

**Guam FY 2023
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2023

Submitted by: Guam

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Governor: Honorable Ms. Lou Leon-Guerrero

State Health Officer: Mr. Arthur U. San Agustin, MHR

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Executive Summary

This work plan is for the Preventive Health and Health Services Block Grant (PHHSBG) for Fiscal Year (FY) 2023. It is submitted by the Guam Department of Public Health and Social Services (DPHSS) as the designated state agency for the allocation and administration of PHHSBG funds. The PHHSBG staff is housed at 155 Hesler Place, Hagåtña, Guam 96910.

The Advisory Committee reviewed the work plan and recommended activities for funding, contingent upon the receipt of funding for FY 2023. The PHHSBG program convened the 1st and 2nd Advisory Committee Meetings on March 27, 2023 and May 15, 2023, respectively. A 3rd Meeting with a live stream Public Hearing was held on July 12, 2023 to provide the general public the opportunity to watch the proceedings and share their inputs and suggestions.

Funding Assumptions: The total award amount for the FY 2023 PHHSBG is **\$343,189.00**. This amount is based on the allocation table provided by the US Centers for Disease Control and Prevention (CDC). The funding will be used to support Healthy People 2030 objectives. In addition, funding will be used to pay for personnel costs, rent, office furniture, equipment and indirect costs.

Proposed Allocation and Funding Priorities for FY 2023

Sexual Assault Prevention and Awareness (IVP-D05): \$12,824.10 will be allocated to support the Victim Advocates Reaching Out (VARO), a non-profit volunteer corporation that provides services to victims and families of domestic violence, sexual assault, abuse, violent crime, and traumatic events. Of the total amount, \$3,523.00 is the mandatory allocation to contract for services to address sexual assault, \$8,801.10 is to cover partial Salaries and Fringe Benefits of the Program Coordinator IV and partial cost of Travel of \$500.00.

Health Promotion and Disease Prevention (IID-17; D-06; HDS-05): \$228,323.70 will be allocated to support the Tuberculosis (TB), Diabetes, and Hypertension Programs. Of the total amount, \$57,000 will be allocated among the different programs: \$10,000.00 for X-ray imaging and reading/interpretation; \$15,000.00 for health screening items such as blood glucose, A1C kits, cholesterol meters, test strips, lancing kits and lancets, blood pressure monitors and body mass index (BMI) monitors and scale; \$5,000.00 for conducting Public Health Education classes; \$10,000.00 for health information pamphlets and posters relevant to Diabetes and Hypertension; \$7,000.00 for physical fitness sessions; and \$10,000.00 for promotional/incentive items. Other components of this section include the partial salaries and fringe benefits of PHHSBG staff at \$167,823.70 and partial cost of Travel for \$3,500.00.

Public Health Infrastructure Continuing Education (PHI-R01): \$72,041.20 will be allocated to support initiatives for public health infrastructure: workforce training. Of the total amount, \$26,885.00 will be allotted for Procurement and Ethics and securing venues to host the Brief Tobacco Intervention Skills Certification Trainings, Worksite Wellness Training and Emerging and Reemerging Infectious Disease Conference; \$1,000 for partial cost of Travel and \$44,156.20 for the partial salaries and fringe benefits of PHHSBG staff.

Administrative Costs: \$30,000.00 which represents less than 10% of the award was identified as administrative costs that will be used to support the activities of the PHHSBG. The breakdown of consists of the following:

- **Rent: \$23,100.00** will be used to cover for the office space of the PHHSBG staff.
- **Office Supplies: \$3,719.00** will be used for various office items
- **Office Furniture and Equipment: \$3,181.00** is intended for related furniture and equipment.

The grant application is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of the National Health Promotion and Disease Prevention Objectives in Healthy People 2030.

Funding Priority: Under or Unfunded, Data Trend, State Plan (2021)

Statutory Information

Advisory Committee Member Representation:

Advocacy group, Community-based organization, Community Health Center, Faith-based organization, Minority-related organization, State health department

Dates:	
Public Hearing Date(s):	Advisory Committee Date(s):
	3/27/2023
5/15/2023	5/15/2023
7/12/2023	7/12/2023

Current Forms signed and attached to work plan:

Certifications: Yes.

Certifications and Assurances: Yes.

