

2015 GUAM MATERNAL AND CHILD HEALTH NEEDS ASSESSMENT

PROCESS FOR CONDUCTING NEEDS ASSESSMENT

Each year, on July 15th, the Bureau of Family Health and Nursing Services (BFHNS) is required to submit an application and report to DHHS/HRSA/MCHB. The purpose is to monitor Guam's Maternal and Child Health (MCH) Services Title V Block Grant programs. Money from the grant is used to provide services to women of childbearing age (age15-44), pregnant and parenting women, children, adolescents, and children and youth with special health care needs (CYSHCN).

DHHS/HRSA requires that a comprehensive statewide MCH needs assessment be conducted every five years in order to: 1) improve outcomes for MCH populations, 2) strengthen partnerships between MCH programs and federal, state and local entities, and 3) to help states make the most appropriate program and policy decisions that promote the health of women, children, adolescents, and Children and Youth with Special Health Care needs (CYSHCN) and their families

Goals and Vision

The goal of the MCH Needs Assessment was to gather and review qualitative and quantitative data on the health of pregnant women, mothers, infants, children, youth and CYSHCN and present an analysis regarding the overall health and well-being of the MCH population residing on Guam. The Needs Assessment addressed health status indicators, analyzed factors that influence health, with specific attention to data collection, epidemiological, social, cultural, behavioral needs and interest as an objective. Specifically, the assessment is to provide information to BFHNS and other stakeholders, such as other government agencies, families, practitioners and the community, to help shape policies and programs to improve outcomes for MCH populations in Guam and to strengthen partnerships. Following the model outlined by the MCHB, the Guam MCH Program engaged stakeholders; assessed needs; examined strengths and capacity; selected priorities, identified resources; set performance objectives and activities to address the priorities; developed



a strategy for resource allocation as well as identify methods for monitoring progress for impact on outcomes.

The vision of the Guam Title V Program is “to assure access to health care services for all individuals on Guam to include high-risk and special needs groups through planning and coordination of comprehensive systems of care services.”

Leadership

To conduct the 2015 Guam Title V Maternal and Child Health Services Block Grant Needs Assessment, a MCH Core Team was developed. This group, which was led by the MCH Project

Director and MCH Program Coordinator, was tasked with the completion of Guam's Title V Five-Year Needs Assessment.

The MCH Core Team served as the day-to-day team on all needs assessment activities to include information sharing, providing status updates, troubleshooting and developing consensus on evolving issues. The major accomplishments and activities of the MCH Core Team follows:

1. The MCH Core Team was responsible for identifying quantitative data sets and selecting indicators to be included in the 2015 Needs Assessment;
2. Following the collection and analysis of the qualitative and quantitative data, the MCH Core Team identified needs that served as the frame for the selection of the island's top priority needs;



3. The MCH Core Team developed a community survey to promote broad community involvement in the needs assessment process;
4. The MCH Core Team planned the Title V Priority Needs Selection Meetings to assemble maternal and child health stakeholders to assist in the selection of the top priority needs and the development of measures; and
5. The MCH Core Team developed the State Performance Measures.

Methodology

The five year needs assessment provided Guam an opportunity to formally reassess MCH services. Given the vision, the 2015 Title V Block Grant Needs Assessment provided an opportunity for strategic planning and activity development to improve the health status of the MCH population on Guam. This wide view of the concerns of Guam’s community members, health care providers and advocates, coupled with extensive quantitative data, provided a sound basis for planning MCH service and system development for the future.



A list of key needs assessment activities follows:

- Review and analysis of quantitative data;
 - Collection of current qualitative information on stakeholder views of the health care needs of women, children, infants, and children/youth with special health care needs;
 - Engagement of current and potential partners in providing input on health care priorities for women, children, infant, children/youth through focus group meetings;
- Needs Assessment dialogues between the MCH Director and the community, resulting in new partnerships and activities;
 - Involvement of consumers, stakeholders, MCH staff, public health leaders in selecting priorities in a two day Title V Priority Needs Selection Meeting where data were discussed and priorities established; and
 - Partnership building and engagement among MCH program and staff through activity planning and work on performance measures.

