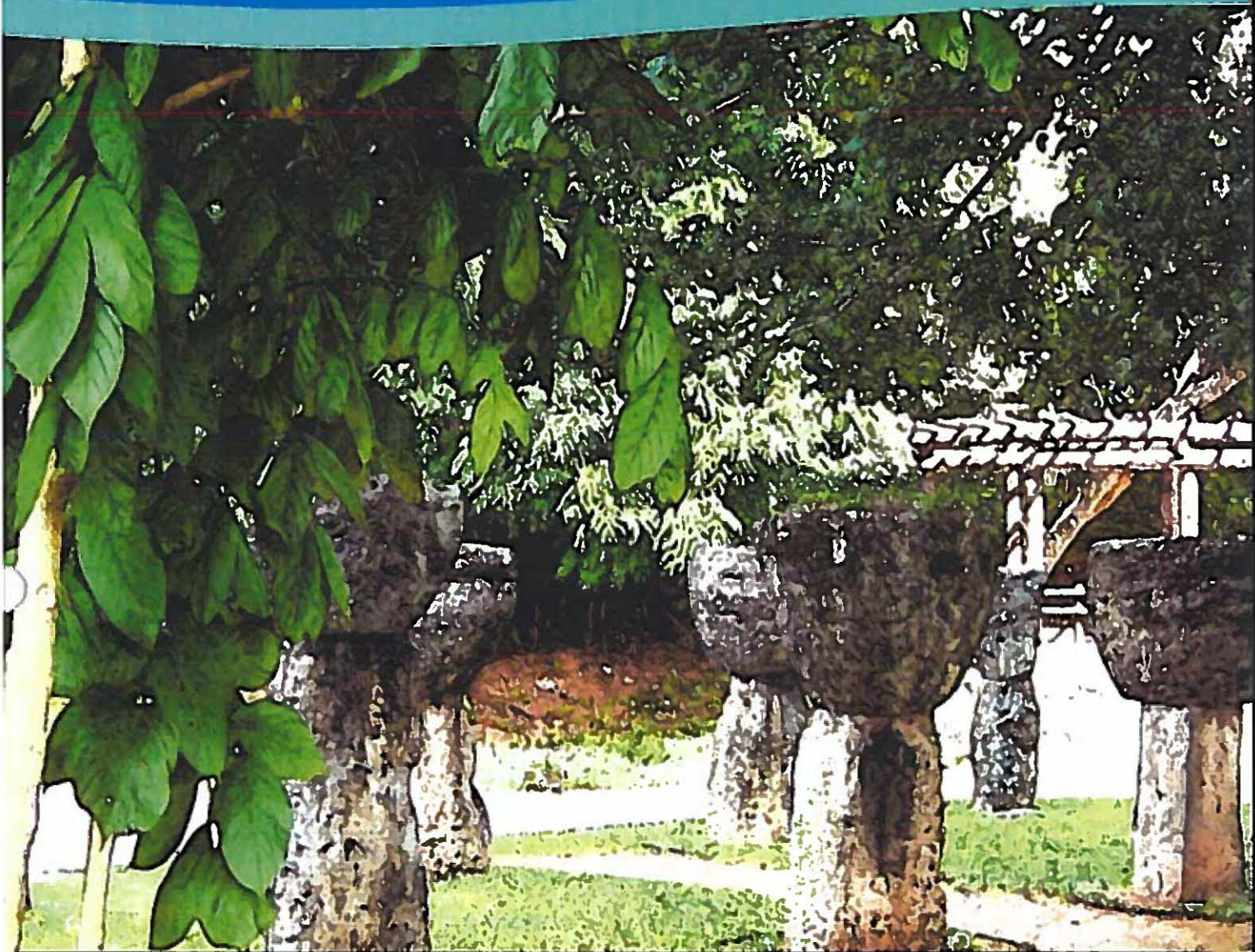


Guam State Planning Grant Project for the Uninsured



Access, Affordability, Prevention

Report of Findings and Options for Guam's Uninsured



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Executive Summary

Report of Findings and Options for Guam's Uninsured

Overview

The initial study of Guam's uninsured provides a snapshot of the number of uninsured, perspectives of affected groups, and a general preference for a health system that provides access, affordability, and prevention. From data gathered in the Guam 2005 Household Income and Expense Survey, the Health Survey Supplement, focus group meetings, and the Guam Health Summit, this study points to key determinants of Guam's uninsured as of 2005. It establishes a baseline from which to build and evaluate local health system reforms to expand health insurance coverage.

Guam's Uninsured

With nearly 94 percent of businesses employing fewer than fifty workers, most businesses on Guam are small businesses. As the U.S. system of health care depends on private health insurance through employment, many of Guam's workers do not have access to insurance through their workplace. For Guam it is one of several critical explanations for why its rates of uninsured are higher than U.S. averages.

The Guam 2005 Household Income and Expense Survey found 6,199 or 17.2 percent of Guam's 36,117 households did not have health insurance. Of those with health insurance, 36.9 percent were affiliated with government programs; and 37.5 percent with private firms. Other significant findings from the HIES study include:

- Non-U.S. citizens head nearly 63 percent of Guam's uninsured households. Of this 63 percent, 34 percent of households without health insurance are permanent, non-citizens. Another 28.3 percent of uninsured households are temporary non-citizens. U.S. citizens living on Guam. Fifteen percent of naturalized citizens and 10.4 percent of households headed by citizens born in the United States or a U.S. territory are uninsured.
- Those born in China and Korea have the highest rates of uninsured at 69.9 percent and 58.5 percent respectively. Householders born on neighboring islands have the following rates of uninsured: Pohnpei 43.8 percent, Chuuk 32.6 percent, Yap 31.1 percent. Twenty-five percent of householders from Japan and 25.2 percent from the Philippines are without health insurance.
- Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rates at 36.9 percent.
- Nearly 46 percent of Guam's uninsured wage earners earned between \$10,000 to \$24,999 per year; 30 percent earned \$1 to \$9,999 per year, 18 percent earned \$25,000 to \$49,999 per year, 3 percent earned \$50,000 to \$99,999. Less than 1 percent earned over \$100,000 per year.
- Without access to Medicare for some elderly residents, Guam has comparatively high numbers of senior citizens who identify themselves as uninsured.
- 16.7 percent of Guam's employed householders are without health insurance. Of those employed by a private company on Guam, 19.8 percent did not have health insurance. Eleven percent of householders employed by the government had no health insurance.
- Guam's uninsured were less likely (52.2 percent) than the insured (75.7 percent) to report having a clinic or doctor that they usually go to for health care, but more likely to have

not gone to the doctor at least once in the past year because of the cost (32.8 percent of uninsured vs. 11.9 percent of insured).

- A Health Survey Supplement, conducted as part of 2005 HIES, revealed reasons given by those without coverage as: could not afford the premium (26.9 percent), lost or changed job (6.8 percent), no employer coverage (6.0 percent), spouse or parent lost job or died (3.2 percent), problems with eligibility (3.2 percent), and other uncategorized reasons (21.3 percent).

Expanding Coverage

A review of focus group findings and the report of the Guam Health Summit show the uninsured and informed health leaders agree that access, affordability, and prevention are key ingredients in shaping a plan to expand Guam's health insurance coverage.

Issues of access that need further or special attention in the design of Guam's health plan are:

- Access is limited by private cost of care borne by individuals either as direct fee-for-service or the result of high cost insurance premiums and deductibles.
- Geographic location impedes access to off-island care for some specialized medical conditions, particularly among low to middle income families.
- Access to medical care in the Philippines may reduce available health resources on Guam as more health dollars are directed to lower-cost facilities in Asia.
- Access to Medicaid and Medicare is restricted on Guam for some groups — non-U.S. citizens and Government of Guam retirees.
- Access to Medicaid funding is capped at levels that do not fully meet health service demands of families living below FPL.
- Access to health insurance is limited for those who work for or own small businesses.

Issues of affordability that need special attention in the design of Guam's plan to expand health insurance coverage are:

- Cost of medical care is expected to increase and consume a greater portion of individual and family income as well as government and business revenues.
- Cost shifting will continue as employers encourage workers to seek public health services, or decrease their share of insurance premium costs to their workers.
- Service shifting will likely occur due to change in demand for public health programs over more expensive private medical care.
- Guam's private health care market will continue to come under pressure to provide service as costs of service, the number of uninsured and international competition increase.
- Per capita medical expenditure for Guam will need to be calculated and compared with other U.S. community standards.
- A broader evaluation of health care affordability needs to be considered including the cost of prescription medications and long-term health care services such as rehabilitation.
- Further study of private insurance price models affordable for middle-income families, college-aged students, and younger workers.

To expand coverage, prevention is the third of three major factors identified by those who participated in Guam's Health Summit and focus group meetings. In summary, issues pertaining to prevention that need further or special attention in the design of Guam's health plan are:

- Estimating cost models of prevention as part of Guam's health insurance coverage.
- Assessing individual incentives for changes in lifestyle to realize benefits of prevention in Guam's health system.
- Specifying benchmarks for effective health prevention coverage at the individual and health system levels.
- Determining effective prevention models that will address diversity of cultural health practices.
- Assessing the longer-term health gains from prevention and reducing overall costs of Guam's health care.

Toward Implementation

Implementation of Guam's health plan to expand insurance coverage begins with some evidence that Guam's economy is rebounding from its prolonged recession. From an economic perspective, there are five critical issues that shape Guam's implementation strategy:

- Guam's economy is rebounding with an expectation for improved government revenues, increased number of businesses, and improved prosperity from Guam's private sector, including households.
- No change in the relative distribution of small businesses is expected and Guam's health plan will need to address access to health insurance for these firms, their workers and families.
- The number of non-US citizens living and working on Guam will likely increase with demand for workers to improve the island's physical infrastructure in advance of military relocation. Increased numbers of uninsured are projected.
- Demand for public health services likely will increase unless Guam's health plan provides incentives to make private medical care affordable and attractive to both health consumers and providers.
- Guam's geographic proximity to international markets and related price competition for health care may constrain island resources, erode its private market share, and contribute to increased health system costs.

From a comparative view of national health trends, there are five critical issues that shape Guam's implementation strategy:

- Guam has significantly higher demand ratio for public health services than other U.S. communities. Its model for covering the uninsured will likely attend to costs of public health services and the need for affordable health coverage to encourage health service shifting to the private sector.
- When asked if health insurance should cover only the basics, those who participated in Guam's Health Summit expressed strong disagreement. It appears that their views are

consistent with national interests. Matching preferences with costs for those options will yield refined views on basic health care coverage.

- National policies, particularly changes in the federal tax code may negatively affect Guam's health plan if such policies reduce local government revenues, which support public health programs.
- Costs of health care coverage are determined by price of goods and services and policies set by U.S. law. Competition from international markets without such restrictions will impact Guam more significantly than other U.S. states. Guam's health plan will need to address a regional perspective for health services.
- Basic health economic indicators, such as a medical CPI and per capita health spending may be derived from preliminary work of the Guam 2005 HIES study. Further work will be needed to determine cost models and trends to analyze health coverage options for Guam.

With the background and guidance of this study, staging implementation of a universal health begins with a sense of local trends and will build upon a need to capture additional information, evaluate progress and make incremental policy changes at a time when Guam's economy is expected to grow significantly. Much of the current condition of Guam's health system may be the result of a severe and prolonged economic recession. The numbers of uninsured may change with an improved economy and effective policy actions to improve the health system. Policy actions planned for implementation are:

Stage 1 (6-9 months)	Expand Information Base Monitor trends: Guam's economy, health system, and uninsured Establish benchmark targets for reducing number of uninsured
Stage 2 (1 year)	Pilot and evaluate a program to improve insurance enrollment particularly targeting non-U.S. citizens, employees of small business firms, and young adults Evaluate regulatory policies to encourage private participation
Stage 3 (1 year+)	Establish Guam as a "Universal Access to Health Community"

Guam's current gubernatorial and legislative election campaigns have brought this study, its findings, and its plan of action to public attention with much commitment toward ameliorating problems of access, affordability, and prevention for the uninsured. The outlook for policy action and support for continued monitoring appears strongly positive.

Similarly community awareness and engagement created by this study makes certain that the issue of the uninsured will not fade without it being addressed.

Access, Affordability, Prevention

Report of Findings and Options for Guam's Uninsured

Roseann M. Jones

Data from the 2005 Guam Household Income and Expense Survey (HIES) showed the number of individuals and families without health insurance exceeded rates found in the United States. Guam's business leaders, public agencies, health providers, legislators, and the uninsured participated in separate focus group sessions in the Fall/Winter of 2005 to uncover possible reasons for Guam's higher than average rates. In February 2006 a Health Summit brought each of these groups together to frame a shared idea of how best to provide a system of health care to alleviate Guam's growing numbers of uninsured. This paper presents major findings and considers possible options for health insurance coverage, which offers greater access, affordability, and prevention.

There has been some success in reducing the price of some medical procedures, yet overall U.S. health care costs have risen 54 percent in the past five years.ⁱ Demand for health care continues to rise, driven in part by demographics, advances in medical treatments, and direct consumer advertising of health services and products. The combination of increased utilization and increased costs all but assures that households, businesses, and government spend more for health care.

As current health care costs outpace employee wages and inflation, how we pay for health care has also come under pressure. With rising medical costs, it is no surprise that health insurance is less affordable than in the past. In response, employers are reducing benefits and shifting costs to employees; government is setting eligibility limits and restructuring programs; households, especially middle class families are choosing to self-pay for primary medical care and look to government to subsidize catastrophic illnesses. Currently, 60 percent of U.S. employers offer health insurance coverage to their workers--the lowest rate in the past decade.ⁱⁱ These and other changes in the U.S. health system trigger great uncertainty about future health care quality and cost.

Guam, a U.S. territory, faces similar challenges --perhaps to a greater degree than other U.S. communities. With nearly 94 percent of businesses employing fewer than fifty workers, most businesses on Guam are small businesses.ⁱⁱⁱ As the U.S. system of health care depends on private health insurance through employment, many of Guam's workers do not have access to insurance through their workplace--a well-documented problem for small businesses.^{iv} For Guam it is one of several critical explanations for why its rates of uninsured are higher than U.S. averages. This study examines data from the 2005 Guam Household Income Expense Survey, the Health Survey Supplement, findings from the Health Summit and other data from focus group meetings to uncover the issues and possible remedies for Guam's uninsured.

I. GUAM'S UNINSURED

The Guam 2005 Household Income and Expense Survey found 6,199 or 17.2 percent of Guam's 36,117 households did not have health insurance. Of those with health insurance, 36.9 percent were affiliated with government programs; and 37.5 percent with private firms. The following section profiles Guam's uninsured — their demographics, employment, and health status— as well as Guam's health system and current policies.

Demographic Profile

There are many demographic factors, which describe Guam's uninsured. Age, race/ethnicity, gender, educational attainment, and income levels are the usual characteristics discussed in such profiles. These data are included in the Data Appendix of this report to provide detail. What is presented here are some of the highlights, an amalgam of factors, which characterize the demographic profile and special circumstance of Guam's uninsured.

Citizenship

One of the most striking elements of the profile of Guam's uninsured is citizenship. It appears from HIES data that citizenship is a strong determinant of whether one has access to health insurance. Non-U.S. citizens head nearly 63 percent of Guam's uninsured households. Of this 63 percent, 34 percent of households without health insurance are permanent, non-citizens. Another 28.3 percent of uninsured households are temporary non-citizens. U.S. citizens living on Guam are also uninsured, but their reasons are likely different from those of non-citizens. Fifteen percent of naturalized citizens and 10.4 percent of households headed by citizens born in the United States or a U.S. territory are uninsured.

Of households headed by those born in the region and living on Guam, 12.2 percent do not have health insurance. This finding points to migration as a related factor. The Guam 2000 Census reports 115 people, not born on Guam, moved to the island for medical reasons. Another 92 persons reported that they came to Guam for subsistence.^v While not documented in census findings, migration for employment is also a likely reason, as many non-citizens are employed in Guam's construction, tourism, and service industries.

Place of birth of householders reported from HIES reveals that those born in China and Korea have the highest rates of uninsured at 69.9 percent and 58.5 respectively. Householders born on neighboring islands have the following rates of uninsured: Pohnpei 43.8 percent, Chuuk 32.6 percent, Yap 31.1 percent. Twenty-five percent of householders from Japan and 25.2 percent from the Philippines are without health insurance.

Education Level

In studies of the uninsured, educational attainment is a determinant of health insurance status. Higher rates of uninsured are correlated with lower levels of education and are assumed to be issues of access, affordability, and of valuing one's health. Affordable insurance is generally not available for low-wage/low-skill jobs. Guam's HIES data reveal expected findings in this regard. Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rates at 36.9 percent.

The HIES data also show some unexpected findings. The second highest level of uninsured, 26.3 percent, is reported for those who had attained a Master's Degree. The reason for this is unclear as it contradicts the assumption that those with higher levels of education have greater rates of insurance enrollment. This may be a segment of Guam's uninsured population that has been overlooked and in need of further study. Those whose levels of educational attainment were High School Diploma or Bachelor's Degree were lower at 15.8 and 15.5 percent, but remain high by U.S. comparisons.

Income Level and Unemployment Rate

Income and unemployment are particularly important, as access to health insurance is determined in large part by both. Guam has 56,810 persons employed and a reported rate of unemployment at 7.7 percent.^v Median household income on Guam is \$33,457.^{vi} Twenty percent of Guam's households fall below the U.S. federal poverty level.^{viii} Median income for male wage earners on Guam is \$28,125. The median income for female wage earners is \$24,118.^{ix} Average hourly wages reported for non-supervisory workers was \$11.03 in March 2004.

Guam's uninsured households are primarily those that earn less than \$50,000 per year. The 2005 HIES study confirms that nearly 46 percent of Guam's uninsured wage earners earned between \$10,000 to \$24,999 per year; 30 percent earned \$1 to \$9,999 per year, 18 percent earned \$25,000 to \$49,999 per year, 3 percent earned \$50,000 to \$99,999, and less than 1 percent earned over \$100,000 per year.

Age

Access to health insurance is also determined by age. Given the availability of government programs for the young and the elderly, one expects low rates of uninsured in these age groups. Yet Guam HIES data show comparatively higher rates of uninsured in all age groups compared with U.S. averages. Table 1 provides comparisons. Possible explanations for the differences in percent uninsured on Guam with U.S. averages need to be evaluated for cause. Unique to Guam is the relatively high numbers of senior citizens who identify themselves as uninsured. No

comparison with U.S. rates for this age group is available, as U.S. seniors generally have health coverage from Medicare. Preliminary explanation finds Guam's seniors without health insurance are likely retired Government of Guam workers who were not enrolled in the U.S. Social Security system and did not contribute to Medicare and as a consequence are ineligible.

Table 1: Uninsured Demographics in the United States and Guam

	Percent Uninsured	
	U.S.	Guam
Population under age of 65 years	19	25
Children 18 years of age and younger	12	26
Young Adults aged 19-24 years	3.5	27.1
Total Population	15.6	29.6

Source: US Bureau of Census and Guam Household Income and Expense Survey 2005

Race and Ethnicity

Ethnic variation within age groups may be a contributing factor as Guam's uninsured were primarily Native Hawaiian and other Pacific Islanders (47.8%), Asians (34.5%), and those who declined to identify their ethnicity or race (10.8%). There were no Blacks who were uninsured, and 6.9% of the uninsured were White. No persons in the survey gave Hispanic as an ethnicity or race. Of all those surveyed, 51% were Native Hawaiians and Other Pacific Islanders, 33.6% were Asian, 4.9% were White, less than a half percent were Black, and 9.9% declined to identify an ethnicity.

Focus Group Findings

In addition to the HIES data, focus group meetings with the uninsured provided additional insight about contributing factors and for many their recent decision to become uninsured. Most were members of working middle class families, were college students or recent graduates, or were small business owners. Each expressed a shared concern about the cost of health insurance and the lack of relative coverage benefits.

In the case of students and small business owners, most claimed that affordable coverage was not available to them at discounted rates. Students had investigated a program for health insurance coverage sponsored by a local university and found the price of \$500 per month prohibitive. Almost all indicated that the price of health insurance had escalated beyond their means; in some cases exceeding their monthly take home pay.



In cases where families had the means to pay for health insurance, most found that the benefits were not worth the cost. With high premiums, deductibles, and co-payments these families believed it better to set aside money in their own bank accounts to pay for out of pocket expenses. Most were worried, however, that they would not have the means to pay for catastrophic illness, but believed that if such were to happen the Government would provide care from its Medically-Indigent Program (MIP) through the local hospital. From their point of view, the downside risk of self-insurance seems minimal.

Other comments from this meeting with the uninsured indicated that the process of managing claims forms and health receipts seemed burdensome. Keeping track of health expenses seemed to be more of a problem in high deductible plans. While no specific examples were mentioned, they indicated that the system that requires referrals, prior authorization, and advanced payment is becoming complicated for the average person, and especially so for the young, the elderly, and the less educated.

Guam's uninsured households appear to be conducting their own cost/benefit analysis and find the costs outweigh the benefits. They identify themselves as uninsured by choice --although not what they prefer. They would rather be insured at reasonable rates for which they realize some benefit of access to health coverage with limited out-of-pocket expenses, and minimal management.

Top five issues of the uninsured:

- Basic health care costs exceed what many families can afford
- High deductibles and premiums make health insurance unattractive
- Complicated process, need education on insurance options
- Government assistance to provide direct subsidy for health insurance costs
- More public health services needed as private health care becomes less affordable

Employment Profile

Nearly 51 percent of Guam's uninsured heads of households were employed and reported working in the week prior to the HIES survey. Of uninsured wage earners, nearly 46 percent earned between \$10,000 to \$24,999 per year; 30 percent earned \$1 to \$9,999 per year, 18 percent earned \$25,000 to \$49,999 per year, 3 percent earned \$50,000 to \$99,999, and less than 1 percent earned over \$100,000 per year.

Public and Private Sectors

Guam's employment base is a mix of private businesses and public sector agencies of the federal and local government. In 2004, the mix of private and public sector jobs showed 74 percent of Guam's workforce employed by the private sector with 26 percent employed in public sector jobs. Within the public sector, the Government of Guam employed 20 percent.