Budget Detail for GU 2023 V0 R1	
Total Award (1+6)	\$343,189.00
A. Current Year Annual Basic	
1. Annual Basic Amount	\$339,666.00
2. Annual Basic Admin Cost	(\$ 30,000.00)
3. Direct Assistance	\$ 0.00
4. Transfer Amount	\$ 0.00
(5). Sub-Total Annual Basic	\$309,666.00
B. Current Year Sex Offense Dollars	
6. Mandated Sex Offense Set Aside	\$3,523.00
7. Sex Offense Admin Cost	\$ 0.00
(8.) Sub-Total Sex Offense Set Aside	\$3,523.00
(9.) Total Current Year Available Amount (5+8)	\$313,189.00
C. Prior Year Dollars	
10. Annual Basic	\$0.00
11. Sex Offense Set Aside	\$0.00
(12.) Total Prior Year	\$0.00
13. Total Available for Allocation (5+8+12)	\$313,189.00

Summary of Fund Available for Allocation	
A. PHHSBG \$'s Current Year:	
Annual Basic	\$309,666.00
Sex Offense Set Aside	\$ 3,523.00
Available Current Year PHHSBG Dollars	\$313,189.00
B. PHHSBG \$'s Prior Year:	
Annual Basic	\$0.00
Sex Offense Set Aside	\$0.00
Available Prior Year PHHSBG Dollars	\$0.00
C. Total Funds Available for Allocation	\$313,189.00

Summary of Allocations by Program and Healthy People Objective

Program Title	Health Objective	Current Year PHHSBG \$'s	Prior Year PHHSBG \$'s	TOTAL Year PHHSBG \$'s
Sexual Assault Prevention and Awareness	IVP-D05 Reduce Contact Sexual Violence (Rape Prevention)	\$12,824.10	\$0.00	\$12,824.10
Sub-Total		\$12,824.10	\$0.00	\$12,824.10
Health Promotion and Disease Prevention	IID-17 Reduce Tuberculosis cases	\$55,156.20	\$0.00	\$55,156.20
	D-06 Increase the proportion of people w/ Diabetes who get Formal Education	\$89,083.75	\$0.00	\$89,083.75
	HDS:05 Increase control of High Blood Pressure in Adults	\$84,083.75	\$0.00	\$84,083.75
Sub-Total		\$228,323.70	\$0.00	\$228,323.70
Public Health Infrastructure	PHI-R01: Explore and Expand practice-based Continuing Education for Public Health Professionals	\$72,041.20	\$0.00	\$72,041.20
Sub-Total		\$72,041.20	\$0.00	\$72,041.20
Grand Total		\$313,189.00		\$313,189.00

State Program Title: Sexual Assault Prevention and Awareness

State Program Strategy:

Sexual violence is sexual activity when consent is not obtained or freely given. It is considered a serious public health problem in the United States that has profound long-term impact on the health, opportunity, and well-being of the victim. Sexual violence impacts every community and affects people of all age groups, gender and sexual orientation. Anyone can experience or perpetrate sexual violence. The perpetrator of sexual violence is usually someone the survivor knows, such as a friend, current or former intimate partner, coworker, neighbor, or family member. Sexual violence can occur in many ways, such as in-person, online, or through technology, i.e. posting or sharing sexually explicit pictures of someone without their consent, or non-consensual sexting.

Sexual violence affects millions of people each year in the United States. It is believed that the numbers underestimate the problem because many cases go unreported. Most often, survivors are ashamed, embarrassed or afraid to report to authorities or inform friends and family about their violent experience. Some victims tend to keep silent because of threats of further harm or feel there is no one to reach out to. The data shows:

- **Sexual violence is common.** Over half of women and almost 1 in 3 men have experienced sexual violence involving physical contact during their lifetimes. One in 4 women and about 1 in 26 men have experienced completed or attempted rape. About 1 in 9 men were made to penetrate someone during his lifetime. Additionally, 1 in 3 women and about 1 in 9 men experienced sexual harassment in a public place.
- **Sexual violence starts early.** More than 4 in 5 female rape survivors reported that they were first raped before age 25 and almost half were first raped as a minor (i.e., before age 18). Nearly 8 in 10 male rape survivors reported that they were made to penetrate someone before age 25 and about 4 in 10 were first made to penetrate as a minor.
- **Sexual violence disproportionately affects some groups.** Women and racial and ethnic minority groups experience a higher burden of sexual violence. For example, more than 2 in 5 non-Hispanic American Indian or Alaska Native and non-Hispanic multiracial women were raped in their lifetime.
- **Sexual violence is costly.** Recent estimates put the lifetime cost of rape at \$122,461 per survivor, including medical costs, lost productivity, criminal justice activities, and other costs.

Source: [cdc.gov/violenceprevention/sexualviolence/fastfact.html](https://www.cdc.gov/violenceprevention/sexualviolence/fastfact.html)

The Sexual Assault Prevention and Awareness (SAPA) is intended to stop sexual assault before it occurs. Promoting safe behaviors, healthy relationships and thoughtful policies, help create communities where everyone regardless of gender, age, color, or religion are treated with respect and equality. SAPA will create and strengthen collaborative partnerships with key stakeholders and maximize resources to address the sexual assault situation. This will be done with peer led leadership and with racial and ethnic representation by those impacted by sexual assault.

State Program Setting:

SAPA will provide the infrastructure network and shared resources to successfully attain the strategies of increased capacity-building opportunities to end sexual assault. This will also incorporate a Systems of Care approach which is inclusive and requires stakeholder input.

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHSBG funds.

