

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES  
DIVISION OF PUBLIC HEALTH  
BUREAU OF FAMILY HEALTH AND NURSING SERVICES  
MATERNAL AND CHILD HEALTH PROGRAM

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# GUAM'S TITLE V MATERNAL AND CHILD HEALTH 2010 NEEDS ASSESSMENT



## Table of Contents

Background.....	3
Introduction.....	7
Process for Conducting Needs Assessment.....	7
Partnership Building & Collaboration Efforts.....	10
Strengths and Needs of the MCH Population Groups and Desired Outcomes.....	15
MCH Program Capacity by Pyramid Levels.....	34
Selection of State Priority Needs.....	44
Methodology for Ranking/Selecting priorities.....	44
Comparison of Priorities.....	45
Priority Needs & State Performance Measures Population Grouping.....	51
Outcomes Federal and State.....	53
State Performance Measure #1.....	54
State Performance Measure #2.....	56
State Performance Measure #3.....	58
State Performance Measure #4.....	60
State Performance Measure #5.....	63
State Performance Measure #6.....	65
State Performance Measure #7.....	67
State Performance Measure #8.....	70

## BACKGROUND

### Geography

Guam is an unincorporated territory of the United States (U.S.) 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 southernmost and largest 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. The Judicial Branch consists of the Federal District Court, in which the U.S. President appoints the presiding judge, and a Territorial Superior Court, in which the Governor appoints the judges for eight-year terms.

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.

### Population

Guam's population is approximately 178,000 people according to a 2010 estimate (*CIA World Fact Book*). The island is divided into 19 villages, which are overseen by mayors and vice-mayors. According to the *2000 U.S. Census*, 40%, 41% and 19% of the population live in the northern, central, and southern areas, respectively. The largest percent (28%) of people living in one place live in the northern village of Dededo.

District	Number of Villages	Population	Percentage
Northern	2	62,454	40%
Central	10	63,394	41%
Southern	7	28,957	19%

*Source: 2000 U.S. Census based on a total population of 154,805*

The largest ethnic group is the native Chamorros (37%), followed by Filipinos (26%), Pacific Islanders (11%), Caucasians (10%) and the rest are Japanese, Korean and Chinese ancestry. Roman Catholicism is the predominant religion on the island (85%). The official languages are English and Chamorro.

### **Impact of the 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, allowed the citizens of these island nations to freely travel and live in the U.S. and its territories. This accounts for the significant number of Pacific Islanders on Guam. In regards to the MCH population, out of the 18,305 impact migrants in 2008, 12.5% were under the age of 5 years old and 22% were between the ages of 5 to 14 years old (*Guam Statistical Yearbook, (GSY) 2008*). 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 budgets \$30 million a year to reimburse Guam, Hawaii, American Samoa and the Northern Mariana Islands for providing services to immigrants from FSM, RMI and Palau. This funding level is grossly inadequate. An audit was done for the years 1987 to 2003 in regards to the actual costs associated with providing services to the immigrants on Guam, and the amount totaled to \$269 million for Guam alone (*Compact Impact Reconciliation: Guam's Unreimbursed Costs of the Compact of Free Association Fiscal Year 1987 to Fiscal Year 2000*, by Slater, Nakamura & Co., LLP, 2004). This amount included \$178 million for education, \$43 million for public safety, and \$48 million for health, welfare and labor. The Department of Public Health and Social Services (DPHSS) is currently owed \$38 million and the Guam Memorial Hospital Authority (GMHA) is owed \$8 million.

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. The majority of impact migrants are unable to pay for the services they receive at GMHA and DPHSS because 45.2% are living below the poverty level and 81% are below 185% poverty level (*GSY 2008*). This unreimbursed cost has placed a burden on the Government of Guam. DPHSS and GMHA are unable to pay their suppliers and vendors because they are spending more money than what they are allotted by the administration. According to Public Auditor Doris Flores Brooks, the Government of Guam General Fund deficit for 2009 was \$265 million. 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.

### **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 bases on Guam which is reflected by the large number of military personnel and their families on the island, which is estimated to be over 19,360 (11% of the total population). The land owned by the military is approximately

29% of the total land area. Guam is currently in the midst of one of the largest military buildups in the history of the U.S. military.

The military population on Guam is expected to exceed 44,570 over the next five years due to the relocation of Marines and their families from Okinawa. This transfer is expected to take place within the years 2010–2014 and will cause an unprecedented 25% increase in the island's overall population. The programmed buildup by the Department of Defense on Guam is being categorized as the largest military buildup in the history of the United States military.

One of the biggest problems associated with the relocation is that the existing infrastructure on Guam is inadequate to handle this huge increase in population. The waste water treatment plant cannot handle such a large population. The roads are not wide enough to handle that many drivers. There is only one port to handle off-island cargo. Shipments are expected to jump from 100,000 containers to 600,000 in the next few years.

Another problem is the effect the buildup will have on social services. There is only one civilian hospital to handle the medical needs of the entire island. The hospital cannot even meet the needs of the current population. The hospital is usually full to capacity and has patients waiting for beds. The Compact of Free Association compounded this problem.

While the present MCH posture currently does not have any data relative to the military buildup's infrastructure and health needs, Guam's MCH Program has included their military partners as stakeholders in the formulation of the five years Needs Assessment process. In attendance for the stakeholders' focus groups, were representatives from the US Air Force Mental Health Services, and the USAF Family Support Services from Andersen Air Force Base. Although not in attendance at these meetings, US Naval Hospital Guam and the US Navy Fleet and Family Support services were invited, as well.

## **Economy**

Guam's economy is supported mainly from tourism and the U.S. military. The majority of Guam's visitors are from Japan, Korea and Taiwan, with the Japan market comprising 73% of all visitors on Guam. Tourism accounts for 35.5% of the total workforce in the private sector (2005 *Economic Impact & Tourism, Satellite Account Perspective Guam Tourism*, 2005). The average annual wages for Guamanians in 2008 was \$29,400. The unemployment rate, as of September 2009, was 9% (*U.S. Census*). The U.S. unemployment rate is 9.6% for 2009.

The number of people living below the poverty level is relatively high. The percentage of the population living below the poverty level is 28%, with families living below the poverty level at 20%. The rate for families with a female as head of household is even greater at 39%. If related children under 5 years old were considered, the number was even higher at 52%.

Characteristics	Percent Below Poverty Level
Individuals	28%
Families	20%
With related children under 18 years	23%
With related children under 5 years	28%
Families with female as head of household, no husband	39%
With related children under 18 years	44%
With related children under 5 years	52%

*Source: U.S. Census 2000*

Due to the global and local economic downturn, there is a large homeless population on Guam. The Guam Housing and Urban Renewal Authority (GHURA) conducted a Homeless-Point-In-Time Count in January 2009. They reported a total of 1088 homeless individuals, 182 living in shelters and 906 unsheltered. Of the 182 sheltered individuals, 130 were the number of persons in groups with dependent children (*Guam Homeless Point-In-Time Count, 2009*, GHURA). Of the 906 unsheltered homeless individuals, 337 (37%) were children under 18 years and 216 (24%) were children under six years old.

Region	Unsheltered Homeless Persons	Total Homeless Children (17 or younger)	Percent Homeless Children (17 or younger)	Homeless Children (5 or younger)	Percent Homeless Children (5 or younger)
North	537	231	43%	170	32%
East	151	12	8%	7	5%
South	46	15	33%	5	11%
West	172	79	46%	34	20%
<b>Total</b>	<b>906</b>	<b>337</b>	<b>37%</b>	<b>216</b>	<b>24%</b>

*Source: Guam Homeless Point-In-Time Count, 2009, GHURA*

### **Education**

The Department of Education (DOE) is a single unified school district consisting of grades kindergarten through 12. A total of 30,254 students are enrolled in 27 elementary schools, eight middle schools, five high schools and one alternative school. The DOE receives federal funding for several programs including support from the Administration for Children and Families for the implementation of the Head Start Program. The 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. As of September 2010, there were 543 children enrolled in 25 Head Start centers in 20 elementary schools.

## **Organizational Structure**

The Department of Public Health & Social Services (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), the Division of Public Welfare (DPW) and the General Administration and Management Support Services.

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); (11) and, the Bureau of Primary Care Services (BPCS). The MCH and CSHCN programs are managed by the BFHNS Administrator.

## **INTRODUCTION**

For the past few years, DPHSS has been receiving approximately \$700,000 annually from the HRSA/MCHB for the MCH Services Title V Block Grant. As a recipient of the Title V funds, Guam is required to submit a statewide needs assessment every five years to recognize the priority needs for the three MCH population groups:

- Pregnant Women, Mothers, and Infants (PWMI)
- Children and Adolescents
- Children with Special Health Needs (CSHCN)

### **1. Process for Conducting Needs Assessment**

#### **Goals and Vision:**

The outcome of the needs assessment process is to strengthen partnership among public and private agencies, to review Guam's performance on the health status indicators and to identify through stakeholder input Guam's priority needs for the MCH population. The vision of DPHSS's MCH Program is *to assure access to health care services for all individuals on Guam to include high-risk and special needs groups through planning and coordination of comprehensive systems of care service.* The process for determining Guam's state priorities is evident through the partnerships and collaborations among stakeholders in support of the mission of the MCH Program, which is *to promote optimal health and reproductive care services to women, infants, children, and families on Guam.*

Throughout this needs assessment process the Guam MCH program kept in mind the mission of the DPHSS is *to assist the people of the Territory of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare.* Thus, the purpose of this needs assessment is to determine the priorities for the next five years, to implement the recommendations, and to improve

the collaboration between DPHSS and their community partners in order to respond to public health concerns and issues of MCH on Guam.

### **Leadership:**

Through the leadership of the DPHSS Director and the Acting Chief Public Health Officer (CPHO), meetings were held with the BFHNS Administrator to discuss the need to complete the MCH Five-Year Needs Assessment with technical assistance and support from the University of Guam, Guam CEDDERS. As a result of these meetings, a detailed action plan was developed with specific timelines and identified resources to support the completion of Guam's MCH needs assessment by December 29, 2010. Noting the importance and time constraints for completing the needs assessment, a MCH Core Team was formed to collect and report data on specific indicators. The MCH Core Team is comprised of staff from the MCH and CSHCN Programs, the Immunization Program, Metabolic Program, Family Planning, Nursing, Medical Social Service, Medicaid, and Early Childhood System of Care.

### **Methodology:**

The MCH 2010 Needs Assessment addressed three target populations: (1) pregnant women, mothers, and infants under age one; (2) children and adolescents; (3) and, CSHCN. In addition, the needs assessment required States to provide performance data from 2005 to 2009 on 60 Title V MCH indicators from the National Performance Measures, Health System Capacity Indicators, and Health Status Indicators. Based on input from the MCH Core Team, the 60 indicators were distributed among the three target populations: 31 indicators under the pregnant women, mothers, and infants under age one, 20 indicators under children and adolescents, and eight indicators under CSHCN.

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:

- Pregnant Women, Mothers, and Infants Under Age 1
  - Infant Death: 3 indicators
  - Maternal Health: 7 indicators
  - Infant Health: 8 indicators
  - Population Denominators and Characteristics: 13 indicators
- Children and Adolescents
  - Preventive Health Measures for Children: 7 indicators
  - Injury Prevention and Safety Promotion: 8 indicators
  - Overall Population related to Children and Adolescent Services: 6 Indicators
- Children with Special Health Care Needs
  - 8 indicators

Orientation on the MCH needs assessment process was held 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 indicator reports included the need to collect the following information: specific data by year to respond to the indicator measures, data sources, and a brief explanation on levels of services (direct, enabling, population, and infrastructure building), areas of strengths, challenges, and recommended improvement activities. The MCH Core Team members were assigned specific indicators and a specific timeline for completing the indicator reports. Upon completion of the indicator reports, Guam CEDDERS conducted an analysis of the data that was presented at the stakeholder input sessions.

The steps of the MCH Program Needs Assessment, Planning, Implementation and Monitoring Process found in the Title V MCH Guidance document were used to engage stakeholders in reviewing and making recommendations on Guam's needs assessment. In December 2010, Guam CEDDERS facilitated four stakeholder input sessions. On December 6, 2010, two focus groups were held for the Pregnant Women, Mothers, and Infants under age one population group and for Children and Adolescent population group. On December 7, 2010, a specific focus group meeting was held for CSHCN. The fourth meeting was an all day large meeting on December 10, 2010, of stakeholders who had already participated in one of three focus groups. During the December 10<sup>th</sup> session, stakeholders reviewed all previous focus group recommendations and the stakeholders were engaged in identifying Guam's state priorities.

#### **Methods for Assessing Three MCH Populations:**

During the input sessions, a variety of methods were used for assessing the three MCH populations. These methods included focus group discussions on the data presented for each indicator and a completion of the Target Population Area worksheets, which included assessing the strengths and needs of each population group. At each focus group meeting, presentations were made by each population group and included Guam's performance on the specific indicators including where and how the data were collected.

#### **Methods for Assessing State Capacity:**

A brief presentation on the MCH Pyramid and examples of each level of service was discussed at every stakeholder meeting. The stakeholders engaged in group activity to assess Guam's capacity to provide direct health care, enabling, population-based, and infrastructure building services. The Strengths, Weaknesses, Opportunities, and Threats (SWOT) worksheet provided a framework for reviewing strategies, resources, and unmet needs.

#### **Data Sources:**

The following data sources were utilized: DPHSS's Office of Vital Statistics, WIC Program, CSHCN Program and Immunization Program; GMHA Office of Planning; Department of Education Special Education, Early Intervention System, and Head Start Programs; Guam CEDDERS, Guam Early Hearing Detection and Intervention ChildLink Data System; Office of the Governor, Bureau of Statistics and Plans; and the

Department of Mental Health and Substance Abuse (DMHSA) Focus on Life Project. The DPHSS was challenged in collecting data to address specific indicators. Most of the data were counted manually from hard copies of client records. Data collection, analysis, and interpretation continue to be an area of weakness that will be addressed as a state priority.

#### **Linkages between Assessment, Capacity, and Priorities:**

During the large stakeholder meeting on December 10<sup>th</sup>, participants were engaged in reviewing the results of the SWOT capacity assessment for each MCH level of service, and then prioritized the needs and strengths that were evident across target populations. Similar areas identified across the target populations led to the establishment of the state priorities. For example, under direct services, each target population listed lack of staff as a leading problem.