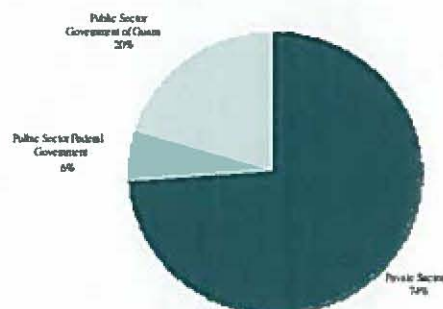
Source of employment is an important consideration in understanding Guam's uninsured. Better health benefit programs are typically offered by large private employers and to employees of government agencies. With 74 percent of Guam's workers employed in the private sector and with 94 percent of Guam's employers employing 50 or fewer workers, the potential for higher rates of uninsured becomes apparent.

Economic Condition

Recessionary pressures, continuing from the late 1990s, contributed to the closure of many of Guam's small businesses and reductions in full-time employment in others. With tax revenues declining, the Government of Guam was also looking for ways to reduce the numbers of persons employed and other cutbacks to benefits, such as health insurance premium contributions.

A look at employment patterns shows that unemployment in the past few years was as high as 11.4 percent in 2002 with current rate at 7.4 percent as of March 2004. During this period, part-time employment also increased. These factors contributed to rising numbers of individuals without health care insurance.

Chart 1: Employment Distribution: Public/Private Sectors

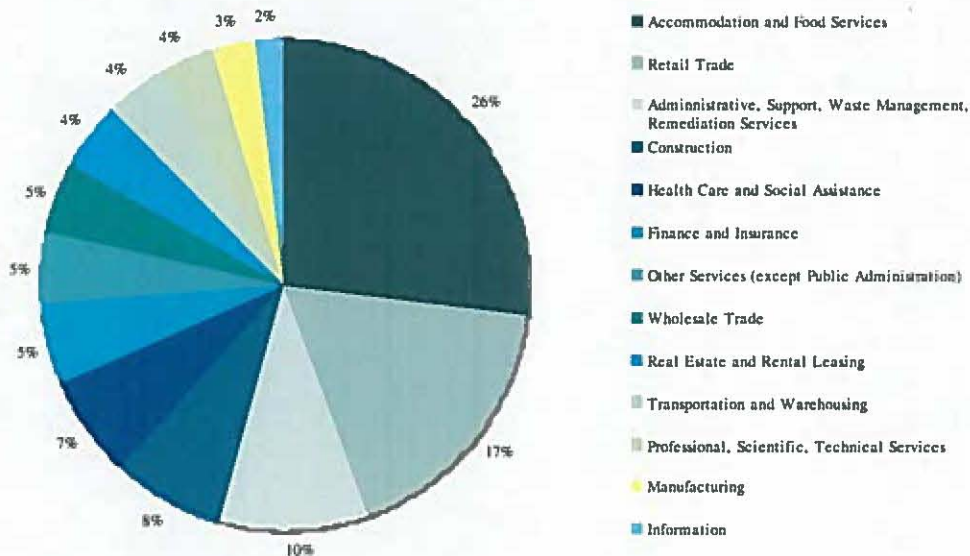


Source: Guam Statistical Yearbook 2004.

The 2002 Guam Economic Census reports that there were 43,104 persons on private sector payroll. Guam's leading industries are associated primarily with tourism and the military. Guam has an emerging service sector in health care and other professional services, particularly banking and insurance. Distribution of employment by industry type is shown in Chart 2. Nearly half of all full-time jobs on Guam are related to hotel and food services and retail trade. Part-time jobs are associated with these industries as well, although not reflected in the statistics of the Guam 2002 Economic Census.

In terms of full-time, year-round salaried jobs, Guam's largest private employment sector is Accommodation and Food Services with 26 percent of persons employed. Retail Trade accounted for 17 percent of Guam's private sector workforce, followed by Administrative Support Services accounting for 10 percent, and Construction with 8 percent.

Chart 2: Employment Distribution: Guam's Private Sector



Source: Guam Economic Census, 2002.

Employment Benefits

Most middle-income families rely on employment benefits to cover health insurance costs and a percentage of out-of-pocket medical expenses through co-payment plans. The rise in self-employment, underemployment and part-time jobs has resulted in a loss of health benefits by traditional means of employer-sponsorship.

Findings of the 2005 HIES study confirm changes in employment benefits for Guam's workers with 16.7 percent of Guam's employed householders without health insurance. Of those employed by a private company on Guam, 19.8 percent did not have health insurance. Eleven percent of householders employed by the government had no health insurance. For those who indicated employment was not applicable for reasons of unemployment or retirement, 16.4 percent indicated that they had no health insurance coverage. Another 6.9 percent of householders working without pay were without health coverage.

Focus Group Findings

Separate meetings with Guam's large and small employers were held to gather their perspectives on current employment conditions and insights about the future of health insurance offered through employer-sponsored benefit programs. While both large and small business firms confront rising health care costs, their issues are different in fundamental ways.

Many of Guam's small business firms lack access to group rates for their employees and have limited resources to pay for health insurance for their workers. Guam's large businesses are often corporate affiliates of U.S. national firms, such as Continental Airlines, Hyatt Hotels, and Citibank with greater access and resources to fund health insurance benefit programs. Unlike Guam's small businesses, these firms have more than fifty employees, making health insurance somewhat more affordable through group rates.

The meeting with Guam's small business owners revealed that many did not offer health insurance for the primary reason of access and affordability. Many indicated that as small businesses they were not able to attract the interest of insurance firms to negotiate health benefits for their employees. Small business owners noted related problems of recruiting and retaining their workforce. With lower wages and no health benefits, small business owners described themselves as attracting entry-level workers. Once trained, their workers tend to move to mid-level or large firms for higher wages and benefits. Thus small firms face additional costs from not offering health insurance -- the ability to retain a competent workforce.

As a solution, some small business owners are banding together through affiliations of the Guam Chamber of Commerce, and ethnic business associations such as those being formed by Chinese and Korean business owners to pool companies into larger bargaining units to acquire affordable health insurance rates. Others, especially independent small businesses noted the need for



government to grant tax relief to small business firms to purchase health insurance for their workers. Some expressed particular problems with current policies that give health insurance firms and other large employers tax breaks from the Government of Guam's Gross Receipts Tax (GRT). Small business owners suggested that similar opportunities should be granted to them to use what they pay in GRT to fund health insurance.

Some small businesses are encouraging their workers to enroll in the Government of Guam's Medically Indigent Program or to seek health services from Guam's public health system. With low wages and no access to private health services, many of these workers are getting care from government agencies. Business owners noted that as they pay GRT, public health is an indirect benefit to them as taxpayers. This cost shifting is showing up in increased public health expenditures.

Representatives of Guam's larger businesses, those that employ fifty or more workers reported that they plan to continue to offer health benefits to their workers in spite of increased costs. They are seeking other options to reduce costs such as increased co-payment plans with higher deductibles. Others are reducing their share of the expense. Where some companies used to pay 100 percent of the premium, they now report reducing their share to 80 percent. Some have eliminated family coverage benefits; yet offer them to the employee to buy at their option. Surprisingly, many large businesses on Guam report that they expect to continue their benefits plans without much change, including 100 percent cost of coverage. They cite increased competition for talented workers, noting that health benefits are a means to attract and retain a competitive workforce. Large businesses reported working well with insurance companies to keep premium prices affordable. They also reported good working relationships with health insurers in claims handling and cost analysis, which lessens the need for corporate HR personnel to attend to such matters.

While not part of the private sector interviews, the Government of Guam is the largest single employer with 11,610 employees.⁵ Employers in the private sector noted that many of their newly hired workers had previously worked for the Government of Guam. They reported that these workers left government service in search of better health benefits. Shifts in Guam's workforce appear to be taking place in favor of firms offering better health benefits programs. Large firms also report better job stability as many of their workers continue employment to maintain health coverage and some reward longevity with better benefits.

Large firms also commented on the need for government to provide some support to keep costs affordable. They noted the importance of public policy in shaping the ultimate costs of health care including tort reform, prescription medication costs, and especially on Guam, access to off-island care for specialized medical needs. They also noted that Government should offer tax incentives to businesses that offer health benefits and consider special insurance coverage for workers with high-cost medical conditions. In this way, businesses would be better able to reduce costs if high-risk employees could be hired without raising rates for other workers.



Both large and small employers reported a need to educate Guam's workforce on issues of health management: prevention strategies, plans selection; claims filing, and Health Savings Account (HSA) investments. Some Human Resource managers commented that they personally encourage employees to sign-up for employer-sponsored health benefits. Surprisingly, they report that young and unmarried workers tend not to enroll, even if the company provides 100 percent of the cost. Again, they point to the importance of consumer education and public service announcements about enrolling in health insurance programs.

Top five issues of large and small businesses:

- Cost of full spectrum health benefits are increasing to the point of some adjustments in plan options being offered
- Recruitment and retention incentive is significantly attractive to maintain health benefits options for their workers
- Access to low cost plans needs to be considered for all businesses and especially for small businesses
- Government cooperation is needed to share health care costs
- Employee education is becoming important as plans and options become complicated

Health Status Profile

One of the more interesting differences between the insured and uninsured is reports of illness. Those who are insured report higher rates of diagnosed illness. This appears to hold true of data retrieved for Guam from the Health Survey Supplement conducted at the time of the 2005 HIES study.^{xi} While no follow-up study has been conducted for Guam's findings, other research suggests two main explanations --those who report illness have an incentive to seek health insurance; the uninsured may see themselves as either healthy and not needing coverage or are unaware of their health status as they do not have regular primary care.

The 2005 HIES study shows Guam's uninsured were less likely to report having diabetes (14.2 percent) than the insured (18.2 percent), and also less likely to report being hypertensive (23.3 percent of the uninsured and 32.7 percent of the insured). The uninsured were less likely to have ever had a cholesterol test (16.4 percent vs. 26.1 percent of the insured). Those who had tests were also less likely to report having been told their cholesterol was high. Sixty-five percent of uninsured had high cholesterol while 68.8 percent of insured did.

Diagnosis of asthma and heart disease appear to be different for the uninsured, which may be attributed to age-related factors. The uninsured reported higher rates of having ever had asthma (10.8 percent) than the insured (8.9 percent). However, in terms of current diagnosis, the

uninsured had lower rates of current asthma (56 percent of those who ever had asthma) than the insured (71 percent). They also reported lower rates of ever having had a heart attack (3.4 percent vs. 5.7 percent), angina (2.6 percent vs. 4.9 percent), or stroke (3.4 percent vs. 3.7 percent) than the insured.

Health System Profile

Guam's health system is a mix of government and private health services, which provides for a population of 154,805.^{xii} Not surprisingly, the uninsured were less likely (52.2 percent) than the insured (75.7 percent) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8 percent of uninsured vs. 11.9 percent of insured).

Public Health System

The Government of Guam administers the only civilian hospital, Guam Memorial Hospital (GMH). In FY 2005 the Government appropriated approximately \$68 million to the Guam Memorial Hospital Authority. Awards received from federal grants were \$7.9 million during the same year. Government appropriations increased to approximately \$81 million for FY 2006. Approximately \$4 million was received from federal grants.

The Government of Guam provides other health services through a network of public health facilities for medical, mental health, and disabilities. There are four local government departments: Department of Public Health & Social Services (DPHSS), Department of Mental Health & Substance Abuse (DMSHA), Department of Integrated Services for Individuals with Disabilities (DISID), and Medical Referral Offices (MRO). Approximately \$53 million (15.4 percent of the general fund) was allocated for health costs for FY 2005.^{xiii}

As an unincorporated territory of the United States, Guam is eligible for Medicare, Medicaid, and other federal support for public health. As Medicaid benefits are capped at \$6.98 million, the Government of Guam also has a local program of medical assistance, through its Medically Indigent Program (MIP). Guam has three federally-qualified health centers (FQHCs), Guam Community Health Centers (Northern, Central, and Southern Regions), which provide primary care services.

The demographics of Guam's Medicaid and MIP participants are shown on Table 2. There were a total of 37,104 individuals enrolled in the Medicaid and MIP programs during FY 2005, of which 36,668 were eligible participants. Of those claims that were paid for Medicaid and MIP, a total of 11,905 were from females and 8,392 from males. Total enrollment by ethnicity for Medicaid and MIP was 20,996 Chamorros, 8,417 FSM (or other Micronesians), and 5,301 Filipinos. Total expenditures for MIP and Medicaid combined in 2005 were \$28.9 million.^{xiv}

Table 2: Demographics of Medicaid and MIP Participants (2005)

	Medicaid	MIP	Total
Enrollment	26,758	10,346	37,104
Eligible Participants	26,511	10,157	36,668
Gender *	9,049	2,856	11,905
Females			
Males	6,717	1,675	8,392
Ethnicity ** Chamorro	18,066	2,930	20,996
FSM	4,065	4,352	8,417
Filipino	2,964	2,337	5,301

*Based on Paid Claims **Based on Enrollment

Source: Guam Department of Health and Human Services, Bureau of Health Care Financing, 2005.

Other public medical assistance to the aged, blind, and disabled totaled \$18.9 million in 2005, which averaged a total cost of \$1196.71 per patient. Of the total medical claims, 8.32% was used for *Old Age Assistance*, 36.89% went to *AFDC Adults*, 52.05% went to *AFDC Children*, and 2.73% was used for *Aid to the Permanently Disabled*. A small portion, \$4780, was used for *Aid to the Blind*. Guam participates in the federally supported program, State Children Health Insurance Program (CHIP). The Guam CHIP is an expansion of the MAP that provides medical and health related services to qualified children less than 19 years of age. It is a 65:35 federal-local funded program, which received approximately \$1.2 million from the federal funds and \$623,337 from local funds in FY 2005. The current cap on CHIP is \$1.48 million.

The Government of Guam provides health insurance coverage for qualified active employees, retirees, and survivors. The open enrollment data for FY 2005 and FY 2006 is reported on Table 3. There were four health plans offered in FY 2005 with an enrollment of 16,041 including active employees, retirees, and survivors. In FY 2006, there were six health plans offered with an enrollment of 16,634. The new plans, offered by Select Care, included Health Savings Account option with a \$1500 deductible, and a plan with a \$1000 and health care services from the Philippines.

Table 3: Government of Guam Health Insurance Enrollment (FY 2005 and FY 2006)

Health Plan	Active Employees		Retirees – Survivors	
	FY 2005	FY 2006	FY 2005	FY 2006
Staywell Silver	797	560	1513	924
Staywell Bronze	3194	2644	2016	1978
Staywell Bronze (High)	5812	5686	1135	1641
Select Care 1500	896	326	677	210
Select Care HSA 1500	N/A	1560	N/A	399
Select Care PHL 1000	N/A	585	N/A	121

Source: Department of Administration, Government of Guam 2006.

The Government of Guam-Employee share for health insurance for FY 2006 was 59% to 41%, which are approximately \$24.6 million from Government of Guam and \$16.8 million from employees for a total premium annual cost of \$41.4 million.

Private Health System

Guam's private health system includes primary care clinics, medical specialists and technologists, and other allied health services such as dental medicine, chiropractic, mental health and counseling services, optometry, home health nursing and rehabilitation services, and pharmacies.

Seven private health insurance companies provided coverage on Guam during CY 2003 and CY 2004. The insurance companies that provided accident, life, and health coverage during this time period were American Family Life Assurance Co., Netcare Life and Health Insurance Co., PacificCare Health Insurance Co. of Micronesia, Prudential Insurance Co. of America, United Healthcare Insurance Co., Nichido Insurance Co., and Zurich Insurance, Inc. Company premiums and direct losses are summarized on Table 4. Direct premiums written for all seven companies were approximately \$160 million for CY 2003 and \$174 million for CY 2004. Direct losses paid for all seven insurance companies were approximately \$128 million in CY 2003 and \$142 million in CY 2004.

Table 4: Guam Insurance Companies Premiums and Losses (CY 2003 and CY 2004)

	CY 2003	CY2004
Direct Premiums Written	\$160,271,434	\$173,799,581
Direct Premiums Earned	\$158,372,536	\$173,795,552
Direct Premiums Paid	\$128,314,599	\$142,289,332
Direct Losses Incurred	\$131,719,419	\$137,523,128

Source: Department of Revenue and Taxation, Government of Guam, 2006

Most of the Guam's private medical providers depend on insurance to cover service costs, and no longer accept the Government of Guam's Medically Indigent Program participants. Some are also not accepting Medicaid patients. Private providers report delays in payments received from government programs as the main reason. As for privately insured patients, medical providers report some delays in reimbursement and authorization for some medical procedures. They also note an increase in self-pay patients, as many, particularly those employed by the Government of Guam have high deductible plans.

Changes in medical reimbursement rates and rising costs of both medical services and health insurance coverage are reshaping Guam's private system of health care. Cost shifting from private sector to government appears to be occurring, as demand for public health services increase.

Demand for public health services has been traditionally high among lower income families. A recent study, however, finds evidence of middle-income families seeking public health services as out-of-pocket medical expenses increase.^{xv} Table 5 and Table 6 shows source of payment for Guam's Community Health Center patients, with first signs in 2003 that patients with private insurance are presenting to the CHCs for primary medical care.

Table 5: CHC Patient Encounters By Provider Northern Region CHC (2003)

NORTHERN REGION CHC	Dx Count	Amount \$	Visits	Users
BREAST & CERVICAL CANCER PROGRAM	73	1,398	35	35
CDC	41	831	22	17
CPS	3	108	3	2
DEPARTMENT OF YOUTH AFFAIRS	1	19	1	1
FAMILY PLANNING PROGRAM	21	499	9	7
MEDICAID	6,342	109,592	2,652	1,218
MEDICAID PHARMACY	3	154	1	1
MIP	3,486	58,984	1,579	602
MULTICOVER	68	854	25	13
PRIVATE INS PHARMACY	2	69	2	2
SELECTCARE 10	28	613	21	8
SELECTCARE 5	23	432	12	6
SELECTCARE 70	8	57	3	1
SELECTCARE 80	34	456	15	7
SPECIAL KIDS CLINIC	123	2,369	57	18
STAYWELL	147	2,326	66	39
STAYWELL BRONZE	19	489	15	12
STAYWELL GOLD	3	52	2	2
VACCINE FOR CHILDREN	2,284	2,993	713	560
WIC	1,142	6,281	1,142	1,098
SELF-PAY PATIENT	5,171	88,296	2,771	2,018
NORTHERN REGION CHC Total	19,022	\$276,873	9,136	4,472

NOTE: Private Insurance highlighted in blue.

Source: Summary Diagnosis Productivity Report 2003, CHC HealthPro Data Management System

Table 6: Patient Encounters By Provider Southern Region CHC (2003)

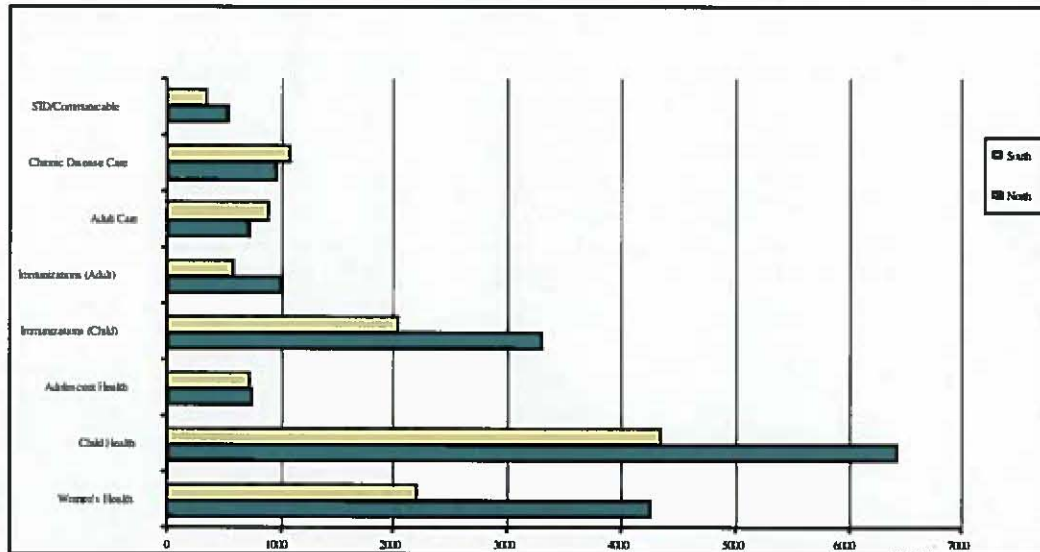
SOUTHERN REGION CHC	Dx Count	Amount \$	Visits	Users
ASIA PACIFIC CARE	61	1,960	45	19
BREAST & CERVICAL CANCER PROGRAM	3	103	3	3
CDC	7	57	5	5
DEPARTMENT OF YOUTH AFFAIRS	27	775	11	6
FAMILY PLANNING PROGRAM	43	786	15	8
MEDICAID	3,311	72,196	1,784	967
MEDICAID PHARMACY	945	28,227	568	391
MEDICARE FQHC	265	8076	170	30
MIP	657	17,865	405	187
MIP PHARMACY	455	16,158	231	130
MULTICOVER	56	1,555	36	18
NANBO'S	4	176	3	2
PRIVATE INS PHARMACY	132	3,885	93	64
SELECTCARE 10	70	1,809	48	32
SELECTCARE 5	19	473	12	8
SELECTCARE 80	21	593	16	12
STAYWELL	352	9,359	243	146
STAYWELL BRONZE	122	2,757	74	48
STAYWELL GOLD	6	164	4	2
TUBERCULOSIS	2	48	2	1
VACCINE FOR CHILDREN	370	1,502	112	108
WIC	91	501	91	90
SELF-PAY PATIENT	2,013	34,078	1,221	857
SOUTHERN REGION CHC Total	9,032	\$203,101	5,100	2,308

NOTE: Private Insurance highlighted in blue.

Source: Summary Diagnosis Productivity Report 2003, CHC HealthPro Data Management System

Services provided by Guam's Community Health Centers show a preference for primary care, particularly for women and children. Yet, services for adult and chronic care are evident. Chart 3 shows services provided by the Northern and Southern CHCs in 2003.

Chart 3: CHC Patient Encounters By Category (2003)



Source: UDS Report 2003

Focus Group Findings

Meetings with Guam's health services industry leaders were held separately, beginning with a meeting of insurance executives whose firms offer health insurance to Guam's private and public sector employees. Health insurance executives noted that cost concerns are driving the design of health insurance products. While insurers can provide coverage for a range of services, businesses on Guam prefer options with lower costs. As a result of this demand, insurers are finding an increase in the number of high deductible policies being written for more firms on Guam.

