

STATE TITLE V BLOCK GRANT NARRATIVE

STATE: GU

APPLICATION YEAR: 2005

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I. GENERAL REQUIREMENTS

A. LETTER OF TRANSMITTAL

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

B. FACE SHEET

A hard copy of the Face Sheet (from Form SF424) is to be sent directly to the Maternal and Child Health Bureau.

C. ASSURANCES AND CERTIFICATIONS

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

D. TABLE OF CONTENTS

This report follows the outline of the Table of Contents provided in the "GUIDANCE AND FORMS FOR THE TITLE V APPLICATION/ANNUAL REPORT," OMB NO: 0915-0172; published June, 2003; expires May 31, 2006.

E. PUBLIC INPUT

Public Input

Public input during 2004 was sought several ways. The Lt. Governors Youth Suicide Task Force provided several comments from members representing numerous advocacy organizations, community based organizations, and governmental agencies. Several students from the University of Guam requested copies of the Grant for research projects they were working on and numerous questions were fielded from them. Copies were distributed to several Senators in part of the Budget (local) preparation process.

Public input on Guam goes on all the time. The public does not hesitate to call the MCH Office and let us know what they are thinking. Whether it is good or bad.

Even the Governor has a weekly radio address to let the public know what is going on. The MCH Coordinator also has the Lt. Governors private cell phone number.

/2005/

The Guam Title V Program elicits ongoing public input and consumer representation on committees and in activities. The Children with Special Health Care Needs (CSHCN) and Adolescent Health component have successfully engaged youth in planning and advisory capacities resulting in youth oriented materials and activities developed to fit their needs. The CSHCN Program actively involves parents on the advisory committees. Parents and consumers are recognized as critical components of successful programs and their input has been assured through their integration into routine program functions.

II. NEEDS ASSESSMENT

In application year 2005, the Needs Assessment may be provided as an attachment to this section.

III. STATE OVERVIEW

A. OVERVIEW

Overview of the State

The mission of the Guam Department of Public Health and Social Services (DPHSS) is to prevent disease and promote health, to ensure access to necessary, high quality care at a reasonable cost and to efficiently manage public health resources. Guam is working to improve access to quality, affordable health care through an incremental approach aimed at controlling costs, expanding access to health care, promoting networking among health care providers in the delivery of care, and improving the health of the people of the island.

Systems development for women, infants, children, adolescents, and children with special health care needs (CSHCN) is an integral part of the DPHSS planning process. The systems development process includes analyzing service needs and current programs and services, identifying gaps in services, establishing appropriate goals and objectives, collaborating with partners, and establishing appropriate goals and evaluating programs and services to ensure that goals and objectives are met.

The DPHSS focuses on a number of areas related to maternal and child health (MCH) including:
Improving and assuring appropriate access to health services that are focused on families, women, infants, children, adolescents, and CSHCN;
Improving state surveillance, data collection and evaluation capacity;
Improving adolescent health and reducing risk-taking behaviors (i.e., intentional and unintentional injuries, tobacco use, alcohol use, and other drug utilization);
Improving the health of, and services of, CSHCN through comprehensive services and support;
Reducing morbidity and mortality among children and adolescents;
Improving pregnancy outcomes;
Reducing infant mortality; and
Reducing unintended pregnancies.

To address these issues, the DPHSS utilizes Title V funds to coordinate, develop and enhance systems of care for women, infants, children, adolescents and CSHCN. MCH activities and services include, but are not limited to, preconception counseling and patient education, nutrition education, family planning, distribution of educational literature, parenting education, newborn and well-child assessments, child/adolescent injury prevention, developmental screening, immunizations, newborn screening and follow-up.

Geographically, Guam is the southernmost of the Marianas islands and lies about 1,500 miles south of Japan, 1,500 miles east of the Philippines and more than 3,800 miles southwest of Hawaii. The largest island in the region, Guam is thirty-two miles long and eight to twelve miles wide totaling two hundred twelve square miles.

Guam is an ethnically diverse community of approximately 154,620 persons (2000 mid-year estimate, Office of Planning and Evaluation, DPHSS). The population of Guam is relatively young, 34.9% being below the age of 15.

The growth of the island population may be attributed to the influx of people from the Federated States of Micronesia (FSM). As a result of the Compacts of Free Association of 1986, between the United States Federal Government and the FSM and the Republic of the Marshall Islands and the Compact of Free Association of 1996 between the United States and the Republic of Palau, citizens from FSM, Palau and the Marshall Islands are allowed to freely enter the United States and its insular areas. These "Compact Citizens" have grown from being just over 3% of the 1990 population, to 4.7% in a special 1997 Census of Micronesians. Compact citizens are estimated to be 7,247, or 4.7% of the 2000 population. None of the time that these special "habitual residents" spend on Guam is eligible for use in applying for a change in citizenship status. Many federal programs consider Compact citizens to be undocumented aliens, analogous to illegal immigrants.

Micronesian citizens counted in the 1990 Census occupied some of the lowest socio-economic strata. Only 65% of Micronesians were high school graduates and 9.6% recipients of bachelor's degrees or higher. Only 60.7% of Micronesian women 25 years and older had completed high school, and 10.2% had college degrees. However, when the ages are limited to those 18 to 24, only 59% were high school graduates. This group represents some of the newer Micronesian migrants, who come to Guam more for the economic opportunities than for education. In 1990, nearly 40% Micronesians were in poverty; nearly 45% of related Micronesian children under the age of 18 were living in poverty. Moreover, Micronesians had greater proportion of their population at lower levels of poverty than the general population. Overall, 6.3% of those for whom poverty status was determined were at or below 150% of poverty; 21.6% of Micronesians were at this level in 1990. Over 44% of Micronesian women were not in the labor force in 1990. For those employed, just over 35% were in retail trade, especially at eating and drinking establishments, 23.6% were in personal services (hotels), 12% in professional and related services, and only 2.7% in public administration. Due to the current economic situation in Guam, with high unemployment, it is unlikely that the socio-economic status of the Micronesian population has improved.

Micronesian citizens are not eligible for Federally funded health insurance programs, such as Medicaid, because they are considered undocumented aliens. They have recently become ineligible for the locally funded public health insurance program on Guam. Micronesian women have one of the highest infant mortality rates on Guam, with a three-year average of 14.12 infant deaths per 1,000 live births. One subgroup of Micronesians, the Chuukese, has an infant death rate of 16.37. This population has a low prenatal care rate (approximately 35% enter in the first trimester), and a high rate of no prenatal care (13.39% for all Micronesian women, and 13.12% for Chuukese women). Micronesian women do not have a high rate of low birth weight infants (7.51% of live births), but it is estimated that at least 2% to a high of 8% of these women have gestational diabetes. About 2% of births to Micronesians are to women under 18 years of age. Immunization rates are estimated at less than 60% for children less than two years of age.

Guam's tourism industry is the island's most important source of income. It has been estimated that tourism-related dollars account for about 60% of the island's gross island product.

Guam finished 1997 with a small (1.4%) increase in tourist arrivals and a 2.9% gain in gross island product despite a regional financial crisis, the crash of Korean Air Flight 801 and Super typhoon Paka in December.

A year later, Guam entered its worst recession of the decade, led by a 17% drop in tourist arrivals and a 1.9% drop in gross island product.

The labor department's latest unemployment report said 10,850 residents were unemployed in July 2000. This figure does not include 9,340 discouraged job seekers who wanted to work, but did not look for a job for reasons including a lack of childcare and the belief that no jobs are available. As of September 2000, the Guam Department of Labor stated that the island's unemployment rate was at 15.3%, more than three times the national rate of 4.2%.

The private sector lost 3,450 jobs since March 1999, and the number of government of Guam jobs declined by 1,320 during the same period.

Most of the jobs in the private sector were lost in the construction industry because projects were completed. The construction industry lost 2,360 jobs in the past years. Budget constraints and the government early retirement and voluntary separation programs are some of the reasons for the decrease in Government of Guam jobs.

Guam's average household income for 1999 was \$45,045, a decrease of \$2,329 from 1998's household income of \$47,374. As the average household income is decreasing, the average household size increased with an average of 4.16 household members whereas 1998 had an average

size of 3.93.

Per Capita Income for 1999 was \$10,825, a decrease of \$1,203 or 10% below the previous year. The Mean Earner's Income for 1999 was \$20,976, which was \$1,636 or 7.2% below 1998. Furthermore, average weekly hours paid in the private sector increased from 34.9 in March 1999 to 36.8 hours in March 2000.

According to the U.S. District Court of Guam, the year 2000 saw the highest number of recorded bankruptcies filed. The number filed tripled the number filed five years ago.

Some of the more notable bankruptcies for the year 2000 were:

1. Guam Memorial Health Plan (GMHP), whose involuntary bankruptcy left a trail of debts estimated at \$5.9 million; about \$2.3 million is owed at Guam Memorial Hospital Authority.
2. Automobile dealership Keico Micronesia, Inc. that has stopped operating its Guam and Saipan car lots, and listed about \$2.3 million in unsecured claims from entities as banks, retailers and car part stores.
3. Duty-Free retailer Hakubotan Enterprises Inc., which returned to bankruptcy, court in an attempt to stop bank foreclosure of its main retail facility, valued at around \$5.5 million.

<2003> The island of Guam continues to face financial crises. Economists and local business leaders have said that the economy was stagnant before September 11 and that historic day in history sent the island economy into a nose-dive.

Guam's unemployment rate shrank by 2.1 points to 11.4% between September 2001 and March 2002, partly because there were fewer officially unemployed people to count, according to the Guam Department of Labor.

The report stated that approximately 2,750 people in Guam's civilian labor force have left the island since the previous unemployment survey, which was conducted in early September 2001. This exodus reduced the island's worker pool to 62,050.

The shrinking of Guam's labor force and the rise in discouraged job seekers helped push the unemployment rate down 2.1 points from 8,760 to 7,070 officially unemployed people.

During the same timeframe that numbers for Guam's latest 11.4% unemployment rate were collected, Hawaii had a 4.3% unemployment rate, while the entire United States jobless rate was 6.1%.

Financially strapped employers who could no longer provide benefits that go with full-time employment have converted jobs into part-time positions to avoid laying off workers. The number of part-time workers has increased 31% from 5,490 to 7,190, while full-time workers decreased by 5.8% from 50,560 to 47,790.

The report shows that the total number of civilian residents age 16 or older increased by 1,780 between September 2001 and March 2002. The number of working age people who fell under the category "not in the labor force" increased between September 2001 and March 2002 by 1,780 to 37,450 of this number, 7,290 wanted jobs but did not look for employment. The category "not in the labor force" includes students, retirees and parents of young children who cannot afford childcare.

Average pay for private sector employees dropped by \$16.42 to \$373.25 per week. Government of Guam workers fared better, with average weekly earnings of \$662 and average work hours of 40.4 a week. Private sector work hours shrank from 37.5 to 36.5 on average a week.

Guam's average household income for 2001 was \$40,877, a decrease of \$4,214 or 9.3% from calendar year 2000, which was \$45,091. As the average income was decreasing, the average household size also decreased from 2000. The average size of a household was 3.76 whereas in 2000 it was 3.93.

Per Capital Income for 2001 is \$10,872, a decrease of \$593 or 5.2% from the previous year's \$11,465. The Mean Earner's Income for 2001 was \$21,602 which was \$154 less than 2000's \$21,756.

The largest job losses in the private sector occurred in the retail, construction and service industries. Island business institutions such as Continental Micronesia, retailer Duty Free and Pacific Island Club Resort have had to lay-off employees.

Total employment on Guam declined by 910 jobs in a one-month period from October to November 2001. A cumulative 2,070 jobs have been lost, at least temporarily, since September 2001.

In the two months that followed the attacks, tourist arrivals plunged in half, resulting in diminished sales. Guam saw Japanese visitor arrivals drop 55% or 47,175 less visitors in November 2001. That equates to a loss of about \$28 million.

According to the Guam Hotel and Restaurant Association, the hotel industry paid \$786,269 in room occupancy taxes in November 2001, a 46% decline from the \$1.46 million paid in November 2000. The retail and hotel sectors were going through discouraging times prior to September 11. The Town House department store, an island shopping institution, closed a month shy of its 56th anniversary. Hawaiian retailer Hilo Hattie closed its Guam store. The 334-room Sherwood Guam Resort shut down, due to low occupancy rates. Santa Fe Corporation, the company that owns and operates the 112-room Santa Fe on The Bay Hotel and Beach Resort filed for Chapter 11 bankruptcy. Santa Fe's filing staved off a bank's plan to sell it at public auction. A foreclosure notice stated that Santa Fe Corp. had defaulted on a \$7 million dollar loan. Real estate-rental business Ada's Inc. has sought protection from creditors as it has filed for Chapter 11. With declared liabilities of \$10 million and \$15 million in assets, their filing makes it one of the largest business bankruptcies filings.

Island bankruptcies soared to 288 in calendar year 2001, nearly double the previous highest annual total, which was 156 in 2000. First two quarter 2002 filings total 191, reflecting the economic environment.

In his February 2002 State of the Island address, Governor Carl Gutierrez proposed two major initiatives to help better the island's ailing economy. The governor proposed a 10% across the board salary reduction for workers in all branches of the government, including elected officials. It was stated that this would save the government \$23 million per year. Also, proposed was a raise in the Gross Receipts Tax from 4% to 6%, which would create an additional \$60 million per year.

The primary reason for the cuts and tax increase is the projected drop in revenue collection in fiscal year 2002, which is expected to leave the government \$60 million short of its \$431 million budget by the end of the year. Administration officials predict a \$60 million budget shortfall. However, the senators argue that the shortfall would be closer to \$37 million.

Then came talks of massive layoffs in the government. An expected 3,800 employees were to receive "pink slips" in March 2002. The governor ordered a government-wide hiring freeze to make it easier for the government to lay off employees and for displaced employees to "bump" less experienced employees from their job.

The legislature submitted several proposals to the executive branch. The legislature stated that the first thing the government must do is aggressively collect on money that is owed, which includes federal reimbursement and delinquent taxes.

It has been stated that the federal government at the end of fiscal 1999 owed "GovGuam" about \$12.8 million in reimbursements, but the amount jumped to \$52.9 million at the end of fiscal year 2000.

However, the government failure to maintain a working financial management system has

embarrassed the island. U.S. Department of Interior report cited the failure of GovGuam's multimillion-dollar Oracle-based computerized financial management system. The system has not worked properly since it was first installed in late 1999. The Department of Administration had at one time as many as 20 employees working on processing requests for federal reimbursements. The agency now has two (2) employees doing such work and with the dysfunctional Oracle-based system, the amount of reimbursement owed is growing monthly.

Furthermore, it has been stated that as much as \$15 million is due to the Government in back taxes. However, it would be difficult to collect from some taxpayers because of recent layoffs, bankruptcies and the poor state of the island economy.

The Government of Guam is also facing a cash shortage and by the end of the fiscal year, the General Fund will be \$71.3 million in the red. According to the Department of Administration, the General Fund will collect about \$651.5 million this fiscal year but will spend \$722.8 million -- a shortfall of \$71.3. The department's figures are based on six months of actual cash collection and projections for the last six months of the fiscal year.

In March 2002, Standard & Poor downgraded the Government of Guam general obligation bond rating to "BB", which is considered a noninvestment grade.

"The downgrade reflects the failure to effectively address the deterioration in its financial position and the prospects that weakened economic conditions over the near to intermediate term will lead to further financial pressures" according to the Standard & Poor's summary of its assessment of the Government of Guam.

A borrower given a "BB" rating faces ongoing uncertainties and exposure to adverse business, financial or economic conditions, which could lead to inadequate capacity to meet its financial commitments, according to the Standard & Poor definition.

With the Government of Guam's dire financial situation, government services are going to get worse before they get better. One of the services that is faced with a financial dilemma is the local government health insurance program.

In February 2002, the Medically Indigent Program (MIP) had a balance of \$43.76 and needed a cash infusion of \$3.75 million for the month of April. The Department of Public Health and Social Services, which oversees the MIP Program, would not release MIP cards because there was no money. The Governor of Guam however signed an Executive Order authorizing the department to issue cards through the end of September 2002.

The Legislature passed two bills in April 2002 that network regulations of MIP and other welfare programs. The bills became law without the governor's signature. Bill 288 (P.L. 26-08) gives the governor flexibility to transfer funds into the assistance programs and Bill 286 (P.L. 26-79) caps some MIP spending and aligns MIP reimbursements with lower Medicaid rates.

Guam's federal Medicaid funding is capped at \$5.4 million, with local taxpayer contributing about \$25 million per year for Medicaid and the Medically Indigent Program.

The fiscal year 2002 budget law requires the Department of Public Health and Social Services to privatize the programs, but there have been no interested parties. About 4% of Medicaid and MIP money is spent in local island clinics during previous years while as much as 58% is spent at the hospital.

Local insurance companies have expressed concern that MIP costs-per-patient are nearly double that of Medicaid costs-per-patient. MIP cost-per-patient is \$130 as opposed to \$66 Medicaid costs-per-patient. The Medicaid Program uses federal compensation guidelines to pay medical costs, while the MIP uses a more generous formula for compensation.