Integrating the Life Course Perspective, Social and Environmental Determinants of Health, and Equity in the MCH Needs Assessment

The life course perspective has evolved from multidisciplinary research to provide evidence that conditions present early in life play a role in shaping the health and well-being throughout an individual’s life.¹ When we speak about individuals from birth through adulthood, middle age, and beyond, we are looking at their lives across the life course. Basically, our lives are “linked” throughout each period, or phase, in life. The interaction of risk and protective factors, such as socioeconomic status, exposure to toxic environmental elements, chronic stress, health behaviors, eating of nutritious foods, and access to quality medical care and services, all have the potential to influence health across the life course.²

The life course perspective offers an updated, integrated, and broader way of conceptualizing and prioritizing health care needs and services by looking at health and wellness across the life span –

¹ Pies C, Parthasarathy P, Kotelchuck M, Lu M 2009 [Making a Paradigm Shift in Maternal and Child Health: A Report on the National MCH Life Course Meeting](#)

² <http://mchb.hrsa.gov/lifecourseresources.htm>

not as disconnected stages, or separate maternal and child populations.³ For example, a life course approach would look at birth outcomes not only as the end product of a nine month pregnancy, but also as the entire life course of a woman leading up to pregnancy. Disparities in birth outcomes, therefore, involve exposure and experiences throughout the life course leading up to pregnancy.⁴ Adopting a life course viewpoint suggests there are critical periods for intervention, and the cumulative impact of adopting (or not adopting) any such intervention may have both short and long-term consequences affecting maternal and child health.⁵

A fundamental principle of public health is that all people have a right to health, and the health of America depends on the health of all Americans. Health disparities exist if there is significant difference in the overall rate of disease incidence, prevalence, morbidity, mortality, or survival rates of various populations.⁶ The social and economic conditions contributing to persistent disparities, many of which become evident at mid to late life, may be anchored in earlier circumstance of the life course.⁷

Most health disparities affect groups that are disadvantaged or marginalized because of their socioeconomic status, race/ethnicity, gender, sexual orientation, disability status, geographic location, or any combination of these. People in such groups not only experience poorer health status but also tend to have less access to healthy food, good housing and safe neighborhoods, quality education, and freedom from discrimination – or the social determinants or conditions that contribute to good health.⁸

Health equity is when everyone, regardless of the social and economic circumstances present in their life, has the opportunity to “attain their full health potential.”⁹ For many people, these disadvantaged conditions are pervasive during extended period of times in their lives, and for some, membership in a particular group lasts a lifetime. Understanding the disparities present in each of our priority populations across their respective life courses becomes critically important to knowing the needs and priorities of the Title V populations as well as moving forward the goal of achieving health equity on Guam.

³ Fine A, Kotelchuck M, Adess N, Pies C 2009 Policy Brief A New Agenda for MCH Policy and Programs; Integrating a Life Course Perspective

⁴ Ibid

⁵ Ibid

⁶ Harper S, Lynch J. Methods for Measuring Cancer Disparities: Using Data Relevant to Healthy People 2010 Cancer related Objectives

⁷ Pearlman, Len, Scott Schieman, Fazio & Meerman 2005, Stree, Health and the Life Course: Some Conceptual Perspectives

⁸ <http://www.cdc.gov/healthycmmunitiesprogram/overview/healthequity.htm>

⁹ Paula Braveman Health Disparities and Health Equity: Concepts and Measurement



Linkages between Assessment, Capacity and Priorities

As we reviewed the strengths, progress toward health and wellness, needs and challenges, and capacity, we identified priorities based on the input we received and the data trends. We developed the State Priorities based on the data review, assessment of our strengths and needs for the populations we serve. Review of the previous state and national Performance Measures, other data sets, work that we have done on various elements of needs of the MCH populations, input from the surveys all played a role in our discussions of needs. We considered in our discussions the ability to impact, numbers impacted, and shortages of services and significance of the issue.