Insurers noted higher premium costs for employees of the Government of Guam because of coverage for retirees. Such coverage increases premium costs for all government enrollees -- the main source of cost difference between Guam's private employer plans and those of the Government of Guam. Insurers call for policy action, particularly a recommendation to separate



retiree coverage from that offered to active employees. Generally, insurers note increased policy costs as medical costs increase. As the cost of care increases, the cost of insurance to cover such costs also increase. Insurers anticipate an upward trend in costs for the near to longer-term future without some government intervention to regulate the health industry.

Top five issues of health insurance firms:

- Rise in health consumerism and the need for tort reform
- Need for consumer education on cost and utilization
- Government subsidy suggested to support premiums for the uninsured
- Economic cycles and competition effect insurance enrollment patterns
- Government regulation and market incentives should be explored

Following this meeting another was held with representatives of Guam's private health providers including medical, mental health, dental health, pharmacies, nursing/home health care, and rehabilitation services. Many noted that the cost of care as the main reason, in their view, for the increased costs of health insurance. They recognized that medical services are priced in ranges set by what insurance companies will pay. Other concerns expressed by this group were related to the process by which medical decisions are monitored by the insurance industry, particularly pre-certification requirements and the timeliness of authorization and reimbursement. Concerning government insurance programs, many stated that they do not accept patients insured by the Government of Guam's Medically Indigent Program. They also noted that they are cutting back or eliminating service to Medicare and Medicaid patients because of low reimbursement rates.

Guam's geographic location was also cited as a reason for high costs of medical care, particularly for some specialized medical care, which requires off-island travel to the mainland United States. Some costs reductions have been realized, as specialized medical care and recently primary care services are being sought in the Philippines.

Those participating in the health practitioners' focus group noted the economic loss to Guam from this leakage of health resources to the United States and the Philippines. Some have called for regulation of the health insurance industry to discourage reimbursement of off-island care, especially as they receive tax reductions through the island's Qualifying Certificate Program (QC).

Top five issues of health providers:

- Off-island care may diminish Guam's health system resources
- Low reimbursement rates limit access for some patient groups
- Medicaid/Medicare cap needs to be increased
- Prompt payment is needed to reduce costs and improve system efficiency
- Pre-certification requirements of health insurers limit access to care



A final focus group meeting was held with leaders of Guam's public sector and non-profit agencies, which provide health and related social services. Leaders of government agencies and non-profit organizations noted an increased demand for their services, the rising cost of such care, and the lack of additional funding from government and private benefactors. These organizations -- particularly government health entities -- provide health care regardless of one's ability to pay. They note the special challenge of Guam's diverse ethnic populations who have expectations of government-provided health care. Agreements with the United States to provide public health funding for residents of the Federated States of Micronesia, are amounts not enough to cover the cost of care, especially catastrophic illnesses.

Public health and especially Guam's non-profit organizations report an ever expanding definition of health care and the need for more programs such as nutrition, counseling, dental medicine, rehabilitation, and substance abuse. An increase in domestic violence has created additional needs for family support and child welfare programs and drawn cooperation with Department of Corrections, Department of Youth Affairs, Guam Police Department, and other agencies.

While those who participated in the focus group recognize such problems will not be solved with increased funding or with privatization, they do see a solution in community health education. This is particularly important in improving awareness of prevention, mental health, and the community cost of public health care. A bit of awareness for the work being done by these agencies would also help them. Public agency leaders note that they are often on the front line of managing unlimited demand with limited resources and are often held to public scrutiny as though this dilemma is caused by a lack of their management or leadership. Community education might make many more aware of the realities of public health and its costs.

Many agency leaders look to the U.S. federal government for grant and funding programs to assist them with meeting community needs. They also noted that with retirements, particularly in the government sector, the island may lose one of its most important resources -- its talented agency leaders and others who have worked for public health agencies for many years. Non-profit agencies claim that it is difficult for some to keep staff employed given uncertainties of future revenues to support their missions.

Top five issues of government agencies and non-profit organizations:

- Access regardless of ability to pay is draining available health resources
- Limited resources to match service demand
- Broad scope of need for public health and social services
- Community health education needed to improve overall health status and reduce costs
- Reliance on federal and local support to provide access to basic healthcare

Health Policy Profile

Compared with private health care, government-provided health services are viewed as a safety net for those not part of employment-sponsored health programs. With rising rates of unemployment, increases in the numbers of people employed in part-time work, and reductions to health care benefits provided by employers, the concept of a government safety net is changing. For many citizens, government-provided health service is becoming the mainstay of health security either through direct service or through legislative and other advocacy efforts aimed at affordability.

Those uninsured at the time of the HIES study had the following reasons for not having coverage: Couldn't afford the premium (26.9 percent), lost or changed job (6.8 percent), no employer coverage (6.0 percent), spouse or parent lost job or died (3.2 percent), problems with eligibility (3.2 percent), and other, uncategorized reasons (21.3 percent). Those who were currently insured but had been uninsured at some point during the past 12 months reported similar reasons for not having coverage.

Given Guam's prolonged recession and structural changes to its employment base, Guam's middle-class is finding it more difficult to pay for health insurance coverage. As a result, the government's role in providing health services is emerging as the provider of choice for more families.

In this market condition, Guam's policy makers anticipate an increase in demand for services to be paid for and provided by public health programs. Calls for government action may become more vocal as more middle class families, particularly those employed by the Government of Guam, find themselves with limited coverage or limited options in choice of health insurance providers. One response is to intervene in private markets with legislation. The other is to allow markets to adapt and adjust.

If government acts in ways to distort the market, it contributes to longer-term problems that are often more pervasive than a market imbalance in the supply of health services at affordable costs. An appropriate policy action is often for government to do nothing, yet this is often difficult, especially in emotionally charged debates, such as health care.

Demand for public health services will likely increase. Part of this increase comes from the newly implemented network of care for public health management between the CHCs and the hospital. Other demand comes from growing support as part of the Compact of Free Association agreements with neighboring islands.

In all the Government of Guam may find itself being the insurer of last resort for those who have lost health benefits, as well as for those who never had them to begin with. As

service demand is increasing at public health facilities, it is not surprising that the Guam's legislature asks, "What will be the economic impact of the Guam Community Health Center proposed fee schedule increase?"

Focus Group Findings

A meeting was held with Guam's legislative leaders. With the assistance of Senator Mike Cruz, MD, Chair of the Legislative Committee on Health and members of his staff, the meeting included members of the Committee along with other members of the 28th Guam Legislature or their designated representatives. A prominent theme of this meeting was the importance of health care to Guam's economy --not simply in terms of the amount of public expenditures, which are large and growing, but in terms of the vitality and viability of the community and its quality of life.

While this was an area of agreement, others were discussed with differing points of view. A central issue emerged as a debate about whether health care is a public or private good. Consensus seemed to realize that there are legitimate aspects of both, however notions of dependence on government seem to supersede others of individual responsibility. This is particularly apparent in various ethnic communities living on Guam, which have experience with a health care system that is predominantly government-sponsored.

Policy makers noted that public health care is not free; although some members of the community believe that it is. They recognize that better communication of the costs of public health care need to be undertaken and are planned as an outcome of this study. Related to the cost of public care are issues of per capita health spending and better estimates of health needs and costs. Efforts to privatize some aspects of public health have not been fully implemented, particularly the privatization of the MIP program and management of the Guam Memorial Hospital.

Plans for Guam Memorial Hospital include JACHO accreditation and outsourcing of its management to a private firm to administer the hospital and major executive functions. Medical reimbursement is a continual problem as many self-pay patients are unable or unwilling to pay for care received at the hospital. Other reimbursements from private insurance and federal programs are both slow to be received or are less than the full cost of services.

The Government is also engaged in negotiating its health insurance plan for Government of Guam employees. Options for both active government employees and retirees are mostly of the high deductible variety, with premium costs becoming expensive for individual and family coverage. Enrollees in the government's employee health insurance plan remain relatively stable; although it is recognized as a source of potential increases in the ranks of the uninsured as premium costs continue to rise. Informal interviews with policy makers and government employees and retirees revealed that many are under pressure to dis-enroll. Policy makers are considering the feasibility of buying into Medicare for Government of Guam retirees under its Defined Benefit program. This



would provide some cost assistance over the longer-term as retirees could opt out of the Government of Guam plan, thereby reducing premium costs for active employees.

Minimum benefits are another area of policy interest, as anecdotal reports indicate that those on public assistance programs, such as Guam's Medically Indigent Program have better coverage than those who pay for private insurance as a Government of Guam employee. Review of minimum benefits coverage is currently ongoing. Related to this effort is a general discussion of minimum health benefits coverage among private sector employers. Business leaders and employees of private firms indicate that there are some plans that are better than others, and some health inequities exist as a function of employment. Calls for policy action to specify minimum health benefits coverage have been expressed, as well as a requirement that employers offer such coverage to their employees.

Medicaid cap limitations have been increased recently with efforts of local government leaders, the health industry, and the Office of the Congresswoman. This will require continual review as demand is expected to increase for federal health assistance.

Top five issues of Guam legislature/policy makers

- Importance of health care sector to Guam's economy
- Perception that government health services are free
- Potential to outsource health services
- Accreditation of GMH
- Federal reimbursements from Medicaid and Medicare

II. EXPANDING COVERAGE

A Health Survey Supplement, conducted as part of HIES, revealed reasons given by those without coverage as: could not afford the premium (26.9 percent), lost or changed job (6.8 percent), no employer coverage (6.0 percent), spouse or parent lost job or died (3.2 percent), problems with eligibility (3.2 percent), and other uncategorized reasons (21.3 percent).

Issues of access and affordability appear to be two major reasons for Guam's uninsured. These findings were also prominent in the Health Summit, which brought together informed industry leaders, government agency directors, and policy makers. This group identified an additional issue, prevention, as an important third element to be part of the health plan for Guam's uninsured. While the Health Survey Supplement respondents did not explicitly identify prevention as a reason for their status as uninsured, it is indirectly identified with problems of eligibility. Those with pre-existing conditions resulting from preventable lifestyle illnesses—smoking, diet, physical inactivity—often faced insurance exclusions which made them ineligible for coverage, or made paying for insurance not worth the cost.



It appears that both the uninsured and informed health leaders agree that access, affordability, and prevention are key ingredients in shaping a plan of health insurance for the island. The following sections summarize findings from a survey of Health Summit participants. Included in these sections, where relevant to the interests of Guam's health system, are national statistics on the issues of access, affordability, and prevention.

Access

Guam's health care system offers access through public health clinics and private health providers, which are closely matched with demand for care. Demand for care follows disease patterns. Guam has high incidences of heart disease, cancer, and diabetes. Guam also has high demand for primary health care particularly from public health facilities for women, infants, and children.

Family practice and medical specialty groups span a range of health needs, but not all can be accommodated as the island has limited resources. For some specialty and subspecialty care, patients are treated at off-island facilities in the United States and in the Philippines.

Issues of access on Guam are driven by the island's profile of illness and the resources to provide service. Barriers to access are often linked to physical location of health services, and this is especially problematic for island residents who must relocate for medical care, often with a family member to assist them. Guam has done a remarkable job in providing access to those who need assistance with off-island medical care through its Medical Referral Office. It may be a model for other states and territories with similar needs.

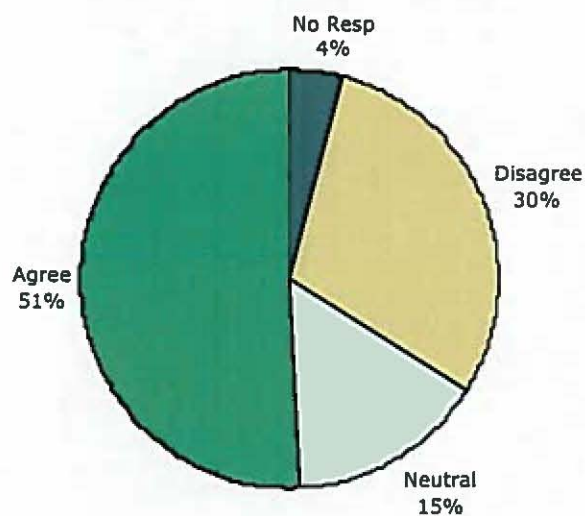
Whether on or off-island care, those surveyed as part of the Health Summit indicated that the decision when a health service is required should remain with healthcare professionals rather than with trained insurance representatives. Charts 4 and 5 present findings from Ehler's survey (see page 63 for full report) of Guam's health industry leaders and other informed citizens participating in the February 2006 Guam Health Summit.

Chart 4 is especially noteworthy not so much for the finding that those with some knowledge of the system preferred to have a health professional decide when health service is needed, rather than the result was almost evenly divided. Slightly more than half (51 percent) had a strong preference for having health professionals decide and slightly less than half did not have this preference or had no opinion.

Informed opinion concerning trained insurance professionals presented in Chart 5 was clearer with seventy-one percent strongly disagreeing with the statement that medical decisions about access to care should be left to trained insurance personnel. Taken together, those participating in the survey suggest that health professionals should decide rather than insurance professionals. What remains

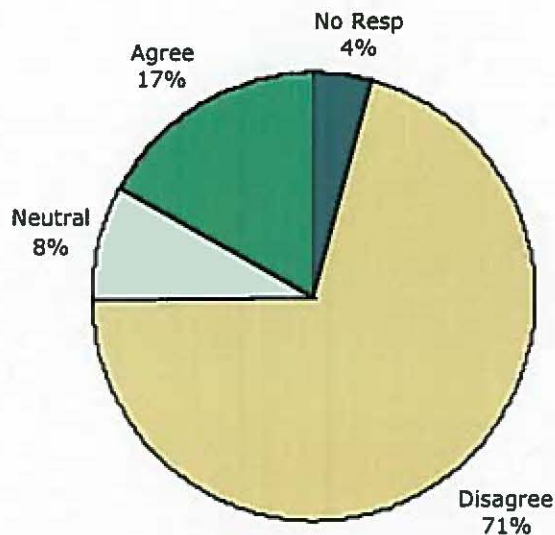
unclear is the role that individuals play in making health decisions, especially as they become better informed about managing their health, treatment decisions, and their costs. The role of personal decisions in health care may be an explanation for the finding of thirty percent disagreement presented in Chart 4. Further study is needed on this issue.

Chart 4: Healthcare Professionals Should Decide When A Health Service Is Required



Source: Ehler, M. Health Summit Participant Survey, February 2006

Chart 5: Trained Insurance Representatives Should Decide When a Healthcare Service Is Required



Source: Ehler, M. Health Summit Participant Survey, February 2006

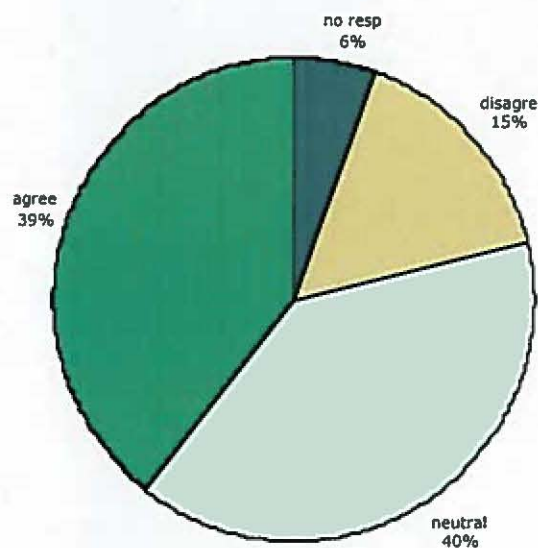
Those attending the Guam Health Summit considered access to medical care and the role that insurance companies play in establishing prior authorization and spending limits for medical treatments. Guam's uninsured and health professionals noted both as problems of access during the Fall/Winter 2005 focus group meetings.

Nationally, there is a growing public perception of unfair practices being used by the industry in the management of health care costs. The finding that thirty-five percent of Guam Health Summit participants agreed with the statement that insurance companies use unfair practices to control spending appear consistent with national statistics. Forty percent responded neutral to the statement, and fifteen percent disagreed.

Part of the explanation for the largest category of respondents choosing “neutral” may be that no specific practices were identified in this survey, as being unfair. Further study is needed at the policy level to determine just what practices appear to be unfair to the effective management of health care and its costs. Some participants may be responding to personal issues, which they deem unfair; yet these same issues may be entirely consistent with the fair allocation of health system resources.

Despite the debate of fairness at the personal or policy levels, what seems to be indicated by this survey and others is that insurance companies should not be the policy setter on matters of access. Reports from focus group meetings, particularly with the uninsured and Guam’s policy leaders, show interest in framing a policy agenda to structure access to medical care with appropriate resources from individuals and employers, as well as those of the government. New interest in working with government to assess need and assure access for basic care and quality medical coverage is emerging.

Chart 6: Insurance Companies Use Unfair Practices To Control Spending



Source: EHert, M. Health Summit Participant Survey, February 2006

While not part of the information provided to Summit participants, Guam Department of Revenue and Taxation provided reports of industry activity that may be driving some of the issues noted as unfair practices in managing health costs, as some question industry profits. On Guam, direct premiums earned exceeded direct losses paid by \$31 million in 2003 and by \$32 million in 2004. More study is needed to evaluate whether these differences are in line with benchmarks of national industry standards.

Table 6: Guam Insurance Companies Premiums and Losses for CY2003 and CY2004

	CY 2003	CY 2004
Direct Premiums Written	\$ 160,271,434.00	\$ 173,799,581.00
Direct Premiums Earned	\$ 158,372,536.00	\$ 173,795,552.00
Direct Losses Paid	\$ 128,314,599.00	\$ 142,289,332.00
Direct Losses Incurred	\$ 131,719,419.00	\$ 137,523,128.00

NOTE: Direct Premiums Written: Amount in dollars charged by the insurance company for a policy period, which may or may not be fully paid. Direct Premiums Earned: Amount in dollars that has been completely earned from policies, which includes money not obliged to be returned to policy holders. Direct Losses Paid: Amount in dollars of claims and claims expenses that have been paid already. Direct Losses Incurred: Amount in dollars that includes claims filed and estimated claims to be filed by year-end, usually based on past experiences.

Source: Department of Revenue and Taxation, Government of Guam, 2006

The challenge of individual demand for health care and what Guam's health system can support are issues of access at two important yet different levels. What an individual may deem unfair, the larger health system considers equitable distribution of a limited resource. Nonetheless, participants in Guam's Health Summit indicated that resources available to island residents should meet standards of access and quality comparable to those of the United States. When surveyed, seventy-four percent of participants held this opinion. The remaining twenty-six percent were neutral, disagreed, or had no opinion on the matter.

This finding is in line with other issues of access and quality standards, especially concerning the accreditation of Guam Memorial Hospital. Currently, Guam's only civilian hospital is unaccredited. Policy leaders within the Government of Guam and the hospital are beginning the process to seek JAHCO accreditation within the next two to five years. This finding from survey participants about access to care within U.S. standards should support such efforts.

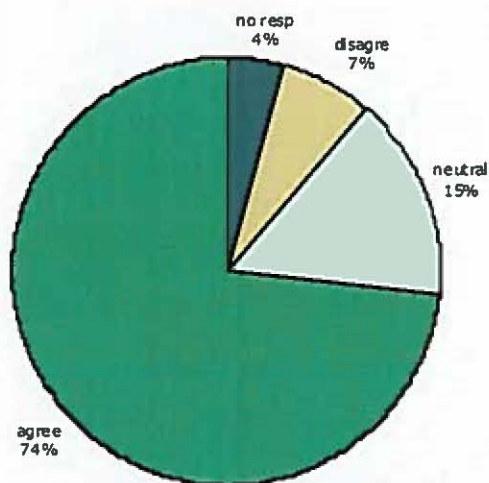


It is unclear the reasons for participants to disagree with this survey item. Possible explanations may be that some recognize differences in Guam's health infrastructure with that of the United States; others may recognize that other standards of care, those of Asia, are alternatively suitable. While the question asked of participants did not specify the type of care received and the standards for such care, another explanation for why some participants disagree or have no opinion may be related to type of health care. It may be that some hold different standards for basic medical care over specialty care, or view alternative health practices as preferred to those established by the U.S. medical system.

The issue of standards may be a special issue for specialized medical care, as trends indicate growing interest in receiving such care at hospitals in the United States and the Philippines rather than on Guam.

Here the issue is clearly one of access with those that have the means to travel and incur medical costs outside of Guam's health system have greater access options over others that do not. Local media reports stories of those who did not have the means to seek advanced cancer treatment off-island and chose instead to go without such care on Guam.^{xvi}

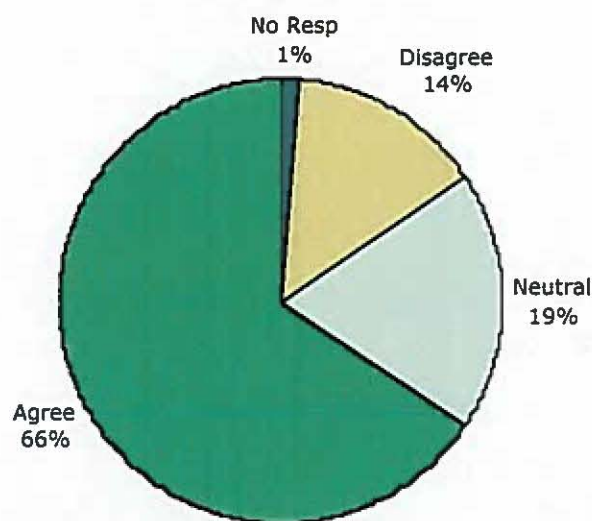
Chart 7: On Island Health Care Should Be Comparable to the U.S. Mainland



Source: Ehlert, M. Health Summit Participant Survey, February 2006

To explore issue of standards and access a bit further, participants in Guam's Health Summit were asked whether specialty care offered in the United States and the Philippines is an acceptable alternative to on island care. Sixty-six percent agreed with this statement; thirty-four percent either disagreed, had no opinion, or no response. Of this group with an alternative view, fourteen percent disagreed. Given the phrasing of this question, it may be that those who disagreed have expectations that Guam should have specialty services available on island. This may not have been a matter of judgment about the comparable quality of care in the United States or the Philippines, rather a claim that such off-island care should not be necessary. Those among the nineteen percent that were neutral on this issue may not be as sensitive to access due to location of specialty care.