Position Name: Gerard Paredes

Position Title: Program Coordinator IV

Funding Amount for Personnel Cost: \$8,801.10

State-Level: 10% **Local:** 0% **Other:** 0% **Total:** 10%

Total Number of Positions Funded: 1

Total FTEs Funded: 0.10

National Health Objective: IVP-D05: Sexual Violence (Rape Prevention)

State Health Objective(s):

Between 10/2023 and 09/2024, PHHSBG program will contract a nonprofit agency to provide secondary prevention and emotional support to victims of sexual assault through crisis intervention for at least 20 victims/survivors.

Baseline:

In FY 2022, Victim Advocates Reaching Out (VARO) provided secondary prevention, transportation, hotline, and referrals, and emotional support to 20 victims of rape and sexual assault under the Preventive Health and Health Services Block Grant.

Data Source:

VARO Statistics

State Health Problem:

Health Burden:

National statistics on sexual violence

Sexual violence affects millions of Americans.

- On average, there are 321,500 victims (ages 12 and older) of rape and sexual assault each year in the United States.
- Women and girls experience sexual violence at higher rates than men and boys. 90% of victims of rape are female. 10% are male.
- About 18% of American women -- or 1 in 6 -- have been the victim of an attempted or complete rape in their lifetime.
- About 3% of American men -- or 1 in 33 -- has been the victim of an attempted or complete rape in their lifetime.

Source: Rape, Abuse & Incest National Network. Victims of Sexual Violence: Statistics.

In 2020, Guam continued to have the second-highest number of sexual assaults per capita in the nation. In 2022 the Domestic Assault Response Team under the Guam Police Department reported that 240 sexual assault victims/survivors received services. Of these 198 were minors or 82%. This high percentage reflects that sexual assault against minors is more likely to be reported than sexual assault against adults. The Guam Healing Hearts Rape Crisis center had 72 cases of sexual assault or rape in 2021. Of these 62 were female and 6 were male. 74% were minors. The indigenous Chamorros were 69%, Filipinos were 10% Asians were 14%, other Pacific Islanders were 5%, Caucasians were 7%, and the rest were Black 2%, Hispanic 2% and unknown 1%. Perpetrators were 69% family members, 20% Acquaintance, and 11% stranger.

It is felt that many cases of sexual assault are not reported for reasons which include culturally-based attitudes where victims are often discouraged to report sexual assault. Reporting of sexual

assault is often viewed as bringing shame and unwanted attention to the family. Silence was encouraged to retain the integrity of the family unit and, as a result, justice was often denied to victims. Marginalized groups such as the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) and the growing homeless population have also been identified as those segments of the community that are vulnerable to sexual assault.

New protection for victims such as advocacy, victim empowerment, safety planning, and other services are being provided by community partners. However, there are still barriers to services such as lack of transportation to some services, language barriers, lack of trust in interpreters from their ethnic communities, lack of affordable safe housing, and shelters that are often at full capacity.

The Healing Hearts Crisis Center (HHCC) is Guam's only Rape Crisis Center. It exists with the intent to provide survivors of sexual assault with "discrete, immediate and full medical attention. HHCC incorporates a holistic approach for the survivor of sexual assault or abuse. HHCC services include intake assessment and crisis intervention, forensic and multi-disciplinary team interviews, short-term case management and linkage to other needed services such as individual and family therapy. It also provides medical services, including forensic examinations and collection of forensic evidence and outreach and training to schools, service providers and the community at large. Regardless of when the assault occurred or the age, ethnicity, gender or disability of the victim, Healing Hearts offers a supportive, healing atmosphere with caring people to assist them in regaining feelings of safety, control, trust, autonomy and self-esteem.

The Preventive Health and Health Services Block Grant (PHHSBG) staff will partner with Victim Advocates Reaching Out (VARO), a local nonprofit agency to provide support for victims of sexual assault, spreading awareness, educating the victims and their families and working to educate the community to eliminate sexual violence. By providing secondary supportive services to sexual assault victims, it will help to fill a need within the community. In addition, VARO will assist victims/survivors with emotional support and finding solutions when they are in hostile and vulnerable situations. VARO will provide emotional support, safety planning, transportation when requested to other agencies for assistance, 24/7 hotline, case management when appropriate, and assistance in finding safe shelter or housing. The outcomes of these efforts will be reported out in a proposed sexual assault prevention conference on Guam.

Target Population:

Number: 153,836

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 1 - 5 years, 6 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 60 years, 60+ years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 153,836

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White

Age: 1 to 60+ years.

Gender: Female and Male

Geography: Primarily rural

Primarily Low Income: Yes

Location: Entire state

Target and Disparate Data Sources: U.S. Census and Guam Statistical Yearbook

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

MMWR Recommendations and Reports (Centers for Disease Control and Prevention)

Promising Practices Network (RAND Corporation)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$12,824.10

Total Prior Year Funds Allocated to Health Objective: \$11,385.66

Funds Allocated to Disparate Populations: \$0

Funds to Local Entities: \$3,523.00

Role of Block Grant Dollars: Rapid Response

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Coordinate and Provide Transportation, Hot Line, Emotional Support and Referral Services

Between 10/2023 and 09/2024, Victim Advocates Reaching Out (VARO) will coordinate shelter, transportation, hot line, emotional support, and referral services to at least twenty (20) victims of sexual abuse through VARO.