Furthermore, local policy makers are preparing for welfare reforms that will cut benefits for up to 3,000 residents. A five-year welfare limit was set up by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. The "Welfare to Work" Act gives most welfare clients 5 years to find jobs and leave the welfare rolls.

Only those recipients under the General Assistance and Temporary Assistance to Needy Families (TANF) Program will be affected. The closure of the TANF Program could have a severe effect on Guam because so many of the island's welfare programs have been scaled back in recent months. Regional immigrants have cost the government about \$164 million since the mid-1980s, according to the latest Compact Impact report. Guam spent \$27.3 million providing services to citizens from the Federated States of Micronesia (FSM), the Republic of Palau and the Republic of the Marshall Islands. Compact citizens represent 20% of the clients enrolled in MIP and 16% of the clients enrolled in the Medicaid Program.

At an economic summit held in April 2002, it was stated that a Guam welfare recipient can accumulate a maximum of \$44,000 in benefits from various welfare programs annually, or an "hourly wage" of \$21.50. The \$21.50 puts Guam's figure higher than Hawaii's \$17.50 hourly equivalent. Local tax dollars that went to Guam welfare recipients totaled nearly \$50 million in 2001 compared to about \$33 million in 1994 or an increase of about 52%. The total cost of welfare programs increased from \$63 million in 1994 to \$17 million in 2001.

In February 2002, the U.S. Bureau of the Census released Guam's Demographic Profile, a new census data product, capturing nearly 60-75 percent of the responses to the questionnaire. The total population count (154,805) for Guam as reported in the 2000 census indicated a 10 percent decline in its previous rate of growth between the 1980 and 1990 censuses.

The Census 2000 Data revealed that 38.40% of the population are under the age of 19 and 30.04% are under the age of 15. Over 8.20% of Guam's population is over the age of 60. The median age of the total population as calculated from the 1990 Census was 25 years old. The median age as calculated from the 2000 Census was 27.4 years old.

Guam is and will continue to be ethnically diverse. Chamorros remained the largest ethnic group (52,297) and showed an increase of 14.7%, followed by Filipinos (40,729), whose numbers increased by 35.6% between 1990 and 2000. Although respondents of Micronesian descent in nearly ethnic category increased by even larger percentages, these groups accounted for about 10% of the total population. A major factor for the 45.2% decline in Whites or Caucasians in the population included federal downsizing and privatization, and military base closures in the mid 1990s.

Racial and ethnic groups may have differing age structures or variations in cultural norms that may be important in planning health services and programs.

Furthermore, linguistic isolation may reduce access to care. It is important to be aware of population heterogeneity when considering new health policies.

In 2000, Guam's southern region experienced a 2 percent decline in population, while the population in the island's northern and central regions increased by 29 and 11 percent, respectively. Military related population has dramatically decreased from 22,178 (active duty personnel and dependents in 1992), to 11,625 in 2000. Other natural disasters affecting the rise and fall of Guam's population over the last decade include Typhoon Omar in 1992, an 8.2 earthquake in 1993, and Super Typhoon Paka in 1997. The economic crisis in Japan in the 1990's, the prolonged Asian economic recession, and declines in annual visitor arrivals in the latter part of the decade also contributed to the island's slower growth rate, through fluctuations in both in and out migration to the island.

/2004/The long-hoped-for recovery of Guam's economy has yet to materialize. Although there have been modest gains in the numbers of visitors coming to the island, the comparative count of visitors in

2002 still trails 2001 month-to-month figures. The private sector continues to struggle to stay afloat. Military activity on the island appears on the upswing, but much of it is short-lived. Tax collections are down precipitously when compared to the same period in the previous year. An estimated 2,750 persons have left Guam since September 11, 2001, in the hope of finding better job opportunities. All of these factors are putting the government of Guam in an ever-tightening economic dilemma.

Just as post September 11 declines in tourist arrivals narrowed, the industry took another blow, Typhoon Chata'an.

Typhoon Chata'an battered Guam July 5, 2002 with sustained winds of 110 miles per hours and gusts to 120 miles per hour, causing massive damage, leaving the island powerless and with low to no water pressure in some areas. Hundreds of residents were left homeless.

Typhoon Chata'an affected the opening of school for some 30,000 public school students. Displaced residents who used the public schools as typhoon shelters and temporary housing had to find alternate locations when the last shelter closed two weeks after the storm. Families were given tents to erect on their property or given temporary housing assistance. The opening of public schools was further delayed for a week as the island was placed on a "boil water" notice due to unsafe or nonexistent water. Schools officials provided bottled water to students and staff once public schools opened.

Typhoon Chata'an caused \$39.2 million dollars in damage to the private and public sectors of Guam.

Five months later, in December 8, 2002, Supertyphoon Pongsona savaged Guam with sustained winds of 150 miles per hour and gusts in excess of 180 miles per hour.

The Guam Memorial Hospital Authority's intensive care unit, pediatrics, respiratory and medical telemetry departments sustained severe damage precipitating a health-care emergency. Forty acute care beds were put out of service due to these damages.

Disaster Medical Assistance Teams (D-MATS) from the Department of Health and Human Services set up temporary medical facilities at several locations throughout the island. Guam Memorial Hospital Authority began restricted services to the public on December 23, 2002.

Supertyphoon Pongsona also caused a fire at the Mobil fuel farm near the Commercial Port, which spread to other tanks at the facility and resulted in a weeklong gas crisis. In addition, due to the fire and smoke, ships with much needed supplies could not enter the port. The fire was finally extinguished five days later.

Fourteen public schools were used as typhoon shelter and temporary housing for over 3,200 people whose homes were severely damaged or who were left homeless.

The already unhealthy water situation was made worse. Two days after the storm, Guam Waterworks Authority reported that 46 of 100 water wells were down due to damage or having no generator to power the well. Again, the island was on a "boil water" notice.

The storm revealed the island's fragile telecommunication system. Over 8,000 business and residential phone lines were destroyed, leaving many businesses unable to access credit card transactions and only accepting cash transactions. Damage to banks and their branches meant reduced banking hours and extremely long lines for customers.

The storm re-exposed Guam's economic vulnerability to devastating weather. Tourism stood still. Business and consumer activities slowed because power, water and telecommunication infrastructures failed.

Guam ended 2002 with another record high in bankruptcy filings mostly by consumers burdened with

debt obligations that became harder to keep up as the island economy continued to decline.

As of December 31, 2002, bankruptcy filings recorded in the U.S. District Court of Guam numbered 369. The 2002 total represent a 48% increase from the 2001 number where Guam saw 248 bankruptcy filings.

A key gauge of economic health is job numbers. Guam's private sector shrank to 39,490 employees on payroll after more than 4,000 private sector jobs disappeared, in part through layoffs and business closures.

The island's unemployment rate was 11.4% when last surveyed in 2000, which was double the nations jobless rate. No new unemployment survey has been conducted due to lack of funding and staffing issues.

Total revenue collections that go into the General Fund -- where much of the Government of Guam payroll comes from -- had been declining; for example, from \$33 million collected in May 2001 to \$24 million a year later.

On April 1, 2003, the raising of the Gross Receipt tax (GRT) from the present 4% to 6% took effect. The raising of the GRT was due to local lawmakers view that raising of the tax would boost the government's tax collection efforts. However, as the price of consumer goods began reflecting the higher tax rate, consumers are holding back on spending which means less and not more tax collections for the government.

Higher prices, particularly of health care related items, are a concern for many. Some Guam clinics and pharmacies started charging the equivalent of \$6.00 for every \$100 worth of goods and services they provide to account for the higher tax rate.

The government of Guam is also carrying over \$100 million of unpaid bills from fiscal year 2002, and is on its way to overspending the fiscal year 2003 budget by over \$200 million. Of the current budget, 91% is dedicated to personnel.

On February 23, 2003, lawmakers gave Governor Felix Camacho the authority to reduce government workweeks to 32 hours. This affected workers who receive their pay from the General Fund. The reduced workweek affected 4,600 workers and was expected to save about \$1.4 million each pay period.

Furthermore, effective June 30, 2003, an across-the-board 32 hour workweek went into effect. All positions within the government of Guam line agencies, including those 100% federally funded, were affected.

Since the implementation of the 32-hour workweek, there has been a very serious and adverse impact on services provided by the Department of Public Health and Social Services. As an example, in the Division of Public Welfare, processing of new or re-opened applications for public assistance including Food Stamps, cash Benefits, Medicaid and MIP, now takes anywhere from three to six months. The national average for processing Food Stamps is 30 days. Program staff have been threatened and harassed by frustrated applicants. There are high error rates in the processing of benefits due to staff being saddled with an average caseload of 700 to 900 households per eligibility worker.

Inspections of health-regulated establishments by the Division of Environmental health have been seriously compromised because of their very low staffing levels. This has been further compounded by the implementation of the 32-hour workweek. Recently there was a serious situation of seven individuals who were sickened after eating contaminated food products. The manufacturing site has not been inspected for over a year due to staff shortages.

Within the Division of Public Health, there have been longer waits for patients seeking medical care because of being short staffed. The Measles Epidemic is a frightening reminder of what happens when the system of proven preventive measures breaks down.

The island experienced a Measles Epidemic in March through May 2002. the outbreak was a result of poor routine coverage with MMR in preschool children in the context of a high risk for imported measles from nearby countries with endemic measles.

Due to a combination of budget cuts and nursing shortages, public sector routine vaccination activities have been curtailed. Since 1997, the number of nurses available to all preventive services provided by the Department of Public Health and Social Services, including vaccinations, has dropped from 22 to the current 13. The number of children vaccinated has been limited by the imposition of a cap on the number of children seen each day and a gradual lowering of this cap, from 80 to 32 per day. The number of days that vaccination services that are available has also been reduced, from four days per week to the current two days per week. Since 1999, outreach activities have also had a cap on the number of children being seen and this cap has been dropped by one half. Additionally, the number of outreach activities was reduced in 1999 and stopped altogether in April 2001. Since that, time vaccinations have been available only to 48 children per day for 2 days per week; in February 2002, this dropped to 32 children per day. With the reductions of children seen daily and the number of days per week that vaccinations are available, the wait for an appointment for routine vaccinations is now 10 weeks.

The threat of payless paydays hangs heavy over the heads of government employees and workers in both the public and private sectors. The Legislature has passed several measures that are now law to preserve essential government services:

- ? Pay increases are barred;
- ? Limitation on the filling of vacancies in the classified service. (except upon a written determination by the appointing authority that such hiring is necessary to preserve the health or safety of the people);
- ? Freeze on Legislative employment and pay raises; and
- ? Reduction of holidays (from 15 to 10).

Guam faces long-term challenges on how to turn around an economy that has not sustained a rebound since the Asian economic crisis.

One possibility of temporary income for the Government of Guam is to issue a bond in the amount of \$246 million dollars. The Governor and Legislature reached agreement to do so, but were stopped when the Attorney General refused to approve the measure, fearing Guam had meet or exceeded the borrowing limits set in the Organic Act. The Public Auditor has expressed her opinion that the limit has not been met and that the bond issuance would not bring Guam over the limit. The Governor has asked the Supreme Court of Guam for a declaratory judgment on whether or not the law requires a new revaluation of the tax properties of Guam, in order to assess whether or not the barrowing limits have been met.

The Consumer Price Index (CPI) for the second quarter has been finalized. The "All Items" category of the CPI for the second quarter increased 3.04% from one year ago. "Other Goods and Services", "Medical Care", "Food and Beverages", "Transportation", and "Entertainment" increased 13.67%, 9.38%, 6.37%, 2.18% and 0.87% respectively.

The number of public assistance recipients in June 2003 decreased by 11.1% from March 2003 and 49.9% when compared to the same period one year ago. Expenditures also decreased by 14.2% from the first quarter CY 2003 and 53.5% when compared to the same period one year ago. Public Assistance Expenditures were \$263,728, a decrease of 53.6% from the \$568,180 in June 2002. These expenditures now average \$44.24 per recipient.

There were 24,368 persons participating in the Food Stamp Program in June 2003, an increase of 9.3% from March 2003 and 1.7% when compared to the same period one year ago. The total value of food coupons issued during the second quarter of 2003 was \$11,205,835 an increase of 1.52% from the same period one year ago.

/2005/ Guam's economy has continued to worsen. In 2003, Guam received 909,506 tourists. Not only was this number 14.1% below the previous year, this was the first time in a decade that Guam had fewer than one million tourists. Tourist arrivals to Guam peaked at 1.3 million in 1997, the onset of the Asian financial crisis and dropped 17.1% in 1998. A modest recovery followed in 1999-2000, when it was derailed by the aftermath of the terrorist attacks. In 2002-2003, air traffic concerns, the weak Japanese economy, severe typhoons and the SARS epidemic all combined to keep Japanese tourists away.

However, economists say that things are starting to look good in 2004. With tourist traffic in the first months of 2004 returning to what may be considered "normal", the expectations are that Guam will have, once again, one million tourist this year. If that happens, it will mean not only some level of recovery in tourism and that economy but also regaining confidence that Guam is indeed a major regional destination that has experienced substantial but mainly cyclical changes that now appear to be past. In addition, higher levels of tourist traffic and subsequent increases in hotel and other taxes would contribute to improving the financial condition of the territory. A 50% increase in the local gross receipt taxes (GRT) from 4% to 6%, implemented in April 2003, because of a financial emergency, was repealed in March 2004. The main reason for approval of the repeal by the Guam legislature and the Governor was the expected increase in local revenues, emanating from both tourism and national defense gains.

On the other hand, the island's overall financial health is another story. As of January this year (2004), the Government of Guam was still paying individual tax refunds for tax years 2000 and 2001.

Thirty-two hour work weeks and the threats of payless paydays and agency shutdowns were symptoms of the Government's financial troubles in 2003. As a long-term solution, Gov. Felix Camacho in May 2003 submitted his FY 2004 budget request calling for a reorganized government consisting of only 12 agencies to make the government more efficient and hopefully, saving money in the process.

Lawmakers also took steps to immediately cut the amount of money spent on payroll by approving 32-hour workweeks for 4,500 employees, from February until late June. The Governor followed up with an Executive Order to continue the shorter workweek, which lasted until the beginning of August.

One of the largest unresolved issues and a key element of the administration's financial recovery plan are to borrow hundreds of millions of dollars on the bond market. Lawmakers approved the borrowing, to pay for tax refunds, government power bills and other government debts, but the borrowing has been challenged by the Attorney General, whose office has argued that the borrowing violates the island's debt limit. The Supreme Court of Guam Justices sided with the Governor on the issue, but the matter is now in the Federal Court of Appeals at the request of the Attorney General.

There were 54,940 employees on payroll in June 2003. Total employment increased by 150 jobs or 0.3% compared to March 2003. All Private sector industries increased 1.7%. Federal government employment decreased 3.7% and Government of Guam employment decreased by 3.2%.

The number of building and construction permits issued during the second quarter of calendar year 2003 totaled 587, valued at \$46.9 million, an increase of 10.9% from the first quarter 2003

and 175.4% over the second quarter of 2002.

The Consumer Price Index (CPI) for the second quarter has been finalized. The "All Items" category of the CPI for the second quarter increased 3.04% from one year ago. "Other Goods and Services", "Medical Care", "Food and Beverages", "Transportation", and "Entertainment" increased 13.67%, 9.38%, 6.37%, 2.18% and 0.87% respectively.

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In June 2004, A Superior Court Judge signed off on a settlement regarding the payment of the Earned Income Tax Credit. The Guam Department of Revenue and Tax has not been paying the Earned Income tax Credit to eligible Guam citizens and several citizens filed a lawsuit stated that the Government of Guam must pay the EITC.

Under the terms of the settlement, the Government of Guam must pay out \$60 million dollars over nine years to taxpayers who were eligible for the Earned Income Tax Credit for the year 1996, 1998, 1999, 2000, 2001, 2002 and 2003. Within ninety days of the settlement, the Government of Guam must deposit \$3 million into a special account and start paying out the past due EITC. Within the next 12 months, another \$17 million must be deposited and for the next eight years, the Government of Guam must place \$5 million into the account. Talks are now taking place with Government of Guam officials how to obtain the funds to pay this debt.

COMPACT IMPACT

The Compact of Free Association Amendments Act of 2003 (P.L. 180-188) renewed the original Compacts of Free Association between the United States and the Federated States of Micronesia (FSM) and the Republic of the Marshall Islands (RMI). A provision in the new law authorizes the President of the United States, at the request of the Governor of Guam, to release, reduce, or waive, in whole or in part, any amounts owed by the Government of Guam to the United States Government as an offset for previously incurred and un-reimbursed compact Impact costs. This process began with the submission by the Governor of Guam of a report detailing un-reimbursed Compact Impact costs.

The Government of Guam found that the un-reimbursed cost incurred for providing educational, health and social services to citizens of the FSM, RMI and Palau for the period FY 1987 to FY 2003 were \$269,313,119.

The Department of Public Health and Social Services claimed a Compact Impact cost of \$38,495,872. Because not all programs were able to provide data, the claim was for only those programs where expenditure data and service level data were available.

/2005/ Health Disparities

The National Institutes of Health defines disparities as "the differences in the incidence, prevalence, mortality and burden of disease and the adverse health conditions that exist among specific populations in the United States." Most health disparities are usually noted in

terms of race/ethnicity, income and gender. However, disparities also exist in other dimensions such as geographical location. Minorities and other underserved populations continue to experience limited access to quality health services, economic resources and continue to have poorer health than the general population.