Chart 8: Receiving Specialty Health Care in the United States and the Philippines is Acceptable Alternative to on Island Care



Source: Ehlert, M. Health Summit Participant Survey, February 2006

To expand coverage, access to quality medical care is one of the three major factors identified by those who participated in Guam's Health Summit and focus group meetings. Issues of access that need further or special attention in the design of Guam's health plan are:

- Access is limited by private cost of care borne by individuals either as direct fee-for-service or insurance premiums and deductibles.
- Medical care is available for primary and some tertiary care for high incidence diseases; access is limited for some specialized medical services, which requires off-island care.
- Geographic location impedes access to off-island care for some specialized medical conditions, particularly among low to middle income families.
- Access to medical care in the Philippines may reduce health resources on Guam as more health dollars are directed to lower-cost facilities in Asia.
- Access to Medicaid and Medicare is restricted on Guam for some groups; particularly non-U.S. citizens and Government of Guam retirees.

- Access to Medicaid funding is capped at levels that do not fully meet health service demands of families living below FPL.
- Access to health insurance is limited for those who work for or own small businesses.

Affordability

Closely related to issues of access is affordability. Barriers to access are often issues of cost. Demand for health care services—especially acute and chronic care—is said to be inelastic, meaning the price one pays for medical care will increase as the cost of care increases. Goods and services that are necessities tend to have inelastic demand, and many health care services can be characterized this way. Demand for health care will likely not decline as costs increase.

This is especially true of health care on Guam with few professional suppliers of medical products and services—including health insurance. Guam's health care industry is dominated in most segments by few providers with limited, if any competition. But suppliers of medical services are not guaranteed the benefits of a less-than-competitive health care market. Most are faced with limited revenues from a small patient population with the means to pay for private health care. Guam has fewer than 160,000 civilian residents with nearly twenty percent falling below the federal poverty level. Most private health providers no longer accept Guam's program for the medically indigent, as the Government of Guam was often slow or unable to reimburse them for their services at adequate rates. Guam's private health market is dependent upon employer-based health insurance to sustain it—and with recent events this may be eroding.

Guam's private health care market may become more competitive as insured patients—especially those with high deductible plans—are attracted to medical services offered in the Philippines at lower cost. Early signs of this are emerging from more affluent patients with the means to pay for transportation and related off-island expenses. One insurance provider is offering a health plan, which offers coverage at lower deductible rate if care is received in the Philippines versus other locations, including the United States.

Competition will likely affect certain medical specialties and not others, such as Obstetrics and Emergency Medicine. Dental medicine, ophthalmology, and optometry are some that have attracted demand from Guam to the Philippines. Other areas, particularly those with limited or no service availability on Guam, such as dermatology, are also attracting patients to the Philippines for medical care and elective procedures.

How much one pays for health care is also determined by usual calculations of fixed and variable provider costs with some measure of mark-up for profit. Variations in health care prices have been reduced in recent years as reforms have attempted to standardize medical care services. Leading the way were efforts initiated with Health Maintenance Organizations (HMOs) to catalog



diagnoses and match them with costs. Over time, comparisons of costs for similar procedures were scrutinized and standards of care, best practices, length-of-stay, and cost reimbursement rates were set as insurers gained more power over medical decision-making in an effort to reduce costs and improve profits.

Following U.S. trends, Guam's health care market offers insurance in a predominantly preferred provider model. One problem faced by many small and isolated communities is its attractiveness to health insurance firms. Currently Guam has seven firms, which provide health insurance. Most are privately owned firms located on Guam. Guam has seen a decline in the number of firms offering health insurance in the past ten years, as the industry has become more competitive.

A cost analysis of medical services was conducted during 2003-2004 to evaluate the economic impact of a fee schedule increase for Guam's Community Health Centers. This cost analysis compared the fee schedule of the CHCs with two private health clinics. The CHC fee schedule had not been updated in more than ten years and had become attractive to patients with private health insurance, especially those with high deductible plans. Early signs of patient shift from private care to public health were apparent, as patients sought more affordable rates for out-of-pocket medical expenses.

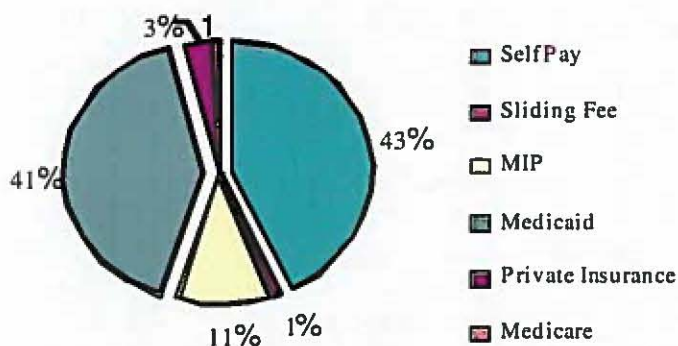
In 2005 the fee schedule was updated and is now competitive with Guam's private market. This adjustment allows for improved revenues from federal reimbursement for public health services, better assessment of the cost of public health care for local government policy makers, and better allocation of public health resources.

In spite of this increase in its fee schedule, Guam's CHCs continue to offer affordable health care through local and federal subsidies. Others who are self-insured receive care from the CHCs at affordable rates through its sliding fee schedule, which takes into account the disparity among patients and their ability to pay for health care.

A review of the 2003 patient data shows 6,780 patients who identify the CHC as a primary health provider or who have used services at some time during that year. In 2003, the Northern Region Community Health Center had a total of 9,136 patient encounters. The Northern CHC is closer to population concentrations and has a higher volume of patient encounters than does the Southern Region CHC, which during the same period had a total of 5,100 patient encounters.

Combined, the CHCs have seen 6,780 patients in 14,236 visits to the clinics. Of the CHCs' patient population, 58 percent had health coverage provided by some form of insurance -- federal, private, or public health program. Forty-three percent were identified as "self-pay" patients. Whether these patients do not have access to health insurance or whether they chose to pay for the service to be reimbursed by their insurer is unknown and requires follow-up study.

Chart 9: Guam Community Health Centers Accounts Receivable by Type of Insurance Coverage



Source: Summary Diagnosis Productivity Report 2003, CHC HealthPro Data Management System

A review of annual data for 2003 showed the average patient visit yields about \$30 in billable charges for the Northern Clinic; the Southern Clinic is slightly higher at \$40 per patient visit. The combined average cost per visit for the CHCs during this period was about \$34.

In a follow-up study, a one-month comparison of services August 2003 to August 2004 was conducted to estimate demand for CHC services following implementation of the MIP Reform Law in May 2004. The overall trend for 2004 compared with 2003 shows a pace of increase that exceeds the prior year's demand.^{xvii}

Comparing August 2003 with August 2004 shows a gain in the number of patients being seen by the CHCs at both sites. The Northern Region CHC shows an increase in the number of users at 414; the Southern Region CHC also shows a similar increase of 148 patients seen at this site. Billable patient encounters increased by 657 visits overall in the one-month comparison of August 2003 to August 2004. The difference in total charges billed is \$48,860 due to increased patient demand for service in this period and increased charges for services.

The average billable charges per visit in August 2003 were \$33 compared with August 2004 at \$42. A look at the July 2004 totals for both CHCs for point of comparison with August 2004 shows an increase in patient visits from July 2004. The Summary Diagnostic Report provided from the HealthPro data management system, shows that in July 2004, the total number of patient visits at both sites was 2,445 with a total billable income of \$96,296. Average charge per visit equaled \$39.



Analysis of private health services costs during the same period showed marked differences. Two of Guam's largest private health clinics provided data from their fee schedules, which showed an average service cost of medical care in 2003 at \$89.^{xviii}

The cost of medical care includes far more than the services offered by one's primary care provider. The cost of medical treatments including prescription medications and rehabilitation services was not evaluated as part of this study, but are related issues of affordability. Insurance coverage costs are also increasing along with out-of-pocket medical expenses, including co-payments. These issues will need further evaluation as part of Guam's per capita health expenditures.

To expand coverage, affordability of quality medical care is the second of the three major factors identified by those who participated in Guam's Health Summit and focus group meetings. Issues of affordable health coverage that need further or special attention in the design of Guam's health plan are:

- Cost of medical care is expected to increase and consume a greater portion of individual and family income as well as government and business revenues.
- Cost shifting will continue as employers encourage workers to seek public health services, or decrease their share of insurance premium costs to their workers.
- Service shifting will likely occur due to change in demand for public health programs over more expensive private medical care.
- Guam's private health care market will continue to come under pressure to provide service as costs of service, the number of uninsured and international competition increase.
- Per capita medical expenditure for Guam will need to be calculated and compared with other U.S. community standards.
- A broader evaluation of health care affordability needs to be considered including the cost of prescription medications and long-term health care services such as rehabilitation.
- Cost-benefit analysis of off-island versus on-island care needs to be conducted to determine whether government and private investments in off-island care dilute health system resources making care less affordable for government programs and individual health insurance policies.
- Further study of private insurance price models affordable for middle-income families, college-aged students, and younger workers.

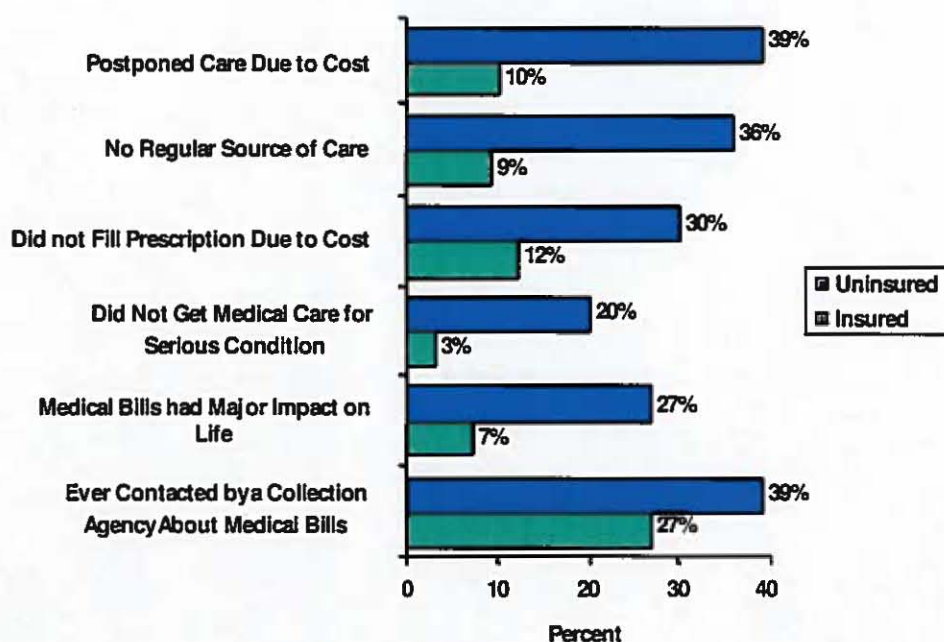


Prevention

Prevention, while recognized as reducing longer-term costs associated with undiagnosed and chronic illness, appears to be less inelastic. People who are not terribly ill, and have few resources for health care, will tend not to seek medical care, will spend less on primary care and prevention, and will choose instead among various alternatives of self-treatment therapies. Increases in the costs of primary care may then result in reduced demand for service. While this may be a solution to overcrowded health clinics, the concern is that such behavior, while appearing to reduce medical costs actually increases them in the longer-term with more expensive treatments. Costs for over-the-counter medications and indirect costs of lost productivity due to illness are health expenditures that are often overlooked in short-term assessments of economic impact.

Many of Guam's uninsured indicated that they do not have a regular primary care provider. This finding hints at lower rates of preventive care and routine medical evaluations for early diagnosis. The trend in insurance coverage toward catastrophic illness with high deductibles and co-payments, encourages choices of medical care at later stages rather than primary prevention, as realized by national studies of the uninsured presented in Chart 10. The relationship of issues: access, affordability, and prevention all seem to have a significant role in health differences and quality of life measures.

Chart 10: Barriers To Preventive Health Care For The Uninsured



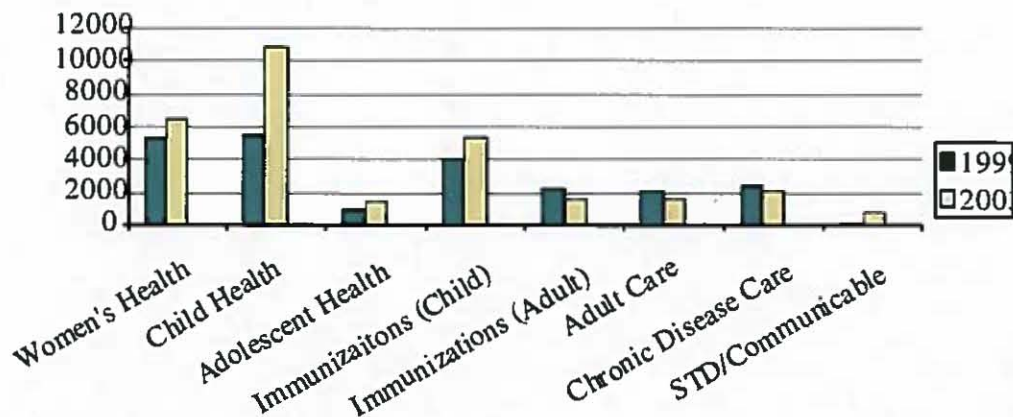
Source: NewsHour with Jim Lehrer/Kaiser Family Foundation,
National Survey on the Uninsured 2000

The 2005 Health Supplement Survey seems to indicate that those without health insurance have fewer diagnosed illnesses. Assumptions that the uninsured are healthier than those with insurance is likely specious. Findings from national studies indicate that higher rates of diagnosed illnesses, for example, prostate cancer, are often reported among the affluent. Further analysis shows that rates of diagnosis among the affluent tend to be higher due to issues of greater access, affordability, and an awareness of prevention.

Patient data from Guam's Community Health Centers show that adult care and chronic disease care declined from 1999 to 2003. Women, child, and adolescent health care encounters have increased during the same period. Child immunizations at the CHCs have increased; adult immunizations declined. While this is only a snapshot of primary and preventive care from Guam's public health clinics, it does not yield a sufficient portrait of care from Guam's private health system. Given related findings of increased numbers of patient encounters at the CHCs during the same time period, with evidence of those with private health insurance seeking care at

the CHCs some decline in primary/preventive care may be expected in Guam's private health system.

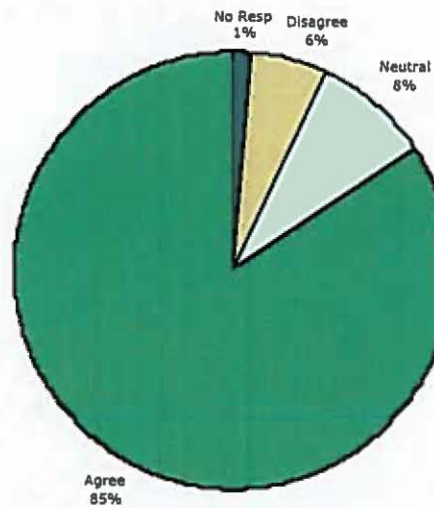
Chart 11: CHC Patient Encounters By Category (1999–2003)



Source: UDS Report 2003

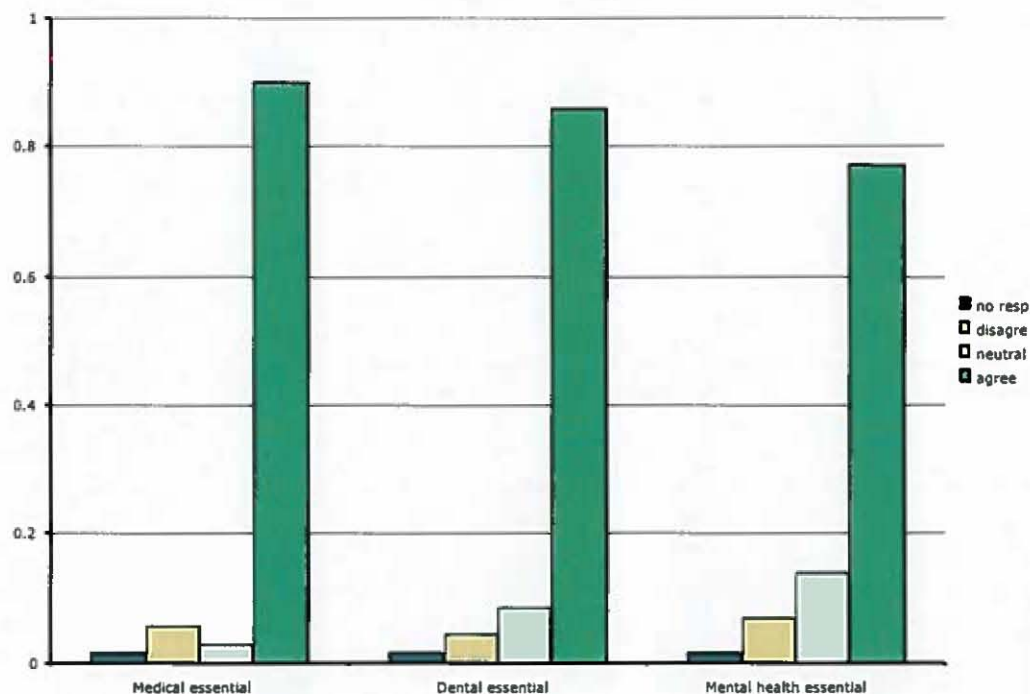
Participants in Guam's Health Summit were asked a series of questions regarding their views of the importance of health insurance. The first question asked whether they saw health insurance as essential for maintaining a good quality of life. Quality of life was not defined; yet as in prior national studies depicted in Chart 10 whether one has been contacted by a collection agency for payment of health expenses is one of several determinants of quality of life. Health insurance may be as much a matter of peace of mind as it is a means to pay for health expenses. The survey results showed that Guam's Health Summit participants did indeed view insurance coverage as essential to a good quality of life. It appears that participants expect some measure of health insurance coverage to be a part of Guam's health plan, which includes medical, dental, and mental health coverage.

Chart 12: Insurance Coverage Considered Essential For Keeping A Good Quality of Life (Pooled Data)



Source: Ehlert, M. Health Summit Participant Survey, February 2006

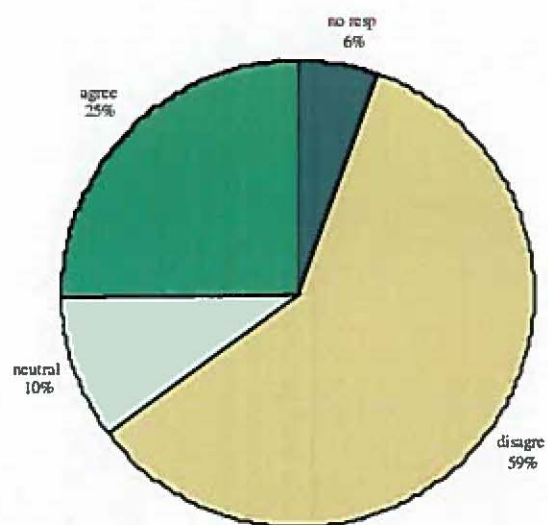
Chart 13: Insurance Coverage For Good Quality Of Life (Individual Items)



Source: ENert, M. Health Summit Participant Survey, February 2006

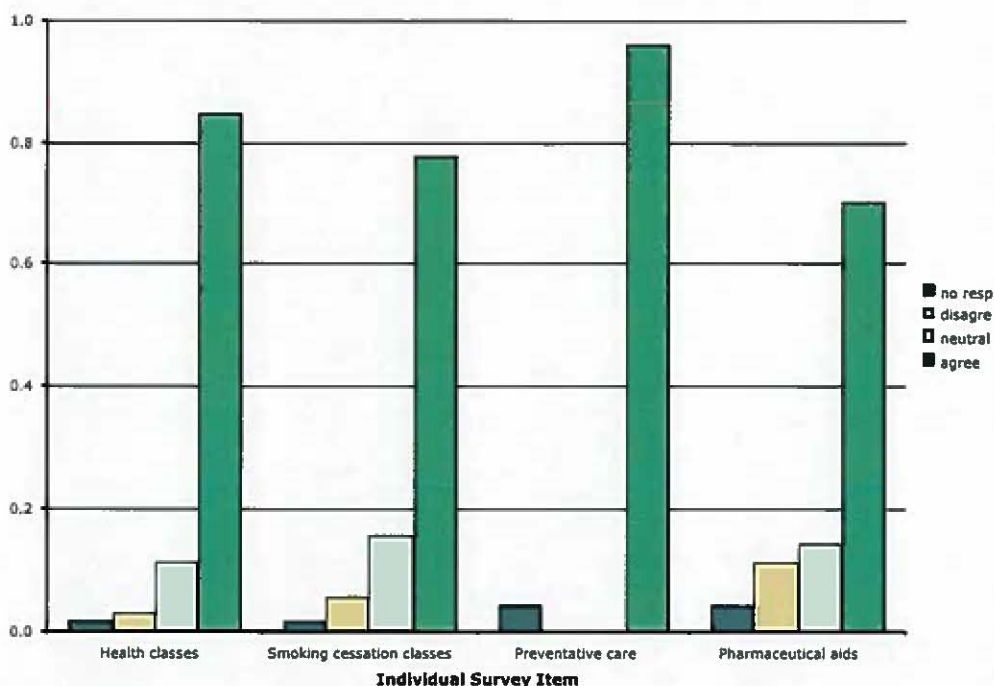
Basic health services were not viewed as adequate coverage, and Guam's Health Summit participants expect health insurance to provide for more preventive and advanced treatments and services. Participants overwhelmingly agreed with the need for health education classes, smoking cessation programs, and pharmaceutical aids to be part of one's insurance plan.

Chart 14: Include Only Basics in Health Insurance Plans



Source: ENert, M. Health Summit Participant Survey, February 2006

Chart 15: Services to Include in Health Insurance Plan



Source: Ehler, M. Health Summit Participant Survey, February 2006

It appears that informed leaders of Guam's health care industry and others of business and public policy see a potential reduction in health care costs with greater investments in prevention. Yet, there are barriers to effective preventive care, as health insurance firms tend to offer what the market place wants -- lower cost premiums. To do this, individuals will incur individual responsibility for out-of-pocket expenses, which frequently cover primary and preventive care.

Individual responsibility is also key to prevention, and many attribute the high cost of medical care to a lack of personal attention to lifestyle choices that affect one's quality of health. Health Summit and focus group participants recognized that prevention is not simply an idea, but an action that will require many on Guam to see the value in changing unhealthy habits and change their behaviors. Some of this is recognized as cultural, particularly smoking and dietary behaviors. Others see prevention as not being rewarded enough to make a difference.