Annual Activities:

1. Provide Support Services to Victims of sexual abuse and rape through contracted service

Between 10/2023 and 09/2024, PHHSBG program staff will contract VARO to provide secondary prevention services and emotional support to at least 20 sexually abused victims on their issues, guiding the clients to services pertinent to their situation, referring them to other services and empowering them to move forward in life.

State Program Title: Health Promotion and Disease Prevention

State Program Strategy:

Tuberculosis (TB) is an infectious disease that most often affects the lungs and is caused by a type of bacteria. It spreads through the air when infected people cough, sneeze or spit. Tuberculosis is preventable and curable. About a quarter of the global population is estimated to have been infected with TB bacteria. About 5 – 10% of people infected with TB will eventually get symptoms and develop TB disease. TB disease is usually treated with antibiotics and can be fatal without treatment. In certain countries, the Bacille-Calmette- Guérin (BCG) vaccine is given to babies or small children to prevent TB. The vaccine prevents TB outside of the lungs but not in the lungs.

US\$13 billion are needed annually for TB prevention, diagnosis, treatment and care to achieve global targets agreed on at the UN high level-TB meeting. As in the past decade, most of the spending on TB services in 2021 (79%) was from domestic sources. In low-and middle-income countries, international donor funding remains crucial. The main source is the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund). The United States Government is the largest contributor of funding to the Global Fund and also the largest bilateral donor. For research and development, according to the Treatment Action Group, only US\$0.9 billion were available in 2021 of the US\$2 billion required per year to accelerate the development of new tools. At least an extra US\$1.1 billion per year is needed to accelerate the development of new tools.

Source: <https://www.who.int/news-room/fact-sheets/detail/tuberculosis>

Despite being a preventable and curable disease, however, 1.5 million people die from TB each year – making it the world’s top infectious killer. Every year, 10 million people fall ill with TB. It is likewise the leading cause of death of people with HIV and a major contributor to antimicrobial resistance. Although TB is present all over the world, most people who get it come from low- and middle-income countries. Those with compromised immune systems, such as people living with HIV, malnutrition or diabetes, or people who on tobacco use face a higher risk of falling ill.

On the other hand, non-communicable diseases (NCD) are non-infectious in nature and do not spread like communicable diseases. Most NCDs are chronic and last for a longer period of time. NCDs kill 41 million people worldwide annually and account for approximately 71% of deaths worldwide and 86% in the Western Pacific Region. Each year, 15 million people around the world die prematurely between the ages of 30 and 69 years old from an NCD.

The four major death-causing NCDs include: cardiovascular disease, cancer, respiratory disease and diabetes which account for more than 80% of all premature NCD deaths. As the risk factors for NCDs are mostly due to poor diet, lack of exercise, inadequate sleep, smoking, alcohol consumption and stress, NCDs for the most part are termed as ‘lifestyle diseases.’ There are no treatment options that lead to curing an NCD. Generally, a combination of medication prescription and lifestyle changes are intended to improve one’s symptoms.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Rape crisis center, Schools or school district, Senior residence or center, State health department, University or college, Work site, Other: Government Agencies, Villages, Local Malls.

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHSBG funds.

Position Name: Gerard S. Paredes

Position Title: Program Coordinator IV

Funding Amount for Personnel Cost: \$61,607.70

State-Level: 70% Local: 0% Other: 0% Total: 70%

Position Name: John Dizon

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$58,266.40

State-Level: 80 % Local: 0% Other 0% Total: 80%

Position Name: TBD

Position Title: Program Coordinator I

Funding Amount for Personnel Cost: \$47,949.60

State-Level: 80% Local: 0% Other: 0% Total: 80%

Position Name: TBD

Total Number of Positions Funded: 3

Total FTEs Funded: 2.3

National Health Objective: IID-17: Reduce tuberculosis cases

State Health Objective(s):

Between 10/2023 and 09/2024, increase TB screening to detect active disease by 50%.

Baseline:

Baseline has not been established since this activity is new.

Data Source:

Statistics from the Tuberculosis and Hansen's disease program.

State Health Problem:

Health Burden:

For a small population, Guam has a higher incidence of Tuberculosis and Hansen's disease compared to the continental U.S. Figures show that in 2022, there is a 34.4 incidence rate per 100,000 persons on Guam while the mainland posted a rate of 2.5 cases. Most TB cases in Guam are between 25-64 years old, primarily males and non-US born. The results were from continued transmission and case finding among locals along with migrants from neighboring Islands.

