

**Guam FY 2024
Preventive Health and Health Services
Block Grant**

Work Plan

Original Work Plan for Fiscal Year 2024

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State Health Officer: Mr. Peter John D. Camacho, MPH

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Executive Summary

The Preventive Health and Health Services (PHHS) Block Grant allows the Fifty (50) states, the District of Columbia, Two (2) American Indian tribes, Five (5) U.S. territories and Three (3) freely associated states to address their own unique public health needs and challenges with innovative and community-driven methods. (Source: www.cdc.gov/phhsblockgrant/about.htm)

As the lead public health agency in the U.S. territory of Guam, the Department of Public Health and Social Services (DPHSS) is submitting this Work Plan relative to the PHHS Block Grant FY 2024 (October 2024 – September 2025) budget allocation. With guidance from the PHHS Block Grant Advisory Committee, funding for programs, objectives and activities have been recommended consistent with the national health objectives available in the nation's *Healthy People 2030* health improvement plan.

Funding Assumptions: The total award for the FY 2024 PHHS Block Grant allotted to Guam amounts to **\$396,949.00**. The Annual Basic Allocation is \$This amount among other allocations provided to the aforementioned states, territories and freely associated states was approved by the U.S. legislature and relayed by the Centers for Disease Control and Prevention (CDC). Funding will be used to support Guam's unique public health needs and challenges and pay for operating costs such as personnel, rent, office furniture, equipment, supplies and indirect cost.

Proposed Allocation and Funding Priorities for FY 2024 PHHS Block Grant

Sexual Assault Prevention and Awareness (IVP-D05): A total amount of **\$7,203.08** will be allocated to partner with Victim Advocates Reaching Out (VARO), a local non-profit volunteer corporation that provides services to victims and families of domestic violence, sexual assault, abuse, violent crime, and traumatic events. Of this amount, \$3,523.00 covers the mandatory allocation to contract for services to address sexual prevention and awareness, \$3,391.86 cost sharing Salaries and Fringe Benefits of staff and \$288.22 for cost sharing of Indirect Cost.

Health Promotion and Disease Prevention (IID-17; D-06; HDS-05; TU-01; OH-08; C-05; C-09): **\$311,923.52** will be allocated to support the Tuberculosis (TB), Diabetes, Hypertension, Tobacco, Oral Health, Breast and Cervical Cancer Programs. Of the total amount, \$150,000.00 will be allocated among the different programs: Tuberculosis - \$55,000.00 for X-ray imaging and reading/interpretation and various TB test kits and supplies; Diabetes - \$22,500 for health screening items and supplies which includes but not limited to glucometers, test strips, lancing devices, lancets, A1C kits, continuous glucose monitors (CGM) and BMI machines, \$5,000 for health education, nutrition and counselling, \$4,500 for printing of pamphlets, posters, brochures and digital graphics services and \$3,000 for promotional and incentive items; Hypertension - \$22,500 for health screening items and supplies which includes but not limited to cholesterol meters, test strips, lancing devices, lancets, blood pressure monitors and BMI machines, \$5,000 for health education, nutrition and counselling, \$4,500 for printing pamphlets, brochures, posters and digital graphic services and \$3,000 for promotional and incentive items; Tobacco - \$4,500 for printed materials such as pamphlets, brochures, posters and digital graphic services and \$3,000 for promotional and incentive items; Oral Health - \$10,000 for oral/dental supplies and \$1,800 intended for printed materials and digital graphic services. Other components of this

section include the cost sharing Salaries and Benefits of PHHSBG staff at \$149,241.84 and Indirect Cost of \$12,681.68.

Public Health Infrastructure Continuing Education (PHI-R01): \$38,622.40 will be intended to support the exploration and expansion of practice-based continuing education for public health professionals. Broken down, \$20,222 will go to training costs including venues, manuals and related expenses, \$16,959.30 for cost sharing Salaries, Benefits, and \$1,441.10 for Indirect Costs.

Administrative Costs: \$39,200.00 will be set aside for related administrative costs of the PHHS Block Grant as follows:

- **Travel: \$5,000.00** for PHHS Block Grant related travel;
- **Office Rent: \$23,100.00** will be used to cover for the office space of the PHHSBG staff;
- **Office Supplies: \$10,000.00** for various office supplies;
- **Office Furniture: \$1,000.00** for various office furniture;
- **Drug Testing: \$100.00** will be set aside for drug testing requirement of newly hired staff;

This Work Plan is prepared under federal guidelines, which require that states use funds for activities directed toward the achievement of National Health Promotion and Disease Prevention Objectives aligned with the Healthy People 2030 framework.

Statutory Information

The first Advisory Committee Meeting was held on 04/22/2024, while the second Advisory Committee Meeting with a Public Hearing occurred on 05/28/2024. The former was chaired by Deputy Director Terry Aguon while the latter was chaired by the Chief Public Health Officer, Catherine Angcao. The public was invited via a public notice advertisement on Guam Daily Post published on May 20, 2024 and May 23, 2024 and on DPHSS official website www.dphss.guam.gov, Government of Guam’s portal www.notices.guam.gov and Facebook. The draft Work Plan was made available for public viewing via the DPHSS official website.

Dates:	
Public Hearing Date(s):	Advisory Committee Date(s):
	4/22/2024
5/28/2024	5/28/2024

Current Forms signed and attached to work plan:

Certifications: Yes.

Certifications and Assurances: Yes.

Budget Detail for GU FY 2024 PHHSBG	
Total Award (1+6)	\$396,949.00
A. Current Year Annual Basic	
1. Annual Basic Amount	\$393,426.00
2. Annual Basic Admin Cost	(\$ 39,200.00)
3. Direct Assistance	\$ 0.00
4. Transfer Amount	\$ 0.00
(5). Sub-Total Annual Basic	\$354,226.00
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)	\$357,749.00
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)	\$357,749.00

Summary of Fund Available for Allocation	
A. FY 2024 PHHS Block Grant \$'s Current Year:	
Annual Basic	\$354,226.00
Sex Offense Set Aside	\$ 3,523.00
Available Current Year PHHSBG Dollars	\$357,749.00
B. FY 2023 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	\$357,749.00

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)	\$7,203.08	\$0.00	\$7,203.08
Sub-Total		\$7,203.08	\$0.00	\$7,203.08
Health Promotion and Disease Prevention	IID-17: Reduce Tuberculosis cases	\$69,720.32	\$0.00	\$69,720.32
	D-06: Increase the proportion of people w/ Diabetes who get Formal Education	\$81,001.00	\$0.00	\$81,001.00
	HDS-05: Increase control of High Blood Pressure in Adults	\$93,601.20	\$0.00	\$93,601.20
	TU-01: Reduce current tobacco use in adults	\$25,900.40	\$0.00	\$25,900.40
	OH-01: Reduce the proportion of children with lifetime tooth decay	\$29,900.40	\$0.00	\$29,900.40
	C-05: Increase the proportion of women who get screened for breast cancer	\$12,200.20	\$0.00	\$12,200.20
	C-09: Increase the proportion of women who get screened for cervical cancer	\$12,200.20	\$0.00	\$12,200.20
	Sub-Total		\$311,923.52	\$0.00
Public Health Infrastructure	PHI-R01: Explore and Expand practice-based Continuing Education for Public Health Professionals	\$38,622.40	\$0.00	\$38,622.40
Sub-Total		\$38,622.40	\$0.00	\$38,622.40
Grand Total		\$357,749.00	\$0.00	\$357,749.00

State Program Title: Sexual Assault Prevention and Awareness

State Program Strategy:

The PHHS Block Grant award consists of two (2) Notice of Funding Opportunity (NOFO) components namely: Base Allotment and the Sex Offense Allotment. This Work Plan elected the Healthy People 2030 Objective IVP-D05: Reduce Contact Sexual Violence to address the Sexual Violence/Rape Prevention Recipient-Allocated Health Topic Area (HTA)

The Rape Prevention and Education (RPE) program under CDC works to prevent sexual violence via funding state and territorial health departments. In collaboration with educational institutions, community organizations, state agency partners and nonprofit entities, it helps guide the implementation and evaluation of state sexual violence prevention efforts. CDC provides tools, training, and technical assistance to RPE programs to promote the implementation and evaluation of programs, practices, and policies based on the best available evidence to prevent sexual violence.

