasked to develop a plan to implement eHIE by considering ways to advance the adoption of electronic information technology, identify opportunities for partnerships and incorporating national standard setting organization recommendations for secure eHIE.*

*HSCI 09B: The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products in the past month.*

***In July 2011, the UOG Cancer Research Center partnered with the Johns Hopkins Bloomberg School of Public Health Institute for Global Tobacco Control to train a group of youth and adult volunteers in community-based participatory research methods to test whether higher exposure to tobacco advertising is one of the reasons for higher tobacco-use rates among Chamorro and other Micronesian youth. There were 1,371 youths surveyed (693 males and 678 females) of which 13.9% indicated that they had smoked cigarettes on one or more of the past 30 days.***

***The DOE Curriculum and Instruction (C&I) HIV Prevention Program conducts the Youth Risk Behavior Survey (YRBS) every two years. They met the expected survey requirement to publish the FY2011 YRBS. As a result of the successful FY2011 YRBS Survey, DOE hosted the 2011 Service Learning "Making a Difference" Conference which took place for three days. The DOE Service Learning Conference integrated service to the community with academic study to enrich learning, teach civic responsibility, and strengthen communities. The goals of the conference were to increase teacher awareness of the clear distinction between community service and service learning, to provide examples of service learning activities utilizing the Guam DOE K-12 Content Standards (such as the science, health, and social studies) to serve the needs of the community, and to develop a better understanding of service learning organizational framework through the creation of a school-based learning action plan.***

***There were over 300 youths that attended the Department of Mental Health and Substance Abuse Youth for Youth Conference, which was held on April 9-11, 2011. The goal was to teach teens to turn negative peer pressure to positive, to teach effective leadership skills and to teach teens on their responsibility to say no to alcohol, tobacco, drugs, violence and other forms of negative behavior.***

***The Tobacco Free Guam Quitline is a free, confidential service, which offers smokers support to quit tobacco use. The Quitline has been serving adults on Guam since 2007. The Quitline extended their services to youths aged 11 to 17 years on February 1, 2012. The DPHSS director spoke on the new Surgeon General's report. He stressed the importance of intensifying efforts to prevent the young people of Guam from using tobacco products. He further stated that comprehensive efforts be made, such as mass media campaigns, and 100% smoke-free laws in public restaurants, bars and worksites. He further reiterated the importance of evidence-base school programs and community wide efforts to protect the young people of Guam (PDN, 3/13/12).***

***The DMHSA Youth for Youth Live! Guam will be hosting the 22nd Annual Conference on April 27-29, 2012 at the Hyatt Regency Guam. This year's theme is 20:12 Time for Change. The conference will teach teens how to say no to alcohol, tobacco, drugs, suicide, violence and other forms of negative behavior. There will be media talk shows, and a 5K Walk/Run in preparation for the conference. The youths are the conference facilitators. The youth facilitators underwent 12 weeks of training, including leadership skills.***

***//2013//***

## **IV. Priorities, Performance and Program Activities**

### **A. Background and Overview**

/2012/

DPHSS is the "State Agency" for the Maternal and Child Health on Guam. MCH collaborates with multiple agencies, family groups, and individuals to meet the needs of mothers and children.

The MCH Task Force consists of members from various public and private organizations, government and not-for-profit agencies. They include:

Autism Community Together  
Anderson Air Force Base Family Health Services  
Department of Public Health & Social Services:  
    Bureau of Social Services Administration (BOSSA)  
    Bureau of Professional Support Services (BPSS) (Medical Social Services)  
    Bureau of Communicable Diseases (BCDC)  
    Bureau of Primary Care (BPCS)  
    Bureau of Nutritional Services (WIC)  
    Dental Clinic  
    Emergency Medical Services  
    Bureau of Health care Financing (MIP, MAP programs)  
Catholic Social Services (Homeless Shelters)  
Department of Education (GDOE):  
    Special Education Program  
    Guam Early Intervention Services (GEIS)  
    Head Start Program  
Department of Youth Affairs (DYA)  
Department of Highway Safety  
FHP Medical Center  
Guam Positive Parents Together (GPPT)  
Guam Housing and Urban Renewal Authority  
Guam Memorial Hospital Authority (GMHA)  
    OB Nursery Head Nurse  
    OB Ward Head Nurse  
    Labor & Delivery Head Nurse  
Guam Developmental Disabilities Council  
Guahan Project  
Guam Police Department (Traffic Safety Division)  
Guam Fire Department (EMS)  
Island Wide Breastfeeding Coalition  
Project I Famagu'on-Ta  
Polymedic Pediatric Clinic  
Sanctuary, Inc  
Parent Information Resource Center (PIRC)  
Tumon Medical Clinic  
University of Guam CEDDERS  
US Naval Hospital, Guam (Captain Robert Miller)  
University of Guam - University School of Nursing

The MCH Task Force met on June 10, 2010 and decided on the top ten priorities for the next five years. They are in order of importance:

- (1) To reduce the rate of pregnant women who receive no prenatal care (currently 6.3% as reported by GMHA 2009)
- (2) To reduce the rate of infant mortality and morbidity (currently 25.1% as reported by GMHA 2009)

- (3) To reduce the rate of children who are overweight (currently 11.9% as reported in the 2007 Youth Risk Behavior Survey (YRBS))
- (4) To decrease the percentage of women who use alcohol, tobacco, and drugs during pregnancy (currently 10.3% as reported by GMHA 2009)
- (5) To increase the number of clients availing MCH/CSHCN services for children 0-21 years and their families (currently 1,700 clients as reported by BFHNS 2009)
- (6) To decrease the rate of Chlamydia for teenagers and young adults aged 14-22 years (currently 17.3% as reported by BCDC 2009)
- (7) To increase the number of people accessing vital records information online within DPHSS (currently unable to access vital records information online - 2009)
- (8) To reduce the incidence of maltreatment of children younger than 18 years of age (currently 2.9% of 65,333 children as reported by BOSSA 2009)
- (9) To decrease the percentage of Guam high school students who have engaged in sexual intercourse (currently 47.6% as reported in the 2007 YRBS)
- (10) To reduce the adolescent death rate (there were 8 suicides in 2009 as reported by GMHA)

The Title V Maternal and Child Health Block Grant is operated within the Bureau of Family Health and Nursing Service within the Guam Department of Public Health and Social Services. The program is responsible for conducting the island wide needs assessment, program planning and implementation, policy development and interagency collaboration.

The MCH and 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 and their families. The program places emphasis on developing core public health functions and responding to changes in the health care delivery systems.

Since 1999 the Maternal Child Health Bureau (MCHB) has included performance plans and performance information in its budget submission. MCHB must submit annual reports to Congress on the actual performance achieved compared to that proposed in the performance plan. This section describes the performance reporting requirements of the Federal State partnership.

Specific program activities are described and categorized by the four service levels found in the MCH "pyramid" -- these are direct health care services, enabling services, population based services and infrastructure building services. Program activities, as measured by 18 national performance measures and State performance measures should have a influential effect to positively impact a set of 6 national outcome measures for the Title V population. //2012//

*/2013/*

***As of this reporting year of 2011, all the State Priorities are still a great concerns to the MCH population on Guam. Listed below are Guam's State Priorities:***

- 1) Increase the percent of women with early entry into prenatal care.***
- 2) Decrease the mortality rate of infants.***
- 3) Decrease the number of suicides.***
- 4) Improve data collection, analysis, and interpretation.***
- 5) Increase to at least 70% of mothers who breast-feed their infants at six months.***
- 6) Decrease the number of obese children who have a BMI greater than 85% by 10%.***
- 7) Improve physical, mental and dental health for adolescents by increasing access to services.***
- 8) Update procedures that would increase access and participation of CSHCN.***
- 9) Decrease the Chlamydia rate of men/women of all ages as well as other STDs, PID and Syphilis.***
- 10) Decrease smoking, alcohol and drug usage, which will in turn decrease low birth, weights, infants born with abnormalities, prenatal drug exposure.***

**The original State Performance Measures were as listed:**

- 1. By 2014, Increase early entry into prenatal care by the first trimester to 75% of pregnant women.**
- 2. By 2014, Decrease Guam infant mortality rate to <7%.**
- 3. By 2014, Decrease the rate of suicide among children and adolescents (ages 10-19) by 50%.**
- 4. By 2014, Strengthen data capacity (collection, analysis, and interpretation).**
- 6. By 2014, Promote overall infant health through increasing breastfeeding rates in Guam Memorial in new mothers to 70%.**
- 7. By 2014, Decrease obesity among public school children and the early childhood population by 10%.**
- 8. By 2014, Establish comprehensive physical and mental health exercise and wellness for adolescents, including a primary care clinic in the Central Health Center and school-based/linked clinic.**

**Throughout the year the MCHB Project Officer for Guam and her staff made several conference calls to discuss the State Performance Measures with a lot of team effort. The Guam MCH staff first tried to draft revised state measures, then the MCHB Project Officer provided a power point presentation with the Guam MCH staff. So after that presentation Guam MCH revised the State Performance Measures with the MCHB guidance. Then made another conference call to make the necessary revisions. After the call the MCHB and Guam MCH staff finalized the Guam State Performance Measures that measured Guam's priority needs of the MCH population. Listed are newly revised SPM:**

**Performance Measure 1:**

**The percent of Chamorro women initializing prenatal care in the first trimester.**

**Performance Measure 2:**

**The rate of Chuukese infant deaths in Guam.**

**Performance Measure 3:**

**The percent of students in grades 9 through 12 who reported feeling sad or hopeless almost every day for 2 weeks or more during the past 12 months.**

**Performance Measure 4:**

**(Data Performance Measure) Strengthen data capacity (collection, analysis, and interpretation).**

**Performance Measure 5:**

**Percent of women Breastfeeding their infant at Guam Memorial Hospital and Birthing Center discharge.**

**Performance Measure 6:**

**Percent of students in grades 9 through 12 who self reported that they are overweight or obese.**

**Performance Measure 7:**

**Percent of adolescents (unduplicated) receiving comprehensive physical and mental health services.**

**Performance Measure 8:**

**Number of (unduplicated) count of Children with Special Health Care Needs (CSHCN) on Guam.**

**//2013//**

## **B. State Priorities**

/2012/

The State Priorities link in different ways with the National and State Performance Measures to the target population. The priorities identified by the MCH Stakeholders will be stated with the NPM and SPM that they are closely related to a common goal. The first group dealing with pregnant women, mothers and infants population, the first priority related to them was dealing with early entry into prenatal care by the 1st trimester. This priority is the number one priority for Guam MCH to focus on because of the importance of early prenatal care can lead to a healthy delivery and outcome. The NPM that related to the priority was NPM #18 -- Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester and the SPM #1 -- an increase early entry into prenatal care by the 1st trimester to 75% of pregnant women. The next priority with the women and infant health is to decrease Guam's infant mortality rate to < 7 this priority related with NPM #1: the infant mortality rate per 1,000 live births and SPM #2: to decrease Guam's infant mortality rate to <7%. This priority relates to early prenatal care and healthy choices by the mother of the infant. The next priority was to promote overall infant health through increasing breastfeeding rates in new mothers in GMHA, the NPM 11: is the percent of mothers who breastfeed their infants at 6 months of age. And it related to SPM 5; to promote overall infant health through increasing breastfeeding rates in GMHA in new mothers to 70%.

The population with the children and adolescents were linked to the priority need to decrease the rate of suicide among children and adolescents (10-19 years of age), and so the NPM 16; which is the rate (per 100,000) of suicide deaths among youths aged 15 through 19 and the SPM 3; is to decrease the rate of suicide among children and adolescents (ages 10-19) by 50%. Another priority is to decrease obesity among children aged 0-18, this need related with NPM 14; the percent of children ages 2-5 receiving WIC services with a BMI higher than 85 percentile and the SPM 6; to decrease obesity among public school children and the early childhood population by 10%. This priority is very high because they are dealing with the child's diet and mind when decreasing weight. Another need related to children is to improve physical, mental and dental health for adolescents by increasing access to services relate to NPM 16; to prevent suicide and the SPM #7 is to establish comprehensive physical school mental health services for adolescents, including a primary care clinic in the CRHC and a school-based/linked clinic. This priority is new to our DPHSS system of care.

The next population that are related to Children with Special Health Care Needs the priority need is to increase access of direct and enabling services for CSHCN that relates with the NPM 2; identifying the percentage of children with special health care needs age 0 to 18 whose families partner in decision making at all levels and are satisfied with the services they receive and the SPM 8; is to increase access to direct and enabling services for CSHCN by 25% to assess the accessible of our services with the CSHCN population.

The last target group dealing with all the MCH populations that relates to everyone in MCH is the priority is to strengthen data capacity, collection, analysis and interpretation. The NPM 2; is the percent of children with special health care needs age 0-18 whose family's partner in decision making at all levels and is satisfied with the services they receive and the SPM 4; is to strengthen data capacity within the MCH program by monitoring the number of clients seeking services and the number of referrals listed. //2012//

/2013/

***The five-year Needs Assessment conducted for the FFY 2011 MCHBG application identified Ten State Priorities. These ten State Priorities remain the same for FFY 2012 application.***

***List of Final Priorities:***

- 1) Increase the percent of women with early entry into prenatal care***
- 2) Decrease the mortality rate of infants***
- 3) Decrease the number of suicides***

- 4) *Improve data collection*
- 5) *Increase to at least 70% of mothers who breast-feed their infants at six months.*
- 6) *Decrease the number of obese children who have a BMI greater than 85%.*
- 7) *Improve physical, mental and dental health for adolescents by increasing access to services.*
- 8) *Update procedures that would increase access and participation of CSHCN*
- 9) *Decrease the Chlamydia rate of men/women of all ages as well as other STDs, PID and Syphilis*
- 10) *Decrease smoking, alcohol and drug usage which will in turn decrease low birth weights, infants born with abnormalities, prenatal drug exposure and improve the reporting of data collection for smoking cessation.*

*Beginning with comprehensive needs assessment conducted every five years, States evaluate the needs of their MCH population, assess State resources, identify priority needs, and specify how they will measure success in meeting these needs. In addition to regularly reporting on a list of National Performance Measures (NPMs), States develop their own State Performance Measures (SPMs) that can assess performance that is not captured by National Performance*

*Measures or that serves to enhance results obtained from National Performance Measures.*

*Changes to the 2010 State Performance Measures*

*In developing the state measures, Guam working with the MCHB Project Officer attempted to identify intermediate measures for specific aspects of the priority in order to demonstrate measurable progress within five years.*

*State Performance Measure #1: -- The percent of Chamorro women initializing prenatal care in the first trimester.*

*Priority Need Statement: All women should receive early and comprehensive health care before, during and after pregnancy.*

*Significance: Guam is a multi-ethnic island community where no ethnic group constitutes as much as 50% of the population. The 2010 Census however, indicates that Chamorro constitutes as much as 37% of the population. Chamorro women do however have the highest birth rate on Guam.*

*MCH 2015 needs assessment stakeholders reviewed the data and concluded that more needs to be done in this area. MCH needs to redirect resources to health education and health promotion activities at both the state and local levels. In addition, through partnerships with stakeholders such as private physicians, March of Dimes, Medicaid, other programs, MCH can help guide policy decision-making relating to health care reform and coordinates public health efforts in support of positive changes in the health care system.*

*Guam MCH was designated as the State lead and has developed a comprehensive, statewide needs assessment and state plan related to the provision of evidenced-based home visiting services in response to the Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visitation (MIECHV) implemented by HRSA.*

*This measure helps meet the following Healthy People 2020 Objective: MICH-10: The proportion of pregnant women who receive early and adequate prenatal care.*

*Annual Plan FFY 2013: 10/01/2012 to 09/30/2013*

- a. *Plan educational opportunities to various groups, coalitions and agencies related to family involvement and underrepresented populations (e.g., lesbian, gay, bisexual, transgender and questioning individuals, homeless individuals, teens and Compact*

*Impact families).*

- b. Invite families and other underrepresented population groups to be actively involved in various groups/coalitions/alliances.*
- c. The MCH staff will work with various entities to address teen pregnancy and sexually transmitted diseases (STD).*
- d. Explore the need to publish program related materials in other languages.*

*NPMs 8, 15, 18 and NOMs 1, 2, and 3 relate to this priority need.*

*State Performance Measure #2: -- The rate of Chuukese infant deaths on Guam.*

*Priority Need Statement: To decrease the number of Chuukese infant deaths by providing access to prenatal care to Chuukese pregnant women along with health education on how to have a healthy pregnancy.*

*Significance: Guam's infant mortality rate of 13.34 is higher than the United States mortality rate of 5.9. Furthermore, mortality rates among certain ethnic minorities in Guam are significantly higher. In 2011, there were 44 infant deaths, 13 of which were among Chuukese infants (27.27%). In 2011, some of the leading causes of infant death among the Chuukese population were pneumonia, prematurity and cardiopulmonary arrest.*

*This priority need was selected based on data that show continuing high rates of preterm birth, low birth weight and infant mortality for Guam. MCH 2015 stakeholders concurred that all three are important and were unable to select from among the three. Guam has the capacity to address this priority through prenatal smoking cessation, improved nutritional status, and community-based prenatal case management and care coordination for low-income and high risk women. As well, through its wide array of stakeholder groups MCH can mobilize advocacy for policy changes needed to improve outcomes.*

*This measure helps meet the following Healthy People 2020 Objective: MICH-1: Reduce fetal and infant deaths. MICH -- 8: Reduce low birth weight (LBW) and very low birth weight (VLBW).*

*Annual Plan FFY 2013: 10/01/2012 to 09/30/2013*

- a. Implement the work plan for the Maternal, Infant and Early Childhood Home Visiting Program.*
- b. Partner with various programs, within and outside of the DPHSS, to do combined newsletters, mailings and/or order forms for program services (e.g., car safety seats/SIDS/tobacco, Parenting Newsletter, Birth Review).*
- c. In collaboration with family partners, determine effectiveness of information and referral efforts for the children with special health care needs (CSHCN) population with emphasis on assessment of family preferences on how health care information is best received so it is well-utilized.*

*NPMs 8, 15, 18 and NOMs 1-3 relate to this priority.*

*State Performance Measure #3: -- The percent of students in grades 9 through 12 who reported feeling sad or hopeless almost every day for 2 weeks or more during the past 12 months.*

*Priority Need Statement: To decrease the number of adolescents who are so depressed that they cannot carry on usual activities.*

*Significance: Suicide is the 5th leading cause of death among Guam's adolescents. Risks of suicide include poor mental health, substance abuse, and trauma. Suicide prevention efforts are designed to reduce suicide rates and the devastating impact on suicide survivors including family, friends, schools and entire communities.*

*The most recent Guam Title V Needs Assessment identifies child mental health problems as a major issue. This measure is meant to provide a method of tracking depression that is related to a variety of mental health issues including suicide, risk-taking behaviors, low self-esteem, child abuse, and treatable mental health diagnoses including bipolar disorder.*

**Youth Risk Behavior trend data show that Guam youth continue to report higher than average use of alcohol, tobacco and other drugs. These priority health risk behaviors are major contributors to morbidity and mortality trends including motor vehicle crashes, unintended pregnancy, HIV/STDs, and other. More effective school health programs and other policy and programmatic interventions are needed to reduce risk and improve health outcomes among youth. In particular, the state needs an Adolescent Health Plan that focuses on the needs of youth from a health perspective. MCH has the capacity to convene a group of stakeholders to address this need.**

**This measure helps meet the following Healthy People 2020 Objective: MHMD -- 2: Reduce the rate of suicide attempts by adolescents.**

**Annual Plan FFY 2013: 10/01/2012 to 09/30/2013**

- a. Advocate for mental health screenings to be incorporated into program assessments**
- b. Incorporate mental health messaging into program brochures, fact sheets, newsletters, etc.**
- c. Work with partners through various groups, coalitions, and organizations to advocate and/or implement goals related to mental health and social-emotional development**
- d. Partner with local domestic violence/rape crisis agencies that are implementing antibullying and/or healthy relationship programs.**

**State Performance Measure #4: (Data Performance Measure.) Strengthen data capacity (collection, analysis, and interpretation).**

**Priority Need Statement: To increase the capacity to collect, link, analyze, utilize, and disseminate Title V data.**

**Significance: Data capacity is paramount in identifying unmet needs among the MCH population. Greater data sharing will result in more comprehensive assessment of Guam's MCH population.**

**Guam's Maternal and Child Health (MCH) is building data infrastructure, epidemiological capacity, and products of analysis in order to carry out core public health assessment functions. We want to improve Guam's MCH data capacity by: 1) improving data linkages between birth records and other data sets such as infant death certificates, Medicaid eligibility and/or paid claims files, WIC eligibility files, and new born metabolic screening files; 2) improving access to hospital discharge data, Youth Risk Behavior Survey (YRBS) data; and 3) assuring ongoing MCH state needs assessment and review of performance/outcome measures**

**This measure helps meet the following Healthy People 2020 Objective: PHI -- 14: Increase the proportion of State and local public health jurisdictions that conduct public health assessment using national performance measures.**

**Annual Plan FFY 2013: 10/01/2012 to 09/30/2013**

- a. Establish the plan timing**
- b. Gather the baseline data**
- c. Identify the influencers**

**State Performance Measure #5: -- Percent of women breastfeeding their infants at Guam Memorial Hospital and Birthing Center discharge.**

**Priority Need Statement: To increase initiation, duration and exclusivity of breastfeeding.**

**Significance: The positive benefits of breastfeeding both for the mother and infant are provided in the discussions for NPM 11 and SPM 4. Guam's capacity to address this priority is significant due to partnerships forged across programs including WIC and women's health, due to the low cost of interventions and high yield in health benefits, and finally, due to a change in**

**public attitudes supporting breastfeeding mothers in the community and in the workplace. Guam has devoted resources to peer education, health promotion and health education efforts, plus public information and education to address this priority.**

**This measure helps meet the following Healthy People 2020 Objective: MICH- 20: Increase the proportion of infants who are breastfed.**

**Annual Plan FFY 2013: 10/01/2012 to 09/30/2013**

- a. Implement the work plan for the Evidence Based Maternal, Infant and Early Childhood Home Visiting Program.**
- b. Increase WIC Peer Counselors**
- c. Continue to have the Healthy Mothers Healthy Babies health fair.**
- d. Continue to network with other partners in promoting breastfeeding**
- e. Continue participation in the Breastfeeding Coalition.**

**NPMs 11, 15 and NOMs 1-3 relate to this priority.**

**State Performance Measure #6: -- Percent of children ages 12 -- 19 who self-report that they are overweight or obese.**

**Priority Need Statement: To reduce the proportion of children, ages 12-19, who self-report being overweight or obese.**

**Significance: Obesity is the most prevalent nutritional disease of children and adolescents in the United States. Children who are overweight or obese are at higher risk of having physical and emotional health problems during their childhood years and as they age.**

**Annual Plan FFY 2013: 10/01/2012 to 09/30/2013**

- a. Promote consistent messaging in healthy eating and physical activity for MCH programs**
- b. Collaborate with various agencies, groups, coalitions and organizations that support healthy eating and physical activity policies.**
- c. Participate in the Worksite Wellness initiatives.**
- d. Explore collaborations with Special Olympics and interventional clinics that focus on healthy eating and weight.**
- e. Explore effective messaging to 18-24 year olds.**
- f. Stay up-to-date on the school wellness policy requirements and provide technical assistance, as appropriate.**

**This measure helps meet the following Healthy People 2020 Objective:**

**NWS -- 10: Reduce the proportion of children and adolescents who are considered obese.**

**NPMs 11 and 14 relate to this priority.**

**State Performance Measure #7: -- Percent of adolescents receiving comprehensive physical and mental health services from the Teen Clinic.**

**Priority Need Statement: To increase the percentage of children who have a medical home.**

**Significance: Providing primary care to children and youth in a "medical home" is the standard of practice. Research indicates that children with a stable and continuous source of health care are more likely to receive appropriate preventive care, are less likely to be hospitalized for preventable conditions and are more likely to be diagnosed early for chronic or disabling conditions.**

**This state performance measure holds for all children but in particular for CSHCN. Guam's capacity in this area is expanding to include development of data collection and, parent/provider education about the medical home concept and practice, and linkages to other programs**

**This measure helps meet the following Healthy People 2020 Objective: AHS -- 5: Increase the proportion of persons who have a specific source of primary care.**

**Annual Plan FFY 2013: 10/01/2012 to 09/30/2013**

- a. Implement the work plan for the Evidence Based Home Visiting Program; as evidence-based home visiting programs incorporate screenings, assessments and referrals.**
- b. Provide technical assistance to school nurses as they incorporate screenings into their schools (e.g., vision, hearing,).**
- c. The EMSC Program will incorporate screening for best practices concerning injury prevention into program activities (e.g. child passenger safety, poison prevention, bike helmets, home safety).**

**NPMs 7, 13, and 14 and NOMs 1 and 2 relate to this priority.**

**State Performance Measure #8: -- Number of (unduplicated) count of Children with Special Health Care Needs (CSHCN) on Guam.**

**Priority Need Statement: To eliminate health disparities for families of CSHCN, we must ensure access to the services and information families need to improve the health of their children.**

**Significance: Children with Special Health Care Needs frequently need a wide array of services including routine screening (e.g., vision, hearing, speech, mental health) ongoing health care (preventive, therapeutic and rehabilitative) educational/vocational and transitional services.**

**The positive and clinically significant effects of patient education and counseling of individuals with chronic and acute conditions are well documented. Health-care providers are generally considered credible sources for patient and family education and information.**

**Education and support services promote self-management and encourage family empowerment that leads to improved health and well-being.**

**This state performance measure holds for all children but in particular for CSHCN.**

**This measure helps meet the following Healthy People 2020 Objective:**

**AHS -- 5- Increase the proportion of persons who have a specific source of primary care. Annual Plan FFY 2013: 10/01/2012 to 09/30/2013**

- a. Implement the work plan for the Maternal, Infant and Early Childhood Home Visiting Program. Explore partnerships with those working on increasing transportation for health services.**
- b. Become more knowledgeable about telemedicine capabilities.**

**NPM 3 relates to this Guam's priority although NPM3 is broader and encompasses two concepts: family partnering in decision-making and cares within a medical home. Guam is developing interventions to address both and is developing capacity to track progress. //2013//**

**C. National Performance Measures**

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	100	100	100	100	100

Annual Indicator	0.0	100.0	100.0	100.0	100.0
Numerator	0	27	27	16	17
Denominator	3501	27	27	16	17
Data Source		DPHSS NBS Program, GMHA, Sagua Mangue screenings	DPHSS NBS (GMHA, Sagua Mangue screenings)	DPHSS NBS (GMHA, and Sagua Mangue screenings)	DPHSS NBS (GMH, Sagua)
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	100	100	100	100	100

**Notes - 2011**

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

**Notes - 2010**

All 2010 data on this measure from the DPHSS BFHNS Newborn Screening Tracking System of all positive screeners for 2010.

**Notes - 2009**

All data from the area are from the DPHSS BFHNS Newborn Screening Tracking System of all positive screeners for 2009.