Recently, the Center for Disease Control (CDC) recognized the Guam Department of Public Health and Social Services TB Program and Todu Guam Foundation (TGF) as champions of tuberculosis elimination ahead of World TB Day. In 2022, the TB program conducted 49 TB case investigations in households, schools, offices, and other congregate settings for suspected exposure to active TB cases and 852 TB contacts were identified from these investigations. About 639 persons suspected of exposure to tuberculosis bacteria were tested during these contact investigations, 113 contacts were newly identified as being infected with Latent tuberculosis, and 105 suspected TB cases were evaluated for possible active TB disease, and 59 suspects were confirmed to be infected by TB and are on treatment. The TB Program issued 2,357 TB clearances for schools and workplaces while 56 immigrants were assessed for TB infection. The CDC works with health organizations from all across the nation to look for effective and engaging ways to reach the community. DPHSS and Todu Guam stood out because of their outreach efforts, the government department stated in a press release. From May 2022 to January 2023, 345 individuals received TB education materials, screening, counseling and partner referral services.

Target Population:

Number: 300

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 300

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 1 - 3 years, 4 - 11 years, 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Statistics from the TB/Hansen’s Disease Program

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$55,156.20

Total Prior Year Funds Allocated to Health Objective: \$55,958.69

Funds Allocated to Disparate Populations: \$0.00

Funds to Local Entities: \$0.00

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Coordinate X-ray imaging for TB Disease patients and contacts

Between 10/2023 and 09/2024, a radiology service provider will conduct X-ray imaging and interpretation services for TB patients and contacts. The TB/Hansen’s Disease program will be responsible for monitoring the radiology assessment, X-ray imaging, radiological evaluation, and reading and interpretation of digital X-ray.

Annual Activities:

1. Contract the services of a Radiology Service Provider

Between 10/2023 and 09/2024, PHHSBG program staff will contract the services of a radiology service provider which would conduct x-ray imaging, reading/interpretation.

National Health Objective: D-06: Increase the proportion of people with diabetes who get formal diabetes education

State Health Objective(s):

Between 10/2023 and 09/2024, increase complimentary health screenings to detect diabetes in adults, and refer them to health education classes to inform, educate and promote a healthy lifestyle, conduct physical activity sessions and disseminate health informational materials to spread awareness and achieve the proportion of people with diabetes who get formal diabetes education.

Baseline:

Baseline has not been established since this activity is new.

Data Source:

Local database from the Diabetes Program

State Health Problem:

Health Burden:

The necessity for food is integrated with cultural and social needs which are linked with practices and traditions. Food is central in the daily lives of people and in major events, such as religious feasts, birthdays, weddings, and other similar celebrations. As a consequence of the link between food and culture, foods that are appealing to the taste and which are most often loaded with carbohydrates, calories, sugar, sodium and fat are served with little or no consideration for nutrition and diet.

Guam's food choices have evolved over time along with cultural practices and life choices. The diet of the ancient Chamorros consisted mostly of tree and root starches, fruits and leaves from different plants and trees. They also consumed a variety of seafood, crustaceans, fruit bat and jungle fowl. There is evidence to prove that the Chamorro people had a healthy diet and lived relatively long lives. With the shift to Western-style food practices comes changes in dietary patterns as well. Modern processed foods have been introduced to the island and have become popular due to their convenience and ease in cooking. This resulted in moving away from traditional healthy foods which the older generations were accustomed to.

The high prevalence of obesity and non-communicable disease is attributable to high refined carbohydrate and sugar consumption coupled with low rates of physical activity. It is estimated that about two-thirds of Guam's population are considered as overweight or obese with Chamorros and Micronesians being the highest in number. Obesity is a strong risk factor for chronic disease development such as Type II diabetes, heart disease including high cholesterol, high blood pressure, stroke, and cancer. Nearly 60 percent of deaths on Guam are attributable to these non-communicable diseases. A study revealed that Guam is well above the world and national averages for obesity.

Due to the rising trend in chronic diseases, focus should be directed to both management and prevention. Prevention reduces healthcare burden, as well as the related socio-economic costs.

Minimizing risk factors can reduce the burden of chronic disease by combining with other means such as education, increased access to healthy foods, and opportunities for physical activity.

Community initiatives that promote healthy lifestyles, and increased access to quality nutrition, are steps towards reducing the burden of chronic disease and health disparities. Encouraging the intake of more fruits and vegetables and less sweetened and processed foods may help reverse current dietary trends and improve the overall health of the people on island.

The PHHSBG staff will collaborate with partner organizations including the Guam Diabetes Prevention and Control Program and the Guam Diabetes Control Coalition to conduct free health screening outreach events, distribute reading materials, conduct health educational awareness about diabetes, emphasize the importance of healthy eating habits and lifestyle changes and hold physical activity/exercise sessions and coordinate communities to clinical linkages. These activities are intended to help reduce the risk of Type 2 Diabetes.