Primary prevention—stopping sexual violence before it begins—is the focus of the RPE program. Program activities are guided by a set of principles that include:

- Preventing the first-time occurrence of sexual violence
- Reducing risk factors and enhancing protective factors linked to sexual violence perpetration and victimization
- Using the best available evidence when planning, implementing, and evaluating prevention programs
- Implementing comprehensive strategies that address individual, relationship, community, and societal factors
- Analyzing state and community data, such as health and safety data, to inform program decisions and monitor trends
- Evaluating prevention efforts and using the results to improve future program plans

The RPE program encourages the development of comprehensive prevention strategies using as guiding frameworks, the public health approach, and the socio-ecological model (SEM). These frameworks guide the recipients to implement a range of activities to address the ways individual, relationship, community, and societal factors impact sexual violence.

This approach is more likely to prevent sexual violence across a lifetime than any single intervention and is also more likely to benefit the largest number of people and reduce sexual violence.

Source: <https://www.nsvrc.org/prevention/rpe-program>

The World Health Organization (WHO) defines sexual violence as: 'Any act, attempt to obtain a sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Understanding the factors associated with a higher risk of sexual violence against women is complex, given the various forms that sexual violence can take and the numerous contexts within which it occurs. The ecological model, which proposes that violence is a result of factors operating at four levels: individual, relationship, community and societal, is helpful in understanding the interaction between factors and across levels.

The aim of Sexual Assault Prevention and Awareness (SAPA) is to raise public awareness about sexual violence and educate communities on how to prevent it. Sexual violence is widespread and impacts every person in the community regardless of age, gender, color, or religion. By promoting safe behaviors, healthy relationships and thoughtful policies, a safe atmosphere is created for all where everyone is treated with respect and equality. SAPA will create and strengthen collaborative partnerships with key stakeholders and maximize resources to address sexual assault, sexual violence and sexual harassment on island. 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: \$1,848.92

State-Level: 2% **Local:** 0% **Other:** 0% **Total:** 2%

Position Name: VACANT

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$1,542.94

State-Level: 2% **Local:** 0% **Other:** 0% **Total:** 2%

Total Number of Positions Funded: 2

Total FTEs Funded: 2.0

National Health Objective: IVP-D05: Reduce Contact Sexual Violence

State Health Objective(s):

From 10/2024 through 09/2025, PHHS Block Grant program will partner with a local nonprofit volunteer organization that is engaged in providing services to victims and families of domestic violence, sexual assault, abuse, violent crime and traumatic events. Through its services of intervention, education and awareness, it is expected that the need for crisis intervention for future generations will be reduced significantly.

Baseline:

For FY 2022 grant, the partnership between PHHS Block Grant and Victim Advocates Reaching Out (VARO) resulted in providing secondary prevention, transportation, hotline, referrals and emotional support to 23 victims of rape and sexual assault.

Data Source:

VARO Statistics

State Health Problem:**Health Burden:**

In the pacific island of Guam, recent high-profile incidents of violence against indigenous Chamorro women have sparked growing local concerns regarding rates of domestic violence and sexual assault. These and other indicators of elevated rates of violence against women in Guam are discordant with historical narratives of gender egalitarianism and community-based sanctions regarding violence against women in Chamorro culture. Using qualitative interviews with responders to violence against women in Guam, this study investigated current community narratives surrounding violence against women. Findings highlighted the centrality of culture in participant understandings of violence against women, particularly the complex interplay of themes of indigenous cultural loss and desire for revitalization alongside a preference for Western cultural ideals. Curiously, in spite of a strong cultural framework in participant understandings of violence against women, few participants framed their professional response in cultural terms, other than to describe “culturally competent” approaches for commonly scapegoated communities in Guam. Study findings highlight the need for a closer analysis of culture in understandings of and responses to violence against women in indigenous communities.

Source: <https://www.toksavepacificgender.net/research-paper/exploring-community-narratives-of-violence-against-women-among-domestic-violence-responders-in-guam/>

Although many people are victims of sexual violence, the numbers are not reflective of the real situation. Many cases go unreported out of fear, shame and disgrace that affects the integrity of the family unit. The Guam Police Department reported that there were 240 cases of criminal sexual conduct on the island in 2022, of which 82.5% of the victims were minors.

In order to meet the diverse challenges in serving victims of sexual assault, community partners are using a holistic approach to address issues such as language barriers, transportation, safe affordable housing and other related matters. On Guam, there a few service providers, government entities and individuals that have come together for the purpose of addressing Sexual Assault and Domestic Violence. Among them are:

- 1) The Guam Coalition Against Sexual Assault and Family Violence is a nonprofit organization that collaborates with other service providers, government allies and community individuals who address sexual assault and family violence issues on Guam. Its mission aligns with its purposes and focuses on fostering safe, healthy and violence-free communities.
- 2) The Healing Hearts Rape Crisis Center (HHRCC) is Guam's only Rape Crisis Center under the purview of the Guam Behavioral Health and Wellness Center that provides survivors of sexual assault with discrete, immediate and full medical and mental health attention. It employs two (2) components to the services it offers: (1) crisis intervention, advocacy support referral services and (2) clinical services of a medical-legal examination in cases when a survivor reports the incident to law enforcement.
- 3) Victim Advocates Reaching Out (VARO), a local nonprofit volunteer corporation that provides services to victims and families of Domestic Violence, Sexual Assault, Abuse, Violent Crime and Traumatic Events. It provides outreaches and education in addressing the dynamics of violence to the larger community.

PHHS Block Grant has been partnering with VARO to support its services which include intervention/advocacy, 24/7 hotline, case management, emergency shelter, food, clothing, transportation, personal hygiene, and other services. These helps fill a need within the community as it assists victims/survivors with emotional support and finding solutions when in hostile and vulnerable situations. 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: \$7,203.08
Total Prior Year Funds Allocated to Health Objective: \$12,824.10
Funds Allocated to Disparate Populations: \$3,523.00
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 to victims of sexual assault/rape

VARO will coordinate shelter, transportation, provide 24x7 hot line, emotional support, and referral services to at least twenty (20) victims of sexual abuse.

Annual Activities:

1. Provide Support Services to Victims of sexual abuse and rape through contracted service
PHHSBG will partner with 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: Tuberculosis

Tuberculosis (TB) is a preventable and usually curable disease. TB is caused by the bacillus *Mycobacterium tuberculosis*, which usually attacks the lungs but can also attack any part of the body such as the kidney, spine, and brain. It is spread when people who are sick with TB expel bacteria into the air (e.g., by coughing). When the immune system is weak, TB disease can quickly develop in some people soon after being infected. This is especially true for those with HIV infection and other medical conditions where the individual's immune system is compromised. TB remains among the world's top infectious killers. Each day, around 4,000 people lose their lives to TB, and around 30,000 people fall ill with this disease, according to the World Health Organization (WHO). If left untreated, TB disease can be fatal.