**a. Last Year's Accomplishments**

In 2011, 94 newborns had abnormal readings after their first metabolic screening: These included 46 Congenital Hypothyroidism (TSH), 18 Amino Acidemias, 21 Hemoglobinopathies, five Cystic Fibrosis, three Fatty Acids, and one Congenital Hypothyroid (T4). Only 53 came back for follow up. The staff were unable to locate the other 41 families. Some of the reasons were: incorrect phone numbers were listed, wrong home addresses were given or the families left the island. Of the 53 patients who underwent a second screenings, 17 came out positive. All 17 are being followed up by a nurse and a physician.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Newborn Screening Nurse Coordinator will continue to find ways to improve in communicating and educating the parents with positive confirm NBS results.	X			
2. Provide pamphlets to all parents in clinic areas and hospitals		X		

on Newborn Screening and the importance of testing every newborn.				
3. The MCH Program, Medical Advisor, and the NBS Nurse Coordinator will continue to be members with the Western States Genetic Services Collaborative.		X		
4. To include all newborns with second confirmed NBS positive results to the DPHSS CSHCN Registry.		X		
5. To have the CSHCN SW III work with MCH staff to provide a well measured and reliable Guam related CSHCN Survey for this year's CSHCN clinics.				X
6. The MCH CSHCN staff, Program Coordinator, and Program Manager will continue their membership in the many CSHCN related advisory groups and family support groups.		X		
7.				
8.				
9.				
10.				

**b. Current Activities**

DPHSS collaborates with the Hawaii Department of Health in the treatment of newborn metabolic disorders. Locally, the BFHNS staff works with Dr. Robert Leon Guerrero, a pediatrician, to screen newborns for metabolic disorders. One of the nurses is assigned to work with the families to answer any questions they may have in regards to treatment, makes sure that lab tests are performed, and does follow up visits when necessary.

Some initial screening tests have false positive results which warrant a repeat test to confirm the diagnosis. This becomes a challenge to families who have financial difficulties. Some are unable to afford a follow-up test; hence, true diagnosis is left uncertain. Due to budget constraints, only a limited number of tests can be performed.

The highlight for this year was that Guam Memorial Hospital Authority Laboratory was able to successfully get a Newborn Screening testing to be done now with the Oregon State Laboratory. So now both Suga Mangu Birthing Center and GMHA have all their NB Screening done at the same Laboratory, which the Western States Genetic Services Collaborative representative Syliva Wu has been working with Guam to fulfil. The Medical Advisor Dr. Robert Leon Guerrero has been very satisfying to

**c. Plan for the Coming Year**

Of the three facilities where babies are delivered, only GMHA sends their positive metabolic screening to DPHSS. The U.S. Naval Hospital and Suga Managu do their own follow-up in the event of an abnormal result. BFHNS is trying to obtain their data.

BFHNS is trying to hire a fulltime Newborn Metabolic Screening Coordinator to handle the administrative and follow-up activities of the newborn screening program. This is currently being done by a nurse who is also assigned other duties.

The MCH program will plan to order new brochures to keep educating and informing parents about the disease is not a simple task perhaps the medical and nursing care provider should continue to attend conferences or classes regarding what labs works or procedures needs to be done for the following disorders.

To continue the collaboration with the Western States Genetic Services Collaborative (WSGSC) to continue to provide the Genetics Outreach Clinics on Guam with the partnership of the Hawaii Genetics Team with Dr. Seaver from the, Hawaii State Health Department Genetics Division.

To also continue to attend the Western States Genetic Services Collaborative Annual Regional Summit to meet with the other western states to discuss issues with genetics within their area, get updates on latest research on genetic disorders, and discuss updates on other states and territories on their improvements in genetics services.

To plan a site visit at the Hawaii's Department of Health, Hawaii Genetics Program Office to give a tour of the job of a Newborn Screening Program Coordinator and what is a typical day and month that she has. This activity will help our NB Screening Nurse Coordinator see how her job will be like

### Form 6, Number and Percentage of Newborns and Others Screened, Cases Confirmed, and Treated

The newborn screening data reported on Form 6 is provided to assist the reviewer analyze NPM01.

Total Births by Occurrence:	3298					
Reporting Year:	2011					
Type of Screening Tests:	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment (3)	
	No.	%	No.	No.	No.	%
Phenylketonuria (Classical)		0.0				
Congenital Hypothyroidism (Classical)	3298	100.0	12	0	0	
Galactosemia (Classical)		0.0				
Sickle Cell Disease		0.0				
Biotinidase Deficiency	3298	100.0	3	0	0	
Cystic Fibrosis	3298	100.0	5	0	0	
Hemoglobinopathies	3298	100.0	21	13	13	100.0
Organic Acidemias	3298	100.0	2	1	1	100.0
Amino Acidemias	3298	100.0	1	0	0	
21-Hydroxylase Deficient Congenital Adrenal Hyperplasia	3298	100.0	1	0	0	
Fatty Acid	3298	100.0	3	0	0	
Congenital Hypothyroidism (TSH)	3298	100.0	46	3	3	100.0

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	100	100	100	100	100
Annual Indicator	25.0	35.1	43.7	42.0	42.4
Numerator	306	613	755	396	72
Denominator	1225	1748	1726	943	170
Data Source		DPHSS MCH Program's CSHCN Registry	DPHSS MCH Program's CSHCN Registry	DPHSS MCH Program's CSHCN Registry	CSHCN Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	100	100	100	100	100

**Notes - 2011**

The data used for 2011 were taken from the CSHCN Survey was created and done that year with the Shriners' clients. Results were from the clients that completed the survey form and answered that question.

**Notes - 2010**

All CSHCN data are all unofficial for 2010 due to there are a variety of registries within agencies, but this year of 2010 we obtained from the Medical Social Worker III working now with the CSHCN program and it's from her registry that we go the data for this reporting year. The PC III for CSHCN resigned this year in March, 2011 and she did not leave any data with CSHCN with the Bureau. Also a pilot survey with the CSHCN Survey was created and done this year 2011 with the Shriners' clients. Results still need more time to analysis them. So data is provisional for this reporting year.

**Notes - 2009**

The data for 2009 were from the CSHCN PC III that we obtained in the CSHCN Registry.

**a. Last Year's Accomplishments**

Data:

The 2011 data for the numerator is from the surveys that were filled out by patients seen in the Shriners Outreach Clinics that were held January 5-13, 2011 and June 21-28, 2011. The 2009 data was from the CSHCN Registry that was created by Arleen Kloppenburg, the former CSHCN Program Coordinator. The Registry contained all the Shriners' patients that were referred by private providers since 2007. The registry could not be located when she left so another registry had to be created. The 2010 data was from the CSHCN Registry that was created by Cindy

Malanum, a social worker at the Medical Social Services Section. The registry included all the children 0-22 years that were seen for services within the Shriners' Outreach Clinics, children seen in the Special Kids Clinic, the children seen with the Hawaii's Genetics Outreach Clinics, and the children seen in the Hemophilia Clinics.

CSHCN surveys were passed out to the 222 patients that were seen at the Shriners Outreach Clinic in June 2011. Only 170 surveys were returned. When asked if they were involved in decision making and were satisfied with the services they received, 72 (42.4%) had positive responses. The MCH Program has had difficulties in getting more patients to complete the surveys. There were 943 patients on the CSHCN Registry. Some of the reasons why patients were not completing the surveys were because there were too many questions, the survey took too long to answer and questions were hard to understand. The MCH Program will be revising the survey so that patients will be more willing to complete them, at the same time obtain the data that is needed for the MCH grant.

#### Past Activities

The CSHCN Program Coordinator III left in 2010. Cindy Malanum assumed her duties which included coordinating the Shriners Outreach Clinics, Special Kids Clinics, Genetics Clinic, and other CSHCN activities. She was also tasked to maintain the CSHNS Registry. The MCH Program Manager is a co-chair of the Guam Early Hearing Detection and Intervention Advisory Board and a member of the Intervention Advisory Committee, the Head-Start Advisory Board, the DOE Part C Interagency Collaborative Committee, the Immunization Advisory Committee, the Guam Early Learning Council, and the Karinu Governance Board.

The 2010 CSHCN survey was conducted as a pilot survey. It consisted of three pages that included the demographics of the child and family members, services they have received and how satisfied they were with their services. The results of the survey showed that 8.59% of parents were satisfied with the services they were receiving.

The CSHCN Program collaborates with DOE, CEDDERS, and Family Support Groups. BFHNS staff participated in Systems of Care training, Wrap Around training, Early Childhood training, Ages and Stages Questionnaires (ASQ) training, and Parent training. The staff have been meeting with parents from the Guam Positive Parents Together (PPT) Family Support group, the Autism Community Together (ACT), the Down Syndrome Association of Guam Support group, Guam Identifies Families Terrific Strengths, Inc (GIFTS), and Guam Early Hearing Detection, and Interventions (GEHDI) Family Support group.

The Hemophilia Program oversees the management of patients with Hemophilia and other bleeding disorders. A nurse from BFHNS and a nurse from BPCS take care of their medical needs when necessary. Patients are taught to manage their own medical care at home especially when they have to infuse their medications.

The Guam Comprehensive Hemophilia Care Program (GCHCP) conducts monthly meetings and clinics at NRCHC. They met for a strategic planning meeting regarding the operations, clinic and patient concerns, and staff goals of 2012 in preparation for the meeting with Region IX officials.

An educational conference on "Obesity Prevention" was held on August 13, 2011 for patients and their families. A table top display on bleeding disorders was done during a health fair on September 3, 2011 and October 29, 2011. The Hemophilia Program informed Project Karinu staff about the GCHCP and its services during a Meet and Greet session on September 20, 2011.

The Shriners Outreach Clinic was held January 5-13, 2011. The team was composed of two physicians, an outreach coordinator and a support staff. They saw 222 patients during their visit. Another clinic was held June 21-28, 2011. They saw 249 patients.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH CSJCN SW III and the MCH staff will continue to conduct and coordinate the next Shriners' outreach clinic to be held in January 2013.	X			
2. The MCH Program is working on creating a Guam-related CSHCN Survey that will be able to measure the NPM 02-06, for the next year if TA is provided.				X
3. To promote awareness to the community that the DPHSS has a CSHCN program that can give assistance to obtain services needed for the child's well being.		X		
4. To have the MCH PC IV be more involved with the Family Support groups and other CSHCN programs, to promote the MCH and CSHCN program.		X		
5. To involve the CSHCN SW III with Family Support groups and Parent focus groups that are held with Project Karinue and Project Tinituhon subgroups dealing with family support and Medical home.		X		
6. The CSHCN SW III will continue to coordinate the medical appointments for the Special Kids Clinic at NCHC.	X			
7. The MCH program and CSHCN SW III will also coordinate the next Genetics Clinic is scheduled for November 2012.	X			
8. To add the DPHSS Newborn Screening 2nd confirmed results infants to the CSHCN registry and also provide the parents with information they need about CSHCN program.	X			
9.				
10.				

**b. Current Activities**

Shriners Hospital for Children in Honolulu conducted an outreach clinic at Central Public Health on Jan 23-31, 2012 and June 8-15, 2012. They saw 498 children with various conditions related to burns and orthopedic related medical conditions.

Lynn Okada, a Community Health Nurse II and a Hemophilia Nurse, and Cindy Malanum, a Social Worker II, were accepted into the Leadership Education in Neurodevelopment and Related Disabilities (LEND) Program. This program is collaboration between CEDDERS and the University of Hawaii. The LEND students developed the CSHCN Screener through the efforts of the Child and Adolescent Health Measurement Initiative (CAHMI), a national collaboration coordinated by the Foundation for Accountability.

The LEND Program Student Cohorts distributed the surveys to 1,089 4th graders at ten Guam public elementary schools. The surveys were to determine the number of children with special health care needs on Guam. Of the 727 surveys that were returned, only 50 met the CAHMI criteria for a child with special health care needs. Only 7.37% of the participants qualified as a child with special health care needs. CSHCN clients are those who have a disability or a combination of disabilities that make learning or other activities difficult, such as mental retardation, learning disabilities, and physical disabilities.

The autism support group Autism Community Together (ACT) held their annual Autism Awareness Fair on April 14, 2012.

**c. Plan for the Coming Year**

The MCH Program will continue to be members of the various boards and committees that they are currently in. They will continue to be part of the Guam Early Childhood Counsel and the Guam Developmental Disabilities Counsel so that they can help advocate and raise awareness for children with CSHCN.

The MCH staff will request for technical assistance to develop a more accurate and comprehensive CSHCN Survey to better captured the CSHCN population on Guam. The staff will work with the LEND Program students to educate them on the CSHCN Program.

BFHNS is waiting for the launching of STEVE-ER at OVS. Once the program is in place, MCH can capture information on children born with disabilities. They can then follow up and have the children seen at Central Public Health for treatment.

Cindy Malanum will continue to update the CSHCN registry, and to follow-up with patients to ensure that their medical needs are met. She will increase case finding activities to identify children with special health care needs and to refer them to the Special Kids Clinic which is held monthly at the CHCs.

The MCH Program will continue to be involved with the various family support groups and to try and establish a MCH Family Support group that will focus on women's health, child health, newborn screening, home visiting, children's mental health and CSHCN.

Another Genetics Clinic is scheduled to take place at Central Public Health on November 26-30, 2012.

A Special Kids Clinic is held twice a month at NRCHC. Two half days are dedicated to see patients with medical problems that need special care. Four patients are scheduled on each of the half day clinics. Each patient is allotted one hour to meet with the physician.

Shriners Hospital for Children in Honolulu (Medical Outreach) provides free orthopedic and burn consultations. Clinics are held every January and June at the Central Public Health.

The GCHCP hopes to hold an educational and recreational Hemophilia Camp. Two staff members who are assigned to be the primary and alternate administrators to manage patient information via Web Tracker will be trained by the American Thrombosis and Hemostasis Network (ATHN). The GCHCP staff hope to be funded again so that they can attend the National Hemophilia Foundation National Meeting for medical updates and to learn new skills for treating patients, and to attend the Basic and Advanced Hemophilia 101 courses.

Two more DPHSS staff are applying for the LEND Program. One is a Community Health Nurse II from BFHNS and the other is Social Worker III from BCHS. The program begins in September 2012.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual	2007	2008	2009	2010	2011
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<b>Objective and Performance Data</b>					
Annual Performance Objective	67	67	60	60	60
Annual Indicator	53.5	50.1	53.2	64.1	57.4
Numerator	655	876	918	604	541
Denominator	1225	1748	1726	943	943
Data Source		CSHCN, Hemophilia, Shriners', nd Premie li registr	CSHCN, Hemophilia, Shriners's, registry	DPHSS MCH/CSHCN registry	CSHCN Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	60	60	60	60	60

**Notes - 2011**

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

**Notes - 2010**

All CSHCN data are all unoffical for 2010 due to there are a variety of registries within agencies and program throughout Guam and the PC III for CSHCN resigned this year in March, 2011 and she did not leave any data with CSHCN with the Bureau. Also a pilot survey with the CSHCN Survey was created and done this year 2011 with the Shriners clients. Results still need more time to analysis them. So data is provisional for this reporting year.

**a. Last Year's Accomplishments**

Data

The numerator includes the 501 patients that were seen during the Shriners Outreach Clinic in 2011, 222 seen in January and the 279 patients seen in June, and the 40 patients from the Hemophilia Program. The denominator is the number of patients in the CSHCN Registry.

**Past Activities:**

A Shriners Outreach Clinic was held January 5-13, 2011. The team was composed of two physicians, an outreach coordinator and a support staff. They saw 222 patients during their visit. Another clinic was held June 21-28, 2011. They saw 249 patients.

Lynn Okada, a Community Health Nurse II from BFHNS, and Cindy Malanum, a Social Worker III from BCHS, were accepted into the LEND Program in 2011. The LEND program is a collaboration between UOG CEDDERS and the University of Hawaii. Ms. Okada was chosen because of her work with the Hemophilia Program and Ms. Malanum was selected because she oversees the CSHCN program in DPHSS.

Cindy Malanum is detailed to oversee the CSHCN Program until a program coordinator can be hired. She is responsible for coordinating the Shriners outreach clinics that occur biannually at Central Public Health, the Special Kids' Clinic that take place monthly, the Genetics Clinic that occur annually and other CSHNS activities. She is also in charge of maintaining the CSHCN Registry.

The Genetics Clinic was held in Central Public Health on September 26-30, 2011. There were 27 patients that were evaluated by a medical team from the Hawaii Department of Health.

The Guam Comprehensive Hemophilia Care Program (GCHCP) staff take care of the patients who have Hemophilia and von Willebrand's Disease and other bleeding disorders. They conduct monthly meetings and clinics at NRCHC. GCHCP is comprised of a physician, two nurses (one from BPCS and one from BFHNS), a social worker and a physical therapist. The team is responsible for providing medical care and prescriptions for the patients. Patients are taught to manage their conditions at home by self infusing instead of going to GMHA in times of emergencies as much as possible.

A Special Kids Clinic is held twice a month at NRCHC. Two half days a month is dedicated to see patients diagnosed with heart conditions, kidney problems, cerebral palsy, developmental delays, spastic diplegia, osteogenesis imperfect, born prematurely and other medical conditions that need special care. Each patient is allotted a one hour appointment with the physician.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH CSJCN SW III and the MCH staff will continue to conduct and coordinate the next Shriners' outreach clinic to be held in January 2013.		X		
2. The MCH Program is working on creating a Guam-related CSHCN Survey that will be able to answer the NPM Th 02-06 for the next year after the TA is given.	X			
3. The MCH staff will conduct and coordinate the appointments for the next Genetics Clinic is scheduled to take place at Central Public Health on November 26-30, 2012.	X			
4. To have the MCH CSHCN SW III be invited to Project Karinu's Parent trainings, Project Bisita's Family Support group, and other CSHCN Family Support Group meetings.		X		
5. The MCH Program Director will continue her membership with the Early Learning Council, Guam InterAgency Coordinating Council, and Head Start Advisory Committee.	X			
6. The CSHCN SW III will continue to coordinate the medical appointments for the Special Kids Clinic at NCHC.	X			
7. To add the DPHSS Newborn Screening 2nd confirmed results	X			

infants to the CSHCN registry and also provide the parents with information they need about CSHCN program.				
8. The MCH program and CSHCN SW III will also coordinate the next Genetics Clinic is scheduled for November 2012.		X		
9.				
10.				

**b. Current Activities**

The medical providers from Shriners Hospital for Children in Honolulu held an outreach clinic at Central Public Health on January 23-31, 2012 and June 8-15, 2012. They saw 498 with various conditions related to burns and orthopedic related medical conditions. The off-island providers collaborate with local physicians to manage the patients. They work in collaboration with Dr. Jan Bollinger, an orthopedist, and several on-island pediatricians. The Guam Radiology Center provides the ultra sounds and x-rays required by the patients prior to their appointments with Shriners.

The autism support group, Autism Community Together (ACT), held their annual Autism Awareness Fair on April 14, 2012 in celebration of Autism Awareness Month.

The MCH Program became a member of the Guam Early Childhood Council to advocate the need for CSHNS services and to promote CSHCN services offered at DPHSS.

The LEND Program students conducted a CSHCN Survey at ten public elementary schools as part of their course work. The survey was to gather information in regards to CSHCN services on Guam.

A Special Kids Clinic is held two half days a month at NRCHC. Four patients are scheduled on each of the half day clinics. Each patient is allotted one hour to meet with the physician to discuss their medical conditions.

**c. Plan for the Coming Year**

To continue to coordinate the WSGSC to sponsored the next Genetics Outreach Clinic on Guam which is scheduled for November 26-30, 2012 at Central Public Health.

The GCHCP continue to hold their monthly clinics to see patients and to discuss the best way to manage their medical conditions. The GCHCP hopes to hold an educational and recreational Hemophilia Camp. Two staff members who are assigned to be the primary and alternate administrators to manage patient information via Web Tracker will be trained by the American Thrombosis and Hemostasis Network (ATHN). The GCHCP staff hope to be funded again so that they can attend the National Hemophilia Foundation National Meeting for medical updates and to learn new skills for treating patients, and to attend the Basic and Advanced Hemophilia 101 courses.

The MCH Program is trying to develop an island wide CSHCN Registry to get more accurate information on the number of clients needing services for children with special health care needs.

Two more staff from DPHSS are applying to the LEND Program for 2012-2013 school year. Eva Losbanes, a Community Health Nurse II from BFHNS, and Diana Santos, a Social Worker III from BCHS, are applying for the program. The more staff who are trained in dealing with children with disabilities, the more services DPHSS can offer to meet the needs of the families with CSHCN.

The Special Kids Clinic continues to be held twice a month at NRCHC.

The medical team from Shriners Hospital for Children in Honolulu (Medical Outreach) will be back

on Guam in 2013 in January and June at the Central Public Health.

The MCH Program Director to continue the membership with Early Learning Council, the Project Karinu Governance Advisory Board, the ICC Advisory Council, the Head Start Advisory Committee, the Family Partner SMT, and Project Tinituhon Access to Health Insurance and Medical/Dental Homes Strategic Management Team (SMT).

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	74	74	80	80	80
Annual Indicator	60.2	68.0	69.9	86.9	86.9
Numerator	737	1188	1207	819	819
Denominator	1225	1748	1726	943	943
Data Source		DPHSS MCH Program's CSHCN's Registry	DPHSS MCH Program's CSHCN's Registry	DPHSS MCH Program's CSHCN's Registry	CSHCN Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	80	80	80	80	80

**Notes - 2011**

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

**Notes - 2010**

All CSHCN data are all unofficial for 2010 due to there are a variety of registries within agencies, but this year of 2010 we obtained from the Medical Social Worker III working now with the CSHCN program and it's from her registry that we go the data for this reporting year. The PC III for CSHCN resigned this year in March, 2011 and she did not leave any data with CSHCN with the Bureau. Also a pilot survey with the CSHCN Survey was created and done this year 2011 with the Shriners clients. Results still need more time to analysis them. So data is provisional for this reporting year.

**Notes - 2009**

All CSHCN data are all unofficial for 2009 due to there are a variety of registries within agencies and program throughout Guam.

**a. Last Year's Accomplishments**

**Data:**

According to Cindy Malanum who oversees the CSHCN Program, of the 943 patients on the CSHCN Registry, 428 had private insurance, 315 had Medicaid, 46 had MIP, 30 had military insurance and 124 had no insurance. In total 86.9% of CSHCN patients have adequate or have some type of insurance to pay for the services they need. All services at Central Public Health are free of charge to patients.

**Past Activities:**

All services at Central Public Health are free of charge to patients. Most of the patients who are in the CSHCN Program are under the Medicaid or MIP Program.

The Shriners Hospital for Children in Honolulu held two outreach clinics at Central Public Health last year. One was from January 5-13, 2011 and the other was held on June 21-28, 2011. The island medical providers work in conjunction with on-island physicians to treat patients with burn injuries and orthopedic-related medical problems. They work with Dr. Jan Bollinger, an orthopedic specialist, on Guam and various pediatricians around the island.

A Genetics Clinic was conducted on September 26-30, 2011 by the State of Hawaii Department of Health at the Central Public Health. There were 27 patients that were seen. The Genetics Clinic is funded by the Western Genetics Services Collaborative grant in association with the Children with Special Health Needs Branch/Genetics Program/State of Hawaii Department of Health.

A Special Kids Clinic was held twice a month at NRCHC. Two half days a month were dedicated to see patients diagnosed with heart conditions, kidney problems, cerebral palsy, developmental delays, spastic diplegia, osteogenesis imperfect, born prematurely and other medical conditions that need special care. Each patient was allotted a one hour appointment with the physician.

The GCHCP staff conducted monthly meetings to discuss patient cases and scheduled monthly appointments to see patients.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to conduct and coordinate the next Shriners' outreach clinic to be held in January 2013.	X			
2. The MCH Program is working on creating a Guam-related CSHCN Survey that will be able to answer the NPM Th 02-06 for the next year.			X	
3. The MCH CSHCN SW III and some assistance with the DOE GEIS Nurse will conduct the Special Kids Clinic, that is held twice a month and at the NCHC.		X		
4. The MCH program staff will continue to coordination of the Shriners Hospital for Children in Honolulu (Medical Outreach) that provides free orthopedic and burn consultations.		X		
5. The GCHCP hopes to hold an educational and recreational Hemophilia Camp for this upcoming year.		X		
6. The University of Hawaii and Hawaii State Department, MCH Program will provide two more DPHSS staff that are applying for the LEND Program this coming September 2012.		X		X

7. The MCH Program Director will continue her membership with the Early Learning Council, Guam InterAgency Coordinating Council, and Head Start Advisory Committee.	X			
8. The MCH program and CSHCN SW III will also coordinate the next Genetics Clinic is scheduled for November 2012.		X		
9. The MCH PC IV will coordinate a in-service for the providers and nursing staff on the Medicaid Program to present and discuss the services that these CSHCN are eligible for under the Medicaid program.	X			
10.				

**b. Current Activities**

The Shriners' Hospital for Children in Honolulu held an outreach clinic on Guam on January 23-31, 2012 and June 8-15, 2012 at Central Public Health.

The Guam Comprehensive Hemophilia Care Program (GCHCP) staff take care of the patients who have Hemophilia and von Willebrand's Disease and other bleeding disorders. They conduct monthly meetings and clinics at NRCHC. GCHCP is comprised of a physician, two nurses (one from BPCS and one from BFHNS), a social worker and a physical therapist. The team is responsible for providing medical care and prescriptions for the patients. Patients are taught to manage their conditions at home by self infusing instead of going to GMHA in times of emergencies as much as possible.

The during the monthly Head Start Advisory Committee meetings the members are informed of the current number of students that are enrolled to the program, their health status, the number of children who have a disability, and they also report on current behavioral disorders that are addressing with their students.

**c. Plan for the Coming Year**

Another Genetics Clinic is scheduled to take place at Central Public Health on November 26-30, 2012.

A Special Kids Clinic is held twice a month at NRCHC. Two half days are dedicated to see patients with medical problems that need special care. Four patients are scheduled on each of the half day clinics. Each patient is allotted one hour to meet with the physician.

Shriners Hospital for Children in Honolulu (Medical Outreach) provides free orthopedic and burn consultations. Clinics are held every January and June at the Central Public Health.

The GCHCP hopes to hold an educational and recreational Hemophilia Camp. Two staff members who are assigned to be the primary and alternate administrators to manage patient information via Web Tracker will be trained by the American Thrombosis and Hemostasis Network (ATHN). The GCHCP staff hope to be funded again so that they can attend the National Hemophilia Foundation National Meeting for medical updates and to learn new skills for treating patients, and to attend the Basic and Advanced Hemophilia 101 courses.

Two more DPHSS staff are applying for the LEND Program. One is a Community Health Nurse II from BFHNS and the other is Social Worker III from BCHS. The program begins in September 2012.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	100	100	50	50	50
Annual Indicator	60.2	43.1	44.7	32.0	30.6
Numerator	737	753	772	302	52
Denominator	1225	1748	1726	943	170
Data Source		Guam DPHSS CSHCN Program and BFHNS reports	Guam DPHSS CSHCN Program and BFHNS reports	Guam DPHSS MCH/CSHCN Program and BFHNS reports	CSHCN Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	50	50	50	50	50

**Notes - 2011**

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

**Notes - 2010**

All CSHCN data are all unofficial for 2010 due to there are a variety of registries within agencies, but this year of 2010 we obtained from the Medical Social Worker III working now with the CSHCN program and it's from her registry that we go the data for this reporting year. The PC III for CSHCN resigned this year in March, 2011 and she did not leave any data with CSHCN with the Bureau. Also a pilot survey with the CSHCN Survey was created and done this year 2011 with the Shriners clients. Results still need more time to analysis them. So data is provisional for this reporting year.