Target Population:

Number: 12,212

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 12,212

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census, Behavioral Risk Factor Surveillance System and Guam Statistical Yearbook

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$89,083.75

Total Prior Year Funds Allocated to Health Objective: \$27,729.47

Funds Allocated to Disparate Populations: \$0.00

Funds to Local Entities: \$0.00

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:

Provide outreach with health screening items, conduct public health education classes, printing of informational materials and conducting physical activity/workout sessions.

Between 10/2023 and 09/2024, PHHSBG program staff will procure blood glucose meters, A1C kits, lancing kits, lancets, test strips; conduct public health education classes on diabetes; printing of health informational materials on diabetes; and promotion of physical activity/fitness through physical exercise sessions.

Annual Activities:

1. Procurement of Health Screening Items

Between 10/2023 and 09/2024, PHHSBG program staff will procure for A1C kits, blood glucose meters, lancing kits, lancets, test strips for the Guam Diabetes Prevention and Control Program outreaches.

2. Contracting and collaborating with Health Educators to conduct formal Classes on Diabetes Education

Between 10/2023 and 09/2024, PHHSBG in tandem with the Guam Diabetes Prevention and Control and other partners will hold Diabetes Education Classes to educate and inform attendees to learn practical skills to manage blood sugar, eat well, live an active life and to help to live well.

3. Printing of Posters and Pamphlets on Diabetes

Between 10/2023 and 09/2024, PHHSBG program staff will procure printing services for posters and pamphlets that are relevant to Diabetes. Pamphlets will be disseminated while posters will be displayed at public sites.

4. Contract the services of Physical Fitness Instructors to conduct physical activity/exercise sessions

Between 10/2023 and 09/2024, PHHSBG program staff will contract a Fitness Instructors to conduct physical activity/exercise sessions at the Northern, Central and Southern parts of the island to promote physical fitness that would make the body more sensitive to insulin, bring down blood sugar levels and help manage diabetes.

5. Procurement of Promotional/Incentive items

Between 10/01/2023 and 9/30/2024, PHHSBG Program will procure for promotional/incentive items for distribution to attendees of outreach events/health education classes/physical activity sessions.

National Health Objective: HDS-05: Increase control of high blood pressure in adults

State Health Objective(s):

Between 10/2023 and 09/2024, increase complimentary health screenings to detect hypertension in adults, conduct public health education sessions/enhancements and disseminate health pamphlets on hypertension and hold physical activity/workout sessions.

Baseline:

Baseline has not been established since this activity is new.

Data Source:

Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System

State Health Problem:

Health Burden:

Hypertension, also known as **high blood pressure (HBP)**, is a long-term medical condition in which the blood pressure in the arteries is persistently elevated. High blood pressure usually does not cause symptoms. However, it is major risk factor for stroke, coronary artery disease, heart failure, atrial fibrillation, peripheral arterial disease, vision loss, chronic kidney disease and dementia. Hypertension is a major cause of premature death worldwide.

Heart disease continues to be the leading cause of death on Guam in 2021, accounting for **30.86%** of all deaths. Cerebrovascular disease or stroke was ranked as the fourth leading cause of death on Guam in 2021, accounting for **5.86%** of all deaths. In 2019, 1 out of 3 adults on Guam had hypertension or High Blood Pressure – the “Silent Killer”.

Source: Guam Behavioral Risk Factor Surveillance System.

According to the World Health Organization (WHO), hypertension is a major cause of premature death worldwide where two-thirds live in low-and middle-income countries. Approximately, only 1 in 5 adults (21%) with hypertension have it under control while less than half of adults (42%) are diagnosed and treated. This health gap will be addressed locally with PHHSB support to the Guam Hypertension Prevention and Control Program through regular routine screenings, hypertension education classes and physical activity sessions.

Target Population:

Number: 27,892

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 27,892

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: U.S. Census, Behavioral Risk Factor Surveillance System and Guam Statistical Yearbook

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$84,083.75

Total Prior Year Funds Allocated to Health Objective: \$0.00

Funds Allocated to Disparate Populations: \$0.00

Funds to Local Entities: \$0.00

Role of Block Grant Dollars: Start-up

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

10-49% - Partial source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:**Provide outreach materials to the Guam Hypertension Prevention and Control Program**

Between 10/2023 and 09/2024, PHHSBG program staff will procure health screening items such as blood cholesterol kits, blood pressure monitors and body mass index machines with scale; conduct public health education classes on hypertension; printing of materials on hypertension; and holding physical activity/fitness sessions.

Annual Activities:**1. Procurement of Health Screening Items**

Between 10/2023 and 09/2024, PHHSBG program staff will procure for blood cholesterol meters, lancing device kits, lancets, test strips, blood pressure monitors and body mass index machines with scale to be used for the Hypertension Program during their outreach to the community.

2. Procurement of Posters and Pamphlets on Hypertension

Between 10/2023 and 09/2024, PHHSBG program staff will procure services for printing of posters and pamphlets that are relevant to Hypertension for information purposes.