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.

#### **Dissemination:**

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

#### **Strengths and Weaknesses of Process:**

The primary weakness in conducting Guam's comprehensive needs assessment and establishing a successful evaluation system is the availability of reliable data. The gathering, maintaining, and monitoring of data are the biggest obstacles in assessing successful and problematic trends. Currently, there is no electronic data system dedicated to the MCH program. Several divisions within the program continue to use hard copies of records.

One significant barrier to determining Guam's utilization of appropriate prenatal care is the lack of a survey system that keeps track of prenatal care and behaviors among women such as the Pregnancy Risk Assessment Monitoring System (PRAMS) survey.

## **2. Partnership Building and Collaboration Efforts**

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:

- 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 and the GEIS refer patients to the CSHCN Program. GEIS are partners in Project Karinu and Project Bisita.

- 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 are a partner in the DPHSS's Project Karinu.
- 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.
- 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. It sponsors the Youth-for-Youth Conference held every year at which the MCH staff participate as 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 GFD partners with the MCH Program by promoting child passenger safety awareness through staff training, public education and car seat inspections. They participate in disaster drills and exercises. They also help develop the pediatric emergency protocols. The GFD also collaborates with CSHCN in the Special Needs Identification Program (SNIP). The Guam Housing and Urban Renewal Authority (GHURA) helps find homes for the homeless population and refer their clients to DPHSS for services.

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 partners in Project Karinu.

The University of Guam (UOG) has several projects with the MCH Program:

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.

- Guam Early Hearing Detection and Intervention Project (GEHDI) was established in 2002 to implement 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 audiological evaluation before three months of age; (3) and, early intervention services before six 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.
- Project I Famagu'on-ta (Our Children) was established to develop a system of care for children and adolescents with severe emotional disturbances and complex mental health needs and their families. They are partners in Project Karinu and Project Bisita.
- 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.
- The School of Nursing and the BFHNS collaborate by having the nurses at BFHNS precept the nursing students. The nursing students' practicum is done at DPHSS and supervised by the BFHNS staff.

The military is 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.

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

- 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.
- Catholic Social Services (CSS) serves the poor, the elderly and disadvantaged families and individuals for the entire Island of 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.

- Guam Positive Parents Together (GPPT) educates the public on the various services available for CSHCN. They are partners with various parent support groups.
- Guam Developmental Disabilities Council advocates for people with developmental disabilities.
- Guahan Project educates the general public about AIDS.
- Island Wide Breastfeeding Coalition promotes breastfeeding for newborns.
- 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, which include the FHP Medical Center, the Polymeric 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 funding is from the Affordable Care Act and is administered by HRSA/MCHB. Project Bisita was 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.

The Guam Title V program has both formal and informal partnerships with the public and private sectors as well as local levels of government. The partnerships are important in helping to build the strength of Guam's MCH systems. The relationship between the Title V program and its partners is built on the need to expand capacity to address common goals and reach common target populations. The Title V program has forged partnerships that include funding, education, technical assistance and training, advising, and advocacy efforts to address common goals.

The Title V funded programs are coordinated with other health department programs that serve MCH populations, including Village Immunization Outreach, and HIV and STD Prevention. Immunizations are provided as part of local health department services, as well as early prenatal counseling classes, Special Kids' Clinic, Child Health Clinic, CSHCN Program, Women's Health Clinic, breastfeeding classes, a genetics clinic, home visiting, community-based nursing services, and the Shriner's Outreach Clinic. Family planning, prenatal, and well-child patients were referred to the dental clinic for dental services.

## Stakeholder Involvement

Throughout the needs assessment process, the Title V Needs Assessment Team engaged a variety of stakeholders. Efforts were made to gather input from all the stakeholders in regards to the needs of MCH populations, the capacity of the Title V program and other health systems to meet those needs, and the top priorities for the next five years. The following table lists the government agencies, military and private organizations that were vital to the needs assessment process:

<b>Local Government</b>
<ul style="list-style-type: none"><li>• Department of Public Health &amp; Social Services<ul style="list-style-type: none"><li>○ Bureau of Social Services Administration</li><li>○ Bureau of Health Care Financing</li><li>○ Bureau of Professional Support Services</li><li>○ Bureau of Communicable Disease Control</li><li>○ Bureau of Primary Care Services</li><li>○ Bureau of Family Health and Nursing Services</li><li>○ Island-wide Breastfeeding Coalition</li><li>○ STD/HIV Program</li></ul></li><li>• Department of Education<ul style="list-style-type: none"><li>○ Special Education</li><li>○ Early Intervention Services</li><li>○ Head Start Program</li></ul></li><li>• Department of Youth Affairs</li><li>• Guam Developmental Disabilities Council</li><li>• 30<sup>th</sup> Guam Legislature</li><li>• Guam Fire Department</li><li>• Guam Memorial Hospital Authority</li><li>• Guam Housing and Urban Renewal Authority</li></ul>
<b>Military</b>
<ul style="list-style-type: none"><li>• Fleet and Family Support Services</li><li>• Andersen Air Force Base Mental Health Services</li></ul>
<b>Other</b>
<ul style="list-style-type: none"><li>• Guam Parent Information Resource Center (PIRC)</li><li>• Sanctuary</li><li>• Guam Center for Excellence in Developmental Disabilities Education, Research and Service (CEDDERS)</li><li>• Parent Advocates</li><li>• Autism Community Together (ACT)</li><li>• Project Karinu</li><li>• Guam Positive Parents Together (GPPT)</li></ul>

## **Stakeholder Input**

Twenty-eight stakeholders met to provide input on the top MCH needs of Guam in two sessions. Twenty-one stakeholders met to provide input on the priorities for CSHCN during a third session. In all three sessions, stakeholders were given graphs and tables depicting the statistical data for their respective target population. Participants were given the Target Population Area worksheets listing the pertinent Title V indicators and performance measures. A description of the indicator or performance measure was given. Consumers and providers were asked about their personal experiences and professional expertise in regards to the populations they served. Participants were then divided into groups of 6-8 to discuss the following questions:

- What do we know?
- Why is it the way it is (data and performance)?
- What else do we need to know?
- What else do we need to do?

Following the discussion of the worksheet contents, participants looked at core public health services delivered by the MCH staff and how they related to the MCH Pyramid. Examples of direct health care services, enabling services, population-based services and infrastructure building services were given. Six to eight participants were again placed in groups to complete the SWOT analysis sheet for each level of the MCH pyramid. Input was written on chart paper as well as individual worksheets. The participants were able to give input as they rotated to each corresponding pyramid level chart.

## **3. Strengths and Needs of the MCH Population Groups and Desired Outcomes**

### **Guam's Population by Ethnicity:**

According to the *CIA World Fact Book*, Guam's population was estimated to reach 180,865 by July 2010. It is a multi-ethnic, multi-cultural, and multi-lingual community comprised of 37% indigenous Chamorros, 26% Filipinos, 7% Caucasians, 7% from the Freely Associated States of the Federated States of Micronesia and the Republic of Palau, and 23% representing other ethnic groups. According to the 2000 Census, nearly 11% of Guam's population is under the age of five years. The most recent census data available for Guam (Census 2000) reports that in 1999, 32% of children under the age of five were living in poverty. This is an increase of 68% over the number reported in the 1990 census.

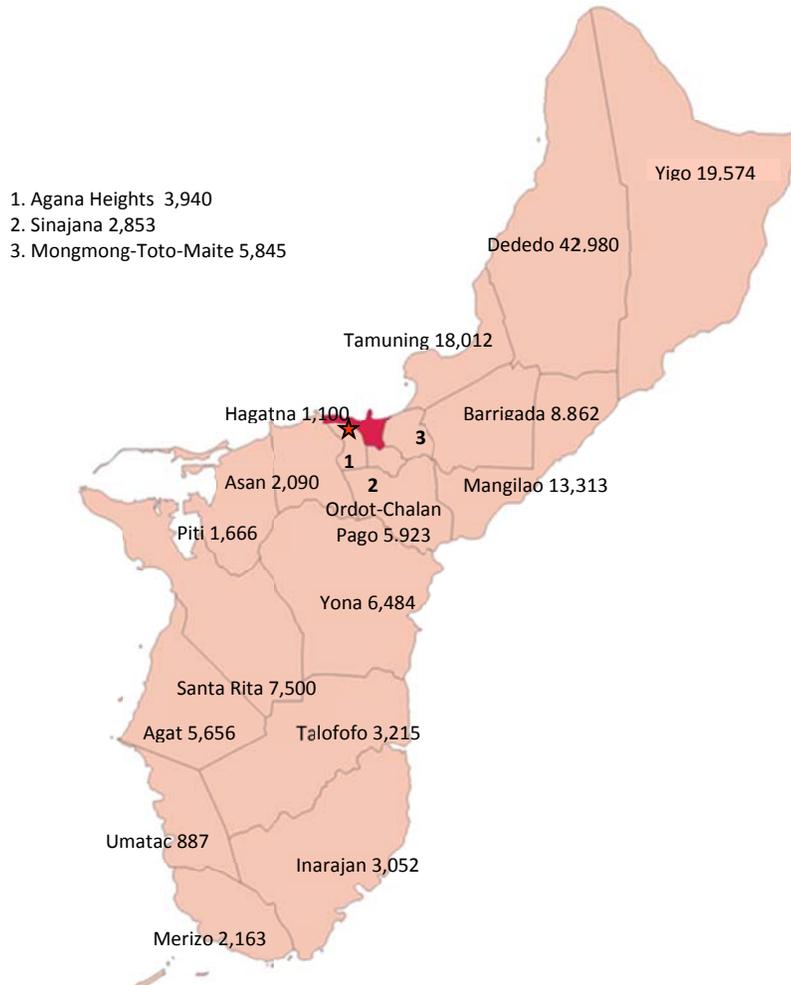
The following depict Guam's total population as reported in the 2000 Census which reflects ethnic origin and race.

<b>Table 4: Guam Population by Ethnicity</b>	
<b>Native Hawaiian and Other Pacific Islanders</b>	<b>Number</b>
Carolinian	123
Chamorro	57,297
Chuukese	6,229
Kosraean	292
Marshallese	257
Palauan	2,141
Pohnpeian	1,366
Yapese	686
<b>Other Pacific Islander</b>	<b>648</b>
<b>Subtotal</b>	<b>69,039</b>
<b>Asian</b>	<b>Number</b>
Chinese	2,707
Filipino	40,729
Japanese	2,086
Korean	3,816
Other Asian	991
<b>Subtotal</b>	<b>50,329</b>
<b>White</b>	<b>10,509</b>
<b>Black or African American</b>	<b>1,568</b>
<b>Some other race or ethnic group</b>	<b>1,807</b>
<b>Two or more races or ethnic groups</b>	<b>21,553</b>
<b>Subtotal</b>	<b>35,437</b>
<b>TOTAL</b>	<b>154,805</b>

**Source: CIA World Fact Book**

## Guam's Population within Their Villages in Guam:

The territory of Guam is divided into 19 municipalities, more commonly called villages. The Village populations range in size from under 1,000 to over 40,000, with the northern villages on Guam being the heaviest populated. The map below portrays the 19 different villages on Guam and its population for each respective village.



Source: 2000 Guam Census

## 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) and emergency room personnel when there are multiple traumas

involved. GMHA will need larger facilities and additional staff for the impending military buildup.

GMHA plans to expand GMHA's emergency room (ER) by up to 4,000 square feet and add four to six beds to the Intensive Care Unit by 2011. The hospital is also trying to get funding to expand to an acute care facility with 250 beds, which is projected to cost about \$100 million. (*Pacific Daily News*, 9/2/10). According to Peter John Camacho, GMHA Administrator, this involves building a separate women and children's wing, freeing up beds within the current hospital and allowing the hospital to renovate existing space to meet the needs for adult care beds.

<b>Table 5: GMHA's Proposed Expansion</b>			
<b>Acute Care Units</b>	<b>Existing Beds</b>	<b>Additional Beds Needed</b>	<b>Total Beds</b>
Surgical	33	11	44
Medical/Surgical	44	0	44
Pediatrics	22	18	40
Pediatric Intensive Care	3	7	10
Medical/Telemetry	20	20	40
PCU	6	6	12
ICU/CCU	10	10	20
OB Ward	20	20	40
<b>Total</b>	<b>158</b>	<b>92</b>	<b>250</b>
<b>Non-Acute Care Units</b>	<b>Existing Beds</b>	<b>Additional Beds Needed</b>	<b>Total Beds</b>
Laboring Beds	4	0	4
Maternal-Fetal IC	2	1	3
Labor/Delivery/Recovery	1	1	2
Delivery	3	1	4
Recovery	3	1	4
Exam Room	1	1	2
NICU	4 Incubators	6 Incubators	10
Intermediate Area	12 Incubators	8 Incubators	20
Well Baby Area	12 Bassinets	8 Incubators	20
<b>Total</b>	<b>42</b>	<b>27</b>	<b>69</b>

Source: GMHA

GMHA lost its accreditation in 1983, but was again fully accredited by the Joint Commission of Accreditation of Hospital Operations in July 2010 for 39 months.

### **Emergency Medical Services**

Guam has been experiencing a chronic shortage of available ambulances to transport patients to the hospital. The shortage of ambulances on the island is due to the lack of funds to buy the needed parts to repair the broken ambulances or to buy new vehicles. Nine of fifteen ambulances were out for repairs because some of the vehicles were more than ten years old (*Pacific Daily News*, Aug 28, 2010). The island was down to three ambulances to service the entire island in May 2010.

Another problem with the ambulances is the lack of age-appropriate equipment and supplies, particularly pediatric equipment and supplies. The Guam EMS for Children Partnership grant provides limited pediatric supplies and equipment. According to the EMS Administrator, at least 85% of all ambulances with Guam Fire Department are lacking the equipment and supplies.

### **Community Health Centers**

The Department of Public Health & Social Services (DPHSS) Bureau of Primary Care Services (BPCS) oversees the management of the two community health centers (CHCs), 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 target population includes 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 childbearing 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 also addressed at the centers.

Public Law 27-30 requires that all Medicaid and MIP recipients seek medical treatment at the CHCs 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 CHCs cannot handle the increased load of patients.

