

Guam Builds Interagency and Island Partnerships to Improve Health

For the first time, the Guam Department of Public Health and Social Services conducted a comprehensive planning process that included the three prerequisites for public health accreditation: a community health assessment, community health improvement plan, and an organizational strategic plan.

Located in the western Pacific Ocean, Guam is the largest and southern-most island in the Mariana Islands and archipelago. Guam houses several U.S. military bases, which make up nearly thirty percent of the island's total land area. Guam also serves as a critical transportation hub for neighboring islands and parts of Asia, which has led to population growth over the last decade. Families from neighboring islands have relocated to Guam seeking greater socio-economic opportunities and health services. Guam's military presence and location in the Pacific Ocean have contributed significantly to the island's changing demographics, as well as its public health issues.

The Guam Department of Public Health and Social Services (DPHSS) is a major provider of healthcare, public health, and social services on the island. With over 400 staff, DPHSS is organized into five service divisions, including public health, general administration, environmental health, senior citizens, and public welfare. In 2010, DPHSS was one of seventy-three health departments in the nation that received a grant through CDC's National Public Health Improvement Initiative (NPHII), which has three primary focus areas: accreditation readiness, performance management and quality improvement, and fostering collaboration. From 2010-2011, DPHSS used NPHII funding to strengthen their infrastructure to support performance management efforts, including human resources, information technology, quality improvement, and communications.

In 2012, with greater infrastructure in place, DPHSS began the Public Health Accreditation Board's (PHAB) three prerequisites for accreditation: community health assessment, community health improvement plan, and an organizational strategic plan. This was the first time DPHSS conducted a comprehensive improvement planning process that engaged Guam's government leadership and agencies, community groups and organizations, academia, health professional organizations, and the U.S. federal government. DPHSS experienced some initial challenges while organizing the effort and had difficulty generating broad support and participation across the health department. DPHSS staff were unfamiliar with accreditation and public health performance improvement initiatives, and were accustomed to working independently, often focused on their own priorities and funding requirements.

Steps Taken:

- DPHSS formed teams to complete PHAB's three prerequisites. Led by the performance improvement manager (PIM), each team was comprised of representatives from all five DPHSS divisions and were selected based on their position, role within their division, and their knowledge, experience and skills relevant to the task.
- The PIM's office is located in the DPHSS Director's office. With the director's support, the PIM worked with management and formed multidisciplinary teams to successfully complete the prerequisites. Although there were challenges with staff time, commitments from staff, and competing priorities, the PIM addressed these by discussing how PHAB accreditation activities could improve public health outcomes and directly impact the work of all five divisions. Representation across all five divisions helped to break down silos and facilitated communication and coordination throughout the planning process.

- For the Community Health Assessment (CHA), DPHSS formed a data subcommittee to collect, analyze, and report the data. The subcommittee was made up of individuals who were familiar with data systems and management within DPHSS.
- DPHSS engaged leadership from the governor's office, local government, and across government agencies. Leaders, or their designees, participated in meetings and provided input into the process. Leadership involvement was beneficial because it showed their support and commitment to the health improvement planning process, and they had the authority to make important decisions when needed, and ensured additional support was available to help move the process along.
- Throughout the accreditation process, DPHSS hosted multiple meetings and trainings on public health accreditation and the three prerequisites. These meetings provided a forum for leadership and community engagement, allowing stakeholders to review assessment data, prioritize health issues, and identify areas for greater collaboration and coordination. Meetings and trainings were an effective way to build agency-wide buy-in and support in the process.
- DPHSS worked with external consultants and technical assistance providers, such as ASTHO, for support and guidance, as needed. Examples of technical assistance provided by consultants included CHA plan development, an organizational self-assessment based on the public health accreditation standards and measures, and strategic planning. Outside consultants were also used to facilitate planning and decision-making and were useful in guiding the process for all three prerequisites.
- DPHSS worked with the community to transform data into 'stories that spoke the language of the community' to generate greater understanding of the island's health concerns and solutions. This was achieved by using a strengths-based approach to describe health and community friendly language to describe the data.
- DPHSS developed a strategic plan with facilitation from ASTHO. ASTHO helped conduct an environmental scan to identify areas for development. Scan results were used to facilitate an analysis of strengths, weaknesses, opportunities, and threats, which formed the basis for priority setting and strategic planning.
- The Guam Community Health Improvement Plan (CHIP) was developed with agency partners and community stakeholders using the data collected through the community health assessment.
- The Guam CHIP is a collaborative and actionable plan that aims to increase education, expand community awareness, and improve access to care through policy and measurable action.
- Based on community input, the Guam CHIP focuses on improvements in the following areas: Vaccine Utilization, Diabetes and Cardiovascular Disease, and Cancer Screening.

Lessons Learned:

- It was critical having the PIM's office housed in the director's office. The PIM was able to keep leadership engaged, while the director had a critical role in facilitating buy-in and support from the division heads, community partners, and Guam's elected officials.
- When conducting a community health assessment, it is challenging, yet necessary, to prioritize health indicators. Several prioritization rounds helped to reduce the number of indicators from 100 to 10, making the assessment more manageable.
- An unintended outcome of the planning process that was quite favorable, was the development of new partnerships and the strengthening of others. As a result of the improvement process,

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DPHSS formed and strengthened partnerships with the Legislature's Committee on Health, Congresswoman Bordallo's office, the Governor's office, Senator Rodriguez (Committee on Health and Human Services), the Department of Education, Guam Behavioral Health and Wellness, Guam Community College, the hospital, U.S. military, and others.

- Stakeholder involvement has led to greater coordination and collaboration among agencies and programs that address communicable and non-communicable disease. With a greater understanding of the issues and needs, two epidemiologists were appointed from CDC to assist with communicable and non-communicable disease in the health department.
- DPHSS is committed to continuing collaboration to maintain the momentum that has been built and sustain efforts beyond NPHII funding. The PIM will continue to attend meetings with other programs, such as the non-communicable disease consortium, to maintain collaboration and coordination of performance and health improvement efforts.

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