Global efforts to combat TB have saved an estimated 75 million lives since 2000. However, during the COVID-19 pandemic, socioeconomic inequities have reversed years of progress made in the fight to end TB and placed an even heavier burden on those affected, especially the most vulnerable. Drug-resistant TB is the leading cause of death due to antimicrobial-resistant disease in the world today and a global health security threat, with hundreds of thousands of people affected every year, including people in Guam.

Deaths caused by TB COVID-related increases reversed in 2022. Global reductions in the reported number of people newly diagnosed with TB in 2020 and 2021 suggested that the number of people with undiagnosed and untreated TB had grown, resulting first in an increased number of deaths from TB and more community transmission of infection and then, with some lag-time, increased numbers of people developing TB.

Urgent action is required to end the global TB epidemic by 2030, a goal that has been adopted by all Member States of the United Nations (UN) and the World Health Organization (WHO) (1, 2)

Source: 1. Global tuberculosis report 2022. Geneva: World Health Organization; 2022 (<https://iris.who.int/handle/10665/363752>); 2. Methods used by WHO to estimate the global burden of TB disease. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/m/item/methods-used-by-who-to-estimate-the-global-burden-of-tb-disease>).

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: \$7,395.68

State-Level: 8% **Local:** 0% **Other:** 0% **Total:** 8%

Position Name: VACANT

Position Title: Program Coordinator II
Funding Amount for Personnel Cost: \$6,171.76
State-Level: 8% Local: 0% Other: 0% Total: 8%
Position Name: TBD

Total Number of Positions Funded: 2
Total FTEs Funded: 2.0

National Health Objective: IID-17: Reduce tuberculosis cases

State Health Objective(s):

Between 10/2024 and 09/2025, increase TB screening to detect active disease.

Baseline:

For FY 2022 grant, 162 patients availed of chest X-ray imaging and reading at no cost.

Data Source:

Statistics from the Tuberculosis and Hansen's disease program.

State Health Problem:

Health Burden:

Guam has one of the highest incidence rates for tuberculosis and Hansen's disease in comparison to the mainland U.S. This is despite its small population. High levels of tuberculosis in Guam are due to the continued transmission and increased case finding among local Chamorro, Filipino, and Filipino-Chamorro residents of Guam. Additionally, there are high rates of both tuberculosis and Hansen's disease among Guam migrants from the USAPI, primarily the FSM, especially Chuuk state.

TB cases were reduced in 2022 to 57 counted cases, with an incidence rate of 34 per 100,000 residents. This represents a higher incidence rate than any state in the United States. In the last ten years, the island has recorded 660 TB cases with 42 TB deaths. The reduction in the number of cases and increase in the number of deaths suggests the impacts of the COVID-19 pandemic on TB diagnosis and untreated TB cases within that period. TB is a preventable, treatable, and curable disease, yet it has remained a significant challenge in the community. This preventable and curable disease is deeply rooted in our communities. The devastating social and economic impact on people affected and their families is profound

From 2022, 9 deaths were recorded accounting for more deaths from the preceding years. TB/Diabetes in Guam: from 2019 to 2023, 298 cases of TB were confirmed, with 120 cases with comorbidity of Diabetes. Males comprise 67.5% of the cases, and females constitute 32.5%, with the highest cases amongst individuals aged 25- 65> accounting for 96.7% of the overall cases. Within this period, 12 deaths were recorded among TB patients with Diabetes comorbidity, with males at 58.3% and females at 41.7%, with the highest number of fatalities amongst individuals aged 25 to 65> with 91.7% of the total deaths recorded. TB/Diabetes by ethnicity Filipino 41.7%, Chamorro 35.0%, and Chuukese 11.7%. Deaths with TB/Diabetes Comorbidity

Chamorro 33.3%, Chuukese 33.3%, Filipino 16.7% and Pohnpeian 16.7% From 2014 to 2023, Guam recorded a total of 660 active TB cases with 42 deaths with a crude fatality rate of men 4.39% and women 1.97%. The highest number of deaths was recorded within the age groups of 45-65 with a CFR of 5%.

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: \$59,720.32

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

Funds Allocated to Disparate Populations: \$45,000.00

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 TB health screening services to the public via the Community Health Center

Tuberculosis health screening services will be made available to patients who have no health insurance or underinsured and go through the Community Health Center. Tests include TB Skin Test, Sputum Tests, Chest X-ray imaging and reading and MTB/RIF assay tests.

Annual Activities:

1. Procure TB health screening items and supplies

PHHSBG will procure TB devices and supplies which includes but not limited to skin, sputum and Xpert MTB/RIF Assay Test kits and medical supplies.

2. Contract an X-ray imaging and reading/interpretation service provider

PHHSBG will contract an X-ray imaging and reading/interpretation service provider to conduct chest X-rays and reading for patients referred by the TB/Hansen's Disease Program at the Community Health Center.

State Program Title: Health Promotion and Disease Prevention: Diabetes

Diabetes is a chronic disease that occurs either when the pancreas does not produce enough insulin or when the body cannot effectively use the insulin it produces. Insulin is a hormone that regulates blood glucose. Hyperglycemia is the term used to describe elevated blood glucose and is a consequence of uncontrolled diabetes. Over time, it results in serious damage to body especially the nerves and blood vessels.

Other key facts include:

- About 38 million people in the United States have diabetes, and 1 in 5 are unaware they are living with the condition.
- In the United States, 1.3 million Americans are diagnosed with diabetes every year.
- Over 90% of people with diabetes have Type 2 diabetes, which is driven by socio-economic, demographic, environmental, and genetic factors.
- Diabetes is a major cause of blindness, kidney failure, heart attacks, stroke and lower limb amputation.
- In the last 20 years, the number of adults diagnosed with diabetes has more than doubled as the American population aged and has become more overweight or obese.
- Type 2 diabetes is preventable. A healthy diet, regular physical activity, maintaining a normal body weight and avoiding tobacco use are ways to prevent or delay the onset of type 2 diabetes.

Source: <https://www.who.int/news-room/fact-sheets/detail/diabetes>; df.org/about-diabetes/diabetes-facts-figures; diabetes.org/about-diabetes/statistics; cdc.gov/diabetes/basics

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: \$27,733.80

State-Level: 30% **Local:** 0% **Other:** 0% **Total:** 30%

Position Name: VACANT

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$23,144.10

State-Level: 30% **Local:** 0% **Other:** 0% **Total:** 30%

Position Name: TBD

Total Number of Positions Funded: 2

Total FTEs Funded: 2.0

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

State Health Objective(s):

Between 10/2024 and 09/2025, increase participation in formal Diabetes education by providing monthly sessions conducted by a health professional to help manage Diabetes. Complimentary health screenings during Outreach events help identify patients with pre-diabetes or diabetes condition and refer them to attend formal diabetes education classes, disseminate health informational materials to spread awareness, promote a healthy lifestyle, refer to physical activity sessions.

Baseline:

Baseline has not been established since this activity is new.

Data Source:

Local database from the Diabetes Program

State Health Problem:

Health Burden:

According to the Guam Diabetes Association, in 2022, 21.6% of adults on Guam were diagnosed with diabetes compared to 11.5% of adults in the United States. It is the primary contributor to two of the three leading causes of death on Guam – heart disease and stroke. 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.

A number of studies have shown that people who eat unhealthy diets are more likely to develop diabetes. Western-style fast food is loaded with carbohydrates, unhealthy fats, calories, sugar and sodium and are lacking in fruits, vegetables and whole grains. Another factor to be considered is the lack 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. 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.

The introduction of Western-style food practices became popular due to its convenience and ease in cooking. As a consequence, foods that are appealing to the taste and with very little or no nutrition were consumed by most people. These are often loaded with carbohydrates, fat, calories, sugar and sodium and served in most households and community gatherings.