**Notes - 2009**

All CSHCN data are all unofficial for 2009 due to there are a variety of registries within agencies and programs throughout Guam.

**a. Last Year's Accomplishments**

Data:

The CSHCN Survey includes the patient and parents' names, home and mailing address, patient's qualifying medical condition, physician information, and medical and dental insurance status. It asked for family composition: parents' marital status, whether patient was living with

one or both parents, ages of siblings if any, and names of other caregivers besides the parents. It asked for economic status: who was the head of household, if parents were employed, average income, and if parents owned home, renting, living with others, or living in public housing, homeless shelter or car.

The survey asked if the patient was receiving any type of special services including food stamps, welfare, Medicaid, MIP, WIC and other federal programs. The survey wanted to know which special clinic the patient was being seen in: Special Kids, Hemophilia, Shriner's, or Genetics. The survey asked for patient's and parents' medical history. There were also 13 questions which the parents were asked to fill out. Did they have a health provider who was helping them coordinate the care of their child? Were they receiving coordinated comprehensive medical care in the medical home setting and were they satisfied? Did they have adequate private or public medical insurance to pay for their child's health needs? Did they use community based services for their child's needs? Was their child receiving transitional services? Did they understand their child's condition? Did they have adequate support from family to help take care of their child? Were they ready of their child's next developmental stage of life? Did they know how to take care of their child's medical condition? Did they have all the services needed to take care of their child's condition? Did they have adequate transportation for their child's appointments? Did their employer provide reasonable accommodation to release them for their child's appointments or illnesses?

CSHCN surveys were passed out to the 222 patients that were seen at the Shriners Outreach Clinic in June 2011. Only 170 surveys were returned. When asked if community-based service systems were organized so that they can use them easily, 52 (30.6%) said yes. There were 943 patients on the CSHCN Registry. Some of the reasons why patients were not completing the surveys were because there were too many questions, the survey took too long to answer and questions were hard to understand. The MCH Program will be revising the survey so that patients will be more willing to complete them, at the same time obtain the data to complete the performance measures.

#### Past Activities:

The CSHCN Program Coordinator III left in 2010. Cindy Malanum, a Social Worker III from BCHS, assumed her duties which included coordinating the Shriners' outreach clinic programs, Special Kid's Clinics, Genetics' clinics, and other CSHCN activities. She was also tasked to maintain the CSHNS Registry. Families with CSHCN can contact her to make appointments and to seek information about services offered at DPHSS.

Cindy Malanum and Lynn Okada, Community Health Nurse II from BFHNS, were accepted into the LEND Program, a collaboration between UOG and the University of Hawaii. The LEND Program provides long-term, graduate level interdisciplinary leadership training and interdisciplinary services and care. The purpose of the program is to improve the health of infants, children, and adolescents with or at risk for neurodevelopmental and related disabilities. Ms. Malanum works with the CSHCN Program and Ms. Okada works with the Hemophilia Program.

The MCH Program Manager is co-chair of the Guam Early Hearing and a member of the Intervention Advisory Committee, the Head-Start Advisory Board, the DOE Part C Interagency Collaborative Committee, the Immunization Advisory Committee, the Guam Early Learning Council, and the Karinu Governance Board.

Two Shriners Outreach Clinics were held at Central Public Health. One was on January 5-13, 2011 in which they saw 222 patients and the other one was on June 21-28, 2011, in which 279 patients were seen.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to conduct and coordinate the next Shriners' outreach clinic to be held in January 2013.	X			
2. To continue to provide nursing services at other CSHCN fairs and outreaches with the Head Start program, the DOE Special Education program, Project Karinu, Project Bisita, Parent Support groups, Mental Health month, and Healthy Babies Healthy Mothers		X		
3. The MCH CSHCN SW III will continue to conduct the Special Kids Clinic that is held two half days a month at NRCHC.	X			
4. The MCH CSHCN program is working on developing a island wide CSHCN Registry to get more accurate information on the number of clients needing services for children with special health care needs.		X		
5. The MCH Program is working on creating a Guam-related CSHCN Survey that will be able to answer the NPM 02-06 for the next year.			X	
6. To submit a request for TA on developint a CSHCN survey to be used to the families on Guam.			X	
7. The MCH Program Director will continue her membership with the Early Learning Council, Guam InterAgency Coordinating Council, and Head Start Advisory Committee.	X			
8. The MCH program and CSHCN SW III will also coordinate the next Genetics Clinic is scheduled for November 2012.	X			
9.				
10.				

**b. Current Activities**

The medical providers from Shriners Hospital for Children in Honolulu held an outreach clinic at Central Public Health on January 23-31, 2012 and June 8-15, 2012. They saw 498 with various conditions related to burns and orthopedic related medical conditions. The off-island providers collaborate with local physicians to manage the patients. They work with Dr. Jan Bollinger, an orthopedist, and several pediatricians. The Guam Radiology Center provides the ultra sounds and x-rays required by the patients prior to their appointments with Shriners. Cindy Malanum was responsible for coordinating the event.

The MCH Program became a member of the Guam Early Childhood Council to advocate the need for CSHNS services and to promote CSHCN services offered at DPHSS.

The LEND program students conducted a CSHCN Survey at ten schools as part of their course work. The survey was to gather information in regards to CSHCN services on Guam. A total of 1,089 4th grade students were given the surveys to take home but 727 were returned. The survey consisted of five questions dealing with CSHCN services. According to Guam Children with Special Health Care Needs Survey Report by the 2012 LEND Trainee Cohorts, only 50 of the 727 that were turned in met the CAHMI criteria for a child with special health care needs. All subparts of any one question must be answered yes to meet the criteria. It was concluded that Guam's percentage of CSHCN was 7.37%.

**c. Plan for the Coming Year**

A Special Kids Clinic is held two half days a month at NRCHC. Four patients are scheduled on each of the half day clinics. Each patient is allotted one hour to meet with the physician.

The MCH Program is trying to develop an island wide CSHCN Registry to get more accurate information on the number of clients needing services for children with special health care needs.

Two more staff from DPHSS are applying to the LEND Program for 2012-2013 school year. Eva Losbanes, a Community Health Nurse II from BFHNS, and Diana Santos, a Social Worker III from BCHS, are applying for the program. The more staff who are trained in dealing with children with disabilities, the more services DPHSS can offer to meet the needs of the families with CSHCN.

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

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	100	100	50	50	50
Annual Indicator	60.2	10.2	10.7	10.1	24.5
Numerator	737	178	203	95	231
Denominator	1225	1748	1906	943	943
Data Source		Data from CSHCN Registry and GPSS SPED	Data from CSHCN Registry and GPSS SPED	Data from MCH/CSHCN Registry	CSHCN Registry
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Final
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	50	50	50	50	50

**Notes - 2011**

2011 data stated is from one source the DPHSS CSHCN Registry.

**Notes - 2010**

All CSHCN data are all unofficial for 2010 due to there are a variety of registries within agencies and program throughout Guam. Also a pilot survey with the CSHCN Survey was created and

done this year, 2011 with the Shriners clients. Results still need more time to analysis them. So data is provisional for this reporting year.

#### **a. Last Year's Accomplishments**

Data:

Of the 943 patients on the CSHCN Registry, 231 received services necessary to make the transition to all aspects of adult life. These were patients who were between the ages of 17-21 years old.

Past Activities:

The Hemophilia Program is for patients with Hemophilia, von Willebrand's Disease and other bleeding disorders. The Hemophilia Program is housed in the Medical Social Services section in BCHS at DPHSS. These medical conditions are usually hereditary thus several members of one family may have the disease. These diseases may have crippling or even fatal outcomes if not managed or treated on a timely manner. The social workers help the patients by making sure they have a medical home where they can get medical care. They need a physician to properly diagnose their conditions, a nurse to help them manage the disease, and a social worker to help them navigate the system. Since these bleeding orders can damage the joints if not treated properly, a physical therapist is needed to correct the effects.

Patients with Hemophilia and von Willebrand's Disease take a long time to stop bleeding when they have bleeds. If serious enough, these patients can literally bleed to death unless they take a medication with a blood clotting factor. These medications are usually administered intravenously. Patients are taught to infuse their own medication at home instead of going to the emergency room at the hospital or clinic. Not only is this expensive and time consuming, it may cause dire consequences if the bleeding is not stopped immediately. It can cause joint damage leading to damaged knees and elbows leading to a life with a disability instead of getting a job and leading a normal life. Patients with Hemophilia are taught to be self reliant so that they can live independently.

Compared to 20 years ago, patients are now able to attend school, play sports and live without a disability. They are taught to manage their medical conditions by taking prophylaxis to prevent bleeds instead of waiting for a bleed to happen. In years past, patients with these types of medical conditions did not attend school because they were too sick or the parents were afraid they would suffer a bleeding episode at school. They weren't able to play sports. They lived with a limp because of damaged knee joints. Their disability prevented them from getting a job and relied on public assistance for their living. It was also very costly to treat bleeding problems because of the medication that are required to stop the bleeds. Most of the patients are on either Medicaid or MIP to afford their medications.

The Guam Comprehensive Hemophilia Care Program (GCHCP) is comprised of a team of medical providers which include a physician, two nurses, a social worker and a physical therapist to take care of the needs of the patients with Hemophilia and von Willebrand's Disease. They conduct monthly meetings and hold clinics at NRCHC. They go through each patient's medical chart and make sure they are getting the medical care they need.

The Shriners Hospital for Children in Honolulu is a non-profit hospital which treats children with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate, regardless of their ability to pay. Patients must be under the age of 18 to receive care and services. A medical team from Shriners usually conducts an Outreach Clinic at Central Public Health twice a year on Guam. Patients are seen for free. Children with orthopedic conditions or burns are able to get the treatment they need so that debilitating conditions can be corrected before they cause a permanent disability. If the treatment is unavailable on Guam, the patients can get treated in Hawaii as well.

There were two Shriners Outreach Clinics at Central Public Health in 2011 in which 501 patients were seen. There were 222 patients treated on January 23-31 and 279 patients on June 8-15.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The GCHCP team continues to meet monthly to discuss patient cases and to schedule patients for evaluation.		X		
2. The MCH program and CSHCN SW III will continue to conduct and coordinate the next Shriners Outreach clinic will take place January 2013.	X			
3. The MCH program and CSHCN SW III will also coordinate the next Genetics Clinic is scheduled for November 2012.	X			
4. The FP PC III will continue his membership with the Developmental Disabilities Council to educate the members on the MCH and CYSHCN program.	X			
5. The MCH Program Director will continue her membership with the Early Learning Council, Guam InterAgency Coordinating Council, and Head Start Advisory Committee.	X			
6. To continue to work with the Vocational Rehabilitation Program in placing students with the Special Education program in placing children in the Transitional Placement program to be employed in the bureau or department.		X		
7.				
8.				
9.				
10.				

**b. Current Activities**

A Shriners Outreach Clinic was held on January 23-31, 2012 and on June 8-15, 2012 at Central Public Health. There were 498 patients that were seen.

A Special Kids Clinic is held twice a month at NRCHC. Children diagnosed with heart conditions, kidney problems, cerebral palsy, developmental delay, spastic diplegia, osteogenesis imperfecta and other medical conditions that need special care as well as children who were born prematurely are eligible for services. Patients are allotted one hour with the physician to obtain a thorough evaluation.

The Guam Early Learning Council published a directory of Guam service providers for children birth to eight years of age titled 2012 Nene Directory. This booklet contains medical and dental providers and clinics, educational services, support services, and family support groups. This booklet helps the families with children with special health care needs find the help they need to take care of their families and to not feel so overwhelmed being a care taker.

**c. Plan for the Coming Year**

The GCHCP team continues to meet monthly to discuss patient cases and to schedule patients for evaluation.

The next Shriners Outreach clinic will take place January 2013. The next Genetics Clinic is scheduled for November 2012.

The Special Kids Clinic is still held twice a month at NRCHC.

To continue to partner with the Department of Education Special Education Division to provide information of the transitional placement for students to be placed in the DPHSS BFHNS area.

To continue the MCH program membership with the Early Learning Council, the Disabilities and Development Council (DDC), the ICC Advisory Committee, and Project Karinu's Governance Advisory Board.

**Performance Measure 07:** *Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	75	75	75	75	75
Annual Indicator	23.5	34.6	22.7	22.9	20.6
Numerator	750	66	1561	1382	1236
Denominator	3189	191	6890	6028	5999
Data Source		Guam Immunization Program WEBIZ			
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	75	75	75	75	75

**Notes - 2011**

The 2011 stated in this measure was from one source the Guam Immunization WEBIZ data base. The data is provisional because it does consist all the children 15-35 months on Guam, only what the WEBIZ has in it's data base.

**Notes - 2010**

The Guam DPHSS Immunization Program has all the 3 DPHSS Health Centers at DPHSS inputting into the WEBIZ for 2010, two public middle school and about 6 new private clinics are also inputting their immunizations. The Immunization program does not have this measure calculated at this reporting year, so data again is provisional.

**Notes - 2009**

The Guam DPHSS Immunization Program has all the centers at DPHSS inputting into the WEBIZ for 2009 and about 3 private clinics are also inputting their immunizations.

**a. Last Year's Accomplishments**

Past Activities:

The Immunization Program staff obtained an Immunization Rate Report from the GUWebIZ for a specified vaccine series by the target age range for each calendar year requested. The GUWebIZ Immunization Registry is not island-wide; data in the registry are only from providers/partners enrolled in the registry. From mid-March 2011 to the first week of August 2011, private providers and partners, not on the Government of Guam network, could not access the registry and enter data due to security issues. In the 27 outreaches that were conducted in 2011, 1,830 out of 1,953 clients were immunized and 5,381 doses of vaccines were administered.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to collaborate and coordinate with the DPHSS Guam Immunization Outreaches.	X			
2. The Immunization Program continues to promote GUWebIZ in order to increase the number of public and private providers enrolled in the immunization registry.		X		
3. The Immunization Program is trying to integrate GUWebIZ with other DPHSS electronic systems (RPMS, STEVE-ER) and with private medical providers' electronic health records (e.g. SDA, TakeCare).				X
4. The Immunization Program would like the Guam Legislature to pass a mandate to require that all immunizations administered on Guam, regardless if public or private purchased vaccines, be entered or submitted to the Immunization Information System with				X
5. The BFHNS and MCH nursing staff will assist the Immunization program with any Head Start or Daycare immunization outreaches to increase accessibility to the 19-35 months infants and meet this measure.		X		
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

The MCH Program collaborates with the Immunization Program by providing the staff to give the vaccinations. Walk-in immunization clinics are held twice a week at Central Public Health and everyday one month before the start of classes in August. Immunizations are also offered at village outreaches bimonthly. The staff go out to different villages around the island to accommodate families who are unable to go to Public Health. Immunizations are also offered at health fairs throughout the year. BPCS provides immunizations not only at the community health

centers but also at their extended outreaches. Every four months, the medical and support staff go to one of the villages and hold a clinic. Services include well baby checks and immunizations. Immunization outreaches for WIC clients are held on the first Friday of each month at NRCHC.

**c. Plan for the Coming Year**

The Immunization Program continues to promote GUWebIZ in order to increase the number of public and private providers enrolled in the immunization registry. The Immunization Program is trying to integrate GUWebIZ with other DPHSS electronic systems (RPMS, STEVE-ER) and with private medical providers' electronic health records (e.g. SDA, TakeCare). Some of the upcoming activities include outreaches during Child Immunization Week, Back-to-School outreaches (0-18 years of age) in July and August, BFHNS' Breastfeeding Fair in August and the Healthy Mothers, Healthy Babies Fair in October.

The Immunization Program would like the Guam Legislature to pass a mandate to require that all immunizations administered on Guam, regardless if public or private purchased vaccines, be entered or submitted to the Immunization Information System within 30 days of administrations ("Opt Out Registry") and to amend 10 GCA Chapter 3 to include "childcare facilities" and to include "childcare facility records and public and private school students immunization records" to the law.

**Challenges:**

Some of the challenges to improving immunization rates include: severe nursing shortage within the health department and limited access to services. There is also a problem with parents or guardians delaying their children's immunizations until free immunization outreaches are conducted, which may only be held 1-2 times every quarter. There have been numerous instances of children being born on Guam who receive the birth dose of Hepatitis B vaccine and nothing after that until they are ready to go to school. The children do not receive any or very few vaccinations in between. There is a problem with licensed childcare facilities submitting their quarterly immunization surveys to the program for assessment because there is no ramifications for failure to do so.

**Performance Measure 08:** *The rate of birth (per 1,000) for teenagers aged 15 through 17 years.*

**Tracking Performance Measures**

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	21	21	20	20	20
Annual Indicator	26.7	42.4	29.1	30.0	28.8
Numerator	120	147	121	126	138
Denominator	4496	3466	4158	4201	4791
Data Source		DPHSS Vital Statistic Office	DPHSS Office of Vital Statistic	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is					

fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	20	20	20	20	20

**Notes - 2009**

This data was hand count at the DPHSS Vital Statistics Office from the 2009 Birth Certificates by a MCH/BFHNS nursing staff

**a. Last Year's Accomplishments**

In 2011, there were 138 teenagers ages 15-17 years old who gave birth. The annual indicator went down even though there were more teenage births in 2011 because the total number of teens in that age group went up as well.

The Pacific Daily News VIBE reporters, composed of high school students, interviewed teen mothers ages 16 to 17, asking what type of challenges they were facing raising a baby. Some of the challenges included completing school, the high cost of raising a baby and the impact it was causing on their teenage years. They stated that drugs, alcohol, and peer pressure played a part in their unplanned pregnancies. (PDN, 2/11)

According to the 2011 YRBS, 47.9% of 614 females, aged 15-17 years, has had sexual intercourse; 5.7% of 612 females drank alcohol or used drugs before having sex; and 13.8% of 1205 females has had unprotected sex. Responses to the question asking for the age of first sexual intercourse, out of 611 females, 13.4% had sex at age 15; 9.0% at age 16 and 2.0% at age 17 years.

Bill 52-31 or the "Woman's Reproductive Health Information Act of 2011" was introduced in the 31st Guam Legislature. This bill requires "informed consent" and a 24 hour delay before a woman could obtain an abortion on Guam. The bill is still pending.

The 21st Annual Youth for Youth Conference was held on April 9-11, 2011. Presentations included how to turn peer pressure from negative to positive, effective leadership, goal setting skills and how to say "no" to alcohol, tobacco, drugs, violence and other forms of negative behavior.

The Medical Social Services staff offered parenting classes for teen parents at DPHSS. The goals of the classes are to teach parents how to effectively discipline children without the use of physical punishment, understanding why children misbehave and how to handle parenting stress. BPCS started offering a Teen Outreach Clinic this year. No appointment is needed and offers Family Planning Services, STD/HIV testing and counseling.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH staff coordinate meetings with non profit young girls clubs to educate girls on issues like preventing teen pregnancy, suicide, substance abuse and sexual abuse.			X	
2. The BFHNS nursing staff and providers will receive training on			X	

identify signs of suicide within the clinic visit.				
3. To continue to accept any adolescents at CRHC clinic for the Walk-In Teen Family Planning clinic.		X		
4. To continue to educate on Family Planning methods and issues in the Early Prenatal Care classes and the Breastfeeding classes.	X			
5. To continue to schedule adolescent health presentations to the different Guam DOE public middle and high schools with the School Health Counselors throughout the island.		X		
6. To provide the education of the Abstinence education program to adolescents seeking other ways of family planning.			X	
7. To continue the membership of the Family Planning PC III to attend the YRBS advisory board.	X			
8. To collaborate with the Department Youth Affairs, Sanitary Inc., and the Youth-4-Youth conference to provide presentations with thier adolscents on family planning education and Abstinence education.	X			
9.				
10.				

**b. Current Activities**

BFHNS Staff conducted presentations on family planning at George Washington High School on March 14-15, 2012. The BFHNS district nurses did home visits to teen mothers and mothers without insurance that were referred by the GMHA Labor & Delivery staff. These mothers were encouraged to breastfeed, were taught parenting skills, nutrition, and family planning. The nurses then referred them to social workers when indicated.

DOE's Parent-Family-Community Outreach Program sponsored several workshops in March 2012. Some of the topics presented were how to obtain a high school diploma or GED, how to apply for employment, and "Playing by the Rules" with the Guam Judiciary.

On March 26-30, 2012, the 3rd Annual HIV Prevention Conference was conducted with a presentation on "Coordinated School Health Education and Its Relationship to HIV/AIDS Education". Topics included a comprehensive health education course that addressed the Coordinated School Health Programs (CSHP) and the 2011 Youth Risk Behavior Survey.

The 22nd Annual Conference Youth for Youth Conference will be held on April 27-29, 2012 at the Hyatt Regency. The group is expecting 350 participants from middle and high schools on Guam and neighboring islands. The vision of this event is to empower the youth with the knowledge and life skills in choosing and promoting among their family and peers a healthy and substance abuse-free lifestyles.

**c. Plan for the Coming Year**

There are several organizations that are geared toward youths. One of these groups is Island Girl Power which is a nonprofit organization that encourages young girls to make positive lifestyle choices. They educate girls on issues like preventing teen pregnancy, suicide, substance abuse and sexual abuse. Another youth group is the Guam Girl Scouts. Sanctuary, Inc. helps to improve the quality of life for Guam's youth. They additionally promote reconciliation with family conflicts and advocate for the teens for their needs in preserving family unity. One of their efforts to educate the youth is offering educational presentations on anger management, parent support, parenting skills, and Tobacco Cessation.

BFHNS started a Family Planning Clinic in April 2012 at Central Public Health. The clinic is geared towards teenagers and creates a free, confidential, walk-in environment. A survey will be

conducted to identify their needs.

The first ever Women's Health Conference was held on May 19, 2012. The purpose of the conference was to provide an educational forum in discussing the major issues affecting women in the Pacific. This included racial and ethnic disparities, peri-natal care, protecting the medical health and mental health of women throughout their lifespan. In 2013, plans are in place to expand the conference to a two day event, to include other island jurisdictions, non-profit organizations, the military, the community and private businesses

**Performance Measure 09:** *Percent of third grade children who have received protective sealants on at least one permanent molar tooth.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	49	49	40	40	40
Annual Indicator	31.1	13.3	16.2	73.3	70.4
Numerator	991	423	510	1100	1026
Denominator	3184	3172	3157	1500	1457
Data Source		DPHSS Dental program	DPHSS Dental Program	DPHSS Dental Program	DPHSS Dental Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	75	75	75	75	75

**Notes - 2011**

The data stated for 2011 is official, because this year the DPHSS Chief Dental Officer conducted a screening to all 3rd graders in the Guam Public Elementary Schools. This screening was done for the first time to provide data to the MCH NPM 09.

**Notes - 2010**

The DPHSS Dental clinic does not collect this data for 2010 at this time, the only data that they submitted to the MCH program was the number of children that were seen at the dental section for 2010 and number of children that received Dental Varnish for year 2010. Also they submitted at the 2010 MCH NA the total number 5-16 years old, total sealants placed between the 2007, 2008, and 2009. So for 2010 this measure has no data for this reporting year.

**Notes - 2009**

This dental data for 2009 is unofficial of number of 3rd graders with at least one sealant for this reporting year.

**a. Last Year's Accomplishments**

Background

The DPHSS dental program at Central Public Health provides free basic dental care to children below 18 years old who meet the income guidelines and eligibility requirements set forth by the department. These services include oral exams, prophys, radiographs, fluoride, sealants, restorations, pulpotomies, pulpectomies, and extractions. Patients receiving public assistance from the following programs are eligible: SNAP (food stamps), Medicaid, MIP, WIC, and GHURA. Patients who have dental insurance are not eligible to be seen unless they are in the Head Start Program. DPHSS is collaborating with the DOE Head Start Program to ensure their patients receive dental care even though they are insured because some patients cannot afford the deductible that are associated with the visits.

DPHSS used to have three dental clinics, one at each of the community health centers and Central Public Health. Only the one at Central Public Health is still operating. The dental program is 100% locally funded. Due to the poor economic situation of the Government of Guam for the past several years, vacancies in the dental program are left unfilled or eliminated altogether thus over the years the dental staff have gone from 29 staff members to the current number of seven which includes one dentist and six dental assistants. As a result, the workload has been decreased considerably and appointments are no longer given; only dental emergencies and referrals are done in the clinic.

The dental program still conducts the Fluoride Varnish Program which started in 2004. The program is for children under five years old and involves the application of fluoride varnish on deciduous teeth so that they can be protected from caries and be retained as long as possible until the permanents have a chance to erupt. The dental staff goes out to the 25 Head Start Centers, and various daycares around the island to apply the fluoride varnish. They do oral health education and distribute toothbrushes and toothpastes to the children. The dental program collaborates with the MCH and Immunization Programs by participating in their immunization outreaches. They participate in village outreaches, WIC outreaches, and health fairs throughout the year.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The DPHSS Dental Clinic will continue to perform oral exams and prophys on children enrolled in the Head Start Program.			X	
2. The Dental program will continue to collaborate with the MCH and Immunization Programs in their immunization outreaches.		X		
3. The Dental program will continue with the Fluoride Varnish Program at the Head Start Centers and daycares.		X		
4. The MCH program will continue to assist in funding the Fluoride Varnish and dental supplies needed for children's dental appointments.				X
5. The Dental screenings will be conducted on an annual basis.		X		
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

The data was obtained by DPHSS dental staff performing dental screenings on third graders attending public elementary schools. Third graders attending private schools would have been

included but there was not enough time to get authorization.. Permission slips were given to all the third graders attending elementary schools in the public school system. A dentist and four dental assistants performed the dental screenings. The children were screened not only for sealants, but also for the presence caries, restorations and missing teeth. Oral health education was given to the children prior to the dental screening.

There were 2,303 third graders enrolled in 26 elementary schools in the public school system according to the Department of Education SY 2011-2012 Official Student Enrollment Report. Only 1,457 children participated in the dental survey. Some parents refused to have their children participate because they were already seeing a dentist in the private sector and others failed to turn in their permission forms.

Of the 1,457 children that were screened, 1,026 children (70.42%) had sealants. The other data that were collected showed that 656 children (45.02%) had caries, 854 children (58.61%) had restorations and 546 children (37.47%) had missing teeth.

**c. Plan for the Coming Year**

The dental program performs oral exams and prophylaxis on children enrolled in the Head Start Program. Sealants are applied, when indicated, after the oral exam is performed. Two afternoons a week are dedicated to the Head Start Program. Children, who are diagnosed with having caries and are under the Medicaid Program, are referred to a pediatric dentist in the private sector for additional treatment. Because of their age, it is recommended that nitrous oxide be used when restorations or extractions are indicated because it is less traumatizing for them.

The dental program will continue to collaborate with the MCH and Immunization Programs in their immunization outreaches and will continue with the Fluoride Varnish Program at the Head Start Centers and daycares. Dental screenings will be conducted on an annual basis. Private schools will be invited to participate in future dental surveys.

