

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: GU
APPLICATION YEAR: 2005

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APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 7/15/2004	APPLICANT IDENTIFIER DUNS 778904292									
1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	STATE APPLICATION IDENTIFIER									
		4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER									
5. APPLICANT INFORMATION												
Legal Name: Dept. of Public Health & Social Services		Organizational Unit: Chief Public Health Office										
Address (give city, county, state and zip code) P.O. Box 2018 Agana, Gu 96932 County:		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Peter John Camacho Tel Number: 671-735-7101										
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">-</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">8</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">7</td></tr></table>		9	8	-	0	0	1	8	9	7	7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
9	8	-	0	0	1	8	9	7				
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau										
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">3</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">9</td><td style="width: 20px; text-align: center;">4</td></tr></table> TITLE: Maternal and Child Health Services Block Grant		9	3	9	9	4	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: MCH					
9	3	9	9	4								
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): Islandwide		13. PROPOSED PROJECT:										
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:										
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant Guam	b. Project									
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?										
a. Federal	\$ <u>901,847.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW										
b. Applicant	\$ <u>0.00</u>											
c. State	\$ <u>0.00</u>											
d. Local	\$ <u>0.00</u>											
e. Other	\$ <u>0.00</u>											
f. Program Income	\$ <u>0.00</u>											
g. TOTAL	\$ <u>901,847.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No										
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.												
a. Typed Name of Authorized Representative Peter John D. Camacho		b. Title Director, DPHSS	c. Telephone Number 671-735-7101									
d. Signature of Authorized Representative		e. Date Signed										

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: GU

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 901,847

A. Preventive and primary care for children:

\$ 278,996 (30.94%)

B. Children with special health care needs:

\$ 292,495 (32.43%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C. Title V administrative costs:

\$ 86,602 (9.6%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 0

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 0

\$ 0

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 901,847

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 46,000

c. CISS: \$ 0

d. Abstinence Education: \$ 69,495

e. Healthy Start: \$ 0

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 0

j. Education: \$ 0

k. Other: \$ 0

\$ 0

\$ 0

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 115,495

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 1,017,342

FORM NOTES FOR FORM 2

The sum of \$676386 is a false amount. Guam is not required to have a State match. The figure was put into Form 2 so Program Management could move onto other forms

FIELD LEVEL NOTES

None

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

STATE: GU

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 856,062	\$ 856,062	\$ 886,348	\$ 0	\$ 901,847	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 856,062	\$ 856,062	\$ 886,348	\$ 0	\$ 901,847	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 599,337	\$ 599,337	\$ 555,782	\$ 0	\$ 115,495	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 1,455,399	\$ 1,455,399	\$ 1,442,130	\$ 0	\$ 1,017,342	\$ 0
(STATE MCH BUDGET TOTAL)						

**FORM 3
STATE MCH FUNDING PROFILE**

[Secs. 505(a) and 506((a))(1-3)]

STATE: GU

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 817,719	\$ 817,719	\$ 856,022	\$ 0	\$ 0	\$ 809,294
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 817,719	\$ 817,719	\$ 856,022	\$ 0	\$ 0	\$ 809,294
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 404,797	\$ 0	\$ 484,420	\$ 0	\$ 0	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 1,222,516	\$ 817,719	\$ 1,340,442	\$ 0	\$ 0	\$ 809,294
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2002
Field Note:
The Guam has originally requested \$1,303,116 for the year 2002.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: GU

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 256,846	\$ 256,846	\$ 122,858	\$ 0	\$ 121,877	\$ 0
b. Infants < 1 year old	\$ 128,403	\$ 128,403	\$ 143,046	\$ 0	\$ 121,877	\$ 0
c. Children 1 to 22 years old	\$ 128,404	\$ 128,404	\$ 265,905	\$ 0	\$ 278,996	\$ 0
d. Children with Special Healthcare Needs	\$ 256,807	\$ 256,807	\$ 265,905	\$ 0	\$ 292,495	\$ 0
e. Others	\$ 85,602	\$ 85,602	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 0	\$ 0	\$ 88,634	\$ 0	\$ 86,602	\$ 0
g. SUBTOTAL	\$ 856,062	\$ 856,062	\$ 886,348	\$ 0	\$ 901,847	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 43,550	\$ 46,000
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 69,495	\$ 69,495	\$ 69,495
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 0	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Family Planning	\$ 429,842	\$ 442,737	\$ 0
III. SUBTOTAL	\$ 599,337	\$ 555,782	\$ 115,495