Due to the rising trend in chronic diseases, focus should be two-pronged, i.e. prevention and management. Prevention reduces healthcare burden, as well as the related socio-economic costs. Management entails minimizing risk factors that can reduce the burden of chronic disease by combining with other means such as regular testing for blood glucose, 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, vegetables and whole grains while reducing the intake of sweetened and processed foods may help reverse current dietary trends and improve the overall health of the people on island.

The PHHSBG will continue to collaborate with the Guam Diabetes Prevention and Control Program (GDPCP), in partnership with the Guam Diabetes Control Coalition (GDCC) comprising of the Guam Diabetes Foundation of Guam, the Guam Diabetes Association, District 204 Lions Club, the NCD Consortium and other partners to conduct free health screening outreach events, disseminate educational and informational diabetes 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.

Source: Death certificate data, Office of Vital Statistics, DPHSS, CDC/heart disease/facts, Guam Behavioral Risk Factor Surveillance System.

Target Population:

Number: 14,731

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: 14,731

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: \$93,601.20

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

Funds Allocated to Disparate Populations: \$38,400.00

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 services to the communities in collaboration with the Guam Diabetes Prevention and Control Program and in partnership with the Guam Diabetes Control Coalition while educating and informing the public on Diabetes and self-management

PHHS Block Grant will procure diabetes health screening items and supplies for use during health outreach events, print informational and related materials on Diabetes, support formal health education classes on diabetes, nutrition and counselling.

Annual Activities:

1. Procurement of Health Screening Items

PHHS Block Grant will procure diabetes devices and supplies which includes but not limited to glucometers, test strips, lancing devices, lancets, A1C kits, continuous glucose monitors (CGM) and BMI machines for use during health outreach events, health fairs and community services.

2. Collaborating with Health Educators to conduct formal Classes on Diabetes Education

PHHS Block Grant will contract health educators, procure venues for formal Diabetes Education Classes that educates, informs and teach skills to manage diabetes more effectively by monitoring blood sugar, following a healthy food plan taking prescribed and making lifestyle changes.

3. Printing of Diabetes materials and contracting translation service providers for other neighboring Pacific Island languages

PHHSBG will procure printing of posters, brochures, pamphlets and other educational/informational printed materials relevant to Diabetes and contracting translation service providers. Pamphlets and brochures will be disseminated to the public while posters will be displayed in municipal buildings, public schools and hospitals and community health centers.

4. Procurement of Promotional/Incentive items

PHHS Block Grant will procure for promotional and incentive items to motivate greater participation and engagement in health outreach events, fairs, formal educational classes and referrals to physical activity sessions and nutrition and weight loss counselling.

5. Contracting Social Media Digital Services

PHHS Block Grant will procure social media digital services such as content creation, infographics, audio, videos and similar digital graphics as part of its social media campaign to educate, inform and raise awareness of diabetes.

Hypertension - \$22,500 for health screening items and supplies including but not limited to cholesterol meters, test strips, lancing devices, lancets, blood pressure monitors

State Program Title: Health Promotion and Disease Prevention: Hypertension

Hypertension (high blood pressure) is a long-term medical condition in which the blood pressure in the arteries is persistently elevated (140/90 mmHg or higher). It is common but can be serious if left untreated. The risk of having hypertension increases with old age, genetics, obesity, physical inactivity, high-salt diet intake and alcohol. One way to help lower blood pressure is by making lifestyle changes, i.e. eating a healthier diet, quitting use of tobacco and keeping active.

Other key facts include:

- An estimated 1.28 billion adults aged 30-79 worldwide have hypertension, most (two-thirds) living in low-and-middle-income countries.
- An estimated 46% of adults with hypertension are unaware they have the condition.
- Less than half of adults (42%) with hypertension are diagnosed and treated.
- Approximately 1 in 5 adults (21%) with hypertension have it under control.
- Hypertension is a major cause of premature death worldwide.
- One of the global targets for noncommunicable diseases is to reduce the prevalence of hypertension by 33% between 2010 and 2030.

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

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: \$27,733.80

State-Level: 30% Local: 0% Other: 0% Total: 30%

Position Name: VACANT

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$23,144.10

State-Level: 30% Local: 0% Other: 0% Total: 30%

Position Name: TBD

Total Number of Positions Funded: 2

Total FTEs Funded: 2.0

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

State Health Objective(s):

Between 10/2024 and 09/2025, increase complimentary health screenings to detect hypertension in adults, conduct public health education sessions/enhancements and disseminate health pamphlets on hypertension and hold classes on hypertension, nutrition and counselling.

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:**

In the United States, heart disease is the leading cause of death for men, women and people of most racial and ethnic groups. One person dies every 33 seconds from cardiovascular disease. About 695,000 people died from heart disease in 2021 – or 1 in every 5 deaths. About 1 in 5 heart attacks are silent – the damage is done, but the person is unaware of it.

In 2022, diseases of the heart remain as the top cause of death accounting for about **Four Hundred (400)** or 32% of the total deaths on Guam. High blood pressure (Hypertension) is often called the “silent killer” because most people show no obvious symptoms. And this is why it makes it a deadly disease. In addition, high blood pressure can lead to a host of serious problems, including heart attack, heart failure and stroke. It is a major cause of premature death worldwide.

Hypertension, high blood cholesterol and smoking are key risk factors for heart disease. Other medical conditions and lifestyle choices can also put people at a higher risk for heart disease. These include:

1. Diabetes
2. Overweight and obesity
3. Unhealthy diet
4. Physical inactivity
5. Excessive alcohol use

High blood pressure usually develops over time due to unhealthy lifestyle choices, i.e. the type of foods consumed and lack of physical activity. Certain health conditions, such as diabetes and being obese, can likewise increase risk of developing high blood pressure. In many ways, high blood pressure can affect the different organs in the body. These include the heart, brain, kidneys and eyes. Many people with high blood pressure are unaware they have it. The signs and symptoms are often misunderstood. It develops slowly over time and can be related to many causes. High blood pressure cannot be cured. However, it can be managed effectively through lifestyle changes and, when needed, through medication.

PHHS Block Grant will help address this health issue by partnering with the Guam Hypertension Prevention and Control Program (GHPCP) in conducting regular routine screenings, hypertension education classes and physical activity sessions.

Source: Death certificate data, Office of Vital Statistics, DPHSS, CDC/heart disease/facts, Guam Behavioral Risk Factor Surveillance System.

Target Population:

Number: 34,217

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: 34,217

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: \$93,601.20

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

Funds Allocated to Disparate Populations: \$38,400.00

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 services to the communities in partnership with the Guam Hypertension Prevention and Control Program while educating and informing the public on Hypertension and self-management

PHHS Block Grant will procure hypertension health screening items and supplies for use during health outreach events, print informational and related materials on hypertension, support formal health education classes on hypertension and physical activity/fitness sessions.

Annual Activities:

1. Procurement of Health Screening Items

PHHSBG will procure hypertension devices and supplies which includes but not limited to blood cholesterol meters, lancing devices, lancets, test strips, blood pressure monitors and BMI machines with scale for use in health outreach events, health fairs and other community services.

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

PHHSBG will support the holding of formal Hypertension Education Classes to focus on nutrition, lifestyle and medication approaches to hypertension management while incorporating personally identified behavior change goals and barriers.

3. Printing of Hypertension materials and contracting translation service providers for other neighboring Pacific Island languages

PHHSBG will procure printing of posters, brochures, pamphlets and other educational/informational printed materials relevant to Hypertension and contracting translation service providers. Pamphlets and brochures will be disseminated to the public while posters will be displayed in municipal buildings, public schools and hospitals, community health centers and other public places.