Dissemination

Critical to the needs assessment process is making sure that stakeholders are aware of the overall process including the selection of MCH priorities for Guam. Throughout this process partnerships and collaborations were vital to its overall success. As part of the MCH program's on-going commitment to both the process and its stakeholders reporting back is of paramount importance.

An Executive Summary is an important component of our dissemination plan. Stakeholders will be sent a copy of the summary via electronic mail. This document will be discussed and disseminated through various community and statewide meetings as it pertains to MCH priority populations. Additionally, the overall needs assessment will be made public by posting a complete searchable PDF copy on DPHSS's website. All of our stakeholders – from local government and community partners to families – will have the opportunity the view this document and be part of the on-going needs assessment process.

Strengths and Weaknesses

- Strengths

Broad Stakeholder Involvement – Multiple opportunities were provided for input into the needs assessment process that included participation in focus groups, and participation in the selection of the top priority needs.

Parent Involvement – Involving parents of children/youth with special health care needs was a priority for the MCH Core Team. Significant effort was made to ensure that parents were included in the focus groups. Parents of children/youth with special health care needs were also included in the selection of priority needs.

Data Analysis - The 2015 Needs Assessment is the most comprehensive report on the health and health behaviors of women, infants, children and children/youth with special health care needs. The data were also presented in a manner to ensure availability for advocates, program planners and policy makers.

Internal Stakeholder Engagement – The success of the Title V MCH Services Block Grant is dependent on strong collaborative relationships with internal and external partners. There were several opportunities to engage Division of Public Health leadership throughout the 2015 Needs Assessment and Title V MCH Services Block Grant FY 16 Application Process. This included development of State Performance Measures and selection of the National Measures.

- Weaknesses

Limited Scope of CYSHCN Data – The Guam MCH program does not participate in the National Survey of Children with Special Health Care Needs, thus the only available data for CYSHCN is what is produced by the GDOE and DPHSS. Increased surveillance is needed to improve our understanding of this population.

Routine Qualitative Analysis Techniques and Data Collection – The collection of the data from the focus groups could have been enhanced with the implementation of advanced qualitative data analysis techniques. The data collection and analysis process implemented included the use of teams that provided discussion facilitation and note taking detailing verbatim statements and discussion points. While this process is effective, recording and transcribing sessions and using qualitative software may have added in the identification of themes and increased scientific rigor of the analysis of the qualitative data collected.

Data Sources

The following is a description of the data sources used in the Guam Title V Needs Assessment. The majority of these data sources come from national and local level population-based surveys; some data came from vital records, passive surveillance systems, and other datasets maintained by either the DPHSS or the CDC.

Behavioral Risk Factor Surveillance System (BRFSS)

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone surveillance system designed by the U.S. Centers for Disease Control and Prevention (CDC). Surveillance is conducted to collect data about modifiable risk behaviors, preventative health practices and health-related conditions contributing to the leading causes of morbidity and mortality in the population. Information from BRFSS is used to establish and monitor health objectives, and plan and implement health promotion programs to improve the health of the American people.

There are a number of limitation of the BRFSS. On Guam, households without a land-line telephone are unable to participate in the survey and some individuals may refuse to participate. Answers are self-reported and are subject to the limitations of self-reported data collection. The physical activity questions ask about physical activity leisure time and exclude physical activity performed as part of an individual's job. Questions specific to diabetes, high blood pressure and high cholesterol require a clinical diagnosis and might exclude individuals who have a condition but have not been diagnosed.

Youth Risk Behavior Surveillance System (YRBSS)

The Youth Risk Behavior Surveillance System (YRBSS) was originally developed by the Division of Adolescent and School Health (DASH), CDC. The YRBSS monitors six categories of priority health-risk behaviors among youth and young adults including: behaviors that contribute to unintentional injuries and violence; tobacco use; alcohol and other drug use; sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs) including human immunodeficiency virus (HIV) infections; unhealthy dietary behaviors; and physical activity. The YRBSS also monitors the prevalence of obesity and asthma.