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: GU

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Federal-State MCH Block Grant Partnership						
a. Pregnant Women	\$ 122,659	\$ 162,659	\$ 128,403	\$ 0	\$ 390,934	\$ 0
b. Infants < 1 year old	\$ 122,658	\$ 122,658	\$ 128,403	\$ 0	\$ 195,467	\$ 0
c. Children 1 to 22 years old	\$ 245,316	\$ 205,316	\$ 256,807	\$ 0	\$ 195,467	\$ 0
d. Children with Special Healthcare Needs	\$ 245,316	\$ 245,315	\$ 256,807	\$ 0	\$ 390,937	\$ 0
e. Others	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
f. Administration	\$ 81,770	\$ 81,771	\$ 85,602	\$ 0	\$ 1,303,116	\$ 0
g. SUBTOTAL	\$ 817,719	\$ 817,719	\$ 856,022	\$ 0	\$ 2,475,921	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).

a. SPRANS	\$ 0	\$ 0	\$ 0
b. SSDI	\$ 100,000	\$ 100,000	\$ 0
c. CISS	\$ 0	\$ 0	\$ 0
d. Abstinence Education	\$ 69,495	\$ 69,495	\$ 0
e. Healthy Start	\$ 0	\$ 0	\$ 0
f. EMSC	\$ 0	\$ 0	\$ 0
g. WIC	\$ 0	\$ 0	\$ 0
h. AIDS	\$ 0	\$ 0	\$ 0
i. CDC	\$ 10,000	\$ 0	\$ 0
j. Education	\$ 0	\$ 0	\$ 0
k. Other			
Family Planning	\$ 225,302	\$ 314,925	\$ 0
III. SUBTOTAL	\$ 404,797	\$ 484,420	\$ 0

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AdminExpended
Row Name: Administration
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: GU

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 280,806	\$ 280,806	\$ 288,278	\$ 0	\$ 278,996	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 229,406	\$ 229,406	\$ 237,278	\$ 0	\$ 243,754	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 195,024	\$ 195,024	\$ 202,496	\$ 0	\$ 202,495	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 150,826	\$ 150,826	\$ 158,296	\$ 0	\$ 176,602	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 856,062	\$ 856,062	\$ 886,348	\$ 0	\$ 901,847	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: GU

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 283,576	\$ 285,316	\$ 256,806	\$ 0	\$ 530,183	\$ 279,047
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 144,878	\$ 140,982	\$ 149,804	\$ 0	\$ 169,614	\$ 140,982
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 241,284	\$ 250,620	\$ 171,205	\$ 0	\$ 273,733	\$ 241,284
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 147,981	\$ 140,801	\$ 278,207	\$ 0	\$ 329,586	\$ 147,981
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 817,719	\$ 817,719	\$ 856,022	\$ 0	\$ 1,303,116	\$ 809,294

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2004
Field Note:
The Guam MCH Program does not have a state match, this is the correct amount
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2002
Field Note:
The Guam MCH Program had originally requested \$1,303,116 for year 2002
3. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2004
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
4. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
5. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2004
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
6. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
7. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2004
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116
8. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2002
Field Note:
The amount entered differs from the previous amounts due to the fact the Guam had requested \$1,303,116

FORM 6

NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED

Sect. 506(a)(2)(B)(iii)

STATE: GU

Total Births by Occurrence: 3,298

Reporting Year: 2003

Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	3,298	100	1	0	0	
Congenital Hypothyroidism	3,298	100	1	0	0	
Galactosemia	3,298	100	1	0	0	
Sickle Cell Disease	3,298	100	1	0	0	

Other Screening (Specify)

Screening Programs for Older Children & Women (Specify Tests by name)

- (1) Use occurrent births as denominator.
 (2) Report only those from resident births.
 (3) Use number of confirmed cases as denominator.

FORM NOTES FOR FORM 6

The Guam Memorial Hospital and the Guam Birthing center was unable to provide MCH with data for the year 2003 at the time for Grant submission.

The Guam MCH Program will update as soon as the necessary data is received.