4. Procurement of Promotional/Incentive items

PHHS Block Grant will procure for promotional and incentive items to motivate greater participation and engagement in health outreach events, fairs, formal educational classes and referrals to physical activity sessions and nutrition and weight loss counselling.

5. Contracting Social Media Digital Services

PHHSBG will procure social media services such as content creation, infographics, audio, videos and similar digital graphics as part of its social media campaign to educate, inform and raise awareness of hypertension.

State Program Title: Health Promotion and Disease Prevention: Tobacco Use

Tobacco use is considered an epidemic and is one of the biggest public health threats the world has ever faced. Nearly 5 trillion cigarettes are consumed each year, contributing to more than 8 million deaths worldwide and nearly \$2 trillion in global economic damage. More than 7 million of those deaths are the result of direct tobacco use while around 1.3 million are the result of non-smokers being exposed to second-hand smoke.

Regardless of its form, tobacco use is harmful to one's health and there is no safe level of exposure to tobacco. Cigarette smoking is the most common form of tobacco use worldwide. Around 80% of the 1.3 billion tobacco users worldwide reside in low-and-middle-income countries where the burden of tobacco-related illness and death is heaviest. Tobacco use contributes to poverty by shifting household income spending from basic needs like food and water to tobacco products.

According to the World Health Organization (WHO), the world is on track to achieve a 25% relative reduction in tobacco use by 2025, short of the voluntary 30% reduction from the 2010 baseline. However, it is forecasted that only 56 countries will reach this goal, down from 60 since the last report three years ago. Surveys among different countries consistently show that children aged 13 to 15 years are using tobacco and nicotine products such as e-cigarettes.

In a recent study published by Oxford University Press, the average nicotine strength of e-cigarette products increased during the study period of e-cigarettes sold in the U.S. between January 2017 and March 2022. The study found that during this time period, the monthly average nicotine strength of e-cigarettes products increased from 2.5% to 4.4% (Wang et al., 2023). The most significant increases were found in beverage-flavored products (Wang et al., 2023).

It is important to note that adolescents can get addicted more easily than adults to tobacco products (Surgeon General, 2023). This is because of nicotine, which is the main addictive chemical found in all tobacco products, including most e-cigarettes. Adolescent nicotine exposure harms the developing brain and may increase the risk of future e-cigarette products may pose an increased risk for youth initiation and addiction.

Over the last decade, as the awareness of the harms of tobacco use has grown and global tobacco control efforts have intensified, the social acceptability of tobacco use has declined, directly impacting the sale of the most popular product-the cigarette. To counter this trend, multi-billion-dollar tobacco industry has aggressively looked for newer markets in low-and middle-income countries and come up with innovative and creative ways to stay relevant and maintain its profitability. By introducing new portfolio of tobacco products combined with strong marketing and promotional strategies, an increase in nicotine and tobacco product use among the youth globally has ensued.

Source: WHO <https://news.un.org>; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7456773/>

National Health Objective: TU-01: Reduce current tobacco use in adults

State Health Objective(s):

Between 10/2024 and 09/2025, the PHHS Block Grant will engage in activities to conduct Brief Tobacco Intervention (BTI) sessions with individuals dependent on tobacco and assist with cessation of tobacco use; disseminate educational and informational materials on the ill effects of tobacco use.

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:

Tobacco use on Guam is among the highest in the nation. Although the number of adults smoking tobacco has fallen, but the island's smoking rate still outpaces most of the nation, with about 1 in 5 residents (20%) smoking tobacco as of 2021. This is higher than the United States' average of 14.4%. According to the 2019 Youth Risk Behavioral Survey, commercial tobacco use among Guam youth is on a gradual decline, but youth electronic cigarette use is rising rapidly. One in every three middle school and high school students has used an e-cigarette equivalent to 34.6% and 35.2%, respectively.

The top three (3) causes of death on Guam – heart disease, cancer and stroke – are all directly related to smoking. Fifty-eight percent (58%) of Guam's adult cancers are tobacco-related which makes lung cancer the leading form of cancer death on island. Cigarette smoking and heavy second-hand smoke exposure are linked to higher risk of breast cancer in women. Those who do not smoke but are exposed to secondhand smoke have an increased risk for lung cancer.

Guam's Public Law 34-01 prohibits the sale of tobacco products to anyone under 21 years old effective January 1, 2018. However, in a recent report, there was a 3% decrease in compliance rate of federal policy against selling tobacco products to minors in 2023. According to the Guam Behavioral Health and Wellness Center, thirteen (13) tobacco retailers were found in violation of the age restriction for selling tobacco and electronic nicotine products.

Flavored tobacco products have become popular and are used as a marketing weapon to entice the youth and young adults. Bill No. 229-37, if enacted, would prohibit the sale of all flavored tobacco products, including menthol and e-cigarettes in Guam. Removing these flavored tobacco products from the market can be a critical component to a comprehensive strategy to reduce initiation and lifelong addiction.

Source: <https://www.mvariety.com/news/report-details-guam-substance-use/>

Target Population:

Number: 34,000

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: 34,000

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: \$26,800.40

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

Funds Allocated to Disparate Populations: \$8,400.00

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 Tobacco Prevention and Control Program

Between 10/2024 and 09/2025, PHHS Block Grant will procure materials, supplies and services to support activities aimed at preventing initiation, promoting cessation and reducing tobacco-related disparities.

Annual Activities:

1. Procurement of Printed Materials on Tobacco Use

PHHS Block Grant program will procure printing services for brochures, pamphlets, posters and other printed materials relative to tobacco use for public dissemination and display.

2. Procurement of Promotional and Incentive items

PHHS Block Grant will procure promotional items that bear the Tobacco Quitline and other Tobacco related message and distribute incentive items like gift certificates for those completing tobacco intervention classes and facilitators.

3. Contracting Social Media Digital Services

DPHSS's social media campaign would require the development of DPHSS website, content creation, infographics, videos, voice recordings and the like to raise awareness about health issues and promote healthy behaviors on tobacco use.

State Program Title: Health Promotion and Disease Prevention: Breast Cancer

Breast cancer is a disease in which abnormal breast cells grow out of control and form tumors. If left unchecked, the tumors can spread throughout the body and become fatal.

Breast cancer cells begin inside the milk ducts and/or the milk-producing lobules of the breast. The earliest form (in situ) is not life-threatening and can be detected in early stages. Cancer cells can spread into nearby breast tissue (invasion). This creates tumors that cause lumps or thickening. Invasive cancers can spread to nearby lymph nodes or other organs (metastasize). Metastasis can be life-threatening and fatal. Treatment is based on the person, the type of cancer and its spread. Treatment combines surgery, radiation therapy and medications.

In 2022, there were 2.3 million women diagnosed with breast cancer and 670,000 deaths globally. Breast cancer occurs in every country of the world in women at any age after puberty but with increasing rates in later life.

Global estimates reveal striking inequities in the breast cancer burden according to human development. For instance, in countries with a very high Human Development Index (HDI), 1 in 12 women will be diagnosed with breast cancer in their lifetime and 1 in 71 women die of it. In contrast, in countries with a low HDI; while only 1 in 27 women is diagnosed with breast cancer in their lifetime, 1 in 48 women will die from it.

Female gender is the strongest breast cancer risk factor. Approximately 99% of breast cancers occur in women and 0.5-1% of breast cancers occur in men. The treatment of breast cancer in men follows the same principles of management as for women.

Certain factors increase the risk of breast cancer including increasing age, obesity, harmful use of alcohol, family history of breast cancer, history of radiation exposure, reproductive history (such as age that menstrual periods began and age at first pregnancy), tobacco use and postmenopausal hormone therapy. Approximately half of breast cancers develop in women who have no identifiable breast cancer risk factor other than gender (female) and age (over 40 years).