Limitations of the YRBSS are: survey questions are predetermined, standard and close-ended which could result in a failure to identify new and emerging trends and the most important aspects of current problems and issues. Since the prevalence of behaviors are self-reported, students may under or over report behaviors, which results in self-reported bias. School based survey methods are not able to reach those who are attending private schools or are receiving home instruction. Although methodology attempts to survey all enrolled students on a particular day, school-based surveys fail to reach students who are ill, truant, missing on the day of the survey, or are schooled in settings other than the public school system.

Guam Birth Certificates

Information on Guam births is collected from the Certificate of Live Birth. Data items are presented as reported on the certificate. Completeness and accuracy of items may vary by birthing facility. Data for all births that occurred within Guam, resident and nonresident, are collected. These files consist of all births that occur in Guam for a given year.

There are some limitations related to the use of birth certificate data. For example, some pregnancy health risk behaviors (e.g., alcohol or tobacco use) may be under-reported by the mother completing the birth certificate form. Also, race/ethnicity reporting may present some inconsistencies because of the inadequacy of categories. Another recent issue is how to deal with

the increasing number of individuals who identify themselves as multi-racial, which makes it difficult to compare race from data in prior years.

Guam Death Certificates

Death data are compiled from information reported on the death certificate. Data items are presented as reported. Information on the certificate concerning time, place and cause of death is typically supplied by medical personnel or the medical examiner. Demographic information such as age, race/ethnicity, or occupation, is generally reported on the certificate by funeral directors from information supplied by the available next of kin.

Fetal deaths are defined as death before the complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of pregnancy. The death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life, such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles. These deaths are captured in a separate file from the standard death files.

Limitations related to the use of death certificate data include: differences in cause of death could reflect differences in death reporting practices by physicians and the medical examiner. Also, in 1999, the vital statistics program nationwide adopted Version 10 of the International Classification of Disease (ICD 10). Therefore, cause of death data before and after 1999 should not be compared to one another. In addition, death records do not provide adequate information on factors that may contribute to the death such as the health status of an individual prior to death.

Guam Council on Child Death Review and Prevention

The Guam Council on Child Death Review and Prevention is multidisciplinary group of professionals representing public health, law and law enforcement, child welfare, and other special interests related to health and safety of children. The Council has been reviewing all child deaths (ages 0-24 years) with the following goals:

- To describe trends and patterns of child death on Guam;
- To identify and investigate the prevalence of risk factors for child death;
- To characterize high-risk groups in terms compatible with the development of public policy;
- To evaluate the service and system responses to children and families who are at risk and to offer recommendations for improvement in those responses; and
- To improve the quality and scope of data necessary for child death investigations and review.

Youth Tobacco Survey (YTS)

The Youth Tobacco Survey (YTS) was developed by the American Legacy Foundation and the CDC to evaluate tobacco use among middle and high school students. The survey provides information about teen tobacco use, and knowledge and attitudes towards tobacco.

School based survey methods are not able to reach those who are attending private schools or are receiving home instruction. Although methodology attempts to survey all enrolled students on a particular day, school-based surveys fail to reach students who are ill, truant, missing on the day of the survey, or are schooled in settings other than the public school system.

Sexually Transmitted Infection and HIV Surveillance System

The Guam STD program at the DPHSS conducts surveillance and research to characterize and track sexually transmitted and HIV infections in Guam. The program collects, compiles and disseminates information on gonorrhea, syphilis, chlamydia and HIV infections, and contacts health care providers to ensure that clients receive adequate treatment. The program synthesizes data from multiple sources to develop annual Guam STD/HIV epidemiological profiles. These reports are used to inform and guide the STD/HIV program.

Limitations are that program and/or service data is available only from those who are receiving the services. Generally those who experience barriers to accessing services are not included. This means that data may not provide insight regarding the neediest or those who are not receiving services.