FIELD LEVEL NOTES

None

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: GU

Reporting Year: 2003

Types of Individuals Served	TITLE V	PRIMARY SOURCES OF COVERAGE				
	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	1,728	1.2	0.0	11.8	0.0	87.1
Infants < 1 year old	3,298	3.5	0.0	22.0	0.0	74.4
Children 1 to 22 years old	3,503	3.7	0.0	14.9	0.0	81.3
Children with Special Healthcare Needs	970	3.4	0.0	67.7	0.0	28.9
Others	2,300	3.0	0.0	29.1	0.0	68.0
TOTAL	11,799					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

None

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: GU

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	3,298	228	36	0	861	2,028	0	145
Title V Served	2,372	1,187	9	0	398	778	0	0
Eligible for Title XIX	2,028	0	0	0	0	2,028	0	0
INFANTS								
Total Infants in State	3,298	228	36	0	861	2,028	0	145
Title V Served	2,372	1,187	9	0	398	778	0	0
Eligible for Title XIX	2,028					2,028		

II. UNDUPLICATED COUNT BY ETHNICITY

	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	HISPANIC OR LATINO (Sub-categories by country or area of origin)				
				(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	3,298							
Title V Served	2,372							
Eligible for Title XIX	2,028							
INFANTS								
Total Infants in State	3,298							
Title V Served	2,372							
Eligible for Title XIX	2,028							

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

None

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: GU

1. State MCH Administration:
(max 2500 characters)

The Office of Maternal and Child Health Services is located in within the Chief Public Health Office, Division of Public Health, Department of Public Health and Social Services. The Title V Program conducts a island wide needs assessment, develops policies, plans and programs to improve the health of women, infants, children, children with special health care needs, adolescents and families on Guam.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ <u>901,847</u>
3. Unobligated balance (Line 2, Form 2)	\$ <u>0</u>
4. State Funds (Line 3, Form 2)	\$ <u>0</u>
5. Local MCH Funds (Line 4, Form 2)	\$ <u>0</u>
6. Other Funds (Line 5, Form 2)	\$ <u>0</u>
7. Program Income (Line 6, Form 2)	\$ <u>0</u>
8. Total Federal-State Partnership (Line 8, Form 2)	\$ <u>901,847</u>

9. Most significant providers receiving MCH funds:

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	<u>1,728</u>
b. Infants < 1 year old	<u>3,298</u>
c. Children 1 to 22 years old	<u>3,503</u>
d. CSHCN	<u>970</u>
e. Others	<u>2,300</u>

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:

(max 2500 characters)

Women's Health Services: MCH Clinic services that are provided to women who meet the income criteria include: prenatal and postpartum care, which include medical assessments, health and nutrition, psychosocial screening and referral and care coordination. Child Health Services: The Child Health Clinics provide the following screening services: physical examinations, vision and hearing screening, dental education and referral, health education, immunizations, developmental assessments, nutrition and psychosocial screening. Specialty and Subspecialty Services for CSHCN: The Shriners Clinic Team from Hawaii continues to provide bi-annual orthopedic clinics on Guam. This is a collaborative effort between private health providers, Medical Social Services and Medical Records of the Department of Pubic Health & Social Services, and the CSHCN component of MCH. Clinics are held for children who may need further evaluation and/or surgery and those who require fitting for assistive devices.

b. Population-Based Services:

(max 2500 characters)

Immunization: The immunization status of all children has been identified as a high priority for the island. The MCH Program in collaboration with the Immunization Program of the Bureau of Communicable Disease Prevention and Control, have been successful in providing immunizations to the children of the island. Newborn Screening Program: The program is designed to conduct island wide newborn for metabolic and genetic disorders. Newborns are screened for PKU, congenital hypothyroidism, galactosemia, sickle cell disease, maple syrup urine disease, cystic fibrosis and biotinidase deficiency. All newborns with positive screens are referred for confirmatory testing and appropriate treatment.

c. Infrastructure Building Services:

(max 2500 characters)

Partnerships for Special Health Care Needs: This is a collaborative effort between MCH, the Department fo Educatoin and the Early Intervention System to facilitate community involvement in planning servcies for CSHCN, coordination of training and linking the community with other resources.

12. The primary Title V Program contact person:

Name Margaret Murphy Bell

Title Program Coordinator

Address P.O. Box 2816

City Hagatna

State GU

Zip 96932

13. The children with special health care needs (CSHCN) contact person:

Name Margaret Murphy Bell

Title Program Coordinator

Address P.O. Box 2816

City Hagatna

State GU

Zip 96932

Phone _____ (671) 735-7206

Fax _____ (671) 734-2066

Email _____ mmbell@dphss.govguam.net

Web _____

Phone _____ (671) 735-7206

Fax _____ (671) 734-2066

Email _____ mmbell@dphss.govguam.net

Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: GU

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.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	75
Annual Indicator	68.7	96.0	78.5	73.4	
Numerator	2,773	3,456	2,811	2,365	
Denominator	4,037	3,600	3,583	3,222	3,298
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	85	90	100	100
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

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)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective				100	100
Annual Indicator				54.8	54.8
Numerator				548	548
Denominator				1,000	1,000
Is the Data Provisional or Final?				Provisional	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator					
Denominator					
Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.					

