

Department of Public Health and Social Services
Strategic Plan
2015-2017



Moving towards a healthier future for our community

Acknowledgements and disclaimer

This report resulted from the collaborative efforts of the various divisions and programs that comprise the Department of Public Health and Social Services (DPHSS), consultants and facilitators from the Association of State and Territorial Health Officials (ASTHO) and DPHSS Consultant Dr. Annette M. David. DPHSS' Performance Improvement Management (PIM) Office under the auspices of the Director's Office, provided coordination oversight and administrative support throughout the planning process.

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MESSAGE FROM THE DIRECTOR



Hafa Adai!

The Department of Public Health and Social Services provides a people-centered delivery of services to ensure that the people of Guam are receiving safe, accessible, and quality health services. The agency's mission is *"To assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare"*. With the cooperation of the department's five divisions and programs, the agency continues to perform its mission in a manner that is meant to keep its recipients at the peak of their health.

Maintaining such a task does not come easy. Challenges do appear like the sporadic lack of funds and resources, which are still issues meant to be dealt with. Additionally, as in any area of public health, little gaps still remain in our knowledge concerning our current health system. And there are still policies and plans to develop to support individual and community health efforts.

Despite any setbacks, DPHSS endures and continues to push forward. The DPHSS Strategic Plan for 2015 – 2017 is an intricate guide meant to help the department keep up with current health challenges and modernize its public health system. With the long-term goal and vision in mind, the department aims to receive future accreditation following elements of the strategic plan.

The collaborative efforts of those who helped conceive the strategic plan serve as an example of the strong intent of the DPHSS to provide the highest quality of health care by improving its health infrastructure, accessibility, and health practices in the following years. Thus, the strategic plan is necessary in ensuring that the agency is able to perform essential public health services.

Future accreditation will someday serve as definite proof of the hard work of everyone who served the island's public health care system. But for now, taking steps in improving across all programs and services in the department serves as highest priority. We are proud of all the progress made and will not stop monitoring and improving the community's health. DPHSS plans on moving towards a healthier future. Carrying out all the components of the strategic plan will take an endless amount of time and exhausting effort, but succeeding in designing a stellar public health system is more than priceless.

While we wait for that time, we will continue to be fully committed in providing our health services with the genuine intent of always giving our best to individuals in need and the island community.

James W. Gillan
Director

Strategic Plan Overview



Our Mission:

To assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare

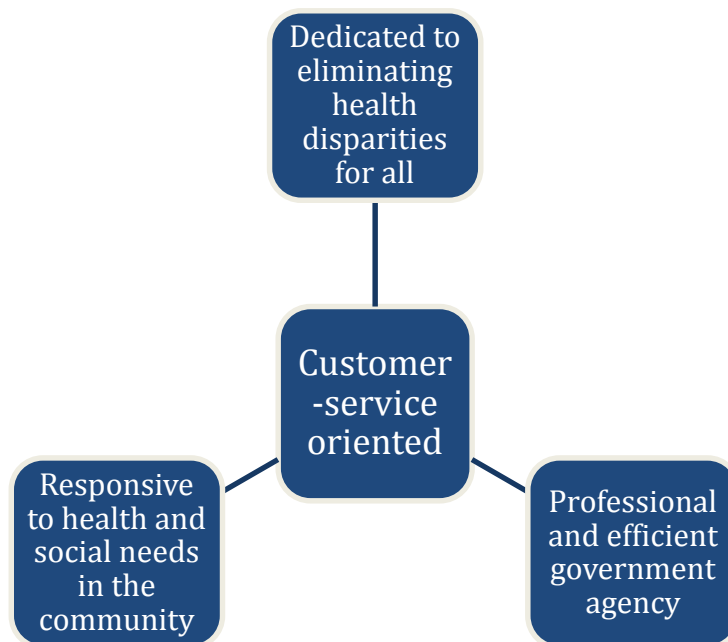


Our Vision:

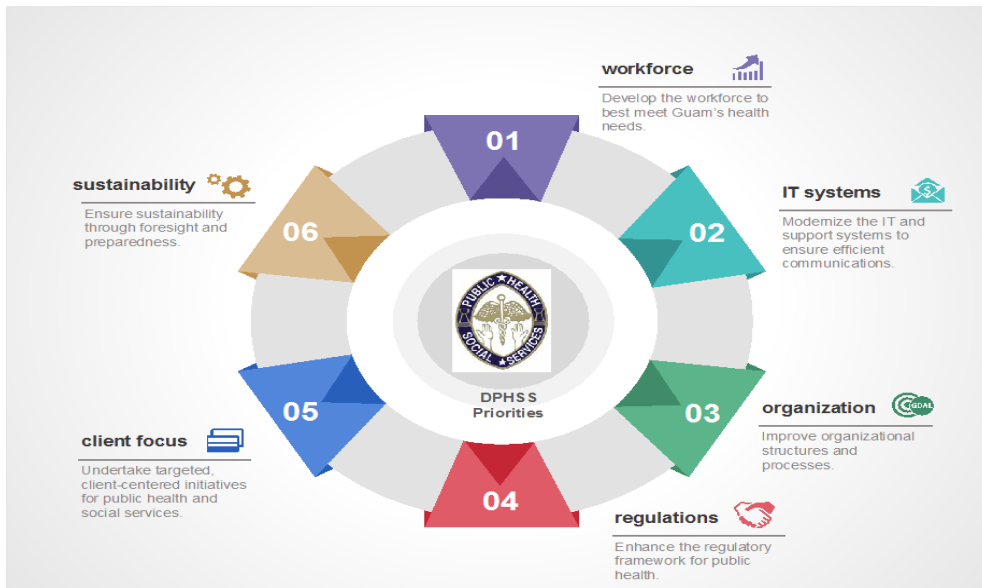
Empowered people of healthy minds and bodies living in a safe environment throughout their lifetime.

Our Values:

A professional and efficient government agency that is dedicated to eliminating health disparities for all and is responsive to the health and social needs in the community.



Our Priority Areas of Work:

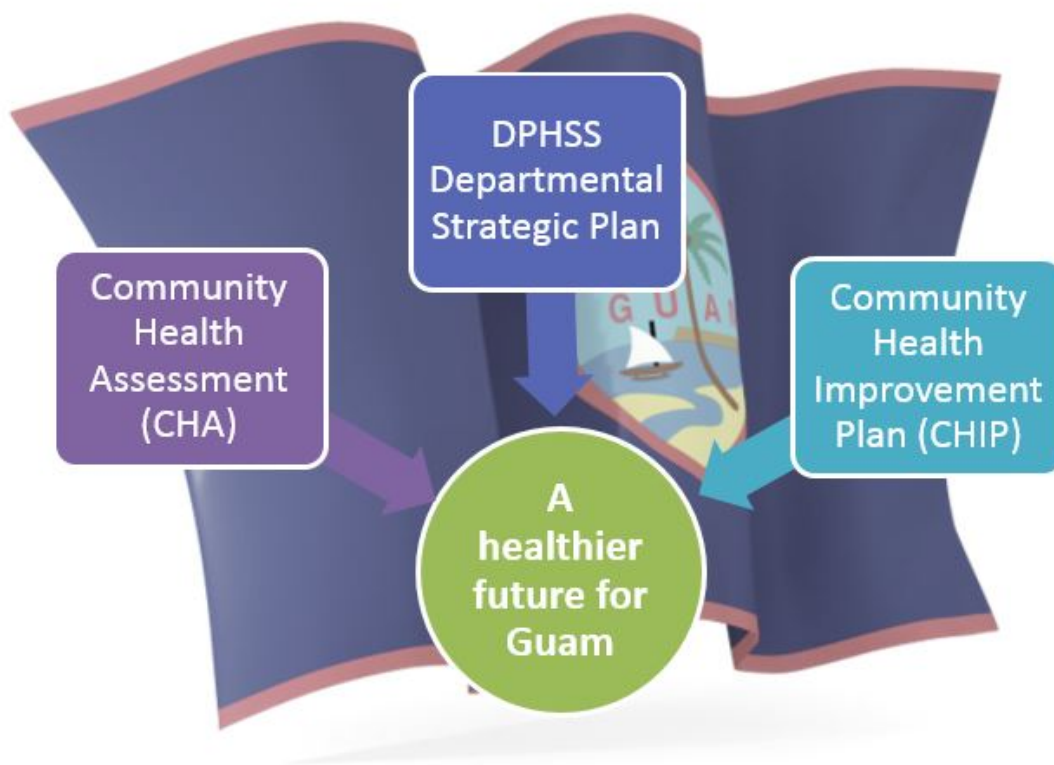


Introduction

A healthy community is the cornerstone for economic progress, and a strong health system is necessary to achieve a healthy population.

The Department of Public Health and Social Services (DPHSS) is committed to a participatory process that engages the community and other health stakeholders in an on-going process of assessment, strategic planning, implementation and evaluation to generate the policies, programs, and capacities needed to move the Guam community towards a healthier future. The first part of the process involved an island-wide Community Health Assessment (CHA) to delineate an accurate snapshot of our community's health situation. The report from this effort was released earlier in 2015.

