Guam Department of Public Health and Social Services
Guam Community Health Centers

Linda Unpingco-DeNorcey, M.P.H.
Guam CHC Executive Director
<table>
<thead>
<tr>
<th>Year</th>
<th>FAS #</th>
<th>%</th>
<th>Year</th>
<th>FAS #</th>
<th>Total User</th>
<th>%</th>
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<tbody>
<tr>
<td>2000</td>
<td>10,971</td>
<td>7%</td>
<td>2007</td>
<td>3454</td>
<td>13089</td>
<td>26.4</td>
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<td>2003</td>
<td>12,976</td>
<td>5.9%</td>
<td>2008</td>
<td>3694</td>
<td>13437</td>
<td>27.5</td>
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<td>2010</td>
<td>18,305</td>
<td>11.5%</td>
<td>2009</td>
<td>4035</td>
<td>14187</td>
<td>28.4</td>
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<tr>
<td>2011</td>
<td>29,614</td>
<td>18%</td>
<td>2010</td>
<td>4340</td>
<td>14350</td>
<td>30.2</td>
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<td></td>
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<td>2011</td>
<td>4219</td>
<td>13947</td>
<td>30.3</td>
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</tbody>
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*2010 Census:*

Total Population on 159,821
DPHSS Cost

Year

2007 2008 2009 2010 2011

0 2000000 4000000 6000000 8000000 10000000 12000000 14000000 16000000

8823031 11036086 14278519 14518528 15079556

2007 2008 2009 2010 2011
FAS Expenditure on Guam 2011

Education : $38.3 Million
Health, Welfare, & Housing: $31.9 million
Public Safety: $26.7 million
TOTAL: $96.9 million
Problem:
Lack of Access to Primary Care Services

Delayed Entry into Prenatal Care
No Prenatal Care

Healthy People 2020 Goal

1st Trimester Entry into Prenatal Care: 78%
Southern Region Community Health Center
Then in 1983
SRCHC Expansion and Renovation Project Now in 2011
SRCHC NOW!
HEALTH PROBLEM ANALYSIS

Health Problem | Determinants | Direct Contributing Factors | Indirect Contributing Factors
---|---|---|---
Delayed Entry into Prenatal Care | Patients do not seek prenatal care | Refusal of OB/GYN to accept MIP, Medicaid, and Uninsured patients | Lack of Knowledge
| | Barriers to Care: Cultural Belief Financial Transportation | Lack of Importance of Prenatal Care Services | Gov’t not paying private MDs on time (low/slow reimbursement)
| | | Limited pool of OB/GYNs on Guam | Pregnancy is a natural process (don’t need to see a MD for prenatal care services)
ACCOMPLISHMENTS:

• Developed Comprehensive Prenatal Care Program Manual (Certified Nurse Midwife)

• Technical Assistance from HRSA on Cultural Sensitivity and Behavioral Health Modification Training
  (Understand the FAS culture)

• Focus Groups-Develop Early Prenatal Care Poster
Chuukese Translator

Prenatal Coordinator
Voices of Micronesia

More regional migrants use health services

Editor's note: This is the fourth in a series of stories giving voices to the regional migrants who have made Guam their second home. Today the focus is on public health care.

By Arvin Temkar
Pacific Daily News
aktemkar@guampdn.com

When Rista Simion was hired at the Northern Regional Community Health Center in Dededo, she translated the automatic telephone options into the language of people from Chuuk state.

This simple act has helped bring in many more Chuukese patients who need care, said Linda Unpingco-Denorcey, administrator of the Department of Public Health and Social Services community health centers.

In fact, just hiring a Chuukese translator has been a game changer for the health centers.

The number of regional migrants using Public Health clinics has risen over the last several years. In 2005 regional migrants made up about 26

See Health. Page 4

INSIDE

▲ By the numbers: See a breakdown of visits to Public Health and the cost for services to FAS citizens. Page 4

▲ Summit: Regional leaders discuss social, financial impact of FAS migrants on Guam. Page 3

▲ Opinion: The federal government is responsible for providing funding for migrant impact. Page 20

Coordinator: Shining Sos, perinatal care coordinator with the Department of Public Health and Social Services, speaks with a patient at the Northern Region Community Health Center in Dededo on Feb. 28.
Health: Translators help with care for migrants

AT A GLANCE
Freely Associated States citizens on Guam make up:
△ 38 percent of people working in landscaping services;
△ 22 percent of people in heavy construction; and
△ 26 percent of people in building maintenance.