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)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	62	63	64	64	65
Annual Indicator	60.3	61.5	57.4	56.7	56.7
Numerator	547	562	557	548	548
Denominator	907	914	970	967	967
Is the Data Provisional or Final?				Provisional	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	65	66	66	67	67
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

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)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	69	71	70	70	70
Annual Indicator	60.3	61.5	61.4	56.7	56.7
Numerator	547	562	557	548	548
Denominator	907	914	907	967	967
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	71	72	73	74	74
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

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)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____ 100	_____ 100	_____ 100	_____ 100	_____ 100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

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)

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	_____	_____	_____	_____	_____
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	_____ 100	_____ 100	_____ 100	_____ 100	_____ 100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

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.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>70</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>
Annual Indicator	<u>65.0</u>	<u>65.0</u>	<u>65.0</u>	<u>62.0</u>	<u>62.0</u>
Numerator	<u>8,079</u>	<u>8,123</u>	<u>7,940</u>	<u>6,584</u>	<u>6,584</u>
Denominator	<u>12,430</u>	<u>12,498</u>	<u>12,216</u>	<u>10,614</u>	<u>10,614</u>
Is the Data Provisional or Final?				Final	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>	<u>75</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>48</u>	<u>48</u>	<u>47</u>	<u>40</u>	<u>25</u>
Annual Indicator	<u>37.9</u>	<u>31.7</u>	<u>27.1</u>	<u>30.0</u>	<u>24.5</u>
Numerator	<u>468</u>	<u>405</u>	<u>361</u>	<u>121</u>	<u>101</u>
Denominator	<u>12,348</u>	<u>12,780</u>	<u>13,298</u>	<u>4,029</u>	<u>4,116</u>
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>24</u>	<u>23</u>	<u>22</u>	<u>21</u>	<u>21</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 09

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	55	49	49	45	45
Annual Indicator	49.0	49.0	49.0	49.9	49.0
Numerator	3,345	3,509	3,509	1,651	1,654
Denominator	6,827	7,163	7,163	3,307	3,377
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	46	47	48	49	49
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	2.11	2	2	2	2
Annual Indicator	12.4	1.9	6.2	2.0	
Numerator	6	1	3	1	
Denominator	48,353	53,965	48,245	48,818	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2	2	2	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	20	20	20	20	20
Annual Indicator	4.6	5.0	5.0	3.1	
Numerator	186	189	179	100	
Denominator	4,036	3,787	3,583	3,221	3,298
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	10	10	10	12	12
Annual Indicator	10.5	13.2	14.0	8.9	75.1
Numerator	425	500	500	288	2,476
Denominator	4,036	3,787	3,583	3,221	3,298
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	12	12	12	12	12
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>13</u>	<u>13</u>	<u>13</u>	<u>15</u>	<u>13</u>
Annual Indicator	<u>15.5</u>	<u>16.3</u>	<u>17.0</u>	<u>13.7</u>	<u>13.3</u>
Numerator	<u>9,996</u>	<u>9,996</u>	<u>9,996</u>	<u>8,163</u>	<u>8,238</u>
Denominator	<u>64,393</u>	<u>61,383</u>	<u>58,803</u>	<u>59,535</u>	<u>62,052</u>
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>	<u>13</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>34</u>	<u>34</u>	<u>34</u>	<u>34</u>	<u>34</u>
Annual Indicator	<u>34.4</u>	<u>34.0</u>	<u>34.0</u>	<u>34.0</u>	<u>34.0</u>
Numerator	<u>3,437</u>	<u>3,398</u>	<u>3,398</u>	<u>3,398</u>	<u>3,398</u>
Denominator	<u>9,996</u>	<u>9,996</u>	<u>9,996</u>	<u>9,996</u>	<u>9,996</u>
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>34</u>	<u>34</u>	<u>34</u>	<u>34</u>	<u>34</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0.98	1	1	1	0.9
Annual Indicator	0.7	1.0	0.9	0.9	1.3
Numerator	28	37	34	28	44
Denominator	4,036	3,785	3,583	3,221	3,298
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.9	0.9	0.9	0.9	0.9
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	43	43	43	40	40
Annual Indicator	93.5	58.3	65.1	45.3	22.2
Numerator	11	7	8	6	3
Denominator	11,762	12,010	12,292	13,234	13,508
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	40	40	40	40	40
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	0	0	0
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0	0	0	0	0
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