Oregon Poison Center

The Oregon Poison Center received 1,356 calls/contacts from Guam residents in 2014 asking advice about exposure to prescription and nonprescription medications, drug abuse, household cleaners and chemicals, plants, bites and stings, pesticides, food poisoning and many other things.

The Guam Cancer Registry

The University of Guam Cancer Registry collects cancer incidence, survival and mortality data to assist in the development of cancer education, prevention and screening programs.

The Guam Family Planning Program

The Family Planning Annual Report (FPAR) is the only source of annual, uniform reporting by all Title X service grantees. The FPAR provides consistent data about program users, service providers, utilization of family planning and related preventive health services. Annual submission of the FPAR is required of all Title X grantees for program monitoring and performance reports.

The Guam Medicaid Program

Medicaid was authorized in 1966 for the purpose of strengthening and extending the provision of medical care and services to people whose resources are insufficient to meet such costs. Corrective, preventative and rehabilitative and medical services are provided with the objective of retaining or attaining capability for independence, self-care and support.

The Guam Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program

The Guam EPSDT program is a preventive health program that is free for children birth to age 21 who are eligible for screening, diagnosis and treatment services to help prevent health problems from occurring or help keep health problems from becoming worse.

Emergency Room Visits and Hospitalizations

The hospital discharge and emergency room (ER) visits data provide population-based records for these two health service events. The data defining the cause of the admission or ER visit are captured in a series of diagnostic codes, the International Classification of Disease (ICD). There is a set of ICD codes which define the external cause of an injury. The codes distinguish between a broken leg caused by a fall and one resulting from a car crash, for example.

National Immunization Survey (NIS)

NIS is sponsored by the National Center for Immunizations and Respiratory Diseases (NCIRD) and conducted jointly by NCIRD and the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention. The NIS is a list-assisted random-digit-dialing telephone survey followed by a mailed survey to children's immunization providers to monitor childhood immunization coverage.

Data Limitations

There were some limitations to the data. These included, but were not limited to the following examples:

Systems may not be available to gather information on specific issues to present a comprehensive picture of that issue. For example, there is currently not a system available in Guam to track every well child visit completed for every child. The issue may be emerging and therefore a specific data set has not been identified and vetted that can present that information.

Data is not designed to provide information specific to the MCH population. For example, several of the data sources are designed to gather information for social services or educational purposes. This data may not readily apply to the MCH populations.

Data may not be available to support a perceived problem. For example, because Guam chose to focus the needs assessment equally on perceived need and needs supported by data, data may not be readily available to measure that issue. Substance use during pregnancy is seen as an important issue; however, good data is not available to specifically measure drug use during pregnancy due the extreme complexity of this issue.

Data for various racial and ethnic populations may not be readily available. For example, Guam is a relatively healthy island; yet there are significant disparities in health status among minority populations. Information on racial and ethnic breakdowns in data for specific needs may be more difficult to obtain.

Partnership Building and Coordination Efforts

Partnership building and coordination efforts has been the focus of MCH for many years. Establishing community links is vital for the coordination of effective service delivery. MCH is committed to identifying resources both public and private to expand and improve services to women, children and families.

Non-Profit Organization Partners

1. Catholic Social Services (CSS) provides various services that are vital for children, families, individuals with disabilities, elderly citizens and individuals in emergency situations such as food, shelter and support services.

CSS operates the Alee Shelter I for females in family violence situations and their children; Alee Shelter II for child abuse and neglect victims and Guma San Jose shelters for homeless individuals and families.

2. Foster Families Association is the only non-profit group that addresses the needs of foster families.

3. Guam Coalition Against Sexual Assault and Family Violence is a non-profit organization comprised of member agencies representing public and private services providers, community individuals and other community partners and government allies. The Guam Coalition against Sexual Assault and Family Violence focuses on addressing sexual assault and family violence on Guam at the community level with one united voice.