There are not enough physicians, nurses and other medical providers to meet the demand for services. However, the clinic wait time for patients to be seen is two to three hours; patients are turned away when the maximum capacity is reached; and, appointments are scheduled months in advance because of the shortage of staff. The CHCs 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 CHCs. If the patient is unable to pay, the fee is either reduced or waived completely. 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 December 2011 and they, too, will have the same problem in regards to the shortage of staff because of the recruitment issue. The recruitment issue exists in spite of the Administrator of Bureau of Primary Care actively and consistently recruiting for providers with the National Health Service Corps (NHSC) and in the area.

There are a number of federal public assistance programs available to families who qualify due to their low income levels: Medicaid, Women, Infants, and Children (WIC) Program, GHURA public housing assistance, and food stamps. Residents with low incomes may also be eligible for the Medically Indigent Program (MIP), which is a 100% locally funded program established by Guam Public Law 17-83 in October 1983

to provide financial assistance with health care costs to individuals who meet the necessary income, resource, and residency requirements. According to the latest figures, 26,662 people were receiving food stamps and 6,533 people were on the WIC Program (GSY 2008). There were 12,291 people receiving MIP benefits and 30,928 people on the Medicaid Program (*DPHSS Medicaid and MIP FY09 Demographics Report*).

Characteristics	Medicaid		MIP	
	Number of People according to category	Percentage of People according to category	Number of People according to category	Percentage of People according to category
Total	30,928		12,291	
Male	14,238	46%	6,907	56%
Female	16,688	54%	5,384	44%
Total	30,928		12,291	
0-5 years	9,480	30%	1,271	10%
6-15 years	9,920	32%	1,779	16%
16-20 years	2,692	9%	859	7%
21-54 years	7,375	24%	6,695	54%
55-64 years	330	1%	1,031	8%
>65 years	1,131	4%	656	5%

*Source: DPHSS Medicaid and MIP FY09 Demographics Report, 2009*

Unlike state programs, 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 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.

### **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 its employees the option of choosing medical insurance from a variety of health insurance companies. Now there is only one insurance company which offers medical and dental insurance to government employees. For fiscal year 2011, insurance rates increased by 91% - 462%. This will cause a number of employees not to renew their medical insurance for their families and/or themselves. Many will choose to only insure themselves at the higher deductible. This will then increase the number of uninsured persons on Guam,

especially children who are the most vulnerable. This will also increase the number of people on public assistance, increasing the burden on the Government of Guam.

	2010 Plan \$1500 Deductible	2011 Plan \$1500 Deductible	% Change	2010 Plan \$2000 Deductible	2011 Plan \$2000 Deductible	% Change
Employee Only	\$11.54	\$41.26	<b>+258%</b>	\$0.00	\$4.62	<b>+462%</b>
Employee and Spouse	\$56.63	\$111.12	<b>+96%</b>	\$25.73	\$61.55	<b>+139%</b>
Employee and Children	\$48.88	\$93.12	<b>+91%</b>	\$21.00	\$51.69	<b>+146%</b>
Employee and Family	\$77.08	\$154.90	<b>+101%</b>	\$34.43	\$86.10	<b>+150%</b>
Both Adults are Government Employees and Family	\$60.14	\$145.38	<b>+142%</b>	\$20.88	\$80.85	<b>+287%</b>

*Source: Selectcare Member Booklets 2010 and 2011*

### **MCH Population:**

Guam Title V MCH and CSHCN populations currently served

Pregnant Women	3,655
Infants <1 Year Old	1,433
Children 1 to 22 Years Old	5,826
CSHCN	753
Others	11,418
<b>TOTAL</b>	<b>23,085</b>

*Source: DPHSS MCH Program*

### **Maternal Health**

Based on Guam's 2008 Statistical Yearbook published by the Bureau of Statistics and Plans, there were approximately 175,877 people living on Guam in 2008. There were a total of 3,466 live births (a birth rate of 3.46 per 1000 population). Live births had a increase between 2006 and 2007 by 6.18%. There was a downward trend of less than 1%, from 2007 to 2009. In 2008, 69.6% of women (15 through 44 years) observed expected prenatal visits that were greater than the required 80% of the Kotelchuck Adequacy of Prenatal Care Utilization Index (HSCI04). Although, there was

a drop of 1.6% from the initial reporting year of 2005, there was a significant increase of 6% in 2009 with 75.6% of women receiving adequate prenatal care.

*Comparative Study on Prenatal Care.* Pregnant women benefit highly with consistent and thorough prenatal care. In order to improve the quality of care for pregnant mothers, a comprehensive evaluation should be conducted to determine if Guam has experienced improvements in this area. Several ongoing concerns were highlighted in a comprehensive study conducted by Dr. Robert Haddock, in conjunction with the Guam DPHSS Circa 2004. Dr. Haddock reviewed birth certificates and conducted a survey with mothers who delivered without any prenatal care during their pregnancy. The case study measured that between the years of 2000-2004, there were approximately 61.4% of pregnant women accessing prenatal care during their first trimester and 7.3% of the mothers of live births did not access prenatal care. The study also concluded that women did not receive adequate prenatal care due to two primary reasons: lack of medical insurance (24.3% of respondents) and lack of transportation (22.6% of respondents). In addition, the case study pointed out that many women did not know that free prenatal care was available at DPHSS.

During 2008, the majority of Guam's infants (60.8%) were born to mothers who received prenatal care beginning in the first trimester (HSCI 05C) with an increase in 2009 to 74.2%. The 2008 Statistical Yearbook gave data on tobacco use during pregnancy with 8.1% of all pregnant women on Guam smoking during their pregnancy. This percentage fluctuated throughout the five years of reporting, with 2007 being the lowest at 5.6% and 2009 increasing to 9.1%.

### **Access to care**

DPHSS provides pregnancy screenings and prenatal care at the Northern Region Community Health Center (NRCHC) in Dededo and at the Southern Region Community Health Center (SRCHC) in Inarajan. Fees are charged based on a sliding fee scale. Central Public Health in Mangilao provides free prenatal services for those who have no health insurance and meet Guam's Public Health eligibility guidelines. At the Central Public Health clinics, the staff at Medical Social Services provides assistance with counseling and referrals for prenatal assistance. The MCH Program provides free multivitamins, iron pills and any required laboratory test as part of the prenatal services for pregnant women.

### **Barriers**

Through the years, the number of prenatal care services has slowly been increasing but the numbers of providers remain low. It has become difficult for women to seek medical attention during their pregnancies due to the shortage of staff. Women who have private health insurance have access to private clinics which provide comprehensive prenatal care, monitoring and education. Women who have Medicaid or are under the Government of Guam Medically Indigent Program (MIP) are often refused services at private clinics due to issues of reimbursement rates and the issuance of payment.

The importance of early prenatal care is promoted at community outreach programs and health fairs. However, there are still a few, pregnant women who do not consider prenatal care a priority and thus, do not receive prenatal care. Others seek

prenatal care in their last trimester, increasing their risks for complications and negative birth outcomes. Women who do not have health insurance and do not qualify due to residency requirements often do not seek prenatal care because of the lack of funds. They usually go to the hospital emergency room (ER) to give birth.

**Maternal Mortality**

There were two maternal deaths in 2006 and there are no deaths for 2005, 2007, 2008, and 2009. DPHSS-MCH continues to monitor the maternal mortality rate to improve prenatal care services for pregnant women on Guam.

**Table 9: Total Number of Maternal Deaths**

2005	2006	2007	2008	2009
0	2	0	0	0

*Source: DPHSS Office of Vital Statistics*

**Related Title V indicators**

**HSCI 04: The Percent of Women (15 through 44 years) With a Live Birth during the Reporting Year Whose Observed To Expected Prenatal Visits Are Greater Than or Equal To 80 Percent on the Kotelchuck Index.**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Live Births	3203	3414	3493	3466	3428
Numerator	2281	1764	2106	2412	2583
Percent	71.2%	51.6%	60.1%	69.6%	75.6%

\* The percentage was calculated by dividing the numerator with the total live births for each year.

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

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Live Births	3203	3414	3493	3466	3428
Numerator	2288	1764	2111	2417	2586
Percent	71.4%	51.6%	60.4%	69.7%	66.7%

\* The percentage was calculated by dividing the numerator with the total live births for each year.

**NPMI 15: Percentage of Women Who Smoke In the Last Three Months of Pregnancy**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Live Births	3203	3414	3493	3466	3428
Total Women	427	284	195	280	311
Percent	13.3%	8.3%	5.6%	8.1%	9.1%

\* The percentage was calculated by dividing the numerator with the total live births for each year.

**NPMI 18: Percent of Infants Born To Pregnant Women Receiving Prenatal Care Beginning In the First Trimester**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Live Births	3203	3414	3493	3466	3428
Total Women	1965	1589	1136	2108	2543
Percent	61.3%	46.5%	32.5%	60.8%	74.2%

\* The percentage was calculated by dividing the numerator with the total live births for each year.

**HSI 05B: The Rate per 1,000 Women Aged 20 through 44 Years with a Reported Case of Chlamydia**

	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Total Women	30415	30589	30776	30932	31129
Numerator	491	511	448	442	361
Rate	16.1	16.7	14.6	14.3	11.6

\* The rate was calculated by dividing the numerator with the projected population for this age range of women per 1000 for each year.

**Infant Health**

Premature Births, Low Birth Weight, and Infant (0< one yr) Mortality Rates: *Prematurity* is defined as a baby born before 37 weeks of gestation. *Low birth weight* is defined as a newborn weighing less than 2500 grams. *Infant mortality* is defined as the death of a infant under the age of one year per 1000 live births.

The percentage rate for total premature births and infants born with low birth weight on Guam was determined by dividing the number of premature births and low birth weight infants, respectively, by the total number of live births on Guam from 2007 - 2009. The rate of infant mortality was obtained by dividing the total number of cases of infant mortality by the total live births multiplied by 1000 for that same year.

According to the CDC data reported for Guam in 2008, 7.6% of the total births that year were low birth weight. The preterm birth rate was 16.8%. The percentage of premature infants born in 2007 was 16.8% out of all the births on Guam. The majority

of the low birth rate infants were premature at birth. The MCH program has noted that the percentage of low birth weight infants can decrease with the continuous awareness that early prenatal care benefits both with the mother and infant's well being and healthy delivery outcomes. The MCH program should continue to reinforce the importance of early prenatal care and the health of all newborns as priorities in perinatal health on Guam.

Based on data from the previous years reported to NCHC between the years of 2004 – 2006, the infant mortality rate was 11.9. In 2007, the infant mortality rate decreased to 10.34. In 2009, the data for the infant mortality was verified and the mortality rate was 10.52.

## **Children**

The child mortality rate that was verified at the DPHSS Office of Vital Statistics reported in 2009 the child death rate between the ages of 1 year old to 14 years of age was 0.34 per 1,000 children. The MCH outcome measure on the child mortality rate that is stated for 2009 is 0.34.6 per 100,000 children within the ages of one year to 14 years of age. Thus, there were 16 deaths within the ages of one year to 14 year years of age that died in 2009. This mortality rate should not increase in future years but Guam needs to continue its prevention measures on promoting Injury prevention by educating the public on the importance of child safety awareness. These child deaths are preventable with an increased emphasis on parental guidance. The MCH program has partnered with the Department of Public Works and the Office of Highway Safety program to educate on the Child Passenger Safety laws and information. The MCH program works closely with the Injury Prevention program to bring more awareness of child safety tips to all parents, The DPHSS continues to work with all youth-related programs to prevent child non-fatal injury and control and with the Department of Mental Health and Substance Abuse with the prevention on Teenage Suicides.

Unintentional Motor Vehicle Accidents (MVAs) are high among children less than 14 years of age. The 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 the new safety laws passed in 2010. Through these efforts, Guam's MVA fatality rates may be decreased to zero and further accidents may be avoided.

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes were noted by the GMHA Office of Planning in 2005 -2006 to be zero, and in 2007, the death rate continued to be zero, and in 2009 the rate went up to 2.62 per 100,000. The DPHSS needs to be more involved and educated on injury prevention for all children

## **Immunization**

The Guam DPHSS Immunization Program conducted an island-wide immunization survey in 2007 and found 59 percent of 19 to 35 month old children

received the full schedule of age appropriate immunizations against measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, haemophilus influenza, and hepatitis B. The two community health centers and the regional DPHSS health center input into the Web Immunization (WEBIZ) data system as well as three private clinics.

## Obesity

According to WIC Data, 36.1% of children 2-5 years had a BMI at or above the 85<sup>th</sup> percentile. Children ages two to five years who received WIC services had a Body Mass Index (BMI) at or above the 85<sup>th</sup> percentile from 2006 to 2009. In 2006, the data have shown that in WIC children between two to five years of age, 31.8% of the children who are above or at 85<sup>th</sup> percentile at risk for being overweight. Thus, in 2007 26.8% of children were in or above 85<sup>th</sup> percentile, which is a slight decrease. However, in 2008, children two to five years at or above 85<sup>th</sup> percentile increased to 34.9%, which was a 8% increase. The percentage of a BMI at or above the 85<sup>th</sup> percentile went even higher in 2009 to 52.7%, which caused concerns with the Head start Program and DPHSS, because it identified that 50% of the Guam Head Start students are at-risk of obesity and/or overweight.

	2006	2007	2008	2009
# of Children 2-5 years over 85 <sup>th</sup> percentile in WIC	1074	981	1401	2326
Total # of 2-5 children in the WIC program	3369	2653	4029	4410
Percent of children that at over the 85 <sup>th</sup> percentile in WIC	31.8%	26.8%	34.9%	52.7%

*Source: Guam WIC Program*

The Guam WIC Program reported that in 2009 the program captured that their Head Start data **showed that** 26.2% of children four to five years of age have a BMI at or above the 85<sup>th</sup> percentile within their small population of children.