On February 25, 2004 officials from the Office of Minority Health, the Department of Interior Office for Insular Affairs and the Government of Guam testified before the House Subcommittee on Human Rights and Wellness regarding Health Care in the U.S. Pacific Territories. Some of the issues brought forth were:

1. Geographical Location

Because of its remoteness from Hawaii or the continental United States, Guam is relatively "isolated." Because of this distance, the operational costs on Guam are significantly higher than elsewhere due to shipping costs.

Furthermore, during a disaster, it generally takes several days for assistance to be mobilized from other areas. This means that for the period of time until off-island help arrives, Guam is essentially on its own and our healthcare resources would be consumed relatively quickly.

2. Economic Challenges

The economic downturn as a result of the mid-1990 Asian economic crisis means that local government resources are less available for all government activities, including health care.

Unlike the United States, Medicaid reimbursements to the territories are subject to caps. Guam receives a maximum of \$6.68 million a year.

3. Lack of Health Care Professionals

Since 1988, Guam has been designated by the Department of Health and Human Services, as an Health Professional Shortage Area (HPSA).

The lack of specialists and tertiary care limits options for treatment and quality of care, thereby impacting the quality of life. Factors include low salary and the remoteness of the island.

Guam has one fully functioning civilian hospital to service its nearly 164,000 citizens. Currently, only about 150 physicians reside (however, not all are practicing) on the island and must care for not only local patients, but also thousands of patients who are transported to the island every year from many of the smaller surrounding islands.

The island's only radiation oncology service closed permanently due to severe damage, which occurred as a result of the last typhoon. Patients must be sent to Hawaii or beyond for radiation treatment. There is a cardiac catheterization lab at the hospital however; its use is limited due to the lack of a cardiac surgeon. There are adequate dialysis services on the island, but there is also a high rate of amputation due to the lack of a wound care program.

Island health insurance companies estimate they spend 30% of their premium revenue on off-island referrals. With approximately 100,000 individuals covered, the exodus of funds exceeds \$30,000,000 annually.

4. Health Status

While Guam's top leading causes of death seem similar to the United States, there are disparities for certain disease conditions. The Diabetes prevalence rates for the entire adult population ranges from 25% to 46% higher than those in the United States. In 2003, the adult

diabetes prevalence rate was 10.1% as identified through the Behavioral Risk Factor Surveillance System. The rate for the indigenous Chamorro population increased from 9.7% of adults in 2002 to 13.4% in 2003.

Communicable diseases are of great concern to Guam. Guam's Tuberculosis (TB) rates continue to be higher than those of the United States. A review of reported TB cases from 1992 through 2003 shows a gradual increase from a low of 51.3 per 100,000 in 1992 to a high of 78.7 per 100,000 in 1996. In 2002, Guam's TB incidence was 40.4 compared to 11.9 for Hawaii and 5.2 for the United States.

Since 1994, there have been three Measles outbreaks on Guam. During the 1994 outbreak, there were a total of 228 confirmed cases and three deaths. During the 2002 outbreak, there were 9 confirmed cases. In the 2003 outbreak, there were 7 confirmed cases.

5. Migration

As a result of the Compact of Free Association between the United States and the Freely Associated States (FAS) of Micronesia, these residents are allowed to freely enter the United States, including the insular areas. House Joint Resolution 63, the Compact of Free Association Amendments Acts of 2003 was signed into law December 2003. The legislation includes "Compact Impact" funding earmarked for areas, which have been burdened by costs associated with migration. Poor education and health care facilities in FAS make migration to other locations more attractive.

In a 2000 assessment of Compact Impact, Guam identified unpaid services by Guam Memorial Hospital Authority to FAS patients totaled over \$5.4 million. Officials reported patients' reliance on the hospital's Emergency Room for primary health care and not urgent conditions. Although FAS represented approximately 5% of Guam's population, they accounted for approximately 12% of the emergency room patients per month.

B. AGENCY CAPACITY

/2005/ Our many partnerships and collaborations expand our capacity to ensure good penetration of services in all but a few remote pockets where we continue to be challenged by difficult access to care. The goal of the Division of Public Health is to promote health and prevent disease, injury and disability through a variety of cross programmatic public health interventions ranging from primary prevention through broad-based community health promotion initiatives, early detection, health systems interventions, delivery of health services and the promotion of healthy public policies. The vision is "that individuals, families and communities in Guam will achieve and sustain optimal health and quality of life" through:

- ? Building systems and community capacities.**
- ? Initiating and advocating for public health policy.**
- ? Developing and delivering programs and services.**
- ? Collaborating with others.**
- ? Providing leadership.**

We, (MCH), are part of a growing trend to re-evaluate the role of public health policy and programs in systems and infrastructure. We use the five-year planning process as an opportunity to reassess our overall direction. Because we must continue to be the "safety net" and provide direct services for some of our most vulnerable citizens, changes in program focus and activities must be done with great care and forethought. This is a multi-year process, requiring transitioning of resource allocations from traditional to current and emerging priorities. Continued collaboration with stakeholders and representative advisory groups will be critical.

Significant pieces of Legislation with an impact or effect on the Maternal Child Health Program and community were:

1. P.L. 27-002 An Act to Make Necessary Personnel and Budgetary Appropriations to Ensure Continuity of Government of Guam Personnel Services for the period February 1, 2003 through February 28, 2003.

It was the finding of the Legislature that the financial condition of the government of Guam requires extreme scrutiny of the expenditures of its limited financial resources available for the operation of the Government of Guam, particularly the entities funded through the General Fund. The recent impact of Super Typhoon Pongsona on the island community and the present condition of the island's economy will continue to negatively impact the financial condition of the government of Guam over the course of the year. Furthermore, the threat of war may exacerbate the very limited funds for the operation of the government for the near future.

The situation requires that the Legislature identify cost reduction measures that would ensure the continual operation of the government's critical services through the remainder of the Fiscal year. This one-month budget proposal therefore incorporates budgetary reduction in the Legislative and Judicial Branches and restricts the Executive Branch agencies.

Significance: The Department of Public Health and Social Services, the department within which the Maternal and Child Health Program is located under went a severe budget cut. All the locally funded programs were affected. The programs affected are now highly dependent on the MCH Program in fulfilling the goals of their programs.

2. P.L. 27-004 An Act Relative to Authorization and Implementation of a Thirty-Two Work Week for Government of Guam Employees.

The Legislature finds that the government of Guam is experiencing a crisis in funding the operation of its services. Immediate action is necessary in order to protect the general welfare and well being of the island. To do so, all three branches of government must work together to reduce its cost of operation. Therefore, it is important that the Legislature enact and the Governor implement legislation to facilitate the reduction of costs government wide.

Significance: The Department of Public Health and Social Services, the department within which the Maternal and Child Health Program is located underwent the reduction in work hours to thirty-two. This cut in hours severely impacted the achievement of goals set forth in the grant.

3. P.L. 27-09 An Act to Amend SS 3111 of Title S, Guam Code Annotated, to Require Qualification for the Director Of Public Health and Social Services

For the past several years, the Department of Public Health and Social Services has been faced with a myriad of issues that have affected the services its provides to the community. The Legislature finds that the Department of Public Health and Social Services must protect and promote the personal, community and environmental health of our island through the

exercise of skilled leadership that can cooperatively work with the general public in health policy development to provide these necessary services to those in our community who are most vulnerable.

Significance: The Department of Public Health and Social Services, is the department within which the Maternal and Child Health Program is located. Furthermore, the Director of Public Health and Social Services is the Project Director for the Maternal and Child Health Block Grant.

4. P.L. 27-017 An Act to Repeal and Reenact Chapter 9 of Title 17, Guam Code Annotated, Relative to Providing Educational and Training Facilities for All Individuals with Disabilities, and Making Local Legislation Conform with the Federal Requirements Set Out in The Individuals with Disabilities Education Act.

Chapter 9 of Title 17, Guam Code Annotated, is hereby repealed and reenacted to read as follows:

"It is and shall be the duty of the various divisions and schools of the Department of Education to make available a free and appropriate public education to all children with disabilities residing on Guam between the ages of birth through twenty-two including children with disabilities who have been suspended or expelled. This Section and all other sections shall be in conformity with the Individuals with Disabilities Act ("IDEA"), its amendments, implementing regulations, and all other laws and regulations relating to the education of children with disabilities.

Significance: The MCH Program CSHCN Component works hand in hand with the Guam Department of Education through Part B to ensure that all children residing on Guam, including children with disabilities attending public schools regardless of the severity of their disabilities, and who are in need of special education or related services, are identified.

5. P.L. 27-47 An Act to repeal and Reenact Chapter 93, Division 4, Part 2 of Title 10 of the Guam Code Annotated, relative to Creating the Guam System of Care Council for Children with Serious Emotional Disturbance

As mandated by Public Law 25-141, a Guam System of Care Council (GSOCC) was established to create a comprehensive System of Care Plan for the treatment of children with a serious emotional disturbance and their families on Guam. This legislation was the culmination of collaborative efforts by community stakeholders to improve services to children with a severe emotional disturbance and their families. The Council was able to create a true collaborative effort among families, service providers, and other community stakeholders, and from this collaboration grew a common vision and shared set of values and principles.

Significance: A fundamental requirement of the grant is that a community governance body be established to carry out a System of Care for children, adolescents and their families. The re-establishment of the GSOCC will not only fulfill the requirement for the cooperative agreement, but will also ensure Guam's initiative is sustained and continues well beyond the grant period. The establishment of the GSOCC is a reflection of Guam's commitment to its children and families, and towards true system reform. The MCH CSHCN component sits on the council.

6. P.L. 27-71 An Act to Mandate the Guam Education Policy Board to Adopt a Comprehensive Policy Prohibiting Harassment, Intimidation, or Bullying at Public Schools, the Act will be known as "The Regina Guzman Anti-Bullying Act of 2003."

The Guam Legislature has found that bullying is a serious public health concern for the nation as well for our island's school-age children. Recent research in the United States and abroad has documented that bullying is a common and potentially damaging form of violence among children. Not only does bullying harm both its intended victims and the perpetrators, it may

also affect the climate of schools and, indirectly, the ability of all students to learn to the best of their abilities.

Most of the victims of bullying suffer in silence because many are embarrassed or afraid to report that they are being harassed. This results in serious repercussions on the child's ability to learn, and may lead to truancy, school violence and other emotional, physical and social problems.

Significance: The Title V Program has been a part of the School Health Counselors Council and will share prevention materials. This new Public Law has impact of Guam's State Performance Measure #4, "Percent of High School Students who reporting Engaging in Violence or in Behaviors Resulting from Violence on School Property."

C. ORGANIZATIONAL STRUCTURE

Traditionally, the Title V program has focused on providing access to maternal and child health services whether it be through the local health department or through a community-based setting. Although this continues to be the focus for the Title V program, a changing health care environment has opened other opportunities to improve the health of women, infants, children and children with special health care needs.

The Guam Maternal and Child Health (MCH) and the Children with Special Health Care Needs (CSHCN) Programs were administered by the Bureau of Family Health and Nursing Services (BFHNS) until the end of calendar year 1999.

Beginning in January 2000, the administration and program coordination of the MCH and CSHCN Program were moved to the Office of Planning and Evaluation (OPE), a staff office of the Chief Public Health Officer (CPHO). The CPHO is the administrative leader of the Division of Public Health, within the Department of Public Health and Social Services (DPHSS). DPHSS is a line agency of the executive branch of the Government of Guam. DPHSS is responsible for administering the programs that are funded under Title V.

The move of MCH to the CPHO created and will continue to create a positive impact on systems development activities. The impact will include the following:

? A greater ability to have broad epidemiological support in gathering and analyzing health information.

? Closer ties to other important public health offices, including Primary Care; HIV/AIDS; Immunization; Injury Prevention; Chronic Disease and Dental Health.

The Medical Director of the Department of Public Health and Social Services provides in-kind assistance to the MCH Program. The Medical Director provides clinical services as a pediatrician and provides information for grants, policies and procedures.

In addition to the input by the Medical Director, input is sought from the Medical Advisor on women and child health issues. The Medical Advisor's duties and responsibilities include: review of patient charts to determine compliance with established protocols and medical standards; professional support for the expanded roles and practices of professional nursing personnel; review of cases; providing technical assistance in the development of MCH policies; review of the medical components of the MCH Program and conducting training for nurses and staff.

The Title V Program supports twenty personnel with a vacancy rate of 40% (8 vacancies). Personnel within the Office of the Chief Public Health Officer provide in-kind services in the planning, evaluation, data collection and analysis of the program.

Furthermore, within the Division of Public Health, several parents of Children with Special Health Care Needs (CSHCN) have reviewed the grant application. There is no special staff position as a family consultant for CSHCN. The parents met with program staff to address problems, barriers and discuss recommendations and planning strategies to reach the goals and objectives of the CSHCN component of the MCH Program.

/2004/

In November 2002, Guam elected a new Governor and Lt. Governor and 15 new Senators.

As of Feb. 2003, the Chief Public Health Officer was appointed as Acting Director of the Department of Public Health and Social Services

/2005/

In January 2004, the Director of the Department of Public health and Social Services was confirmed.

We have also lost due to re-location our Medical Director.

D. OTHER MCH CAPACITY

The Office of Planning and Evaluation (OPE) administers the Maternal and Child Health (MCH) Program. OPE is a staff office of the Chief Public Health Office (CPHO). The OPE provides and/or assists in the planning, developing, coordination, evaluation and implementation of federally funded and locally mandated programs such as: the Office of Vital Statistics; the Behavioral Risk Factor Surveillance System (BRFSS); the Title III Ryan White HIV Planning Program: the Family Planning (FP) Project; the State System Development Initiative (SSDI) Project and the Abstinence Only Education (AOE) Program.

The island of Guam's Abstinence Only Education program is under the direction of the MCH Program. The federal funds supporting this program have been used to develop a media education plan for an islandwide media campaign. Several representatives from the islands Youth for Youth Organization, and youth serving public and private organizations and agencies have been directly involved in the program implementation.

Furthermore, under the supervision of the MCH Program Coordinator is the State Title X Family Planning program. The Family Planning Program emphasis is on; 1) direct medical services including physical exams, breast, cervical cancer screening, sexually transmitted disease testing and treatment, pregnancy testing and offering contraceptive methods; 2) health education and counseling services including reproductive health, abstinence, contraceptive methods, STD and HIV risk reduction and infertility (Level 1) counseling; and 3) community services including data collection and monitoring for trends; identifying strengths and gaps in services; participating in community committees and educating communities on a broad range of topics related to reproductive health.

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/2004/

No changes

/2005/ The Office of Maternal and Child Health Services is a staff office within the Division of Public Health, Department of Public Health and Social Services, one of the 46 government departments. A Director heads the Department.

The Maternal and Child Health Program (MCH) Program Coordinator reports directly to the Director. The MCH Program is operated as a single organizational unit and serves as both the local and state agency. This single State agency is authorized to administer Title V funds and is responsible for both Maternal Child Health and Children with Special Health Care services.

The MCH Program is guided by an advisory council, a fifteen member body charged in developing goals and objectives, long range program planning, identifying service gaps, locating resources and monitoring the quality of services provided.

E. STATE AGENCY COORDINATION

The needs of the MCH population are multiple and complex. Because of this, there is no public or private agency, program, or community based organization that can satisfy all the needs of the most vulnerable population comprised of women in their reproductive age, children and adolescents. It is therefore imperative to establish appropriate coordination mechanisms among all concerned entities in order to reduce duplication and fragmentation of services and to be more efficient in the utilization of scarce resources available.

In Guam, there is in place satisfactory coordination mechanisms among several public agencies and other sectors of the community at local levels. These coordination mechanisms are at both formal and informal levels. The Department of Public Health and Social Services has established formal relationships with other public agencies, academic institutions, and health care facilities. All of these formal arrangements enhance the capacity of the MCH population.

This formal coordination is the outgrowth of established laws and executive orders of the Governor, which mandate specific agencies and programs to sit at the table to coordinate certain types of services for the population. There are also memorandums of understanding among agencies and programs, which enhance coordination of services. Other formal mechanisms, which contribute to the achievement, are interagency committees, task forces and coalitions, among others. Several of the laws and executive orders require the participation of consumers.

Below are highlights of the enhanced coordination all of which serve the MCH population. The MCH staff are regular members of most of these:

Suicide Prevention Task Force: In recent months there has been an increase in suicides and attempted suicide among young people on Guam. The Acting Governor of Guam established the

Task Force with specific duties of 1) gathering statistics and information concerning the incidence and circumstances surrounding youth suicide and attempted suicide, to include high risk factors for youth who may engage in negative behavior directed toward the self; 2) identify and coordinate efforts of existing agencies and services to assist such high risk youth; 3) identify risk factors, develop tools and aids, and disseminate information to assist parents, teachers, community groups, churches and those who come in contact with young people to help them identify and respond appropriately to youth at risk for suicide, suicide attempts and engaging in negative behaviors towards self; and 4) assist in developing new programs, such as day hospital care programs and locate resources and funding which can bring these program into being.