4. Salvation Army provides social service programs that assist children, elderly, families and those battling addiction. They also offer disaster relief, day care, summer camps, hospitals, shelter, counseling centers, vocational training and substance abuse treatment programs.

5. Rigalu Foundation, the First Lady's foundation, is a non-profit organization promoting awareness and advocacy for foster care and early childhood development on Guam.

6. Sanctuary Inc. is a private, non-profit organization that has been in existence since 1971. The organization provides an array of services for youth and their families. Services include crisis intervention, counseling and support, emergency shelter, anger management, parenting skills and parent support groups.

Education Partners

1. The University of Guam (UOG) is a U.S. accredited institution. UOG prepares learners for life by providing the opportunity to acquire knowledge, skills, attitudes and abilities through core curriculum, degree programs, research and outreach.

- The Guam Early Hearing Detection and Intervention Project (GEHDI) is 100% federally funded and was awarded to the University of Guam Center for Excellence in

Developmental Disabilities Education, Research and Services (CEDDERS) to establish Guam's newborn hearing screening and intervention program. The overall goal of the program is to ensure all babies born on Guam receive hearing screening before discharge from the hospital or birthing center; diagnostic audio logical evaluation before 3 months of age; and early intervention services before 6 months of age.

- Project Tinituhon (The Beginning) through the Guam Center for Excellence in Developmental Disabilities Education, Research and Services (CEDDERS) focuses on coordinating services among child serving agencies and organizations in order to make them more accessible and affordable for parents. The overall goal of the project is to ensure that the basic needs of every child's early life experiences are met in order to set the stage for young children to grow to become well adjusted, healthy and productive adults.

2. GDOE Special Education Division offers support to families by providing information, parent training opportunities, community activities, and resources for children with disabilities. The Division also offers Early Childhood Special Education to children (ages 3 through 5 years) who have been identified as having developmental delays in the following areas: cognition, fine and gross motor skills, hearing, personal and social skills, self-help skills and speech and language.

3. GDOE Early Intervention Services (GEIS) provide services and support to young children birth to three years who have or are at risk for developmental delays and disabilities. Early intervention services are provided in the child's home or community setting, such as child care centers, playground, beach, etc.

4. GDOE Head Start Program promote school readiness by enhancing the social and cognitive development of children through the provision of educational, health, social and nutritional services.

Government Partners

1. Guam Behavioral Health and Wellness Center (GBHWC) provides substance abuse services, drug education, outpatient services, residential services, inpatient services, child and adolescent mental health services, therapeutic group home and transition services to adult services. Prevention and training services are provided in areas of alcohol, suicide, inhalants and tobacco.

2. I Famagu'on-ta (Our Children) goals are to develop and implement a child-centered, family-focused system of care that delivers effective, comprehensive, community-based, culturally competent mental health and related services for children and related services for children and adolescents with serious emotional disturbances and their families, and to ensure longitudinal studies of services system outcomes.

3. Guam Early Learning Council's vision is to ensure that "all of Guam's young children will have healthy minds, bodies and spirits as the foundation for lifelong success." The focus of the Council is to enhance, improve, support and strengthen coordination serving young children, birth to five years and their families, with one outcome being to facilitate the development and

enhancement of high quality systems of early childhood and care designed to improve school readiness.

4. Guam Homeless Coalition is committed to the provision of housing and supportive services for individuals and families who become homeless. The Guam Homeless Coalition believes and recognizes that quality housing should be tailored to meet the needs of the homeless individuals and family. The Coalition will ensure that homeless individuals and families regain housing stability through the expansion and implementation of a comprehensive community based housing delivery system to prevent and end homelessness.

5. Department of Youth Affairs (DYA) provides care, treatment and rehabilitation services to youth adjudicated by the courts of Guam. Status offenders (non-criminal offenders) are placed in a non-secure correctional facility (Cottage homes). Non-status offenders (criminal offenders) are placed in a secure correctional facility.