**Performance Measure 10:** *The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	2	2	2	2	2
Annual Indicator	0.0	16.1	4.0	0.0	2.0
Numerator	0	8	2	0	1
Denominator	49606	49555	49555	49468	49413
Data Source		Estimated from the 2000 Census of Populations Guam	2000 Census Projections	2000 Census Projections	2000 Census Projections
Check this box if you cannot report the numerator because			Yes	Yes	Yes
1. There are fewer than					

5 events over the last year, and 2.The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	2	2	2	2	2

**Notes - 2010**

The 2010 data deaths due to MVC with less than 14 years old is final from the DPHSS OVS and the polulation of children less than14 years of age is an estimated from Guam Census. Data is corect for this reporting year.

**Notes - 2009**

The data of 2009 was provisional last year (2009 data) but for this reporting year it was changed 2009 and is now final and offical from DPHSS OVS.  
And for the 2010 data it is Final and reorted from DPHSS OVS.for this reporting year.

**a. Last Year's Accomplishments**

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes was 4.03 in 2009, 0 in 2010 and 2.02 in 2011. In October 2011, the Guam Marianas Variety reported that the Guam Police Department launched an investigation regarding the death of a 2-year child found unconscious in a parked car. The child was found in a vehicle by the child's grandmother. The death was classified as an accidental suffocation.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH will continue working with the Office of Highway Safety, the Emergency Medical Services for Children and the Guam Police Department in educating the public on bicycle safety, car seat safety and the proper installation of car seats.			X	
2. To continue to have Community Health Nurses participate with the DPW Highway Safely Office child safety education and inspections throughout the year.			X	
3. The BFHNS and MCH staff will provide child safety prevention education to parents and children during immunization outreaches, health fairs, school presentation, and clinic visits.	X			
4. To plan a meeting with the Highway Safety staff on ways to collaborate to increase awareness on child safety education and child injury prevention.		X		
5. The MCH program will link with the agencies that have the data on child deaths and injuries and partner with them on child prevention activities.		X		
6. To incorporate child passenger safety education into the parenting, early prenatal care and breastfeeding classes.		X		
7.				

8.				
9.				
10.				

**b. Current Activities**

DPHSS and the Department of Public Works, in partnership with the Office of Highway Safety, are working together to educate the public on Child Passenger Safety as well as other laws that pertained to traffic safety. Public Law 31-189 or the "Bicycle Safety Act of 2011" is aimed to reduce the incidence of disability and death resulting from injuries incurred in bicycling accidents by requiring that, while riding on a bicycle on highways, streets and sidewalks, all bicycle operators and passengers under 16 years of age wear approved protective bicycle helmets. Public Law 31-57 increases the penalties for drivers who disregard the safety of school children entering or exiting school buses. Public Law 31-89 prohibits the use of video screens in a motor vehicle while in motion or in a lane of traffic.

**c. Plan for the Coming Year**

MCH will continue working with the Office of Highway Safety, the Emergency Medical Services for Children and the Guam Police Department in educating the public on bicycle safety, car seat safety and the proper installation of car seats and distracted driving.

**Performance Measure 11:** *The percent of mothers who breastfeed their infants at 6 months of age.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	90	90	50	50	50
Annual Indicator	0.0	10.0	13.4	14.8	9.0
Numerator	0	93	127	168	215
Denominator	3501	928	948	1136	2377
Data Source		DPHSS WIC program	DPHSS WIC program	DPHSS WIC program	DPHSS WIC Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	50	50	50	50	50

**Notes - 2010**

The data for 2010 for this measure is from the DPHSS Bureau of Nutritional Services who oversees the WIC Program submitted the data for 2008-2010. The data for this reporting year is official and final.

**Notes - 2009**

The data presented are for DPHSS WIC department in 2009.

For reporting year of 2011, data on this year was changed because the final report that was obtain from the Bureau of Nutritional Service that oversee the WIC program, were able to submit to us their final data on Breastfeeding for 2008, 2009, and 2010. So now this data change is final for this reporting year.

**a. Last Year's Accomplishments**

Data came from WIC Program; using Arizona in Motion System (AIMS) for data collection.

Noted that there is an increase in pregnant women enrolled into the program this year but they are not choosing to breastfeed their infant up to the 6 months of age. So the results show that the mothers are not breastfeeding their infants at the 6 months of age. Thou the economy is displaying the need for more people obtaining public assistance, the mothers are not promoting bonding, stronger immune system, less expensive, and more nutritional feeding by Breastfeeding.

**Past Activities:**

The goal for the MCH Program is promote and encourage Breastfeeding after delivery to increase the awareness "Breast is the Best". The DPHSS WIC program has always been partners with the BFHNS in promoting Breastfeeding to all our clients at Central Public Health. The BFHNS was very involved with the Breastfeeding Coalition because we had one of our Community Health Nurse Supervisor II as the Chairperson for the Coalition and was very good advocate for breastfeeding. The Coalition are members of the different maternal health areas, GMHA Unit Supervisors, Lactation trainees, Birthing center staff, OB/GYN physicians, Pediatric staff, OB Nursery staff, MCH program staff, WIC breastfeeding mentors, Dietitian from the Hospital, CSHCN registry, Breastfeeding mothers, and Health Educators from GMHA and DPHSS. The Coalition is still active in conducting the Annual Family and Breastfeeding Health Fairs. The coalition is also working on the policies for a Formula-Free hospital and Breastfeeding Friendly Hospital, that would like to implement soon to promote breastfeeding.

The DPHSS BNS WIC Breastfeeding Mentors are very active in participating in various health fairs, nutritional trainings, and Maternal/Health-related Conferences throughout the year. The staff of the WIC program and the nursing staff of the MCH program usually team up in doing presentations on Breastfeeding.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH Program will continue to partner with the WIC Program in participating in health fairs, training, and presentations to promote breastfeeding.	X			
2. The MCH staff will continue to be a member of the Guam's Breastfeeding Coalition to promote the benefits and bonding rewards of breastfeeding,		X		
3. The BFHNS will continue to promote breastfeeding in their prenatal classes, Breastfeeding class, and the Women's clinics at Central Public Health.	X			
4. To continue to participate Family- related Health Fairs or events to promote MCH issues of early prenatal care,		X		

breastfeeding, and infant care.				
5. To provide inservice sessions to the nursing staff on the latest research findings or updates on Breastfeeding.	X			
6. The WIC program or the MCH program staff will participate in the Annual National Breastfeeding Coalition Conference.				X
7.				
8.				
9.				
10.				

**b. Current Activities**

Data came from WIC Program; using Arizona in Motion System (AIMS) for data collection.

The MCH Program partners with the WIC Program in promoting breastfeeding activities. Both are members of the Breastfeeding Coalition. The Coalition are composed of GMHA Unit Supervisors, lactation trainees, birthing center staff, OB/GYN physicians, pediatric staff, OB nursery staff, MCH program staff, WIC breastfeeding mentors, GMHA dietitians, breastfeeding mothers, and health educators. The Coalition sponsors the Annual Family and Breastfeeding Health Fair every year. The Coalition is currently working on implementing a Formula-Free Hospital Policy and Breastfeeding Friendly Hospital Policy. BNS's breastfeeding mentors and MCH staff participate in health fairs, nutritional trainings, and conferences throughout the year to promote breastfeeding.

The BFHNS district nurses and nursing supervisors conduct monthly breastfeeding classes at Central Public Health. Pregnant patients who are seen at Central Public Health are required to attend these classes. BFHNS sponsored the Annual Healthy Mother Healthy Babies Health Fair on October 29, 2011 at the Micronesia Mall. There were breastfeeding displays from the WIC Program, BPCS and MCH. There were over 200 participants. A survey was conducted. The results showed that over 30% of mothers breastfed their babies.

**c. Plan for the Coming Year**

The MCH Program will continue to partner with the WIC Program in participating in health fairs, training, and presentations to promote breastfeeding. The MCH staff will continue to be a member of the Breastfeeding Coalition to promote the benefits and bonding rewards of breastfeeding, to set breastfeeding policies for the hospital and community and to network with other community partners to expand the voice of the breastfeeding community. BFHNS will continue to promote breastfeeding in their prenatal classes and Women's clinics at Central Public Health.

**Performance Measure 12:** *Percentage of newborns who have been screened for hearing before hospital discharge.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	12	12	90	90	90
Annual Indicator	84.1	86.4	86.3	84.5	83.4
Numerator	2946	2994	2953	2890	2752

Denominator	3501	3466	3423	3419	3298
Data Source		Guam EHDl Child Link, DPHSS Office Vital Stat	Guam EHDl Child Link Program, Sagua Managu, DPHSS	Guam EHDl Child Link Program, Sagua Managu, DPHSS	GUAM EHDl Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	90	90	90	90	90

**Notes - 2010**

The Guam Early Hearing Detection and Intervention are only able to obtain GMHA and Sagua Mague's hearing results for 2010 and they were not able to get the Naval Hospital's Hearing screening results for 2010.

Percentage does not include data of newborns screened at the U.S. Naval Hospital, Guam (USNH). USNH does have a newborn hearing screen program however does not provide hearing data to Guam EHDl.

They are still working with the new leadership of Naval Hospital. The total births excluded the number of births at USNH from the DPHSS Vitals Statistics Office. The data is provisional for this reporting year.

**Notes - 2009**

The Guam Early Hearing Detection and Intervention are only able to get GMHA and Sagua Mague's hearing results and are not able to get the Naval Hospital's Hearing screening results. They are working with the Naval Hospital new Commander. The total births is final from the DPHSS Vitals Statistics Office. and the results are calculated only from GMHA and Sagua Mague.

**a. Last Year's Accomplishments**

The Guam EHDl Program only receives hearing screening data from two of the three birthing facilities on Guam, GMHA and Sagua Mañagu Birthing Center. GMHA and Sagua Mañagu Birthing Center have screened an average of 99% of infants for hearing prior to hospital discharge from 2009-2011. The U.S. Naval Hospital currently does not transmit hearing screening data to the program and thus, is not represented in the table above. A reason for the annual indicator decreasing over the 3 year period is due to the birth rate at the U.S. Naval Hospital increasing. Because the Guam EHDl program does not receive any hearing screening data from this facility, the increased birth rate adversely affects the percentage of infants screened on Guam prior to discharge.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The Guam EHDI Program will continue to work with GMHA and Sagua Managu in obtaining their hearing screening data.				X
2. The Guam EDHI is waiting for OVS to implement their STEVE-ER system.				X
3. The BFHNS Administrator/MCH Program Director will continue to be the Chairperson to the GEHDI Advisory Committee.		X		
4. The BFHNS and MCH staff will continue to participate with Early Childhood activities, GEHDI activities, Family trainings, DPHSS Health Fairs and outreaches, HMHB fair, Family health fairs, Autism Family Fair, Down Syndrome events, Project Karinu even		X		
5. The DPHSS MCH clinics will continue to conduct hearing screening at Family Health Clinics, Child Health clinics, Well-baby checks, and Special Kids clinics, to all newborns who need hearing screenings of follow-ups.	X			
6. The MCH Programm staff will attend at least two parent focus groups or parent training sessions with other CSHCN families.	X			
7.				
8.				
9.				
10.				

**b. Current Activities**

One major accomplishment for the Guam EHDI Program is the piloting of the Teleaudiology Project. This project is collaboration between the Bill Daniels Center for Children's Hearing, the Children's Hospital-Colorado, and the Guam EHDI Program, with support from the Guam Department of Education, Division of Special Education -- Early Intervention Program. This 18-month partnership is a pilot project that addresses the critical need for services from pediatric audiologists in the Pacific. For the two years prior to the implementation of this project, Diagnostic Audiological Evaluations (DAE) were not being conducted for infants less than seven months of age. As a result of this collaboration, infants are now getting tested and diagnosed for hearing loss by three months of age or less.

Another highlight for the Guam EDHI Program are the professional development activities for early childhood providers and preschool teachers in working with young children with hearing loss and/or deafness and their families. Guam EHDI, in collaboration with Boy's Town Research Medical Hospital, conducted two workshops via video conferencing. The first course was held in September 2011 titled Hearing Loss 101. Thirty-five early intervention providers and early childhood preschool teachers attended this 15-hour training. The second training occurred in February 2012 titled Hearing Loss 201 and Beyond. Onsite training will be held on April 23-27, 2012.

**c. Plan for the Coming Year**

The Guam EHDI Program will continue to work with GMHA and Sagua Managu in obtaining their hearing screening data. They are still trying to get Naval Hospital's data into the program.

The Guam EDHI is waiting for OVS to implement their STEVE-ER system. Once this occurs,

they will switch from their current system, Child Link, to STEVE-ER to get their data. STEVE-ER is an electronic system which will capture births, deaths, fetal deaths as well as early hearing screenings done at GMHA, and Sagua Managu.

**Performance Measure 13:** *Percent of children without health insurance.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	13	13	50	50	50
Annual Indicator	26.2	21.7	14.3	14.2	26.0
Numerator	16192	14173	8918	9240	17081
Denominator	61869	65295	62276	65295	65697
Data Source		DPHSS: BFHNS,BPCS	DPHSS: BFHNS,BPCS	DPHSS: BFHNS,BPCS	US Census Projections; 2005 Guam HIES
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	50	50	50	50	50

**Notes - 2010**

The projected number of children ages 0-18 from the 2000 Census of Population and Housing: Guam; International Programs Center, U.S. Census Bureau for 2010. The Bureau of Statistics and Planning under the office of the Governor had no data on the number of children without any health insurance coverage for 2010. An estimate of number of children without health insurance was taken from the Department's three (3) regional centers, two (2) centers providing acute care and one (1) center for preventative care. So the data is unofficial for this reporting year.

**Notes - 2009**

The projected number of number of children ages 0-18 from the 2000 Census of Population and Housing: Guam; International Programs Center, U.S. Census Bureau was 62,276. The Bureau of Statistics and Plans under the office of the Governor had no data on the number of children without any health insurance coverage for 2009. An estimate of 8,918 children without health

insurance was taken from the Department's three (3) regional center, two (2) centers providing acute care and one (1) center for preventative care.

#### **a. Last Year's Accomplishments**

The DPHSS operates the Medically Indigent Program (MIP), a 100% locally funded health assistance program, is the safety net for those who cannot afford health insurance/care. Failure by the government to keep pace with the rising costs of health care services has caused undue burden to health care providers who accept MIP clients. "One clear disadvantage of being part of the Medically Indigent Program is that private doctors and clinics will not and cannot treat MIP patients. All private doctors and clinics stopped accepting those patients because the government failed to pay their bills, and a new government policy, Public Law 27-30, requires MIP patients to receive all of their primary medical care at government health clinics." (Source: Guam Household Income and Economic Survey 2005)

Some employers in Guam provide their staff with the option to purchase health insurance. There are a number of insurance companies in Guam and rates vary from provider to provider. Medicare and Medicaid Assistance Programs (MAP) are also available to Guam's residents who meet the minimum criteria for enrollment.

However, despite all these safety nets, the Guam HIES 2005 survey estimated that 22.6 percent of Guam's households remain uninsured and fall between the cracks of the health care system. "For Guam's population under the age of 65, 25 percent were estimated to have no health insurance in 2004. Of Guam's young adults, those between the ages of 20--24, 27.1 percent reported not having health insurance; and 26 percent of children 19 years and younger were uninsured.

Using the figure of 26%, the estimated population of children under the age of 19 for the year 2011 was 65,697, thus the uninsured population of children was 17,081.

By comparison, the U.S. national average of households without health insurance was 15.6 percent. Within subgroups, the U.S. reported 19 percent under the age of 65; 3.5 percent of young adults; and 12 percent of children without health insurance. Of those with health insurance, 36.9 percent were affiliated with government programs; and 37.5 percent with private firms." (Source: Guam Household Income and Economic Survey 2005)

In addition to concerns regarding the cost and availability of insurance, access to diagnostic or treatment services remain a forefront problem for island residents. Many are forced to travel to overseas health centers to receive diagnostic or treatment services not available in Guam. This further exacerbates an already chronic problem of trying to find adequate resources to meet the needs of a medically underserved population.

Since 1988, Guam was designated and continues to be a Health Professional Shortage Area (HPSA) for Primary Medical Care by the U.S. DHHS. There is a need for more OB/GYN physicians on Guam, especially for low-income women. Critical health workforce shortages also exist for several physician specialties including oncology. In addition, shortages exist in the nursing and allied health professional field in support of cancer care and treatment.

According to the Bureau of Statistics and Plans Guam Statistical Yearbook 2010, there were 30,637 people on Medicaid and 16,480 people on MIP in 2010. Of the 30,637 Medicaid recipients, 21,821 were children ages 0-20 years old or 71.2%. In 2009, it was 71.4%. Of the 16,480 MIP clients, 7,965 were children ages 0-20 years old or 48.3%. In 2009, it was 30.7%. ( See Table 11)

According to Senator Vicente Pangelinan, a member of the 31st Guam Legislature, there were 90,000 residents on Guam who were either uninsured or on some form of public assistance. He estimated that out of 174,229 people on Guam, 22.5% were either on Medicaid or MIP and 24.7%

were uninsured. (See Table 10).

According to the Bureau of Primary Care Services Annual Report FY 2011, the CHCs had 13,962 users between the ages of 0-19 years in 2011. In terms of insurance status 2,519 (18.0%) had no insurance, 9,832 (70.4%) had Medicaid and 1,193 (8.5%) had MIP. At Central Public Health, 1,817 prenatal encounters in 2011 had no insurance

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To have MCH Program Coordinator IV coordinate inservices to the BFHNS staff, on the different Public Assistant Programs related to Welfare, SNAP, SCHIP, MIP, and the Medicaid Health Insurances.		X		
2. To have all staff educated on the basic information on the MIP and Medicaid Programs, so they will be able to assist any clients that may have inquires in clinic or outreaches.		X		
3. To provide the pamphlets of Public Assistant Programs the Guam DPHSS offers to the public.	X			
4. To refer potential clients to the Medical Social Services Office that may need more assessment or to inquire for more information on these services.d	X			
5. To plan and inform the Division of Public Welfare of all DPHSS BFHNS Immunization Outreaches and Health Fairs that will be scheduled and to encourage their participation at these at-risk areas.		X		
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

Services at Central Public Health are free. BFHNS staff see children in there Child Health Clinic, Family Planning Clinic, and for immunizations.

The Patient Protection and Affordable Care Act (PPACA) stands to broaden the extent of health coverage on Guam by mandating that health plans must accept every employer and individual that applies for coverage. The new law also prevents insurance companies from discriminating applicants based on pre-existing conditions.

Issues brought up in various news outlets included the extent to which the individual mandates in the new law apply to residents of the territory, and whether the relatively small population creates problems in establishing an exchange because the health insurance market is made up of small businesses with different plans.

The Supreme Court ruled that each state cannot be penalized for non-participation in the expansion. Though it is anticipated that GovGuam's public health will participate and increase the pool of qualified Medicaid patients. But the issue will be two fold, GovGuam costs and the lack of doctors accepting Medicaid. The reason for that is because of the low reimbursements provided by Medicaid which do not keep up with the costs of running a medical clinic and the delay in the payment of those reimbursements. Health Care providers currently are limiting their

percentage of Medicaid patients and access to appointments for Medicaid patients is limited.

**c. Plan for the Coming Year**

Services at Central Public Health are free. The only time patients have to pay is if they go to an outside provider for diagnostic services, to perform lab tests or to get medications not provided at Central Public Health.

The CHCs charge a nominal fee for their services and medication. They accept patients with insurance, Medicaid and MIP. People who have no insurance may qualify to pay for services based on a sliding fee scale based on income.

Shriners Hospital for Children hold two outreaches on Guam every year. The medical providers see children 0-18 years old with burns and orthopedic related conditions free of charge. The Western Genetics Office in Honolulu holds a Genetics Clinic on Guam once a year to see children with genetic medical conditions.

The ACA was created to reform health insurance by reducing the overall cost of healthcare, expanding coverage, strengthening Medicare, setting up health insurance exchanges, and ending discrimination based on pre-existing conditions. The ACA was enacted in March 2010.

The ACA provided for \$6.3 billion in additional funding for Medicaid in the territories from Fiscal Year 2011 through Fiscal Year 2019, and increased the territories' Federal Medical Assistance Percentage (FMAP) from 50 percent to 55 percent. As a result, Guam received an additional \$268.3 million in Medicaid funding for incremental distributions from FY2011 to FY2019. These additional funds have effectively removed Guam's Medicaid cap.

**Performance Measure 14:** *Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	15	14	20	20	20
Annual Indicator	10.3	26.9	14.4	15.0	14.7
Numerator	1000	981	2884	5490	5039
Denominator	9744	3650	19979	36654	34273
Data Source		DPHSS, BNS: WIC Program	DPHSS WIC Program	DPHSS WIC Program	DPHSS WIC Program
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>

Annual Performance Objective	20	20	20	20	20
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**Notes - 2010**

The 2010 data was from DPHSS BNS WIC Program that was requested for our 2010 MCH NA. The WIC Program submitted the 2010 data from their Fiscal year of 2010 (Oct 2009-Sept. 2010). So the data for this measure is from WIC's FY 2010 report on : Children ages 2-5 receiving WIC services with BMI at or above 85th percentile and the total number of children on WIC for that year. All data submitted is officially from the DPHSS WIC Program for this reporting year.

**Notes - 2009**

Data presented for 2009 from the Guam WIC Nutritional Risk Summary 2008 but for the reporting year of 2011, DPHSS WIC Program data used for FY 2009 reports, so data for 2009 was changed and corrected for this reporting year 2011. Data is official from the DPHSS WIC program.

**a. Last Year's Accomplishments**

The WIC system does not have a Risk Code Category for being > the 85th percentile. Their risk code denotes children at or above the 95th percentile or BMI > 30. The 2011 data reflects the cumulative number of children 2-4 years over the entire fiscal year (Oct 2010 to Sep 2011) with the risk code 113 divided by the total number of children 2-4 years during that same one-year period. Children are no longer eligible for WIC when they become 5 years of age. The WIC Program did not begin using the AIM WIC System until February of 2009. This is the reason why the 2009 is low. WIC provides Participant-Centered Education to all of its participants according to their nutrition risk factors for which they are certified onto the program. The WIC Program collects BMI information on their clients as part of their program requirements.

The WIC Program conduct various types of nutrition classes for their WIC clients at their four clinics located in Dededo, Mangilao, Tiyan and Santa Rita. They have "Eating for 2" classes for pregnant women, Prenatal/Breastfeeding classes, "Infant Feeding" classes for infants 6-12 months old, "First Bites" classes for infants 0-5 months old, "Meal Planning" classes for mothers, Farmers' Market classes which teach mothers how to buy fruits and vegetables, "Quick and Easy Meals for the Family" classes which show how to prepare foods, and "Fun with WIC" which promote physical activity for children. Classes are usually held 2-3 times a week.

The WIC Program promotes breastfeeding to new mothers. They go to GMHA twice a week to educate new mothers on the benefits of breastfeeding their newborns. They also do outreaches and participate in health fairs to promote breastfeeding.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH Program will continue to partner with the WIC Program and Head Start Program to promote physical activity and healthy eating habits among the children we serve in our programs.		X		
2. The MCH Program staff and nursing staff will continue to participate in community outreaches, health fairs and trainings to educate the public and parents on healthy activities, lifestyle changes, and healthy choices so they can educate themselves a	X			
3. To continue to provide monthly WIC Immunization Outreaches to the WIC clients and educate them on eating healthy.	X			
4. To continue the partnership with the School Health		X		

Counselors and the Head Start Program by assisting them on their annual BMI screenings of their students.				
5. To continue to participate in the Annual Head Start Fitness Fair for preschool families by conducting a health screening activity for children 5 years and younger.				
6. To continue the MCH program membership with Head Start Advisory Committee and Early Learning Counsel.		X		
7. The WIC Program will continue to hold classes for their clients to promote proper nutrition, prenatal care and breastfeeding.		X		
8.				
9.				
10.				

**b. Current Activities**

The Head Start Program held their 16th Annual Head Start Children's Fitness Fair on March 17, 2012. The goal of the fair is to promote health and wellness by encouraging exercise for children 2-10 years old. The Head Start Program continues to obtain BMI data from the children enrolled in their program. They promote physical activities and proper nutrition in their 20 Head Start Centers.

The WIC Program has health educators who hold classes for WIC clients at their offices in Tiyan, Central Public Health and NRCHC. They hold classes on breastfeeding, meal planning, food learning activities for children, food safety, and food preparation for infants 0-5 months and infants 6-12 months. They also do outreaches at GMHA to teach new mothers on the advantages of breastfeeding.

They participated in the Healthy Lifestyles Health Fairs held at the Micronesia Mall, the Annual Food Safety Fair in September and the Healthy Mothers, Healthy Babies Health Fair in October.

**c. Plan for the Coming Year**

The MCH Program will continue to partner with the WIC Program and Head Start to promote physical activity and healthy eating habits and will continue to participate in outreaches, health fairs and trainings to educate the public.

The WIC Program will continue to hold classes for their clients to promote proper nutrition, prenatal care and breastfeeding.

**Performance Measure 15:** *Percentage of women who smoke in the last three months of pregnancy.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	10	10	10	10	10
Annual Indicator	10.8	9.6	9.1	7.5	6.9
Numerator	379	334	311	256	229

Denominator	3501	3466	3423	3422	3298
Data Source		DPHSS Office of Vital Stats, GMHA,BFHNS	DPHSS Office of Vital Stats, GMHA,BFHNS	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	10	10	10	10	10

**Notes - 2010**

The 2010 data for the number of pregnant women that smoked during her pregnancy were hand counted from the birth certificates at DPHSS OVS for 2010, so the data for this reporting year is provisional.

**Notes - 2009**

The DPHSS Vital Statistics Office only collects if the Postpartum mothers smoked after delivery, again the BFHNS nursing staff were able to collect 91 mothers smoked after giving birth. But the data from GMHA and Sagua for smoking during pregnancy was stated..

**a. Last Year's Accomplishments**

The data was obtained from OVS. The BFHNS staff individually counted birth certificates which had information on the number of pregnant women that smoked during their pregnancy. The question on smoking was revised in 2011 and was included in the birth certificate information. All postpartum women were required to answer these questions soon after delivery at GMHA.

On June 1, 2011, Senator Rodriguez introduced Bill 188-31 which banned smoking inside motor vehicles when minor children were present. The intent of the bill was to set regulatory standard protecting children under the age of 18 from second hand smoke. This law imposed a maximum fine of \$100 for violators. DPHSS Tobacco Prevention and Control Program (TPCP) supported the bill. It was signed into P.L.31-102 on September 30, 2011 by Governor Calvo.

The Great American Smoke Out was held on November 17, 2011 on Guam. An article was placed in the Pacific Daily News on November 5, 2011 to encourage Guam residents to quit smoking on that day or to have a solid plan to quit. The American Cancer Society (AMS) held a free workshop on November 15, 2011 at the UOG. This was part of the Great American Smoke Out Awareness Activity. The event included school teachers, counselors, nurses, youth group leaders and other adults that work with youths. The workshop shared tobacco free resources and information that could be used in classrooms and youth events. ACS also offered smoking cessation classes throughout the month of November to interested organizations. "Quit kits" were also made available by ACS. These kits had information to help people quit tobacco use.