Other than poor health there are few cost deterrents in terms of what Guam's health system will provide. For those on medical assistance, costs of medical treatment are borne by the public to a greater degree than the individual. Policy makers recognize that until one feels the direct cost of the expense of medical care, behaviors such as smoking and poor diet will likely appear less costly. One worries less about the economic consequences of health care if someone else pays. So there is some debate about how to launch an effective prevention strategy. Should Guam's health plan cover prevention and increase individual treatment costs? Perhaps high deductible plans will in the longer term encourage individual cost savings through prevention. These issues and others will need careful attention and further analysis as Guam implements its health plan for the uninsured.

One of the challenges of launching a program of prevention is getting appropriate attention. Most campaigns are public efforts that fail to make a difference at an individual level. Those that pay attention to prevention, often do so because of some experienced illness, either personal, or as it affects a family member or friend.

Other challenges include just how prevention will be covered in Guam's health plan. As Ehlerst noted in his survey, participants in Guam's Health Summit do not simply want the basics of health care covered by insurance; they would like more. Just how much more is unknown as costs have not been matched to their wants. If national studies hold true for Guam, people tend to want it all until they realize that costs are too high. A balancing of health wants with health costs tends to determine what is available in a health system. As Guam enters a phase of implementation finding this balance between what one wants with what the system can provide at reasonable cost will be key to the process. Some have noted already that Guam's health system is out of balance as those with access to government health programs have greater benefits than those who pay for private health insurance. A process to sort this out is needed and likely will be a key factor in implementation.

Preliminary information from those who participated in the focus groups and health summit, shows a willingness to pay a price in the range of \$50-\$100 per month for health insurance coverage which includes allowances for prevention programs. It is likely that this amount will not be sufficient in itself to pay for the desired level of health coverage, especially family coverage, unless there is significant contribution to Guam's health plan from employers and the government.

To reiterate a danger, a preference for a low rate of individual cost for a full-service health plan may conflict with larger social goals for greater preventive measures and individual responsibility. For many, it may be easier, and more rewarding in the short-run to enjoy unhealthy behaviors as long as someone else pays for medical care in the long-run. Estimating an effective price that balances both responsibility and contribution will need to be done prior to implementation, as well as determining how prevention benefits are allocated as part of the health plan.

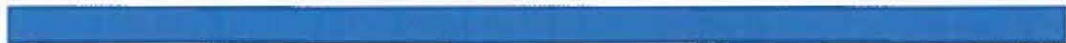
To expand coverage, prevention is the third of three major factors identified by those who participated in Guam's Health Summit and focus group meetings. In summary, issues pertaining to prevention that need further or special attention in the design of Guam's health plan are:

- Estimating cost models of prevention as part of Guam's health insurance coverage.
- Assessing individual incentives for changes in lifestyle to realize benefits of prevention in Guam's health system.
- Determining a willingness to pay for and access prevention programs at the individual and health system levels.
- Evaluating levels of prevention that are currently part of the Government of Guam's public health coverage and those of private, employer-based health plans.
- Identifying prevention programs for medical, dental, and mental health coverage.
- Specifying benchmarks for effective health prevention coverage at the individual and health system levels.
- Determining effective prevention models that will address diversity of cultural health practices.
- Evaluating access to available and effective primary prevention programs.
- Assessing the longer-term health gains from prevention and reducing overall costs of Guam's health care.
- Determining how to provide a prevention benefit as part of health insurance coverage.

III. TOWARD IMPLEMENTATION

Implementation of Guam's health plan to expand coverage begins with some evidence that Guam's economy is rebounding from its prolonged recession. Guam's business and government leaders expect growth following announcements of military expansion, and there is current evidence of increased business investment. Expectations for business recovery may be somewhat slowed, however, as fuel prices increase. Higher overall transportation costs are affecting prices of goods and services on island, as most products are imported. Rising prices will likely affect the cost of health care for similar reasons.

An island-wide plan to improve access, affordability, and prevention will occur in this economic context, which may be more favorable for Guam than in the recent past. With expectations of an improving economy, government revenues may increase as well. Additionally with the flow of federal investments in Guam's infrastructure in anticipation of military expansion, there may be opportunities to improve the island's health and social infrastructure in addition to its needs for physical improvements to the island's water, power, and transportation systems. Guam's policy leaders likely will have opportunities to reconsider allocations of health resources including policy actions that make Guam a leader in universal access to health coverage from a mix of government, business, and individual investments.



To do this effectively, Guam's policy makers will need a full accounting of the cost of Guam's health care system. Currently no per capita health cost exists for the island, and this will be an important first step in coming to terms with the cost of Guam's health system from all sources of funding --government, business, and households. Those who participated in Guam's Health Summit and focus group meetings speculated that perhaps there are enough health resources currently available to make health access universally affordable. The problem may be not the need for more resources, rather better accounting and deployment of those already available.

There appears to be a strong desire and commitment for continued momentum begun from this process of community involvement in Guam's health plan, not simply in the costs of care but in framing forecasts and trends in health status and financing. Investments made in Guam's Household Income Expense Survey and Health Survey Supplement, which began in 2005 are expected to continue as this work is seen as a benchmark from which comparisons of progress can be made into the future. Economic data will also be important in framing Guam's health plan as better health resources flow from prosperity. Better forecasting of health need and health resources can be achieved by including health and insurance data in Guam's economic profile.

Expectations about the future

At the time of the 2002 Guam Economic Census, 94 percent of island businesses employed fewer than fifty workers. This single finding will impact access to private health insurance for many of Guam's residents. Increasing the number of workers with health benefits will likely not improve unless Guam's health plan tackles this critical issue of private access to health insurance for individuals and their families. If not properly addressed, Guam's policy makers and others involved in Guam's health system can expect continued demand for more public health services at all levels of care and increased government health expenditures.

Pressures on Guam's private health system are related to this lack of affordable access to private health insurance through one's workplace. A viable private health system requires individual investments in health matched with the means to pay for services, when needed. For many of Guam's residents, health insurance has become less attractive for reasons of both its costs and its benefits. Stated by many participating in Guam's Health Summit and focus group meetings, the cost of health insurance exceeds its perceived benefits. High deductibles for basic health care and exclusions for pre-existing medical conditions are forcing some with limited means and poor health to not enroll in employer-based plans, even when they are offered.

In addition to being out of reach for many of Guam's lower and middle-income families, more affluent families and younger workers are looking for ways to manage their own health finances through Health Savings Accounts and other private means. These groups may be further reducing demand for health services from Guam's private health system. As they have the means to pay for



out-of-pocket and basic care, and have greater incentives to manage their own health care expenses to reduce costs, they are seeking services from the Philippines. Given Guam's proximity to Asia, demand for international medical care is expected to increase as insurance plans are structured to accommodate this demand and as favorable word-of-mouth accounts of care spread among the larger island community.

From this outlook, there are five critical issues that shape Guam's implementation strategy:

- Guam's economy is rebounding with an expectation for improved government revenues, increased number of businesses, and improved prosperity from Guam's private sector, including households.
- No change in the relative distribution of small businesses is expected and Guam's health plan will need to address access to health insurance for these firms, their workers and families.
- The number of non-US citizens living and working on Guam will likely increase with demand for workers to improve the island's physical infrastructure in advance of military relocation. Increased numbers of uninsured are projected.
- Demand for public health services likely will increase unless Guam's health plan provides incentives to make private medical care affordable and attractive to both health consumers and providers.
- Guam's geographic proximity to international markets and related price competition for health care may constrain island resources, erode its private market share, and contribute to increased health system costs.

Perspective on health trends: health spending and growth

National trends and data are referenced as a baseline for planning Guam's strategy for the uninsured. National trends are important on two counts. Guam's health system is based on US standards, policies, practice guidelines, and insurance options. The general conditions and expectations of the US health system are shared by Guam. Another reason for paying attention to US trends is one more directly related to cost and performance analyses. Guam purchases products from US medical suppliers and trends in direct costs of goods and services can be considered. If the US trend in costs of medical supplies has been increasing, we expect similar cost increases for Guam. What follows are data that will guide planning efforts and give direction for the kind of data required for a macroeconomic perspective of Guam's health system. While Guam has organization and agency level data, larger trends and studies are needed. These snapshots of what is occurring in the United States will give Guam ideas of what to pattern in its planning process.

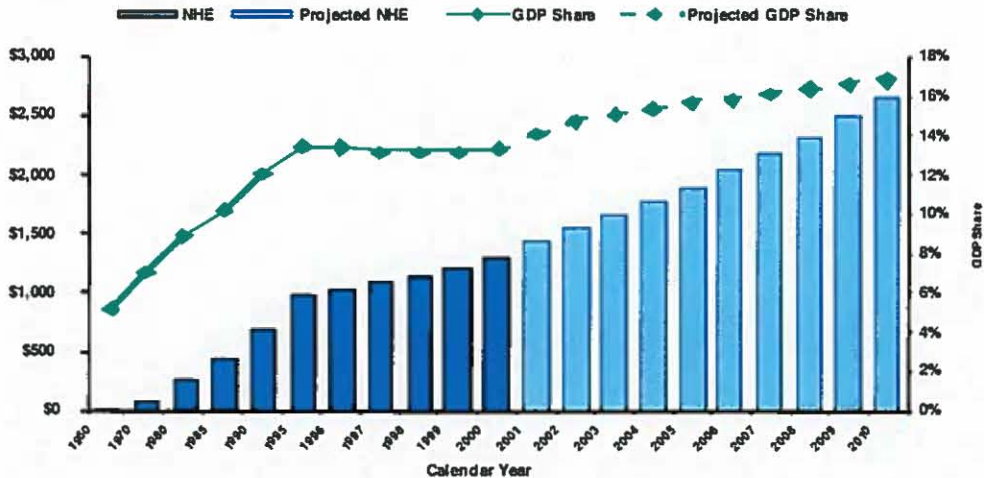


Guam also has some unique features that will be highlighted for attention in the implementation phase. Recent policies to network public health services in ways similar to private sector health care markets will likely increase utilization of services at Guam's CHCs as more will seek access to care from these centers. Patients who once presented at Guam Memorial Hospital will now be routed to the CHCs for clinical assessment and referral. This will likely reinforce the positive aspects of primary care for the community health centers and establish the kinds of relationships sought by the Health Resources and Services Administration that provide federal funding for Guam's federally-qualified health centers.^{xix} This continued link with federal support for local public health programs is essential given expectations for increased demand. With the recent implementation of the MIP Reform Law, the CHCs have seen increases in the number of patient encounters. Past trends show a decline in CHC use. Renewal of the Compact-Impact Agreement with neighboring islands may also increase demand for public health services through the Community Health Centers as well as Guam Memorial Hospital. A small sample study suggests that demand is currently increasing in 2004 compared to the prior years, and CHC staff report increases in the number of patients and an overall increase in activity at the Centers in recent months.

National Health Spending

National health spending growth is projected to significantly increase as a share of GDP over the next decade. Currently, Americans spend one of every five dollars for health services. Studies of health care costs particularly for preventive care indicate that spending for prevention is replacing more expensive health care for acute and later-stage diseases. This is particularly evident in the treatment of mental health and other chronic illnesses that once required hospitalization. The rise in outpatient services and a shift to preventive services has increased overall costs of health care and expanded the health industry. The trend toward wellness, lifestyle and elective procedures will contribute to expanded demand and growth in health care spending. Analysis of similar trends in health expenditures is unknown for Guam, although it has a potential baseline from the 2005 HIES study.

Chart 16: NATIONAL HEALTH SPENDING GROWTH

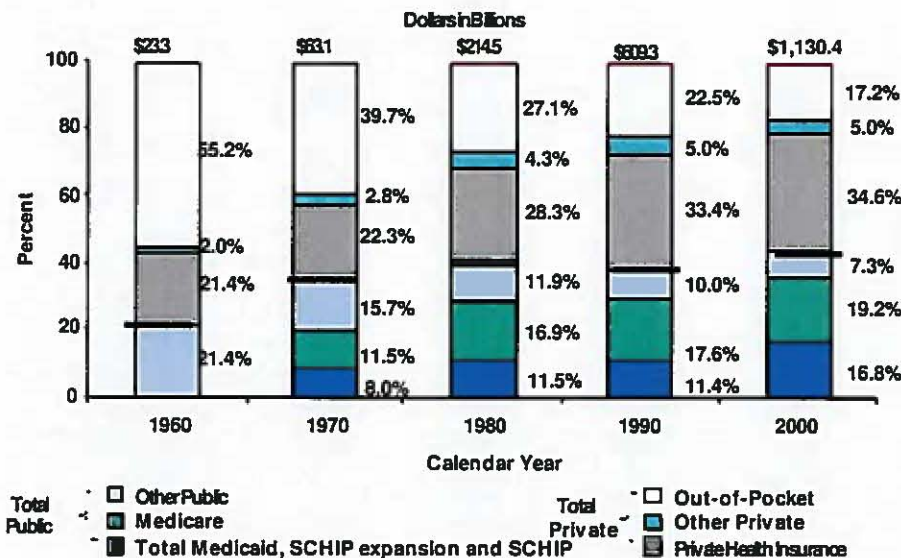


Source: CMS Office of the Actuary, National Health Statistics Group

Guam does not have an accurate assessment of per capita health spending. At the national level, health spending per capita is expected to increase rapidly over the next decade as more Americans spend more of their income on health care services. With increasing age of the population and a trend to discretionary spending for quality of life improvements, the US economy expects health care industry growth. For an aging population, health services are more frequent and more expensive particularly within the last six months of life.

Similar analysis would be useful in preparing cost estimates of Guam's health plan, as it would provide comparative information with national trends and among options for health care coverage. Actuarial studies currently underway should be included in Guam's analysis.

Chart 17: NATIONAL HEALTH SPENDING PER CAPITA



Source: CMS, Office of the Actuary, National Health Statistics Group

Impact on Public Health Programs

Over the last several decades, the public sector share of health spending has increased, while the share from out-of-pocket spending has declined. The aging population and commitments by the government to fund health care for the elderly, have contributed to this trend in cost shifting from private sources to government-funded programs. The private health insurance industry has grown as well over the past decades with the rise in HMOs and other forms of managed care subsidized in part by employers. State-funded programs have been declining in recent years as a share of health spending.

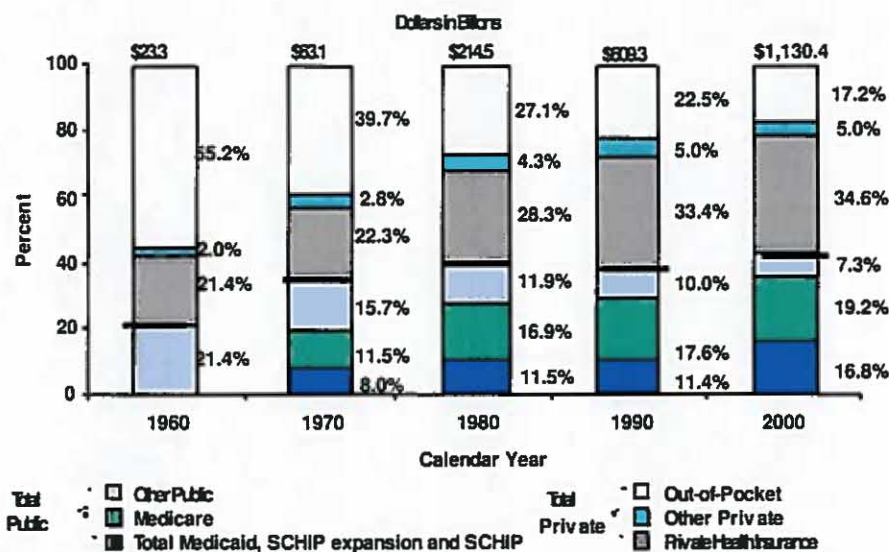
Many states have reduced or eliminated programs preferring instead to privatize health services in cooperation with privately managed HMOs. The success of these ventures has been mixed especially in high impact, low socioeconomic cities in the United States. Growth in private markets for health insurance is occurring for specialized services. Elderly are seeking programs to cover gaps in the cost or provision of Medicare services. The rise of plans to cover elective surgeries and prescription medications has contributed to the expanding share of other private health spending.

The profile of who pays for health care is changing. Over the last two decades, private coverage has declined, public coverage has stayed about the same, and the uninsured have grown. National studies of the uninsured are ongoing and are related to employment preferences. The uninsured are typically not the elderly, the poor, nor children, who have access to care through government programs. The uninsured tend to be working adults. The trend is particularly important for Guam, which has high number of temporary and displaced workers.

For those uninsured in the United States, adults between the ages of 18 and 54 seem to be most vulnerable. Health insurance tied to employment is considered a contributor to this condition, as recent changes in job choice and reductions in workforce have affected working class adults.

The concept of insurance portability regardless of employment and existing medical conditions have been investigated as possible sources of problems for working adults and their families. Government programs for children and the elderly make inevitable the burdened of the uninsured to fall in this range.

Chart 18: PUBLIC SHARE OF HEALTH SPENDING

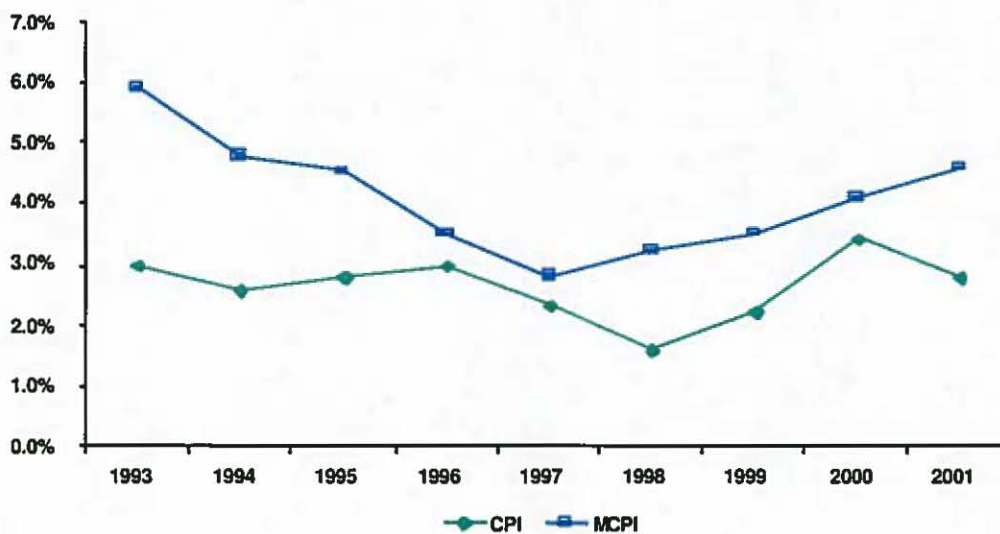


Source: CMS, Office of the Actuary, National Health Statistics Group

Over the last two decades, private coverage has declined, public coverage has stayed about the same, and the uninsured have grown. Studies of the uninsured are ongoing and are related to employment preferences. The uninsured are typically not the elderly, the poor, nor children, who have access to care through government programs. The uninsured tend to be working adults.

Overall, the price of health care goods and services continues to exceed those included in the consumer price index (CPI). While the CPI includes goods and services consumed by most households and shows a trend of recent decline in recent years, the medical consumer price index (MCPI) has been rising in the past five years. With increases in fuel costs, the CPI is expected to again increase and with it related escalations in costs for medical services and supplies.

Chart 19: MEDICAL PRICES HAVE RISEN ABOVE OVERALL CONSUMER PRICES



Source: Department of Labor, Bureau of Labor Statistics

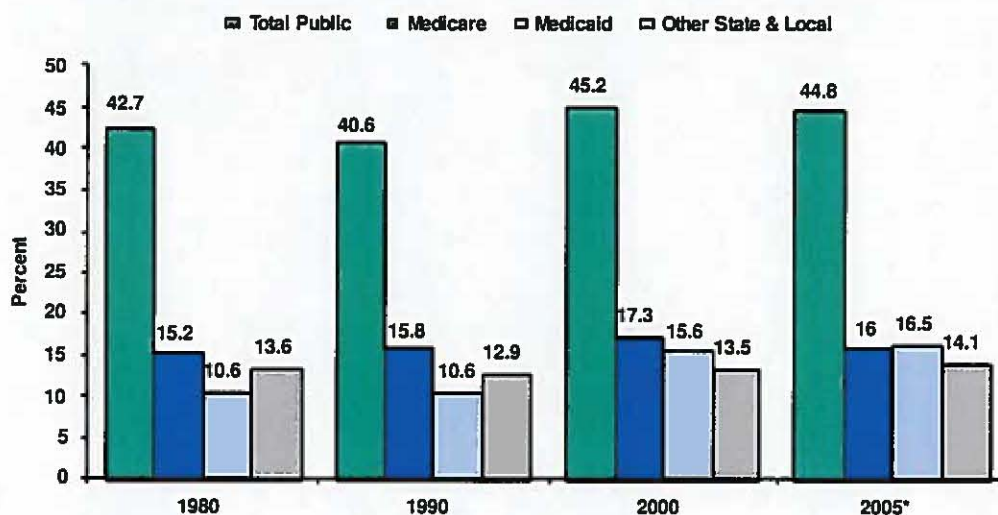
The medical consumer price index (MCPI) has been rising in the past five years. Projections are that the price of health-related goods and services will likely continue to increase given consumer

interest in health, demographic demand of an aging population, and subsidization from government programs.

The share of national spending by public payers has increased slightly over the last two decades, driven by faster growth in Medicaid spending. Federal support of health programs for the poor and disabled have increased recently as state programs have declined. This pattern shows a change in national health policy from the 1980s when local and state governments covered health services for these groups. Guam has received recent increases in its Medicaid spending cap. Expectations are that this increase will not fully support demand for health care on Guam, especially as the numbers of uninsured workers continues and likely increases with rising costs of insurance and out-of-pocket medical expenses.

With cutbacks in federal subsidies to state and local governments, cutbacks in health spending were realized by 2000 with a shift from state/local support to federal Medicaid programs. A return to public policies of local health investments is projected to better balance federal Medicaid spending with local appropriations to support health services. Overall, the public's share of health spending has increased since the 1980s.

Chart 20: PUBLIC SPENDING ON HEALTH CARE HAS INCREASED



Source: CMS, Office of the Actuary, National Health Statistics Group



Given estimates of population, and trends in health and life-expectancy, the number of people Medicare serves will nearly double by 2030. An increase in services to disabled is also projected. Impact on public spending for health care are estimated to grow. Health spending is expected to be 30 percent of GDP.