The external assessment was followed by an internal DPHSS assessment of its organization structure, processes and capacity to determine the internal priorities for action that will enable the agency to deliver needed services and address the health issues that confront our community. This report documents the results of the internal consultation and delineates the DPHSS Strategic Plan. This Plan is intended to guide DPHSS in augmenting its infrastructure and capacity to achieve its mission. It will be complemented by a community strategic planning process that will pull together the findings from the CHA and internal DPHSS consultation into a Community Health Improvement Plan (CHIP). Thus, this report represents the second in a three-part process of participatory strategic planning to begin the journey towards Guam's healthier future.



Overview of DPHSS

The Department of Public Health and Social Services (DPHSS) is a line agency within the Executive Branch of the Government of Guam that is charged with providing public health and social services for the island. Effectively established on July 1, 1964, the Department underwent several cycles of reorganization and today consists of five Divisions under the leadership of a Director and Deputy Director. The 5 Divisions include:

- General Administration
- Environmental Health
- Public Health
- Public Welfare
- Senior Citizens

Division of General Administration

The Division of General Administration (DGA), provides department wide administrative support functions to the department divisions. DGA is comprised of Financial Management Services, Management Support Services, Facilities & Maintenance, Systems and Programming Group, Health Professional Licensing Office and Emergency Medical Services. DGA also provides direct support to the Director's Office in providing assistance to the department in terms of human resource development, Equal Employment Opportunity assistance to ensure compliance with federal and local laws, safety training to ensure a safe and healthy working environment free from recognized hazards and illness.

The *Director's Office/Deputy Director's Office* provides policy direction, senior management leadership and administrative guidance to the five divisions within DPHSS. This office includes the following:

- *Personnel Office* – oversees all personnel matters, to include recruitment and classification, and serves as the focal point for certifying individuals with disabilities.
- *Safety Office* - responsible for organizing and establishing safety programs for the department to ensure a safe and healthful working environment for employees and visitors.
- *Equal Employment Opportunity Office* - plans and administers the Equal Employment Opportunity/Affirmative Action Program for the department.
- *Performance Improvement Management Office* – a newly created office responsible for pursuing strategies and activities to improve public health outcomes. The initiatives supported by the PIM Office will help to measure and improve performance throughout the department.
- *Public Information Office* - serves as the public relations arm of the department and assists the five divisions in communicating their goals and activities to the island community and the public; also responsible for disseminating press releases to the media and developing and implementing official media campaigns.
- *Systems and Programming* - This office is the department's data center and is responsible for the administration of information technology matters and support for computerization needs.
- *Facilities & Maintenance* - The Facilities & Maintenance Section is responsible for the building and ground maintenance services within the Department's four (4) facilities located in Mangilao, Dededo, Inarajan, and Santa Rita.

The *Management Support Services* administers day-to-day operations and is the central document processing center for all DPHSS facilities; also responsible for the coordination and dissemination of all correspondence or communications external to the entire department.

The *Financial Management Office* is comprised of the *Business Office*, which provides direction for financial matters and the *Supply Office*, which functions as the central processing center for procurement and supply purposes and is responsible for the department's procurement, issuance, storage, inventory, and maintenance of all supplies and equipment.

The *Health Professional Licensing Office* handles the regulations and certification of various categories of health professionals, and includes:

- Guam Board of Nurse Examiners
- Guam Board of Medical Examiners
- Guam Board of Examiners for Pharmacy
- Guam Board of Examiners for Dentistry
- Guam Board of Examiners for Optometry
- Guam Board of Allied Health Examiners
- Guam Board of Barbering and Cosmetology

The *Emergency Medical Services* is responsible for the administration of the Emergency Medical Services (EMS) system on Guam and establishment of effective pre-hospital emergency medical services system with the necessary equipment, personnel and facilities to ensure that all emergency patients receive prompt, adequate medical care. This office is also responsible for ensuring that all standards, rules, and regulations are followed for emergency medical services personnel, equipment, supplies, training programs, facilities, communications systems, and other locations as may be required to establish and maintain an adequate system of emergency medical services.

The *Emergency Medical Services for Children (EMSC)* administers the EMSC Program. This is a federally funded program, established to ensure that all children and adolescents receive appropriate medical care in a health emergency – no matter where they live, travel, or attend school.

Division of Environmental Health

The Division of Environmental Health (DEH) seeks to protect the people of Guam from environmental hazards and drug diversion through education and the implementation of governing laws designed to prevent injuries, disabilities, diseases, and deaths. The Office of the Chief administers the island-wide environmental health programs of DEH and coordinates the division's finances and administrative functions. The Division has three Bureaus:

- *Bureau of Inspection and Enforcement* - administers the health and sanitation programs of its assigned areas of the island; leads foodborne illness outbreak investigations; manages the hand-hygiene and island-wide environmental health education campaigns; and manages the consumer commodity programs (food, drugs, cosmetics, devices).
- *Bureau of Compliance and Investigation* - administers the health and sanitation programs of its assigned areas of the island; coordinates the island-wide vector surveillance and control programs; operates the One-Stop Permitting Center; manages the Controlled Substances Program, Cemetery & Mortuary Program, and the Solid Waste Program; and leads in the development of the division's SOPs and directives.

- *Bureau of Program Support and Information* - processes and issues certificates, registrations, permits, disinterment/reinternment approvals of DEH; facilitates in the drafting and revision of the division's major plans, reports, and rules and regulations, and grant applications; manages the prescription drug monitoring program; and implements the special projects and activities of DEH.

Division of Public Health

The Division of Public Health is comprised of five bureaus and three sections, and is responsible for disease surveillance, vital statistics, prevention, and public health service provision.

- The *Chief Public Health Office* oversees the Division and has direct charge of:
 - *Office of Epidemiology and Research* – disease surveillance
 - *Office of Vital Statistics* - issues birth, death and marriage certificates; marriage licenses; burial permits
 - *Dental Program* – provides dental services
- *Bureau of Communicable Disease Control* - prevents, responds and controls the spread of diseases of public health concern in Guam through surveillance, disease reporting and investigation in collaboration with health care providers and key responders for a healthier island community. The Bureau also oversees emergency preparedness, immunization, laboratory services, radiological services and pharmacy services.
- *Bureau of Community Health Services* – addresses noncommunicable disease prevention and control through community outreach, settings-based programs, and environmental interventions.
- *Bureau of Nutrition Services* - strives to improve health and well-being through nutrition education, promotion of physical activity, and engaging with partners to develop policies and environmental changes which reduce hunger, increase breastfeeding, and decrease obesity and its associated chronic diseases throughout Guam.
- *Bureau of Family and Nursing Services* - provides community health nursing services by synthesizing nursing practice and public health practices.
- *Bureau of Primary Care Services* - aims to reduce health disparities by providing comprehensive primary health care to the underserved, indigent, and uninsured populations who are most in need of assistance and least able to find it.

Division of Public Welfare

The Division of Public Welfare provides support to individuals or families in times of financial difficulties, through programs that offer temporary assistance to the unemployed, and long-term assistance for those who are permanently and totally disabled. The *Chief Public Welfare Office* administers and oversees the overall operations of the division's federal and locally funded programs. There are four bureaus under this division:

- *Bureau of Economic Security* - plans, organizes, administers, directs and oversees the eligibility determination of the following programs: Supplemental Nutrition Assistance Program (SNAP), Cash Assistance, Medical Assistance and Child Care Assistance.
- *Bureau of Management Support* - responsible for implementing and operating quality control and conducting management reviews on the Supplemental Nutrition Assistance Program (SNAP).
- *Bureau of Health Care Financing Administration* - oversees the Medicaid Assistance Program (MAP) and Medically Indigent Program (MIP).

- *Bureau of Social Services Administration* - administers various child welfare programs designed to protect children and strengthen families.