Healthy Mothers Healthy Babies (HMHB): This collaboration with regards to awareness and education on all facets of Maternal and Child health has proven to be very effective in being comprehensive, coordinated, family-centered and culturally competent. Local government agencies and programs along with non-profit and for-profit organizations are involved in the HMHB campaign to promote the health of mothers, women of childbearing age, infants and most importantly, families.

Newborn Metabolic Screening Task Force: This is a collaborative effort between MCH, private providers, insurance companies, and the local hospital. The MCH Program has taken the lead to implement a tracking system for the Newborn Metabolic Screening Program. Guam Memorial Hospital Authority (GMHA) routinely conducts newborn metabolic screens for all neonates born at the GMHA. However, there was no mechanism in place for tracking babies with abnormal metabolic screens or any indication whether a repeat test or early intervention was done to the client. In 1998, MCH developed a disposition form for tracking abnormal screens done at GMHA and to ensure that the physicians (private and public) do a repeat test as scheduled, confirm a diagnosis, and provide early intervention and treatment, as necessary.

Guam Interagency Leadership Consortium (GILC): GILC addresses the problems and concerns of individuals with special needs such as the fragmentation and duplication of services, or coordinated funding systems, the unavailability of community and State resources, and the lack of comprehensive health care coverage and cultural diversity. The MCH Program has assumed the leadership role for the consortium. The GILC consists of government, private and community-based organizations and consumers.

Guam Interagency Coordinating Council (GICC): GICC members are appointed by the Governor to advise and assist the Guam Early Intervention System and other agencies regarding system integration. The GICC is comprised of 19 representatives from various public and private agencies, as well as parents of children with special needs.

Emergency Medical Services for Children (EMSC): The MCH Program is actively involved in the formation of the EMSC Needs Assessment. The involvement of MCH is that 1) core public health functions are addressed; 2) there is responsiveness to emerging trends and issues; and 3) availability of services that are accessible and family-centered.

Community-Based Nursing Program: The program works with local village Mayors and the media to publicize when and where the Community-Based Clinics will be held each month. The program provides public information and education, immunization, abstinence education to teens and comprehensive reproductive services to prevent HIV infection, sexually transmitted disease, and ways to prevent unwanted pregnancies. Other services include Blood Pressure, Blood Glucose, Cholesterol screening and pregnancy testing.

Immunization Services: The MCH Program collaborates extensively with the Guam Immunization Program, which provides vaccines, disease surveillance, assessment of immunization levels, outbreak control measures, monitoring of vaccine usage and evaluation of vaccine reaction. This is all in an effort to increase the immunity level of children on Guam.

Shriners Clinics: This is a collaborative effort between public health providers, Medical Social

Services of DPHSS, Medical Records of DPHSS, and the Children with Special Health Care Needs component of MCH. Bi-annual clinics are held for children who need further evaluation and/or surgery and those who require fitting for assistive devices. Information on the availability of the clinics is disseminated through print and electronic media.

Domestic Violence Task Force: This Task Force was created as an island wide effort to reduce the incidence of family and interpersonal violence through public and professional education and outreach, enhance victim services, including a priority focus on children witnessing violence, enhance batterers intervention initiatives and the development of comprehensive protocols for professional entities.

I Familia-ta Fine'nena (IFF): "Families First" Coalition is composed of community-based organizations, parents and other community representatives whose mission is to advocate to facilitate the integration of community services for families and children to work toward the elimination of gaps and overlaps in services, and to provide a "Families First" perspective in the community and in agencies that deal with families and children.

Reach Out Organization: This is a school-based organization, which is dedicated toward spreading awareness of issues facing youth on Guam. The organization's goal is to empower individuals and families of Guam's communities through education to gain knowledge regarding youth issues.

Guam Diabetes Advisory Body (GDAB): GDAB was formed in 1995. It serves as the main focal point for collaboration between stakeholders in the field of diabetes care and management, and evaluation of strategies to help assist in the designing, implementation and evaluation of strategies to help educate the public in the prevention and control of diabetes.

Coral Life Foundation: The Coral Life Foundation is a community-based organization that is committed to making a positive difference in the lives of individuals affected by HIV/AIDS. Through the collaborative efforts of volunteers, public and private agencies, and corporate partnerships, the mission is to prevent HIV/AIDS infection, to provide education, and to advocate for the human rights of all individuals living on Guam.

/2004/

The Maternal and Child Health Program is a member of the Guam Bioterrorism Advisory Body.

/2005/ No changes

F. HEALTH SYSTEMS CAPACITY INDICATORS

1. The rate per 10,000 hospitalizations for asthma among children less than five years old.

Asthma is a chronic inflammatory lung disease characterized by recurrent episodes of breathlessness, wheezing, coughing, and chest tightness; these episodes are known as attacks or exacerbations. The severity of attacks can range from mild to life threatening. Both the frequency and severity of asthma symptoms can be reduced by the use of medications and by reducing exposure to the environmental triggers of asthma attacks.

The Guam MCH Program does not have the total number of hospitalizations for asthma as the primary cause for hospitalization.

2. The percent of Medicaid enrollees whose age is less than one year during the reporting year who received at least one type of periodic screen.

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program is a specific program

under Medicaid that provides well-child and comprehensive pediatric care for children and adolescents through age 20. EPDST requires comprehensive coverage of physical and mental health, growth and developmental assessments, including lab and other diagnostic tests, health education, immunizations and anticipatory guidance. EPDST also includes comprehensive dental, vision and hearing screenings. EPDST screenings, including dental, are covered for each group based on a clinically sound periodicity schedule adopted by each State with consultation from professional medical and dental groups.

During 1999, there were 640 children less than one-year-old eligible for services under the EPDST Program. The total eligible that should receive at least one initial or periodic screen was 19.20% and the total eligible that received at least one initial or periodic screen was 5.79%.

3. The island of Guam applied for the Children's Health Insurance Program (CHIP) to provide expanded benefits under the Medicaid Program. On Guam, CHIP is 35% local and 65% federally funded. Thus, the percent of enrollees whose age is less than one year would be the same as the previous Indicator.

6. Low birth weight is the factor most closely associated with neonatal mortality. Low birth weight infants are more likely to experience long-term disabilities or to die during the first year of life than are infants of "normal" weight.

Very low birth weight infants who survive are at significantly increased risk of severe problems, including physical and visual difficulties, developmental delays and cognitive impairment requiring multiple levels of medical, educational and parental care.

7. and 8 In 1999, the percent of live births weighing less than 2,500 grams and the percent of all live singleton births weighing less than 2,500 grams was 7.3%.

Percent of Live Singleton Births Weighing Less than 2500 Grams

Year	Percent	Number Singleton Live Births with weight	Total Singleton	Unknown
1994	5.8	254	4,361	4361 0
1995	7.1	294	4,139	4143 4
1996	6.7	281	4,203	4211 8
1997	6.6	279	4,253	4262 9
1998	6.7	28	4,241	4244 3
1999	7.3	291	3,980	3981 1

Source: Department of Public Health & Social Services, Office of Planning and Evaluation

In 1999, the percent of live births weighing less than 1500 grams and the percent of all live births weighing less than 1500 grams was 0.7%.

Percent of Live Singleton Births Weighing Less than 1500 Grams

Year	Percent	Number Singleton Live Births with weight	Total Singleton	Unknown
1994	0.6	25	4,361	4361 0
1995	0.8	35	4,139	4143 4
1996	0.8	32	4,203	4211 8
1997	0.7	30	4,253	4262 9
1998	0.6	26	4,241	4244 3
1999	0.7	27	3,980	3981 1

Source: Department of Public Health & Social Services, Office of Planning and Evaluation

Developmental 4. The Guam MCH Program does not have the total number of hospitalizations for nonfatal injuries as the primary cause for hospitalizations.

The data presented is based on discharges and not the number of patients. Numbers shown may represent multiple visits for the same patient

Performance Measure 1. The island of Guam was excluded from reporting on this measure. The island does not have a Supplemental Security Income (SSI) Program to provide rehabilitation services to individuals under the age of sixteen with disabilities. Moreover, the Medicaid (MAP) and local Medically Indigent Program (MIP) does not have any provisions for these services.

/2005/ Title V Guidance requires all States and jurisdictions to report annually on 11 selected Health System Capacity Indicators (HSCI).

The data related to the 11 HSCI is provided on forms 17, 18 and 19, if it was available.

On Guam, we strive to design our Title V Program to put into practice humane systems that will make it easier for Guam to fulfill its public health vision. Such systems foster conditions for home and community environments to nurture children unconditionally, for education and childcare to provide safe and stimulating learning environments, for medical, dental and mental health homes to be accessible and to engage with families in the spirit of affirmation and partnership. Developing these systems to improve the health and safety of the MCH community requires that we identify and measure the outcomes that we want to see in the health status of Guam's women, infants, adolescents, families and communities. Measurement requires information that is thoughtful in relationship with the strengths and needs of Guam's population and has the ability to ignite community and state level action.

It is important to underscore that Guam as well as other territories, are not included in many of the National surveys such as hospital discharge surveys, immunization surveys and the most recent Children with Special Health Care Needs survey. We are capped for the allocation of Medicaid funds and most territories do not receive SSI monies. Therefore, it continues to be a great challenge for Guam to gather the most appropriate data for several of the HSCI's. However, in spite of these limitations, we have been very creative in the search of needed information.

HSCI 1 -- The rate of children hospitalized for asthma.

Data required to complete this HSCI was requested several times from the Guam Memorial Hospital Authority. The number of hospitalizations with asthma is not available.

HSCI 2 -- The percent of Medicaid enrollees whose age is less than one year who received at least one periodic screen.

The Early Periodic Screening, Diagnostic and Treatment (EPSDT) Program provides well-child and comprehensive pediatric care for children and adolescents through the age of 20.

In 2003, there were 909 children less than one-year-old eligible for services under EPSDT. The total eligible that should have received at least one initial or periodic screen was 909 and the total eligible that received at least one initial or periodic screen was 39 (4.29%).

HSCI 3 -- The percent of State Children's Health Insurance Program (SCHIP) enrollees whose age is less than one year who received at least one periodic screen.

This HSCI is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of \$6.68 million a year.

The Guam SCHIP is administered by the Bureau of Economic Security, Division of Public Welfare of the Department of Public Health and Social Services.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS). Allows for payment of unpaid medical bills for Medicaid eligible children less than 19 years of age whose medical expenditures were not paid because the Federal cap was exceeded. The waiver was allowed by CMS because Congress did not approve enough Child Health Insurance Program (CHIP) monies for the territories that would have allowed a "regular" CHIP.

The lack of financial access for low-income families also restricts their ability to choose private or primary care providers, since many providers do not accept Medicaid clients. This relates to HSCI # 2, as it affects the same population.

HSCI 4 -- The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.

Title V has made efforts to increase access and utilization of prenatal care and to decrease the occurrence of low and very low birth weight infants, and to ensure that an optimum number of number of women whose expected prenatal visits are greater than or equal to 80% on the Kotelchuck Index.

HSCI 5 -- Comparison of health system capacity indicators for Medicaid, non-Medicaid and all MCH population in the State.

Title V is committed to the development of a coordinated and comprehensive approach to address increase access to medical services by all children, youth and adults.

This HSCI has challenged us to intensify our efforts to strengthen collaboration with the Medicaid Program. Collaboration is the highest form of working together. It involves not only coordinating and cooperating with each other but also sharing resources and capacity.

The process has heightened our understanding of the complexity of the Medicaid Program. At the same time, Medicaid learns from us that Medicaid enrollment does not translate into full access for a recipient and that family centered and culturally competent systems are essential to families are important when they seek preventive care.

HSCI 6 -- The percent of poverty for eligibility in the State's Medicaid and SCHIP Program for infants (0 to 1), children and pregnant women.

Eligibility requirements for the Medicaid and SCHIP are 185% of basic needs standard comparable to 100% of Federal Poverty Guidelines.

HSCI 7 -- The percent of EPSDT eligible children aged 6 through 9 years old who have received any dental services during the year.

In 2003, there were 3,750 children aged 6 through 9 years old eligible for services under EPSDT. The number of children receiving any dental services was 232 (6.19%).

HSCI 8 -- The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs Program.

This HSCI is not applicable to Guam; SSI benefits are not available to children with disabilities. The Medicaid Program does not provide these services. Rehabilitative services are provided through the Department of Education Special Education Program and the Title V Program.

HSCI 9 -- The ability of States to assure that the Maternal and Child Health Program and Title V Agency to have access to policy and program relevant information and data.

As leaders, we make sound decisions about policies, strategies and systems only when useful, clear, accurate and timely information is available to us and to our partners.

No single information source can fuel the involved and multifaceted work of maternal and child health. Historically, we have collected information using single purpose or program specific data and we have typically not included families in the design, implementation and evaluation of such information. Computerized databases often are composed of independent data silos from which the exchange of data is difficult and at times nearly impossible. This significantly impairs the capacity of Title V, the community and more importantly, the families to help plan MCH efforts. We are challenged to make major shifts in the way we approach and use data, so that it is more reliable, family centers, population and system based, and tailored to addressing our health disparities.

HSCI 9B -- The ability of States to determine the percent of adolescents in grades 9 through 12 who report using tobacco products.

Part of the Adolescent Health Component is to work to gather information on adolescent health behavior. Information collected on this population is useful in guiding and evaluating alcohol, tobacco, and drug prevention programs.

The Youth Risk Behavior Surveillance (YRBS) provides information on Guam's adolescent tobacco, use, including cigarette smoking, cigars and use of smokeless tobacco.

Tobacco use on Guam is prevalent as smoking plays a major role in the morbidity and mortality of Guam's population. The 2001 Adult Behavioral Risk Factor Surveillance System (BRFSS) data ranks Guam as having one of the highest adult smoking rate among all states and territories. The island's smoking rate was 31.2%.

Despite the existence of laws that prohibits the sale of tobacco products to minors, youth on Guam have easy access to tobacco products.

According to the 2003 YRBS, 31.6% of high school students and 23.3% of middle school students on Guam are "current smokers."

The YRBS also disclosed that 75% of all high school students and 50% of middle school students "have already tries using tobacco."

HSCI 9 C -- The ability of States to determine the percent of children who are obese or overweight.

MCH is committed to the development of a coordinated and comprehensive approach to address the prevention of obesity in children, youth and adults on Guam.

In an article published in the Pacific Health Dialog, it was stated that 26.9% of Guam's adolescents are considered overweight.

Furthermore, gender differences were found, 31.42% of males were considered overweight compared to 23.3% of females.

IV. PRIORITIES, PERFORMANCE AND PROGRAM ACTIVITIES

A. BACKGROUND AND OVERVIEW

Each year it is easier to collect the necessary documentation to respond to the performance measures and the levels of the MCH pyramid of services. The MCH pyramid (included) has become a readily recognizable symbol. Programs providing MCH services are beginning to realize and appreciate the value of tracking performance over time.

Guam still struggles with some definitions and some of the target indicators continue to seem too high or too low.

/2005/ The Office of Maternal and Child Health Services, Division of Public Health, Department of Public Health and Social Services, is the "single state agency" for Maternal and Child Health on Guam. The Office plans, promotes and coordinates an island wide system of comprehensive health services for women, infants, children, adolescents and families of children who have special health care needs. The Office is known for longstanding community partnerships between the public and private sector, which has ultimately resulted in, improved health status and access for maternal and child health populations.

The Office of Maternal and Child Health Services, in collaboration with multiple agencies, family groups, and individuals, has determined several needs across the service system. The needs, as identified, have been linked to Healthy People 2010 Objectives when possible and are listed by targeted populations; i.e. perinatal, children, adolescents, and children with special health care needs.

The annual assessment of the progress on the National and State Performance Measures provides reassurance in some areas that progress is being made and at the same time points out specific areas that efforts needed to be addressed or intensified to make improvements. Nonetheless, we still feel confident that the priority needs that were developed and the approaches we have initiated to address those needs will have the positive outcomes we seek, in spite of the large proportion of high-risk mothers and children on Guam.

B. STATE PRIORITIES

In general, the Guam MCH Program plans to continue to integrate performance measure activities into all phases of the Departmental planning. Updating the Department of Public Health Strategic Health Plan will include specific performance measures. Identifying specific Division of Public Health Bureau goals for local legislative activities will also include performance measures. Meetings with local agencies and department staff will continue to include discussion of MCH performance measures, health status indicators and we will continue to encourage local departments to address these issues.

/2005/ Guam's priority needs were established with the five year Needs Assessment and implemented in 2001.

Improving the health status, the well-being and quality of life for Guam's women, infants, children and adolescents is a great challenge for the Guam MCH Program. In reviewing the performance measures, it may be perceived that there was a focus on youth. It was felt that this focus is a significant contributing factor to the island's outcome with respect to many of the National performance and Outcome measures.

Since the identification of these priorities, MCH has been involved in discussions regarding how to further address these priority areas as MCH prepares to accomplish it's five year Needs Assessment, while at the same time looking at the big picture in identifying the health status and needs of the MCH population.

The following is a list of Guam's State Performance Measures.