On May 31, 2011, DPHSS in partnership with DOE and the Guam Comprehensive Cancer Control Coalition and other community partners came together to celebrate World No Tobacco Day 2011. This event highlighted the health risks associated with tobacco use and advocated effective policies that would help reduce tobacco use. Approximately 24.1% of adult Guam residents smoke cigarettes (DPHSS, 2009 Guam BRFSS. This is 34% higher than the US average. Funding was received from CDC for the printing of "Tobacco Free Facility" banners. The banners were presented to all the public schools on May 18, 2011.

There were over 300 youths that attended the DMHSA Youth for Youth Conference which was held at the Hyatt Regency on April 9-11, 2011. The goal was to teach teens to turn peer pressure from negative to positive, to teach them effective leadership skills and to teach the teens on their responsibility to say no to alcohol, tobacco, drugs, violence and other forms of negative behavior.

The DPHSS Tobacco Prevention and Control Program (TPCP) is 100% federally funded. Their focus is to provide health promotion program services and to address health risk factors and positive healthy behaviors. They maintain the Tobacco Free Guam Quitline, a 24 hour telephone service which provides free cessation counseling, nicotine replacement therapy and local resource referrals. The TPCP conducted anti-tobacco trainings, Brief Tobacco Intervention Training, and outreaches at schools, mayors' offices, and health fairs. They participated in giving out anti-smoking materials at the Healthy Island, Healthy People Conference on July 7-8, 2011 at the Guam Hilton Hotel. They conducted an outreach at the Office of Minority Health Obesity Conference on August 31, 2011.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH staff and BFHNS staff will continue to partner in educating and health fairs with the DMHSA PEACE Project which raises the awareness about the effects of alcohol, tobacco and other drug abuse with the adults and youths on Guam.			X	
2. The MCH Program will continue to conduct the Annual The Annual Healthy Mothers Healthy Babies Fair and partner with other clinics, programs, GMHA, DMHSA, Early Childhood programs, Public Health programs, and family organizations, to promote healthy s			X	
3. To conduct the Annual Women's Health Conference to include partnership with the Tobacco Prevention and Control Program in promoting no smoking to all women and children.		X		
4. To continue to emphasis to all our clients and prenatal clients to not smoke during pregnancy and the dangers of smoking during pregnancy at all DPHSS clinics.	X			
5. To improve awareness on Tobacco Cessation information to all women in their reproductive years by giving out the 1-800 Quit Line card to call to promote smoking cessation.	X			
6. Support the Guam DPHSS staff in their efforts to give all prenatal clients Smoking Cessation counseling at each prenatal encounter and chart all encounters in the prenatal charts.	X		X	
7. To continue the BFHNS nursing staff to participate in the DPHSS Chronic Disease Control Program in their quarterly Healthy Living Lifestyle Outreach Health Fairs to bring awareness on the effects of tobacco/betel nut usage and prevention measures.	X			

8.				
9.				
10.				

**b. Current Activities**

The BFHNS staff conducts early prenatal care classes every month. These classes include information on the dangers and effects of using tobacco products in the prenatal and post partum period. These classes are held to prevent infant mortality, encourage early prenatal care and to convince mothers to live healthy lifestyles. There are three DPHSS Tobacco Treatment Specialists who conduct brief tobacco intervention training to the prenatal clients exposed to or using tobacco products.

BPCS and Office of Minority Health (OMH) are collaborating with the Tobacco Coalition and the Non-Communicable Disease Consortium in addressing tobacco usage and obesity. They are involved in producing the cooking show Go-Local and Healthy Cooking which promotes good nutrition and healthy habits. They are trying to increase the community's awareness and knowledge of living a healthy lifestyle, which in turn prevents or controls non-communicable diseases such as lung cancer, hypertension, diabetes and cardiovascular diseases and the secondary complications associated with them.

The Tobacco Free Guam Quitline is a free, confidential service which offers smokers support to quit tobacco use. The Quitline has been serving adults on Guam since 2007. The Quitline extended their services to youths aged 11 to 17 years on February 1, 2012.

**c. Plan for the Coming Year**

Guam anti-smoking advocates and health groups are working to build support for strengthening anti-smoking laws to protect the island's youth, workers, residents and visitors. The key barrier in strengthening these laws is the massive build-up of the U.S. troops at the military bases.

The Annual Healthy Mothers Healthy Babies Fair will be held in October 2012. The fair will be partnering with DMHSA, US Naval Hospital, Anderson Air Force Base, University of Guam, DOE, Guam Environmental Protection Agency, Guam Army National Guard Counter Drug Program, Sanctuary, Inc, GMHA, Sagua Managu Birthing Center, and other private businesses in the community to help reduce the incidence of tobacco usage among the youth. The 2nd Annual Women's Health Conference is being planned for May 2013 and will include partnership with the Tobacco Prevention and Control Program. MCH will partner with the DMHSA PEACE Project which raises the awareness about the effects of alcohol, tobacco and other drug abuse with the youth on Guam.

DMHSA will be working collaboratively with the Guam Department of Revenue and Taxation to continue their efforts in supporting the Tobacco (Synar) Compliance and Enforcement Team. They will continue to seek opportunities to improve methods to carry-out Synar inspections throughout the 19 villages of Guam. Additionally, they will continue to conduct vendor education activities, such as give out retailer education campaign brochures on "Tobacco Merchant Education Packet". Moreover, the inspection teams will be updated on inspection procedures and anti tobacco laws.

**Performance Measure 16:** *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	40	20	5	5	5
Annual Indicator	6.6	19.4	18.9	31.1	49.1
Numerator	1	3	3	5	8
Denominator	15057	15498	15838	16089	16284
Data Source		Guam Police Department, DPHSS Vitals Stats	DPHSS Office of Vital Statistics, 2000 Census Proj	DPHSS Office of Vital Statistics, 2000 Census Proj	DPHSS Office of Vital Statistics, 2000 Census Proj
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.			Yes	Yes	
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	5	5	5	5	5

**Notes - 2010**

The 2010 data on teenage suicide is official from DPHSS OVS for this reporting year.

**Notes - 2009**

The data for this reporting year is official from the DPHSS OVS and data was verified by them also.

**a. Last Year's Accomplishments**

Past Activities:

The suicide mortality data was provided by OVS. All suspected suicide deaths are reviewed by the Chief Medical Examiner. Suicide is one of the leading causes of death for young adults and adolescents on Guam. There were eight suicides on Guam in 2011 among youths aged 15 to 19 years of age. According to GMHA, of the 3,010 hospital admissions for children under the age of 14 with non-fatal injuries in 2011, 233 or 7.7% were for suicide attempts.

The 2011 YRBS indicated that 36% of high school students reported feeling sad or hopeless, a proxy for depression, and that 42% of the females were going to school that way. The 2011 YRBS also indicated that 23% of Guam high school students seriously considered suicide, and 23% indicated making a suicide plan. In 2007, only 21% of students stated that they had seriously considered suicide and 16.7% indicated that they had a plan about how they would attempt suicide. The 2011 YRBS reported that 20% of the high school students were more likely to

attempt suicide and that 3.9% of the students' required medical attention following a suicide attempt.

The UOG Isa Psychological Services Center I Pinangon ("awakening" in Chamorro) Program was established in 2005 to raise awareness of the problem of suicide on Guam. It provides a sustainable on-campus network of student services to identify, assess, treat and refer for mental health and behavioral problems and provides campus suicide prevention information and skill development for UOG students, employees and their families through classroom presentations, training, and educational seminars.

In April 2011, the Guam Legislature convened a roundtable discussion on suicide prevention. Suicide information, statistical data related to suicides and suicide attempts, and updates from programs which addressed teen suicide were presented. In addition, the roles of the government and government agencies in addressing the issue of suicide were discussed. Several activities were held in September in celebration of National Suicide Prevention Month. DMHSA and UOG sponsored a suicide prevention forum in which over 350 people attended. UOG hosted a suicide prevention film night which featured a film on love and suicide in the Marshall Islands, which was followed by a lively discussion by student leaders from different UOG clubs and organizations. About 200 attended film night. Rainbows for All Children, a non-profit peer support group of grieving children whose parents, siblings and any other family member that may have died, been deployed, divorced or left the family, and DMHSA LifeWorks held a candlelight vigil and memorial service. The Guam Anti-Bullying Organization held a three-day conference in October 2011 on topics such as bullying and suicide.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH Program staff and nursing staff will continue to take advantage of opportunities to build capacity attending meetings and trainings offered on suicide prevention.			X	
2. MCH Program Coordinator IV will start a collaborative effort to network with DMHSA, Snactory Inc., Ina fa' Maolek, and the Youth-4-Youth Live, to assist in developing local resources and for suicide prevention awareness and education.		X		
3. To work with Project Karinu and DMHSA to participate with any trainings dealing with social-emotional early childhood training related to Suicide Prevention.			X	
4. To encourage all nursing staff during any clinic or outreach if an adolescent client approaches to discuss any concerns they may have, to be available, confidential, and open to listen to their concerns at any time.	X			
5. To continue to work with School Health Counselors at Public Health Schools with any issues related to Adolescent Health.		X		
6. To continue the MCH staff to the membership of the DPHSS Office of Emergency Medical Services for Children (EMSC) is developing a strategic plan for injury prevention for children.			X	
7.				
8.				
9.				
10.				

**b. Current Activities**

Suicide prevention efforts are done year-round to provide prevention and intervention support to those at-risk and survivors with the community. Some of the activities include the Applied Suicide Intervention Skills Training (ASIST) Workshop, a two-day workshop for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide; SafeTalk, a three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide, and to address them with the TALK steps (Talk, Ask, Listen, Keep-Safe); and a Survivors of Suicide Support Group, a place where survivors (youth and adults who have experienced a suicide loss) can find comfort.

**c. Plan for the Coming Year**

DPHSS Office of Emergency Medical Services for Children (EMSC) is developing a strategic plan for injury prevention for children. The plan will provide a framework to address nine core injuries: falls, motor vehicle injuries, traumatic brain and spinal cord injuries, suicide and suicide attempts, poisoning, fire injuries, animal bites, firearm injuries and drowning and submersion injuries. In developing the strategic plan a public health approach will be taken to define each problem, identify risks and causes, and develop interventions to increase the public's awareness about the preventability of these injuries.

The MCH Program staff will continue to take advantage of opportunities to build capacity attending meetings and trainings on suicide prevention.

**Performance Measure 17:** *Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	0	0	50	50	50
Annual Indicator	0.0	76.1	16.2		
Numerator	0	35	6		
Denominator	10	46	37		
Data Source		GMHA	GMHA,	GMHA	GMHA
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.				Yes	Yes
Is the Data Provisional or Final?				Provisional	
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	50	50	50	50	50

**Notes - 2011**

The Guam Memorial Hospital Authority OB Nursery NICU does not apply to this measure for 2011, according to the definition.

**Notes - 2010**

The Guam Memorial Hospital Authority have a 7 warmers in a Level 3 Neonatal Intensive Care Unit. GMHA has a full time in-house Neonatologist to cover the NICU area. GMHA continues to deliver and care for all infants that born at their L&D room and Level 3 Nursery Unit. The data for 2010 was from GMHA and unofficial for this reporting year.

**Notes - 2009**

The Guam Memorial Hospital Authority have a 4 warmers in a Level 3 Neonatal Intensive Care Unit. GMHA has a full time Neonatologist and so they do deliver and care for a Level 3 Unit. The data was from GMHA

**a. Last Year's Accomplishments**

Guam does not have a Level IV NICU Unit. Data cannot be entered.

According to OVS records, 31 out of 3,298 infants born on Guam in 2011, weighed less than 1,500 grams. The GMHA Nursery/NICU staff reported that they received seven "very low birth weight" (VLBW) infants weighing less than 1,000 grams out of the 2,312 births at GMHA in 2011, four of whom died before discharge. There were 55 newborns that were admitted at NICU in 2011. The GMHA NICU is capable of handling Level III newborns. GMHA has warmers, monitors, infusion pumps, medications, ventilators, CPAP equipment, and trained staff but is not considered as a sub-specialty facility to care for VLBW infants. The Guam Naval Regional Hospital medivacs all infants that may need Level II care and above. There is no facility on Guam that can handle infants who need Level IV care.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH PC IV will coordinate at least 2 inservice the dealing early prenatal care issues or complications, and a newborn infant health issue to the MCH staff and BFHNS nursing staff.		X		X
2. To educate and work with Project Karinu and Project Bisita I Familia home visitors to understand the importance of promoting of Early Prenatal Care to their clients who are within the childbearing age or pregnant.		X		
3. To continue to conduct Early Prenatal Care Classes at the Public Health centers and educate on the complications of no prenatal care.	X			
4. To have all providers at the DPHSS centers, to continue to support and guidance to prenatal clients that they are ensuring their newborn a healthy beginning.	X			
5. To collaborte with GMHA, Medical Group Associations, Nursing Associations, and Health Care Providers ot expand the awareness of Early Prenatal Care to the community.				X
6. To continue to provide pamphlets on early prenatal clients and discuss any issues or concerns related to Early Prenatal care				X
7.				
8.				
9.				
10.				

**b. Current Activities**

The MCH staff continue to educate their pregnant clients on the importance of early prenatal care at home visits, clinic visits, outreaches, early prenatal care classes, breastfeeding classes, parenting classes, health fairs, and school presentations.

The MCH Program staff are members of the Breastfeeding Coalition, the Guam Early Hearing Detection and Interventions Advisory Board, and the Interagency Childhood Committee. The

BFHNS district nurses do home visits and counsels women on the importance of early prenatal care, benefits of breastfeeding, family planning, proper nutrition during pregnancy, danger signs during pregnancy, available WIC services, public assistance programs

**c. Plan for the Coming Year**

BFHNS will continue to offer early prenatal care classes at Central Public Health on the first and second Friday of the month. The staff will continue to promote the importance of early prenatal care at home visits, clinics, health fairs, schools and parenting and breastfeeding classes

The staff will continue to provide pamphlets on early prenatal care and to address any concerns or questions the clients may have in regards to prenatal care services. They will continue to work with Project Karinu and Project Bisita to assess the needs of high risk families.

**Performance Measure 18:** *Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	75	75	75	75	75
Annual Indicator	0.0	60.8	74.3	61.3	41.3
Numerator	0	2108	2543	2098	1362
Denominator	3501	3466	3423	3422	3298
Data Source		GMHA and DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Check this box if you cannot report the numerator because 1. There are fewer than 5 events over the last year, and 2. The average number of events over the last 3 years is fewer than 5 and therefore a 3-year moving average cannot be applied.					
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	75	75	75	75	75

**Notes - 2011**

The 2011 data on this measure on prenatal care in the first trimester was hand counted from the 2011 birth certificates from the DPHSS OVS by the MCH staff. Still awaiting for the STEVE & EVE program to be started soon. So the data for this reporting year is still provisional. And also

noted that not all the mothers completed the required information needed on the birth certificate questionier this reporting year.

**Notes - 2010**

The 2010 data on this measure on prenatal care in the first trimester was hand counted form the 2010 birth certificates from the DPHSS OVS by the MCH staff. Still awaiting for the STEVE & EVE program to be started soon. So the data for this reporting year is still provisional.

**Notes - 2009**

Due to staff shortage at DPHSS OVS they are unable to submit the offical numbers for 2009 data, so these numbers of the trimester was hand counted by a BFHNS nursing staff from the 2009 Birth Certificates.

**a. Last Year's Accomplishments**

The data was obtained from OVS. In 2011, 41.3% of pregnant women received prenatal care in their first trimester compared to 61.3% the previous year. Prenatal care involves doctor's visits, laboratory tests including complete blood count (to determine if patient has diabetes, high blood pressure, or anemia), urine screening, Pap smear, vital signs, and fundal measurements (to determine if baby is developing normally).

Some of the explanations for the low numbers are: only a few physicians provide prenatal care and delivery; lack of transportation to get to the clinic; and have a difficult time obtaining an appointment for the first prenatal exam. Pregnancy screening clinics are held at Central Public Health twice a week. This allows women to learn whether they are pregnant or not. The problem which pregnant women face is that it takes up to one to two months to get an appointment for the initial prenatal exam.

The MCH Program has not been to provide the necessary lab tests associated with the prenatal care visits. Outside laboratories have ceased accepting DPHSS patients because of unpaid financial obligations by the department. They will not accept new lab orders until all outstanding payments are paid. Until this problem is resolved, patients are responsible for paying for their own lab tests. This is difficult for patients who do not have any medical coverage as a result they do not get the proper prenatal care that they need.

The numbers are low because not all the information requested on the birth certificate questionnaire are completely filled out prior to leaving the hospital. If the question on prenatal care is not answered, the staff assumes that the mother did not receive prenatal care even if they did. Another reason for the low numbers may be due to cultural views regarding PAP smears and other gynecological screenings associated with prenatal visits. Chamorro women feel ashamed when these are performed on them. They only seek these types of services when it is medically necessary and not for prevention.

**Table 4a, National Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To continue to provide Early Prenatal Care Classes at all Public Health centers and emphasis the importance and benefits of prenatal care.	X			
2. To partner with BPCS to promote an Island-wide campaign awareness to the community, when pregnant to seek early prenatal care and prevent prematurity and other complications.	X			
3. To continue to educate all women are immunization outreach, community outreaches and health fairs on the Public Health services and the benefits staying healthy.		X		

4. To Review present appointment schedule system, and discuss ways to improve scheduling of prenatal care client visits with clinic supervisor and providers. at the Central Public Health center.				X
5. To continue to conduct the Annual Healthy Mothers Healthy Babies Health Fair to promote Maternal and Child Health awareness to the community.		X		
6. The MCH Program staff will meet at least once a year with the GMHA Women's Health Doctor's meetings, to provide information on Public Health services, address service provider issues regarding MIP/MAP clients and to continue to promote early preanata		X		
7. The MCH program staff will continue to collaborate with school nurses, by providing pregnancy test kits, and by promoting early prenatal care for pregnant teens.		X		
8. To conduct monthly Breastfeeding classes at the CRHC to all prenatal clients.	X			
9.				
10.				

**b. Current Activities**

Central Public Health is the only place that provides free prenatal care for those without health insurance. There hold two pregnancy clinics, three PNI/PNE exam clinics and three women's health clinics per week. All pregnant women who are at low risk of having complications are seen, regardless of their weeks of gestation during their first prenatal exam.

The MCH staff participated in the annual Healthy Mothers, Healthy Babies Fair in October. Over 100 families were seen. In December, the staff were interviewed by KUAM TV News when they did a story on teen pregnancies and family planning services. Over 2,659 women were seen at the Women's Health clinics. Of the 388 pregnancy screenings that were performed, 159 patients initiated prenatal care during their first trimester.

The CHCs had 10,419 Women's Health encounters according to their 2011 annual report. The CHCs also implemented a Comprehensive Perinatal Care Program. A perinatal care coordinator was hired to conduct comprehensive perinatal assessments to identify the financial, health and social services needs of pregnant clients. All pregnant women over 32 weeks gestation were referred to Marianas Physician Group for continuous prenatal care. The CHCs successfully recruited a National Health Service Corp certified nurse midwife. The CHCs held eight extended outreach clinics for families who could not go to the CHCs for medical care. Over 2,550 clients were seen.

**c. Plan for the Coming Year**

The MCH program staff will continue to collaborate with school nurses, by providing pregnancy test kits, and by promoting early prenatal care for pregnant teens. BFHNS will continue holding the two pregnancy screening clinics and three women's health clinics every week.

**D. State Performance Measures**

**State Performance Measure 1:** *The percent of Chamorro women initializing prenatal care in the first trimester.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective					75
Annual Indicator		60.8	74.3	61.3	70.5
Numerator		2108	2543	2098	721
Denominator		3466	3423	3422	1022
Data Source		DPHSS Vital Statistic Office	DPHSS Vital Statistic Office	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	75	75	75	75	75

**Notes - 2011**

In 2011 the State Performance Measure 02 was changed to measure the number of Chamorro women who had prenatal care by the first trimester of their pregnancy. In 2010 the State Performance Measure was measured the total number of women who received prenatal within the first trimester. The data source for 2011 was from the Guam DPHSS OVS from the birth certificates.

**Notes - 2010**

The 2010 data is from the hand count from the birth certificates from DPHSS OVS and is provisional for this reporting year. Still awaiting the implementation of STEVE and EVVE programs for this summer 2011.

**a. Last Year's Accomplishments**

The BFHNS staff extracted the information from the birth certificates at OVS. OVS has not implemented the electronic system yet. According to the 2000 US Census, Chamorros are the largest ethnic group on Guam, making up 37% of the population. Of the 3,298 live births on Guam in 2011, 1,028 were by Chamorro women or 31.2% of the total. A total of 721 Chamorro women received prenatal care or 70.1% in 2011. That meant that 29.9% did not receive any prenatal care.

There are only a limited number of physicians and nurse midwives that provide prenatal care and delivery. This makes it difficult for pregnant women to obtain early prenatal care. Many pregnant women do not seek prenatal care until late into their pregnancy because of a variety of reasons. Some lack transportation to get to the clinics, some have a difficult time getting appointments at Central Public Health where it is free, and some do not have the money to pay for the lab tests that are associated with the visits. Some have medical insurance but cannot afford the deductible for the visits or services.

It is difficult to get accurate data because some mothers do not completely fill out the birth certificate questionnaire before being discharged from GMHA or Sagua Managu. Some do not answer the questions pertaining to prenatal care.

BFHNS nursing staff participated in the annual Healthy Mothers, Healthy Babies Fair in October. About 102 families were seen. The staff were interviewed by KUAM TV in December 2011

regarding teen pregnancies and family planning services.

According to the BPCS Annual Report FY 2011, the CHCs had 10,419 encounters for women's health services. Of these, 5,121 (49.2%) were for prenatal care.

A total of 2,659 women were seen at the Women's Health Clinic at Central Public Health in 2011. Of the 388 pregnancy screenings performed at Central Public Health, 159 or 41% received prenatal care during their first trimester.

The CHCs had 10,419 Women's Health encounters. The CHCs now have a computerized appointment scheduling system and began a Comprehensive Perinatal Care Program. A Perinatal Care Coordinator was hired to conduct comprehensive perinatal assessment to identify financial, health and social services needs of pregnant clients. All pregnant women who were over 32 weeks gestation were referred to the Marianas Physician Group for prenatal care. The reason being that there would be a medical provider for the birth. The CHCs successfully recruited a National Health Service Corp Certified Nurse Midwife.

The CHCs held four extended outreach clinics in 2011 and two so far in 2012. The extended clinics are usually held every quarter or every four months. These extended clinics are for people who are unable to go to the CHCs for their healthcare needs. These are families who lack the transportation to go to the CHCs. The staff usually hold the extended clinics in neighborhoods with a large population of low income families. These clinics were held in the community for those having transportation problems. The staff provide a full range of services from immunizations, women's health, child health, and prenatal services. The extended clinics served 2,550 clients, including three pregnancy screenings and 49 clients for MCH services.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To increase awareness by advertizing to the community the services that the DPHSS health centers are providing for prenatal care.		X		
2. To educate all our clients within our clinics the importance of early prenatal care and the benefits for the infant's well being.	X			
3. To educate to the School Health Counselors at the schools on the services of the DPHSS Centers offer related to prenatal care		X		
4. Provide information to the providers on the Medicaid and MIP program, the services that DPHSS Community Health Centers offer, and MCH services.	X			
5. Continue to collaborate with community partners in health fairs and radio talk shows on the awareness and importance of Early Prenatal Care.		X		
6. Review current appointment schedules and implement change to increase access to Women's Health clinics.		X		
7. Meet with GMHA Maternal Child Health managers, Physicians, and Medical Records administrators and emphasize the importance in completing all the questions on the Birth Certificate.		X		
8.				
9.				
10.				

**b. Current Activities**

There are presently 12 physicians, and four nurse midwives that provide prenatal care and delivery. Only two part-time physicians and two APRNs provide services to Medicaid and MIP patients. Sagua Managu also sees a limited number of Medicaid and MIP patients for prenatal services. Central Public Health is the only clinic that provides free prenatal care. There is presently one full time Women's Health nurse practitioner and one part-time Family nurse practitioner at Central Public Health who provide prenatal services.

At Central Public Health, a pregnancy screening clinic is held twice a week. This enables pregnant clients to get screened for pregnancy immediately, but it can take up to one to two months to get their first prenatal exam. Although Central Public Health provides free prenatal care services, clients are responsible for paying for certain lab tests that are required with the prenatal visits. Pap smears, gonorrhea tests, urine cultures, and antibody screening tests have to be performed at private laboratories. The total costs for these tests are approximately \$80.00. The OB ultrasound costs about \$150.00.

Central Public Health continues to provide two pregnancy clinics, three PNI/PNE exam clinics and three Women's Health clinics per week. All low risk prenatal clients are seen, regardless of their weeks of gestation during the first prenatal exam.

**c. Plan for the Coming Year**

The MCH and BFHNS staff will continue to collaborate with school nurses, by providing pregnancy test kits, and promote coordination and early entry of teen into the prenatal care system. They will continue to collaborate with other health agencies to promote early and continued prenatal care. The MCH Program will encourage GMHA staff to review birth certificate information and ensure all questions are answered before the mother is discharged.

The BFHNS will review appointment scheduling system, and discuss ways to improve it so that more clients can be seen.

**State Performance Measure 2: *The rate of Chuukese infant deaths in Guam.***

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	11	12	50	50	50
Annual Indicator	71.3	133.0	10.5	14.9	309.5
Numerator	2723	461	36	51	13
Denominator	38178	3466	3423	3419	42
Data Source		Guam Family Planning FPAR Report	DPHSS Guam Family Planning Report	DPHSS Office of Vital Statistics	DPHSS Office of Vital Statistics
Is the Data Provisional or Final?				Provisional	Final
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance	50	50	50	50	50

Objective					
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**Notes - 2011**

In 2011 State Performance Measure 02 was changed to measure the number of Chuukese infants that died in 2011. So the data source used was the same with 2010 data. 2011 data measured all the infants who were Chuukese that died that year.

**Notes - 2010**

In 2010 the data was from the DPHS OVS Death Certificates of all the infant that died in 2010.

**Notes - 2009**

Data on reproduct services are still unoffical form the Guam Family Planning program.

**a. Last Year's Accomplishments**

There were 42 infant deaths, ages 0-1, in 2011 according to OVS. Ten infants died because of complications due to prematurity. Some of the other reasons were pneumonia (12), cardiopulmonary arrest (7), congenital anomalies (3), pulmonary hypertension (2), acute respiratory distress syndrome (1), sepsis (1), intraventricular bleed (1), congenital heart failure (1), Sudden Infant Death Syndrome (1), chorioaminionitis (1) multi-organ failure (1) and abdominal compartment syndrome (1).

Guam's infant mortality rate of 13.3 is higher than the United States mortality rate of 5.9. Furthermore, mortality rates among certain ethnic minorities in Guam are significantly higher. In 2011, there were 42 infant deaths, 13 of which were among Chuukese infants (30.9%). In 2011, some of the leading causes of infant death among the Chuukese population were pneumonia (38.46%), prematurity (30.76%) and cardiopulmonary arrest (23.07%)

Early prenatal care is important to preventing infant mortality. The BFHNS and BPCS staff offered prenatal care counseling to women seen at the various clinics at Central Public Health and the community health centers. There were 1,112 Chuukese women who accessed women's health services at Central Public Health.