Payments for the elderly, blind and disabled account for 71 percent of total spending for medical care for these groups. Guam has a similar profile of demand and expenditures. Projections for increased growth and expense related to the health needs of these groups are raising concerns about the ability of public programs to fund medical care. Reductions in cost of care for other groups are forecast.

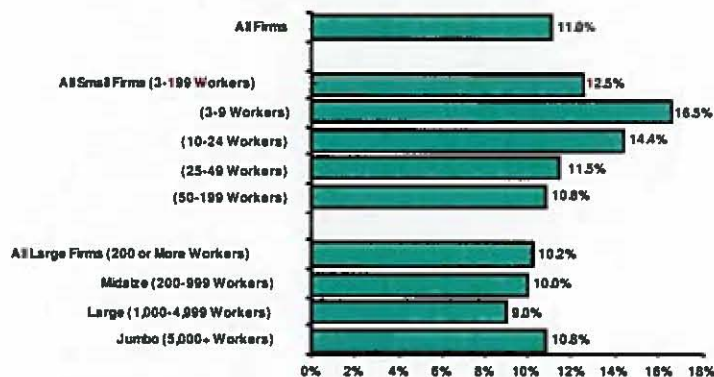
Lower-income groups are more likely to be uninsured, and the working poor are especially disadvantaged, as they do not qualify for federal programs and have limited discretionary income to purchase health insurance.

Noted previously, barriers to health care insurance are significant factors for small firms and those who are employed by them. Small businesses face higher premium growth than larger firms. For Guam this is an important trend, as most businesses on island are small businesses.^{xx} The pressure for small businesses to find affordable health insurance and to allocate resources to the provision of health insurance for their workers is difficult. Small businesses have formed cooperative arrangements to purchase group plans for health insurance.

These cooperative insurance programs are limited and remain higher priced than those offered to larger firms. The risk premium for small businesses appears to be significantly higher as small businesses tend to employ lower-wage workers. Lower-income households tend to have higher risks for health problems requiring medical care. For many the option of seeking local government subsidy through the Medically Indigent Program (MIP) appears to be a viable alternative for small businesses and families who work for such firms. Growth in MIP enrollment and related cost increases have been attributed to this growing trend of small businesses unable to find affordable private health insurance programs.

Chart 21 demonstrates the effects of where one works on ability to access health care insurance by showing rate of premium growth. Small firms pay a higher rate for health insurance to cover their workers and this in turn is often shared with workers in terms of higher rates and limited choices of insurance providers. The highest rate of growth in premiums at 165 percent is for firms with between 3 and 9 employees. For Guam nearly half of the businesses on island are in this category.

Chart 21: Small Firms Face Higher Insurance Premiums



Source: Kaiser/HRET Survey of Employer-Sponsored Health Benefits 2001

For others, the rates are not much better. Nearly 94 percent of Guam's businesses have fifty or fewer workers. Only those employed by large national firms, and those who work for the federal or local government have access to group health insurance at reasonable rates. But these rates show increasing price pressures either through increased premiums, co-payments, and/or deductibles. Rates of exclusions tend to be increasing and will need further study and documentation through an analysis of private as well as public insurance benefits.

This has been especially evident for local government of Guam workers. Given current trends, court decisions and Asia-PacificCare's decision to exit this segment of Guam's insurance market, there are fewer health insurance firms willing to provide coverage for government workers and the rates will likely increase accordingly as those firms that remain on island take on more subscribers who are high risk. The question is whether the gains of larger overall numbers will offset the inclusion of high-risk patients.

For the Government of Guam this may mean higher demand for services as more people look for ways to conserve health care costs. Currently, with increased co-pay rates, Guam's Community Health Centers are seeing an increase in the number of patients covered by local health insurance firms. With current reductions and changes in the local health insurance market, the forecast is for more patients with health insurance, especially those seeking care at co-pay rates being seen by the professional staff at the CHCs.

Comparisons with other Community Health Centers shows that the Guam CHCs serve more patients (47 percent to Hawaii's 27 percent) and do so at rates that are lower (\$129 per medical

encounter at the Guam CHC versus \$137 per medical encounter in Hawaii). The average charge per billable encounter is also lower on Guam at \$69 compared with Hawaii at \$148.^{xxi}

Guam faces growing dependency on public health services as the numbers of uninsured increase. Efforts to support private health services and encourage individual responsibility to maintain health and health coverage are being considered by policy makers who realize the cost constraints of health resources appropriated for public programs. Guam's health plan will need to be implemented with both perspectives -- public and private health sectors.

From this comparative view of national trends, there are five critical issues that shape Guam's implementation strategy:

- Guam has significantly higher demand ratio for public health services than other U.S. communities. Its model for covering the uninsured will likely attend to costs of public health services and the need for affordable health coverage to encourage health service shifting to the private sector.
- When asked if health insurance should cover only the basics, those who participated in Guam's Health Summit expressed strong disagreement. It appears that their views are consistent with national interests. Matching preferences with costs for those options will yield refined views on the contents of basic health care coverage.
- National policies, particularly changes in the federal tax code may negatively affect Guam's health plan if such policies reduce local government revenues, which support public health programs.
- Costs of health care coverage are determined by price of goods and services and policies set by U.S. law. Competition from international markets without such restrictions will impact Guam more significantly than other U.S. states. Guam's health plan will need to address a regional perspective for health services.
- Basic health economic indicators, such as a medical CPI and per capita health spending may be derived from preliminary work of the Guam 2005 HIES study. Further work will be needed to determine cost models and trends to analyze health coverage options for Guam.

Staging Implementation

Guam faces several critical issues in providing health care for the uninsured. Many of these issues are attributable to access, affordability, and prevention in ways noted by other states and in others that are unique to Guam, such as its location, population profile, and predominance of small business without the means to offer private health insurance to its workers. Guam, an island

community of 160,000 people is also a relatively closed economy. This fact creates options for universal access and health coverage programs.

Such options need further analysis and definition. With the background and guidance of this initial study, staging implementation of a universal health plan is advised based on the need to develop a sense of local trends, gather additional information, evaluate progress and make incremental policy changes at a time when Guam's economy is expected to grow significantly. Much of the current condition for Guam's health system may be the result of severe and prolonged recession. The numbers of uninsured may change with an improved economy and effective policy actions to improve the health system.

Staging implementation would occur over three years with each phase expanding upon the work of this study.

Stage 1 (6-9 months)	Expand Information Base of Health Cost and Insurance Monitor trends: Guam's economy, health system, and uninsured Establish benchmark targets for reducing number of uninsured
Stage 2 (1 year)	Pilot and evaluate a program to improve insurance enrollment particularly targeting non-U.S. citizens, employees of small business firms, and young adults
Stage 3 (1 year+)	Establish Guam as a "Universal Access to Health Community" Evaluate regulatory policies that encourage private participation

Currently there is significant interest in moving forward with a plan to address the problem of Guam's uninsured households. With recent publication of rate increases for Government of Guam employees, some plans exceeding 500 percent increases, there is a general expectation that the number of Government employees with insurance will decline. If this trend is widespread in the private sector, Guam expects an increase overall in the number of uninsured. The problem of affordable access to insurance continues.

Demand for public health services and non-payment for services at Guam Memorial Hospital, in this scenario, is expected to increase, putting further pressure on limited health resources. There are many ideas for implementing stop-gap measures being publicly debated, but none have taken shape to reduce the number of uninsured.

This study will continue to monitor the uninsured and pursue continued community engagement as it works toward implementing a pilot program to provide access to key groups of uninsured: employees of small businesses; college-age young adults; and non-U.S. citizens.



At a policy level, this study will frame an agenda to make Guam a “Universal Access to Health” community. The community engagement initiated by this study will continue to evaluate currently available health insurance options--both private and public sectors-- and establish minimum benefits coverage at affordable rates for all of Guam’s households. This will require ongoing strategy meetings with community, business, and government leaders, begun with this study.

Public information dissemination, initiated by this study will continue with broad publication of this study’s findings and announcements of its next efforts. The goodwill established throughout the community for this study; the participation by Guam’s households in the Household Income and Expense Survey and Health Survey Supplement; the participation by local community business leaders and public officials in focus group meetings and Guam’s Health Summit; and the active interest and publication of the work of this study by local media are all evidence of community commitment to finding solutions to expand access to affordable health coverage.

Specifying Minimum Health Coverage Benefits

One of the key elements of this study was to frame a perspective on minimum health benefits coverage. Given a climate of health insurance that promotes discussions of cost over benefits, it was not surprising to find that when asked, most responded that they seek basic health benefits in broad terms of medical, dental, and mental health coverage. Prevention benefits were viewed as a means of lowering premium costs and not as a direct covered benefit. On follow-up many stated preferred coverage for participating in programs for smoking cessation, nutrition management and weight loss.

Cost appears to overwhelm discussions of benefits; and anecdotal interviews with employers, particularly heads of Human Resource departments, reveal that many of Guam’s workers are not paying attention to benefit coverage and exclusions. Employees focus almost exclusively on the per paycheck cost of health insurance. HR personnel report also that as insurers compete for low-cost plans, medical coverage/exclusions are essentially the same --a similar finding of the survey of the Government of Guam’s health insurance options. It appears from this review, and confirmed by the interview with Guam’s commercial insurance executives, that price drives what benefits are included in the plan. As one executive remarked, we can package a full-range of health coverage options, but most consumers (businesses or individuals) are interested in low cost plans. The result is that minimum benefits are being determined by cost of care and an assessment of health status risk.

Given this outlook, questions as to whether particular disease conditions, such as hemophilia, should be included in minimum benefits were not asked of study participants at this stage. Yet



information was gathered on the contents of health plans from the perspective of providers and from a review of plans offered to Guam's largest employer, the Government of Guam. Covered health benefits for Government of Guam employees are listed in the Appendix D of this report. Additionally, health coverage allocated for participants in Guam's Medically Indigent Program were reviewed. The list of conditions covered by Guam's MIP program is provided in the Appendix D. The degree of private coverage offered by Guam's business sector was not evaluated at this stage and is planned for follow-up study.

Post-focus group, follow-up meetings with providers indicated concern that local commercial insurance companies do not cover several medical conditions covered by policies in the States. For example, some cancers and rare, yet prevalent conditions such as hemophilia, are excluded. One physician interviewed for this study, a specialist in treating Guam's hemophiliacs, reported that Guam has a patient population of 42, with annual medical costs in the range of \$50,000 to \$100,000 per patient. Many of these patients are not illegible for public health assistance. They or a member of their household work at low-wage jobs without access to private insurance coverage. When asked how medical care services are paid the physician indicated that many are expenses that remain uncollectible by Guam Memorial Hospital and other public health programs.

When asked about affordability and access, many providers indicated that access is less of a problem, as treatment availability at GMH without regard for payment appears to be common practice. There is growing community perception that health care, if it cannot be privately paid, will be covered by the government -- a concern noted by Guam's legislature.

In this context, specifying minimum health benefits is yet to be a broad community concern, yet it is an emerging one as policy makers come to terms with what should be covered by private insurance rather than left to public assistance. While not documented adequately, there appears to be evidence that some medical exclusions from private insurance programs are a means to reduce personal costs of insurance coverage and result in higher out-of-pocket and/or public health costs.

As awareness grows, calls for minimum health coverage will be made, and policy makers and health leaders will begin to engage in debates about what should be provided as minimum coverage. The question was addressed to participants of Guam's Health Summit as an initial indicator, and not surprisingly, they preferred to have high levels of coverage with minimal cost. This is in line with findings from other States that have attempted to identify minimum health coverage plans. Guam will likely follow similar actions to match incidence and cost with available health resources to determine a local minimum health benefits qualification.

To do this, Guam, as in the Oregon experience, will require broad-based participation and community/business cooperation. Given Guam's current climate of interest in privatization and limited government regulation, policy action to specify or mandate minimum health coverage for all of Guam's households will be met with some trepidation unless the process is broadly inclusive



with recognition that government policies in this regard will yield greater overall benefits and reduce health system costs.

Guam will look to other states for examples of community engagement in the framing of legislative action to improve access to affordable health coverage. This study has identified states and territories with similar circumstances and has been noted in the Appendix G as sources for further research.

IV. CONCLUSIONS

The initial study of Guam's uninsured provides a snapshot of the number of uninsured, perspectives of affected groups, and a general preference for a health system that provides access, affordability, and prevention. From data gathered in the Guam 2005 Household Income and Expense Survey, the Health Survey Supplement, focus group meetings, and the Guam Health Summit, this study points to key determinants of Guam's uninsured as of 2005. It establishes a baseline from which to build and evaluate local health system reforms.

Key policy issues and next steps are summarized below.

- Results from HEIS study show that Guam has a significantly higher rate of uninsured than other States.
- Despite programs to provide public support for health care access, there remains significant numbers of children and elderly without health care coverage.
- Those who work for small employers and work at low-wage jobs are at greatest risk for not having health insurance coverage.
- Those who are non-U.S. citizens have particular problems with health insurance access that need special policy attention.
- Regionalization of health care services and cost sharing will impact Guam's health care industry. Monitoring of Guam's health resources and services will be needed.
- Prioritizing additional health benefits as part of Guam's health plan and consideration by policy makers of legislation to alleviate insurance coverage disparities.
- Guam's small business community seeks tax incentives or government-subsidized buy-in options to access affordable health coverage for their employees.
- Continued data analysis, established by this study needs to be included in future studies of Guam, its economic development, and health status.
- Tax allocations for public health funding will need to be reviewed and likely increased in the face of increased demand for public health services.
- Efforts to make the community better informed of health insurance coverage options and the importance of prevention in reducing the burden of illness and cost to Guam's health system will need continued campaigns.

- 
- Accreditation of Guam Memorial Hospital may make external funding sources available to underwrite non-payment by those uninsured.
 - Federal caps on Medicaid/Medicare will need continued monitoring and adjustment given the levels of uninsured.
 - For Government of Guam retirees, buy-in of Medicare appears an effective option to reduce impact of local health costs.

ENDNOTES

- ⁱ Thorpe, K.E. "The Rise in Health Care Spending and What to Do About It", *Health Affairs*, Vol. 24, No. 6, Nov /Dec 2005, pp. 1436-45.
- ⁱⁱ Gabel, J. et al. *Employer Health Benefits 2005 Annual Survey*, Kaiser Family Foundation and the Health Research and Educational Trust, September 2005.
- ⁱⁱⁱ The 2002 Guam Economic Census reports 2,926 total business establishments on Guam with 2,757 businesses reporting fewer than 50 employees. The largest category of firms, those with four or fewer workers, numbered 1,326.
- ^{iv} Glover, S.H. et al. "Small Business and Access to Health Insurers, Particularly HMOs", *Small Business Research Summary*, No. 202, October 2000.
- ^v Census 2000 provides information on Guam's population and housing and reports a population of 154,805. Demographic and other data are used for projections of health demand given the relationship between income and health status.
- ^{vi} Data are current available as of March 2004. Source: Current Labor Force Survey (CLFS), Bureau of Labor Statistics, Department of Labor, Government of Guam.
- ^{vii} Data as of 2003 reported by Guam Bureau of Labor Statistics. US Census 2000 reports Guam's median household income as \$39,317.
- ^{viii} Data from 2000 U.S. Bureau of Census and Guam Household Income and Expense Survey 2005.
- ^{ix} Data from Guam 2000 Census, US Census Bureau. Data are reported for full-time, year-round wage earners.
- ^x Issues of health benefits coverage for employees of the Government of Guam will be addressed in a later section of this report, Policy Profile.
- ^{xi} The Health Status Survey was conducted for all persons within the household and for all major disease categories except cancer.
- ^{xii} Military personnel and their dependents are not included in the population totals. Health services for active duty military are provided by a Naval Hospital and military clinics located on Guam and are not included in this review. Veterans receive care from local health services.
- ^{xiii} Government of Guam Executive Budget, 2005.
- ^{xiv} Guam DPHSS, Bureau of Health Care Financing, 2005
- ^{xv} See Jones, RM (2004). Economic impact of a fee schedule increase for Guam's Community Health Centers. This report documents increased demand for public health services by those with private medical insurance, a consequence of high deductible plans and low cost public health services at Guam's CHCs.
- ^{xvi} See Pacific Daily News story of April 2005.
- ^{xvii} Staff also indicate that they have observed more patients coming to the CHC for care and have noticed a level of activity above prior normal capacity. Time will tell whether this is just a transitional observation or whether the increase in the number of clients is sustained. Nonetheless planning continues with the expectation that more space will be needed at the CHCs and plans are being made for increased and expansion to existing facilities, including larger patient waiting areas.
- ^{xviii} Average cost was determined as a weighted average of services offered by the health clinics and has likely increased since 2003.
- ^{xix} Correspondence from Thomas Coughlin dated July 13, 2000 in response to a reorganization plan that would place the CHCs under the administration of Guam Memorial Hospital, Coughlin



clarifies, "Health centers are encouraged to have referral arrangements with hospitals to ensure continuity of care, but must maintain their focus of primary and preventive care".

^{xx} The 1997 Guam Economic Census reports that there were 2,707 total business establishments on Guam. The current Economic Census is being analyzed with some speculation of decline in the number of small businesses given the downturn in economic activity in the past five years. Each of Guam's prior census reports had shown increases, with the most recent being growth from 1,955 in 1992. Forty seven percent of businesses in 1997 had four or fewer employees. Ninety-four percent had fewer than 50.

^{xxi} Source UDS data web site page 1 2002.



Bridging the Gap in Health Care:

Report on the Opinions of Attendees of the Guam Health Summit, 10 February 2006



Bridging the Gap in Health Care
Report on the Opinions of Attendees of the Guam Health Summit
10 February 2006

Michael B. Ehler, Ph.D.
University of Guam
Division of Social & Behavioral Sciences

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Managed through the University of Guam Cooperative Extension Service
Peter Barcinas, Coordinator
Roseann Jones, Ph.D., Lead Investigator
Angelina Mummert,, Program Coordinator

Bridging the Gap in Health Care:
Report on the Opinions of Attendees of the Guam Health Summit
10 February 2006
By Michael B. Ehlert, Ph.D

Introduction & Background

Developers of the State Planning Grant for the uninsured requested information on Guam what people thought about health insurance. They specifically requested quantitative data from the various constituents. Many members of the UOG research team participated in finalizing the questionnaire, but Dr. Ehlert was primarily responsible to develop it. He reviewed the material provided with the State Planning Grant, discussed with the UOG research team what specific information might be helpful, discussed with friends and colleagues their concerns about health care, and read in detail the discussion material from the Public Broadcast System (PBS) Health care Crisis packet (see http://www.pbs.org/health_carecrisis/tough_questn.htm). Comments on a preliminary draft of the questionnaire were requested from attendees of two focus groups, the UOG research team, and the UOG Psychology Faculty members. All comments and suggestions were considered but the final questionnaire included items tailored to the projects' needs as determined by Dr. Ehlert.

Method

Participants. Questionnaires were included in the registration packet of all Health Summit attendees. The master of ceremonies invited attendees to complete the questionnaire at the opening of the summit, reminded them a few times during the summit, and prompted them to submit it at the end. The opening paragraph stated that the responses would remain anonymous, participation was voluntary, individual items could be skipped, respondents could stop altogether, and the individual responses would determine the group's collective opinion about health care on Guam.

Instrument. The questionnaire had two main sections (see Appendix A). The first section included items on demographics, why participants attended the summit, and the financial costs of health care. The second section provided 25 Likert-type statements to which participants responded on a 5-point Likert scale, each point associated with a written descriptor (1=strongly disagree, disagree, neutral, agree, 5= strongly agree). Research Assistants entered the responses into a spreadsheet computer program.

Results & Discussion

Of the 112 attendees, 71 submitted the questionnaire yielding a respectable response rate of 63.4%. Appendix B contains charts reporting counts for each item without aggregation or additional analyses.

Demographics. The respondents reported coming from 21 villages, and 80% worked in government, administration, education, and health care. Thirty-eight of the respondents reported being married, twenty-three single, and four divorced. Eighteen reported having no children, with 87% having 4 or fewer children. For specifics, see Appendix B, last page. Ethnicity and sex were determined to be unnecessary and thus were not asked.

Item analysis. To make the results more comprehensible, the questionnaire's items were grouped into common themes. The four themes are (a) expectations for health care, (b) personal experience with health care, (c) concerns about health care, and (d) suggestions for health care, presented in order below. For the Likert-type statements, the five possible responses were aggregated into three categories: *agree* (including 'strongly agree' and 'agree'), *disagree* (including 'strongly disagree' and 'disagree'), and *neutral* (including 'neutral' only). The number of non-respondents also was included for each item.

Expectations for health care.

Coverage. Respondents overwhelmingly agree (85%) that having medical, dental, and mental health insurance is essential for a satisfying life (see Figure 1, pooled data).

Figure 1. Pie chart of insurance coverage considered essential for keeping a good quality of life (pooled data).

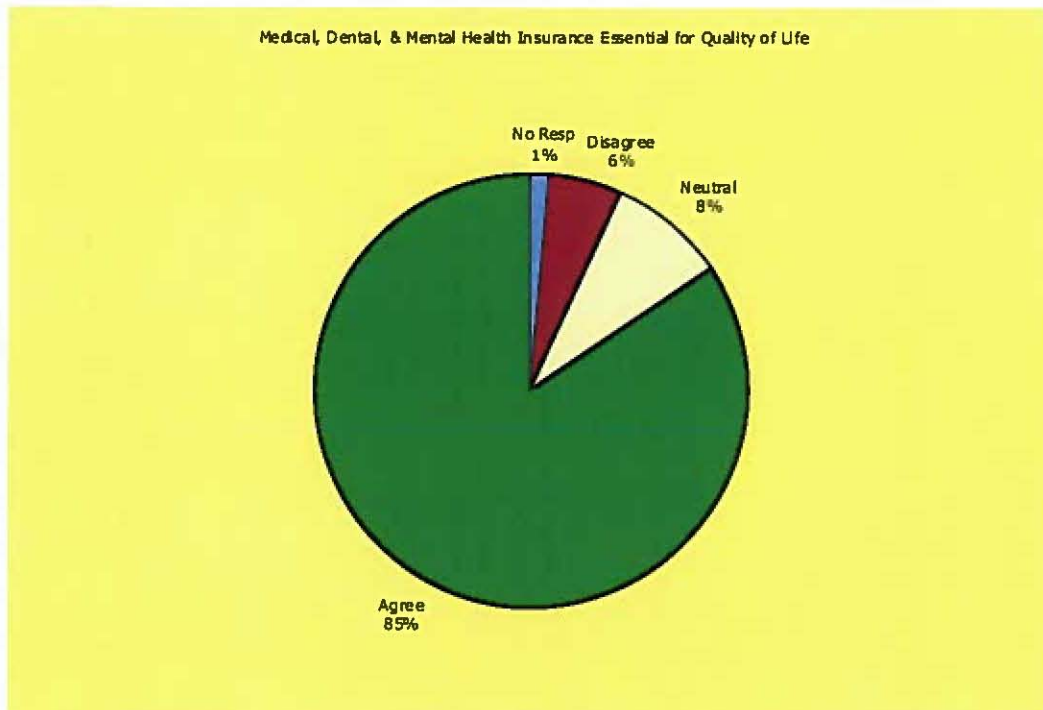


Figure 2 compares preferences for each type of health insurance. Between 90% (medical) and 78% (mental health) of respondents agree that these three health plans are essential and thus should be covered by insurance (see green bars).