## Adolescent Health

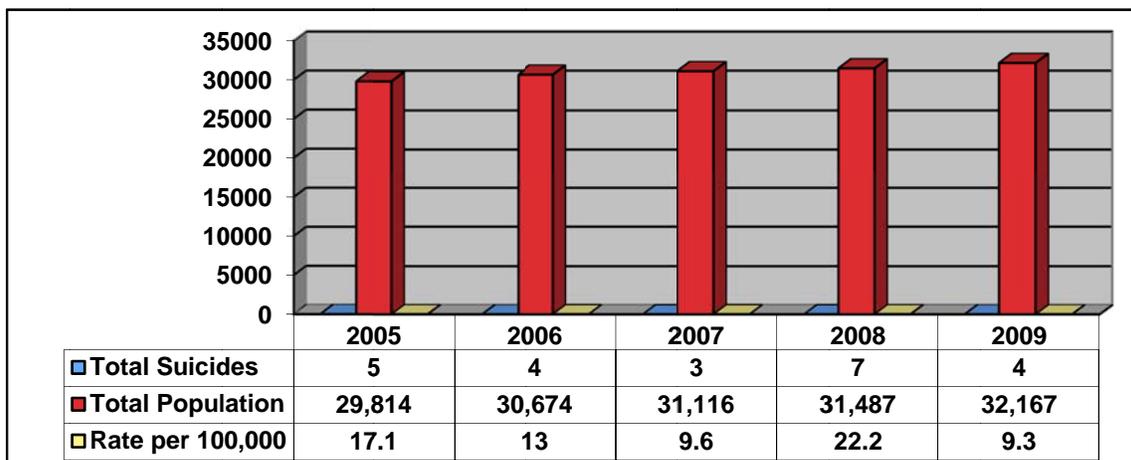
The prevalence of high risk behaviors and potential health crises has become an area of increasing concern. There have been several areas of concern arising from mass media that require attention and are directed at addressing children and adolescent needs. Some of the major issues include age appropriate physical, cognitive and social-emotional development. In reviewing Guam's capacity to service the needs of children and adolescents, recurrent and emergent issues around the area of bullying, suicide and the physical, mental and social health of adolescents continue to be huge problems. The stakeholders concluded that the area of focus is to structure a system to increase access to direct service for adolescents through their linkage with a Medical Home. Adolescent Medical Homes will be promoted at both the North and

South Community Health Centers, Public Health Clinics, private providers and all other providers on the island. Adolescent Clinics will also be planned and initiated during the coming four to five years. The purpose of the Adolescent Clinics is to provide dental care, immunizations, preteen and teen checkups, and other pertinent preventive services related to adolescent health. Guam adolescent providers will also be encouraged to extend their collaborations with other community agencies to reduce Guam's teen suicide rates, tobacco/smoking/alcohol use, pregnancy, childhood obesity, and transitioning CSHCN adolescents into all aspects of life.

### Teen Suicide

Guam's current capacity to address teen suicides is under the auspices of the Department of Mental Health and Substance Abuse Division of Clinical Services. The Peace Project was established in 2008 to focus on issues of teen suicide and substance abuse. The Peace Project produced a report highlighting Guam's suicide problem. In 2005, the suicide rate per 100,000 for youth ages 10-19 was 17.1. That rate then dropped to 13 in 2006 and 9.6 in 2007. In 2008, the rate more than doubled to 22.2, but dropped to 9.3 in 2009. The MCH Program would like to strengthen the partnership in order to focus on these critical issues and collaboratively reduce the teen suicides on Guam.

**Figure 1: Suicide rate per 100,000 for ages 10-19 Years Old**



Source: GMHA Planning Office and Bureau of Statistics and Plans

### Tobacco/Smoking/Alcohol

In collaboration with the Peace Project, the MCH Program can strategize and create a plan to address the reduction of substance abuse among youth. Through the

Peace Project, an extensive report was published that provided an overview of Guam's population including substance abuse among Guam's youth.

As a result of the publication of the *Guam Substance Abuse Epidemiological Profile*, the following provides a picture of Guam's youth and their use of tobacco, alcohol and drugs. As indicated in the report, DMHSA commissioned a commercial firm in September 2008, to conduct a survey among 400 youth ages 10-17 years, using a computer-assisted random digit-dialing program. The survey utilized the same questions found in the Youth Risk Behavior Survey. The results in relation to tobacco consumption showed:

- Thirteen percent of respondents reported ever having smoked a cigarette. This is much lower than the reported rates of lifetime smoking encountered in the GPSS Youth Risk Behavior Survey.
- Public school students (14%) and Department of Defense, Education, and Administration (DODEA) school students (15%) were more likely to have smoked a cigarette than were their private school (6%) counterparts.
- Male respondents (16%) are more likely to have smoked a cigarette than are the female respondents (10%) polled.
- Chamorro students (21%) are the most likely ethnic segment to have tried smoking a cigarette.
- Overall, 4% of respondents reported using other forms of tobacco such as snuff, dip or chewing tobacco.
- Six percent reported chewing betel nut. Among Micronesian youth, 24% reported chewing betel nut regularly. Forty-four percent of betel nut chewers mix tobacco with their chew.
- The results show 77% of those polled agree that smoking a pack a day would pose a great physical risk.
- A majority (81%) strongly disapproves of anyone their own age who smokes one or more packs of cigarettes a day.

Major findings in the DMHSA Youth Substance Abuse Survey regarding alcohol consumption:

- One third (33%) of the respondents have tried drinking an alcoholic beverage in the past.
- Forty-three percent of high school students have tried alcohol.
- Similarly, 44% of Chamorro students polled have tried alcohol.
- Of those who have tried alcohol, 31% have drunk an alcoholic beverage within the past 30 days.
- Of those who have tried alcohol, 5% stated they had their first alcoholic drink at the age of 13 years or younger.
- The majority (76%) of those polled would strongly disapprove of someone their age consuming one alcoholic beverage a day.
- About two-thirds (64%) of those polled believe binge drinking carries great risk, and 22% believe it would pose a moderate risk to their health and well-being.

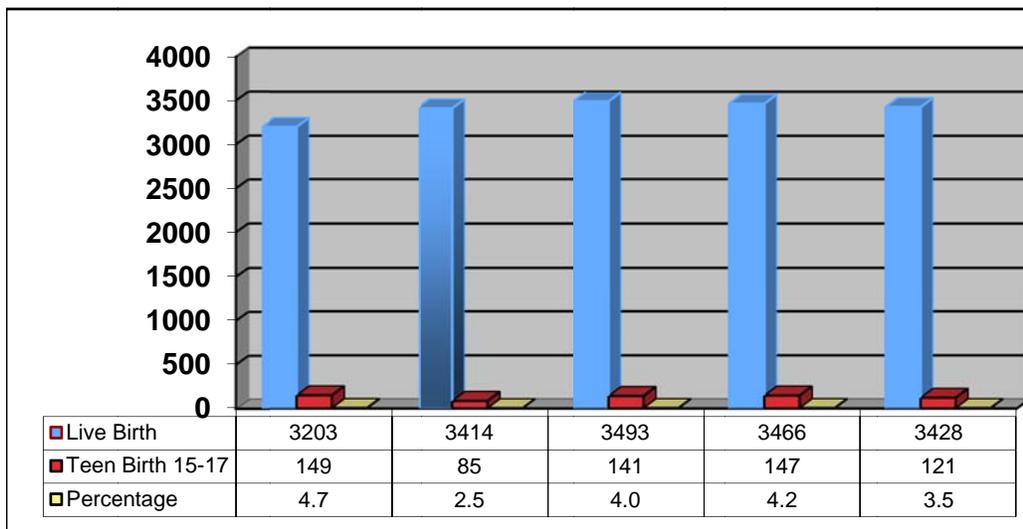
Youth Illicit Drug Consumption in the DMHSA Youth Substance Abuse Survey

- Eight percent of respondents reported having used marijuana. Of these, two-thirds (66%) reported using marijuana within the past 30 days.
- Three percent of respondents reported having used inhalants.
- Only one respondent, representing less than 1% of respondents, admitted using methamphetamines.
- No respondents admitted to using other illegal drugs.
- A majority (76%) of those polled strongly disapproved of someone their age using marijuana.
- Two-thirds of the respondents agreed smoking marijuana once or twice a week poses a great risk to one’s physical well-being.

### Teen Births

The Guam MCH Program has managed to control our local teen pregnancy rates (ages 15-17 years old) below 5% of the total number of live births. By working with the other federal grant, the Guam Family Planning Program, the MCH Program has developed and strengthened a solid collaborative effort through partnering with the Youth-for-Youth (YFY) organization and the island school systems. Through this partnership, the MCH Program staff collaborates with the leaders of the YFY and provides essential clinical and reproductive health information to youth facilitators as they prepare for their annual conference, while extending this same effort to our island-wide school system which includes Male Involvement education. The YFY annual youth conference typically are well attended (300-400) by teenagers 10-17 years old from Guam, CNMI, FSM and the Republics of Palau and the Marshall Islands.

**Figure 2: Percent of Teen Births**



**Source: DPHSS Office of Vital Statistics**

## Teen Sexual Behavior

The Department of Education Curriculum and Instruction (C&I) HIV Health Education Office was unable to publish the 2009 Youth Risk Behavioral Survey (YRBS) due to under representation of the expected surveys from the Guam Public School System. The following is the YRBS activities from 2003-2007 for students in high school reported engaging in Sexual Behaviors.

**Table 11: Percentage of Students in High School Reported Engaging in Sexual Behaviors**

Year	Ever Had Sexual Intercourse			First Sexual Intercourse before Age 13			Had Four or More Partners During Lifetime		
	Female	Male	Total	Female	Male	Total	Female	Male	Total
High School 2003	49.0	42.0	45.6	6.2	10.2	8.2	9.1	14.0	11.5
High School 2005	43.5	46.2	44.8	7.1	9.1	8.1	10.0	7.8	9.2
High School 2007	45.1	44.9	45.0	6.3	10.1	8.3	9.7	12.2	11.0

Source: YRBS

## Child and Adolescent Oral Health

The DPHSS Dental Program is 100% locally funded. The program provides free basic dental care to children under 17 years old. The program provides oral examinations, prophylaxis, oral hygiene instructions, x-rays, sealants, fluoride, restorations, extractions, prescriptions and referrals to the private sector.

The Guam Fluoride Varnish Program is offered to all children under six years of age regardless of income status. The program was started in 2004 with the HRSA-MCHB Healthy Tomorrows Partnership for Children Program funding. The grant was funded from 2004-2009 for \$50,000 per year. Children who received the fluoride varnish were those enrolled in the Head Start Program and their siblings, attended daycare centers, enrolled in the WIC Program, received immunizations at the village outreach clinics, and attended health fairs. The children were given oral examinations and oral hygiene instructions prior to the application of the fluoride varnish and referred to a dentist if caries were present. Parents were also educated on the importance of good oral hygiene and the importance of retaining their children's deciduous teeth. The children were given a dental care kit consisting of a toothbrush, toothpaste, floss, and a dental brochure. The parents were encouraged to bring their children every four months for follow-up visits.

The dental services provided at the DPHSS are free to those who meet the department's income guidelines or who are receiving public assistance (Medicaid, Food Stamps, WIC, GHURA, and the MIP or enrolled in the Head Start Program).

**Table 12: DPHSS Dental Services**

Year	Total number of patients (5-16 years old)	Total sealants placed	Percentage
2006-2007	4467	1216	27.22%
2007-2008	4987	1199	24.04%
2008-2009	4961	1002	20.20%

*Source: DPHSS Dental Clinic*

**Children with Special Health Needs (CSHCN)**

**Current State Capacity and Strengths**

Guam participates in the Individuals with Disabilities Education Improvement Act (IDEA), Part C program for infants and toddlers with or at risk for developmental disabilities and their families. As indicated in the table below, Guam currently serves 1.67% of the infants age one.

**Table 13: Percent of Infants Age 0-1 Served Under Part C**

FFY	Total Population*	# Infants Under Age One Served	% Infants Under Age One Served
12/1/10	3,535	59	1.67%
12/1/09	3,535	33	.93%
12/1/08	3,535	53	1.50%
12/1/07	3,535	43	1.22%

*\*Data Source: Guam Part C Child Count Data*

For infants and toddlers birth to age three, Guam serves 1.67% based on the total population.

**Table 14: Percent of Children Age 0-3 Served Under Part C**

FFY	Total Population*	# Infants Birth to 3 Served	% Infants Birth to 3 Served
12/1/10	10,218	171	1.67%
12/1/09	10,218	160	1.57%
12/1/08	10,218	167	1.63%
12/1/07	10,218	149	1.46%

*\*Data Source: Guam Part C Child Count Data*

The primary services that young children with or at risk for developmental disabilities (birth to three years), are eligible for Part C services. These services are related to the child's health and well-being and assist with the family's concerns. These services provide support and educate families on their child's development. As indicated in the stakeholder input sessions, there are challenges in the coordination of services for ensuring that all young children with a disability or with specific SHCN have a medical home. Once a child with a disability reaches age three, the child is transitioned into the IDEA Part B program that continues to provide educational supports for children ages 3 - 21 years. Both programs provide direct services to close the gap between the child's functioning age and the typical development of peers of their chronological age. Additionally, preventive measures are taken to ensure that early identification is made for these programs.

**Table 15: Percent of Children Age 0-21 Seen at DPHSS CSHCN Program**

	2005	2006	2007	2008	2009
Total	706	583	753	684	757
Denominator	62572	63646	64037	64312	64791
Percent	1.1%	0.9%	1.2%	1.1%	1.2%

*\* Data Source: CSHCN Activity Summary and Bureau of Statistics and Plans*

There are five groups of children 0-21 years of age that fall under the CSHCN Program. These five groups receive services with the DPHSS MCH Program and consist of the following: (1) Shriners and Orthotics Outreach Clinics; (2) Newborn Metabolic Screening infants; (3) Hemophilia Clinic children; (4) Special Kids' Clinic; (5) and, Genetics Clinic. From 2005-2009, an average of 1.1% of Guam's total population were seen under this program. Due to the lack of collaboration among agencies, there are many children that do not have health insurance or receive public assistance that would benefit from a medical home and support from the CSHCN Program.