Division of Senior Citizens

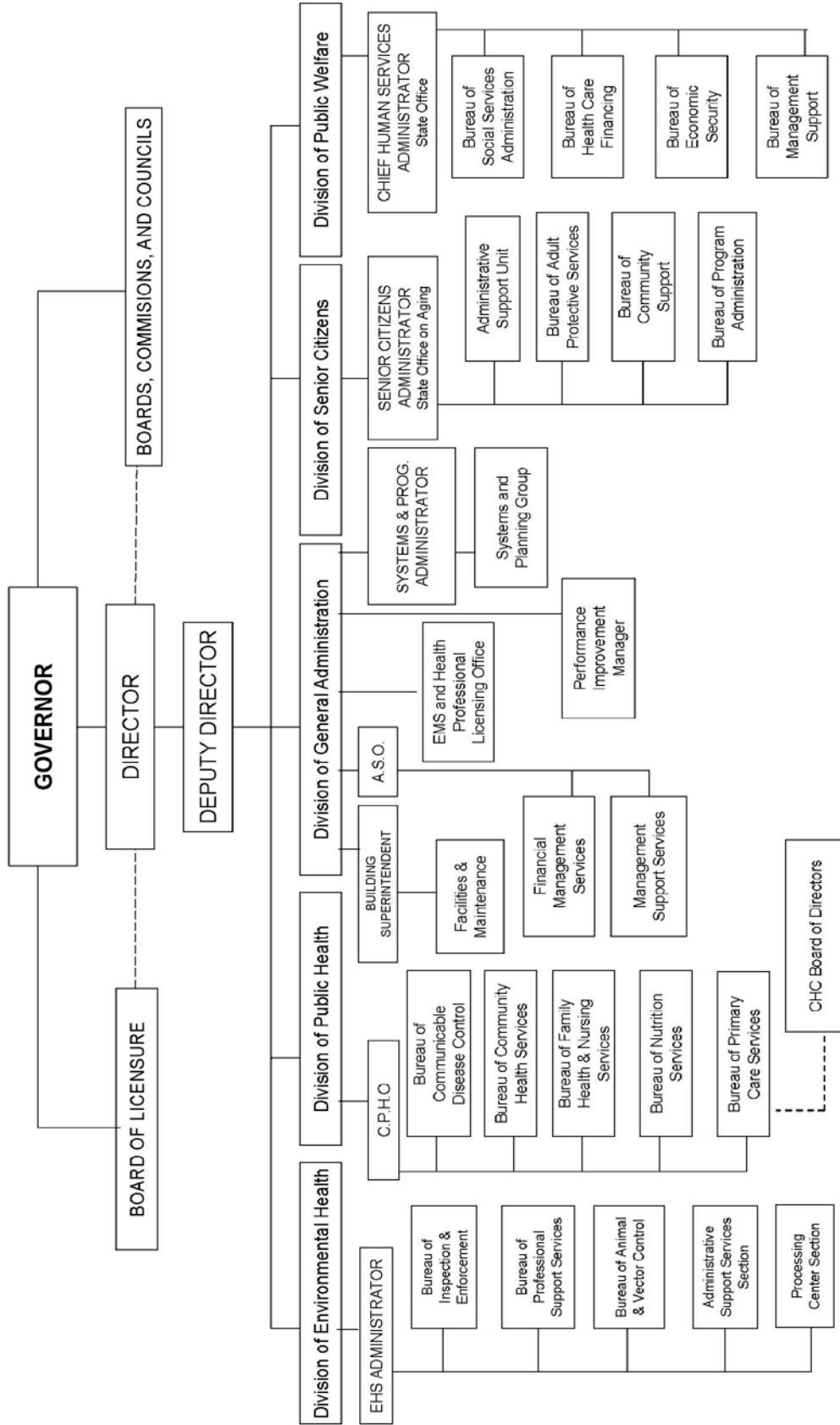
The Division of Senior Citizens is primarily responsible for coordinating all activities on Guam relating to the purposes of the Older Americans Act; serving as the primary advocate for all older persons on Guam; and assisting agencies and other entities in the development of a comprehensive and coordinated service delivery system throughout Guam. The *State Office on Aging* plans, coordinates and implements programs geared toward assisting older individuals in addressing their needs and problems, and in their attainment or maintenance of a satisfying lifestyle. There are four Bureaus under this division:

- *Bureau of Administrative Support* – provides technical and administrative support to the rest of the division.
- *Bureau of Program Administration and Development* - implements and coordinates the provision of services to older individuals age 60 years of age and older in line with the Older Americans Act of 1965 as amended.
- *Bureau of Community Support* - responsible for managing all aspects of information, assistance, referral, orientation and outreach with respect to Title III Aging Programs.
- *Bureau of Adult Protective Services* – created by the enactment of P.L. 19-54 in 1989, as amended by P.L. 21-33 and P.L. 31-278, this Bureau implements programs and provisions stipulated by these laws.



Process Mapping Workshop with ASTHO

GOVERNMENT OF GUAM
 Department of Public Health and Social Services
 FY 2016 ORGANIZATIONAL CHART



Background and Methodology

Background

Public health departments are tasked to safeguard the health of the communities they serve; ensuring the quality of service of these departments is critical. Accreditation ensures that a public health department is capable of fulfilling the three core functions and ten essential services of public health, as defined by the Institute of Medicine and the national Public Health Functions Steering Committee.

Core functions¹ and essential services² of public health



Accreditation consists of adoption of a set of standards, a process to measure health department performance against those standards and recognition for those departments that meet or exceed the standards. In the United States, the Public Health Accreditation Board (PHAB) oversees the accreditation process. Application requires submission of a completed application form, a letter of support by the health department's appointing authority and three requisite documents:

- A Community Health Assessment (CHA);
- A Community Health Improvement Plan (CHIP); and,
- A Department Strategic Plan.

¹ Institute of Medicine, **Future of Public Health**, 1988.

² Public Health Functions Steering Committee, Fall 1994

DPHSS commenced its Community Health Assessment (CHA) in 2010. After laying the groundwork and engaging community partners from 2010 to 2012, data collection and analysis and the prioritization of critical health issues occurred in 2013. The Guam CHA utilized a community-based participatory process throughout, using a mix of internal consultations within the divisions and programs of DPHSS and external consultations with other agencies and community partners. Data and community feedback were incorporated into the CHA report, released in 2015.

Guam's CHA lead to a Community Health Improvement Plan (CHIP), which is defined as "a long-term, systematic effort to address public health problems on the basis of the results of community health assessment activities and the community health improvement process...used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A community health improvement plan is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the gamut of strengths, weaknesses, challenges, and opportunities...to improve the health status of that community³."

A CHA and a CHIP are two of the three prerequisite documents necessary for application by DPHSS to the Public Health Accreditation Board; the third prerequisite is a Department Strategic Plan. This report represents the culmination of the internal consultation process for DPHSS's Department Strategic Plan, and is intended to serve as the second step in the public health strategic planning process that will be utilized to develop Guam's CHIP.

DPHSS also completed an Organizational Self-Assessment (OSA). An OSA serves as a valuable process providing state and local health departments with the means to assess and understand their own systems and program operations in order to strengthen services delivered.

Initial OSA preparation with the Association of State and Territorial Health Officials (ASTHO) began in April 2013 and ASTHO provided on-site technical assistance in September 2013. Each division participated in the OSA process and the results will be used to prioritize opportunities for improvement and implement QI activities to address gaps identified in the OSA.

Methodology

DPHSS sought technical assistance from ASTHO in 2014 to facilitate the internal consultations across the Department's various Divisions and Bureaus, culminating in a 4-day departmental strategic planning session in October 2014. The session enabled the DPHSS to re-define its vision, mission, values and priority action areas, and to establish milestones and a notional schedule for year 1 activities.

A SWOT (Strengths, Weaknesses, Opportunities and Threats) assessment was conducted. Various internal DPHSS stakeholders were interviewed and discussions

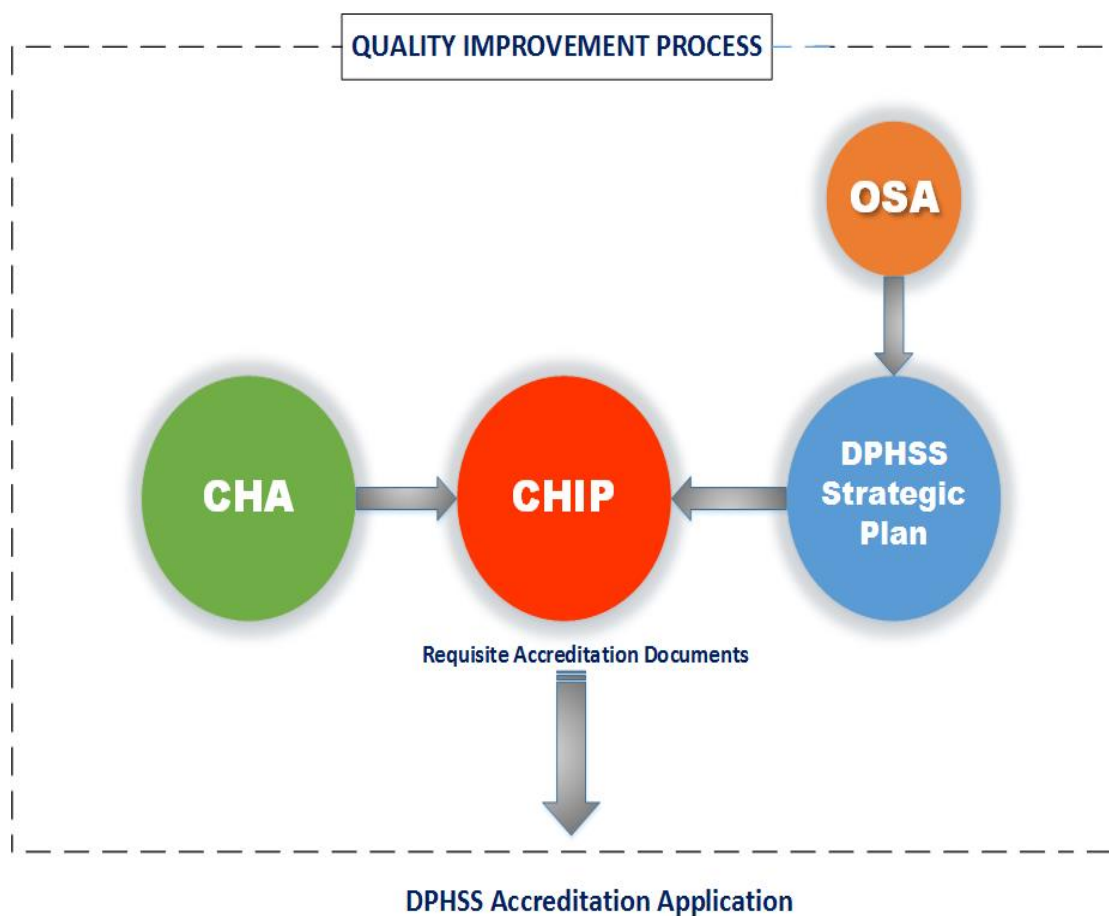
³ Minnesota Department of Health. About: Community health improvement plan. Available online at <http://www.health.state.mn.us/lphap/>

were facilitated to identify key themes that currently affect the way DPHSS is functioning today and the opportunities and concerns about how it will operate in the future. The Divisions also performed environmental scans across their various programs and areas of work. The findings were utilized in conjunction with prioritization exercises that ranked and prioritized action areas. This Department Strategic Plan resulted from these discussions, and highlights DPHSS priorities, and key system improvements that when achieved, will impact health service delivery significantly in Guam.