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

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	70	70	70	70	70
Annual Indicator	62.0	62.0	63.0	60.5	59.1
Numerator	2,504	2,347	2,257	1,948	1,948
Denominator	4,036	3,787	3,583	3,221	3,298
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	70	75	75	75	75
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of adolescents aged 12 through 17 reported to have used alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3	3	4	4	4
Annual Indicator	9.2	3.8	5.5	3.6	
Numerator	1,233	646	958	611	
Denominator	13,389	16,997	17,442	16,997	13,234
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4	3	3	2	2
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 2

Percent of children younger than 18 years maltreated/neglected.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3	3	3	3	10
Annual Indicator	57.1	43.2	66.4	33.4	38.6
Numerator	3,667	2,373	3,902	2,075	2,418
Denominator	64,169	54,966	58,803	62,052	62,688
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	10	10	10	10	10
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Percent of Chlamydia Trachomatis infections in women under the age of 25.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	.68	.68	.68	.68	0.5
Annual Indicator	0.6	0.7	0.8	0.5	0.9
Numerator	224	268	189	169	337
Denominator	36,088	36,889	22,482	34,935	36,414
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	0.5	0.5	0.4	0.4	0.4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Percent of Childbearing-age women who have been screened for cervical cancer.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	72	72	70	70	75
Annual Indicator	72.0	85.0	85.0	75.0	
Numerator	22,402	26,489	26,634	26,715	
Denominator	31,114	31,164	31,335	35,621	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	76	77	78	79	79
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 6

To improve the referral system of infants under the age of one year to the Department of Public Health and Social Services, Children with Special Health Care Needs (CSHCN) Program for entry into the CSHCN Registry.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>27</u>	<u>27</u>	<u>27</u>	<u>27</u>	<u>27</u>
Annual Indicator	<u>22.6</u>	<u>24.1</u>	<u>25.5</u>	<u>28.4</u>	<u>27.5</u>
Numerator	<u>914</u>	<u>914</u>	<u>914</u>	<u>914</u>	<u>907</u>
Denominator	<u>4,036</u>	<u>3,787</u>	<u>3,583</u>	<u>3,221</u>	<u>3,298</u>
Is the Data Provisional or Final?				Provisional	Provisional

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>28</u>	<u>29</u>	<u>30</u>	<u>30</u>	<u>30</u>
Annual Indicator					
Numerator					
Denominator					
	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				

STATE PERFORMANCE MEASURE # 8

Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>	<u>12</u>
Annual Indicator	<u>12.9</u>	<u>12.9</u>	<u>15.5</u>	<u>15.5</u>	
Numerator	<u>1,384</u>	<u>1,606</u>	<u>2,051</u>	<u>2,051</u>	
Denominator	<u>10,735</u>	<u>12,453</u>	<u>13,234</u>	<u>13,234</u>	
Is the Data Provisional or Final?				Provisional	

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>12</u>	<u>11</u>	<u>10</u>	<u>10</u>	<u>10</u>
Annual Indicator					
Numerator					
Denominator					
	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				

STATE PERFORMANCE MEASURE # 9

The Percent of Adolescents aged 12 through 17 who use Tobacco

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	0	0	4	4	4
Annual Indicator	NaN	NaN	5.5	3.6	
Numerator	0	0	958	611	
Denominator	0	0	17,442	16,997	15,538
Is the Data Provisional or Final?				Provisional	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4	3	3	3	3
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
The Guam Memorial Hospital Authority was unable to provide data at the time of Grant submission.

The data should be provided within the next two weeks
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
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.

The data populated in years 2004 through 2008 is false data so the program could continue inputting data
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
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.

data entered is false data so the program could continue to input data for form 11
7. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
2003 data is not available
8. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005
Field Note:
The program does not have a numerator to report
9. **Section Number:** Performance Measure #14
Field Name: PM14
Row Name:
Column Name:
Year: 2005
Field Note:
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

10. **Section Number:** Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

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.

11. **Section Number:** State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

The program does not have an accurate numerator at the present time

12. **Section Number:** State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

The program does not accurate data at the present time

13. **Section Number:** State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

The program does not have accurate data available at the time of grant submission

14. **Section Number:** State Performance Measure #9

Field Name: SM9

Row Name:

Column Name:

Year: 2005

Field Note:

The program does not have an accurate numerator

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: GU

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	8.3	8.3	8.3	8	6
Annual Indicator	8.7	6.1	9.8	6.2	11.2
Numerator	35	23	35	20	37
Denominator	4,036	3,787	3,583	3,221	3,298
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	6	5	5	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?					