The objective of the WHO Global Breast Cancer Initiative (GBIC) is to reduce global breast cancer mortality by 2.5% per year, thereby averting 2.5 million breast cancer deaths globally between 2020 and 2040. Reducing global breast cancer mortality by 2.5% per year would avert 25% of breast cancer deaths by 2030 and 40% by 2040 among women under 70 years of age. The three pillars toward achieving these objectives are: health promotion for early detection; timely diagnosis; and comprehensive breast cancer management.

By providing public health education to improve awareness among women of the signs and symptoms of breast cancer and, together with their families, understand the importance of early detection and treatment, more women would consult medical practitioners when breast cancer is first suspected, and before any cancer present is advanced. This is possible even in the absence of mammographic screening that is impractical in many countries at the present time.

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

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Crisis centers, 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: \$4,622.30

State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: VACANT

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$3,857.35

State-Level: 5% Local: 0% Other: 0% Total: 5%

Position Name: TBD

Total Number of Positions Funded: 2

Total FTEs Funded: 2.0

National Health Objective: C-05: Increase the proportion of women who get screened for breast cancer

State Health Objective(s):

Between 10/2024 and 09/2025, address the cervical cancer situation on island by increasing the proportion of women who get screened through the Guam Breast and Cervical Cancer Early Detection Program's partner clinics.

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:

When it comes to breast cancer, disparities in healthcare may be one reason cancer overall is the second leading cause of death on Guam. Micronesian patients have the highest incidence rate of breast cancer on Guam followed by Caucasians, CHamorus, Filipinos and other Asian ethnicities. It has been observed that the diagnosis of these cases were done at a late stage. This may be due to lack of access to care, transportation and insurance issues.

To address these issues, DPHSS is taking its program to the villages to reach the underserved communities. The Guam Breast and Cervical Cancer Early Detection Program ensures access to lifesaving mammograms, breast education, breast self-education, patient navigation for all underserved and uninsured population on island.

Target Population:

Number: 28,319

Ethnicity: Non-Hispanic

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

Age: 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 28,319

Ethnicity: Non-Hispanic

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

Age: 35 - 49 years, 50 - 64 years, 65 years and older

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

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: \$12,200.20

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

Funds Allocated to Disparate Populations: \$3,000.00

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:

Increase the proportion of women who get screened for breast cancer through DPHSS Guam Breast and Cervical Cancer Early Detection Program

Between 10/2024 and 09/2025, PHHS Block Grant will partner with the Guam Breast and Cervical Cancer Early Detection Program to increase the proportion of women who get screened for breast cancer.

Annual Activities:

1. Procurement and distribution of Gas/Food Cards/Gift Certificates

PHHS Block Grant program will procure and distribute gas/food gift certificates and partner with the Guam Breast and Cervical Cancer Early Detection Program to distribute the same to low-income, uninsured and underserved women patients who go through the breast cancer screening.

State Program Title: Health Promotion and Disease Prevention: Cervical Cancer

Globally, cervical cancer is the fourth most common cancer in women, with around 660,000 new cases in 2022. In the same year, 94% of the 350,000 deaths caused by cervical cancer occurred in low-and middle-income countries. The highest rates of cervical cancer incidence and mortality are in sub-Saharan Africa (SSA), Central America and South-East Asia. Regional differences in the cervical cancer burden are related to inequalities in access to vaccination, screening and treatment services, risk factors including HIV prevalence, and social and economic determinants such as sex, gender biases and poverty. Women living with HIV are 6 times more likely to develop cervical cancer compared to the general population, and an estimated 5% of all cervical cancer cases are attributable to HIV. Cervical cancer disproportionately affects younger women, and as a result, 20% of children who lose their mother to cancer do so due to cervical cancer.

Boosting public awareness, access to information and services are key to prevention and control across the life course.

- Being vaccinated at age 9-14 years is a highly effective way to prevent HPV infection, cervical cancer and other HPV-related cancers.
- Screening from the age of 30 (25 years in women living with HIV) can detect cervical disease, which when treated, also prevents cervical cancer.
- At any age with symptoms or concerns, early detection followed by prompt quality treatment can cure cervical cancer.

Women should be screened for cervical cancer every 5-10 years starting at age 30. Women living with HIV should be screened every 3 years starting at age 25. The global strategy encourages a minimum of 2 lifetime screens with a high-performance HPV test by age 35 and again by age 45 years. Precancers rarely cause symptoms, which is why regular cervical cancer screening is important, even if you have been vaccinated against HPV.

All countries have made a commitment to eliminate cervical cancer as a public health problem. The WHO Global Strategy defines elimination as reducing the number of new cases annually to 4 or fewer per 100,000 women and sets three targets to be achieved by the year 2030 to put all countries on the pathway to elimination in the coming decades.

- 90% of girls vaccinated with the HPV vaccine by age 15
- 70% of women screened with a high quality-test by ages 35 and 45
- 90% of women with cervical disease receiving treatment.

Modelling estimates that a cumulative 74 million new cases of cervical cancer can be averted, and 62 million deaths can be avoided by 2120 by reaching this elimination goal

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

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Crisis centers, 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: \$4,622.30

State-Level: 5% **Local:** 0% **Other:** 0% **Total:** 5%

Position Name: VACANT

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$3,857.35

State-Level: 5% **Local:** 0% **Other:** 0% **Total:** 5%

Position Name: TBD

Total Number of Positions Funded: 2

Total FTEs Funded: 2.0

National Health Objective: C-09: Increase the proportion of women who get screened for cervical cancer

State Health Objective(s):

Between 10/2024 and 09/2025, address the cervical cancer situation on island by increasing the proportion of women who get screened through the Guam Breast and Cervical Cancer Early Detection Program’s partner clinics.

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:

Cervical cancer ranks fifth on the top five cancers that affect women on island and is a leading cause of death throughout Micronesia. However, it is 100% preventable with early detection. According to the paper “Ethnic Disparities in Cancer Incidence among Residents of Guam” found on the National Institutes of Health website:

“Micronesians had the highest age-adjusted cervical cancer incidence rates on Guam, at 27.4 almost 3 times the U.S. rate of 9.6 Chamorros (16.2) and Caucasians (10.5) on Guam also had highest rates than the U.S. average while Asians (8.5) and Filipinos (8.4) had slightly lower rates during the period studied.”

Chuuk’s cancer incidence rate, according to data published by the Pacific Regional Central Cancer Registry for 2007-2018 data, does not include cervical cancer in its top three for incidence and 5-year survival rate. Yet on Guam, “Micronesian” women, of whom Chuukese women make up the majority, have the highest incidence of cervical cancer, by far.

Such disparity is due to the fact that women in Chuuk are not being offered Pap smears to diagnose any problems. The incidence on Guam may even be higher because of the number of women who are not getting Pap smears and starting the process of treatment to prevent cervical cancer.

Vast disparities among ethnic groups of cervical cancer incidence compared against data in home countries throughout Micronesia suggest thousands more women in the region need to get Pap smears as a start to preventing any cervical cancer deaths.

HPV vaccination and cervical cancer screening are both important in preventing this type of cancer. Over a 21-year period, Guam DPHSS administered 5,972 pap smears equivalent to annual average of 284.

Todu Guam Foundation (TGF) is a non-profit organization that provides no-cost community support services to the underserved residents of Guam. Among its other efforts, it is educating women about cervical cancer and providing the diagnostic tools to make them cancer-free. It has provided cervical cancer screening tests – Pap smears – and it will continue to provide these services at no charge.