Figure 2. Essential insurance coverage by type of insurance. Each cluster represents data from in individual item.

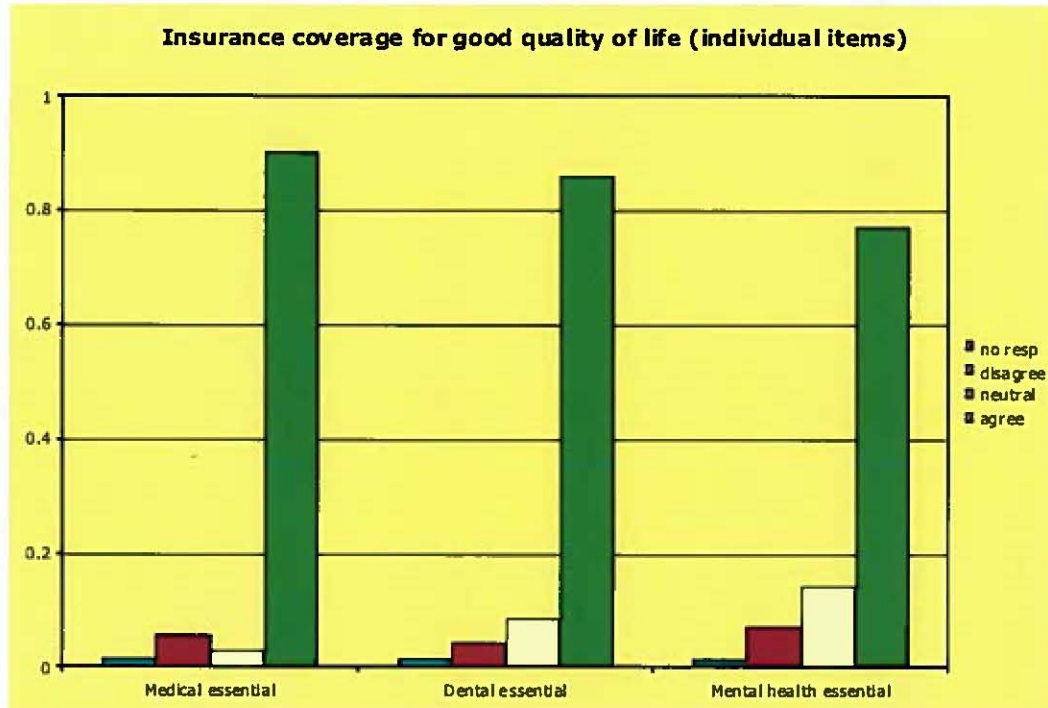
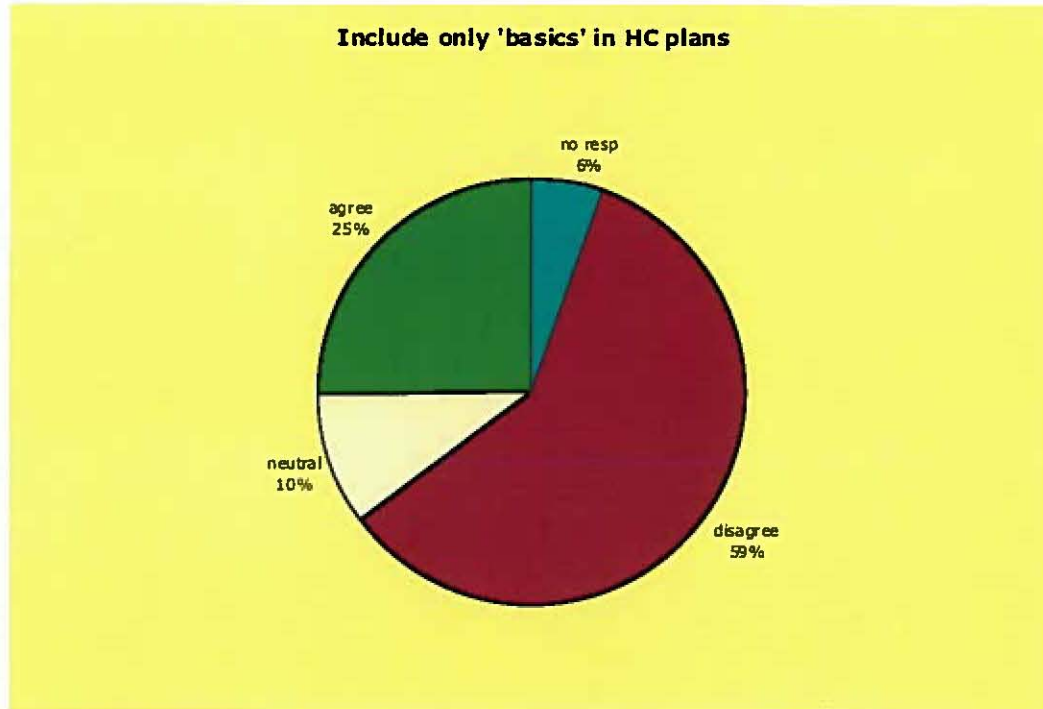


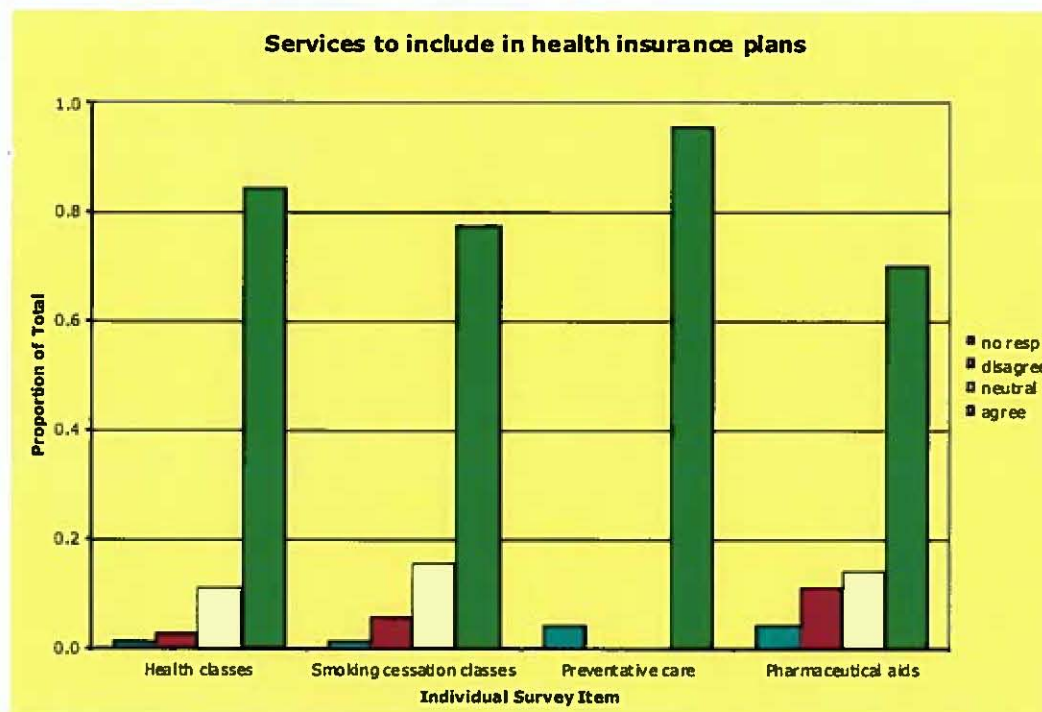
Figure 3 reports respondents' opinions on whether health insurance plans should include only basic health care: nearly 60% disagreed (see red section) while only 25% agreed (see green section). In an ideal insurance plan, then, respondents expect that health insurance plans cover more than only the basics.

Figure 3. Respondents' reactions to the statement that only 'basic' health care should be included in insurance plans.



A few specific services that respondents expect to be included in health insurance plans are reported in Figure 4. Of those who responded to the item (three respondents did not respond) all agreed that preventative care (for example, annual check ups) should be included (second green bar from the right). Other services receiving strong support include health classes (for example, weight management), smoking cessation classes, and pharmaceutical aids (for example, nicotine patch).

Figure 4. Bar chart showing agreement that specific services should be included in health insurance plans clustered by type of service.



In summary, respondents agree that medical, dental, and mental health all should be included in health insurance plans and that these plans should include more than merely the basics, like preventative and wellness services. Exactly what each respondent would include in her or his personal definition of *basic health care* is uncertain, as the term was not defined in the questionnaire and not forced-choices were required. Additional research would be necessary to learn the specifics.

Quality & location. The majority of respondents (74%) expect that the quality of health care on Guam compare favorably to the US Mainland (see Figure 5, green section). However, Figure 6 indicates that 85% of respondents do not oppose (agree: 66%, neutral: 19%) receiving specialty care in the United States (72% agree) or the Philippines (59% agree). Apparently, then, respondents prefer on-island health care, unsurprisingly, yet are flexible enough to leave island

to receive specialty care if needed. When combined with results reported in the *personal experiences* section below, respondents appear to hold a favorable opinion about the local health care that is provided.

Figure 5. Pie chart presenting expectations of the quality of on-island care.

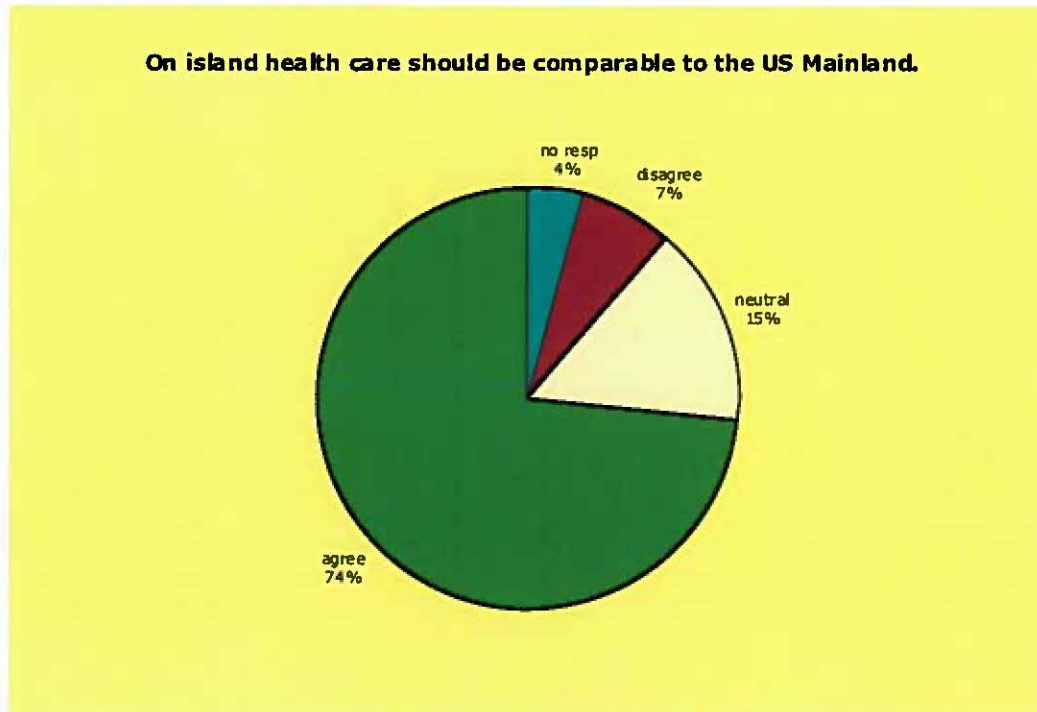
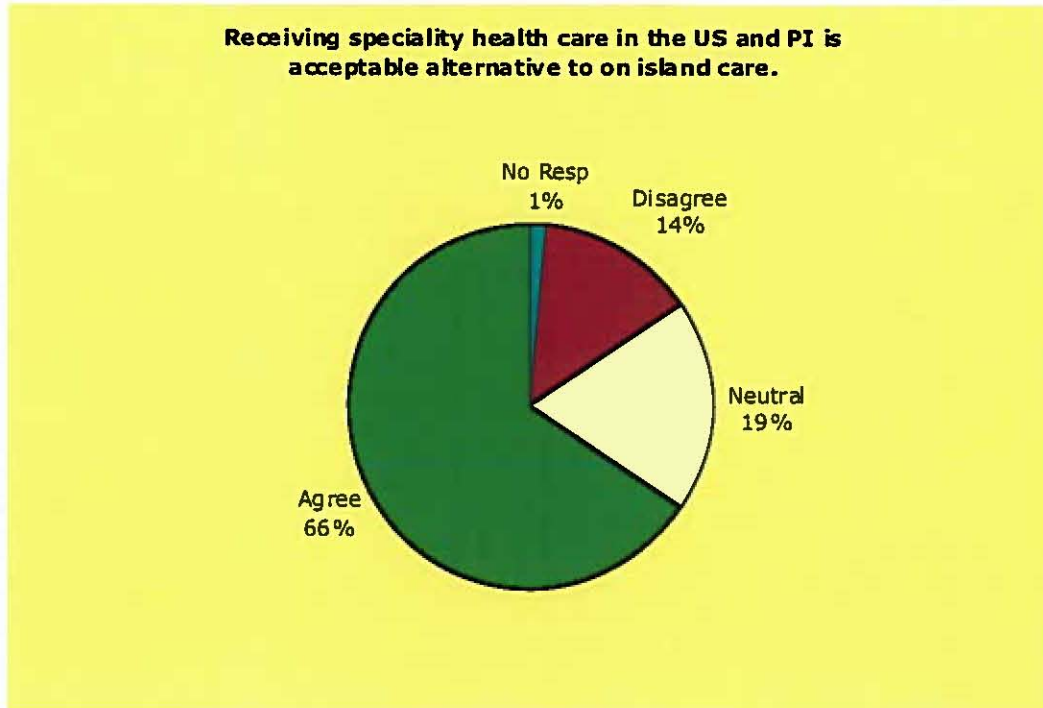


Figure 6. Pie chart showing willingness to receive specialty health care in the United States and Philippines (pooled data).



Personal experience with health care

Health care professionals & insurance companies. The respondents respect their local health care professionals and want them to help make key health care decisions. Figure 7 indicates that only 30% oppose (red section) their health care professionals deciding on required health care services while 66% do not oppose. In contrast, respondents predominantly disagree (71%, red section) that trained insurance representatives should decide when health care services are needed (see Figure 8).

Figure 7. Pie chart depicting general agreement that health care professionals should decide on health care services.

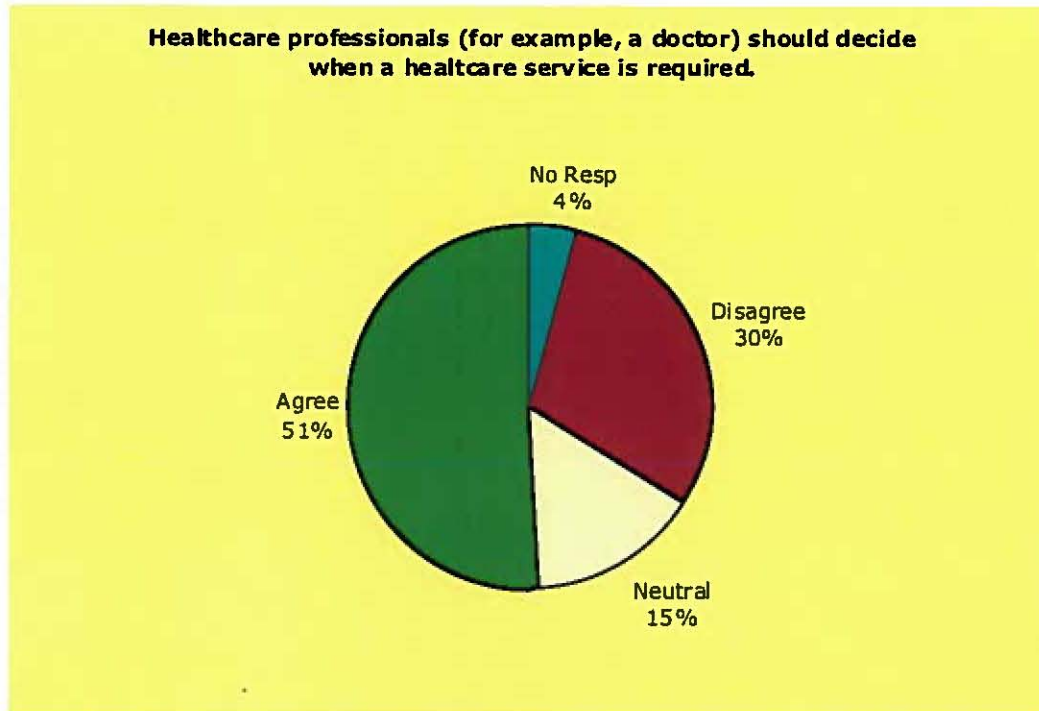
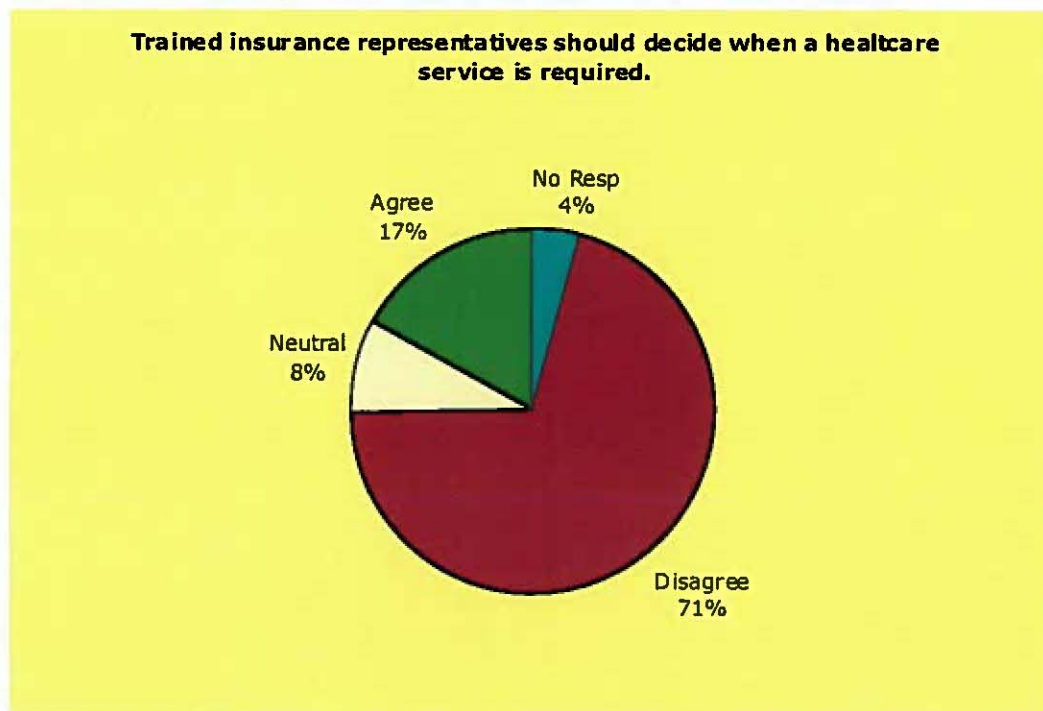
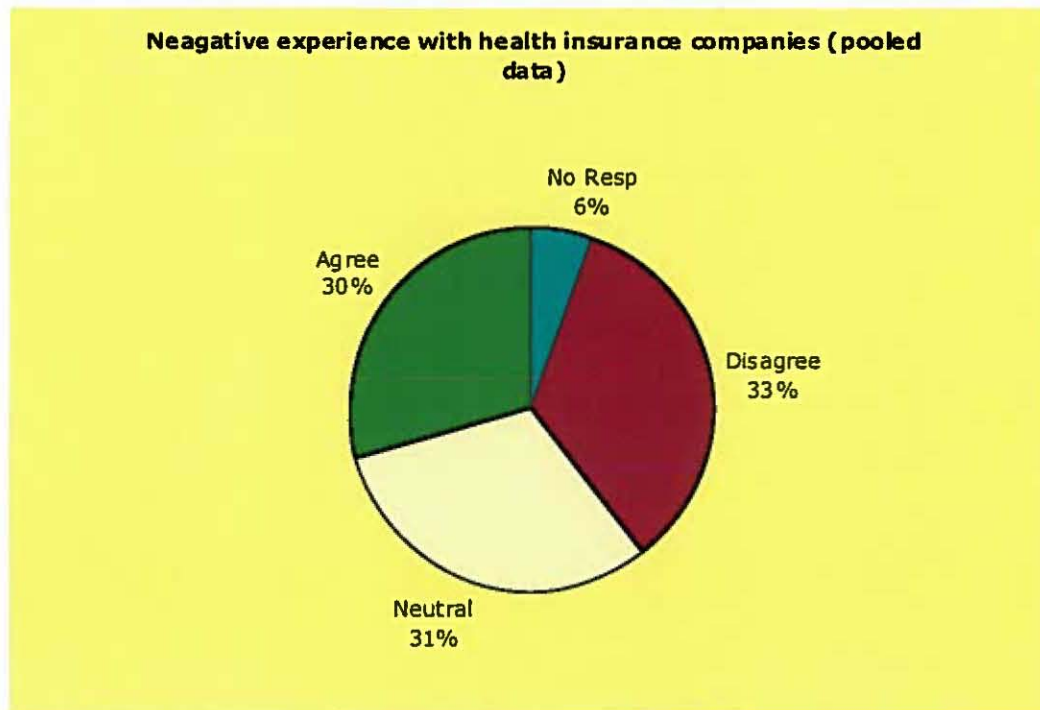


Figure 8. Pie chart depicting clear disagreement that insurance agents should decide on health care services.