- 1. The percent of adolescents aged 13 through 17 with substance use/abuse.**
- 2. Percent of childbearing age women who have been screened for cervical cancer.**
- 3. Percent of children younger than 18 years old maltreated/neglected.**
- 4. Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.**
- 5. Percent of adolescents who report smoking tobacco.**
- 6. To improve the referral system of infants under the age of one year, to DPHSS, CSHCN Program for entry into the CSHCN registry.**
- 7. The percent of Chlamydia Trachomatis infections in women under the age of 25.**

C. NATIONAL PERFORMANCE MEASURES

Performance Measure 01: *The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.*

a. Last Year's Accomplishments

All infants born at the Guam Memorial Hospital Authority, the Naval Regional Medical Center and the Sagu Ma^ñ Birthing Center are screened for seven disorders: Biotinidase Deficiency, Congenital Adrenal Hyperplasia, Galactosemia, Cystic Fibrosis, Phenylketonuria, Hypothyroidism and Hemoglobinopathies.

The Title V Program has oversight over the Newborn Metabolic System by ensuring blood specimens are obtained, ensuring blood specimens are transported off-island, ensuring physician notification and newborn tracking. The MCH Program ensures that all infants who are diagnosed with metabolic and other disorders, and abnormal and unsatisfactory screening results, transferred off-island or not screened are tracked.

One of the goals of the Newborn Metabolic System is the reduction of specimens submitted to the laboratory, which fail to meet the criteria established for a satisfactory specimen. Such failure results in compromised or no test results, making a repeat blood collection necessary, which is a great inconvenience to the patient, and a repeat test, which is time consuming and expensive for the laboratory. The two principal reasons for the repeat testing are: 1) the inadequacy of the specimen and 2) the collection of the initial specimen too soon after birth.

b. Current Activities

The MCH Program will continue to provide support for the Newborn Metabolic System. All infants born at the Guam Memorial Hospital Authority, the Naval Regional Medical Center and the Sagu Ma^ñ Birthing Center are screened for seven disorders: Biotinidase Deficiency, Congenital Adrenal Hyperplasia, Galactosemia, Cystic Fibrosis, Phenylketonuria, Hypothyroidism and Hemoglobinopathies. The program will maintain the ability to follow-up to assure all infants with abnormal lab results are followed until resolution with diagnosis and date of treatment; normal lab results or lost to follow-up.

The Newborn Metabolic System has drafted policies and procedures to ensure comprehensive follow-up care to those newborns identified with an inborn error of metabolism. These policies aim to create a seamless system of care whereby these newborns that are identified with an inborn error are referred to the CSHCN Program for care coordination, payment of services and referral to other programs such as Early Intervention Services. For families who lack medical

insurance coverage, the CSHCN Program will help defray costs for special medical services, food and formulas.

Furthermore, the Hawaii Department of Health is applying for a HRSA Cooperative Agreement to develop a Regional Genetics Collaborative Network.

Some of what the Network proposes to do is:

? Develop a regional network demonstrating the ability for children identified through newborn screening programs or with heritable disorders and their families to have access to genetic expertise for genetic counseling, evaluation and clinical management.

? Develop and provide genetics education to various stakeholders such as health care providers, students, consumers, public health staff, policy makers, etc. in the region.

In preparation for the activities planned in conjunction with a Memorandum of Agreement with the Hawaii Department of Health, planning has begun to establish a more in-depth protocol for follow-up for non-responsive families, including those that do not return phone calls or present for confirmatory testing and follow-up as well as those persons whose contact information is incorrect or not current. The objective of the follow through is to ensure that each infant with a positive screen is receiving the necessary services.

c. Plan for the Coming Year

Guam's plan relevant to this measure is to attain 99.8% of all newborns screened for genetic disorders.

Title V administrative personnel will also continue to tack all medically prescribed foods and formulas in addition to the coordination of care between the medical community and the family.

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

a. Last Year's Accomplishments

There were no planned activities relevant to this performance measure. Although Title V assures family involvement in issues pertaining to the care of Children with Special Health Care Needs, there has been no qualitative data collection on family satisfaction.

b. Current Activities

The Guam Title V Program is addressing this measure through continuation and strengthening existing linkages and referral networks.

Other strategies being employed are: expanding outreach and support to culturally diverse population, providers and community organizations; identification of barriers that prevent families from accessing health care and the promotion of the Medical Home concept.

c. Plan for the Coming Year

Guam's plan is to continue to assure family participation in program policy activities.

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

a. Last Year's Accomplishments

In 2000, two pediatricians associated with the Title V Program applied for and were awarded a mini-grant through the American Academy of Pediatrics. One of the goals of the mini-grant was to establish a multi-disciplinary "Special Kids" Clinic, which would provide a medical home for special needs children who lack health insurance or a regular provider.

b. Current Activities

Although the mini-grant funding has been exhausted, the "Special Kids" clinic continues to be operational. The clinic is held at the Northern Regional Community Health Center once a week. During the six months the clinic was operational in 2003, 103 children were seen.

There is a demonstrated need for professional education and training in the Medical Home model based on the American Academy of Pediatrics guidelines. Training should include the core elements of the medical home concept, as they can be adapted for the territory to meet the comprehensive needs of children and their families.

c. Plan for the Coming Year

The Title V Program will convene a Medical Home Task Force comprised of family members and individuals from programs and other disciplines serving CSHCN including medical providers to develop a consensus of the evidence-based definition of Medical Home.

A plan will be developed to promote the Medical Home approach through collaborations with community based organizations and professionals. This will assure their assistance in encouraging families to access comprehensive health care through a medical home.

Furthermore, the Title V Program and collaborative partners has scheduled in October 2004 a Medical Home Conference/Training. Health care providers, families and youth will be among the presenters. The primary goal of the conference/training is to introduce the audience to the components of a Medical Home with a focus on those individuals incorporating these components into their practice. A secondary goal is designing and implementing a mechanism to follow up on those individuals who attend and create practices within Guam who can act as mentors.

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

a. Last Year's Accomplishments

In 2002, according to the Behavioral Risk Factor Surveillance System (BRFSS) survey instrument, 14.32% of children under 18 on Guam had no form of health insurance. This would equate to 8,163 children in 2002 and 8,238 in 2003.

In 2003, according to the BRFSS, 21% of adults reported themselves as having no health insurance, this translates to 21,773 individuals.

b. Current Activities

Much of Guam is rural and there is a large part of the population who are uninsured. These families receive medical care through the three public health centers or in the emergency room of the only public hospital -- thus burdening the island's health resources. Guam has been receiving SCHIP funds since 1998. However, many families are not eligible because they are insured by other means (sometime inadequate) or they fail to meet the financial income criteria. Of those families who do have private insurance, many have plans that only provide rudimentary coverage and do not provide for the extraordinary needs of children with chronic health conditions.

The Department of Public Health and Social Services received a grant from the Centers for Medicare and Medicaid Services (CMS) for the Real Choice Systems Change Grant. The goal of this grant is to create improvements in community long-term support systems so that individuals of any age, who have a disability or long-term illness, have the choice and necessary support systems to live and participate in their communities.

The Real Choice grant addresses this goal through the development of an infrastructure that helps agencies, providers and consumers make the necessary changes that will support people with disabilities in the community.

c. Plan for the Coming Year

Clinic staff continues to screen and update information for all clients during clinic visits. If a family is found to have no health insurance, referrals are made. Families are informed of eligibility requirements and referral procedures for all public insurance programs to which they might apply. Assistance with forms is provided, if needed.

Furthermore, the DPHSS is in the process of applying for a HRSA State Planning Grant.

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

a. Last Year's Accomplishments

Guam was not included in the CSHCN survey. Consequently, the percent of CSHCN aged 0 through 18 whose families report community-based services are organized so they can use them easily is not available.

b. Current Activities

Children with Special Health Care Needs (CSHCN) social workers serve the program participants by providing a holistic approach to care coordination. Multi-disciplinary team members participate with the child/family in planning the most appropriate care needed for the child. The multi-disciplinary team includes the child/parent, physicians, nurses, social workers,

the school system, and any community services that may be providing services for the child.

c. Plan for the Coming Year

In conjunction with the upcoming five year Needs Assessment, a survey will be developed and conducted in order to determine the overall quality of life for CSHCN in Guam. Particular emphasis will be given to the satisfaction level of CSHCN and their families on quality of care and coordination of services.

Performance Measure 06: The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

a. Last Year's Accomplishments

Guam was not included in the CSHCN survey. Consequently, the percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life is unknown.

b. Current Activities

In recent years it has become apparent that greater majorities of children with special health care needs are surviving into adulthood -- many of who are capable of going onto lead productive adult lives. This fact has caused the MCH Program to start planning the making of critical changes in the manner in which services are rendered to adolescents, young adults and their families.

c. Plan for the Coming Year

On Guam, children and adolescents who are participating in the CSHCN component receive transition care planning. We begin to talk about plans for the future. Included in the planning, which is provided by our social workers, is discussion about careers, training needs, independent living and sexuality.

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

a. Last Year's Accomplishments

While still below the targeted performance objective set by Healthy People 2010, the percentage of children being fully immunized by the age of 2 years has increased substantially over time, but has been stagnant over the past few years.

The Guam Immunization Program is not housed in the Office of Maternal and Child Health Services, but rather in the Bureau of Communicable Disease with the DPHSS. This program works closely with WIC, the birthing center and the private practicing medical community and other early childhood programs in an effort to get as many children fully immunized as possible.

b. Current Activities

Since 1994, there have been three Measles outbreaks on Guam. During the 1994 outbreak, there were a total of 228 confirmed cases and 3 deaths. During the 2002 outbreak, which occurred between March and May, there were a total of nine confirmed cases.

In August 2003, a 7 month old contracted Measles from her 19-year-old mother who had been exposed to the disease during a trip to the Marshall Islands. Two additional laboratory confirmed cases and two epi-linked cases without laboratory confirmation occurred before intensive case finding and vaccination programs conducted by public health nurses and communicable disease control staff ended this outbreak.

Immunization is a vital part of every primary and preventive care visit. All health centers and community health clinics provide immunization services. Immunization records are checked for completeness at every visit and parents receive a copy of the recommended CDC/AAP Guidelines for Childhood Immunizations.

A barrier to timely immunization is the large number of lost opportunities that families of young children experience. To address this barrier, the Guam Immunization Program offers a "mobile" unit, which is deployed to various Mayors office on the island.

c. Plan for the Coming Year

In view of the frequent changes and emergence of new modalities in the field of childhood immunizations, it is necessary to constantly update the knowledge of staff and providers regarding immunizations. To accomplish this, we will promote staff and health care providers attendance at national Conference, other related training session and by distributing educational materials

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

a. Last Year's Accomplishments

On Guam, multiple public, private and community service agencies are working to affect a reduction in adolescent pregnancy. The Office of Maternal and Child Health Services, Department of Education, policy makers, administrators and school personnel are working together for the common goal of reducing teen pregnancies.

b. Current Activities

Within the Office of Maternal and Child Health Services is the Title X Family Planning Program. The Family Planning Program provides voluntary services. The program enables individuals, mostly women of reproductive age, and families to achieve their goals for family size. The program works to improve adolescent's understanding of human sexuality and contraception. The program provides medical evaluations, human sexuality education, contraceptive counseling and devices, infertility management, genetic counseling, referrals and health education. In CY 2003, Family Planning Programs services were provided to 526 female teens and 51 males teens under the age of 19.

In 2002, there were 4,029 females between the age of 15 and 17 years. There were 121 live births, which occurred in this population, the teen birth rate was 30.03.

In 2003, there were 4,116 females between the ages of 15 and 17 years. There were 101 live births, which occurred in this population, hence the birth rate was 24.54, a decrease of 18.3%.

Title V has collaborated closely with the Guam Department of Education to administer the Youth Risk Behavior Survey (YRBS) in Guam middle and high schools. The data from the YRBS will allow MCH to have current data on adolescent risk-taking behaviors to use in policy and program development and to share with partners in advocating for policy and programs to address prevention measures.

Furthermore, within the Office of Maternal and Child Health Services is the Abstinence Education program, which offers sexual abstinence as a healthy choice in the prevention of pregnancy and sexually transmitted disease. The program facilitates the adolescent population in making the decision to become or remain sexually abstinent.

The Abstinence Education program provided outreach and education to "Island Girl" Power, a local community-based prevention program. Topics included: group pressure preventing adolescent pregnancy, sex education and common risks associated with adolescent pregnancy. The topic of abstinence was provide to 151 adolescents.

Inafa' Maolek is a non-government, community based, non-profit organization which promotes peace in the community. Inafa' Maolek was initiated by a local attorney and involves a network of volunteers which has been involving and training youth in peer mediation, date rape prevention and health education "community" theatre performances.

In 2003, Inafa' Maolek provided performances on teen pregnancy, date rape and self esteem in Guam's middle and high schools to 532 students.

c. Plan for the Coming Year

The Abstinence Education and Family Planning Program will continues to provide adolescent pregnancy prevention educational activities in coordination with schools, community based programs and other concerned entities.

Addressing teen pregnancy rates means addressing the concerns of teens when entering into the health care system, while at the same time encouraging parental involvement in their children's reproductive health. To facilitate this, the Family Planning Program is in the process of developing a program to increase the ability to create teen friendly clinics.

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

a. Last Year's Accomplishments

Access to oral health care is a significant problem for low-income children. Vulnerable children are more likely than children are in general to have dental problems, including extensive tooth decay, pain and infection. Those problems can lead to eating, learning and speech problems and are the cause of millions of lost school hours.

The Dental Health Program had a School Busing Sealant Program in which children in 1st through 8th grade, from the various public and private schools were bused into the dental clinics at DPHSS. A dental exam was performed and if recommended, sealants were applied. This program was discontinued due to budget constraints, and increase in bus fees as well as a shortage of buses.

b. Current Activities

The Dental Health Program applied and received a grant to implement a fluoride varnish program in which children under age 6 are offered fluoride varnishes. Children from the MCH Well-Infant/Child Checkups, the WIC Program and the Head Start Program would be integrated into the program.

Fluoride varnish would be offered to children beginning at age nine months to 5 years old. The varnish would be applied at the beginning of the project. The children will be given a dental exam prior to the application of the fluoride varnish. The children would be brought back in four months and their teeth re-examined and the varnish re-applied.

c. Plan for the Coming Year

Efforts will be made to have oral health education included in all population-based activities for perinatal and adolescents. The MCH Program recognizes that good oral health for children begins with pregnant women and women of childbearing age.

Title V staff will continue to collaborate with the Dental health Program, dental providers, pediatricians and community based programs serving young families to ensure that each child, including those with special needs has appropriate care.

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

a. Last Year's Accomplishments

On Guam, unintentional injuries are among the leading causes of death among children 1 through 14 years old. Among all unintentional injuries, motor vehicle crashes claim the highest number of deaths. In 2001, there were 9 deaths (1.86/10,000) to children aged 1 through 14.

The Title V Program offered child restraint technical assistance and educational outreach through health fairs, seminars and workshops. Community outreach was accomplished through dissemination of educational materials such as brochures, pamphlets and presentations to various groups such as child-care centers, health fairs, schools and faith-based groups.

The Emergency Medical Services for Children (EMSC) Program provided injury prevention, infant and child safety and motor vehicle passenger safety education to students, school staff and community organizations.

b. Current Activities

The MCH Program in collaboration with the EMSC Program is reviewing existing injury prevention resources from the National Highway Traffic and Safety Administration, American Academy of Pediatrics and the Centers for Disease Control. The information will be tailored to fit the specific needs of agencies and communities that serve school-age children on Guam.

The Department of Public Works, Highway Section along with the Guam Police Department Highway Division have been promoting and enforcing the island's mandatory seat belt and child safety seat laws through a "Click It or Ticket" campaign. Major public awareness campaigns on the mandatory seat belt laws in conjunction with increased enforcement, stopping motorists and at special roadblocks are being held.

c. Plan for the Coming Year

MCH will look at identify new opportunities to impact car safety restraint use. Information from the YRBS will be shared with policy makers as well as interested individuals and organizations to enhance prevention activities.

Furthermore, other activities that are related to this performance measure are to:

- ? Promote the utilization of infant car seats and child restraints.
- ? Disseminate educational materials at health fairs and other community events.

Performance Measure 11: *Percentage of mothers who breastfeed their infants at hospital discharge.*

a. Last Year's Accomplishments

While the latest data on breast-feeding indicates that a low percentage of women chose to breast-feed their infants, this should not be taken as an indication of little effort on the part of the Department of Public Health and Social Services or, in particular, the Office of Maternal and Child Health Services.

b. Current Activities

The Guam Breast-feeding Coalition was established in November 2003. Members include public health nurses, social workers, MCH staff, medical practitioners, WIC, community based organizations and consumers.

The Coalition established three areas of emphasis to increase the rate of breastfeeding mothers on Guam: 1) increase support for breastfeeding; 2) develop a legislative agenda targeted at improving support for breastfeeding; and 3) increase education of health care providers on effective strategies to promote breastfeeding.

Structured breastfeeding classes have been implemented at the Central Public Health facility to ensure that all prenatal clients receive at least one breastfeeding education class during their pregnancy.

Women and their partners are taught the benefits and proper techniques of breastfeeding. Information on anticipated problems women may encounter during breastfeeding such as cracked nipples, engorgement and infection are discussed.