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective					
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.3	4.3	4.3	4.3	4.3
Annual Indicator	5.7	2.9	7.0	3.4	5.2
Numerator	23	11	25	11	17
Denominator	4,036	3,787	3,583	3,221	3,298
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	4.3	4.2	4.2	4.1	4.1
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	4.4	4.3	4.3	4.3	2.8
Annual Indicator	3.0	3.2	2.8	2.8	6.1
Numerator	12	12	10	9	20
Denominator	4,036	3,787	3,583	3,221	3,298
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.8	2.7	2.6	2.5	2.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	16	16	16	15	15
Annual Indicator	13.9	11.4	18.4	16.5	17.6
Numerator	56	43	66	53	58
Denominator	4,036	3,787	3,583	3,221	3,298
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	15	15	15	15	15
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	21	20	20	20	20
Annual Indicator	24.7	31.8	39.8	59.4	
Numerator	13	15	22	29	
Denominator	52,631	47,156	55,244	48,818	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	20	20	20	20	20
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE OUTCOME MEASURE # 1

The fetal death rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	<u>12</u>	<u>12</u>	<u>11</u>	<u>10</u>	<u>10</u>
Annual Indicator	<u>11.6</u>	<u>9.2</u>	<u>13.7</u>	<u>13.0</u>	<u>12.7</u>
Numerator	<u>47</u>	<u>35</u>	<u>49</u>	<u>42</u>	<u>42</u>
Denominator	<u>4,036</u>	<u>3,787</u>	<u>3,583</u>	<u>3,221</u>	<u>3,298</u>
Is the Data Provisional or Final?				Final	Final

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>10</u>	<u>9</u>	<u>9</u>	<u>8</u>	<u>8</u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 6
Field Name: OM06
Row Name:
Column Name:
Year: 2005
Field Note:
The child death rate for 2003 is not available

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: GU

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

0

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

3

Total Score: 8

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: GU FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. To reduce the percent of adolescents aged 12 through 17 with substance use/abuse.
2. To reduce the percent of children younger than age 18 maltreated/neglected.
3. To reduce the percent of Chlamydia Trachomatis infections in women under the age of 25.
4. To increase the percent of childbearing age women screened for cervical cancer.
5. To improve the referral system, for infants under the age of one to the Department of Public Health and Social Services, Children with Special Health Care needs (CSHCN) Program for entry into the CSHCN Registry.
6. Percent of high schools students who reported engaging in violence or in behaviors resulting from violence on school property.
7. To determine the prevalence of childhood obesity. DELETED
8. Percent of adolescents who report tobacco smoking
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

**FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST**

STATE: GU

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested <i>(max 250 characters)</i>	Reason(s) Why Assistance Is Needed <i>(max 250 characters)</i>	What State, Organization or Individual Would You suggest Provide the TA (if known) <i>(max 250 characters)</i>
1.	Data-related Issues - Data Systems Development If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	To help gather data for CSHCN	data related issues	HRSA
2.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u>	To help gather data needs for adolescents	data related issues	HRSA
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u>			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this			

	issue pertains by entering the measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: GU

SP # 1

PERFORMANCE MEASURE:

Percent of adolescents aged 12 through 17 reported to have used alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine

STATUS:

Active

GOAL

To reduce the percent of adolescents aged 12 through 17 reported to have used alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine.

DEFINITION

Numerator:

Number of adolescents aged 12 through 17 who reported use of alcohol, inhalants, cigarettes, marijuana or crystal methamphetamine.

Denominator:

All adolescents aged 12 through 17 in the State.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department of Mental Health & Substance Abuse, Guam Police Department, Department of Youth Affairs & the University of Guam

SIGNIFICANCE

The number of reported cases of adolescents using alcohol, inhalants, cigarettes, marijuana and/or crystal methamphetamine have been increasing steadily over the past several years.

SP # 2

PERFORMANCE MEASURE:

Percent of children younger than 18 years maltreated/neglected.

STATUS:

Active

GOAL

To reduce the incidence of maltreated and/or neglect of children younger than age 18 years.

DEFINITION

Numerator:

Number children younger than age 18 years maltreated and/or neglected per 1,000 children in the State.

Denominator:

All children in the State younger than age 18 years.

Units: 1000 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Bureau of Social Services Data Systems, Guam Police Department, Guam Memorial Hospital Authority, Vital records

SIGNIFICANCE

The number of reported cases of child abuse and neglect has been increasing steadily in the last several years.

SP # 4

PERFORMANCE MEASURE:

Percent of Chlamydia Trachomatis infections in women under the age of 25.

STATUS:

Active

GOAL

To reduce the percent of Chlamydia Trachomatis infections in women under the age of 25.