**Table 16: Percent of Infants Screened for Hearing Prior to Hospital Discharge**

	2005	2006	2007	2008	2009
Total Screened	2789	2859	2969	2999	2949
Total Births	3203	3414	3493	3466	3428
Percent Screened	87.1%	83.7%	85.0%	86.5%	86.0%

*\* Data Source: Guam ChildLink and DPHSS, Office of Vital Statistics*

Infants are often given the standard hearing screening after birth and prior to their release from the hospital. As shown in table 11, an average of 85.7% of all infants, born between 2005-2009, were screened for hearing before their hospital discharge. Currently, the Guam Early Hearing Detection and Intervention (GEHDI) program only receives hearing screening data from two of the three birthing facilities on Guam. The U.S. Naval Hospital currently does not transmit hearing screening data to the program

and thus, are not represented in the Table 11. For the Guam Memorial Hospital Authority and Sagua Managu Birthing Facility, an average of 99% of infants is screened for hearing prior to hospital discharge. .

**Table 17: The Rate of Children Less Than Five Years of Age Hospitalized for Asthma (ICD-9 Codes: 493.0 - 493.9) per 10,000 Children**

	2005	2006	2007	2008	2009
Total Children Hospitalized for Asthma	485	478	518	470	390
Total Population	16259	15961	15782	15808	15824
Rate	298	299	328	297	246

*\*Data Source: GMHA, Office of Planning and Bureau of Statistics and Plans*

The rate of children hospitalized for asthma has fluctuated over the past five years. The rate per 10,000 increased from 298 in 2005 to 328 in 2007. It then decreased steadily for the next two years, down to 297 in 2008 and then reaching its lowest at 246 in 2009. One reason for the spike in hospitalization rate for asthma in 2007 may be attributed to the volcanic eruption that occurred that year on the Island of Anatahan, which is located on the northern part of the Marianas Island Chain.

**Table 18: Percent of CSHCN Age 0 to 18 Whose Families Have Adequate Private and/or Public Insurance to Pay for the Services They Need**

	2005	2006	2007	2008	2009
Numerator	598	514	654	600	577
Total #	706	583	753	684	757
Percent	84.7%	88.2%	86.9%	89.0%	87.4%

*\*Data Source: CSHCN Activity Summary and Bureau of Statistics and Plans*

Over the past five years, the average percent of CSHCN age 0-18 whose families have adequate private and/or public insurance to pay for the services they need was 87.2%.

There continues to be a need for identification and prioritization of the unmet needs of CSHCN in the MCH needs assessment process. Some areas that require attention include such issues as general access to physical and mental health care, the need to educate parents and the community about caring for CSHCN, providing opportunities to assist CSHCN in transitioning into independent living, and enabling CSHCN with life skills that will guide them in being independent adults. An action plan must be developed in order to collaborate with other health care agencies, both public and private, in order to support and increase services for CSHCN and promote access to adequate health care.

Guam continues to exhibit a community-centered culture that supports the goal of expanding the overall quality and care of CSHCN. There is a growing awareness of the need to broaden the knowledge and resource base for this population. For example, the MCH program collaborates with Guam's Fire Department Special Needs

Identification Program (SNIP) to provide referrals and identification of individuals with special needs. The program then familiarizes itself with the environment of the identified client, their situation and circumstances in order to prepare its staff when emergencies happen with and around the identified individuals with special needs. Guam currently has limited data sources to assist in determining the unmet health needs of CSHCN. Revision of MOAs to ensure inter- and intra-agency coordination and collaboration through Medical Homes for children with disabilities is needed.

#### **CSHCN Performance Measures' Data**

Guam does not receive SSI benefits and is not included in the National CSHCN Survey. While the CSHCN Survey is not done in Guam, DPHSS has the responsibility to do a NA for that population in the 5-year NA. In the Application/Annual Report, Guam should measure and report the CSHCN NPMs (1-6), irrespective of the SLAITS data. Guam should use another data source such as its own survey, focus groups, etc. Also, since Guam does not have SSI, it is exempt from HSCI 08.

#### **Overall Strengths and Needs of the MCH Population Groups**

The overarching gaps in health care that exist within all of the MCH population groups include the lack of specialists to provide the services, difficulty in accessing services either due to physical location or no health insurance, and the lack of education of the importance of proper health care across all areas.

### **4. MCH Program Capacity by Pyramid Levels**

#### **MCH Capacity**

The BFHNS staff includes one nursing administrator, 10 full-time registered nurses (RNs) and one part-time RN, two licensed practical nurses (LPNs), four nurse aides (NAs), 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 staff are 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.

#### **PREGNANT WOMEN, MOTHERS, AND INFANTS: Direct Services**

The MCH Program is managed by the BFHNS in the Department of Public Health & Social Services (DPHSS). The BFHNS conducts women's health clinics, immunizations, 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. For general public health nursing services, chronic health screenings are performed at outreach locations 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. The primary care and preventive services offered at the CHCs include prenatal and postpartum care, women's health (OB/GYN care), minor surgery and wound repair, 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 and pharmacy services.

### **CHILDREN AND ADOLESCENTS: Direct Service**

The MCH Program is managed by the BFHNS in the Department of Public Health & Social Services (DPHSS). The BFHNS conducts child health clinics, immunizations, general public health nursing services, family planning services, and TB/STD clinics. 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 outreach locations 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. At BPCS, the MCH clinics and services that are provided at the community health centers include the Special Kids Clinic, the Child Health Immunization Clinic, Hemophilia Clinic, medical social services, pharmacy services, WIC services, chronic health program services, walk-in urgent care, and Medicaid Program services. The primary care and preventive services offered at the CHCs include 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, 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, and vision screening.

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 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.

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.

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 examinations, 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.

### **CHILDREN WITH SPECIAL HEALTH CARE NEEDS: Direct Services**

The CSHCN Program is managed by the BFHNS in the Department of Public Health & Social Services (DPHSS). The BFHNS conducts CSHCN clinics, general public health nursing services, family planning services, and TB/STD clinics. The services provided in the child health clinics include screenings for the CSHCN program, and hearing testing and immunizations. 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. At BPCS, the MCH clinics and services that are provided at the community health centers include the Special Kids Clinic, Child Health Immunization Clinic, Hemophilia Clinic, medical social services, pharmacy services, WIC services, chronic health program services, walk-in urgent care, and Medicaid Program services.

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 children with hemophilia 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 provide 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.

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 examinations, prophylaxis, x-rays, sealants, fluoride, restorations, and extractions. Dental services are also offered to clients in the CSHCN Program and Hemophilia Program.

### **State's Capacity/Strengths to provide direct health care services**

- All infants have access to free vision, hearing, dental, lead and metabolic disorder screenings at birth.
- All babies delivered at GMH are screened for hearing and metabolic disorders.
- Many existing services available for this population; services for premature infants and infants with congenital anomalies

- Family planning
- Shriners' Hospital and Genetics services
- Home visiting for post-partum follow-up
- WIC program
- Dental sealants provided by the dental clinic
- Provide care for public, private or non-insured population
- Medicaid—printed and visual information disseminated to the general public
- Mangilao Public Health does follow-up with 2<sup>nd</sup> hearing screening
- Community health outreach (vaccinations)
- Free counseling
- Preventive services (well baby, prenatal care, post- partum care, immunizations)
  - Newborn clinics
  - Community health village outreaches (vaccinations)

### **Weakness and Challenges**

- Insufficient number of doctors, nurses, social workers or specialists to provide direct services
- Insufficient funding to support medical services
- Lack of State's capacity for resources and technology
- No metabolic coordinator
- Insufficient funding available for local matching for grant opportunities
- Shortage of supplies for medications and pharmaceuticals
- Some State residents are in areas that make it difficult to seek advanced health care and resources
- The State has only one hospital for the general population.
- Due to lack of clinicians, the number of patients seen in clinic is very limited with long wait times.
- Lack of comprehensive adolescent health services
- Lack of communication between agencies
- STD screening and/or treatment for adolescents
- Insufficient primary services for adolescents
- Lack of specialists
- Lack of specialty equipment

### **Opportunities**

- Availability and access to submitting grant requests based on the population increase from the projection for military buildup
- The opportunities for potential new jobs
- More cash flow from Asian Region
- Collaborate with organizations/agencies to have a mobile day care
- An increase of population equates to more taxpayers for Guam.
- The availability of more health care facilities and providers
- The potential expansion of current facilities and services

- Increase in availability and access to information/data management
- Volunteer clinics (by doctors) to meet community needs
- Access to federal money (military)
- Increase of capacity building, workforce development and training of personnel
- Cost sharing across agencies
- New hospital with military buildup
- More EMS ambulances
- Expansion NRHC and SRHC Clinics
- Recruit specialists/nurses for the expanded health facilities
- School-based, sports-centered and adolescent clinics (after hours as well)
- Strengthen partnerships/collaboration
- Market opportunities for more doctors to come in (specialized clinics) with impending military buildup
- More programs sending residents off-island for professional training with requirement to come back and pay for in service

### **Threats**

- Negative impact of population increase due to military personnel increase.
- Shortage of housing for increase in population
- Lack of utilities to accommodate growing population
- Stress on the only civilian hospital due to population increase
- Shortage of caregivers
- Insufficient Senior Citizen resources
- Increased crime rates
- Inability of Legislature to provide and sustain local funding
- Freeze in local recruitment for personnel
- Weather prevents access to some rural villages for services
- Increased military population
- Lose staff to federal jobs
- New (military) hospital
- More teen pregnancies due to social interactions
- More outbreaks of STDs due to lack of preventative measures
- Increased TB, Hansen's Disease and other communicable diseases due to lack of health facilities and funding
- Potential unhealthy population
- Resignation/retirement of nurses
- Lack of sufficient funding
- Increase in clients and decrease in qualified personnel
- Pay scale adjustment not being implemented
- DPHSS & GMH overloaded population wise

## **Enabling Services**

The BNS provides nutritional counseling and nutritional services. The BFHNS has been partnering with BNS and its WIC Program by holding immunization outreaches at its WIC Clinic once a month. BNS collaborates with the MCH Program by providing breastfeeding training for the staff, who in turn educate 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 the WIC Program.

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 does follow-up visits with the patients, doing health screenings and determining if social services are needed.

## **Financial Access**

The DPHSS Division of Public Welfare (DPW) is the State Office of the SNAP Program, Medicaid Program, the SCHIP Program, MIP Program, CPS, Foster Care, and JOBS Program. A majority of the MCH clients are eligible for these programs because of their low income. The 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 BES determines if the MCH clients are eligible for the SNAP Program that helps people with low incomes and resources buy the food they need for good health. The BHCFA determines the eligibility for the Medicaid, SCHIP or MIP programs. The Works Section provides information on the JOBS Program.

The DPHSS Division of Public Welfare (DPW) is the State Office of the SNAP Program, Medicaid Program, the SCHIP Program, MIP Program, CPS, Foster Care, and JOBS Program. A majority of the MCH clients are eligible for these programs because of their low income. The 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 BES determines if the MCH clients are eligible for the SNAP Program that helps people with low incomes and resources buy the food they need for good health. The BHCFA determines the eligibility for the Medicaid, SCHIP or MIP programs. BOSSA provides child protective services and foster care. The Works Section provides information on the JOBS Program.

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) ineligible

for Medicaid or Medicare; (3) a child in foster care, age 18 years and below; (4) and eligible to receive temporary emergency medical or other special care.

The BOSSA is responsible for child protective services and foster care. BOSSA staff 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. The 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.

### **State's Capacity/Strengths to provide enabling services**

- Outreach
- Health Education
- Referral process to MCH programs
- Project Kariñu (wrap around system)
- Cocoon project: Tdap to parents with infants under 2 months
- PIRC- shares information with parents
- EPSDT
- Diabetes Mellitus Control and Prevention Program
- Family support services and outreach opportunities Health Education breastfeeding, parental, parenting
- Coordination with WIC, Medicaid, MIP, CRHC family planning, pregnancy and STD testing
- Youth For Youth and YES crew partnerships
- 

### **Weaknesses**

- Transportation (available, but not user friendly)
- Lack of single point of contact (referral to appropriate agencies memorandum of understanding)
- Telecommunications
- Insurance is not readily available to everyone
- Lack necessary case workers
- Lack of providers/appointments
- Lack of funding to provide services
- Electronic health records are not used locally
- Limited respite care for families with CSHCN
- 

### **Opportunities**

- Translation- cultural approval meetings with community leaders for ethnic groups, etc.
- Military access additional funding/support

- Training for service providers
- Cost sharing with other agencies
- Wrap around system for children with special needs
- Media
- Spread word on Cocoon Project
- Internet-social networks and information (FB, Twitter, MS), especially for the adolescent population
- Strengthen collaboration with community based programs
- Data collection/sharing
- Electronic medical records maximize reporting/recording/Identifying problems
- Military
- Health Insurance exchange (Obama law)
- Health care reform/HIPPA Provisions
- Increase Medicaid income guidelines

### **Threats**

- Military- population increase
- Personnel shortage
- Lack adequate housing
- Cultural belief/values; language barriers
- Further reduction of personnel
- Multiple plans due to disparity in funding (no government plan, each Dept. has own plan)
- Increased risk/STD/suicide/pregnancy
- Increased population
- Increased demand to strengthen hospice care
- Language—translators
- Legislation: ambulance services, insurance, outreaches, standards of care
- Cost sharing—Government of Guam agencies
- Build on UOG & GCC—School of Nursing
- Increased number of homelessness
- No insurance/coverage for condition(s)
- No specialists
- Increased number referred off-island
- Military buildup—further stress overtaxed system
- TB, STDs

### **Population-Based Services**

The programs under the BPSS are Medical Social Services (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 MSS staff within BPSS 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 are involved in providing AIDS/HIV services, joint home visits, child protective services, and family planning services. They also assist in the monthly Special Kids Clinic, the Shriners' Hospital Outreach clinics, the Hemophilia Clinic, and CSHCN Clinics.

With the Tobacco Program, the MCH staffs are trained to be tobacco cessation educators. They are 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.

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 children throughout the island. The MCH Program Director is a member of the EMS Commission as a nursing representative. They collaborate by promoting child safety education around the island. The other members of the commission include staff from GF, Federal Fire Department, GPD, GMHA, Parent Educational Resource Center, the Guam Community College 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.

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. 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.

Guam Early Hearing Detection and Intervention Project (GEHDI) was established in 2002 to establish 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 three months of age; (3) and, early intervention services before six months of age. Hospitals screen newborn's hearing and GEHDI trains nurses on how to screen newborns.

## **Infrastructure-Building Services**

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.