Title V has begun to formalize its coordination with the WIC Program through the development of a Memorandum of Understanding. Data sharing is to be developed as well as other activities.

c. Plan for the Coming Year

Title V, the Breastfeeding Coalition and the WIC Program will provide training and discuss strategies with nurses, social workers and practitioners on identification of barriers to breastfeeding and strategies that can be used to assist clients to overcome these barriers.

Furthermore, Title V will work with the U.S. Department of Health and Human Services Office on Women's Health to launch the National Campaign that encourages first time mothers to

breast-feed.

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

a. Last Year's Accomplishments

To ensure that all infants born on Guam have access to newborn hearing screening prior to hospital discharge, the Guam Early Hearing Detection and Intervention (GEHDI) Program was established. The program is housed through the Guam Early Intervention Services Program, Department of Education and collaborates with Title V.

The primary goals of GEHDI are:

1. All newborns will be screened and will have a diagnostic audio logical evaluation before hospital discharge.
2. All infants who fail the screening will have a diagnostic evaluation before 3 months of age.
3. All infants identified with a hearing loss will receive appropriate early intervention services before 6 months of age (medical, audio logical and early intervention).
4. To decrease the number of false positive referral rates.
5. All infants with a hearing loss will have a Medical Home and parent-to-parent support.

b. Current Activities

The data for Guam Memorial Hospital indicates that 75.09% of infants born are screened prior to discharge and 23.3% were not screened. The rate of screening at Guam Memorial Hospital has improved 28% from the initial implementation data.

For infants that are born at the Sagua Mañ Birthing Center, the data shows that 90.9% of infants are screened, however, for infants that either mother or baby have had complications during the birth, they are immediately transferred to Guam Memorial Hospital Neonatal Intensive Care Unit and are indicated under "not screened" which is about 25% of the clients.

c. Plan for the Coming Year

The GEHDI Program has drafted rules related to reporting hearing screening. As program rules are promulgated that require reporting of screening results to the program, and the database is implemented, a much clearer picture of the status of hearing screening and intervention services on Guam will emerge. Guam has accomplished the planning for many components of the surveillance and tracking system and is working with the hospital and birthing center on planning for a comprehensive system.

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

a. Last Year's Accomplishments

In 2002, according to the Behavioral Risk Factor Surveillance System (BRFSS) survey instrument, 14.32% of children under 18 on Guam had no form of health insurance. This would equate to 8,163 children in 2002 and 8,238 in 2003.

In 2003, according to the BRFSS, 21% of adults reported themselves as having no health

insurance, this translates to 21,773 individuals.

b. Current Activities

Much of Guam is rural and there is a large part of the population who are uninsured. These families receive medical care through the three public health centers or in the emergency room of the only public hospital -- thus burdening the island's health resources. Guam has been receiving SCHIP funds since 1998. However, many families are not eligible because they are insured by other means (sometime inadequate) or they fail to meet the financial income criteria. Of those families who do have private insurance, many have plans that only provide rudimentary coverage and do not provide for the extraordinary needs of children with chronic health conditions.

c. Plan for the Coming Year

The Guam DPHSS is in the process of applying for a HRSA State Planning Grant.

The goals of the program are: 1) to study the characteristics of the uninsured citizens of Guam; 2) to collect information about the various health benefits packages available to the population of Guam; 3) to identify and evaluate possible barriers and financial issues to health coverage on Guam; and 4) prioritize options to providing affordable and accessible health insurance coverage.

Performance Measure 14: Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

a. Last Year's Accomplishments

No Last Year Accomplishments

b. Current Activities

This Performance Measures is not fully applicable to Guam, due to the Medicaid cap. Unlike the funding received by U.S. states, the Medicaid and SCHIP funding are capped. Guam receives a maximum of \$6.68 million a year.

The Guam SCHIP is administered by the Bureau of Economic Security, Division of Public Welfare of the Department of Public Health and Social Services.

The Child Health Insurance Program Plan, which has been approved by the Centers for Medicare and Medicaid (CMS). Allows for payment of unpaid medical bills for Medicaid eligible children less than 19 years of age whose medical expenditures were not paid because the Federal cap was exceeded. The waiver was allowed by CMS because Congress did not approve enough Child Health Insurance Program (CHIP) monies for the territories that would have allowed a "regular" CHIP.

The lack of financial access for low-income families also restricts their ability to choose private or primary care providers, since many providers do not accept Medicaid clients

c. Plan for the Coming Year

No Plans for the Upcoming Year

Performance Measure 15: *The percent of very low birth weight infants among all live births.*

a. Last Year's Accomplishments

A very low birth weight infant is an outcome of a broad number of risk factors that may lead to a premature delivery. These factors include chronic health conditions, obstetric complications, multiple births, behavioral risk factors such as smoking, alcohol consumption, illicit drug use, domestic violence and stress and low BMI at the time of conception among others.

A comprehensive prenatal history and a thorough physical examination are the best tools that help in the identification of the pregnant women at risk of premature delivery.

b. Current Activities

The percent of very low birth weight infants has increased from .87% in 2002 to 1.33% in 2003.

The Title V Program provides pregnancy risk assessments for all eligible women. The risk assessments identify and then attempt to educate all pregnant women identified as being at risk for poor pregnancy outcomes. Pregnant women are routinely referred to the WIC Program. In 2003, there were 567 women referred.

Title V conducts an Early Prenatal Counseling Class (EPCC) that provides education and information to pregnant women and their partners on the adverse effects of alcohol, drug and tobacco usage during pregnancy. In 2003, there were 594 participants attending EPCC.

c. Plan for the Coming Year

Title V plans will be to address several risk factors that may lead to a premature delivery. Among others, these include, but are not limited to:

- ? Promote the importance of early and continuous prenatal care not only among consumers, but also among providers.
- ? Identify and address personal and health care system barriers.

Title V would like to partner with the hospital, birthing center and private providers to present the issues of preterm births at a Perinatal Summit. The Summit would bring together physician providers, midlevel providers and community leaders to address the issues of premature births, diagnosis and management of pre-term labor, best practices in prematurity prevention, life long health consequences of preterm birth and to develop an action plan to be used in the effort.

Performance Measure 16: *The rate (per 100,000) of suicide deaths among youths aged 15 through 19.*

a. Last Year's Accomplishments

A Youth Suicide Prevention Task Force was organized in 2001. There was a broad based representation on the Task Force, including MCH, mental health, education, advocates and survivors. The Task Force explored the suicide problem among youth on Guam and decided on a strategy that includes the development of a comprehensive plan to address the problem and to develop resources to implement the plan. The plan will be published and presented to various agencies and community-based organizations for their "buy-in" in implementing the

various program components. Funding sources for various components of the plan will be identified and approached for financial support.

b. Current Activities

Our nation is facing a public crisis in mental health care for infants, children and adolescents. One in ten children and adolescents nationally suffer from mental illness severe enough to cause impairment. Yet, in any given year about one in five receive specialty mental health services.

In 2002, there were 6 deaths by suicide among youth aged 15 through 19. There were 13,234 youth within the ages 15 through 19, the rate per 1,000 was .45.

In 2003, there were 3 suicide deaths among the targeted age group. The rate per 1,000 was .22.

The Adolescent Health Initiative, a component of Title V, addresses the most prevalent health risks facing youth by empowering the community and supporting efforts that build resiliency and strengthening families. The mission is to communicate to all citizens of Guam that all youth need to be surrounded with networks and individuals that provide them with support, opportunities, boundaries and structure.

The primary goal of the Initiative is to improve the health status, health related behavior, and availability/utilization of preventative, acute and chronic care services among the adolescent population of Guam.

The Adolescent Health Coordinator participated in focus group discussions. The group discussion provided the coordinator with specific suggestions/strategies for addressing youth issues on Guam. Some key points brought up included the fact that school counselors have become so focused on academic advising that they are unavailable to help students with personal problems and that there is a general lack of mentorship within the community.

c. Plan for the Coming Year

Title V will continue to work in the area of teen suicide prevention. Some activities planned are:

- ? A suicide prevention guideline for schools will be developed in conjunction with partners.
- ? Identification of public schools to participate in teen suicide prevention activities.

Performance Measure 17: Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

a. Last Year's Accomplishments

This PM is not fully applicable to Guam

b. Current Activities

Nearly two years ago, Continental Micronesia Airlines phased out its DC-10s and replaced them with 767 aircraft. While the change meant enhanced service, it had a negative implication for health care. As the new planes were not equipped to provide medical transport for infants in need.

In January 2004, the arrival of a Medical Transport System especially fitted for the 767 aircraft arrived. The unit cost almost a quarter million dollars.

However, in order to install the unit for transport, 6 seats have to be removed from the aircraft. Patients are charged for the 6 coach seats, at a medical discount rate. The price tag for the family can cost between \$6 -- 10,000 and that is without the medical staff that must accompany the patient.

c. Plan for the Coming Year

This PM is not fully applicable to Guam

Performance Measure 18: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

a. Last Year's Accomplishments

Data shows that the percent of women seeking prenatal care in the first trimester decreased from 67.38% in 2002 to 62.57% in 2003.

The Women's Health/MCH Clinics provide primary and preventive care to pregnant women, mothers and infants. Women are able to receive comprehensive reproductive health care including:

- ? Pregnancy testing
- ? Prenatal care and counseling
- ? Complete history and physical, including social, medical, behavioral and emotional risk factor assessment
- ? Complete physical examination
- ? Breast self examination instructions
- ? Health education
- ? Laboratory and diagnostic services
- ? Nutrition counseling, including education on lactation and breastfeeding
- ? WIC referral

MCH works in conjunction with the Title X Program to provide referrals to prenatal care for women who have positive pregnancy tests and assist them with access to early care.

b. Current Activities

MCH continues to work with providers to promote early entry into prenatal care in order to identify any medical risks and psychosocial risk factors.

MCH works in conjunction with the Title X Program to provide referrals to prenatal care for women who have positive pregnancy tests and assist them with access to early care.

In January 2004, the Guam Memorial Hospital Authority faced a crisis in the Neonatal Intensive Care Unit (NICU).

Beginning on January 16, 2004 there was an unusual surge in NICU capacity. On the 21st there were 7 neonates, on then 23rd the census rose to 9 and on the 24th, there were 11 neonates being cared for.

The Governor declared a State of Emergency and requested assistance from the Department of Health and Human Services and the Federal Emergency Management Agency.

Within days, 6 registered neonatal nurses, one respiratory therapist, a biomedical technician, a epidemiologist and a neonatologist stationed with the Naval Hospital in Okinawa arrived.

Furthermore, the hospital received much needed equipment such as neonatal ventilators and cardiac monitors.

Upon arriving, the team of Adm. Ronald Banks, Capt. John Walmsley and LCDR Daniel Singer met with the Territorial Epidemiologist and CDC Assigned Regional Epidemiologist. MCH Program Coordinator and the Public Health Biostatistician. During this meeting, there was consensus that the first task was to ascertain whether the surge in the NICU census was attributable to an increase in overall births, pre-term births, or other factors resulting in more NICU admissions.

Based on preliminary analysis, it appears that the surge in NICU births was not attributable to an increase in either all births or pre-term births. Overall, the number of births has remained relatively constant. In two months in 2003 (August and October), there were approximately as many admission to the NICU as there were in January 2004. the average gestational age and birth weight vary from month to month. Another possibility, is that the number of admission is typical for the NICU, but the length of stay increased.

c. Plan for the Coming Year

The MCH Program will continue to work in partnership with the Title X Program to provide preconception counseling when birth control is sought and following a negative pregnancy test.

The MCH Program will continue to analyze the data gathered from the NICU situation that occurred.

Title V plans will be to address several risk factors that may lead to a premature delivery. Among others, these include, but are not limited to:

? Promote the importance of early and continuous prenatal care not only among consumers, but also among providers.

? Identify and address personal and health care system barriers.

Title V would like to partner with the hospital, birthing center and private providers to present the issues of preterm births at a Perinatal Summit. The Summit would bring together physician providers, midlevel providers and community leaders to address the issues of premature births, diagnosis and management of pre-term labor, best practices in prematurity prevention, life long health consequences of preterm birth and to develop an action plan to be used in the effort.

FIGURE 4A, NATIONAL PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

General Instructions/Notes:

List major activities for your performance measures and identify the level of service for these activities. Activity descriptions have a limit of 100 characters.

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.				
1. Decrease the number of unsatisfactory specimens submitted by Guam Memorial Hospital Authority, Naval	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Enhance awareness of Newborn Metabolic Screening among health care professions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Improve data system for linking births and newborns genetic screening practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Improve follow-up of confirmed cases to ensure appropriate treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)				
1. Increase the participation of family members in the CSHCN program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
3) The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)				
1. Deliver "medical/health home" training to physicians serving CSHCN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increase to 85% the number of CSHCN who have an identified				

"medical/health home"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)				
1. Increase to 100% the number of CSHCN who have access to a list of services, and other information ab	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Increase to 100% the number of CSHCN identified as eligible for Title V Program and are participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)				
1. Increase to 100% the number of CSHCN identified as eligible for Title V Program and are participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)				
1. Not applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.				
1. Establish an islandwide immunization information system so all health care providers can determine/r	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Increase services to families with children 0-2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
8) The rate of birth (per 1,000) for teenagers aged 15 through 17 years.				
1. Expand and enhance the quality of clinical services through partnerships.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Increase services to hard to reach populations by partnering with community based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Increase services to adolescents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Expand comprehensive services such as STD and cancer screening and prevention, education and counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
9) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.				
1. Increase access to comprehensive preventive dental care for clients enrolled in the EPDST Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Ensure use of Fluoride mouth rinse in public elementary schools	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Increase services to families with children.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
10) The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.				
1. Increase services to hard to reach populations by partnering with community based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continue to collaborate with EMSC in the development and production of childhood injury prevention p	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
11) Percentage of mothers who breastfeed their infants at hospital discharge.				
1. Compile WIC unduplicated data to better assess breastfeeding among WIC mothers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Increase initiation and duration of breastfeeding of mothers at hospital discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
12) Percentage of newborns who have been screened for hearing before hospital discharge.				
1. Enhance awareness of Newborn Hearing Screening among health care professions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Ensure all referrals receive diagnostic evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
13) Percent of children without health insurance.				
1. Health office staff, providers, community groups will conduct outreach activities to reach families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Increase access to comprehensive preventive care for clients participating in Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

3. Continue efforts to obtain complete data on the insurance status of all Guam children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
14) Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.				
1. Address geographic, ethnic, age related and other disparities in Medicaid population.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Increase access to comprehensive preventive care for clients participating in Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
15) The percent of very low birth weight infants among all live births.				
1. Expand and enhance the quality of clinical services through partnerships.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Analyze data and trend for Very Low Birth Weights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Analyze current provider practices in the prevention of low birth weight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Increase access to comprehensive prenatal care for clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
16) The rate (per 100,000) of suicide deaths among youths aged 15 through 19.				
1. Develop a suicide prevention network in each middle and high school.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Develop a mental health referral/ services system in the middle and high schools.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.				
1. Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NATIONAL PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.				
1. Increase first trimester prenatal care levels to 75%	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Monitor quality improvement for pregnant women and infants who receive Medical Social Services case	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Increase access to comprehensive preventive care for clients participating in Medicaid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensure that public health clinics offering prenatal care receive essential technical assistance and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Promote training, recruitment and placement of providers (CNM, CNP) in prenatal care settings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. STATE PERFORMANCE MEASURES

State Performance Measure 1: *The percent of adolescents aged 12 through 17 with substance use/abuse.*

a. Last Year's Accomplishments

Alcohol, tobacco and other drug related problems among youth are critical issues facing society today. Drugs have long been associated with the youth culture of the day and today's youth culture is no more or less guilty than previous ones.

Title V continues a long-standing relationship with the Guam Department of Education (DOE) to administer the Youth Risk Behavior Survey (YRBS). The YRBS is a data collection tool executed every two years by DOE to provide state level data on priority health risk behaviors relating to intentional or unintentional injury and violence; tobacco use; alcohol and other drug use; teen sexual behaviors; dietary behaviors and physical activity.

According to the 2003 YRBS, 31.6% of high school students are "current smokers" and 81.5% tried but failed to quit. The YRBS further showed that 27.1% of high school students are "current users" of marijuana and 14.9% tried marijuana before age 13.

Seventy one percent (71.3%) of Guam's high school students have had at least one drink of alcohol, with 8.5% having their first drink at age 8 or younger. Of the 71.3%, 17% of those students state that they have gone binge drinking and 10% have driven a car after drinking.

b. Current Activities

The Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a one-year planning grant to Guam in the amount of \$367,548. The grant will enable Guam to develop a three year comprehensive statewide Substance Abuse Prevention and Early Intervention Plan.

On October 22, 2003, the Governor of Guam signed Executive Order 2003-29 "Relative to the Creation of the State Incentive Planning Grant to be Known as the Prevention and Early Intervention Advisory Council Empowerment." Soon after, a State Level Prevention and Early Intervention Advisory Council (PEACE) was established. Title V is an integral part of the Council.

The PEACE Council has been tasked to facilitate the development of a comprehensive 3-year plan to reduce substance abuse rates on Guam. The plan must address five objectives:

1. Identify substance abuse prevention needs of Guam's 12-25 year old group and their families.
2. Establish a method for identifying and filling current gaps in Guam's prevention and early intervention programs targeting 12-25 year olds.