The accreditation process also requires a continuous Quality Improvement (QI) process for ongoing feedback and quality assurance. In February 2014, DPHSS established a framework for QI through the creation of a Quality Improvement Council (QIC) and a Quality Improvement Plan (QIP) that is aligned with the Department Strategic Plan. It is anticipated that the QI process will be an ongoing one that will assess the DPHSS' performance and create a "culture of quality and sustainable improvement."⁴

All of these various elements – the CHA, OSA, Department Strategic Plan, CHIP and QI process – are linked and contribute to the preparation for DPHSS accreditation.

DPHSS Accreditation Process



⁴ DPHSS, FY2015 Quality Improvement Plan (QIP), February 2014.

Vision, Mission, Goal, Priorities, Values and Principles

VISION:

DPHSS envisions Guam's people empowered with healthy minds and bodies, living in a safe environment throughout their lifetime.

MISSION:

DPHSS' mission is to assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare.

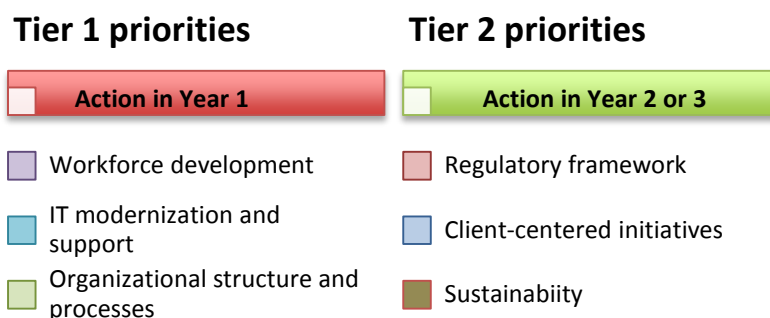
GOAL and PRIORITIES:

The goal of this Departmental Strategic Plan is to enhance the agency's capacity to contribute to improving the health of the Guam community and markedly reducing its physical and socio-economic burden from disease and ill health through action along six (6) priorities:

- **Workforce development** to best meet Guam's health needs
- **Information technology (IT) systems** that are modernized and supported to ensure efficient communications
- **Organizational structure and process** that maximize the agency's capacity for meeting its mission
- **Enhancements in the regulatory framework** to create a health promoting policy environment
- **Client-focused initiatives** that deliver people-centered public health and social services
- **Sustainability** in designing the health system to meet the population's health needs

Action across these 6 priorities is expected to lead to a strong, equitable, accountable, efficient, sustainable, and resilient health system that delivers quality health services to the entire Guam community, leading to optimal health outcomes and high-quality health care.

The first three priorities are considered to be the most urgent, and action is needed from the outset. Thus, these priorities are the starting point for the process of change within DPHSS, and are considered Tier 1 priorities. The last 3 priorities require the strengthening of the Tier 1 priorities first; thus, action for these priorities will have to occur after the Tier 1 priorities have been addressed.

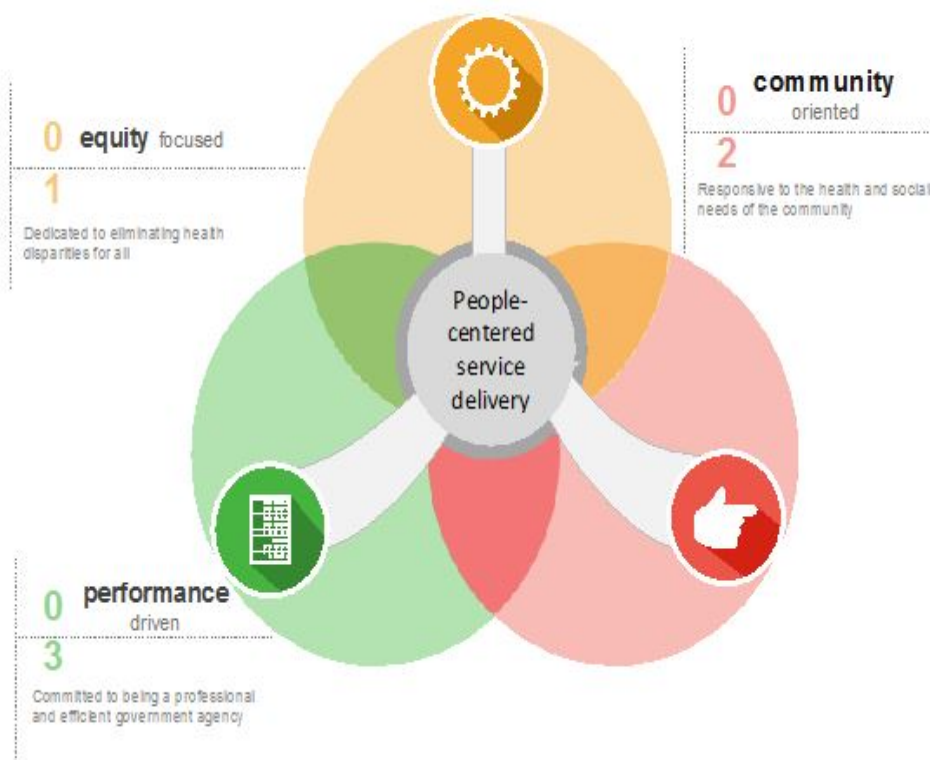


VALUES:

At the core of DPHSS' value system is **people-centered service delivery**, which emphasizes the importance of ensuring safe and quality health service delivery to the agency's clients or customers. This is made possible through:

- An **equity focus**, dedicated to eliminating health disparities across the entire island community;
- A **community orientation** that is responsive to the health and social needs of the community, and actively fosters community engagement and participation in all stages of public health planning and service delivery; and,
- A **performance driven approach**, where leadership and staff are committed to professionalism and efficiency.

DPHSS Core Values



CROSS-CUTTING PRINCIPLES:

In constructing this Department Strategic Plan, four overarching principles are recognized:

Using and generating evidence for action

While the evidence base for new and evolving issues in public health may not yet be established, whenever good evidence exists, it must be utilized to guide the development of policies and programs. This Department Strategic Plan strongly encourages DPHSS staff and other health stakeholders to seek out reliable data and information when developing public health policies, and interventions. Data infrastructure was identified as an area of specific need in the community health improvement planning process. When local evidence is lacking, DPHSS will consider the experiences of other US States and Territories and Pacific Island countries in the region who may have pilot-tested some recommended approaches or implemented “good practices” and will explore the feasibility and relevance of applying the lessons learned by these States, Territories and other Pacific Island countries when adapting interventions for Guam’s population.

Fostering intersectoral collaboration and networking at all levels

Effective public health policies and programs require multisectoral participation and networking. Within Guam, DPHSS will engage with the various agencies within the public sector that are involved in health issues, including health policies, private sector counterparts and the community at large. Effective collaboration is also necessary at the regional and global levels. Mechanisms to foster these types of creative partnerships are essential for successful implementation of the community health improvement plan (CHIP) activities and strategies to improve population health.

Recognizing and addressing the social determinants of health

DPHSS recognizes that a high performing public health system is needed to effectively improve health. This Plan acknowledges that in order to effectively address the health priorities of the CHIP, the public health infrastructure needs to be strengthened. Social inequalities and behavioral factors influence the distribution of emerging diseases, both communicable and noncommunicable, their course and the populations that are most affected. Access to safe water and healthy nutrition, housing, education, employment, economic status, gender dynamics, unsafe sex, tobacco use, harmful alcohol use, drug abuse and sociocultural factors that influence health seeking behaviors all have an impact on health outcomes. The dramatic increases in volume and speed of international travel and commerce also contribute to the changing epidemiology of today’s public health challenges. These factors need to be taken into consideration when designing health system improvements to address public health issues.

Re-affirming people-centered care

People-centered care involves a balanced consideration of the values, needs, expectations, preferences, capacities, and health and well-being of all public health constituents and stakeholders, and encompasses the ill and those who are well. A people-centered approach addresses the needs of individuals, families and communities in the broader context of their environment, while empowering them to achieve good health. It also gives due consideration to health care providers who should be enabled and supported to provide effective, holistic and compassionate care. Likewise, health care organizations and the larger health system must be designed, developed and managed to provide a conducive and supportive environment for delivering equitable,

ethical, effective, efficient and empathic care. People-centered health care reaffirms these core values, articulated in the constitution of the World Health Organization and other international declarations:

- Health as a fundamental human right;
- Health as a central element in the process of development;
- The end of all forms of discrimination; and,
- The participation and inclusion of communities in health and development⁵.