Target Population:

Number: 38,486

Ethnicity: Non-Hispanic

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

Age: 25 – 34 years, 35 - 49 years, 50 - 64 years

Gender: Female

Geography: Rural and Urban

Primarily Low Income: Yes

Disparate Population:

Number: 38,486

Ethnicity: Non-Hispanic

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

Age: 25 – 34 years, 35 - 49 years, 50 - 64 years

Gender: Female

Geography: Rural and Urban
Primarily Low Income: Yes
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: \$12,200.20
Total Prior Year Funds Allocated to Health Objective: \$0.00
Funds Allocated to Disparate Populations: \$3,000.00
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:

Increase the proportion of women who get screened for cervical cancer through DPHSS Guam Breast and Cervical Cancer Early Detection Program

Between 10/2024 and 09/2025, PHHS Block Grant will partner with the Guam Breast and Cervical Cancer Early Detection Program to increase the proportion of women who get screened for breast cancer.

Annual Activities:

1. Procurement and distribution of Gas/Food Cards/Gift Certificates

PHHS Block Grant program will procure gas/food gift certificates and partner with the Guam Breast and Cervical Cancer Early Detection Program to distribute the same to low-income, uninsured and underserved women patients who go through the cervical cancer screening.

State Program Title: Health Promotion and Disease Prevention: Oral Health

Oral health is essential to people’s overall health well-being and quality of life. Oral diseases cause pain and disability for many people and some are linked to other diseases – like diabetes, heart disease and stroke. Dental caries are the most common chronic infectious disease, and they disproportionately affect vulnerable populations. Although progress has been made in understanding how to prevent and treat caries, more research is needed to understand how best to prevent caries – including research on the value of providing dental equipment like fluoridated toothpaste and toothbrushes to low-income youth and the roles of saliva and bacteria in caries. Regular visits to the dentist can help prevent oral diseases and related problems. However, most people with common oral health problems face barriers. Strategies to make it easier for people to get dental care are critical for better oral health and overall health outcomes.

The Healthy People 2030 objectives could have a considerable impact on health. Local communities and organizations will need to leverage existing laws and policies and use data collection and research to inform future laws and policies.

To help the island meet objectives related to oral health, it’s important to:

- Increase the use of oral health care through laws and policies that decrease financial barriers to care
- Use local and federal laws and policies to strength and regulate the oral health workforce
- Improve patient experience and access by addressing barriers such as lack of transportation, limited cultural competence, and dental practice operating hours
- Develop or update policies that address emerging trends – like addressing the social, behavioral and environmental determinants of health for disease management in oral health care
- Conduct additional research to better understand laws and policies that will improve and increase use of the oral health care system.

State Program Setting:

Business, corporation or industry, Community based organization, Community health center, Faith based organization, Home, Local health department, Medical or clinical site, Crisis centers, 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 Equivalent):

Full Time Equivalent positions that are funded with PHHSBG funds.

Position Name: Gerard S. Paredes

Position Title: Program Coordinator IV

Funding Amount for Personnel Cost: \$9,244.60

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

Position Name: VACANT
Position Title: Program Coordinator II
Funding Amount for Personnel Cost: \$7,714.70
State-Level: 0% Local: 0% Other: 0% Total: 10%
Position Name: TBD

Total Number of Positions Funded: 2
Total FTEs Funded: 2.0

National Health Objective: OH-01: Reduce the proportion of children with lifetime tooth decay

State Health Objective(s):

Between 10/2024 and 09/2025, address the oral healthcare situation on island by reducing the proportion of children from the Guam Head Start Program with lifetime tooth decay.

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:

Through Guam's Five-Year Needs Assessment, it was found that tooth decay can have a profound impact on a child's health and quality of life. The child can be affected by pain and discomfort, difficulty sleeping, difficulty in chewing, poor self-esteem and social isolation, speech development problems, a higher risk of new decay in other baby teeth, and potential damage to permanent teeth.

A study looking at Oral Health Indicators among young children in Hawaii, Guam and the Republic of Palau found that dental disease in early childhood was endemic throughout the Pacific. Children in Guam were found to have the poorest oral health indicators by having excessively high caries prevalence and unmet treatment needs.

One main contributor to the problem of dental disease is the lack of community water fluoridation. In Guam, only the Naval military installations have fluoridated water sources. Fluoridation efforts continue to generate opposition due to the additional costs and burden. The other contributor is that Guam is considered a "Dental Health Professional Shortage Area." This limited access to and availability of oral health services, lack of awareness of the need for care, lack of oral health literacy, costs of dental procedures, and fear of dental procedures contribute to significant disparities in oral health among Guam's children.

There is a significant prevalence of dental caries and unmet need for dental care among children on Guam and a lack of workforce capacity to address the growing need. In 2022, the public health agency's remaining dental staff retired. Consequently, this left an empty space to address the island's dental care needs. With no workforce as a challenge, Guam's Maternal and Child Health (MCH) program and public health officials sought assistance from the Association of State and Territorial Dental Directors (ASTDD) and the National Maternal and Child Oral Health Resource Center (OHRC).

A presentation showed how the Guam MCH ASTDD/OHRC developed an oral health plan for 2022-2023 that focused on integrating oral health into "sister" programs like well-baby/immunization and WIC clinics by training non-dental public health staff on oral health risk assessment, training on proper oral hygiene care and the application of fluoride varnish.

Discussions with the Oral Health Consultant for U.S. Affiliated Pacific on the current status of public oral health efforts resulted in the following recommendations:

- An inventory of oral health supplies for fluoride varnish in the MCH program and Community Health Centers;
- Discussion of past activities with past Dental Health Officer as well as the Basic Screening Survey (BSS) data system previously undertaken
- Review the vacant DPHSS DPH Dentist position duties and responsibilities description and pursue its recruitment soonest
- Review past WIC data and review findings to identify major trends
- Explore training and other collaboration work with WIC and DPHSS nursing
- Identify other Federal Grants to partner with in addressing oral health needs of the island.

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: 1 - 3 years, 4 - 11 years, 12 - 19 years

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: 1 - 3 years, 4 - 11 years, 12 - 19 years

Gender: Female and Male

Geography: Rural and Urban

Primarily Low Income: No

Location: Entire state

Target and Disparate Data Sources: Statistics from WIC and MCH programs

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: \$29,900.40

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

Funds Allocated to Disparate Populations: \$11,500.00

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:

Increase access to oral healthcare by providing preventive dental services via Outreach events

PHHSBG will partner with DPHSS to provide preventive oral healthcare services to patients via the Community Health Clinics and Outreach events.

Annual Activities:

1. Procure preventive dental supplies

PHHSBG will procure preventive dental supplies which include fluoride varnishes, fluoride toothpastes, toothbrushes and the like to partners with access to children and those with the ability to apply the product.

2. Printing of pamphlets, brochures on oral healthcare

PHHSBG will work with partners to print educational/informational materials on preventive oral care.

State Program Title: Public Health Infrastructure

State Program Strategy:

Public health infrastructure is the foundation of the public health system. The objective is to provide communities with the capacity to promote health by preventing disease and preparing for and responding to both ongoing and emerging challenges and threats to public health. Essential public health services depend on the presence of a basic infrastructure, including a trained and competent workforce, strong data and information systems, and public health organizations that can assess and respond to community health needs. In collaboration with other health partners, government public health agencies play a central role in a well-grounded public health infrastructure.

Local public health infrastructure includes the systems, competencies, frameworks, relationships and resources that enable public health agencies to perform their core functions and essential services. Infrastructure categories encompass human, organizational, informational, legal, policy and fiscal resources. Essential public health services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the essential public health services actively promote policies, systems and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities.