3. Contract the services of Physical Fitness Instructors to conduct physical activity/exercise sessions

Between 10/2023 and 09/2024, PHHSBG program staff will contract a Fitness Instructors to conduct physical activity/exercise sessions at the Northern, Central and Southern areas on island to promote physical fitness and promote cardiovascular well-being.

4. Procurement of Promotional/Incentive items

Between 10/01/2023 and 9/30/2024, PHHSBG Program will procure for promotional/incentive items for distribution to attendees of outreach events/health education classes/physical activity sessions.

State Program Title: Public Health Infrastructure

State Program Strategy:

Public health infrastructure provides the necessary foundation for all public health services - from vaccinations to preventive programs to emergency preparedness efforts. Healthy People 2030 focuses on creating a strong public health infrastructure. The Public Health Infrastructure objectives address high-performing health departments, workforce development and training, data and information systems, planning, and partnerships.

A strong public health infrastructure includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to public health needs. While a strong infrastructure depends on many organizations agencies rely on a solid public health infrastructure in state, tribal, local and territorial jurisdictions.

Source: [health.gov/healthypeople/objectives](https://www.health.gov/healthypeople/objectives)

Public health departments play an important role in promoting and protecting the health of the community. Despite this critical role, however, there remains an absence of a national system to ensure accountability and quality. Accreditation provides an opportunity for public health departments to measure their performance, get recognition for their accomplishments and demonstrate accountability within their communities. With increasing challenges from epidemics and disaster preparedness, it is more important than ever that systems are in place to ensure their effectiveness and quality of services.

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to advancing the continuous quality improvement of health departments through formal accreditation. The goal of the PHAB is to ensure that majority of the population is served by an accredited health department. Achievement of this goal is expected to promote and protect the health of the public by advancing the performance of local health departments. As of March 29, 2019, 79% of the U.S. population resided in areas served by accredited health departments.

Health departments that have had their site visits strongly agreed that the accreditation process has improved the performance of their health department. It has allowed their health departments to better identify strengths and weaknesses, and stimulated greater accountability and transparency within their health department.

Primary Strategic Partners: Nonprofit organizations, faith-based, public and private sectors, local and federal government agencies, healthcare providers, non-communicable disease consortium, and others such as the US Centers for Disease Control and Prevention (CDC), Association of State and Territorial Health Officials (ASTHO), Pacific Health Officers Association (PIHOA), and the World Health Organization (WHO).

Evaluation Methodology: A tracking system (excel spreadsheet) has been developed to measure outcomes and improvement activities using baseline data.

State Program Setting:

Local health department

FTEs (Full Time Equivalents):

Full Time Equivalents positions that are funded with PHHSBG funds.

Position Name: Gerard S. Paredes

Position Title: Program Coordinator IV

Funding Amount for Personnel Cost: \$17,602.20

State-Level: 20% Local: 0% Other: 0% Total 20%

Position Name: John L. Dizon

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$14,566.60

State-Level: 20% Local: 0% Other 0% Total: 20%

Position Name: Vacant

Position Title: Program Coordinator I

Funding Amount for Personnel Cost: \$11,987.40

State-Level: 20% Local: 0% Other: 0% Total: 20%

Total Number of Positions Funded: 3

Total FTEs Funded: 0.60

National Health Objective: PHI-R01: Explore and expand practice-based continuing education for public health professionals

State Health Objective(s):

Between 10/2023 and 09/2024, PHHSBG will increase the number of public health staff who undergo trainings in Procurement and Ethics in Government which are required for all Government of Guam employees, Brief Tobacco Intervention (BTI) Certification, Worksite Wellness Program and Emerging and Re-emerging Infectious Disease Conference.

Baseline:

Baseline has not been established since this activity is new.

Data Source:

Local database from the Performance Improvement Management Office

State Health Problem

Health Burden:

The workforce at the Guam Department of Public Health and Social Services is unique with its own set of issues. Among the major challenges facing Guam's Public Health Workforce are the lack of qualified personnel, training opportunities, staff retention and career development. To fill these gaps, emphasis will need to be placed on continuing professional education, better recruitment practices, and professional development. Building public health capacity results in improved capability to meet the health needs of the community especially in times of health emergencies. By aligning with the Healthy People 2030 Objective of Exploring and Expanding practice-based continuing education for public health professionals (PHI-R01), the PHHSBG will be supporting the need to conduct training classes by paying for training, venue and related costs.

The Guam Department of Public Health and Social Services (DPHSS) is aware of the need for improved quality and consistency in the delivery of public health services. Its objective is to implement a comprehensive set of standards that set uniform performance expectations for health departments to provide the level of services necessary to service the needs of the community. With continuous quality improvement, it will demonstrate a commitment to empower and encourage improved performance. DPHSS has made its goal to be accredited with the Public Health Accreditation Board (PHAB) – a leading voluntary public health accreditation initiative in the United States.