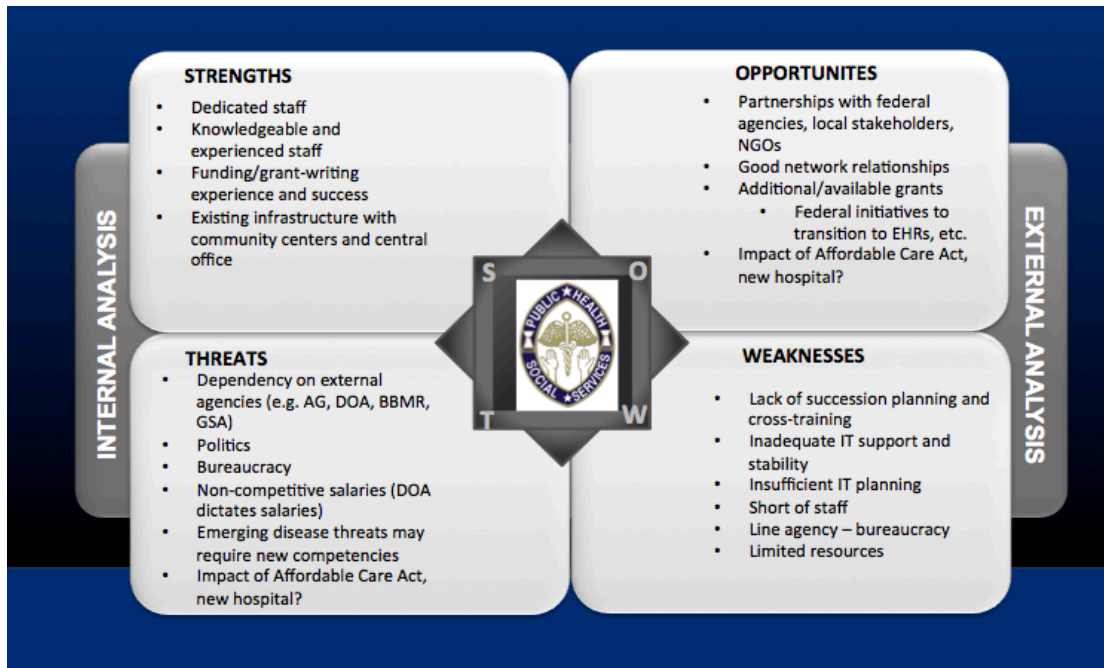


Pacific Open Learning Health Net Official Opening Ceremony

⁵ David AM. *People at the Centre of Health Care: Harmonizing mind and body, people and systems*. World Health Organization: Manila, Philippines, 2007.

SWOT Analysis

DPHSS staff conducted a SWOT (Strengths, Weaknesses, Opportunities and Threats) analysis at the 4-day strategic planning session. The assessment identified issues that will influence how public health will operate. A summary of the inputs for this assessment exercise is outlined below.



Based on the results of the SWOT analysis, Departmental priorities for action were selected. Priorities 1 – 3 are considered Tier 1, where action is needed immediately.



Priorities 4 – 6 are considered Tier 2, which need to build upon Tier 1 priorities. Hence action for these Tier 2 priorities will begin later, in Year 2 or 3.

DPHSS Work Plan

Tier 1 Priorities

Priority 1: Develop Workforce		Priority 2: Modernize IT and Support Systems		Priority 3: Improve Organizational Structure and Processes		
Year 1						
Milestone	Responsibility	Milestone	Responsibility	Milestone	Responsibility	
<p>1. Identify individuals who will be retiring within 5 years and begin to develop SOPs</p> <p>Activity 1.1 HR will inform Division heads and Division heads will assess staff to determine staff leaving within 5 years</p> <p>Activity 1.2. Ensure SOPs will be updated/developed within their division</p> <p>2. Meet with other divisions to identify positions that are needed locally</p> <p>Activity 2.1. Assess divisions to identify positions that are needed. Divisions will be responsible for interfacing with higher education to identify competencies and certifications needed for positions needed within their divisions.</p>	Division Heads	<p>1. Revive HIT Committee and include OIT</p> <p>Activity 1.1 Create committee or taskforce within divisions of Public Health</p> <p>Activity 1.2 Go through director of DOA to invite participation in process or assign designee.</p> <p>Activity 1.3 Schedule kick-off meeting</p> <p>2. Resources identified within all programs for cost-sharing</p> <p>Activity 2.1 Identify resources for cost-sharing</p>	Director	<p>1. Divisions map out processes internally and externally to estimate time and cost of putting together recruitment and procurement packages</p> <p>Activity 1.1 QI Council to meet to discuss project</p> <p>Activity 1.2. Meet with Director, DH, ASO, Personnel Officer to explain project and get buy in</p> <p>Activity 1.3. Develop form for time study</p> <p>Activity 1.4. Identify participants of time study</p>	QI Council	<p>Performance Improvement Manager (PIM)</p> <p>QI Council</p> <p>Division heads</p>

<p>3. Each division identify specifications within government that need to be reviewed</p> <p>Activity 3.1. Divisions will identify positions and job specs that need updating and make recommendations for revision¹</p>	<p>Division Heads</p>	<p>Activity 2.2 Determine mechanism for fair sharing⁶</p> <p>3. Needs assessment to determine inventory, gaps, problems, etc.</p> <p>Activity 3.1 Each division will prepare inventory list</p> <p>Activity 3.2 Prepare survey on inventory and gaps</p>	<p>HIT Committee</p> <p>Division Heads</p> <p>HIT Committee</p>	<p>Activity 1.5. Provide orientation and implement time study</p> <p>Activity 1.7 Personnel Officer (Recruitment) or Administrative Services Officer (ASO) (Procurement) to gather completed forms to QI Council for evaluation</p>	<p>QI Council</p> <p>Recruitment: Personnel Officer Procurement: ASO</p>
Year 2					
<p>Milestone</p> <p>1. SOPs drafted and validated</p> <p>Activity 1.1 Review SOPs and develop process for validation.</p> <p>2.Meeting with University of Guam</p> <p>Activity 2.1 Continue dialogue and work with higher education for competencies and certification</p>	<p>Division Heads</p> <p>Division Heads</p> <p>Division Heads</p>	<p>Milestone</p> <p>1.Needs assessment begun</p> <p>Activity 1.1 Administer survey</p> <p>Activity 1.2 Analyze survey results and break assessment down into categories – inventory, gaps, and needs. Within subcommittee to address</p>	<p>Responsibility</p> <p>HIT Committee</p> <p>HIT Committee</p>	<p>Milestone</p> <p>1.Evaluate and report findings to director and division heads</p> <p>Activity 1.1 Evaluate time study findings and make recommendation</p> <p>Activity 1.9 Forward time study findings to Director and Division heads for review</p>	<p>Responsibility</p> <p>QI Council</p> <p>PIM</p>

⁶ Moved to Year 2.

<p>3.Group convened to review specifications</p> <p>Activity 3.1 Reviewed update job specifications as necessary</p>	<p>Division Heads</p>	<p>gaps and needs assessment</p> <p>Activity 1.3 Identify committee members for each of the three categories – inventory, gaps, needs.</p>	<p>HIT Committee</p>		
Year 3					
Milestone	Responsibility	Milestone	Responsibility	Milestone	Responsibility
<p>1.Staff identified and trained</p> <p>Activity 1.1 Identify staff to be trained and begin succession training</p> <p>2.Assist higher education institutions to develop curriculum</p> <p>Activity 2.1 Assign staff to work with higher education institutions on curriculum development</p> <p>Activity 2.2 Develop internship programs with staff who developed curriculum</p> <p>3. Job specifications revised</p>	<p>Division Head</p> <p>Division Heads</p> <p>Division Heads</p>	<p>1.Complete needs assessment</p> <p>Activity 1.1 Complete analysis of needs assessment survey</p> <p>Activity 1.2 Determine new applications</p> <p>Activity 1.3 Develop project plan and begin pre-requiring gathering</p>	<p>HIT Committee</p> <p>HIT Committee</p> <p>HIT Committee</p>	<p>1.Development of strategies to improve routing process internally</p> <p>Activity 1.1 Director to meet with division heads to discuss streamlining efforts</p> <p>Activity 1.2 Division heads will meet with staff to comply with streamlining efforts</p> <p>Activity 1.3 Director will assign staff to assign routing of SOPs</p> <p>Activity 1.4 Division heads and staff to review SOPs</p>	<p>Director</p> <p>Division Heads</p> <p>Director</p> <p>Division Heads</p>