According to the BPCS 2011 Annual Report, 10,419 (29.6%) of 35,243 total encounters at the community health centers were for the women's health clinic. Of the total, 5,121 (49.2%) were for prenatal care. The Chuukese make up about 19.2% of all encounters at the CHCs, the second highest ethnic group behind the Chamorros (54.7%).

***An attachment is included in this section. IVD\_SPM2\_Last Year's Accomplishments***

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To expand on more information on benefits of early prenatal care and dangers signs and risk behaviors during the DPHSS CRHC EPCC classes.	X			
2. Continue MCH staff and BFHNS, and BPCS staff to educate their prenatal clients in the benefits of prenatal care, breastfeeding, dangers signs during pregnancy, and keep all prenatal visits.	X			
3. Update the Power Point EPCC presentation with current information on the benefits of early prenatal and promote healthy pregnancy lifestyle changes.		X		
4. The MIECHV Project Bisita will promote early prenatal care,	X			

encourage tobacco cessation, and encourage breastfeeding to all their pregnant clients within their home visiting program.				
5. The DPHSS MCH Program staff and nursing staff will also networking with community partners of other agencies, nonprofit organizations and the village mayors to educate the public on the various services available in the department.		X		
6. The MCH nursing staff will start to collaborate more with DOE School Health Counselors to address teen pregnancies.		X		
7. The MCH Administrator will continue her membership with the Guam Child Death Review committee		X		
8.				
9.				
10.				

**b. Current Activities**

The BFHNS and BPCS staff offer prenatal care counseling to women seen at the various clinics at Central Public Health and the CHCs. According to the BPCS 2011 Annual Report, 10,419 (29.5%) of 35,243 total encounters at the CHCs were for the women's health clinic. In terms of insurance status, 1,515 (6.6%) had no insurance, 4,692 (13.3%) had Medicaid and 4,692 (13.3%) had MIP. At Central Public Health, 1,817 prenatal encounters in 2011 had no insurance.

The Family Planning Program staff continue to address teen pregnancy through risk assessments and reproductive health services including individual/group counseling, health education sessions, student empowerment activities, and referrals to reproductive health care providers. Counseling and education were also provided to pregnant and parenting teens on numerous topics, including prevention of additional pregnancies.

The MCH program staff are members with Project Tinathon Strategic Management Team Focus groups with Medical Home, Family Support groups, and Premature Births sub group. The MCH staff provide MCH information to the groups, so they able to understand the current status of our maternal and child health on Guam. The MCH staff also contribute on how the DPHSS and MCH services are assisting in access to care and health insurance information. Also these groups share information on prenatal care services to their programs and clients who spread the awareness of Public Health services.

**c. Plan for the Coming Year**

The MCH and BPCS staff need to continue to educate women on the importance of early prenatal care to prevent pregnancy complications at their various clinics, outreaches, and health fairs and during their home visits to at risk families. They need to offer family planning and prenatal classes to high school students at the schools. According to the school health counselor at George Washington High School, there are about 50-60 pregnant students attending the school. DPHSS needs to collaborate with DOE to address teen pregnancies. DPHSS also needs to partner with other agencies, nonprofit organizations and the village mayors to educate the public on the various services available in the department.

BFHNS's home visiting program, Project Bisita, will soon be conducting home visitation, case management and education programs for pregnant women and their families including linkages to smoking cessation resources and referrals to the Quitline and local smoking cessation services.

The MCH staff will continue to raise awareness and educate the public of the dangers of preterm birth, infant mortality risks and preventive measures and community resources. They will continue providing case management services to improve linkages to appropriate medical and social services to pregnant women who do not have adequate prenatal care, who are at risk for

domestic violence, substance abuse, communicable disease and factors that may negatively impact infant development.

The MCH Administrator will continue her membership with the Guam Child Death Review committee, in which this committee will be reviewing child death events and provide recommendations on ways to prevent child injuries and deaths from occurring on Guam.

**State Performance Measure 3:** *The percent of students in grades 9 through 12 who reported feeling sad or hopeless almost every day for 2 weeks or more during the past 12 months.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	5	5	5	5	5
Annual Indicator	0.0	0.0	0.0	0.0	36.6
Numerator	0	3	3	5	593
Denominator	3501	15498	15820	16066	1621
Data Source		DPHSS Vitals Statistics Office and GMHA data	DPHSS OVS	DPHSS OVS	2011 Guam Youth Risk Behavior Survey
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	25	25	25	25	25

**Notes - 2011**

In 2011 the State Performance Measure was changed also to measure the adolescents were between the 2th and 12th grade that participated in the YRBS 2011 survey and self reported that they were feeling sad and hopeless every day for 2 weeks within the past 12 months. The data was collected from the Guam YRBS report that was done to Guam's public high school students that participated with the survey.

**Notes - 2010**

The 2010 data for the teenage suicide is official from DPHSS OVS and the estimated of 15-19 years of age. So the data from the suicide deaths official data for this reporting year. Still awaiting for the two programs is STEVE and EVVE programs to start awaiting for Govern's signature for implementation of the two data programs.

**Notes - 2009**

Due to the lack of staff at the DPHSS Office of Vital Statistics, they were not able to key in data for 2009, the Official data needed for 2009 MCH Annual Report were not all available at this time. So the data for women with no prenatal care were not available. The total births stated from the Office of Vital Statistics was 3423.

**a. Last Year's Accomplishments**

According to CDC, the Youth Risk Behavior Surveillance Systems (YRBSS) monitors six types of health risk behaviors that contribute to the leading causes of death and disability among youth and adults, including behaviors that contribute to unintentional injuries and violence.

In the 2011 Guam Youth Risk Behavior Survey, of the 1,621 students that responded to the question "during the past 12 months, did you ever feel so sad or hopeless almost everyday for two weeks or more in a row that you stopped doing some usual activities", 593 students said "yes" and 1,028 said "no". That was 36.6% of respondents who were depressed. In terms of age, 36.3% were 15 years old and younger, 36.7% were 16 and 17 years old, and 36.5% were 18 years and older.

According to OVS, there were eight suicides that occurred among youths ages 10-19 years old. Suicide is the 5th leading cause of death among Guam's adolescents. Risks of suicide include poor mental health, substance abuse, and trauma. Suicide prevention efforts are designed to reduce suicide rates and the devastating impact on suicide survivors including family, friends, schools and entire communities. The most recent Guam Title V Needs Assessment identified child mental health problems as a major issue. This measure is meant to provide a method of tracking depression that is related to a variety of mental health issues including suicide, risk-taking behaviors, low-self-esteem, child abuse, and treatable mental health diagnoses including bipolar disorder.

The 2011 YRBS indicated that 36% of high school students reported feeling sad or hopeless, a proxy for depression, and that 42% of the females were going to school that way. The 2011 YRBS also indicated that 23% of Guam high school students seriously considered suicide, and 23% indicated making a suicide plan. In 2007, only 21% of students stated that they had seriously considered suicide and 16.7% indicated that they had a plan about how they would attempt suicide. The 2011 YRBS reported that 20% of the high school students were more likely to attempt suicide and that 3.9% of the students' required medical attention following a suicide attempt.

Life Works Guam and Rainbows for All Children Guam celebrated Suicide Awareness Month in September 2011 by holding a candlelight vigil and memorial service. Rainbows for All Children Guam is a nonprofit peer support group of grieving children whose parents or siblings have divorced, died, been deployed or left. Suicide is the fifth leading cause of death on Guam, higher than accidents and homicides. There were a total of 31 suicides in 2010. (PDN, 9/18/11)

The U.S. Department of Health and Human Services awarded \$500,000 in federal assistance through its System of Care program for the Para Todu Project at the DMHSA. The Para Todu Project works to improve and expand services for children and youth with serious emotional disturbances and their families.

There were 22 suicides on Guam for the first eight months of 2011. The average suicide death rate per 100,000 is 14.8% on Guam compared to 11.9% in the U.S. In terms of suicide by age, 20% occurred in those under 20 years old and 40% occurred among 20-29 years old. Since 2000, the average suicide death per year is 26.4, with one suicide occurring every two weeks. (Marianas Variety, 9/29/11)

DMHSA received a \$600,000 grant from the U.S. Substance Abuse and Mental Health Services Administration to help strengthen Guam's prevention systems of care so that individuals identified to be at risk of developing mental illness and engaging in substance abuse will receive prevention and early intervention services. (PDN, 9/30/11)

Several activities were held in September in celebration of National Suicide Prevention Month. DMHSA and UOG sponsored a suicide prevention forum in which over 350 people attended. UOG hosted a suicide prevention film night which featured a film on love and suicide in the Marshall Islands, which was followed by a lively discussion by student leaders from different UOG clubs and organizations. About 200 attended film night. Rainbows for All Children, a non-profit peer support group of grieving children whose parents, siblings and any other family member that may have died, been deployed, divorced or left the family, and DMHSA LifeWorks held a

candlelight vigil and memorial service. The Guam Anti-Bullying Organization held a three-day conference in October 2011 on bullying and suicide.

**An attachment is included in this section. IVD\_SPM3\_Last Year's Accomplishments**

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. MCH Program Coordinator IV will start a collaborate effort to network with DMHSA, Snactury Inc., Ina fa' Maolek, and the Youth-4-Youth Live, to assist in developing local resources and for suicide prevention awareness and education.		X		
2. The MCH PC IV will continue her membership with the DPHSS Office of Emergency Medical Services for Children (EMSC) is developing a strategic plan for injury prevention for children.	X			
3. The MCH PC IV will coordinate the different opportunities to build capacity attending meetings and trainings on suicide prevention for all the BFHNS staff.	X			
4. To provide adolescent clinical services or counseling when inquiring services at the CRHC clinics.	X			
5. The clinic staff will provide any information needed by any adolescent that are seeking services at the DPHSS centers.	X			
6. To orient the DOE School Health Counselors on the services at the DPHSS centers, so they able to address any student that may have any adolescent heath issues and concerns.		X		
7. The Family Planning PC III will continue his YRBS Advisory Board to promote MCH program.				
8.				
9.				
10.				

**b. Current Activities**

The UOG Isa Psychological Services Center I Pinangon ("awakening" in Chamorro) Program was established in 2005 to raise awareness of the problem of suicide on Guam. It provides a sustainable on-campus network of student services to identify, assess, treat and refer for mental health and behavioral problems and provides campus suicide prevention information and skill development for UOG students, employees and their families through classroom presentations, training, and educational seminars.

Suicide prevention efforts are done year-round to provide prevention and intervention support to those at-risk and survivors with the community. Some of the activities include the Applied Suicide Intervention Skills Training (ASIST) Workshop, a two-day workshop for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide; SafeTalk, a three-hour training that prepares anyone over the age of 15 to identify persons with thoughts of suicide, and to address them with the TALK steps (Talk, Ask, Listen, Keep-Safe); and a Survivors of Suicide Support Group, a place where survivors (youth and adults who have experienced a suicide loss) can find comfort.

**c. Plan for the Coming Year**

Suicide is the 5th leading cause of death among Guam's adolescents. Risks of suicide include poor mental health, substance abuse, and trauma. Suicide prevention efforts are designed to reduce suicide rates and the devastating impact on suicide survivors including family, friends, schools and entire communities. The most recent Guam Title V Needs Assessment identifies

child mental health problems as a major issue. This measure is meant to provide a method of tracking depression that is related to a variety of mental health issues including suicide, risk-taking behaviors, low-self-esteem, child abuse, and treatable mental health diagnoses including bipolar disorder.

DPHSS Office of Emergency Medical Services for Children (EMSC) is developing a strategic plan for injury prevention for children. The plan will provide a framework to address nine core injuries: falls, motor vehicle injuries, traumatic brain and spinal cord injuries, suicide and suicide attempts, poisoning, fire injuries, animal bites, firearm injuries and drowning and submersion injuries. In developing the strategic plan a public health approach will be taken to define each problem, identify risks and causes, and develop interventions to increase the public's awareness about the preventability of these injuries.

The MCH Program staff will continue to take advantage of opportunities to build capacity attending meetings and trainings on suicide prevention.

**State Performance Measure 4:** *(Data Performance Measure) Strengthen data capacity (collection, analysis, and interpretation).*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	10	10	5	5	5
Annual Indicator					
Numerator	1851			20	50
Denominator	63850			30	70
Data Source				All Data Sources used for Guam MCH application	All Data Sources used for Guam MCH application
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	5	5	5	5	5

**Notes - 2011**

The State Performance Measure 04 was reviewed and settled to be a Data Performance Measure that will be a count of all data sources and all the data reports used to collect data needed for the 2012 MCH application for 2011 data. The MCHB regional staff also guided the Guam MCH program staff to the final statement to be used for this measure.

**Notes - 2010**

Number of inquiries in the STEVE MCH Profile, No data for 2010 but no STEVE data, not implemented in this reporting year.

**a. Last Year's Accomplishments**

The MCH Program gets their data from a number of sources. They get data from the Bureau of Family Health and Nursing Services (BFHNS), Dental Program, Immunization Program, STD/HIV Program, WIC Program, Office of Vital Statistics (OVS), Behavioral Risk Factors Surveillance

System (BRFSS), Youth Risk Behavior Surveillance System (YRBSS), Bureau of Primary Care Services (BPCS) Annual Report, Office of Epidemiology and Research, Guam Memorial Hospital Authority (GMHA), Guam Early Hearing Detection and Intervention (EHDI) Program, CSHCN Registry, Metabolic Screening Program, Hemophilia Program, Division of Public Welfare, Bureau of Health Care Financing Administration (BHCFA) for TANF, SNAP, Medicaid, and MIP data, Family Planning Program, Head Start Program, Department of Public Works Division of Highway Safety, Bureau of Statistics and Plans, Bureau of Social Services Administration (BOSSA) for foster care data, Guam Department of Labor, Guam Department of Education, and the Guam Police Department.

The Immunization Program uses the GuWebIZ System to register children to the Immunization Registry. The system is also used to update the immunization records of the children whenever the children receive new vaccinations. This allows the staff to determine which children are current with their immunizations and which ones need to be contacted so that they can come in to get their needed shots.

The Guam Early Hearing and Detection and Intervention (EDHI) Program uses the Child Link system to obtain their hearing screening data from GMHA and Sagua Managu. The GMHA and Sagua Managu staff currently input the data to Child Link from their facilities.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH program and other programs are waiting for OVS to implement STEVE-ER so that more accurate data can be obtained in regards to birth and death data as well as other data captured on the birth certificate questionnaires and death certificates.				X
2. The MCH Program Director will be working in strengthening data collection and increase data capacity with the DPHSS OVS, WIC program, the WEBIZ program, the BPCS data system, and the Newborn Screening data base.				X
3. The BFHNS would like to establish an island wide CSHCN Registry so that the department will have a better idea on how many children actually need these types of services.				X
4. The Division of Public Welfare just installed the PHPro System to collect and analyze their data.		X		
5. The Hawaii State Department of Health are starting a partnership in setting a electronic health record system with the Central Regional Health Center to possibly linking different programs.				X
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

The Immunization Program continues to use GuWebIZ to input their data. The problem they are running into is that Guam is an 'Opt In' state in regards to immunization information. Health care providers, daycares and schools do not have to enter the immunization information of their patients. It is up to the private clinics and daycares to participate in the immunization registry. Thus the immunization registry is not complete but limited to those who opt to participate in the registry.

OVS is working to launch their STEVE-ER system in 2012. OVS has been training GMHA and Sagua Managu staff how to enter birth data into STEVE-ER. They will be entering the same data they are currently doing now but instead of submitting hard copies to OVS they will be entering the data via the internet and sending the information electronically. They will also be asked to enter data regarding newborn hearing screening data, the types of immunization given to the newborn and parental information needed for the MCH Program. OVS is working with Naval Hospital so that they can enter their birth data electronically as well. Naval Hospital still has not agreed to do so because of security concerns with the STEVE-ER System. The Governor's Office is facilitating the meetings between DPHSS and Naval Hospital.

The Guam EDHI Program continues to use Child Link to obtain newborn hearing screening information from GMHA and Sagua Managu.

The WIC Program uses the AIMS System.

**c. Plan for the Coming Year**

DPHSS will work with Senator Dennis Rodriguez Jr., Chairman on the Committee on Health and Human Services, Senior Citizens and Economic Development, to pass legislation to change Guam's status to an "Opt Out" state in terms of immunization information. It would require that all immunizations administered on Guam, regardless if public or private purchased vaccines, be entered or submitted to the Immunization Information System within 30 days of administrations ("Opt Out Registry") and to amend 10 GCA Chapter 3 to include "childcare facilities" and to include "childcare facility records and public and private school students immunization records" to the law.

MCH and other programs are waiting for OVS to implement STEVE-ER so that more accurate data can be obtained in regards to birth and death data as well as other data captured on the birth certificate questionnaires and death certificates.

BFHNS would like to establish an island wide CSHCN Registry so that the department will have a better idea on how many children actually need these types of services. There are various nonprofit organizations that deal with children with special health care needs like Down's syndrome, Autism, Hemophilia and other bleeding disorders and other similar associations. There is currently no centralized directory.

The Division of Public Welfare just installed the PHPro System to collect and analyze their data.

**State Performance Measure 5: Percent of women Breastfeeding their infant at Guam Memorial Hospital and Birthing Center discharge.**

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

<b>Annual Objective and Performance Data</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
Annual Performance Objective	5	5	5	5	5
Annual Indicator	10.0	2.6	3.7	4.9	34.4
Numerator	1500	90	127	168	798
Denominator	15057	3501	3423	3422	2323
Data Source		Guam Memorial Hospital	uam Memorial Hospital	uam Memorial Hospital	GMHA OB/LD Reports and the Birthing Cent

Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	5	5	5	5	5

**Notes - 2011**

2011 the State Performance Measure 05 was also changed by the Guam MCH staff to identify how many postpartum mothers at the Guam Memorial Hospital and the Birthing Center that breastfed at discharge. So the 2011 data source was from the GMH Nursery Unit and the Birth Center.

**Notes - 2010**

The 2010 data for this reporting year is provisional because it's being obtain from the GMHA Labor & Delivery Room reports on breast feeding and Labor and Delivery deliveries.

**Notes - 2009**

The DPHSS WIC program wasn't able to give the official report with the children dealing with overweight for 2009.

**a. Last Year's Accomplishments**

There were 798 women who breastfed their babies after delivery at GMHA out of a total of 3,298 who gave birth in 2011. BFHNS partnered with the WIC Program in promoting breastfeeding to pregnant women and new mothers at Central Public Health. BFHNS is a member of the Breastfeeding Coalition. A BFHNS staff is the chairperson for the Coalition. Some of the members of the Coalition include GMHA unit supervisors, lactation trainees, Sagua Managu staff, OB/GYN physicians, pediatric staff, OB Nursery staff, MCH Program staff, WIC breastfeeding mentors, GMHA dietitians, breastfeeding mothers, and health educators from GMHA and DPHSS. The Coalition conducted the Annual Family and Breastfeeding Health Fair at the Micronesia Mall.

WIC breastfeeding mentors and BFHNS staff participated in several health fairs, nutritional trainings, and conferences in the past year. They partner with each other when doing breastfeeding presentations in the community.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. The MCH Program will continue to partner with the WIC Program to promote breastfeeding at health fairs, outreaches and conferences.	X			
2. The BFHNS staff and MCH Program staff will continue to be part of the Breastfeeding Coalition in order to promote the benefits and bonding rewards of breastfeeding to all prenatal clients and mothers.	X			
3. The BFHNS Community Health Nurses will continue to conduct Breastfeeding class once a month any pregnant client at CRHC clinic.	X			
4. The BFHNS MCH staff will conduct and coordinate the Annual Healthy Mothers Healthy Babies Health Fair to promote the importance of prenatal care, breastfeeding, infant care, immunization, tobacco cessation, and normal growth and development.			X	

5. The WIC Health Educators will continue to go to GMHA to promote breastfeeding to new mothers.		X		
6. The DPHSS Division of Public Health programs need to network and promote the island-wide awareness on the benefits of Breastfeeding that will lead to strong and healthy infants.			X	
7.				
8.				
9.				
10.				

**b. Current Activities**

BFHNS district nurses and nursing supervisors conduct monthly breastfeeding classes at Central Public Health for new MCH clients. BFHNS partners with the WIC Program in promoting breastfeeding to all the pregnant women and new mothers at DPHSS. BFHNS staff and WIC breastfeeding mentors participate in health fairs and outreaches throughout the year. The Coalition is currently working on establishing the Formula-Free and Breastfeeding Friendly Hospital Policy for GMHA.

The BFHNS and MCH Program staff promoted the benefits of breastfeeding at their Annual Healthy Mother, Healthy Babies Health Fair that was held on October 29, 2011. The fair attracted over 200 participants. The staff conducted a survey on breastfeeding and determined that over 30% of the respondents breastfed their babies.

**c. Plan for the Coming Year**

The MCH Program will continue to partner with the WIC Program to promote breastfeeding at health fairs, outreaches and conferences. BFHNS will continue to be part of the Breastfeeding Coalition in order to promote the benefits and bonding rewards of breastfeeding to all prenatal clients and mothers. They will also continue to network with other partners in promoting breastfeeding to the public.

WIC Health Educators will continue to go to GMHA to promote breastfeeding to new mothers.

BFHNS will continue conducting monthly breastfeeding classes at Central Public Health.

**State Performance Measure 6:** *Percent of students in grades 9 through 12 who self reported that they are overweight or obese.*

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective	48	48	90	90	90
Annual Indicator	81.6		4.5	7.8	30.8
Numerator	1000	36540	1409	2326	489
Denominator	1225		31015	30000	1589
Data Source			DPHSS WIC program	Total number of DOE students	2011 Guam Youth Risk Behavior Survey
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>

Annual Performance Objective	90	90	90	90	90
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**Notes - 2011**

2011 State Performance Measure 06 was changed with the MCHB guidance to the Guam MCH program staff. So this measure had data that was collected from the Guam's Youth Risk Behavior Survey Results. The data collected were on the number of adolescents that reported in the YRBS that they are overweight or obese.

**Notes - 2010**

The DPHSS WIC program and the DOE School Health Counselors will work together to get the data needed for this State Performance measure

**Notes - 2009**

The DPHSS WIC program and the DOE School Health Counselors will work together to get the data needed for this State Performance measure.

**a. Last Year's Accomplishments**

According to CDC, the Youth Risk Behavior Surveillance Systems (YRBSS) monitors six types of health risk behaviors that contribute to the leading causes of death and disability among youth and adults, including unhealthy dietary behaviors and inadequate physical activity. The YRBSS also measures the prevalence of obesity among youths and young adults.

In the 2011 Guam Youth Risk Behavior Survey, of the 1,589 students that responded to the question "how do you describe your weight", 318 students felt they were underweight, 782 felt that they were about the right weight, 412 students felt they were "slightly overweight" and 77 said they felt "very overweight". Of the total, 30.8% felt overweight to some degree. In terms of age, 23.8% of the "15 and younger" group, 27.7% of the "16 and 17 year olds", and 22.7% of the "18 and older" group felt "slightly overweight". In terms of feeling "very overweight", 4.3% of the "15 and younger" group, 5.0% of the "16 and 17 year olds" and 5.4% of the "18 and older" group felt that way.

The numerator for the state performance measure represents the number of high school students who responded that they felt slightly overweight or very overweight to the question "how do you describe your weight". The denominator is the number of students who responded to the survey.

According to the 2011 Guam YRBS, 16.5% were overweight and 15.4% of high school students were obese. About 10% drank soda three or more times per day, 18% did not participate in at least 60 minutes of physical activity, 33% watched television three or more hours per day and 38% used computers three or more hours per day. The data shows that a high percentage of high school students led a sedentary life, have poor diets and were overweight or obese.

DOE is starting to promote healthier food options in the public schools. In October 2011, Okkodo High School started offering a salad bar to its students for their lunches. If it is successful, DOE will offer it to students in other schools. (PDN, 10/11

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Network with the School Health Counselors to assist them with their annual BMI screening with their students.		X		
2. To continue the partnership of the Youth-4-Youth Conference, Sanitary Inc., DMHSA, and Peace Project to prevent adolescent health issues.			X	

3. The BFHNS staff and Chronic Disease staff will continue the partnership with the Payless Supermarkets in promoting their Annual "Kick the Fat" 5K Run/Walk and Health Fair by offering health screening to the participants and their families.			X	
4. The Family Planning PC III will continue his YRBS Advisory Board to promote MCH program.	X			
5. Plan a another Adolescent Health Fair with one of the High schools to promote adolescent health issues, on nutrition, staying healthy, immunization, BMI screening, and provide at least Health Care provider for medical consultation.		X		
6.				
7.				
8.				
9.				
10.				

**b. Current Activities**

The BFHNS Administrator and MCH Program Coordinator are members of the Head Start Advisory Board, which meet on a quarterly basis. The board is composed of members from both the private and public sectors. They have pediatricians, dentists, nutritionists, nurses, social workers, psychologists, parents, teachers, and representatives from Child Protective Services, Medicaid Office, DOE and MCH Program.

BFHNS staff participated in Annual Head Start Fitness Fair on March 17, 2012 by taking weight and height measurements of the children. The staff were able to see 182 children. They noted that a majority of the children were in the normal BMI range.

The WIC Program participates in the monthly immunization outreaches by distributing brochures on proper nutrition and physical activity.

**c. Plan for the Coming Year**

The BFHNS and MCH staff will continue to partner with the Head Start Program in order to address any health issues they may have including immunization and nutritional concerns. The BFHNS and MCH staff also participate in various fun run/walk activities to promote physical fitness. They partner with Payless Supermarkets in promoting their Annual "Kick the Fat" 5K Run/Walk and Health Fair by offering health screening to the participants and their families.

**State Performance Measure 7: Percent of adolescents (unduplicated) receiving comprehensive physical and mental health services.**

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					20
Annual Indicator					17.5
Numerator					5844
Denominator			15820	16066	33467

Data Source			Clinic admission sign up sheet	Clinic admission sign up sheet.	BFHNS, BPCS 2011 Annual Report, Census Projections
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	20	20	20	20	20

**Notes - 2011**

2011 State Performance Measure 06 was changed to be more specific to measure the adolescents that receive physical and other services within the DPHSS centers of that reporting year. All the data were from the Guam DPHSS,

**Notes - 2010**

To include the Total number of adolescent estimate in Guam and patient sign in sheet . The 2010 data is no official at this reporting time.

**a. Last Year's Accomplishments**

There were 1,949 adolescents ages 10-19 years old seen in Central Public Health. They were seen in the STD Clinic (1), Women's Health Clinic (24), CDC Clinic (1,043), Child Health Clinic (710) and Shriners' Outreach (171) in Central Public Health. The STD Clinics provided information on how to prevent pregnancies and STDs, family planning, and offered STD testing. The Women's Health Clinic offered prenatal care, postpartum care, family planning services and home visits. The CDC Clinics offered skin tests, diagnostic services for TB, treatment for positive and active TB patients and follow up home visits. The Child Health Clinics provided well-baby checkups, annual physicals, CSHCN screenings, hearing tests and immunizations. The Shriners Outreach Clinics are for patients with burns and orthopedic-related medical problems.