OVS began using two programs in February 2011, 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 are 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 MCH Program Director is a member of the EMS Commission as a nursing representative. They collaborate by promoting child safety education around the island. The other members of the commission include staff from GF, Federal Fire Department, GPD, GMHA, Parent Educational Resource Center, the Guam Community College and pediatric medical offices, as well as a parent from the CSHCN Program. 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.

Guam has developed a comprehensive Early Childhood State Plan that lays the blueprint for how Guam is to carry out island-wide, cross-agency early childhood comprehensive systems to support families in developing young children who are healthy and ready to learn at school entry. The State Plan forged the path for other initiatives that identify, screen, and provide services to children who have potential risks for SHCN (emotional or physical). The State Plan helps reduce the number of children with emergent needs for mental, physical and health care issues and assures that all children included are linked to a Medical Home. As identified through the needs assessment of children and adolescents with the establishment of an Adolescent Clinic, the MCH Program will extend direct services to include CSHCN. Currently, the services being provided are minimal and not diagnostically specific for each child.

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 funding is from the Affordable Care Act and is administered by HRSA/MCHB. Project Bisita was 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.

## **5. SELECTION OF STATE PRIORITY NEEDS**

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 not able to attend the final session submitted their feedback electronically on the priorities of the State.

### **List of Final 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 smoking, alcohol and drug usage which will in turn decrease low birth weights, infants born with abnormalities, prenatal drug exposure.

### **Methodologies for ranking/selecting priorities**

Stakeholders were placed in small groups to review the worksheet summaries and SWOT results from the previous three sessions. The groups were given a worksheet to identify issues across the target populations. For each issue, participants identified a primary goal and a possible strategy for resolving the issue.

Participants then restated the underlying issues using the following discussion points:

- The desired outcomes;
- Required mandates, if any; and
- The level of existing capacity to implement such desired outcomes.

For this exercise, participants utilized chart paper to list the desired outcomes, mandates and existing level of capacity. Following a large group share of these lists,

participants were guided in a root cause analysis using the fish bone technique. The “fish bone” worksheet provides strategies of asking “why” to each state of the issue. The responses of the fishbone worksheet assisted the participants in completing the objectives for each state performance measure.

## Comparison of Priorities

### Pregnant Women, Mothers, and Infants:

2005	2010
<ul style="list-style-type: none"> <li>• To reduce the percentage of pregnant women who received no prenatal care. Proportion of low-income women who received reproductive health/family planning services</li> <li>• Percent of women who use alcohol, tobacco and other drugs during pregnancy.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the percent of women with early entry into prenatal care</li> <li>• Decrease the mortality rate of infants</li> <li>• Increase to at least 70% of mothers who breast-feed their infants at six months.</li> </ul>

To reduce the percentage of pregnant women who received no prenatal care. (Replaced)

- During our discussion with the stakeholders when trying to identify the priority need within the pregnant women population, and after reviewing the data from previous years, it showed that the pregnant women are entering the clinic to receive prenatal care. But the group wanted to focus on the clients to entering the clinic earlier and at least within the first trimester of their pregnancy. So the providers can monitor them earlier for any signs of a complication and ensure that the fetus is growing appropriately and healthy.

Proportion of low-income women who received reproductive health/family planning services. (Replaced)

- The Family Planning Program has the capability to focus on this issue. The Guam MCH will continue to assist in the providing the clinics and outreach programs.

Percent of women who use alcohol, tobacco and other drugs during pregnancy. (Replaced)

- This measure concerning the smoking will still be captured or monitored in the National Performances and with data collection on these harmful effects, it showed a decrease in smoking during pregnancy.

Increase the percent of women with early entry into prenatal care . (Added)

- The MCH Stakeholders reviewed the data of the past five years and recognized the need to encourage pregnant women to seek early prenatal care at least by the first trimester for the most adequate and optimal outlook of the women’s progress and health of the unborn infant.

Decrease the mortality rate of infants (Added)

- The MCH staff and focus groups specifically noted that there still was a noted level of Infant Mortality Rate in 3428 births on Guam in 2009. It was emphasized that the MCH Program should focus on increasing the number of pregnant women who come earlier to see the providers for prenatal care, so the providers can monitor their pregnancy earlier and completely. The infant mortality rate can also decrease with the increased access to prenatal care and promoting healthy beginnings that lead to healthy deliveries.

Increase to at least 70% of mothers who breast-feed their infants at six months. (Added)

- The focus on this priority was to emphasize that with breastfeeding the infant will have a little more immunity from the mother, but the nutritional value of breastfeeding will also help the infant grow stronger and healthier. Some studies have showed that the infants can enhance their intellectual development and provide more bonding experience. Breastfeeding can benefit the mothers by decreasing their chances of chronic health diseases, like diabetes and hypertension. This priority was also measured through the National Performance Measure but it has an added activity here of parenting skills. Pregnant women should be informed on the benefits of breastfeeding through education and awareness and of parenting skills that will give positive outcomes to their infants. Adding to this priority Guam DPHSS are being empowered with the Social-Emotional and Mental Health needs that contributes to parents being Positive motivators to their infants...

**Children and Adolescents:**

2005	2010
<ul style="list-style-type: none"> <li>• Percentage of children younger than 18 years maltreatment/neglected.</li> <li>• The prevalence of partner violence in adolescent relationships.</li> <li>• The percent of high school students who have engaged in sexual intercourse.</li> <li>• The percent of high school students</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease the number of suicides</li> <li>• Decrease the number of obese children who have a BMI greater than 85% by 10% over the next 5 years</li> <li>• Improve physical, mental and dental health for adolescents by increasing access to services</li> </ul>

who are overweight.	
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Percentage of children younger than 18 years maltreatment/neglected. (Replaced)

- Child abuse has always been a very important issue on Guam and our new project called *Project Karinu* “Caring for Our Children” a grant that provides for early identification and care for early childhood mental health initiative. This *Project Karinu* has the capability to work on this priority within our MCH population of children 0-8 years and their families. MCH will continue to partner with *Project Karinu* in identifying these children and assist with their interventions.

The prevalence of partner violence in adolescent relationships. (Replaced)

- This priority is captured in the Youth Risk Behavior Survey (YRBS) and is a very sensitive issue within our “Chamorro families and Islander’s families.” The data stated with this measure noted and the consequences of these behaviors are exhibited in clients at the Department of Youth Affairs (DYA). So in partnership with DYA and the DPHSS Child Protective Service to provide awareness and prevention information to the families and again *Project Karinu* can identify these children to be subjected to proper interventions with the appropriate programs and services.

The percent of high school students who have engaged in sexual intercourse. (Replaced)

- When reviewing these YRBS results on sexuality among high schools students, the results showed that there was a decrease in this behavior among the adolescents. The results also showed that the adolescents were sexually active at a younger age and parents need to be aware of this issue and seek appropriate services within the MCH clinics. The Family Planning program and STD/HIV program are appropriate programs to work on this very important issue with the adolescent population.

The percent of high school students who are overweight. (Continued the concept but added specific ages) Decrease the number of obese children who have a BMI greater than 85% by 10% over the next 5 years.

- Obesity was within 2005 Needs Assessment priorities and a national campaign to decrease obesity within children. Body Metabolic Index is being measured in some public school systems; with the elementary and middle schools but are not all captured in the public or private high schools. So the group discussing this priority would like to have all school employees, public health nurses, school health counselors, all schools, DYA, and other youth-related organizations to be actively be involved with the planning, testing, monitoring, and providing interventions of the BMI program of these children.

Decrease the number of suicides (Added)

- Guam is aware of the rising rate of suicides within the total population but mainly within the age group of 10-19 years of age. The adolescent period is very confusing and a sensitive period of time that most children will encounter. The adolescents are dealing with peer pressure, relationships, bullying, self identity, and role modeling. These issues can really have a big impact on how adolescents make decisions. Preparing them for future issues and ways to handle conflict and stress can improve their decision-making skills and self confidence to get through this challenging period. The MCH stakeholders were aware of this priority and how to assist in decreasing the rates. This priority is identified by our community and needs to involve our MCH program staff.

Improve physical, mental and dental health for adolescents by increasing access to services. (Added)

- The women, infants, and children usually are seen in the medical clinics, WIC clinics, Immunization clinics, nutritional clinics and other related health care agencies. The adolescents are one group that would rather not enter these clinics and would rather see the school nurses, but because of their high risk behaviors, environments, and social-emotional issues. The Guam MCH stakeholders have noted these concerns and want to assist these adolescents in accessing the appropriate services within the health care agencies. They also need to continue to emphasize to adolescents the importance of health and dental care, and mental health wellness. The MCH community has identified that adolescents need more direction in improving their physical, mental and dental health.

**Children with Special Health Care Needs:**

2005	2010
<ul style="list-style-type: none"> <li>• Percent of CSHCN who have age appropriate completed immunizations.</li> </ul>	<ul style="list-style-type: none"> <li>• Update procedures that would increase access and participation of CSHCN</li> </ul>

Percent of CSHCN who have age appropriate completed immunizations. (Replaced)

- The CSHCN population receive care at the three different public health centers, and has its immunization records screened as they are being processed for their scheduled appointments. As they start attending school, the records are reviewed by their school health counselors prior to school opening but not all their records are entered into the Immunization

s Program WEBIZ system. So it is very difficult to evaluate this performance due to these barriers. The new Immunization Program WEBIZ was implemented and only a few providers are registered to this program. The focus group noted the need of the CSHCN population, and that is there are more parents who are not aware or not familiar with the CSHCN program and what this program can provide for them.

Update procedures that would increase access and participation of CSHCN. (Added)

- The MCH program has been with the DPHSS for more than ten years and this program is still not known well to the community of Guam. The CSHCN program does monitor the Shriners' Clinics, the Tracking of Newborn Screening results, the Hemophilia clinics, and the Special Kids clinics. The public is not well informed on the services that CSHCN program provides and this was identified as a need at the most recent Annual Healthy Mothers Healthy Babies Fair. Providers are aware of the Newborn Screening program, the Shriners' Clinic, but were not familiar with the Genetics and Special Kids' clinics.

**Data capacity:**

2005	2010
None stated	Improve data collection, analysis, and interpretation.

Improve data collection, analysis, and interpretation. (Added)

- The MCH program monitors a large amount of data, which can easily be obtained by a Data Base program, but for now the DPHSS and the MCH program staff are still working on this issues around Electronic Birth Certificate program. The newly installed, January 2011, STEVE and EVVE programs at the DPHSS Office of Vital Statistics should be activated by summer of 2011. The WEBIZ and CHILDLINK systems are some of the programs that will assist and improve DPHSS's ability to collect data, and provide reports on data to slowly improve the data capacity the MCH program needs to accomplish. Also in July 2011, the DPHSS will be applying for the HRSA-MCHB State Systems Development Initiative (SSDI) grant which will provide funds to improve data capacity of the Title V MCH program.

**All MCH Population:**

<b>2005</b>	<b>2010</b>
None stated	Decrease smoking, alcohol and drug usage which will in turn decrease low birth weights, infants born with abnormalities, prenatal drug exposure .

Decrease smoking, alcohol and drug usage which will in turn decrease low birth weights, infants born with abnormalities, prenatal drug exposure. (Added)

1. The Guam MCH stakeholders stated that this priority of unhealthy habits and behaviors of pregnant women can definitely produce permanent damage to their unborn child at birth and for the rest of their life. These hazardous elements of smoking, alcohol, and drugs during pregnancy have been proven to cause damage to the unborn infant and their families. The community of Guam has to become aware of the rates of premature births, very low birth rates, infants born with abnormalities and prenatal drug exposure and assist in promoting early prenatal care to the island. It takes an island to improve this priority and promote a healthy outcome for all of our future citizens of Guam.

**Priority Needs and Capacity**

The Guam MCH Program has developed plans with stakeholders on each state performance measure. The MCH program, in spite of staff shortages, has a strong presence in the community and families trust the public health nurses. The MCH Program educates families on preventive health and will continue to focus efforts on the 2010 priority need areas. The MCH service data shows an increase in encounters throughout the clinics and partnerships with other agencies. The interagency community-base outreach activities and fairs, youth-related activities and presentations, and dental clinics have improved the MCH population’s awareness of preventive health throughout the community. The Guam MCH program would like further to expand their resources by continuing to network with other department programs and with other agencies in-house and external activities. These activities assist the population to achieve their goals. The MCH stakeholders have committed themselves to continue to be informed, meet, and discuss the MCH measures that relate to performance measures and outcome measures.

**Priority Needs and State Performance Measures:**

Stated below are the following performance measures that will assist the MCH program in measuring the accomplishment and also monitor the progress on the priority needs from 2010 through 2014.

2010 State Performance Measures:

**New State Performance Measure #1:** By 2014, increase early entry into prenatal care by the 1<sup>st</sup> trimester to 75% of pregnant women (linked to Priority Need 1 and 2).

**New State Performance Measure #2:** By 2014, decrease Guam Infant mortality rate to  $\leq 7$  (linked to Priority Need 1 and 2).

**New State Performance Measure #3:** By 2014, decrease the rate of suicide among children and adolescents (ages 10-19 years) by 50% (linked to Priority Need 3 and 7).

**New State Performance Measure #4:** By 2014, strengthen data capacity (collection, analysis, and interpretation) (linked to Priority Need 4).

**New State Performance Measure #5:** By 2014, promote overall infant health through increasing breastfeeding rates in Guam Memorial Hospital in new mothers to 70% (linked to Priority Need 5).

**New State Performance Measure #6:** By 2014, decrease obesity among public school children and the early childhood population by 10% (linked to Priority Need 6).

**New State Performance Measure #7:** By 2014, establish comprehensive physical and mental health services for adolescents, including a primary care clinic in the Central Regional Health Center and a school-based/linked clinic (linked to Priority Need 7).

**New State Performance Measure #8:** By 2014, increase access to direct and enabling services for CSHCN by 25% (linked to Priority Need 8).