<p>Activity 3.1 Job specifications reviewed and updated</p>	<p>Division heads</p>			<p>and recommend changes if needed</p> <p>Activity 1.5 Assign staff to finalize and issue SOPs</p> <p>Activity 1.6 Department-wide implementation of SOPs</p> <p><i>2.Development of strategies to improve external routing process</i></p> <p>Activity 2.1 Request meeting with stakeholders (DOA, BBMR, AG, GSA) to discuss findings and request strategies to streamline process and reduce delays</p> <p>Activity 2.2 Stakeholders to meet with their staff to discuss how they can streamline their processes</p> <p>Activity 2.3. Reconvene stakeholders to discuss strategies</p>	<p>Division Heads</p> <p>Director</p> <p>Director</p> <p>External</p> <p>Director</p>
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					Activity 2.4 Assign taskforce representing key stakeholders to develop SOPs	External
					Activity 2.5 All stakeholders to review and finalize SOPs	External
					Activity 2.6 SOPs to be implemented	External

Tier 2 Priorities

Priority 4: Enhance Regulatory Framework		Priority 5: Undertake Targeted, Client-Centered PH/SS Initiatives		Priority 6: Improve Sustainability	
Milestones	Timeline	Milestones	Timeline	Milestones	Timeline
1. Organize/create planning group using department/division staff	Year 2/3	1. Determine feasibility of re-establishing Health Education Office to identify and take on targeted initiatives	Year 2/3	1. Create taskforce to assess feasibility of creating and streamlining offices (grants administration, health education, etc.).	Year 2/3
2. Put out a call for SOPs within each division	Year 2/3	2. Division heads to identify targeted initiatives and interface with Education Office	Year 2/3	2. Action taken on recommendations of taskforce	Year 3/4
3. Schedule review of SOPs	Year 3/4			3. Start applying for grant opportunities	Year 3/4
4. Identify redundancies	Year 3/4				
5. Update and implement SOPs in concurrence with approval from administrators	Year 3/4				

<p>6. Develop new SOPs to address gaps or new tasks</p> <p>7. Concurring review (CQI - Plan, do, check, act)</p> <p>8. Annual reassessment of procedures</p> <p>9. Put out survey to recently hired staff to measure accomplishments and identify weaknesses</p>	<p>Year 4/5</p> <p>Year 4/5</p> <p>Year 5/6</p> <p>Year 6/7</p>			<p>4. Look at different divisions and services provided and research allowable fees under local mandates</p> <p>5. Propose sliding fee schedule</p> <p>6. Sustain workforce by updating job descriptions and align with national pay to keep workforce in Guam</p> <p>7. Identify/discuss with chairperson to establish revolving fund in an effort for sustainability so that we can keep our funds generated by the services we charge for</p>	<p>Year 4/5</p> <p>Year 4/5</p> <p>Year 4/5</p> <p>Year 5/6</p>
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Annexes: Division Environmental Scan

DIVISION OF GENERAL ADMINISTRATION

DIVISION OF ENVIRONMENTAL HEALTH

DIVISION OF PUBLIC HEALTH

DIVISION OF PUBLIC WELFARE

DIVISION OF SENIOR CITIZENS



Division of General Administration

Mission: To assist the people of Guam in achieving and maintaining their highest levels of independence and self-sufficiency in health and social welfare.

Office	Priorities
Director/Deputy Director's Office	<ul style="list-style-type: none"> Responsible for providing policy direction, senior management leadership and administrative guidance to the five (5) divisions within DPH&SS.
Financial Management Services	<ul style="list-style-type: none"> Responsible for providing direction with respect to financial matters; coordinates the preparation and compilation of the department's fiscal year budget; and ensure compliance with statutes relative to fiscal issues.
Performance Improvement Management (PIM) Office	<ul style="list-style-type: none"> The PIM Office is a newly created office responsible for pursuing strategies and activities to improve the public health outcomes for all island residents through a guided and systemic approach with the ultimate goal of preparing the department for public health accreditation
Health Professional Licensing Office	<ul style="list-style-type: none"> Oversee and support the planning and implementing of all Health Professional Licensing Boards' Guam mandates.
Management Support Services	<ul style="list-style-type: none"> Provide administrative support for day-to-day operations for all five divisions.
Emergency Medical Services	<ul style="list-style-type: none"> Responsible for the administration of the Emergency Medical Services (EMS) system on Guam to include the establishment of an effective pre-hospital emergency medical services system. This includes the necessary equipment, personnel and facilities to ensure that all emergency patients receive prompt, adequate medical care.

Staffing Patterns for FY 2012-2014

Year	2012	2013	2014
New	33	23	33
Resigned	14	21	16
Retired	19	12	32
Total	378	401	408

Challenges

Personnel. Limited staff resources continue to pose a challenge for the Financial Management Section's Business Office as funding for operations and personnel are entirely locally funded. Community Work Experience Program (CWEP) participants assigned through the department's JOBS/DPW program has been instrumental in providing some relief, but, as these participants are temporary and often replaced, the time taken to train the participants only adds to the delay of completing work tasks.

National Public Health Improvement Initiative (NPHII) Objective Activities and Status

Increase public health accreditation readiness through the development of a community health assessment, community health improvement plan and development of an agency-wide strategic plan.	<ul style="list-style-type: none"> Conduct Community Health Assessment – completed in 2013 Conduct Community Health Improvement Plan (CHIP) – scheduled for August 2015 Develop an Organizational Strategic Plan – completed in 2014.
Conduct an Organizational Self-Assessment (OSA) to identify gaps in meeting the national Public Health Accreditation Board (PHAB) standards and measures as it relates to the 10 essential public health services.	<ul style="list-style-type: none"> Initial OSA preparation with ASTHO April 2013 On-site TA with ASTHO September 2013 OSA team from each division participated in OSA process OSA results were completed and will be used to prioritize opportunities for improvement and implement QI activities to address gaps identified in OSA
Implement two or more performance improvement or quality improvement	<ul style="list-style-type: none"> (2) QI projects identified within DPH

initiatives that increase efficiency or effectiveness.

1. Improve vaccine storage and handling by Vaccine for Children Enrolled Providers to decrease reported incidents that result in vaccine loss.

2. Improve Employee Drill Recall Response under the Public Health Emergency Preparedness Program

- Establishment of a formal QI Council February 2014
 - UOG courses focused on customer service, financial management, performance mgmt., leadership skills, communication skills, supervisory, and administrative skills
 - Total Quality Management (TQM) training
 - NPHII symposium focused on performance management and quality improvement
 - Continue to provide staff training on performance management and quality improvement
 - Conduct a Training Needs Assessment (completed)
Deliverables include: online training calendar on dept. website, training database, and training policy
 - Dept. website enhancement project (on-going).
Deliverables: on-line restaurant inspection database, health status dashboard project (on-going)
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Continue performance management activities.

Division of Environmental Health

Vision: The people of Guam are not adversely impacted by their environment through the effective operation of DEH programs resulting in a healthier and more knowledgeable population.

Mission: To serve and protect the people of Guam from environmental hazards and drug diversion through education and the implementation of governing laws designed to prevent injuries, disabilities, diseases, and deaths.

Priorities	Activities
Target 1: Enhance resources	<ul style="list-style-type: none"> • Processing applications for permits, certificates, and registrations • Responding to all public complaints • Responding to all reported food-borne and vector-borne outbreaks • Performing as many compliance inspections as time and resources permit • Sponsoring annual food safety education month • Responding to all reported drug diversion • Responding to all import detentions
Target 2: Enhance regulatory foundation	
Target 3: Enhance operations	

Risk Factors of Population served	Challenges
Highly susceptible population	<ul style="list-style-type: none"> • Inadequate number of personnel to fulfill mandates • Unable to conduct adequate number of regulatory inspections • Most programs are responsive and not proactive • Not always timely in responding to complaints • Many pending SOPs and rules and regulations • No lab support for food safety (pesticide, outbreak, screening) • Never-ending product detentions • Frequent network interruption: processing, Internet, emails, etc. • Frustrating information system • Need to depend on other agencies
<ul style="list-style-type: none"> • Elderly: Elderly nutrition, nursing/adult care • Young: Elementary schools/childcare • Immunocompromised: Hospital cafeteria 	
Foreign language –communication and cultural challenges	
Inadequate/poor access to potable water, waste disposal	
<ul style="list-style-type: none"> • % HU not on public water system or well: Guam (0.56%) vs. USA (0.33%) • % HU with “other” sewage disposal: Guam (2%) vs. USA (.036%) 	
Substandard housing	
<ul style="list-style-type: none"> • % HU with walls of wood or other material: Guam (3.3%) • % HU with roof of wood or other material: Guam (3.5%) • Issues with vector-borne disease, solid waste, mold, public nuisance 	

Gaps	Successes
Most programs are not proactive	Responds to all complaints and outbreaks
Division not adequately funded	Food safety education
Inadequate regulatory activities	Implementation of EPHM&R Act
<ul style="list-style-type: none"> • Cannot meet mandates • Staff not fully trained • Need stronger administrative penalties 	Construction of GEPHL
No dedicated legal counsel assigned to DPHSS	Personnel support: new recruitments, CDC fellow/associate
	Adoption of the Guam Food Code
	Implementation of the GPDMP