According to the BPCS Annual Report 2011, there were 3,895 patients ages 10-19 who accessed care at the CHCs. Of that total, 2,182 were for adolescent health services which include acute care, prenatal care, physical exams, gynecological problems, STD services, and family planning.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. BPCS will continue collaborating with the STD/HIV Program in holding a Teen Clinic in Harmon.		X		
2. The MCH and BFHNS staff are conducting daily adolescent walk-in clinics within the Child Health and Women's Health clinics at CRHC.	X			
3. The BFHNS nursing staff are providing Family Planning Clinics that are open for adolescents who schedule appointment or walk-in.	X			
4. The MCH and Family Planning staff schedule High School presentations on various topics within the Adolescent Health area.		X		
5. Increase partnership with the DOE School Health Counselors to provide them information on the different programs, services, and clinics that can be shared with the students or families that they encounter.		X		
6.				
7.				

8.				
9.				
10.				

**b. Current Activities**

The CHCs offer prenatal and postpartum care, women's health services, well-baby care, child health, immunizations, adolescent health, TB skin tests, family planning services, and HIV/STD services. The CHCs also conduct extended clinics in communities with a large population of low income families. They are conducted once every quarter.

BPCS is collaborating with the STD/HIV Program in sponsoring a Teen Clinic in Harmon, on the 2nd and 4th Thursday of each month from 4pm to 6pm. Clients at the Family Planning Adolescent Clinics are seen on a walk-in basis at CRHC High School presentations and Parental Teacher Conference Open House

**c. Plan for the Coming Year**

BPCS will continue collaborating with the STD/HIV Program in holding a Teen Clinic in Harmon. They are hoping to promote the program at the various high schools to make students aware of the available services and to increase the number of users at the clinic.

**State Performance Measure 8: Number of (unduplicated) count of Children with Special Health Care Needs (CSHCN) on Guam.**

Tracking Performance Measures

[Secs 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii)]

Annual Objective and Performance Data	2007	2008	2009	2010	2011
Annual Performance Objective					75
Annual Indicator					943
Numerator		451	550	533	
Denominator		583	684	943	
Data Source		SHCN Registries	SHCN Registries	CSHCN Registries	DPHSS CSHCN Registry
Is the Data Provisional or Final?				Provisional	Provisional
	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
Annual Performance Objective	75	75	75	75	75

**Notes - 2011**

2011 State Performance Measure was changed to a count of unduplicated CSHCN by the guidance of the NCHB program staff. To establish a baseline of CSHCN numbers from the Guam DPHSS CSHCN registry.

**Notes - 2010**

The 2010 data would include the total number of CSHCN from BPSS Medical Social Workers- all the appointments and the total seen in the CHSDI. So data is not in all day is provisional and still awaiting for the STEVE and EVVE data programs for the DPHSS OVS.

**a. Last Year's Accomplishments**

The CSHCN Registry is composed of children, ages 1-21 years old, who are seen in the Shriners Outreach Clinics. There were 943 children in the registry in 2011.

The CSHCN Program is managed by Cindy Malanum, a Social Worker III at DPHSS. She is in charge of coordinating the various CSHCN clinics and activities. There is a Special Kids clinic twice a month at NRCHC, a yearly genetics clinic and a biannual Shriners outreach clinic on Guam. She coordinates with off-island and local medical providers when clinics are held. She makes sure that off-island guests know when the clinics are held and have the proper dates for their airline and car reservations and hotel accommodations. She needs to make sure their credentials are in order so that they can see patients on Guam. She needs to set up appointments for the patients and that their records are complete and make sure that all the lab and diagnostic tests were done that were requested from the previous visit. She needs to follow up with the patient's local physician to see if there is anything she needs to do before the CSHCN clinics.

The Guam Comprehensive Hemophilia Care Program (GCHCP) staff takes care of the patients who have Hemophilia and von Willebrand's Disease and other bleeding disorders. They conduct monthly meetings and clinics at NRCHC. GCHCP is comprised of a physician, two nurses (one from BPCS and one from BFHNS), a social worker and a physical therapist. The team is responsible for providing medical care and prescriptions for the patients. Patients are taught to manage their conditions at home by self infusing instead of going to GMHA in times of emergencies as much as possible. There were 46 patients seen.

The Hemophilia Clinic is managed by the Medical Social Services at DPHSS. They make sure that the patients are seen by the GCHCP team at one of the monthly meetings at least once a year. They make sure that the patients get their medications and have enough to meet their needs. They make sure patients keep their appointments and do what the doctor ordered.

Lynn Okada, a Community Health Nurse II from BFHNS, and Cindy Malanum, a Social Worker III from BCHS, were accepted into the LEND Program in 2011. The LEND program is a collaboration between UOG CEDDERS and the University of Hawaii. Ms. Okada was chosen because of her work with the Hemophilia Program and Ms. Malanum was selected because she oversees the CSHCN program in DPHSS.

A Special Kids Clinic is held twice a month at NRCHC. Two half days a month is dedicated to see patients diagnosed with heart conditions, kidney problems, cerebral palsy, developmental delays, spastic diplegia, osteogenesis imperfect, born prematurely and other medical conditions that need special care. Each patient is allotted a one hour appointment with the physician. There were 43 patients seen.

The Shriners Hospital for Children in Honolulu is a non-profit hospital which treats children with orthopedic conditions, burns, spinal cord injuries, and cleft lip and palate, regardless of their ability to pay. Patients must be under the age of 18 to receive care and services. A medical team from Shriners usually conducts an Outreach Clinic at Central Public Health twice a year on Guam. Patients are seen for free. Children with orthopedic conditions or burns are able to get the treatment they need so that debilitating conditions can be corrected before they cause a permanent disability. If the treatment is unavailable on Guam, the patients can get treated in Hawaii as well.

There were two Shriners Outreach Clinics at Central Public Health in 2011 in which 501 patients were seen. There were 222 patients treated on January 23-31 and 279 patients on June 8-15.

A Genetics Clinic was funded by the Western Genetics Services Collaborative grant and conducted by a medical team from the Hawaii Department of Health. The clinic is held to help children with genetic medical conditions. The team evaluates the patients and then refers them

back to their local pediatrician for follow-up care and management. The Genetics Clinic was held at Central Public Health on September 26-30, 2011. A total of 27 patients were seen.

**Table 4b, State Performance Measures Summary Sheet**

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. To develop a plan to capture a centralized listing of all the children with special health care needs within the department, then within agencies, and within the communities.			X	
2. To research and identify any potential registeries or data bases that the MCH program develop to establish DPHSS MCH CSHCN program to				X
3. The MCH CSHSN SW III will continue to conduct and coordinatie the Special Kids Clinic that is twice a month at NRCHC.	X			
4. The MCH CSHCN SW III will start to input any changes of each child in the CSHCN registry that are in the Shriners' clinic, Special Kids Clinic, Hemophilia clinics, Newborn Screening program, and Genetics clinic.	X			
5. The GCHCP will continue to hold their monthly clinics to see patients and to discuss the best way to manage their medical conditions.	X			
6. The MCH staff and CSHCN SW III will continue to coordinate the next Genetics clinic is scheduled for November 2012.	X			
7. The University of Hawaii, Hawaii's Department of Health, MCH program has added two more staff from DPHSS are applying to the LEND Program for 2012-2013 school year.				X
8. The CSHCN Program is trying to expand the CSHCN Registry to include patient in other registries such as children with Autism, Down's Syndrome, Hearing impairment, and Hemophilia and other bleeding disorders			X	
9.				
10.				

**b. Current Activities**

Medical staff from Shriners Hospital for Children in Honolulu conducted outreach clinics on Guam January 23-31, 2012 and June 8-15, 2012.

The GCHCP are held once a month at NRCHC. Patients with Hemophilia and other bleeding disorders are evaluated by a team of healthcare providers that consist of a physician, nurse, social worker and physical therapist. The patients are managed using a team approach so that all aspects of the medical condition are addressed.

A Special Kids Clinic is held two half days a month at NRCHC. They see eight patients a month. Each patient is allotted one hour per visit and is seen by a physician.

**c. Plan for the Coming Year**

The next Genetics clinic is scheduled for November 2012.

The Special Kids Clinic continues to be held twice a month at NRCHC.

The GCHCP continue to hold their monthly clinics to see patients and to discuss the best way to manage their medical conditions.

The Shriners Outreach clinic is held every six months at Central Public Health usually in June and January. Shriners hope to do telemedicine as well in between visits. DPHSS is setting up the equipment and finalizing the MOU with Shriners Hospital.

Two more staff from DPHSS are applying to the LEND Program for 2012-2013 school year. Eva Losbanes, a Community Health Nurse II from BFHNS, and Diana Santos, a Social Worker III from BCHS, are applying for the program. The more staff who are trained in dealing with children with disabilities, the more services DPHSS can offer to meet the needs of the families with CSHCN.

The CSHCN Program is trying to expand the CSHCN Registry to include patient in other registries such as children with Autism, Down's Syndrome, Hearing impairment, and Hemophilia and other bleeding disorders.

## E. Health Status Indicators

//2013//

### HSI 01A:

*The percent of live births weighing less than 2,500 grams.*

	2009	2010	2011
<b>Annual Indicator</b>	5.7		5.6
<b>6.6</b>			
<b>Numerator:</b>	196	190	217
<b>Denominator:</b>	3,423	3,419	3,298

### HSI 01B:

*The percent of live singleton births weighing less than 2,500 grams.*

	2009	2010	2011
<b>Annual Indicator</b>	5.2		5.2
<b>5.5</b>			
<b>Numerator:</b>	179	177	181
<b>Denominator:</b>	3,423	3,419	3,298

### HSI 02A:

*The percent of live births weighing less than 1,500 grams.*

	2009	2010	2011
<b>Annual Indicator</b>	1.1	1.4	0.9
<b>31</b>			
<b>Numerator:</b>	37	49	
<b>Denominator:</b>	3,423	3,419	3,298

### HSI 02B:

*The percent of live singleton births weighing less than 1,500 grams.*

	2009	2010	2011
<b>Annual Indicator</b>	0.6		1.4
<b>0.9</b>			
<b>Numerator:</b>	20	47	29
<b>Denominator:</b>	3,423	3,419	3,298

**Past Activities for 01 and 02:**

**The number of children born weighing less than 2,500 grams still continues to increase but the number of children weighing less than 1,500 grams is decreasing. There are still a great number of women who do not receive prenatal care. This may be attributed to lack of education, lack of transportation to get to their appointments, lack of money to pay for services and medication or lack of time because they have to work or take care of their other children.**

**There are only a limited number of physicians and nurse practitioners who provide prenatal care as result pregnant women have a difficult time accessing prenatal care. Pregnant women have a difficult time getting a prenatal appointment at Central Public Health. At Central Public Health, a pregnancy screening clinic is held twice a week. This enables the pregnant client to get screened for pregnancy immediately, but it can take up to one to two months to get her first prenatal exam. Although Central Public Health provides free prenatal care services, clients have to pay for certain lab tests. Pap smears, gonorrhea tests, urine cultures, and antibody screening tests are done at a private laboratory. The total costs for these tests are about \$80.00. The OB ultrasound will cost the client \$150.00. The costs involved may deter the patient from getting prenatal care. The prenatal information obtained from the birth certificate may not be accurate because some mothers fail to complete the questionnaire. Therefore, the staff cannot input the data.**

**Cultural beliefs may be a barrier in seeking prenatal care for some women. An article in Pacific Health Dialog, April 2010, reported that some women only seeked medical care when it is necessary and not as a preventive measure. Some Chamorro women felt ashamed when pap smears were performed.**

**BFHNS nursing staff participated in the annual Healthy Mothers, Healthy Babies Fair in October 2011. About 102 families were seen. Early and continuous prenatal care was promoted. In December 2011, BFHNS staff were interviewed by reporters from KUAM TV on the subject of teen pregnancies and family planning services and was shown during their Health segment.**

**About 2,659 women were seen at the Women's Health Clinics at Central Public Health in 2011. Of the 388 pregnancy screenings done at Central Public Health, 159 initiated care in the first trimester. The CHCs had 10,419 Women's Health encounters. The CHCs now have a computerized appointment scheduling system. The CHCs have also begun a Comprehensive Perinatal Care Program. A Perinatal care coordinator was hired to conduct comprehensive perinatal assessment to identify financial, health and social service needs of the pregnant client. In addition, all pregnant women over 32 weeks gestation were referred to Marianas Physician Group for prenatal care. The CHCs successfully recruited a National Health Service Corp Certified Nurse Midwife. The CHCs held four extended outreach clinics in 2011. They have one every quarter. These clinics were held in the community for those having transportation problems. About 2,550 clients were seen.**

#### **Current Activities:**

**There are currently only 12 physicians and four nurse midwives providing prenatal care and delivery. Only two part-time physicians and two APRN provide services to Medicaid and MIP patients. Sagua Managu provides prenatal services to a limited number of Medicaid and MIP patients. Central Public Health is the only clinic that provides free prenatal care. There is only one full time Women's Health Nurse Practitioner and one part-time Family Nurse Practitioner that provide prenatal services.**

**Central Public Health continues to provide two pregnancy clinics, three PNI/PNE exam clinics and three Women's Health clinics per week. All low risk prenatal clients were seen, regardless of their gestational week during their first prenatal exam.**

**Guam is tied with Utah for the highest birth rate in the U.S. For every 1,000 Guam residents, about 19 babies are born per year; compared to the U.S. where 13 babies are**

born for every 1,000 residents per year. There were a total of 3,422 children born in Guam in 2011. Guam also has one of the highest rates of teen pregnancy in the U.S. For every 1,000 Guam girls between the ages of 15 and 19, about 51 are pregnant. Guam has the eighth highest rate. (PDN 1/9/12)

**Future Activities:**

The BFHNS staff will continue to collaborate with school nurses by providing pregnancy test kits for female students. They encourage pregnant teens to get prenatal care as soon as possible. They will continue to collaborate with other health agencies to promote early and continued prenatal care. The BFHNS will review birth certificate information to ensure that the questionnaire is completely filled out before the mother is discharged. The BFHNS will review how appointments are scheduled to see if it can be streamlined to that more patients can be accommodated. BFHNS and BPCS will continue to offer prenatal care, postpartum care, family planning services and home visits at their Women's Health Clinics.

OVS has not yet implemented the STEVE-ER System. They are still having issues with the server. STEVE-ER will allow GMHA and the Sagua Managu Birthing Center to submit their birth data online instead of hand carrying them to OVS. OVS can then send the data to authorized public health programs such as immunization, new born screening, and MCH. OVS is trying to launch STEVE in 2012.

**HSI 03A:**

The death rate per 100,000 due to unintentional injuries among children age 14 years and younger.

	2009	2010	2011
Annual Indicator	10.08	4.04	6.07
Numerator:	5	2	3
Denominator:	49,555	49,468	49,413

**HIS 03B:**

The death rate per 100,000 due to unintentional injuries among children age 14 years and younger due to motor vehicle crashes.

	2009	2010	2011
Annual Indicator	4.03	0	2.02
Numerator:	2	0	1
Denominator: Number of children age 14 years and younger	49,555	49,468	49,413

**HSI 03C:**

The death rate per 100,000 due to unintentional injuries due to motor vehicle crashes among youths age 15 through 24 years.

	2009	2010	2011
Annual Indicator	3.36	6.58	6.46
Numerator:	1	2	2
Denominator:	29,706	30,371	30,928

**HSI 04A:**

The rate per 100,000 of all nonfatal injuries among children age 14 years and younger.

	2009	2010	2011
Annual Indicator	5,761	6,106	4,993
Numerator:	2,855	3,021	2,467
Denominator:	49,555	49,468	49,413

49,413

Data Source: 2000 Census Population Projections

**HIS 04B:**

*The rate per 100,000 of non-fatal injuries due to motor vehicle crashes among children age 14 years and younger*

	2009	2010	2011	
Annual Indicator		355.2	363.9	
78.92				
Numerator:		176	180	39
Denominator:		49,555	49,468	
49,413				

**HSI 04C:**

*The rate per 100,000 of all non-fatal injuries due to motor vehicle crashes among youths age 15 through 24 years*

	2009	2010	2011
Annual Indicator		37.02	457.7
371.83			
Numerator:		11	139
115			
Denominator:		29,706	30,371
30,928			

**Past Activities - 03 and 04:**

*According to the data, there was a decrease in non-fatal injuries among children aged 14 years and younger from a rate of 6,101 per 100,000 in 2010 to 4,993 per 100,000 in 2011. Of the 2,467 non-fatal injuries in 2011, 25% were due to lacerations, 22% were from fractures, 18% were contusions and 9% were from suicide attempts. In comparison to 2010, in which 33% were due to lacerations, 18% to fractures, 15% to contusions and 14% to suicide attempts.*

**Current Activities:**

*DPW Office of Highway Safety manages two injury prevention programs. The Child Restraint Program aims to reduce the number of deaths and injuries resulting from motor vehicle crashes by increasing the use of child passenger seats or car seats. The correct use of car seats is promoted by providing information to parents and children through daycares, teachers, health fairs, and newspapers. The Occupant Restraint Program aims to reduce the number of traffic-related deaths and injuries through increased use of seat belts. Program staff provides presentations, incentives, and educational materials; attend media events, and conduct school-based essay and poster contests to encourage the use of seatbelts. Information is provided to both children and adults about the importance of wearing seatbelts. In order for the MCH Program to be more involved in child safety, the MCH Program Coordinator was appointed to serve as a member of the EMS Commission.*

*Even with low speed limits, Guam's collision rate is double the national average. There was an average of 40 collisions per year per 1,000 Guam motorists compared to 19 collisions in the U.S. In 2010, there were 5,618 collisions on Guam, 16 of them fatal (PDN, 1/3/12).*

*The Superior Court of Guam will be installing Breath Alcohol Ignition Interlock Devices (BAIID) inside the vehicles of convicted drunk drivers. The BAIID is a measuring control unit attached to the vehicle's ignition that will require a defendant to blow into the breathalyzer machine to determine the person's blood alcohol content (BAC). In order for the vehicle's engine to start, the defendant must blow a BAC below 0.08, the legal limit (Marianas Variety 3/23/12).*

**Two studies were recently conducted which found that young people who used cell phones were more likely to be involved in car accidents and teen drivers were about four to six times more likely to drift out of their lanes while texting and twice as likely to have near misses with cars and pedestrians (PDN, 5/1/12).**

**The Guam Legislature recently passed a law that banned the use of cell phones while driving. Drivers who are caught using their cell phones will be fined \$100 for the first offense and \$500 after that. If a driver contributes to a traffic collision, he would be fined \$1,000 and may have his privileges suspended or revoked (PDN, 3/30/12).**

**Future Activities:**

**The MCH Program will continue to partner with the Office of Highway Safety to promote the use of seat belts and safe driving.**

**HSI 05A:**

**The rate per 1,000 women age 15 through 19 years with a reported case of Chlamydia.**

	2009	2010	2011
<b>Annual Indicator</b>		18.3	21.5
26.9			
<b>Numerator:</b>		141	168
212			
<b>Denominator:</b>		7,700	7,811
7,882			

**HSI 05B:**

**The rate per 1,000 women aged 20 through 44 years with a reported case of Chlamydia.**

	2009	2010	2011
<b>Annual Indicator</b>		15.4	23.2
26.6			
<b>Numerator:</b>		476	723
840			
<b>Denominator:</b>		30,932	31,129
31,629			

**Past Activities for 05:**

**There were a total of 212 positive Chlamydia cases in women age 15-19 years old and 814 in the 20-49 age group in 2011. This is a 26.2% increase and a 16.2% increase respectively, from 2010. The age group with the highest rate is the 20-24 years of age with 416, followed by the 25-29 age group with 231 and then by the 15-19 age group with 212. Although there is no breakdown by both age and ethnicity, of the total 1,071 Chlamydia cases, Chamorro women had the highest number of positive Chlamydia cases with 363 followed by the Chuukese women with 150 cases.**

**In 2011, a total of 1,069 self test kits were administered. This was an increase of 60 tests from 2010. Self collection kits, a vaginal and urine collection method, made testing more accessible for the teens. This method offered more privacy, and gave teens an option to be tested without undergoing a physical exam.**

**The increase of Chlamydia cases is due to a number of factors. One is the delayed reporting by the medical providers at the private, military and public sectors. Thus clients and their partners are not getting treated on a timely basis. Initial interviews of clients and their partners are delayed. There is difficulty in locating sex partners of clients because they are off island, transiting, address unknown, or cannot identify them. There is no designated STD clinician to conduct screenings and evaluation of clients. The community**

health centers only provide routine screening for pregnant women. Medical providers at Central Public Health only schedules two and a half days for STD Clinic. This results in lost opportunities for Chlamydia testing and case management. The STD Program is unable to track clients and their partners if seen at private or military clinic.

**Current activities:**

Due to funding issues, there is now a limited number of STD screenings at the Women's Health Clinics in Mangilao. Central Public Health and the CHCs provide free STD screenings and treatment. Central Public Health provides two half day STD clinics per week. The screening, testing and treatment are free. In 2011, a total of 373 patients were seen.

The STD/HIV Program's Prutehi Hao, So Smart So Safe Campaign promotes STD/HIV prevention through testing, safe sex behaviors and healthy lifestyles. In 2011, they produced a six minute music video using local talents to promote their message. They use social media like Facebook; the internet via their Prutehi Hao website, TV, radio and newspapers. They distribute posters. The STD/HIV Program was awarded a three-year grant by the Secretariat of the Pacific Community, a regional organization. Its objective is to conduct community outreach activities targeting the FSM population. The STD/HIV Program hired a Chuukese Outreach Team (a part-time Chuukese outreach coordinator and a coordinator to oversee the project's key activities) to develop and implement outreach programs and communication activities. They are currently preparing a brochure on Chlamydia geared for the Chuukese community. They are also planning to hold an outreach clinic for the Chuukese community.

There is a program called Stepping Stones which addresses gender roles and links to HIV/STD infections. Three outreach workers were hired to assist in the implementation of the program. A Gonorrhea DOT protocol was recently implemented. This allowed STD/HIV staff to administer treatment. Before this protocol was developed, there were "missed opportunities" in the treatment of Chlamydia and Gonorrhea for patient and their contacts. In 2011, 335 patients and their contacts were treated via DOT services.

**Future Activities:**

The MCH Program will continue to collaborate with the STD/HIV Program in educating the public about STD/HIV prevention and promoting Gonorrhea and Chlamydia testing at health fairs and schools.

**HSI 06A:**

Infants and children aged 0 and 24 enumerated by subpopulations of age group and race demographics.

**Total Population**

by Race	Total	White	Black	AmerIndian	Asian	Pacific Islander			
More than one	Other/Unknown								
0-1	3,393	158	1	0	729	1,713	725	67	
1 to 4	12,720	621	1	0	2,827	6,388		2,637	246
5 to 9	16,117	661	1	0	3,922	8,068		3,175	290
10-14	17,183	698	18	0	4,518	8,495		3,147	307
15-19	16,284	697	6	0	4,492	8,037		2,769	283
20-24	14,644	1,527	122	0	3,621	6,754		1,991	629
0 to 24	80,341	4,362	149	0	20,109	39,455		14,444	1,822

**HSI 06B:**

Infants and children aged 0 - 24 enumerated by subpopulations of age group and Hispanic ethnicity demographics.

Total Population Ethnicity Not Reported	Total NOT Hispanic or Latino	Total Hispanic or Latino
0-1	3,326	NA
1 to 4	12,474	NA
5 to 9	15,827	NA
10-14	16,876	NA
15-19	16,001	NA
NA		
20-24	14,015	NA
NA		
0 to 24	78,519	NA
NA		

**Data:**

The data for HSI 06A and 06B are projections based on the 2000 US Census count. The 2010 US Census has not been finalized. The Hispanic or Latino group was not reported as a separate group but combined with the "Other and Unknown" category in the database because it was such a small percentage compared to the total thus cannot be captured. This is the same with the "ethnicity not reported" data.

**HSI 07A:**

Live births to women of all ages enumerated by maternal age and race demographics.

Total Live Births than one Other	Total	Whit	Black	AmerIndian	Asia	Pacific Islander	More than one
Women < 15	8	0	0	1	7	0	0
Women 15-17	138	3	0	7	125	0	3
Women 18-19	158	4	2	19	131	0	2
Women 20-34	1,595	171	20	428	941	0	33
Women 35 or older	326	24	4	0	128	164	0
Women of all ages	2,225	202	26	2	583	1,368	44

**HSI 07B:**

Live births to women of all ages enumerated by maternal age and Hispanic ethnicity.

Total live births Ethnicity Not Reported	Total NOT Hispanic or Latino	Total Hispanic or Latino
Women < 15	8	0
Women 15-17	138	0
Women 18-19	158	0
Women 20-34	1,573	22
Women 35 or older	324	2
0		
Women of all ages	2,201	24

**Data:**

The BFHNS staff extracted the data for HSI 07A and 07B from the 2011 birth certificates at OVS. There were a total of 2,228 births in 2011. All but three were accounted for in terms of maternal age and ethnicity. Three birth certificates did not list the mother's age.