## Linkage of Priorities with National and State Performance Measures

<b>Priority: Pregnant Women, Mothers and Infants</b>	<b>National/State Performance Measures</b>
To increase early entry into prenatal care by the 1 <sup>st</sup> trimester. (population: pregnant women)	NPM #18 – Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester. SPM #1
To decrease Guam’s infant mortality rate to $\leq 7$ (population: pregnant women and infants)	NOM #1 – The infant mortality rate per 1,000 live births. SPM #2
To promote overall infant health through increasing breastfeeding rates in new mothers in GMH. (population: pregnant women and infants)	NPM #11 – The percent of mothers who breastfeed their infants at 6 months of age. SPM # 5

<b>Priority: Children and Adolescents</b>	<b>National/State Performance Measures</b>
To decrease the rate of suicide among children and adolescents (ages 10-19 years). (population: children and adolescents)	NPM #16 – The rate (per 100,000) of suicide deaths among youths aged 15 through 19. SPM #3
To decrease obesity among children aged 0-18 years of age. (population: children and adolescents)	NOM #1 – The infant mortality rate per 1,000 live births. SPM #6
Improve physical, mental and dental health for adolescents by increasing access to services. (population: children and adolescents)	NPM #14 – Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85 <sup>th</sup> percentile. SPM #7

<b>Priority: CSHCN</b>	<b>National/State Performance Measures</b>
<ul style="list-style-type: none"> <li>Increase access of direct and enabling services for CSHCN. (population: children with special health care needs)</li> </ul>	NPM #2 – The percent 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. (CSHCN survey) SPM #8

<b>Priority: All MCH populations</b>	<b>National/State Performance Measures</b>
<ul style="list-style-type: none"> <li>Strengthen data capacity (collection, analysis, and interpretation)</li> </ul>	NPM # 2 – The percent 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. (CSHCN survey) SPM #4

## 6. Outcome Measures - Federal and State

The Guam MCH Program as set forth by Outcome, National, and State Performance Measures strives to ensure the highest standard of preventive and primary health care be delivered and the best outcomes are achieved for all MCH populations. The state performance measures that were identified target immediate key health issues confronting the island's needs and Guam MCH activities are selected with the intent to improve all Outcome Measures. Particularly, the previous State Performance Measures that were continued for 2010-2015 include infant mortality reduction and improved prenatal care. A new State Performance Measure (SPM) for breastfeeding addresses post-neonatal health. A new SPM for reducing suicide addresses child and adolescent mortality as does the SPM addressing access to mental and physical health care and improved access to care for children with special health care needs. Finally, the new SPM for improved data capacity will enable the MCH Program to properly monitor maternal, infant, and child mortality, morbidity, and risk factors. Access to timely and accurate data will enable MCH leaders to assess trends, emerging problems, and successes, allowing improved targeting of scarce resources.

**SPM # 1: (Goal/Outcome): By 2014, increase early entry into prenatal care by the first trimester to 75 % of pregnant women.**

<b>Objectives: (Steps to achieve the Outcome)</b>	<b>Timelines Need to Change ALL Timelines</b>	<b>Persons Responsible</b>	<b>Resources Needed</b>
<p>In collaboration with private partnerships, create other possibilities for providing direct services to the uninsured and underserved women, e.g., medical missions, free clinics.</p> <p>Investigate and create partnerships with private medical providers for pro bono opportunities</p> <p>MCH Pyramid: Level of Service: Infrastructure Building</p>	<p>March 2012</p>	<p>DPHSS CPHO BFHNS Administrator MCH Program Coordinator IV CHNS CHN</p>	<p>Review existing MOUs</p> <p>Discussing this with the Guam Medical Society on this issue for medical coverage</p>
<p>Expand direct services for pregnant women at Northern and Southern Community Health Centers and Central Public Health to accommodate the increased need of prenatal care for uninsured and underserved women to include the implementation of other special or free clinics.</p> <p>Plan on increase services within the community and promotion on Women's Health care.</p> <p>Work with focus groups on Women's Health</p> <p>Work with the Community Health Centers</p> <p>Conduct Outreaches with the Nurse Practitioners to provide some care to the at-risk populations.</p> <p>Plan to conduct Community based clinics</p> <p>MCH Pyramid: Level of Service: direct</p>	<p>December 2012</p>	<p>DPHSS DPH Chief Public Health Officer(CPHO) BFHNS Administrator CRHC Supervisor MCH Program Coordinator IV NPs CHNS I CHN II</p>	<p>Review existing MOUs</p> <p>Develop and work with various focus groups, e.g.. moms, adolescents</p>

Objectives: (Steps to achieve the Outcome)	Timelines Need to Change ALL Timelines	Persons Responsible	Resources Needed
<p>Develop, and implement a social marketing campaign (including meetings with tribal and religious leaders) on the importance of prenatal care and breast-feeding, and the prevention of smoking, drug and alcohol use and transmission of STDs during pregnancy in relation to infant death. Work with focus groups Re initiate comprehensive community based health</p> <p>MCH Pyramid: Level of Service: Enabling</p>	December 2012	MCH Program Coordinator IV	<p>Get Price Quotes, do a Req and PO for Ad Company</p> <p>Work with Ad Company to develop a Social Marketing Campaign</p>

**Evaluation:**

Listening of pamphlets on Breastfeeding, Pregnancy, and Parenting distributed quarterly.

- Listening of clients who participate in the Parenting class and the Smoking Cessation classes at Central Public Health centers.
- Increase of 10% of prenatal clients within the 1<sup>st</sup> trimester receiving prenatal care at the DPHSS centers.
- Social Marketing will begin on the awareness of the importance of Early Prenatal Care and Services available at the DPHSS centers.
- Training on updates on prenatal care, STD care, Nutrition during pregnancy.
- Number of focus groups developed and number of participates
- Number of meetings with Guam Medical Society
- Number of Pro Bono clinics conducted

**SPM # 2: (Goal/Outcome): By 2014, decrease the rate of suicide among children and adolescents (ages 15-19 years) by 50%.**

Objectives: (Steps to achieve the Outcome)	Timelines	Persons Responsible	Resources Needed
<p>Review and update policies for providing prevention and intervention supports and services. In collaboration with DMHSA, develop a policy for screening for risk factors and referral</p> <p>Improve Primary Care Access for adolescents by establishing adolescent health clinics</p> <p>MCH Pyramid: Level of Service: Infrastructure Building</p>	December 2011	MCH Program Coordinator IV BFHNS Supervisors MCH Providers Nurse Practitioners	Develop and work with various focus groups e.g. . moms, adolescents
<p>In partnership with Mental Health “Focus on Life”, increase the knowledge and skill of MCH providers on <i>Applied Suicide Intervention Skills Training (ASIST)</i> and <i>Safe Talk</i> curriculum.</p> <p>Work with UOG to develop screening tools or questionnaire related to risk factors, signs and symptoms, etc.</p> <p>Discuss with Guam Public Schools to plan for a proposed school-based adolescent health clinic provided in collaboration with a medical entity (Funding for MD, Nurses and staff)</p> <p>MCH Pyramid: Level of Service: Infrastructure building</p>	January 2012	DPHSS Director Guam DOE Director BFHNS Administrator CPHO MCH Program Coordinator IV CHN Supervisors School Health Counselors MCH Providers DMHSA	ASIST Training Calendar  Funding if necessary for Medical Providers

Objectives: (Steps to achieve the Outcome)	Timelines	Persons Responsible	Resources Needed
<p>In collaboration with Mental Health, continue to develop, and implement a social marketing campaign (including meetings with tribal and religious leaders) on the importance of decreasing the rate of suicide on Guam.</p> <p>Develop awareness campaign - bullying, violence, Develop and conduct Sexual Orientation training (what to ask and how to ask)</p> <p>Develop and to work with adolescent focus groups in collaboration with PEACE Project.</p> <p>MCH Pyramid: Level of Service: Enabling</p>	<p>December 2012</p>	<p>CPHO BFHNS Administrator DMHSA MCH Program Coordinator IV CHN Supervisors</p>	<p>Develop and work with various focus groups (i.e. moms, adolescents Get Price Quotes, do a Req and PO for Ad Company</p> <p>Work with Ad Company to develop a Social Marketing Campaign</p>
<p><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>• Decrease target by 50% by 2015.</li> <li>• Increase training for MCH staff, up to 25 staff members.</li> <li>• Training on Parent-to-Adolescent activities and interventions.</li> <li>• Participate in youth-related issues prevention activities.</li> <li>• Educate on Hotlines that will assist in Suicide Prevention and other related Youth Mental Health awareness</li> <li>• Participate in Peer-Mentor training and Role modeling activities.</li> <li>• Updated interagency policy on suicide prevention and intervention.</li> <li>• Number of staff trained ASIST Suicide Prevention Training</li> <li>• Increase in adolescent encounters within the three Public Health centers.</li> <li>• Provide presentations to High Schools on different issues with Careers, Self esteems, Body changes, and common Youth Health concerns.</li> </ul>			

**SPM # 3: (Goal/Outcome): By 2014, Decrease the Infant Mortality Rate to  $\leq$  7%.**

Objectives: (Steps to achieve the Outcome)	Timelines	Persons Responsible	Resources Needed
<p>In collaboration with private partnerships, create other possibilities for providing direct services to the uninsured and underserved women. (e.g. medical missions, free clinics.)</p> <p>Investigate and create partnerships with private medical providers for Pro Bono opportunities</p> <p>MCH Pyramid: Level of Service: infrastructure Building</p>	<p>March 2012</p>	<p>DPHSS CPHO BFHNS Administrator MCH Program Coordinator IV Medical Society</p>	<p>Review existing MOUs</p> <p>Check into speaking with the Guam Medical Society regarding Pro Bono work</p>
<p>Expand direct services for pregnant women at Northern and Southern community health centers and Central Public Health to accommodate the increased need of prenatal care for uninsured and underserved women to include the implementation of other special or free clinics.</p> <p>Increase pre- and inter-conceptional health</p> <p>Work with focus groups</p> <p>Work with the Community Health Centers</p> <p>Send a NP to community outreaches with the high risk population areas.</p> <p>Conduct Community- based clinics throughout the island.</p> <p>MCH Pyramid: Level of Service: Direct</p>	<p>December 2012</p>	<p>DPHSS DPH Chief Public Health Officer(CPHO) BFHNS Administrator BPCS Administrator MCH Program Coordinator IV CHN Supervisors NPs Community Health Nurses</p>	<p>Review existing MOUs</p> <p>Develop and work with various focus groups, e.g. moms, adolescents</p>

Objectives: (Steps to achieve the Outcome)	Timelines	Persons Responsible	Resources Needed
<p>Develop, and implement a social marketing campaign (including meetings with tribal and religious leaders) on the importance of prenatal care and breast-feeding, and the prevention of smoking, drug and alcohol use and transmission of STDs during pregnancy in relation to infant death.</p> <p>Work with focus groups  Re initiate comprehensive community- based health  MCH Pyramid: Level of Service: Enabling</p> <p><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>• The infant mortality rate will decrease by 1% by 2014,</li> <li>• The infants admitted to a Level III NICU will decrease by 2% by 2014</li> <li>• The infant who are &lt;2,500 grams will decrease by 2% by 2014.</li> <li>• Increase in prenatal care by the 1<sup>st</sup> trimester will increase by 5% by 2014.</li> <li>• Prenatal women encounters will increase in all Public Health Centers by 2014.</li> <li>• Social Marketing campaigns will emphasis the importance of early entry into prenatal and prenatal services provided throughout the island and will start by 2012.</li> <li>• Number of focus groups developed</li> <li>• Number of meetings with Guam Medical Society</li> <li>• Number of Pro Bono clinics conducted</li> </ul>	<p>December 2012</p>	<p>MCH Program Coordinator IV</p>	<p>Develop and work with various focus groups, e.g. moms, adolescents</p> <p>Get price quotes, prepare a Req and PO for Ad Company</p> <p>Work with Ad Company to develop a Social Marketing Campaign</p>

**SPM # 4: (Goal/Outcome): By 2014, strengthen data capacity (collection, analysis, and interpretation).**

<b>Objectives: (Steps to achieve the Outcome)</b>	<b>Timelines</b>	<b>Persons Responsible</b>	<b>Resources Needed</b>
<p>Develop MOAs between all agencies (DOE, DPHSS, DMHSA, CEDDERS, Governor’s Office IT Department, GMHA, and Sagua Managu) to share data and link existing data systems.</p> <p>Develop a Data Work Group to discuss Guam data needs, available programs and plan for future data upgrades.</p> <p>MCH Pyramid: Level of Service: Infrastructure building</p>	<p>December 2011</p>	<p>DPHSS Data IT Governor’s Office IT CPHO Director DPHSS BFHNS Administrator MCH Program Coordinator IV</p>	<p>Review all MOUs within the DPHSS and other agencies.</p> <p>Seek possible work group members</p>
<p>Identify existing data systems and assess types of information currently collected</p> <p>MCH Pyramid: Level of Service: Infrastructure Building</p>	<p>January 2012</p>	<p>MCH Program Coordinator IV DPHSS Data IT BFHNS Administrator CEDDERS</p>	<p>List of all data systems currently in use.</p>
<p>Seek funding from SSDI Grant. Explore hiring CDC Epidemiologist Hire and train MCH data staff: Data Coordinator</p> <p>Vital Records Data Entry</p> <p>2010 Vital Records Input into new electronic birth/death data system</p> <p>Data Management, Cleaning, Linkage, Analysis</p> <p>Data Reported in annual MCH Block Grant Application: 1. Infant, Child, Maternal Mortality Rates and Causes 2. Trimester Prenatal Care Entry 3. Adequacy of Prenatal Care 4. Teen Birth Rate 5. Smoking During Pregnancy 6. Child Motor Vehicle Death Rate 7. Teen Suicide Rate 8. Breastfeeding Rates 9. Obesity Rates</p>	<p>MCH Director</p> <p>MCH Director and Vital Records Manager</p> <p>Vital Records Manager</p> <p>SSDI Coordinator</p>	<p>DPHSS CPHO BFHNS Administrator MCH Program Coordinator IV</p>	<p>Research on the funding of MCHB-SSDI and review the position of Epidemiologist</p>

<p>10. Immunization Rate  11. STD Rates  12. Asthma Rates</p>			
<p>Year 2  Publish and Disseminate MCH Data Book</p> <p>Develop and Conduct CSHCN survey similar to SLAITS</p> <p>Develop and Conduct Pregnancy Health survey</p> <p>Data Reported in annual MCH Block Grant Application:  1. Infant, Child, Maternal Mortality Rates and Causes  2. Trimester Prenatal Care Entry  3. Adequacy of Prenatal Care  4. Teen Birth Rate  5. Smoking During Pregnancy  6. Child Motor Vehicle Death Rate  7. Teen Suicide Rate  8. Breastfeeding Rates  9. Obesity Rates  10. Immunization Rate  11. STD Rates  12. Asthma Rates</p> <p>Data Disseminated to MCH Stakeholders and Public Hearing/Input</p>	<p>SSDI Coordinator</p>	<p>CPHO  BFHNS Administrator  MCH Program  Coordinator IV  other collaborating  partners,  DPHSS IT</p>	<p>Hire or reassign data coordinator. Purchase, if needed, appropriate hardware and software. Contract for technical assistance if needed.</p>

Evaluation:

- Listing of data information programs currently in use.
- MOAs between agencies on implementation of MCH data system.
- MCH data system monitors and tracks specific indicators reported on an annual basis.
- SSDI grant will be approved and funded by January 2012.
- MCH staff will continue to work with the Child Link, STEVE & EVVE, and WEBIZ program and input data with our services.
- MCH staff will continue to network and collaborate with other members working on an Island-wide Electron Health Record grant.
- MCH CSHCN Registry program will be purchased and used by 2014.