3. Identify currently known funding streams and resources to develop a financial plan for efficient resource utilization.
4. Improve collaboration and coordination among stakeholders.
5. Identify technical assistance and training needs among Guam providers and identify strategies and resources for meeting those needs.

Furthermore, the PEACE Council has drafted two documents for review and implementation.

1. A Memorandum of Agreement (MOA) between the Department of Mental Health and Substance Abuse and PEACE Council members.

The MOA will extend PEACE Council members efforts beyond the one-year planning and development stage of the State Incentive Grant.

2. An Executive Order designating the Department of Mental Health and Substance Abuse (DMHSA) as the lead entity for addressing underage drinking.

c. Plan for the Coming Year

Title V in conjunction with the PEACE Council is planning to draft a White Paper for the Governor to explain the need for cross agency collaboration to more effectively and efficiently serve children and families. As a part of the paper, a review will be conducted of all councils/boards related to children, youth and families for overlaps and gaps as an effort to utilize island resources more efficiently.

MCH will continue coordination with DOE to administer the YRBS. MCH will help to facilitate the development of strategies to impact risky behaviors identified by the YRBS including the use of substances.

Title V will work with DMHSA in addressing underage drinking by:

1. Helping in the development of strategies that will work with the strengths of Guam's youth and families and address necessary changes and behavior within community norms and practices; and
2. Help in the development of strategies that will address cultural practices that influence consumption of alcohol through education.

State Performance Measure 2: *Percent of childbearing age women who have been screened for cervical cancer.*

a. Last Year's Accomplishments

The Breast and Cervical Cancer Screening Program is a federally funded program that is aimed at low-income women without other sources of health insurance. The Guam program started six years ago and pays for Pap smears and mammograms but does not pay for work up of abnormal findings or for treatment once cancer is diagnosed. Women with abnormal results are referred to the Seventh Day Adventist Clinic.

Most cancer work up and treatment services can be done on Guam. For breast cancer and gynecological cancers (cervical, uterine, ovarian) there is no Gynecology Oncologist, however,

there are OB/GYN physicians who can do basic gynecologic cancer surgery and treatment.

For women, the top five causes of death among women were due to breast cancer, lung, other/ill defined, colorectal and uterine cancer. Lymphoma/leukemia/multiple myeloma ranked sixth and cervical cancer ranked seventh.

The Guam Family Planning Program was initiated to support the provision of voluntary services to primarily low-income persons. The mission is to promote optimal health by assisting and counseling individuals, mainly women of childbearing age, and families to achieve the goals they have set for family size.

The Guam Family Planning Program also provides blood pressure screening, clinical breast exams, cervical cancer screening, referrals for abnormal Pap tests, screening for sexually transmitted disease and preconceptual care.

Furthermore, Guam Public Law 24-248 "The Community Health Centers Act" enabled the Department of Public Health and Social Services to transition the Dededo Public Health Clinic into a Primary Care Center, in addition to the Southern Region Community Health Center. Both of the health centers provide general primary health care for all ages, which includes outpatient care, preventive services, STD/HIV services, family planning and OB/GYN services.

b. Current Activities

As reported in the Behavioral Risk factor Surveillance System (BRFSS) in 2003, 10% of the women surveyed had not had a Pap test in the last 3 years. In 2002, 22.5% of the women surveyed stated that they had not had a Pap test.

At the Northern Regional Community Health Center, there were 4,261 women seen in 2003. of the 4,261 women, 743 (17.49%) had a Pap test. Of the 743, 19 (2.56%) had a abnormal result.

At the Southern Regional Community Health Center, there were 2,193 women seen in 2003. Of the 2,193 women, 1,130 (51.53%) had a Pap test conducted. Of the 1,130, 27 (2.39%) had a abnormal result.

Pap smears are recommended for all family planning clients on their annual exams with repeat or follow up as clinically indicated. The Guam Family Planning Program saw 2,712 female clients in 2003 with 355 (13.09%) receiving a Pap test.

c. Plan for the Coming Year

The Title V Program in conjunction with the Title X Family Planning Program is drafting a Memorandum of Understanding (MOU) with the Administrator of the Northern Regional Health Center and the Southern Regional Health Center to include the provision of Pap smears for female clients who qualify for MCH services.

The Family Planning Program will continue to provide ongoing training as well as supportive services and client centered care to assure the quality of care provided on Guam.

State Performance Measure 3: *Percent of children younger than 18 years old maltreated/neglected.*

a. Last Year's Accomplishments

The percent of children maltreated and/or neglected was chosen as a State Performance Measure because of Guam's high rate of child abuse, child neglect and family violence.

In order to reduce domestic and family violence among family members and to alleviate the long-term trauma on children who witness violence there are several programs available on Guam.

1. Family and Domestic Violence Re-Integration Program

In this program, inmates from the general population of the Department of Corrections are selected by the Forensic Staff, Casework and the Parole Division. Each inmate participates in therapeutic activities consisting of group therapy in which each inmate talks about their acts of violence. Educational activities consist of lectures and videos on different aspects of family violence.

From July 2002 through June 2003, there has been 70 inmates enrolled and 44 (63%) completing the therapy.

2. Kids in Domestic Situations

The intention of this program is to provide trauma-counseling services to children who witness domestic and family violence. Trauma counseling services was established at the Superior Court of Guam. The counselors who coordinate the program met with the Child Protective Services (CPS) and the Department of Education (DOE) to discuss, review and prepare a Memorandum of Understanding (MOU) to identify the children who will receive counseling services and to provide counseling services to children who are not clients of CPS.

From July 2002 through June 2003, 11 children have received counseling services.

The Guam Police Department Juvenile Investigation Section has established a Child Abuse Unit. The Child Abuse Unit handles all child abuse cases reported to the Guam Police Department and investigates all domestic violence cases involving children and child victimization incidents.

From July 2002 and June 2003, there were 372 child abuse, child exploitation and child neglect cases referred to the Unit; 281 child abuse and domestic violence cases involving children referred; 97 child abuse and domestic violence cases involving children investigated and 445 children involved in child abuse and domestic cases.

b. Current Activities

In 2002, there were 62,052 children aged 18 years and below residing on Guam. There were 2,075 cases of child maltreatment and abuse. The percent of abuse was 3.34%, which was .11% higher than 2001.

In 2003, there were approximately 62,688 children below age 18 and 2,418 children abused or neglected. The percent of abuse was 3.85% or .51% higher than 2002.

MCH clinics use a Child Health Record for children seen in the clinics. The Child Health Record includes a psychosocial assessment of infants and children. Clinic staff provide parent education, counseling and materials for families.

c. Plan for the Coming Year

Title V will continue efforts to network, coordinate, plan, and develop policy through active participation on numerous coalitions and councils that advocate for the well being of families and children.

State Performance Measure 4: *Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.*

a. Last Year's Accomplishments

The roots of violence are multifaceted usually involving a history of exposure to violence, parental rejection or physical abuse. Violence may occur in many settings. Since children spend a large percentage of their time in schools, prevention work in the school setting is especially important. Recent Youth Risk Behavior Surveillance (YRBS) data for youth on Guam shows a significant exposure to violence. This State Performance Measure was selected to address our commitment to preventing youth violence on Guam and youth violence prevention work.

YRBS data from 2003 showed that 12.9% of youth felt unsafe to go to school and 32.3% of children were in a physical fight on school property.

MCH has collaborated with the Guam Department of Education on violence prevention activities. Strategies to reduce youth violence included community based initiatives, classroom programs and educational campaigns. In the school setting, prevention curricula and school policies are utilized.

Inafa' Maolek is a non-government, community based, non-profit organization which promotes peace in the community. Inafa' Maolek was initiated by a local attorney and involves a network of volunteers which has been training and involving youth in peer mediation, date rape prevention and health education "community theatre" performance. In 2003, there were 212 performance related to violence.

b. Current Activities

Title V population based programs have focused on violence prevention education and outreach. MCH has been working with "Island Girl" Power to provide sexual assault prevention education to young women enrolled in the program.

The Guam Legislature has found that bullying is a serious public health concern for the nation as well for our island's school-age children. Recent research in the United States and abroad has documented that bullying is a common and potentially damaging form of violence among children. Not only does bullying harm both its intended victims and the perpetrators, it may also affect the climate of schools and, indirectly, the ability of all students to learn to the best of their abilities.

Most of the victims of bullying suffer in silence because many are embarrassed or afraid to report that they are being harassed. This results in serious repercussions on the child's ability to learn, and may lead to truancy, school violence and other emotional, physical and social problems.

c. Plan for the Coming Year

MCH will continue efforts to network, coordinate, plan, and develop policy through active participation on numerous councils and coalitions that advocate for children and families.

Title V will continue to provide support for conflict management, peer mediation and bullying prevention training programs.

Title V will work with the School Policy Board to develop a training manual on Bully Prevention for School Counselors.

Title V will further support "Island Girl" Power to provide education. The efforts will be on ways to identify and avoid teen dating violence and sexual assault.

State Performance Measure 5: *Percent of Adolescents who report smoking tobacco.*

a. Last Year's Accomplishments

Smoking trends in the teen population have increased steadily over the past decades and smoking is associated with other risky behaviors. Nearly every adult who smokes his or her first puff at or before the age of 18.

MCH collaborated with the Tobacco Free Guam Program on tobacco prevention activities for adolescents. Strategies to reduce youth tobacco use included community based initiatives, classroom presentations and youth cessation programs. In the school setting, prevention curricula was focused in the middle schools and was reinforced in the high schools.

Title V continues a long-standing relationship with the Guam Department of Education (DOE) to administer the Youth Risk Behavior Survey (YRBS). The YRBS is a data collection tool executed every two years by DOE to provide state level data on priority health risk behaviors relating to intentional or unintentional injury and violence; tobacco use; alcohol and other drug use; teen sexual behaviors; dietary behaviors and physical activity.

According to the 2003 YRBS, 31.6% of high school students are "current smokers" and 81.5% tried but failed to quit.

MCH has collaborated with the Youth for Youth Organization to build youth leadership and an anti-tobacco movement to prevent tobacco use by youth. Strategies included developing leadership skills, and mentoring and technical assistance to youth leaders who are charged with changing social norms about teen smoking, particularly to prevent its onset.

b. Current Activities

The Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) awarded a one-year planning grant to Guam in the amount of \$367,548. The grant will enable Guam to develop a three year comprehensive statewide Substance Abuse Prevention and Early Intervention Plan.

On October 22, 2003, the Governor of Guam signed Executive Order 2003-29 "Relative to the Creation of the State Incentive Planning Grant to be Known as the Prevention and Early

Intervention Advisory Council Empowerment." Soon after, a State Level Prevention and Early Intervention Advisory Council (PEACE) was established. Title V is an integral part of the Council.

The PEACE Council has been tasked to facilitate the development of a comprehensive 3-year plan to reduce substance abuse rates on Guam. The plan must address five objectives:

1. Identify substance abuse prevention needs of Guam's 12-25 year old group and their families.
2. Establish a method for identifying and filling current gaps in Guam's prevention and early intervention programs targeting 12-25 year olds.
3. Identify currently known funding streams and resources to develop a financial plan for efficient resource utilization.
4. Improve collaboration and coordination among stakeholders.
5. Identify technical assistance and training needs among Guam providers and identify strategies and resources for meeting those needs.

c. Plan for the Coming Year

Title V in conjunction with the PEACE Council is planning to draft a White Paper for the Governor to explain the need for cross agency collaboration to more effectively and efficiently serve children and families. As a part of the paper, a review will be conducted of all councils/boards related to children, youth and families for overlaps and gaps as an effort to utilize island resources more efficiently.

MCH will continue coordination with DOE to administer the YRBS. MCH will help to facilitate the development of strategies to impact risky behaviors identified by the YRBS including the use of substances.

MCH will continue to work with the Tobacco Free Guam Program to develop youth strategies.

Part of the planned strategies related to this measure are: 1) increase pro-health knowledge, beliefs and skills among youth; 2) create tobacco free environments; 3) decrease youth access to tobacco products through retail stores; and 4) promote quitting among youth and adults.

State Performance Measure 6: *To improve the referral system of infants under the age of one year to DPHSS, CSHCN Program for entry into the CSHCN Registry.*

a. Last Year's Accomplishments

The Memorandum of Agreement (MOA) between the University of Guam, Department of Education, Special Education Division, Guam Memorial Hospital Authority and the Guam Early Intervention Program is still in effect.

b. Current Activities

The MCH CSHCN Components continues to be responsible for care coordination with various agencies in order to ensure services for Guam's CSHCN population are provided. MCH continues to foster partnerships by facilitating discussion with the management of partner

agencies. The following agencies and programs are MCH/CSHCN partners:

DOE Head Start
GMHA UOG
WIC Developmental Disabilities Council
Guam Early Intervention Services

c. Plan for the Coming Year

As community partnerships develop, they typically conduct a Needs Assessment, prioritize problems and identify needs. As partners conduct their Needs Assessments, MCH will provide support and any technical assistance.

State Performance Measure 7: The percent of Chlamydia Trachomatis infections in women under the age of 25.

a. Last Year's Accomplishments

Chlamydia is one of the most common, treatable sexually transmitted disease affecting women of reproductive age and adolescents in the United States. Chlamydia causes complications related to fertility and pregnancy, including increased rates of premature delivery, premature rupture of membranes and low birth weight.

The Guam Family Planning Program was initiated to support the provision of voluntary services to primarily low-income persons. The mission is to promote optimal health by assisting and counseling individuals, mainly women of childbearing age, and families to achieve the goals they have set for family size.

The Guam Family Planning Program also provides blood pressure screening, clinical breast exams, cervical cancer screening, referrals for abnormal Pap tests, screening for sexually transmitted disease and preconceptual care.

b. Current Activities

MCH and the Bureau of Family Health and Nursing Services participates in in-service to educate staff to increase sexual history taking and Chlamydia screening for females.

Collaboration between Title X, Title V and the Bureau of Communicable Disease STD Program provides additional educational outreach for high-risk, hard to reach populations.

c. Plan for the Coming Year

MCH will continue to work with the Title X and STD Programs to continue screening and treatment efforts.

The Program will continue to provide outreach and education efforts to young women relative to behaviors and practices that puts them at risk.

FIGURE 4B, STATE PERFORMANCE MEASURES FROM THE ANNUAL REPORT YEAR SUMMARY SHEET

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
1) The percent of adolescents aged 12 through 17 with substance use/abuse.				
1. Enhance collaborative efforts with Youth for Youth Organization, Guam Youth Congress and Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Identify assets that are related to reducing the risk of substance use among youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Develop a community assessment tool identifying and measuring the number of asset building activitie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Increase services to hard to reach populations by partnering with community based organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
2) Percent of childbearing age women who have been screened for cervical cancer.				
1. Expand and enhance the quality of clinical services through partnerships.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increase services to hard to reach populations by partnering with community based organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB

3) Percent of children younger than 18 years old maltreated/neglected.				
1. Expand the number of people actively working to end family violence and who understand the adverse i	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Support community based initiatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Expand education in schools on date rape and child sexual abuse awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Increase the number of local providers trained in the diagnosis/treatment/ and mental health referra	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
4) Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.				
1. Increase services to hard to reach populations by partnering with community based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Continue to collaborate with EMSC in the development and production of childhood injury prevention p	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Increase the number of local providers trained in the diagnosis/treatment/ and mental health referra	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Increase services to hard to reach populations by partnering with community based organizations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
5) Percent of Adolescents who report smoking tobacco.				
1. Increase services to hard to reach populations by partnering with community based organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Enhance collaborative efforts with Youth for Youth Organization, Guam Youth Congress and Department	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Identify assets that are related to reducing the risk of substance use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

among youth.				
4. Develop a community assessment tool identifying and measuring the number of asset building activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
6) To improve the referral system of infants under the age of one year to DPHSS, CSHCN Program for entry into the CSHCN Registry.				
1. Health office staff, providers, community groups will conduct outreach activities to reach families	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Increase to 100% the number of CSHCN identified as eligible for Title V Program and are participants	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STATE PERFORMANCE MEASURE	Pyramid Level of Service			
	DHC	ES	PBS	IB
7) The percent of Chlamydia Trachomatis infections in women under the age of 25.				
1. Expand and enhance the quality of clinical services through partnerships.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Increase services to hard to reach populations by partnering with community based organizations	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. Increase services to adolescents.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. Increase services to males emphasizing shared responsibility and STD/HIV prevention.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. OTHER PROGRAM ACTIVITIES

Preventive and primary care services for pregnant women, mothers, and infants:

The Title V Program has a significant role in providing the framework for the way health care services are delivered to vulnerable infants, children, youth, and women on Guam.

The services that are provided to women who meet the income criteria include: screening to determine high-risk pregnancy; routine prenatal laboratory tests performed at the Public Health laboratory; diagnostic procedures; X-rays and laboratory tests ordered by the Clinician and authorized by MCH; vitamins and iron supplements for pregnant women; social services provided by Medical Social Services; prenatal and postpartum care; referral to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); referral for nutrition counseling; health education classes on Abstinence and Family Planning for adults and adolescents.

In addition, clients with acute illnesses or in need of medical procedures beyond the capabilities of the MCH Clinics are referred to Medical Social Services for medical assistance and then to the Bureau of Primary Care Services for assessment and treatment.