Division of Public Health

Bureau	Priorities
OVS (Office of Vital Statistics)	<ul style="list-style-type: none"> •Ensure that STEVE has reliable backup system to store database •Reliable connectivity for STEVE •Ensure that information on all documents are complete and accurate •Issue birth, death and marriage certificates and marriage licenses on a timely basis •Ensure that OVS reports contain accurate data
Dental	<ul style="list-style-type: none"> •Continue Guam Fluoride Varnish Program at Head Start Centers, daycares, immunization outreaches and health fair •Approve Medicaid Treatment Plans on a timely basis •Continue providing dental services to uninsured children and senior citizens
BCDC (Bureau of Communicable Disease Control)	<ul style="list-style-type: none"> •Improve immunization coverage •Improve provider site participation in Guam WebIZ •Prevent perinatal Hepatitis B transmission •Enhance lab testing capabilities at the Guam Public Health Lab (GPHL) •Maintain GPHL IATA certification •Improve screening and testing of STD/HIV clients •Maintain HIV Rapid Testing •Continue implementing Directly Observed Therapy (DOT) •Conduct prompt epidemiologic contact investigation of all drug resistant TB cases •Cross train lab staff in different microbiology procedures •Timely response to infectious outbreaks
BCHS (Bureau of Community Health Services)	<ul style="list-style-type: none"> •Sustainability of programs •Reduce and eliminate health and wellness disparities •Ensure that activities of NCD Consortium are implemented •Continue timely collection of BRFSS data
BFHNS (Bureau of Family Health and Nursing Services)	<ul style="list-style-type: none"> •To recruit more nurses and physicians •To provide effective comprehensive island-wide nursing programs and services •To expand Guam's capacity to serve young children (birth -5 yrs.) with diagnosable mental health disorders •To provide more family planning service •To work with other programs to meet grant mandates
BNS	<ul style="list-style-type: none"> •Increase WIC participation •Increase fruit and vegetable consumption •Increase the number of mothers who breastfeed
BPCS	<ul style="list-style-type: none"> •Establishment of CHC Executive Director, Medical Director and Chief Financial Officer within Government of Guam •Law to garnish income tax of CHC patients with aged accounts •Contracting third party payers •Contracting collection agency
Bureau	Current Activities
OVS	<ul style="list-style-type: none"> •Issue birth, death and marriage certificates and marriage licenses •Provide data to programs for their grants •Submit copies of records to the National Center for Health Statistics (NCHS) •Ensure that STEVE connected so that birthing facilities can register online.
Dental	<ul style="list-style-type: none"> •Apply fluoride varnish at Head Start Centers, monthly WIC Immunization Outreach and other immunization outreaches with nurses, and health fairs •Treat DOC inmates with dental emergencies •Approve Medicaid treatment plans •Provide dental services to children without dental insurance and senior citizens with emergencies
BCDC	<ul style="list-style-type: none"> •MMR Campaign (1-57 years old) •Immunization Program implementing Hep B Seroprevalence Study

	<p>among all 1st graders</p> <ul style="list-style-type: none"> •PHEP working on Department’s Continuity of Operations Plan (COOP) •PHEP drafting action plan for possible Ebola Response •STD/HIV testing, treatment, and referrals •STD/HIV surveillance and partner services •Finalizing TB Outbreak Control Plan •GPHL validating influenza sub-typing •Continue cross training lab staff •IT staff working on establishing the network and ensuring connectivity between the different sites are available during working hours
BCHS	<ul style="list-style-type: none"> •Continue conducting Culturally and Linguistically Appropriate Services (CLAS) training •Continue holding monthly NCD Consortium meetings •Maintain Tobacco Free Guam Quitline •Continue Brief Tobacco Intervention training •Develop PSAs for print, TV, and theaters to promote awareness of various programs •Continue promoting Worksite Wellness Program at all Government of Guam agencies
BFHNS	<ul style="list-style-type: none"> •Provide nursing services to various clinics (Women’s Health, Child Health, Family Planning, CDC, STD, and Walk-in Immunization) and outreaches •Conduct bi-annual Shriners’ Clinic •Participate in bimonthly WIC Immunization Clinic •Assist with Government of Guam Worksite Wellness health screening •Participate in annual Point in Time Homeless Count •Provide home visiting services
BNS	<ul style="list-style-type: none"> •Provide early childhood mental health services to children (0-5 yrs.); •Implementation of the <i>Health and Nutrition Delivery System (HANDS)</i> •Working with HANDS Consortium to develop access to EBT funding •Working with NCD Consortium to increase fruit and vegetable consumption, reduce obesity, increase breastfeeding rate, and to reduce salt consumption.
BPCS	<ul style="list-style-type: none"> •Provide primary and acute outpatient care; preventive services •Continue conducting extended outreach clinics •Continue with the Implementation and expansion of RPMS (patient registration, scheduling, clinical documentation, lab, pharmacy, computerized physician order entry, third party billing and account receivable, and e-prescribing)
Bureau	Challenges
All	<ul style="list-style-type: none"> •Staff shortages •Inability to fill locally funded positions •Funding –little or none •Lack of IT support •Unstable IT infrastructure •Lack of office and storage space •Slow recruitment process •Arduous procurement process •Unstable internet and phone services •Air conditioners always going down
OVS	<ul style="list-style-type: none"> •Customers have no privacy when being served at the window •Difficult to extract reports from existing database •No appropriate fire suppression equipment records •Need better security for records •Need vendor to help with IT issues with STEVE
Dental	<ul style="list-style-type: none"> •Need to hire more dental health specialists •Obsolete or broken equipment •Lack supplies and equipment •Need computers •Need place to store old records

BCDC	<ul style="list-style-type: none"> •Lack of full time epidemiologist •Lack of physician and pharmacist coverage •Lack of intergovernmental and interdepartmental cooperation in times of emergencies •Unable to assess overall prevalence rates of Gonorrhea and Chlamydia because not all specimens are sent to GPLH •Difficult to reach injection drug users and underground sex workers •Substandard TB Isolation Room; HIPAA privacy issues •Difficulty in following up Homeless TB/HD cases •Lack of reagents and supplies •Obsolete and broken equipment •Some lab tests need to be referred out, delaying response time for treatment •No service contract for calibration and annual maintenance of equipment; delay in repair of equip
BCHS	<ul style="list-style-type: none"> •Diminishing funding in all programs •Lack of staff and specialists •Participation in webinars and conference calls difficult to do due to time difference •Lack of enforcement of existing laws pertaining to secondhand smoke •Increasing use of smokeless tobacco products among youths •Rising use of e-Cigarettes
BFHNS	<ul style="list-style-type: none"> •Severe staff shortage especially physicians, nurses and medical records clerks •Lack of an OB/GYN Medical Advisor/Provider
BNS	<ul style="list-style-type: none"> •Inadequate storage space for medical records and supplies •Decreasing WIC and Preventive Block Grant funding •Lack of nutritionists •Organizational changes within National WIC Program
BPCS	<ul style="list-style-type: none"> •Shortage of physicians •Recruitment and retention of providers •Interfacing RPMS with DLS and Immunization WebIZ
Bureau	Risk Factors of Population Served
All	<ul style="list-style-type: none"> •Low income •NCDs
Dental	<ul style="list-style-type: none"> •No health insurance •Dental neglect •Lack of dental knowledge
BCDC	<ul style="list-style-type: none"> •No immunizations or not updated •IV drug users •Unprotected sexual practices •Homeless
BCHS	<ul style="list-style-type: none"> •Exposure to infectious diseases •Poor diet •Sedentary lifestyles •Smoking •Sexual violence •Poor preventive health practices •Homeless
BFHNS	<ul style="list-style-type: none"> •Lack of health insurance •Lack of transportation and resources •Lack of prenatal care
BNS	<ul style="list-style-type: none"> •Non-breastfed babies •Low level of physical activity •Lack of nutrition knowledge •High salt diet •Low fruit and vegetable intake •High consumption of processed and fast foods high in sugar, salt and fat.
BPCS	<ul style="list-style-type: none"> •Limited access to primary health care and preventive

	<ul style="list-style-type: none"> •Unhealthy lifestyle behaviors •Unsafe sexual practices •Low literacy and low education •Live in overcrowded and unsanitary conditions
Bureau	Gaps
OVS	<ul style="list-style-type: none"> •Birth information not completely filled out at the hospital •Cannot extract needed reports from STEVE •STEVE connectivity still not stable
Dental	<ul style="list-style-type: none"> •Only have one dentist and three dental health specialists to provide dental treatment to uninsured population •Adults 18-54 years old cannot be treated at DPHSS
BCDC	<ul style="list-style-type: none"> •Not all reported STD cases are being followed up due to staff shortage •Not enough STD/HIV testing services and test kits •STD/HIV Program does not know whether all pregnant women are being tested for HIV •Temporary cessation of lab testing due to delayed procurement of test kits •GPHL has no capacity to perform microbiological testing on clinical and environmental specimens
BCHS	<ul style="list-style-type: none"> •Need interpreters and translators •Providing quality of care to patients •BRFSS survey cannot be conducted on those without telephone
BFHNS	<ul style="list-style-type: none"> •Not enough staff to fulfill all of grant requirements;
BNS	<ul style="list-style-type: none"> •Unable to provide nutrition services to the community due to the lack of non WIC-nutritionists
BPCS	<ul style="list-style-type: none"> •Lack of services in OB/GYN, dental, mental health, behavioral health, specialty care, tertiary care, and in-patient care due to shortage of healthcare providers •Need off-island referral service.
Bureau	Successes
OVS	<ul style="list-style-type: none"> •Establishment of OVS Revolving Fund •Implementation of STEVE •Hired three LTA staff
Dental	<ul style="list-style-type: none"> •Guam Fluoride Varnish Program •Assist the Department of Correction in providing emergency treatment to inmates
BCDC	<ul style="list-style-type: none"> •Participate in outreaches and health fairs •Immunization Program is the first Pacific Island grantee to conduct the 2013 National Immunization Survey (NIS) and NIS-Teen •Establishment of the Guam Immunization Opt-Out Registry and Immunization Reporting Requirement •HIV confirmation available at GPHL •Implemented self-collection STD testing for Gonorrhea and Chlamydia •GPHL •Established 340B Drug Program for ADAP and STD Programs •GPHL passed CLIA recertification inspection •Implementation of DOT Program •95% completion of TB cases on treatment
BCHS	<ul style="list-style-type: none"> •NCD Consortium •Completion of NCD Strategic Plan 2014-2018 •Reliable BRFSS data •CLAS trainings •Sexual violence advocacy •Passage of PL 32-160 which bans sale of e-Cigarettes to minors •Creation of the Comprehensive Cancer Care Coalition
BFHNS	<ul style="list-style-type: none"> •Collaborate with other DPHSS bureaus and programs (Immunization, TB, STD, MCH, FP, Dental, BOSSA, Worksite Wellness, WIC) and agencies (DOC, GIAA) in providing nursing services •Participate in disaster exercises and drills •Participate in outreaches, health fairs, health screenings, 5k walk/run