**SPM # 5: (Goal/Outcome): By 2014, Promote overall infant health through increasing breastfeeding rates by 10% and in new mothers giving birth at GMHA to 60 %.**

Objectives: (Steps to achieve the Outcome)	Timelines	Persons Responsible	Resources Needed
<p>In partnership with private clinics, develop and implement breast-feeding friendly initiatives, to include support groups, classes and sharing of data through signed MOAs. Develop 10 step Breastfeeding initiative with GMHA Establish policy for breastfeeding room at Central DPHSS.</p> <p>MCH Pyramid: Level of Service: Infrastructure</p>	October 2012	Breast-feeding Coalition MCH Program Coordinator IV MCH Advisory group	<p>Meet with Breastfeeding Coalition Create MCH Advisory Group Review existing MOUs</p> <p>Check into speaking with the Guam Medical Society regarding Pro Bono work</p>
<p>Develop policies and legislation that promote breast-feeding and parenting skills.</p> <p>Develop policy through Breastfeeding Coalition to create legislation for breastfeeding rooms in the workplace.</p> <p>MCH Pyramid: Level of Service: Infrastructure</p>	October 2012	Breastfeeding Coalition MCH Program Coordinator IV CPHO	<p>Review current policies and legislation</p> <p>Discuss and develop policies with the Senator on Health on the development of a Bill for Breastfeeding at the workplace.</p>
<p>Mothers and their infants will receive support and services through home visiting programs.</p> <p>MCH Pyramid: Level of Service: Direct</p>	December 2012	Home visiting Early Childhood Program, Early Intervention (Part C) BFHNS Administrator Parent Information Training Center (PIRC) MCH Program Coordinator IV	
Objectives: (Steps to achieve the Outcome)	Timelines	Persons Responsible	Resources Needed

<p>Expand direct services for mothers and their infants at Northern and Southern community health centers and Central Public Health to accommodate the increased need of primary care for uninsured and underserved mothers and infants to include the implementation of other special or free clinics.</p> <p>Increase pre and inter-conceptional health Work with focus groups Community based clinics</p> <p>MCH Pyramid: Level of Service: direct</p>	<p>December 2013</p>	<p>DPHSS CPHO BFCS and BFHNS Administrators DPHSS Medical Providers MCH Program Coordinator IV</p>	<p>Develop and work with various focus groups (i.e. moms, adolescents)</p>
<p>Design, disseminate and implement social marketing campaigns (including meetings with tribal and religious leaders) to support all aspects of infant health to include breast-feeding and parenting training.</p> <p>MCH Pyramid: Level of Service: Enabling</p> <p><b>Evaluation:</b></p> <ul style="list-style-type: none"> <li>• MOAs between agencies on implementation of MCH data.</li> <li>• Increase in participation and membership of the Guam Breastfeeding Coalition.</li> <li>• Annual Breastfeeding fairs encounters will increase by 5% every year.</li> <li>• Increase to at 3% of mothers who choice to breastfeed at their Delivery</li> <li>• Increase in referrals for children needing Nutritional counseling.</li> </ul> <p>WIC data in an increase of mothers breastfeeding at 6 months</p>			<p>Get Price Quotes, do a Req and PO for Ad Company</p> <p>Work with Ad Company to develop a Social Marketing Campaign</p>

**SPM # 6: (Goal/Outcome): By 2014, decrease obesity among public school children and early childhood population by 10%.**

Objectives: (Steps to achieve the Outcome)	Timelines	Persons Responsible	Resources Needed
<p>Collaborate with existing programs (Sustantia, DOE school-based nutrition) to ensure implementation of a nutrition program to decrease childhood obesity. Develop a pilot school program</p> <p>MCH Pyramid: Level of Service: Enabling</p>	Dec. 2011	DPHSS DOE CPHO MCH Program Coordinator IV BFHNS Administrator WIC Administrator DOE School Health Counselors	Develop a school pilot program work group
<p>In partnership with DOE, DPHSS develop a MOU for establishing data collection and reporting child obesity (5 -18 yrs).</p> <p>MCH Pyramid: Level of Service: Infrastructure</p>	December. 2012	WIC obesity data DOE MCH Coordinator	<ul style="list-style-type: none"> <li>• Biochem/Anthropuetic WHO</li> <li>• Funding-WHO?</li> </ul>
<p>Establish private/public partnerships for <i>Adopt-a-Park</i> child activities among the villages as a strategy for providing alternate activities that promote exercise and wellness.</p> <p>Establish 4 private/public Adopt-A-Park as a strategy for providing activities that promote exercise and wellness</p> <p>MCH Pyramid: Level of Service: Enabling</p>	December 2014	Parks and Recreation mayors private based. DPHSS Employees Association	<ul style="list-style-type: none"> <li>• Funding –Government and private donation (Military)</li> </ul>

Evaluation: (How do you know when you've accomplish the activity)

- Social Marketing campaign to include a comprehensive education plan.
- MOU with DOE on data collection and reporting.
- By 2014, 50% of villages will have an *Adopt-a-Park* child activities.
- MOAs between agencies on implementation of MCH data and collaborations on services to the children who are identified in the >85%.
- Increase in referrals for children needing Nutritional counseling.
- DOE and DPHSS will collaborate in sharing the data on their health screenings and BMI results.
- Increase training for MCH staff and providers on up-dates on Adolescent Health by 2015
- YRBS data on obesity and nutrition will be monitored and there will decrease by 3% in the area of obesity data.

<b>SPM # 7: (Goal/Outcome) By 2014, Establish 2 functioning adolescent primary care clinics that includes physical and mental health</b>			
<b>Objectives: (Steps to achieve the Outcome)</b>	<b>Timelines</b>	<b>Persons Responsible</b>	<b>Resources Needed</b>
<p>Design, and implement social marketing campaigns (including meetings with tribal (Other Ethnic group leaders and religious leaders) to support all aspects promoting Adolescent Medical Homes and Adolescent Clinics to address the following risk factors:</p> <ul style="list-style-type: none"> <li>• Decrease teenage suicide;</li> <li>• Decrease teenage pregnancy;</li> <li>• Decrease Chlamydia;</li> <li>• Decrease high risk behaviors (smoking, drug use, alcohol use); and</li> <li>• Increase transitioning services for adolescents with SHCN into all aspects of adult life.</li> </ul> <p>MCH Pyramid: Level of Service: Enabling</p>	June 2012	MCH Program Coordinator IV DPHSS DPH-CPHO	Review existing programs and services and prepare for new MCH pamphlets, posters, and press releases to remote awareness to the MCH Adolescent Clinics.
<p>Development of SOP for the Medical Home Adolescent Clinics in collaboration with Department of Education (DOE), DPHSS, Department of Mental Health and Substance Abuse (DMHSA), Department of Youth Affairs, (DYA) Department Of Integrated Services for Individuals with Disabilities (DISID), Sanctuary Inc., Catholic Social Services, and private clinics. SOP to include, but not limited to, addressing the following:</p> <ul style="list-style-type: none"> <li>• Decrease teenage suicide;</li> <li>• Decrease teenage pregnancy;</li> <li>• Decrease Chlamydia;</li> <li>• Decrease high risk behaviors (smoking, drug use, alcohol use); and</li> <li>• Increase transitioning services for adolescents with SHCN into all aspects of adult life.</li> </ul> <p>MCH Pyramid: Level of Service: Infrastructure Building</p>	December. 2012	DPHSS DOE CPHO BFHNS Administrator MCH Program Coordinator IV DOE Sanctuary DYA Medical Providers	Review and research on Existing SOP within the DPHSS, DOE, DYA, and Sanctuary

<p>Identify and link with existing data systems to expand, and if needed, add appropriate fields to monitor and track to include the following risk factors:</p> <ul style="list-style-type: none"> <li>• Decrease teenage suicide;</li> <li>• Decrease teenage pregnancy;</li> <li>• Decrease Chlamydia;</li> <li>• Decrease high risk behaviors (smoking, drug use, alcohol use); and</li> <li>• Increase transitioning services for adolescents with SHCN into all aspects of adult life.</li> </ul> <p>Need to have a baseline count of CSHCN (unduplicated count)</p> <p>Need to develop transition services</p> <p>MCH Pyramid: Level of Service: Infrastructure</p>	<p>December 2012</p>	<p>DPHSS Data IT MCH Program Coordinator IV Office of Vital Stats Other related programs BFHNS Administrator</p>	<p>Review existing data programs and other MCH related Data Programs</p> <p>Develop a structure to gather a baseline count of CSHCN</p> <p>Establish a work group to develop transition services</p>
<p>Signed MOUs between the different agencies on promoting Adolescent Medical Homes and the implementation of the adolescent clinic.</p> <p>Need to develop a policy to integrate CSHCN into registry and track services</p> <p>Need to conduct a population survey for Guam CSHCN</p> <p>MCH Pyramid: Level of Service: Infrastructure building</p>	<p>December. 2013</p>	<p>DPHSS DPH CPHO BFHNS Administrator MCH Program Coordinator IV DOE, DYA, Sanctuary Private Clinics</p>	<p>Review existing MOUs within the department and other related agencies</p> <p>Develop survey tool for Guam CSHCN</p>
<p>Pilot the implementation of the Adolescent Clinic to include school-based and mobile health clinics.</p> <p>MCH Pyramid: Level of Service: Direct</p>	<p>December 2013</p>	<p>DPHSS CPHO BFHNS Administrator MCH PC IV CRHC Providers DOE DYA</p>	<p>Hire or reassign staff to support the Adolescent Clinic</p>

**Evaluation:**

Beginning Year 2, the following are the targets for the high risk behaviors:

- Decrease teenage suicide. By 2012, Guam will determine a baseline target.
  - Decrease teenage pregnancy to 3.0% by 2014
  - Decrease Chlamydia to 1.5% by 2014
  - Decrease high-risk behaviors (smoking, drug use, and alcohol use): Based on the data from the Department of Mental Health, PEACE Project, decrease high-risk behaviors (smoking, drug use, and alcohol use) by 2014
  - Increasing transitioning supports and services for adolescents with special health care needs into all aspects of adult life. By 2012, Guam will determine a baseline target.
- An operable data system that monitors and tracks
  - Written SOPs
  - Signed MOUs

Social marketing plan with specific activities and timelines.

**SPM # 8: (Goal/Outcome): By 2014, increase access of direct and enabling services for CSHCN by 25%.**

<b>Objectives: (Steps to achieve the Outcome)</b>	<b>Timelines</b>	<b>Persons Responsible</b>	<b>Resources Needed</b>
<p>Revise SOPs to support the integration and coordination of services and support for CSHCN.</p> <p>Need to have a baseline count of CSHCN (unduplicated count)</p> <p>Need to develop transition services</p> <p>MCH Pyramid: Level of Service: Infrastructure Building</p>	<p>October 2012</p>	<p>MCH Program Coordinator IV                      CSHCN Program Coordinator                      Community Health Administrator                      DOE</p>	<p>Hire or reassign staff</p> <p>Develop a structure to gather a baseline count of CSHCN</p> <p>Establish a work group to develop transition services</p>
<p>Develop a Guam CSHCN questioner with similar questions as the National CSHCN Survey</p> <p>Need to develop a policy to integrate CSHCN into registry and track services</p> <p>Need to conduct a population survey for Guam CSHCN</p> <p>MCH Pyramid: Level of Service: Infrastructure Building</p>	<p>October 2012</p>	<p>BFHNS Administrator                      MCH Program Coordinator IV                      CSHCN PC III                      TA from Guam                      CEDDERS</p>	<p>Review the National CSHCN Survey</p> <p>Establish a work group to develop survey tool</p> <p>Develop survey tool for Guam CSHCN</p>
<p>Develop and implement SOP to monitor and track infants with positive screen to ensure timely follow up to definitive diagnosis to the primary care physician that will result in the loss to follow-up.</p> <p>MCH Pyramid: Level of Service: Infrastructure Building</p>	<p>December 2012</p>	<p>BFHNS Administrator                      Medical Advisor                      MCH Program Coordinator IV                      Newborn Screening Coordinator                      NB Screening Medical Advisor</p>	<p>Hire or reassign staff</p>
<b>Objectives: (Steps to achieve the Outcome)</b>	<b>Timelines</b>	<b>Persons Responsible</b>	<b>Resources Needed</b>

<p>Design, and implement social marketing campaigns (including meetings with tribal and religious leaders) to support all aspects of health for CSHCN.</p> <p>MCH Pyramid: Level of Service: enabling</p>	<p>March 2013</p>	<p>MCH Program Coordinator IV BFHNS Administrator</p>	
<p>Evaluation: (How do you know when you've accomplish the activity)</p> <ul style="list-style-type: none"> <li>• Increase access to services to by 2011 to 2%; 2012; 3%; 2013; 5%; and 7% by 2014</li> <li>• Written SOPs for CSHCN and tracking of infants that test abnormal for metabolic screens.</li> <li>• Social marketing campaign with specific activities and timelines</li> <li>• CSHCN registry will slowly increase by 2% in 2011, 2% in 2012, 3% in 2013, and 5% by 2014.</li> <li>• Clinic and Outreach encounters with CSHCN will increase by 5% by 2014</li> <li>• New pamphlets on the CSHCN program and services will be developed in a variety of languages by 2014.</li> </ul>			