DEFINITION

Numerator:

The number of Chlamydia Trachomatis infections in women under the age of 25

Denominator:

Total number of women under the age of 25 in a calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department of Public Health and Social Services Office of Epidemiology and Research, Vital records

SIGNIFICANCE

Chlamydia is the most prevalent sexually transmitted disease among adolescents and young adults. Because chlamydia infections are often undiagnosed, infected individuals may unknowingly spread the organism to their sexual partner and neonates.

SP # 5

PERFORMANCE MEASURE:

Percent of Childbearing-age women who have been screened for cervical cancer.

STATUS:

Active

GOAL

To increase the percentage of childbearing-age women who receive Pap smears.

DEFINITION

Numerator:

The number of women who have been screened for cervical cancer during the federal fiscal year.

Denominator:

Total number of women of childbearing-age in the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Department of Public Health & Social Services Cancer Registry, Vital records

SIGNIFICANCE

Cancer ranks second in the leading cause of death in the United States. Although it is not one of the top causes of deaths for females on Guam, it is however an issue which needs to be addressed in relation to national statistics and the probability of detecting and surviving cancer for females on Guam.

SP # 6

PERFORMANCE MEASURE:

To improve the referral system of infants under the age of one year to the Department of Public Health and Social Services, Children with Special Health Care Needs (CSHCN) Program for entry into the CSHCN Registry.

STATUS:

Active

GOAL

To improve the referral system of infants under the age of one year to the Department of Public Health and Social Services, Children with Special Health Care Needs (CSHCN) Program for entry into the CSHCN Registry.

DEFINITION

Numerator:

Number of children placed in the system during the calendar year.

Denominator:

Number of infants under one year with or at risk for chronic and/or disabling conditions found during the year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Guam Memorial Hospital Authority, Guam Early Intervention Systems, Vital Records and the CSHCN Registry

SIGNIFICANCE

CSHCN includes a wide array of problems from potential risks to actual health problems. An improved referral system with Guam Memorial Hospital Authority would enable the CSHCN Program to better monitor the amount and types of CSHCN and coordinate services for these children and their families. This is necessary in order to have a comprehensive and coordinated health care services.

SP # 8

PERFORMANCE MEASURE:

Percent of high school students who reported engaging in violence or in behaviors resulting from violence on school property.

STATUS:

Active

GOAL

To reduce the rates of violent behavior among youth attending school.

DEFINITION

Numerator:

The number of youth aged 13-18 reported involvement in violence or violent behaviors in the public schools who participated in the Youth Risk Behavior Survey.

Denominator:

The number of youth aged 13-18 in the public school schools that participated in the Youth Risk Behavior Survey.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavior Survey

SIGNIFICANCE

Violence among youth is a public health issue because it may lead to injuries and, when extreme, death. In addition, it may be symptomatic of mental health problems among youth today.

SP # 9

PERFORMANCE MEASURE:

The Percent of Adolescents aged 12 through 17 who use Tobacco

STATUS:

Active

GOAL

To reduce the percent of Adolescents aged 12 through 17 who use Tobacco

DEFINITION

The Percent of Adolescents aged 12 through 17 who use Tobacco

Numerator:

Number of adolescents aged 12 through 17 who reported use of tobacco and tobacco products

Denominator:

All adolescents aged 12 through 17 in the state

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Youth Risk Behavioral Survey

SIGNIFICANCE

The number of adolescents who reported using tobacco and tobacco products has risen steadily over the past years.

SO # 1

OUTCOME MEASURE:

The fetal death rate per 1,000 live births.

STATUS:

Active

GOAL

To reduce the number of fetal deaths.

DEFINITION

Numerator:

Number of fetal deaths greater than 20 weeks gestation.

Denominator:

Live births + fetal deaths.

Units: 1000 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

Vital records.

SIGNIFICANCE

Fetal mortality is a reflection of the health of the pregnant woman and newborn and reflects the pregnancy environment.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: GU

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	100.4	29.5	56.3	204.2	
Numerator	196	61	116	354	
Denominator	19,515	20,691	20,602	17,332	
Is the Data Provisional or Final?				Final	

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	27.4	NaN	NaN	21.4	4.3
Numerator	160	0	0	1,335	39
Denominator	585	0	0	6,243	909
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 03

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 04

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

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Provisional	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	7.9	6.2
Numerator	0	0	0	268	232
Denominator	0	0	0	3,397	3,750
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 08

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

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	NaN	NaN	NaN	NaN	NaN
Numerator	0	0	0	0	0
Denominator	0	0	0	0	0
Is the Data Provisional or Final?				Final	Provisional

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
The program has requested the data from the Guam Memorial Hospital however, the data was not available at the time for grant submission

2. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
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.

3. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
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.

4. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
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

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: GU

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) <i>Percent of low birth weight (< 2,500 grams)</i>	2003	Other	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
b) <i>Infant deaths per 1,000 live births</i>	2003	Other	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i>	2003	Other	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>
d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i>	2003	Other	<u> 0 </u>	<u> 0 </u>	<u> 0 </u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: GU

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) <i>Infants (0 to 1)</i>	1999	<u> 150 </u>
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 11 </u>)	1999	<u> 150 </u>
(Age range <u> 12 </u> to <u> 15 </u>)		<u> 150 </u>
(Age range <u> 16 </u> to <u> 22 </u>)		<u> 150 </u>
c) <i>Pregnant Women</i>	1999	<u> 150 </u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: GU

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) <i>Infants (0 to 1)</i>	1999	<u> 150 </u>
b) <i>Medicaid Children</i> (Age range <u> 1 </u> to <u> 11 </u>)	1999	<u> 150 </u>
(Age range <u> 12 </u> to <u> 15 </u>)		<u> 150 </u>
(Age range <u> 16 </u> to <u> 22 </u>)		<u> 150 </u>
c) <i>Pregnant Women</i>	1999	<u> 150 </u>

FORM NOTES FOR FORM 18

Form Notes for Form Form18
Guam does not have payment source or data files.

Percent of poverty is a best guess estimate. The MCH Program was unable to get the accurate level.

No payment source on birth certificate nor is there matching data files

No payment source available nor matching data files

No payment source available nor matching data files

No payment source available nor matching data files

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Infant
Row Name: Infants
Column Name:
Year: 2005
Field Note:
this information is not presently available
2. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2005
Field Note:
this information is not presently available
3. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Women
Row Name: Pregnant Women
Column Name:
Year: 2005
Field Note:
this information is not presently available
4. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
see general note
5. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
see general note
6. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
see general note
7. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
see general note

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: GU

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	1	No
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	1	No
Annual linkage of birth certificates and WIC eligibility files	1	No
Annual linkage of birth certificates and newborn screening files	1	No
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	1	No
Annual birth defects surveillance system	1	No
Survey of recent mothers at least every two years (like PRAMS)	1	No

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: GU

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	3	Yes
Pediatric Nutrition Surveillance System (PedNSS)	1	No
WIC Program Data	3	No
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:
1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

None

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: GU

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	7.9	7.8	8.0	7.9	_____
Numerator	319	294	285	255	_____
Denominator	4,037	3,787	3,583	3,221	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	7.9	6.7	7.2	7.1	_____
Numerator	319	253	258	230	_____
Denominator	4,037	3,787	3,583	3,221	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.7	1.0	0.9	0.9	_____
Numerator	28	37	34	28	_____
Denominator	4,037	3,787	3,583	3,221	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	0.7	0.9	0.8	0.8	_____
Numerator	27	33	29	27	_____
Denominator	4,037	3,787	3,583	3,221	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	26.8	31.6	99.6	60.1	
Numerator	13	15	55	29	
Denominator	48,419	47,519	55,244	48,245	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator	12.4	8.5			
Numerator	6	4			
Denominator	48,419	47,156	55,244		
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator					
Numerator					
Denominator	21,326	21,823	24,368		
Is the Data Provisional or Final?					

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	Annual Indicator Data		
			2001	2002	2003
Annual Indicator		137.8	76.0	659.1	
Numerator		65	42	318	
Denominator		47,156	55,244	48,245	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator		137.8	3.6	250.8	
Numerator		65	2	121	
Denominator	48,419	47,156	55,244	48,245	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator		719.4	16.4	1,020.8	
Numerator		157	4	256	
Denominator	21,326	21,823	24,368	25,079	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	17.0	21.6	14.6	21.6	
Numerator	99	128	89	140	
Denominator	5,826	5,929	6,106	6,496	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	10.9	10.6	6.6	5.2	
Numerator	297	268	195	154	
Denominator	27,284	25,235	29,503	29,881	
Is the Data Provisional or Final?				Final	

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

None

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU**

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU**

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	0							
Women 15 through 17	0							
Women 18 through 19	0							
Women 20 through 34	0							
Women 35 or older	0							
Women of all ages	0	0	0	0	0	0	0	0

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15			
Women 15 through 17			
Women 18 through 19			
Women 20 through 34			
Women 35 or older			
Women of all ages	0	0	0

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU**

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU**

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU**

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	_____
Living in urban areas	_____
Living in rural areas	_____
Living in frontier areas	_____
Total - all children 0 through 19	0

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU**

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

**FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: GU**

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	_____
Percent Below: 50% of poverty	_____
100% of poverty	_____
200% of poverty	_____

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

None