2010 Department of Labor Survey

COMPACT-IMPACT TO GUAM
The impact of regional migrants to government of Guam educational and social services last fiscal year reached close to $97 million, more than triple the $27 million figure six years earlier. In recent years, Guam has consistently received about $16 million a year in compact-impact funding, which helps Guam and other U.S. jurisdictions cope with regional migrants.

COSTS IN 2011
Costs for services to FAS citizens in fiscal 2011:
△ Education: $38.3 million
△ Public safety: $26.7 million

Translator: Rista Simion, photographed at work at the Department of Public Health and Social Services’ Northern Region Community Health Center in Dededo on Feb. 22.
ACCOMPLISHMENTS

• Updated the Management of Prenatal Care protocol policies and procedures

• Developed a Comprehensive Perinatal Services Initial Assessment Form
  - Economic Resources
  - Housing
  - Health Practices
  - Pregnancy Care
  - Infant Feeding
  - Nutrition
  - Coping Skills
  - Tobacco/Alcohol/Drugs Use
ACCOMPLISHMENTS

• Prenatal Vitamins & Iron
• OB Panel (Lab Tests): Complete Blood Count, Urinalysis, HBsAG, BloodType, Antibody (Rh+, Rh-), Syphilis (RPR-Rapid Plasma Reagent) HIV (optional),
• Pregnancy Test/Fetal Heart Tone
  < 3 months of Pregnancy UCG Testing
  > 3 months of Pregnancy Fetal Heart Tone
• 1 hour Glucose Tolerance Test (no previous HX of Gestational Diabetes or Diabetes)
• 1 Hour GT test repeated if done before 24 wks gestation w/history of Gestational DM or DM
• Random Blood Sugar and HbA1c test
ACCOMPLISHMENTS

• Develop Perinatal Care Individualized Care Plan
• **HRSA** Technical Assistance on
• “**Re-engineering**” (Re-engineered Clinic Flow)
  - Reduce Patient Wait Time

• Establish a New Prenatal Care Unit
  - Medical Record Clerk (registration/processing)
  - Nurse Aide (Vitals, complaints)
  - LPN/RN (MD orders, referrals)
  - Perinatal Care Coordinator (PN Assessment, Lab Works Prenatal Vitamins and Iron, )
Portable Clinical Care - Extended Outreach Clinic
HRSA ARRA Grant

PRIMARY CARE-CHC Provider
– Acute care services (children w/skin infections, respiratory ailments)
– Chronic Disease Care

PREVENTIVE CARE

Well baby care    Immunizations
Hearing testing   Blood Pressure Screening
Fluoride varnish  Blood Glucose Screening
Health education  Physical Fitness

ENABLING SERVICES
Onsite Pregnancy testing
+ test : PN Care Education
referrals to CHC, Social Worker and WIC
Extended Outreach Clinics

• Partnering with other Federal Programs
  Maternal Child Health (MCH) Program (Title V)
  Family Planning Program (Title X)
  WIC (Women, Infants, & Children)
  Vaccine for Children
  STD/HIV
  Ryan White Program (AIDS)
  Breast & Cervical Cancer
  Tuberculosis
  Chronic Disease & Prevention
  Medicaid Program
  Head Start, Guam Special Education, PEDS
  University of Guam/Guam Community College
Next Steps: Community Outreach Workers Program

- Partner with Santa Barbara Church
- **Chuukese Church Group** (Chuukese Council)
- Deacon work with *6 organized groups of Chuukese* in Guam (in Chuuk there are 36 Municipalities)
- Identify 10 Chuukese Women
- **Train them to become Community Outreach Workers** (Work with GCC/UOG/Consultant)
  - go into Remote areas (Hemlani, Gill Baza, Santa Ana)
- Promote/Educate on Early Prenatal Care
  - Importance of seeking early and continuous care
  - Eating Healthy, danger signs of pregnancy, etc.
Insights & Recommendations:

• **Community Involvement/Partnership**
  collaborate with federal programs, non-profit organizations, educational institutions, church groups, FSM Consulate

• **Community Empowerment (Centers for Micronesian Empowerment)** - Train unskilled immigrant for the workforce
  
  GCA Trades Academy and GCC

• **Implement Educational Programs**

• **Financial Support** - share & leverage resources
Insights & Recommendations:

• **Policy Changes** (Policymakers-Create/Amend Laws)

• **Creativity** “Think outside the box”

• “Buy in” Win-Win Situation

• “Movers, Shakers, Change Agents” Community Outreach Workers, FSM Consulate CHC Board, Village Mayors, Key Stakeholders