**HSI 08A:**

Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and race

Total Other and Unknown	All Races	White	Black	AmerInd	Asian	Pacific Islander	More than one
0 - 1	42	1	0	6	33	0	2

1 - 4	5	0	0	0	0	5	0	0
5 - 9	3	0	0	0	1	2	0	0
10 - 14	3	1	0	0	0	2	0	0
15 - 19	14	2	0	0	1	11	0	0
20 - 24	15	0	0	0	1	14	0	0
<b>Total</b>	<b>82</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>67</b>	<b>0</b>	<b>3</b>

**HSI 08B:**

*Deaths of infants and children aged 0 through 24 years enumerated by age subgroup and Hispanic ethnicity.*

<b>Total deaths</b>	<b>Total NOT Hispanic or Latino</b>	<b>Total Hispanic or Latino</b>	<b>Ethnicity Not Reported</b>
0 - 1	40	1	1
1 - 4	5	0	0
5 - 9	3	0	0
10 - 14	3	0	0
15 - 19	14	0	0
20 - 24	15	0	0
<b>Total</b>	<b>80</b>	<b>1</b>	<b>1</b>

**Data:**

*The MCH staff extracted the data for HSI 08A and 08B, with the assistance of the Territorial Registrar, from the death certificates at OVS. Of the 42 deaths in the 0-1 age group, 12 were due to pneumonia, 10 were due to prematurity complications, seven to cardiopulmonary arrests and three to congenital anomalies. Of the five deaths in the 1-4 age group, four were due to pneumonia and one to malnutrition. All of the deaths in the 5-9 age group were due to pneumonia. Pneumonia accounted for 26.8% (22) of the 82 deaths. Of the 82 deaths, 14 were ruled suicides (eight in the 15-19 age group and six in the 20-24 age group).*

**HSI 09A:**

*Infants and children aged 0 through 1 year in miscellaneous situations or enrolled in various State programs enumerated by race.*

<b>Misc Data</b>	<b>Total</b>	<b>White</b>	<b>Black</b>	<b>AmerInd</b>	<b>Asian</b>	<b>Pacific</b>	<b>1+</b>
<b>Other</b>	<b>Year</b>						
<b>All children</b>							
0-19	65,697	NA	NA	NA	NA	NA	NA
	NA	2000 Proj					
<b>Percent in household headed by single parent</b>							
	787	2.8%	0.9%	0	1.4%	90.8%	0
<b>FY2011</b>							
<b>Percent in TANF grant families</b>							
	3,078	1.6%	0	0.2%	0.5%	93.6%	0
<b>FY2011</b>							
<b>Number enrolled in Medicaid</b>							
	4,830	57	4	5	380	4,267	0
<b>FY2011</b>							
<b>Number enrolled in SCHIP</b>							
	4,830	57	4	5	380	4,267	0
<b>FY2011</b>							
<b>Number living in foster home care</b>							
	211	9	4	0	19	179	0
<b>2012</b>							
<b>Number enrolled in food stamp program</b>							

	15,974	142	10	12	130	15,315	0	365
<b>FY2011</b>								
<b>Number enrolled in WIC</b>								
	1.916	34	15	2		310	1,547	0
<b>8 2012</b>								
<b>Rate per 100,000 of juvenile crime arrests</b>								
	9.56	NA	NA	NA	NA	NA		NA
<b>NA FY 2010</b>								
<b>Percentage of High school drop-out grade 9 through 12</b>								
	6.41	NA	NA	NA	NA	NA		NA
<b>NA FY 2011</b>								

**Data:**

NA denotes data that were not available in terms of ethnicity breakdown. The data for single parent households, TANF, Medicaid, SCHIP, foster homes, and food stamps were obtained from DPHSS Division of Welfare. The data was queried from their AGUPTA Operating System. In May 2012, they switched to the PHPRO System. The WIC data was obtained from the WIC Program. The high school dropout rate was based only on the students attending the five public high schools and not any of the private schools on Guam. The data was obtained from the Guam Department of Education SY10-11 Annual State of Public Education Report. There were 641 students or 6.8% of the total student population, grades 9-12, who dropped out during the 2010-2011 school year. There were 85 from George Washington High School (GWHS), 126 from John F. Kennedy High School (JFKHS), 92 from Simon Sanchez High School (SSHS), 127 from Oceanview High School (OHS) and 211 from Southern High School (SHS). Compared to the 2010 dropout rates, GWHS decreased by half from 6.3% to 3.2%, JFKHS and SSHS decreased slightly from 6.3% to 6.0% and 5.6% to 5.0% respectively, OHS almost tripled from 3.2% to 9.1% and SHS which increased from 8.3% to 14.0%. The report did not have a breakdown of the ethnicity of the students. A "dropout" as defined by DOE is a student who was enrolled in a DOE high school sometime during a given school year; and after enrollment, stopped attending school without having been transferred to another school, incapacitated, graduated within six years of the first day of enrollment in ninth grade or expelled or removed and confined by law enforcement authorities. There were 9,431 students enrolled in the five high schools in the 2010-2011 school year. The juvenile crime arrests rate was last reported in 2010 and was 9.56. It was obtained from the 2010 Guam Uniform Crime Report. There were 320 juvenile arrests out of a population, ages 10-19, of 33,467. The ethnic breakdown was not available. In 2008, the rate was 11.33. There were 362 arrests out of 31,931. There was a decrease of 15.6%.

**HSI 09B:**

**Infants and children aged 0 through 1 year in miscellaneous situations or enrolled in various State programs enumerated by race.**

<b>Total death</b>	<b>Total NOT Hispanic</b>	<b>Total Hispanic</b>	<b>Not Reported</b>
<b>Year</b>			
<b>All children 0-19</b>	0	0	65,697
<b>2000 Projections</b>			
<b>Percent in household headed by single parent</b>	100%	0	0
<b>FY2011</b>			
<b>Percent in TANF grant families</b>	99.07%	.03%	0
<b>FY2011</b>			
<b>Number enrolled in Medicaid</b>	4,726	NA	104
<b>FY2011</b>			
<b>Number enrolled in SCHIP</b>	4,726	NA	104
<b>FY2011</b>			
<b>Number living in foster home care</b>	211	0	0

<b>June 2012</b>				
<b>Number enrolled in food stamp program</b>	<b>15,934</b>	<b>40</b>	<b>0</b>	
<b>FY2011</b>				
<b>Number enrolled in WIC</b>	<b>1,908</b>	<b>8</b>	<b>0</b>	<b>April</b>
<b>2012</b>				
<b>Rate per 100,000 of juvenile crime arrests</b>	<b>NA</b>		<b>NA</b>	<b>NA</b>
<b>Percentage of High school drop-out grade through 12</b>	<b>NA</b>		<b>NA</b>	<b>NA</b>

**Data:**

*The WIC data was obtained from the WIC Program. The data for foster care was obtained from BOSSA who oversees the foster care program. The data for Medicaid and SCHIP were obtained from the Medicaid Program. The data for single parent household, TANF, and food stamps were from the Chief Human Services Administrator for the Division of Public Welfare at DPHSS who oversees all public assistance programs. Medicaid and SCHIP is one program on Guam. They are not separate as found in the States. The money from SCHIP is used as additional funding for Medicaid. NA is applied for programs that do not collect Hispanic or Latino designations or do not collect ethnicity data.*

**HSI 10:**

*Geographic living area for all children aged 0 through 1 year.*

<b>Geographic Living Area</b>	<b>Total</b>
<b>Living in metropolitan area</b>	<b>0</b>
<b>Living in urban areas</b>	<b>7%</b>
<b>Living in rural areas</b>	<b>93%</b>
<b>Living in frontier area</b>	<b>0</b>
<b>Total -- all children 0-19</b>	<b>65,697</b>

**Data:**

*The total was based on 2000 U.S. Census Projections. According to the U.S. Census, only the village of Agana is considered urban. All the other villages are considered rural.*

**HSI 11:**

*Percent of the State population at various levels of the federal poverty level.*

<b>Poverty</b>	<b>Total</b>
<b>Total Population</b>	<b>159,358</b>
<b>Percent Below 50% of Poverty Level</b>	<b>0</b>
<b>100% of Poverty (and below)</b>	<b>23%</b>
<b>200% of Poverty</b>	<b>0</b>

**Data:**

*The data source for the total population and poverty level was from the 2010 U.S. Census.*

**Past Activities:**

*The CHCs had 35,243 users in 2011. In terms of insurance status, 4,908 (13.9%) had no insurance, 15,874 (45.0%) had Medicaid and 12,495 (35.4%) had MIP. At Central Public Health, 1,817 prenatal encounters in 2011 had no insurance*

*According to the BPCS Annual Report 2011, in terms of the income poverty level of their 35,243 users, 44.6% were 100% and below, 14.7% were 101-150%, 18.9% were 121-200%, and 21.0% were over 200%.*

**HSI 12:**

*Percent of the State population aged 0 through 19 years at various levels of the federal*

<i>poverty level.</i>	
<b>Poverty Level</b>	<b>Total</b>
<b>Children 0 through 19</b>	<b>65,697</b>
<b>Percent Below: 50% of Poverty Level</b>	<b>0</b>
<b>100% of Poverty</b>	<b>23%</b>
<b>200% of Poverty</b>	<b>0</b>

**Data:**

*The data source for the total population level was projections from the 2000 U.S. Census. The poverty level was based on a section in the Final Environmental Impact Statement (EIS) that was released by the Department of Defense in anticipation of the military buildup on Guam. According to the report,*

**Past Activities:**

*According to the BPCS Annual Report 2011, in terms of the income poverty level of their 35,243 users, 44.6% were 100% and below, 14.7% were 101-150%, 18.9% were 121-200%, and 21.0% were over 200%. The data was not separated by age. The CHCs had 13,962 users ages 0-19 years in 2011. Of the total, 2,519 (18.0%) had no insurance, 9,832 (70.4%) had Medicaid and 1,193 (8.5%) had MIP.*

*According to the Guam Department of Labor Bureau of Labor Statistics Household and Per Capita Income 2010 Report (released 7/15/11), the median household income in 2010 was \$39,052, an increase of \$1,311 from 2008, and the mean household income in 2010 was \$49,263, an increase of \$3,477 or 7.1% from 2008. The average household size increased from 3.5 persons per household in 2008 to 3.8 in 2010. The per capita income was \$12,864 in 2010, a decrease from \$13,089 in 2008. The median individual income in 2010 decreased from the 2008 level of \$13,200 to \$12,786. This is a decrease of 3.1%.*

*The Guam Department of Labor Bureau of Labor Statistics announced that the March 2011 (latest data) unemployment rate was 13.3%, an increase of 4.0% from the September 2009 figure of 9.3%. In March 2011, the number of people who were employed reached 64,970, an increase of 1,170 from September 2009. The number of people not in the labor force increased by 1,090 from 43,680 in September 2009 to 44,770 in March 2011. For the March 2011 survey period, 9,320 persons in the "Not in the Labor Force" category indicated they wanted a job but did not look for work for a variety of reasons (Guam Department of Labor, Bureau of Labor Statistics, News Bulletin, 6/24/11).*

*The DPHSS Division of Public Welfare last conducted a survey of Guam's uninsured population in 2005. The 2005 Guam Household Income and Expense Survey determined that 6,199 or 17.2% of Guam's households did not have health insurance, of which 63% were headed by non U.S. citizens. Of those with health insurance, 36.9% were affiliated with government programs and 37.5% with private firms. Nearly 46% of Guam's uninsured wage earners earned between \$10,000 to \$24,999 per year; 18% earned \$25,000 to \$49,999 per year; 3% earned \$50,000 to \$99,999 per year and less than 1% earned over \$100,000 per year. The heads of households whose highest level of educational attainment was the 6th grade, had the highest uninsured rate at 36.9%. Those born in China and Korea have the highest rates of uninsured at 69.9% and 58.5% respectively. Some of the reasons for not being insured included not being able to afford the premium (26.9%), lost or changed jobs (6.8%), no employer coverage (6.0%), spouse or parent lost job or died (3.2%), problems with eligibility (3.2%), and other uncategorized reasons (21.3%).*

*//2013//*

**F. Other Program Activities**

//2012//

The MCH program has been involved in many activities with other programs and organizations on Guam. The "Homeless Point in Time" Count was held on January 18, 2010. This event was an island-wide count of the homeless population throughout the villages. The BFHNS has been an active partner with the Homeless Coalition since 2008, other organization involved were the Salvation Army, the Guam Housing Rural Housing Agency, the University of Guam, Department of Mental Health & Substance Abuse, Mayor's Counsel, the Veteran's Affairs, Sanitary Inc, Department of Labor and the Catholic Social Services. Also this Homeless Coalition is chaired by the First Lady of Guam, Mrs. Joann Camacho. This activity assisted the bureau and the MCH program, to assess the homeless population that is within the Community Health Nurses caseloads. So the Count had our nurses as Team Leaders because they know the island, and they know their clients and families. Starting at 4am in the morning the staff briefly interviewed these homeless individuals with a team of different agencies, at different parts of the island. The Total Count was about 1,010 homeless individuals were identified and interviewed.

And major activity was the Project Karinu, which is the Early Childhood Mental Health grant will help our children and families on Guam. Working with this grant has given the bureau an insight on Mental Health issues with the population of 0 to 5 years of age. When working with the parents of these young children, not only providing them with child health services but also assist them with social and emotional services. This project has opened our minds and senses, on how delicate this area really is, and working with families as a Systems of Care. These concepts of; Wrap Around Concept, Mental Health in Early Childhood and Parent Mentors. Working with families and parents is one valuable contribution that the Department enjoys networking with and also learns from the most.

The Project Bisita I Familia is the BFHNS newest grant obtained and icurrently working on the Needs Assessment. This grant brings the two projects together, Project Karinu and Project Tinitahon, because they bring the children and their families together, with the nurses/parent mentors in one room, to work out the Early Childhood issues and solutions. Working on a common goal together with a family focus plan and interventions.

Another program that we work with daily is the Chronic Disease and Prevention Program that we are looking forward to work with, on the Obesity Prevention program. Providing screening for at-risk children with BMI activities and early counseling to prevent obesity to our young children on Guam. Providing Immunizations and screening does give the BFHNS more assessment on what our community needs to focus on and to promote for a healthy community. //2012//

//2013//

In 2011, the BFHNS and the MCH program were expanding with new activities with Early Childhood changes, due to the newly awarded MIECHV project (Project Bisita I Familia "Vesting our Families") and the Early Childhood Mental Health Imitative (Project Karinu "Loving our Babies").

These two programs has broaden our grant activities that we are dealing with; Benchmarks, CQI activities, monitoring the program by set Evaluation criteria, and involving the families with the project's meeting and trainings. MCH is not only looking at the physical and developmental aspects the child, but also child's mental health and social well -being. The Data component is not only collecting from the Office of Vital Statistics but from the evaluations and benchmarks.

During 2011, while Project Bisita I Familia is the BFHNS newest grant obtained, this grant the most required documents to submit, it had a needs assessment to complete, a brief site visit by the project officer, the staff had to draft the benchmarks, needed to identifying an Evidence-base Home Visiting model to follow, and then introduced to the BFHNS staff on the new MCH section called the Maternal Infant Early Childhood Home Visiting program.

The family's involvement with the care of child has increased to having the parents attend

trainings and meetings. The theme now for these programs are that they are "family driven to meet the needs of the child. So they organized their groups to have a parent represented in each group. These parents will now have a part in the decision making process and give feedback to issues they bring to the table to discuss. The parents are a vital element of any child's growth and development.

Another activity that the MCH and BFHNS staff continue to collaborate with is the Guam Homeless Coalition. On January 28, 2011, the BFHNS staff were the members and Team Leaders for the "Point in Time" Homeless count. The BFHNS Community Health Nurses were the leaders of the different teams that went out to at-risk areas, abandoned houses or buildings, jungles, and beaches to survey the homeless population. There were over 1,000 that were identified as homeless throughout the island. The Guam Salvation Army, Sanctuary, Catholic Social Services, the Guam Police Department, the Mayor's Council, the Military Wives Association, the University of Guam School of Nursing, and DMHSA were some of the other agencies that were involved with the Point in Time event.

On May 4, 2011 again the DPHSS BFHNS assisted the Homeless Coalition with their "Passport to Services" Fair that was available for the homeless clients to get free immunizations, free chronic health screenings, a free hair cuts, information for GHURA housing, information on public assistance, veteran housing, obtain a free GovGuam Identification Card, and a bag of food and necessary items to take with them. This Fair had some of the DPHSS programs and division involved; the Immunization Program, Chronic Disease Control program, the Division of Public Welfare, Bureau of Social Services, WIC program, Division of Senior Citizens, and also had the private clinics and community college nursing students. This Fair showed that the different agencies are available to assist them at any time for the health and social services for their families. Other community partners were the Salvation Army, the Guam Housing Rural Housing Agency, the University of Guam, Department of Mental Health & Substance Abuse, Mayor's Council, a local Beauty School, Calvo's Insurance, the Veteran's Affairs, Sanctuary Inc, Department of Labor and the Catholic Social Services.

The DPHSS not only handles the Health and Social Services of the community of Guam but also the Preparedness of Disasters is also a part of the department and the bureau's response. Disaster Nursing is another activity that involves the MCH area when dealing the CSHCN. In 2011 there were two drills that the BFHNS were involved with an Aircraft Drill and a Mass Dispensing Drill.

On June 1, 2011, the BFHNS program and nursing staff participated in the Government-wide Full Scale GIAA Aircraft Drill. The BFHNS staff were ready by 6am for the call to be deployed as the First Responders, as the Triage and First Aid Team to be at the aircraft incident site. The drill not only tested our Triage and First Aid skill but to also be ready for real life injuries that can happen anytime during the drill.

On November 15, 2011 the BFHNS and MCH staff was activated again to participate a Government--wide Mass Distribution Drill dealing with Homeland Security and our DPHSS Public Health Preparedness Program. The BFHNS Administrator was part of the planning committee and ended up that day as the Incident Commander for the site. All the BFHNS staff was assigned to an area of the drill and were give tasks to follow according to the plan. So the MCH tested the plan when they had to dealt with different scenarios with CSHCN and their medications.

The BFHNS continues to participate with Quarterly HLHL Chronic Screenings at the different sites.

## **G. Technical Assistance**

//2012//

The Technical Assistance that the Guam MCH Program would like to address is:

1. TA with the more knowledge on Newborn Screening diagnosis and treatments of these children.
2. A with the coordinator's responsibility in the relationship of tracking the infants, the treatment, and the policy making with the Newborn Screening.
3. TA with the Data collection techniques, analysis of the data, and the interpretation of the data needed in the MCH Program.
4. TA on Grant Writing when writing for the Application of the Maternal and Child Health Grant.
5. To discuss with DPW to educate the BFHNS and MCH staff on the Medicaid Program, Food stamp Program, and Other areas within the Public Assistance Program.

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***The Guam MCH CSHCN Program would like to request for Technical Assistance:***

- 1. This TA was related to the State Performance Measure 08: To establish a number of unduplicated count of CSHCN on Guam. This TA was to assist our program to create a CSHCN registry for the island because we don't have a centralized registry of CSHCN within the DPHSS MCH Program. We are currently researching on this issue at this moment.***
- 2. This TA was related to the State Performance Measure 04: A Data Performance Measure which is to Strengthen the data capacity of the Guam Title V Program to collect, link, analysis, and interpret. This TA was assist the MCH Program staff to define a plan or a process on how to accurate measure or account for all data sources and reports.***
- 3. This TA was related to the National Performance Measures of 02-06 dealing with the CSHCN survey, that Guam does not participate with. We have piloted the survey to our clients twice but when the LEND Program developed thier survey, we noticed that we did not follow the same process as they did. We need guidance to develop a Guam-related CSHCN Survey that meets the MCH standards.***
- 4. This TA was related to the National Performance Measure of 01: To develop a Newborn Screening Tracking process and data system. We created our own system but we just wanted to get more clarification that are system is collecting the correct or capturing all the data needed for a Newborn Screening Tracking system.***

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## V. Budget Narrative

Budget and expenditure data from Forms 3, 4, and 5 are provided for the application year, interim year, and reporting year to assist the reviewer in analysis of the budget and expenditure narrative. For complete financial data, refer to all the financial data reported on Forms 2-5, especially when reviewing the federal allocation on Form 2 for the 30%/30%/10% breakdown for the budgets planned for primary and preventive care for children, children with special health care needs, and administrative costs.

### Form 3, State MCH Funding Profile

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
<b>1. Federal Allocation</b> <i>(Line1, Form 2)</i>	769826	769826	759024		760041	
<b>2. Unobligated Balance</b> <i>(Line2, Form 2)</i>	0	0	0		0	
<b>3. State Funds</b> <i>(Line3, Form 2)</i>	578998	578998	619033		608032	
<b>4. Local MCH Funds</b> <i>(Line4, Form 2)</i>	0	0	0		0	
<b>5. Other Funds</b> <i>(Line5, Form 2)</i>	0	0	0		0	
<b>6. Program Income</b> <i>(Line6, Form 2)</i>	0	0	0		0	
<b>7. Subtotal</b>	1348824	1348824	1378057		1368073	
<b>8. Other Federal Funds</b> <i>(Line10, Form 2)</i>	0	0	152000		0	
<b>9. Total</b> <i>(Line11, Form 2)</i>	1348824	1348824	1530057		1368073	

### Form 4, Budget Details By Types of Individuals Served (I) and Sources of Other Federal Funds

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
<b>I. Federal-State MCH Block Grant Partnership</b>						
<b>a. Pregnant Women</b>	442347	442347	413417		437783	
<b>b. Infants &lt; 1 year old</b>	147449	147449	264613		285586	
<b>c. Children 1 to 22 years old</b>	393198	393198	334514		237295	
<b>d. Children with</b>	230948	230948	227707		270602	

<b>Special Healthcare Needs</b>						
<b>e. Others</b>	0	0	0		0	
<b>f. Administration</b>	134882	134882	137806		136807	
<b>g. SUBTOTAL</b>	1348824	1348824	1378057		1368073	
<b>II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).</b>						
<b>a. SPRANS</b>	0		0		0	
<b>b. SSDI</b>	0		100000		0	
<b>c. CISS</b>	0		0		0	
<b>d. Abstinence Education</b>	0		52000		0	
<b>e. Healthy Start</b>	0		0		0	
<b>f. EMSC</b>	0		0		0	
<b>g. WIC</b>	0		0		0	
<b>h. AIDS</b>	0		0		0	
<b>i. CDC</b>	0		0		0	
<b>j. Education</b>	0		0		0	
<b>k. Home Visiting</b>	0		0		0	
<b>k. Other</b>						

**Form 5, State Title V Program Budget and Expenditures by Types of Services (II)**

	FY 2011		FY 2012		FY 2013	
	Budgeted	Expended	Budgeted	Expended	Budgeted	Expended
<b>I. Direct Health Care Services</b>	472088	472088	482320		478827	
<b>II. Enabling Services</b>	134882	134882	137806		136807	
<b>III. Population-Based Services</b>	337207	337207	344514		342018	
<b>IV. Infrastructure Building Services</b>	404647	404647	413417		410421	
<b>V. Federal-State Title V Block Grant Partnership Total</b>	1348824	1348824	1378057		1368073	

**A. Expenditures**

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Estimates are needed in providing budget and expenditure details. When assessing the performance of a public health professional, breakdown of expenditures by type of services can be a very difficult task. However, the task is quite easy at the levels of the pyramid related to direct services. We know at this level who serves the different groups of the MCH population and the amount of time dedicated to each of the subgroups, allowing us to determine the expenditures by the individual served. But trying to estimate the amount of time dedicated to each of the subgroups comprising the MCH population, as well as the time dedicated to perform enabling, population-based or infrastructure building services is not an easy task. For this reason, estimates made may lead to discrepancies between the budgeted and the expended figures by levels of the pyramid.

Guam Title V continues to make a concerted effort to refine our budget to distinguish direct services from enabling services and population-based services.

Administrative Costs are budgeted at \$76,981, which is 10 percent of the total federal grant award. This amount will not exceed the allowable 10 percent of the total MCH Block Grant as mandated in OBRA 1989.

Personnel employed are to develop and implement standards of care as well as to provide direct services to clients. Typically, classes of employees include physicians, social workers, nurses, nurse practitioners, nutritionists, health aides and administrative staff. Employees are required to meet the standards for practice as specified by his or her professional organization.

Purchasing of medical and office equipment is necessary in order to administer the program. The equipment items are minor parts of the budget.

Supplies include the necessary clinical and office materials to operate the programs and to deliver patient care. Purchasing of supplies will be centralized and according to purchasing policy of the government of Guam.

Contractual reflects funds budgeted to purchase services from outside providers. Examples would be the Pediatrician or Nurse Practitioner for children and infant services. Furthermore, this individual acts as our Newborn Metabolic Screening Physician.

Other expenditures include telephone, copying and postage used on behalf of the block grant program.

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In FY2011, Guam's cost cutting measures included a salary freeze and for the past two years, elimination of non-crucial State positions, and a requirement that all new or replacement State positions be approved by the Governor. These initiatives were implemented regardless of funding source. It is expected that these measures will continue over the next fiscal year. The impact of these cost cutting measures has been significant expenditure reductions and it is projected that these results will continue to have an impact into FY 2013. Additionally, Guam has experienced cuts in overall budget appropriations and an increase in required reserves.

The DPHSS will expend funds for the four tiers of services (infrastructure building, population-based, enabling, and direct health care). Services will target the three MCH population groups of pregnant women, mothers, and infants; children and adolescents; and children with special health care needs, with an emphasis on those in families living at or below the federal poverty level. This includes services to be provided or coordinated for individuals by category of individual served and source of payment or for budgeting/accounting/auditing for each capacity building activity described in the Annual Plan (e.g., public health leadership and education, assessment, policy development, planning, technical assistance, standard setting, quality assurance, and the like).

Personnel are employed to develop and implement standards of care as well as to directly provide services to clients. Classes of employees include physicians, social workers, nurses, nurse practitioners, nutritionists, health aides and clerical staff. Employees are required to meet the standards for practice as specified by his or her professional organization.

Minor medical and office equipment, not major medical equipment, may be purchased in order to administer the program. The equipment items are small parts of the budget. Government regulations governing purchase of equipment are strictly followed.

Supplies include the necessary clinical and office materials to operate the programs and to deliver patient care. Supplies are purchased centrally and according to purchasing policy of state government.

Contractual reflects funds budgeted to purchase services from outside providers. Examples would be for high risk medical care for women and CSHCN.

## **B. Budget**

Form 2 outlines our proposed budget for the coming federal fiscal year 2013. For FY 2013, children's preventative and primary care comprise a minimum of 30% of the anticipated federal allocation. Children with Special Health Care Needs reflect 30% of the federal allocation and include spending in the areas of direct services. Administrative expenditures are budgeted to be no more than the allotted 10% of the budget.

The Guam Title V Program will expend funds for the four types of services (Core Public Health/Infrastructure, Population Based Individual Services, Enabling and Non-Health Support, and Direct Health Care Services). Services will target the three categories including pregnant women and infants, children and adolescents, and Children with Special Health Care Needs, specifically those in families living at or below 185 percent of the federal poverty level.

### **1. Preventive and Primary Care Services**

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

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

### **2. Services to Children with Special Health Care Needs**

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

### **3. Infrastructure Building Services**

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

### **4. Administrative**

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

The total request for the Maternal and Child Health Block Grant for FY2013 is \$1,368,073. The State Match is \$608,032

The breakdown is as follows:

1. Pregnancy women \$437,783.
2. Infants < 1 year old \$1285,586.
3. Children 1 to 22 years old \$237,295.
4. Children with Special Health Care Needs \$270,602.
5. Administration \$136,807.

Types of Services by Levels of the Pyramid:

For FY201 \$478,827 is budgeted for Direct Health Care Services. This includes prenatal care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program; services for high-risk pregnant women; medical service for children with special health care needs and clinical services provided through the local health department.

Guam had budgeted \$136,807 under Enabling Services for FY'13. Activities included under this level of the pyramid are case management services for pregnant women; outreach to pregnant women and children; nutrition education activities targeted to pregnant women and infants; coordination provided through the local health department and/or community based organizations; and assessment, monitoring and referral activities for children with special healthy care needs.

For Population based services, Guam has budgeted \$342,018. These activities include immunizations, oral health education, newborn metabolic screening, genetic activities and injury prevention.

Guam has budgeted \$410,421 for Infrastructure Building Services. Funds designated to support MCH planning activities for collaboration between the local hospital, Southern and Northern Regional Health Centers and community planning activities.

## **VI. Reporting Forms-General Information**

Please refer to Forms 2-21, completed by the state as part of its online application.

## **VII. Performance and Outcome Measure Detail Sheets**

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

## **VIII. Glossary**

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

## **IX. Technical Note**

Please refer to Section IX of the Guidance.

## **X. Appendices and State Supporting documents**

### **A. Needs Assessment**

Please refer to Section II attachments, if provided.

### **B. All Reporting Forms**

Please refer to Forms 2-21 completed as part of the online application.

### **C. Organizational Charts and All Other State Supporting Documents**

Please refer to Section III, C "Organizational Structure".

### **D. Annual Report Data**

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.