Preventive and Primary Care Services for Children:

The Title V Program has maintained its responsibility for providing or supporting direct health care services to children who are not otherwise served by the health system.

Child Health Services include the following: Well Baby and Child clinical services such as Community Health Nurse home visit services; immunizations; screening, referral and case management for Children with Special Health Care Needs (CSHCN); referral for developmental, audiological and/or speech evaluations; referral to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); referral for nutrition counseling; health education classes on Abstinence and Family Planning for adolescents and referral to Dental Health Services.

Services for Children with Special Health Care Needs (CSHCN):

Children and adolescents with Special Health Care Needs are defined as "those who have or are at increased risk for chronic, physical, developmental, behavioral or emotional conditions and who require health and related services of a type or amount beyond that required by children generally." (McPherson, Arango, Fox, Lauver, McManus, Newachek, Perrin, Shonkoff and Strickland, 1998).

Health care for the island's CSHCN is currently provided through services from the MCH Program, the locally funded Medically Indigent Program (MIP), and the Medicaid Program (MAP) and through local health maintenance organizations (HMO's) and private clinics under self-pay. Public health nursing personnel conduct case findings and make referrals to the MIP and MAP and follow up to ensure that these clients are visited. The MIP and MAP are responsible for reimbursement to the providers for the services rendered.

The care provided to CSHCN include diagnostic evaluations and appropriate care to children with or at-risk for chronic and/or disabling conditions; care management; referrals to appropriate agencies for needed services and Community Health Nurse home visit services; immunizations; screening referral for developmental, audiological and/or speech evaluations; referral to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC); referral for nutrition counseling; health

education classes on Abstinence and Family Planning for adolescents and referral to Dental Health Services.

The goal of the CSHCN component of the MCH Program is that all infants, children and youth will live in a safe, nurturing environment and will have resources available to assist them in achieving and/or maintaining optimum health and development. The CSHCN component is designed to assure that community members are active participants in the planning and provision of community-based services for children with special needs and their families.

The island does not have a Supplemental Security Income (SSI) Program to provide rehabilitation services to individuals under the age of sixteen with disabilities. Moreover, the Medicaid (MAP) and local Medically Indigent Programs (MIP) do not have any provisions for these services. However, if such services are needed, individuals and families may seek assistance through non-profit organizations and the Department of Integrated Services for Individuals with Disabilities (DISID).

/2005/

Over this past year, much of the public health nurses and MCH Administrative staff's time and energy have been focused on the local implementation of activities to protect the public against acts of terrorism.

Plans for emergency and long-term responses to public health threats, such as bioterrorism are being drafted. Emergency response plans that serve both the local community and the island as a whole have been created over the past year.

The island of Guam receives funding for the continuation of the Cooperative Agreement with CDC to upgrade public health's preparedness for and response to bioterrorism, other outbreaks of infectious disease and other public health threats and emergencies. The previous grant year focused on assessing the capacity of the health department and also planning and beginning to build the critical infrastructure using an all hazards approach. Particular progress has been made in communication and information systems; laboratory capacity, and epidemiology and surveillance. Relationships have been built with the Guam Memorial Hospital to broaden the surveillance capacity of the island. We are fortunate, as a small island, to have a close relationship with our total community. The Department of Public Health and Social Services offices extensively collaborate with other state agencies, other health care entities and the Office of Homeland Security. We are also developing cross agency activities. Local action planning, which includes plans for the MCH population, is happening via the Local Emergency Planning Group.

In the coming year, assessment, planning, and implementation will continue. This year, we are planning to have the Public Health Laboratory designated as a Regional Capacity Laboratory. Increasingly, we will be testing, drilling and exercising the systems, which we have been developing. We will be developing even stronger collaborations with all those involved in preparedness planning. We will also be extending our collaborative efforts to Hawaii and other Pacific Island jurisdictions, in the areas of communications and emergency alerts, as well as surveillance for communicable diseases.

F. TECHNICAL ASSISTANCE

The purpose of this section is to discuss in more detail the technical assistance needs of the State as reported on Form 15.

Guam has a great need for data capacity.

/2005/

The Guidance set forth for the Title VC Application and Annual Report requires that States report progress in achieving the established performance indicators for each of the 18 National Performance Measures, State Negotiated Performance Measures, 11 Health Status Capacity Indicators and health other status and sociodemographic indicators and 6 National Outcome Measures. This is a great challenge for those Jurisdictions with extremely limited resources and which at the same time are left out of National surveys that provide the necessary data of the Performance Measures.

The latest example of a survey, which did not consider the needs of Jurisdictions, was the Children with Special Health Care Needs Survey. The survey was intended help Title V Programs by providing data to monitor the Performance Measures (PM's 02, 03, 04, 05 and 06) of the CSHCN population. However, Jurisdictions must also report progress on these measures, although we were not included in the survey.

The Guam MCH CSHCN Component does not have the necessary data to monitor the progress of the five performance measures mentioned above. There is no data for either denominator not the numerator that is accurate for these performance measures.

In 2005, states and jurisdiction must perform a comprehensive and mandated 5 Year Needs Assessment. Technical Assistance concerning the Needs Assessment of the CSHCN population is needed.

Assistance is needed to help us design the most appropriate process to gather the information on the CSHCN population. Furthermore, what resources are needed to carry out this task and to identify any available instruments being used elsewhere are requested.

There is also a significant proportion of providers in the private sector that do not have the needed skills for serving the population with complex social and medical problems. The implementation of current standards of care, quality assurances and collection of needed data is a great challenge.

Therefore, Technical Assistance aimed at examining the Guam MCH/CSHCN component's capacity to carry out core maternal and child health functions would be helpful in the process of adapting to changes generated by budget cuts in the health care environment.

Lastly, the Guam MCH Program lacks the capacity to adequately measure how well the program and services we support impact youth development. Further, programs across Guam DPHSS lack common language and focus with regard to youth focused programming. Technical assistance is requested to help facilitate the development of a youth focused program with Guam and particularly the Guam Title V Program.

V. BUDGET NARRATIVE

A. EXPENDITURES

/2005/

Please refer to budget columns on Forms 2, 3, 4 and Form 5.

Estimates had to be used in providing budget and expenditure details. Breakdown of expenditures by type of services is a very difficult task when we try to assess the performance of a public health professional. This task is quite easy at the levels of the pyramid related to direct services. At this level, we know who serves the different groups of the MCH population and the amount of time dedicated to each of the subgroups, allowing us to determine the expenditures by the individual served. But trying to estimate the amount of time dedicated to each of the subgroups comprising the MCH population, as well as the time dedicated to perform enabling, population-based or infrastructure building services is not an easy task. For this reason, estimates had to be made and this may lead to discrepancies between the budgeted and the expended figures by levels of the pyramid.

B. BUDGET

/2004/

Annual Budget and Budget Justification

The total requested budget is \$886,348. The federal percentages for preventive and primary care for children (30%), children with special health care needs (30%), and administrative cost for Title V (10%) are met or exceeded. Other sources of MCH funding include other federal grants in support of MCH activity. These include State System Development Initiative (SSDI); Abstinence Only Education (AOE) and the Family Planning (FP) Program.

As noted above, the total request for the Maternal and Child Health Block Grant for FY 2004 is \$886,348 (see line 7 Form 2). The breakdown is as follows:

- A. Pregnant Women \$256,846
- B. Infants < 1 year old \$143,046
- C. Children 1 to 22 years old \$143,047
- D. CSHCN \$256,807
- E. All Others \$ 0
- F. Administration \$ 86,602

Types of Services by Levels of the Pyramid:

For FY 2004, \$288,278 is budgeted for Direct Health Care Services. This includes prenatal care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program (MIP); services for high-risk pregnant women, medical services for children with special health care needs and clinical services provided through the local health department.

Guam has budgeted \$237,278 under Enabling Services for FY 2004. Activities included under this level of the pyramid are case management services for pregnant women, outreach to pregnant women and children, nutrition education activities targeted to pregnant women and infants, coordination provided through the local health department and/or community based organizations;

and assessment, monitoring and referral/linkage activities for children with special needs.

For Population-Based Services, Guam has budgeted \$202,496. These activities include immunizations, oral health education, newborn metabolic screening and injury prevention.

Guam has budgeted \$158,296 for Infrastructure Building Services. Funds have been designated to support MCH planning activities for collaborations between the local hospital, Southern and Northern Regional Health Centers and community planning activities. Additionally, funds support the administrative section office operations, salaries, travel and provision of technical assistance and training of families, providers and key MCH partners.

Budget Justification

1. Personnel \$797,603.00

The Maternal and Child Health Program currently supports 21 positions, of which three are vacant.

2. Travel \$33,130.00

Off-island

Association of Maternal and Child Health Programs (AMCHP)

Air Fare Guam/Washington D.C./Guam x 2 persons @ \$2,600 Per Diem x 5 days x 2 persons @ \$175/day Total \$6,950.00

Annual MCH Block Grant Review

Air Fare Guam/Honolulu/Guam x 2 persons @ \$2,00 Per Diem x 5 days x 2 persons @ \$175/day Total \$5,750

Partnership/Leadership Meeting

Air Fare Guam/Washington D.C./Guam x 2 persons @ \$2,600 Per Diem x 5 days x 2 persons @ \$175/day Total \$6,950.00

Pacific Jurisdictions MCH Coordinators Meeting

Air Fare Guam/Honolulu/Guam x 2 persons @ \$2,00 Per Diem x 5 days x 2 persons @ \$175/day Total \$5,750

Pacific Island MCH/Family Planning Meeting

Air Fare Guam/Honolulu/Guam x 2 persons @ \$2,00 Per Diem x 5 days x 2 persons @ \$175/day Total \$5,750

Local Mileage Reimbursement \$1,980.00

The MCH Program is requesting local mileage reimbursement for personnel budgeted by the Grant. The personnel conduct outreach activities and presentations at schools, village and different agencies within the Government of Guam. The amount reflects an average of 1,100 miles per year at the current rate of the Government of Guam of 30 cents per individuals.

3. Contractual \$40,000.00

Contractual services are budgeted for the development of educational materials to increase public awareness and education of Maternal and Child Health issues. Contractual services are needed for broadcasting of radio and television commercial spots.

In addition, funding is requested for translation of educational materials into various languages to

strengthen awareness of Maternal and Child Health services throughout the community.

Furthermore, the MCH Program will be contracting a local organization (Inafa' Maolek) to perform "community theater" skits at the local elementary and middle schools on Smoking Avoidance and Suicide Prevention.

Contractual services are budgeted to conduct the Women's Health Section of the Behavioral Risk Factor Surveillance System (BRFSS). This population-based questionnaire is conducted every month. There are eleven (11) questions asked via random dialing system. The cost is \$1,000 per questions (which is standard in the United States). Specialized analysis would be conducted for the Maternal and Child Health identified sub-populations.

Children with Special Health Care Services: Contractual services are budgeted for Children with Special Health Care Needs whose families and/or caretakers can not afford to purchase them. These would include assistive devices and specialty laboratory requests.

4. Supplies \$10,000.00

Consumables are budgeted for the day-to-day operation of the Maternal and Child Health Program. In addition, expendable medical supplies and pharmacy items are budgeted for the provision of patient care and treatment.

The bulk of the request will be for pharmacy items for MCH clients. The demand for MCH services has grown. These are clients who are either uninsured or do not have the financial resources to seek care at the Northern or Southern Public Health Clinics, where there is a fee for services.

5. Equipment \$3,461.00

Educational books, videos, tapes and visual models are budgeted to carry out the health education and prevention aspect of the Maternal and Child Health Program.

In addition, professional books and educational materials are budgeted for program staff to keep abreast of the latest trends and technology.

6. Capital Outlay \$0

7. Communication \$150.00

Long distance telephone and facsimile correspondence will be needed for issues and concerns related to the MCH Program.

Guam Maternal and Child Health Program Budget Request Fiscal Year 2004

Personnel \$797,603.00

Travel \$ 33,130.00

Contractual \$ 40,000.00

Supplies \$ 10,000.00

Equipment \$ 3,461.00

Capital Outlay \$0

Communication \$ 150.00

Total \$886,348.00

/2005/

The Maternal and Child Health Program budget and functions reflect an evolving public health

responsibility that complements and enhances the current health delivery system, recognizes recent legislative changes in health and mandated public health functions, the uniqueness of the populations being served, emerging research and standards of care affecting the health status of the population.

Guam continues to allocate Maternal and Child Health Block Grant funds using criteria that include: 1) MCH priority needs based on island wide and community assessments; 2) local health department fiscal shortfalls within the identified core categories; 3) level of poverty and estimated maternal and child population; 4) performance measures and outcome measures and 5) whether other funding or shortfalls become available.

Throughout the development and subsequent expenditure of the MCH budget, the grant is fiscally and programmatically monitored to ensure that the funding levels adhere to the "30-30-10" Title V requirement. In addition, throughout the two-year process but particularly during the budget development and any revision phases, the MCH Program evaluates the MCH Service Pyramid fiscal allocation to ensure that it reflects the spirit and intent of the program.

Forms 2 through 5 are included in the application. For FY'05, children's preventive and primary care comprise 30.94% of the federal application. Children with Special health Care Needs reflect 32.43% of the federal allocation. Administrative costs include salaries and travel for staff to support the Title V Program are 9.6% of the Block Grant allocation.

The budget for FY'05 is an estimate at best. We are unsure how the local health care budget will affect the distribution of the MCH budget. Additionally, it is nearly impossible to track expenditures by population groups and levels of the pyramid. The distribution of grant funds is now being distributed among different programs and services within the Department of Public Health and Social Services and these programs have no interest and limited capability for tracking the MCH allocation and especially no interest in tracking by levels of the pyramid.

**As noted on Form 2, the total request for the Maternal and Child Health Block Grant for FY'05 is \$901,847. Although on the Form, it is stated as \$1,578,233. Guam had to input an arbitrary State Match of \$676,386 (3/4 amount requested).
Guam does have a State Match.**

The breakdown is as follows:

- 1. Pregnancy women \$121,877**
- 2. Infants < 1 year old \$121,877**
- 3. Children 1 to 22 years old \$278,996**
- 4. Children with Special Health Care Needs \$292,495**
- 5. Administration \$86,602**

Types of Services by Levels of the Pyramid:

For FY'05 \$243,754 is budgeted for Direct Health Care Services. This includes prenatal care and delivery services for pregnant women not eligible for Medicaid or the locally funded Medically Indigent Program; services for high-risk pregnant women; medical service for children with special health care needs and clinical services provided through the local health department.

Guam had budgeted \$278,996 under Enabling Services for FY'05. Activities included under this level of the pyramid are case management services for pregnant women; outreach to pregnant women and children; nutrition education activities targeted to pregnant women and infants; coordination provided through the local health department and/or community based organizations; and assessment, monitoring and referral activities for children with special healthy care needs.

For Population based services, Guam has budgeted \$ 202,495. These activities include immunizations, oral health education, newborn metabolic screening, genetic activities and injury prevention.

Guam has budgeted \$176,602 for Infrastructure Building Services. Funds have been designated to support MCH planning activities for collaboration between the local hospital, Southern and Northern Regional Health Centers and community planning activities.

Budget Justification

Personnel \$813,102

The Maternal and Child Health supports 21 positions The amount is inclusive of fringe benefits, life insurance, health/dental insurance and "special pay" for nurses.

Travel \$33,130

To support necessary travel to mandated meeting, conference and trainings. In addition, local mileage reimbursement of 30 cents per mile.

Contractual \$ 30,000

Contractual services are budgeted for the development of educational materials to increase public awareness and education on Maternal and Child Health issues.

Supplies \$ 22,004

Consumables are budgeted for the day-to-day operation of the Maternal and Child Health Program.

The bulk of the request is for pharmacy items for MCH clients. The demand for MCH services had grown. These clients are either uninsured or do not have the financial resources to seek care at the Northern or Southern Regional Public Health Centers, where there is a fee for services.

Equipment \$ 3,461

This is to purchase educational books, videos and visual models to carry out the health education activities and prevention aspects of the MCH Program.

Communication \$ 150

Long distance telephone and facsimile correspondence will be needed.

VI. REPORTING FORMS-GENERAL INFORMATION

Please refer to Forms 2-21, completed by the state as part of its online application.

VII. PERFORMANCE AND OUTCOME MEASURE DETAIL SHEETS

For the National Performance Measures, detail sheets are provided as a part of the Guidance. States create one detail sheet for each state performance measure; to view these detail sheets please refer to Form 16 in the Forms section of the online application.

VIII. GLOSSARY

A standard glossary is provided as a part of the Guidance; if the state has also provided a state-specific glossary, it will appear as an attachment to this section.

IX. TECHNICAL NOTE

Please refer to Section IX of the Guidance.

X. APPENDICES AND STATE SUPPORTING DOCUMENTS

A. NEEDS ASSESSMENT

Please refer to Section II attachments, if provided.

B. ALL REPORTING FORMS

Please refer to Forms 2-21 completed as part of the online application.

C. ORGANIZATIONAL CHARTS AND ALL OTHER STATE SUPPORTING DOCUMENTS

Please refer to Section III, C "Organizational Structure".

D. ANNUAL REPORT DATA

This requirement is fulfilled by the completion of the online narrative and forms; please refer to those sections.