6. The Guam Memorial Hospital Authority (GMHA) mission is to provide quality patient care in a safe environment. Guam Memorial Hospital Authority (GMHA) is a primary source for healthcare services on Guam and is also utilized by some of the neighboring islands in the Western Pacific.

GMHA earned full Joint Commission Accreditation in 2010 after losing it in 1983. Accreditation by the Joint Commission, which evaluates hospitals based on national patient safety goals, medical staffing, healthcare quality, and other categories, symbolizes that a hospital meets or exceeds national performance standards and is committed to meeting safe, high quality and best value health care.

7. Department of Public Health and Social Services (DPHSS) assists the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare.

- Medicaid was authorized in 1966 for the purpose of strengthening and extending the provision of medical care and services to people whose resources are insufficient to meet such costs. Corrective, preventative and rehabilitative medical services are provided with the objective of retaining or attaining capability for independence, self-care and support. These services are extended to elderly, blind or disabled individuals as well as to caretaker relatives and children up to age 21.
- Comprehensive Tobacco Control Program goals are to prevent youth initiation of tobacco use, promote quitting among youth and adults, eliminate exposure to secondhand smoke, and reduce tobacco's impact on populations disproportionately affected by tobacco.
- Breast and Cervical Cancer Program (BCCP) provides outreach activities and educational materials to promote awareness and public education through collaborations and community groups and organizations. Prevention activities are conducted through private providers, mayors and senior centers to conduct screening activities, diagnostic services, referrals and case management.

- Healthy Mothers Healthy Babies Task Force goals are to promote healthy practices by increasing public awareness and education on: 1) the importance of early and continuous prenatal care; 2) management of pregnancy; 3) child birth preparation; 4) immunizations; 5) nutrition; 6) STD/HIV prevention and 7) accident and injury prevention.
- Emergency Medical Services for Children (EMSC) is a federally funded program established to ensure that all children and adolescents receive appropriate medical care in emergency conditions no matter where they live, travel or attend school. Services provided under this program include pediatric care training to emergency medical technicians and nurses and procurement of pediatric emergency equipment.
- The Guam Immunization Program provides education and guidance to island residents promoting immunization against vaccine preventable diseases. The program receives grant funding to administer the Vaccines For Children (VFC) program, a program which, through community partners, ensures vaccines are available to eligible children.
- Newborn Metabolic Screening Program is a vital public health activity that is essential for preventing the consequences of certain metabolic, endocrine and genetic disorders not clinically recognizable at birth. When infants are diagnosed and treated early, serious problems including disability and even death can be averted.
- The STD HIV/AIDs Program purpose is to provide prevention activities designed to control and reduce STDs, HIV/AIDs throughout Guam, maintain a surveillance system to assure disease case reporting and analysis of morbidity and trends, and to assure HIV infected persons receive care and case management.
- Family Planning staff provide contraceptive supplies and educational materials, continuous collaboration with persons from the community including health care providers, teachers, students, patients, potential clients and organizations. This includes providing and assisting with presentations, health fairs and training.
- Project Karinu (Loving our Families) is an early childhood system of care through a cooperative agreement with DPHSS and SAMSHA. The purpose of the program is to promote young children (infant to five) in their mental health, prevent disruptions in young children's social/emotional development and provide direct intervention for young children and their families. Project Karinu's vision is to focus on children and their families so they have healthy minds, bodies and spirits for lifelong success.
- Project Bisista I Familia (To Visit the Family) is designed to plan, implement and sustain an effective evidence-based home visiting service for at-risk children and their families. Guam's vision is "our children and families will have healthy minds, bodies and spirits for lifelong success."
- Supplemental Nutrition Program for Women, Infants and Children (WIC) prescribes and pays for nutritional foods to supplement the diets of pregnant women, mothers who breastfeed for one year, and mothers who formula feed for six months, infants, and children up to their 5th birthday who qualify as "nutritionally at risk" and meet Federal Poverty Guidelines. Program participants are reassessed every six months. The WIC Program also provides nutrition education, breastfeeding promotion and support, conducts immunization screenings and appropriate referrals to address the WIC participants needs.