Public health accreditation was conceived to advance quality and performance within tribal, state, local and territorial health departments. The Public Health Accreditation Board (PHAB) is the national nonprofit organization that administers the national public health accreditation program to strengthen public health infrastructure and transform governmental public health. Its goal is to improve and protect the health of the public by advancing the quality and performance of public health departments. Its Workgroup consists of several federal agencies which include: Centers for Disease Control and Prevention (CDC), Health Resources and Services Administration (HRSA), Office of Disease Prevention and Health Promotion (ODPHP), and the National Center for Health Statistics (NCHS). According to the Public Health Accreditation Board (PHAB), benefits of accreditation now reach 90% of the U.S. population.

In November 2022, a landmark Public Health Infrastructure Grant (PHIG), a multi-billion-dollar investment from the Centers for Disease Control (CDC) issued significant grant funding to public health departments across all 50 states, the District of Columbia, territories and freely associated states to help strengthen public health workforce and critical public health infrastructure needs. This groundbreaking grant is focused on strengthening 3 strategies: Workforce, Foundational Capabilities and Data Modernization.

Source: <https://www.cdc.gov/infrastructure/phig/progam-overview>; <https://www.naccho.org/Programs/public-health-infrastructure>

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: \$9,244.60

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

Position Name: VACANT

Position Title: Program Coordinator II

Funding Amount for Personnel Cost: \$7,714.70

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

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

State Health Objective(s):

Between 10/2024 and 09/2025, PHHS Block Grant will continue to explore, expand and support practice-based continuing education for public health personnel and increase the number of staff who undergo trainings in professional development.

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:

Guam's public health infrastructure has its own unique set of complex challenges in addressing the island's changing populations and emerging health issues. For one, due to its isolation and small population, Guam lacks many medical sub-specialists. Most patients who require immediate specialty care have no choice but to travel outside the island which makes the related cost prohibitive. The department has also been experiencing a shortage of qualified personnel

tasked to run both local and federally-funded programs for its public health and social services operations. Official systems, policies and procedures are lacking, resulting in misinformation, lengthy processes, inefficiencies, redundancies and confusion. Lastly, its data technology has fallen behind compared to other U.S. states, territories/freely associated states and localities. Outdated systems require longer wait time, lacks interoperability and are vulnerable to breakdown and hacking.

Technical assistance was sought from the Association of State and Territorial Health Officials (ASTHO) in 2014 to facilitate internal consultations across DPHSS' divisions and bureaus culminating with a 4-day strategic planning session. The following year, DPHSS released its Strategic Plan that assessed the organizational structure, processes and capacity to determine internal priorities for action that will enable the agency to deliver critical services and address community health issues.

In late 2022, a Business Process Improvement (BPI) project was started and facilitated by ASTHO to assist DPHSS in enhancing its procurement and recruitment processes. This project is on-going and once completed would help streamline these two processes. The end goal is an efficient delivery of goods and services to the community and increased size and diversity of a competent public health workforce.

A one-week back-to-back Quality Improvement and Strategic Planning Training was held last September 2023 paid for by the PHIG with venue funded by PHHS Block Grant. It was open and participated by employees across all 6 Divisions of DPHSS to give new and existing employees a better understanding of these 2 subject matters.

There are 3 key documents needed to apply for PHAB accreditation namely: the Community Health Assessment (CHA), Community Health Improvement Plan (CHIP) and the department's Strategic Plan. Guam DPHSS has updated the CHA and the CHIP is in the process of being updated. The baseline CHA process serves as the initial step in the public health strategic planning process that will be utilized to develop and update both the CHIP and Strategic Plan.

As with state, local, tribal and other territorial public health agencies, Guam DPHSS is aiming to achieve accreditation with PHAB in the future in order to promote public trust and demonstrate an ongoing commitment to quality and performance improvement. By achieving accreditation, it makes a strong statement to the community about an organization's efforts to provide the highest quality of healthcare services.

The Brief Tobacco Intervention (BTI) Training

The BTI Skills Training Certification Program provides the skills necessary for those trained to conduct brief tobacco interventions with individuals dependent on tobacco and assist them to quit their use. The trainees learn the skills to assess an individual's readiness to quit tobacco use and provide appropriate materials and referrals to aid the individual. Brief interventions can also help in specific family issues, personal finance problems or work attendance.

Procurement Module Training

The Government of Guam (GovGuam) Procurement Training consisting of four (4) modules was developed by the Guam Community College (GCC) and is based on P.L. 32-131 codified as Title 5 of the Guam Code Annotated (GCA) Chapter 5 §5141. It mandates that all GovGuam personnel responsible in procuring goods, services or construction to receive the required training and continuing education through the GCC, or equivalent training. This ensures that employees are knowledgeable of the Guam Procurement Law while helping to prevent or reduce the likelihood of procurement protests and appeals.

Ethics in Government Training

Following the enactment of Public Law 36-25, all GovGuam employees shall attend and complete the Ethics in Government Program hosted by the Guam Ethics Commission, or other provider approved by the Guam Ethics Commission. The objective of the program is to ensure that all GovGuam personnel act with the highest level of integrity and ethical behavior and gain the public's trust.

Worksite Wellness Program Training

The Worksite Wellness Program (WWP) was enacted under Executive Order 2012-07. Its goal is to improve the health, well-being and productivity of all Government of Guam employees by enhancing all aspects of health. The WWP aims to increase awareness of positive health behaviors to motivate employees to voluntarily adopt healthier behaviors and to provide opportunities and a supportive environment to foster positive lifestyle changes.

Colposcopy Training

Training for colposcopy is intended to increase the number of medical and nursing professionals who can perform the procedure and make the services more widely available in the communities. Colposcopy is used in the evaluation of abnormal or inconclusive cervical cancer screening tests. It aids the identification of cervical precancers that can be treated, and allows for conservative management of abnormalities unlikely to progress.

Other Public Health related Trainings, Seminars, Conference

In line with the Health People 2030 objective of exploring and expanding practice-based continuing education for public health professionals, DPHSS plans to hold other trainings necessary to keep Guam's public health workforce abreast of current trends and practices and stay informed about recent developments in the public healthcare industry.

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: \$41,622.40

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

Funds Allocated to Disparate Populations: \$23,222.00

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 10/01/2024 to 9/30/2025, PHHS Block Grant will provide financial support to cover for training costs including venues, materials and other related expenses.

Annual Activities:**1. Provide a venue and training materials to host the BTI Skills Certification Training**

In collaboration with the Tobacco Prevention and Control Program, PHHS Block Grant will procure a venue to host the quarterly BTI Skills Certification Training and materials.

2. Provide Procurement Trainings to the PHHS Block Grant Staff

Through the Guam Community College (GCC), PHHS Block Grant will provide financial support on different training modules on Procurement as needed. This training is mandated under P.L. 32-131, codified as Title 5 of the Guam Code Annotated (GCA) Chapter 5 §5141.

3. Provide Ethics Training to the PHHS Block Grant Staff

Through the Guam Ethics Commission, PHHS Block Grant will provide financial support on Ethics to new employees in compliance with P.L.36-25 expanded to include all employees under Government of Guam.

4. Provide a venue to host the WWP Training

In partnership with the Non-Communicable Disease Consortium (NCD), PHHS Block Grant will provide financial support by securing a venue for the Worksite Wellness Program Training.

5. Provide Colposcopy Training

Through the Guam Breast and Cervical Cancer Early Detection Program, PHHS Block Grant will support the training for colposcopy to increase capacity for colposcopy procedures.

6. Support other Public Health related Trainings

Provide financial assistance in training costs for other Public Health related trainings.