Public health related continuing education is a learning experience designed to augment the knowledge, skills or competence, performance, attitudes or the professional development of the workforce. Such learning is aimed to improve the health of the public and the health care delivery system by presenting best practices, evidence-based practice and practice-based evidence in such contexts as public health education, policy, regulation, law or other relevant environment. Through the promotion of professional development, this initiative aims in the long-term to strengthen the overall public health infrastructure and provide the community with quality health care services.

The Brief Tobacco Intervention (BTI) Training

Brief interventions for tobacco use focus on enhancing tobacco users' motivation to change and connecting them with evidence-based resources to help make the next quit attempt a success. Successful intervention begins with identifying users and appropriate interventions based upon the patient's willingness to quit. There are brief interventions that can be helpful including attending group sessions or doing homework assigned by a therapist. Brief interventions can also help in specific family issues, personal finance problems or work attendance.

Procurement Module Training

The Procurement Training is a four (4) module series mandated under Public Law (P.L.) 32-131, codified as Title 5 of the Guam Code Annotated (GCA) Chapter 5 §5141. Government of Guam employees who are responsible in procuring goods, services, or construction related items must receive training and continuing education through the Guam Community College Procurement Program. The outcome of this training is the decline in procurement appeals and the likelihood of protests.

Ethics in Government Training

Pursuant to **Public Law 36-25**, all government of Guam employees are required to attend an **Ethics in Government Program**, of which topics to be discussed include Guam statutes concerning ethics, procurement laws and regulations, and fiduciary responsibility, to name a few. This program is intended to uplift the public's confidence in government employees, programs and operations by ensuring the practice and promotion of the highest standards of ethical behavior in the government of Guam.

Worksite Wellness Program Training

The Worksite Wellness Program (WWP) is an exceptional program established through Executive Order 2012-07. Through executive order, Government of Guam employees may take up to one hour a day, three times a week, to exercise and participate in activities that promote healthy lifestyles. Since 2013 the program has gradually increased employee participation through incentives, motivational events and Health Coach support.

Emerging and Reemerging Infectious Disease Conference

This conference is intended to inform, update and exchange the latest information on issues affecting the emergence, spread and control of infectious diseases with healthcare professionals.

Target Population:

Number: 600

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Disparate Population:

Number: 600

Ethnicity: Non-Hispanic

Race: African American or Black, American Indian or Alaskan Native, Asian, Native Hawaiian or Other Pacific Islander, White, Other

Age: 12 - 19 years, 20 - 24 years, 25 - 34 years, 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Statistics from DPHSS Human Resources Office

Evidence Based Guidelines and Best Practices Followed in Developing Interventions:

Best Practice Initiative (U.S. Department of Health and Human Service)

Guide to Community Preventive Services (Task Force on Community Preventive Services)

Funds Allocated and Block Grant Role in Addressing this Health Objective:

Total Current Year Funds Allocated to Health Objective: \$72,041.20

Total Prior Year Funds Allocated to Health Objective: \$106,033.41

Funds Allocated to Disparate Populations: \$0.00

Funds to Local Entities: \$0.00

Role of Block Grant Dollars: No other existing federal or state funds

Percent of Block Grant Funds Relative to Other State Health Department Funds for this HO:

100% - Total source of funding

OBJECTIVES – ANNUAL ACTIVITIES

Allocated funds are used to achieve Impact & Process Objective outcomes and to carry out Annual Activities that are based on Evidence Based Guidelines and Best Practices identified in this work plan.

Objective 1:**Provide Continuing Education for Public Health Personnel**

Between 10/2023 and 09/2024, PHHSBG program staff will contract a venue to host the Brief Tobacco Intervention (BTI) Skills Certification Training, Worksite Wellness Program and Emerging and Reemerging Infectious Disease Conference; to contract the Guam Community College and the Guam Ethics Commission to provide Procurement Training and Ethics, respectively;

Annual Activities:**1. Contract a venue to host the Brief Tobacco Intervention Skills Certification Training**

Between 10/2023 and 09/2024, PHHSBG program staff in collaboration with the Guam Tobacco Prevention and Control Program will contract a venue for the BTI Skills Certification Training.

2. Provide Procurement Trainings to the PHHSBG Staff

Between 10/2023 and 09/2024, PHHSBG program staff will contract the Guam Community

College to provide training modules on procurement. This training is mandated under Public Law (P.L.) 32-131, codified as Title 5 of the Guam Code Annotated (GCA) Chapter 5 §5141.

3. Provide Ethics Trainings to the PHHSBG Staff

Between 10/2023 and 09/2024, PHHSBG program staff will contract the Guam Community College to provide training on Ethics as mandated under Public Law (P.L.) 36-25 which expanded the Ethics in Government training to include all employees within the government of Guam.

4. Provide a venue for the Worksite Wellness Program Training

Between 10/2023 and 09/2024, PHHSBG program staff will secure a venue for the Worksite Wellness Program Training.

5. Provide a venue for the Emerging and Reemerging Infectious Disease Conference

Between 10/2023 and 09/2024, PHHSBG program staff will contract a venue to host an Emerging and Reemerging Infectious Disease Conference intended for health professionals.