- WIC Breastfeeding Peer Counselor Program is funded through Food and Nutrition Services (FNS) which has recognized this program as a best practice model. Due to its success, the WIC funding for this program has been increased as breastfeeding continues to receive increased emphasis.
- WIC Farmers' Market Nutrition Program, (WIC FNMP) provides prescriptions for local fresh fruits and vegetables from local approved farmers.



Priority Needs

State Selected Priorities

Guam's Title V MCH Program connected the power of data to provide a shared understanding of the various strengths and needs of Guam's MCH population. To further support the MCH Needs Assessment, MCH provided data that focused on the six MCH population health domains: 1) Women/Maternal Health; 2) Perinatal/Infant Health; 3) Child Health; 4) CYSHCN; 5) Adolescent Health and 6) Cross-cutting Health. The state priority need selection process included external and internal data collection efforts.

Stakeholder meetings were conducted with a vast representation of individuals from education, health, the hospital and law enforcement. Input from these individuals was obtained. A list of the most commonly reported health issues identified was created and criteria for prioritization of these health issues was developed. The health issues were ranked and common themes were identified to define a problem need for each population domain. Ranking of the health issues was done using the following criteria:

1. *Relevance as it relates to national priority needs.*
 - a. Is the health issue reflective of the Title V national performance measure priority areas?
 - b. Is the problem need identified in the Guam DPHSS Community Health Assessment?
 - c. Does the Guam Code Annotated mandate a health program to address this health issue?
 - d. Are there significant racial or socioeconomic disparities related to this health issue?

2. *Ability to be addressed by existing resources and opportunities*
 - a. Were there strategies/activities identified to address identified health issues?
 - b. Does the Guam Title V program have existing activities/strategies that will address these health issues?
 - c. Is there Title V resources to address the health issues?

3. *Ease in monitoring progress in addressing the health issue*
 - a. Are there data collected to monitor progress toward addressing the identified health issues?
 - b. Is the overall trends for identified health issues worsening in Guam?

4. *Impact on the population*
 - a. Based on current data, are there a lot of individuals affected by identified health issues?
 - b. Did stakeholders or the general public identify or perceive identified health issues as an emerging or unmet health issue that needs to be prioritized?

Family satisfaction and stakeholder surveys were conducted which included topics related to access to medical care, barriers to medical care, coordination of services and overall satisfaction with the MCH Program. The development and refinement of the stakeholder meetings was guided by the secondary data gathered by the surveys.

The following state priority needs were identified as a result of the Needs Assessment process:

Domain	Priority	
Maternal/Woman's Health	To improve maternal health by optimizing the health and well-being of women of reproductive age	Prenatal Care
Perinatal/Infant Health	To reduce infant morbidity and mortality	Infant Mortality Breastfeeding

Child Health	To improve the cognitive, physical, and emotional development of all children	Injury Prevention Early Risk Assessment and Intervention
Adolescent Health	To promote and enhance adolescent strengths, skills and supports to improve adolescent health	Teen pregnancies Bullying
CSHCN	To provide a whole child approach to services to CSHCN	Medical home for CSHCN
Cross Cutting	To increase the number of homeless individuals and families accessing health and social services	Homelessness
Cross Cutting	To reduce the number of individuals who smoke	Smoking during pregnancy Secondhand smoke

Culturally and Linguistically Appropriate Services

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

Guam's Title V Program strives to deliver culturally competent services and this is demonstrated by: following the department's mission statement committing to cultural diversity, developing materials in languages reflecting the needs of the patient population, policies and procedures to address the needs of the population, taking into account factors such as race, age, ethnicity, gender, disability and sexual orientation.

Activities funded by MCH include an expectation that all staff have a working knowledge of cultural competence and the ability to conduct their work in a manner that shows consideration for racial and ethnic differences for clients with physical, emotional and mental disabilities.

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