BNS	<p>events</p> <ul style="list-style-type: none"> •WIC Participant Centered Services •Access to EBT funding via HANDS System •Ability to participate in multi-state infant formula rebate contracts •Passage of PL 31-212 allowing the hiring of non-Guam resident nutritionists and dietitians •Partnership in NCD Consortium •Renovation of WIC facilities
BPCS	<ul style="list-style-type: none"> •Expansion of CHC staff and extension of CHC clinic hours (evenings and Saturdays) •Implementation of RPMS Electronic Health Record •Received \$4 million in grants and Compact-Impact funds for the expansion and renovation of the NRCHC •Received \$7.8 million in grants and program income for the expansion and renovation of SRCHC •Participation in the 340B Drug Discount Pricing Program •Extended outreach clinics

Division of Public Welfare

Vision: Ensure that all low-income individuals and families in need of assistance are provided the necessary services to eliminate or reduce hardship and achieve a stable, healthy, and self-sufficient living.

Mission: To promote positive social conditions that contribute toward the attainment of the highest and social well-being for the economically and socially disadvantaged populations within the Territory of Guam by developing an efficient and effective delivery system of services to eligible clients within the territory; by determining eligibility of applicants; by administering payments and various social services to remove social barriers which prevent persons from obtaining/maintaining the basic necessities of life to include safe and decent housing, medical care, nutritious foods and employment status.

Priorities

- Compliance with federal and local mandates
- Process clients' applications in a timely manner
- Meet clients and providers' expectations
- Process providers' payments in a timely manner
- Enhance investigation for fraud and abuse
- Safe and stable environment for children under DPW programs
- Staff recruitment

Risk Factors of Population served

- Reduction in federal funding if non-compliant with federal mandates
- Medical insurers refuse to see welfare clients due to untimely processing and payment of claims → patients seek care at the hospital, driving up costs
- Children will not grow up responsibly if the program fails
- Clients will continue to be welfare dependent if we do not educate and assist them to be self-sufficient
- Clients become malnourished and develop noncommunicable diseases if not educated on proper use of benefits
- Clients become sickly if we do not provide assistance in a timely manner

Challenges

- Increasing federal and local mandates
- High staff turnover due to retirement, promotion and stress
- Bureaucracy and red tape
- Lack of resources with increasing demands

Gaps

- No transition to assist individuals and families who are terminated from the program
- Families tend to maintain income level to retain benefits
- SNAP families not under GETP cannot avail of support services
- No legal counsel
- Lack of foster homes for older children with disabilities
- Inadequate local funding
- No continuity of medical care
- Inadequate providers and no tertiary center

Successes

- CMS approval to allow Medicaid clients to seek treatment not available in Guam from JCAHO-accredited hospitals outside the US
 - Clients under the HATSA Program are pursuing college degrees
 - Some clients under GETP and Jobs Program are able to gain full-time employment through the Community Work Experience Program
 - EHR grant to pay Medicaid eligible providers for adopting, updating or implementing EHR
 - Additional funding for SNAP to educate clients on proper use of benefits
-

Division of Senior Citizens

Vision: Provide formal community support systems that promote the independence, integrity, and dignity of all older persons on Guam while striving to ensure their individual cultural practices and beliefs are respected in a continuous effort to support their desire to age in place.

Mission: To plan, coordinate, implement and evaluate programs and services, and to identify and use all possible resources geared towards promoting, maintaining, and protecting the total well-being of senior citizens while safeguarding their dignity, values and cultures.

Priorities

Priority 1: Ensure continuity of Home and Community Based Services

Priority 2: Expansion of the Adult Day Care Program to include a third day care center in Central/Southern Guam

Priority 3: Expansion of the In-Home Services (client service hours) program to meet the growing demand for these services.

Priority 4: Recruitment of needed personnel to achieve program goals and objectives.

Priority 5: Staff Certification and Training to build staff capacity.

Activities

- Guam 4-Year State Plan for FY 2016 to 2019
- Begin the 12-month planning process for a formal “3-year plan” to transform Long-Term Services and Supports (LTSS) access programs and functions into a No Wrong Door (NWD) system for all populations and all payers in Guam (state administered program, Guam Medicaid Program).
- Developing Requests for Proposals (RFP) for the LAS, NFCSP and ADRC and Invitation for Bid (IFB) for the ERH and TSP and the MOU for the DPHP.
- Procurement Training Program Staff
- Planning for Caregiver Training
- Transitioning to the New Emergency Receiving Home site, Guma Serenidad
- Development of Adult Protective Services (APS) Database
- Annual APS Legislative Report
- Staff Capacity Building
- Development of future management team
- Submit CDBG application for a third ADC
- Mid-life Planning Activities
- Medicare Part D Open Enrollment Period (10/15/14 –12/7/14)
- Federal Reporting Requirements
- Software Acquisitions Initiative
- Proposal: Partnering with the Office of Minority Health for Staff Capacity Building in Programs and Contracts Management
- Annual Contract Review (1stQuarter)
- Senior Citizens Month 2015

Risk Factors of Population served

Risk Factors of Seniors

Vulnerability
Risk from Falling
Financial exploitation
Elder abuse and neglect

Risk Factors of Adults with Disabilities who are victims of abuse

Vulnerability

Risk Factors of Caregivers

Burn-out due to lack of familial support and/or limited resources
Becoming abusers resulting from burn-out
Neglecting themselves

Challenges

- Slow recruitment process
- Insufficient staffing
- Delay in procurement and RFP process
- Limited competition in aging program service providers
- Assuming charge of ADRC initiative and the No-Wrong Door Planning Grant
- 2 phone lines to support staff and volunteers

Gaps

- No database as of October 1, 2014 to capture aging program units and other required data.

Successes

- Through CDBG, built a New Emergency Receiving Home for Seniors and Adults with Disabilities who are at risk and in imminent danger of abuse.

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- Assisted Living Facility where seniors can age in place.
 - Need more IHS Service Hours (currently offers 4 hrs./week or 208 hrs./ year)
 - Guam lacks a long-term care policy to address the needs of older persons, persons with disabilities, and their families.
 - Many residents must access needed specialty of care off-island resulting in exorbitant expenses.
 - Many residents have limited or no healthcare coverage and forgo needed health care until an emergency arises and, as a last resort, rely on public health care financing programs.
 - Multi-faceted programs and services designed to assist the well and/or “active” senior maintain health and independence.
 - Non-emergency senior transportation for medical and other purposes.
 - Awarded \$100,000 No Wrong Door Planning Grant.
 - Advocated and received an additional \$1 million in the FY 2015 Budget Law for DSC to expand ADC services; for respite care and caregiver services.
 - Continue provision of \$500,000 for Saturday feeding for homebound clients.
 - Active pool of volunteers to assist with the SHIP/SMP activities.
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Essential Public Health Services

1. **Monitor health status** to identify and solve community health problems.
2. **Diagnose and investigate** health problems and health hazards in the community.
3. **Inform, educate, and empower** people about health issues.
4. **Mobilize community partnerships** to identify and solve health problems.
5. **Develop policies and plans** that support individual and community health efforts.
6. **Enforce laws and regulations** that protect health and ensure safety.
7. **Link people** to needed personal health services and assure the provision of health care when otherwise unavailable.
8. **Assure a competent** public and personal healthcare workforce.
9. **Evaluate effectiveness, accessibility, and quality** of personal and population based health services.
10. **Research for new insights** and innovative solutions to health problems.



This publication was supported by the Cooperative Agreement Grant Number 5U58CD001333-04 from the Centers for Disease Control and Prevention, Office for State, Tribal, Local and Territorial Support. Project Title: CD10-1011 Strengthening Public Health Infrastructure for Improved Health Outcomes. It's contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.



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