Although respondents prefer the opinions of health care professionals to health insurance agents, it would be incorrect to conclude that respondents do not trust insurance companies and their agents. Figure 9 reports the pooled data from Items 27 (unfair practices) and 34 (denied services). Only 30% of respondents hold a negative opinion about health insurance companies, while nearly two-thirds of respondents (64%) hold a non-negative opinion. The pooled data reflect the results from the individual items: less than 40% agree that insurance companies and HMOs use unfair practices to control spending (Item 27) and only 20% have been denied a prescribed service.

Figure 9. Pie chart presenting results from items about respondents' experiences with health insurance companies (pooled data).



Taken as a whole, Figures 7, 8, & 9 indicate that respondents have had relatively good experiences with both health care professionals and the insurance industry, major elements of the health care system. Policy makers, then, can be confident that, despite the long-standing challenges to the local health care system, respondents have not wholly rejected it; in fact, they view it favorably.

Concerns about health care

Consistent with reports from other regions, from the local and national media, and from personal discussions with friends and colleagues, respondents reported substantial concern over the distribution of health care costs. Figure 10 uses stacked columns to depict respondents' opinions on the relative amount of money spent on health care for the average individual on Guam (left bar), employers (center bar), and the budgetary allotment of the Government of Guam (right bar). Green areas depict 'too much', red 'too little', yellow 'right amount',

and blue-green 'no response'. The embedded numbers are counts. The pattern is clear: the modal response indicates that respondents think individuals pay too much (72%), while employers pay and GovGuam budgets too little (46% and 65%, respectively). Figure 11 displays responses when asked directly if the respondent herself or himself spent too much money on health care: only 20% disagreed (red) with the statement.

Figure 10. Stacked columns depicting responses to the amount of money spent on health care by individuals, employers, and GovGuam.

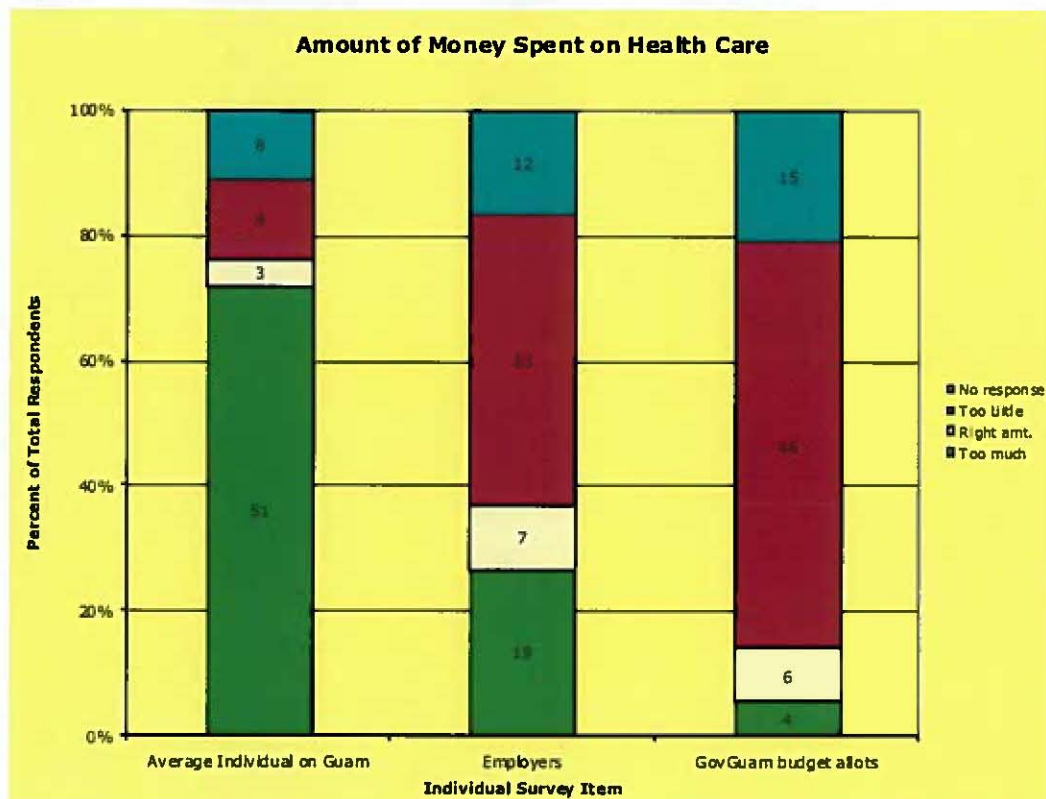
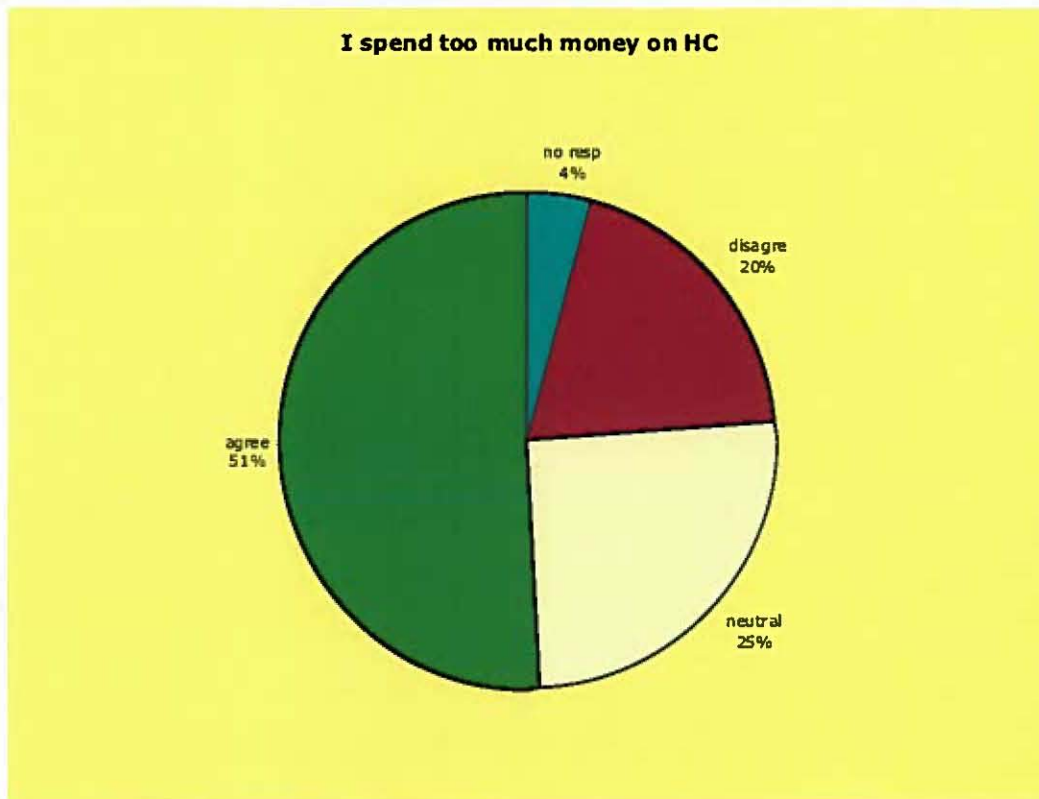
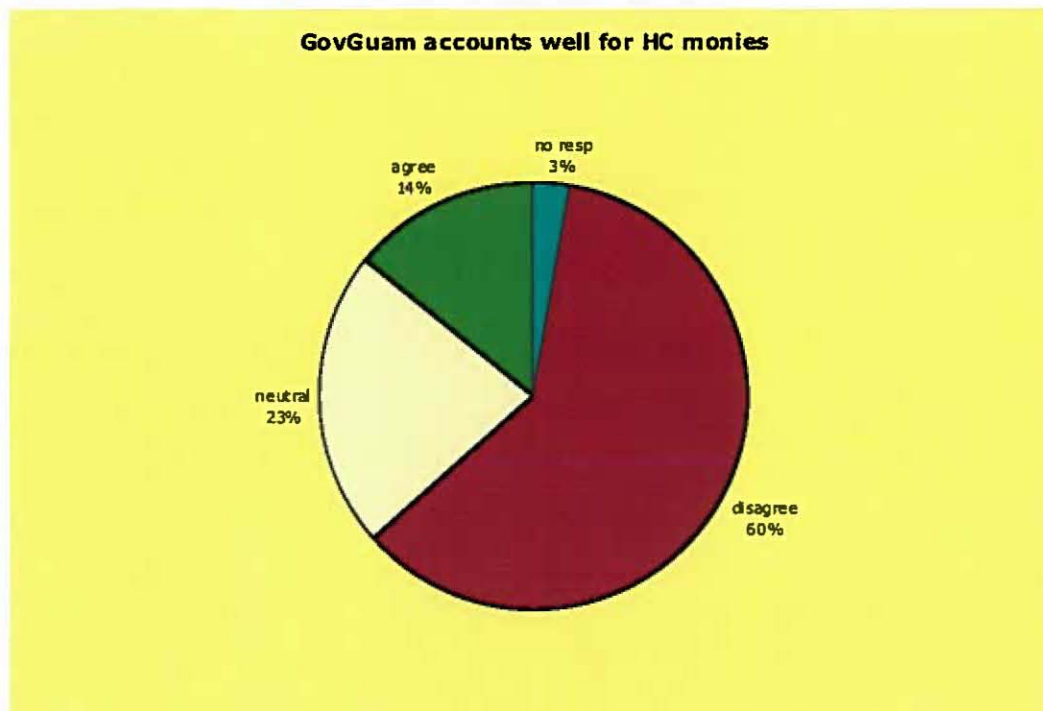


Figure 11. Pie chart indicating that more than half the respondents spend too much money on health care.



An additional concern of respondents is evident in Figure 12. Only 14% agree with the statement that the Government of Guam does a good job accounting for the health care monies it spends. This result indicates a significant challenge for solving Guam's health care crisis because, as is reported in *Suggestions for Health care* below, respondents see the government playing an important role in the possible solutions to the island's health care challenges.

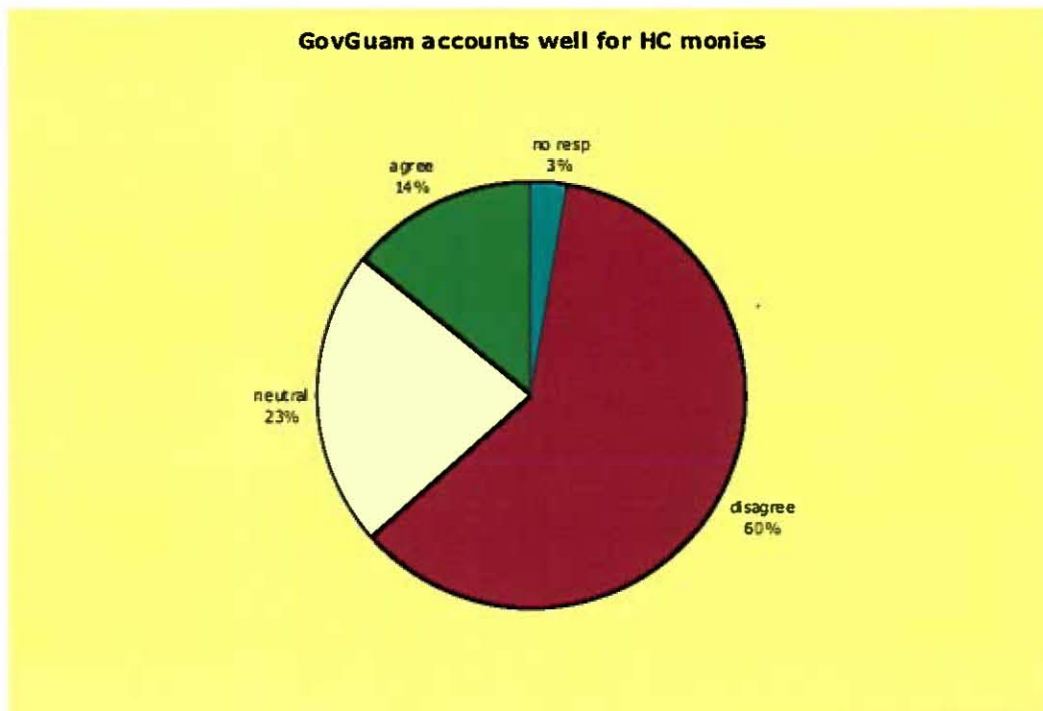
Figure 12. Pie chart indicating the opinion that GovGuam is poor at handling its health care monies.



Suggestions for health care

Responsibility. One interpretation of the results so far could be that respondents want high-quality, comprehensive health care at little personal cost; that they are motivated by short-run self-interest only. Figure 13, however, counters such an interpretation. Three items on the questionnaire identified a particular group as being primarily responsible for health care access. The modal response for all three was *agree*, which suggests acceptance of relatively equal responsibility for health care access between government (49%), community (49%), and individuals (42%).

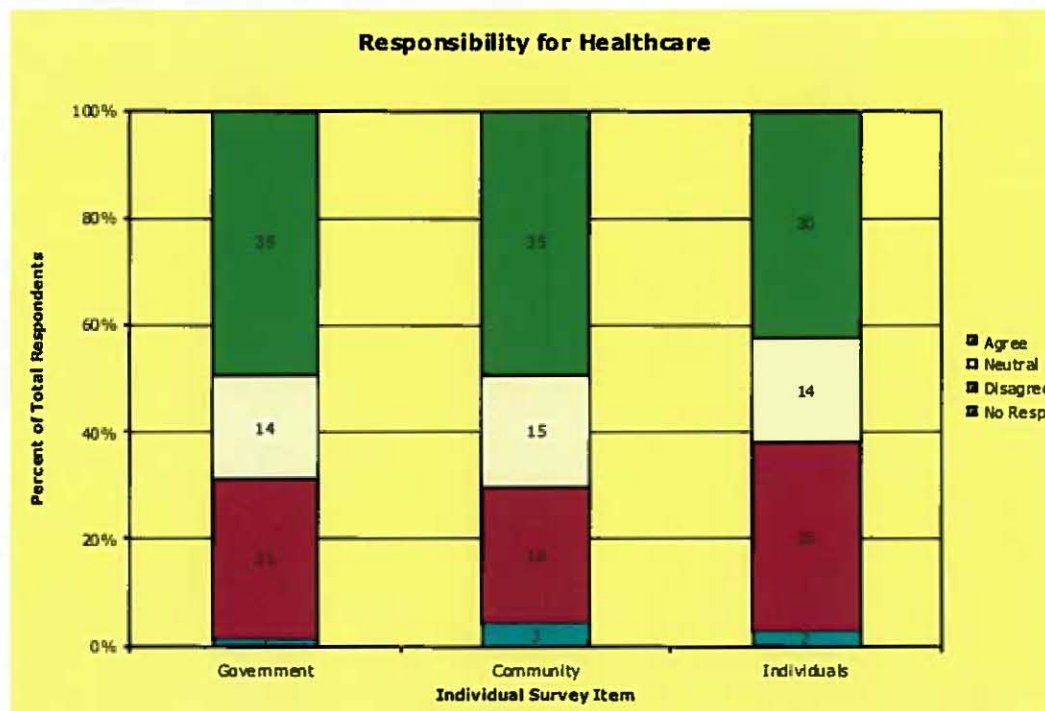
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Figure 13. Stacked columns depicting responses to three statements about who is primarily responsible for health care access. Embedded numbers indicate count.



Legal Mandates. One method of assuring equal access to health care would be to legally mandate it. Three statements on the questionnaire were based on legally requiring health care access. Nearly 60% of respondents agreed with the statements and 72% did not disagree (see Figure 14, pooled data). Figure 15 reports the results for each individual item. Sixty-three percent agreed with employers being required by law to provide health insurance (green section of left column), while 53% agreed with mandating by law that employees participate in employer provided health insurance (middle column). The last statement suggesting legal requirements provided a familiar example as a means to implement the mandate, to treat health insurance like automobile insurance: 59% agreed.

Figure 14. Pie chart of statements suggesting legal mandate to assure health care access (pooled data).

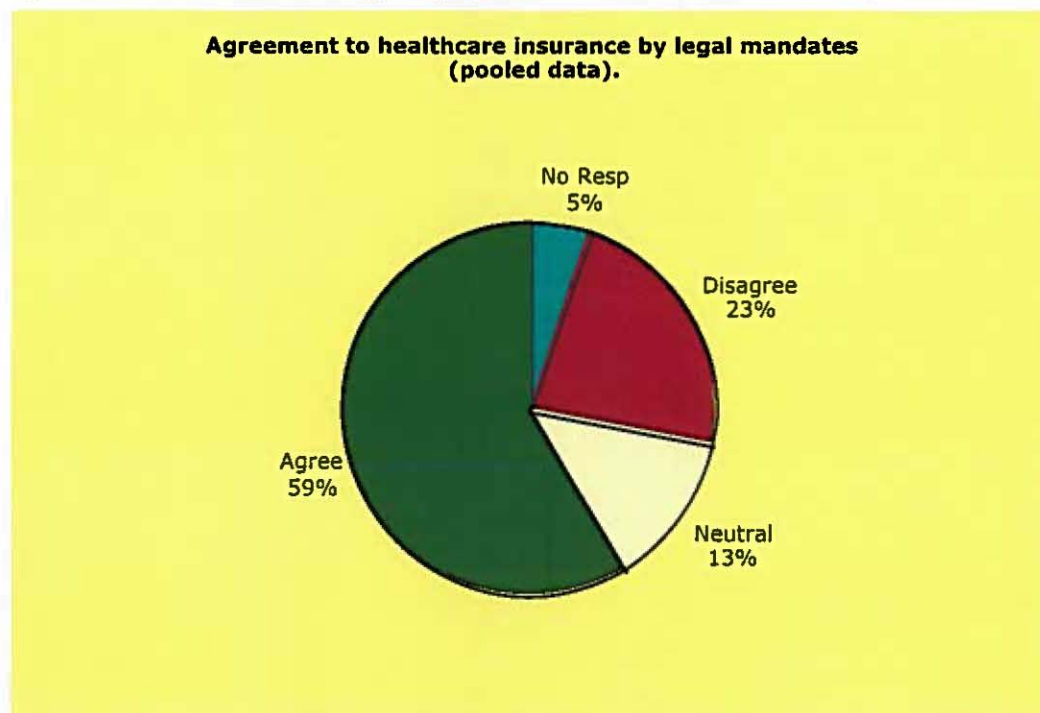
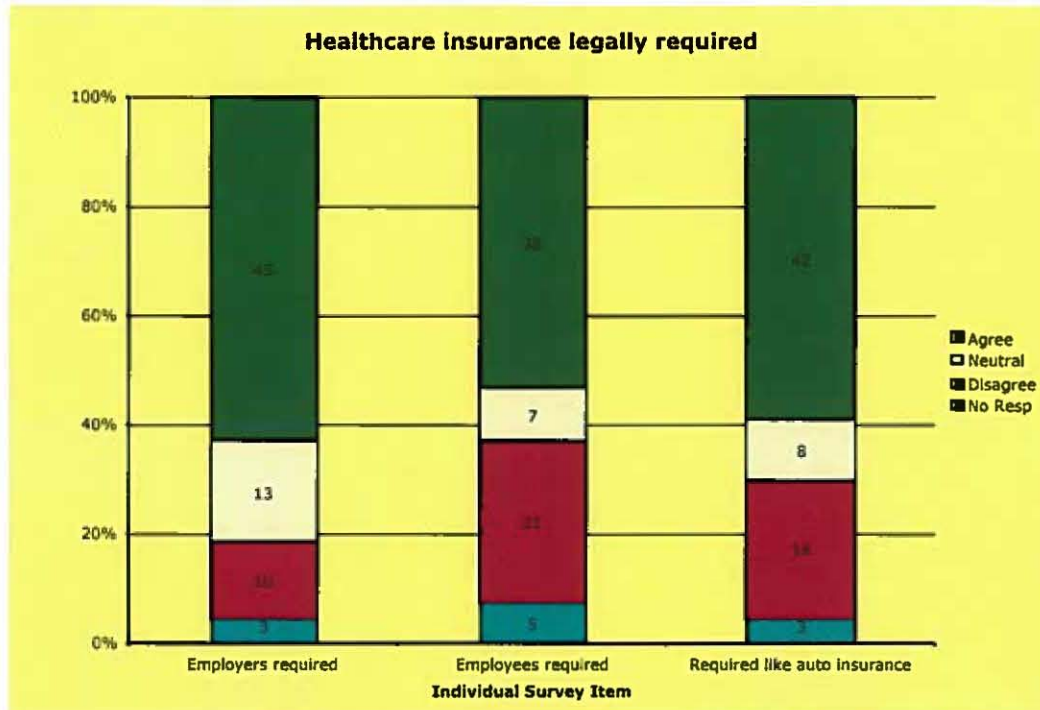


Figure 15. . Health care insurance mandated by law: Employers required to provide, employees required to participate; required like auto insurance.



Taking responses to the six statements together, respondents agree with a distributed responsibility to health care access and most would accept it being required by law. Additional research is necessary to determine what specifically would be acceptable.

Financial Costs. Determining how to pay for health care access is one of the more challenging issues to be addressed. Of course, everyone would prefer to have ready access to high quality health care. However, what each would be willing to pay for such access varies from person to person and perhaps even from day to day.

One item asked how much respondents would be willing to pay every month so that *everyone on Guam* could have access to basic medical care. The response options were: \$10, \$25, \$50, \$100, and more \$. Most respondents

reported a willingness to pay between ten and fifty dollars more each month (see Figure 16). However, the modal response was no response: 22 respondents (31%) opted to not respond.

The fact that this item produced the highest number of no responses suggests that respondents had a problem with it. One possible problem is that a *zero* amount was not provided. If this was the problem then by skipping the item respondents indicated an unwillingness to pay any additional money. A quick estimate of the number of respondents can be obtained by averaging the number of no responses on related items. Items 7, 8, and 9 had similar structure and all addressed financial issues. The mean number of non-respondents to those three items was 12, with a low of 8 and a high of 15. Therefore, a reasonable estimate of the number of respondents who skipped Item 10 to indicate they were unwilling to pay any more money is ten.

Figure 16. Histogram depicting the how much money respondents would be willing to pay for all to have basic medical care.

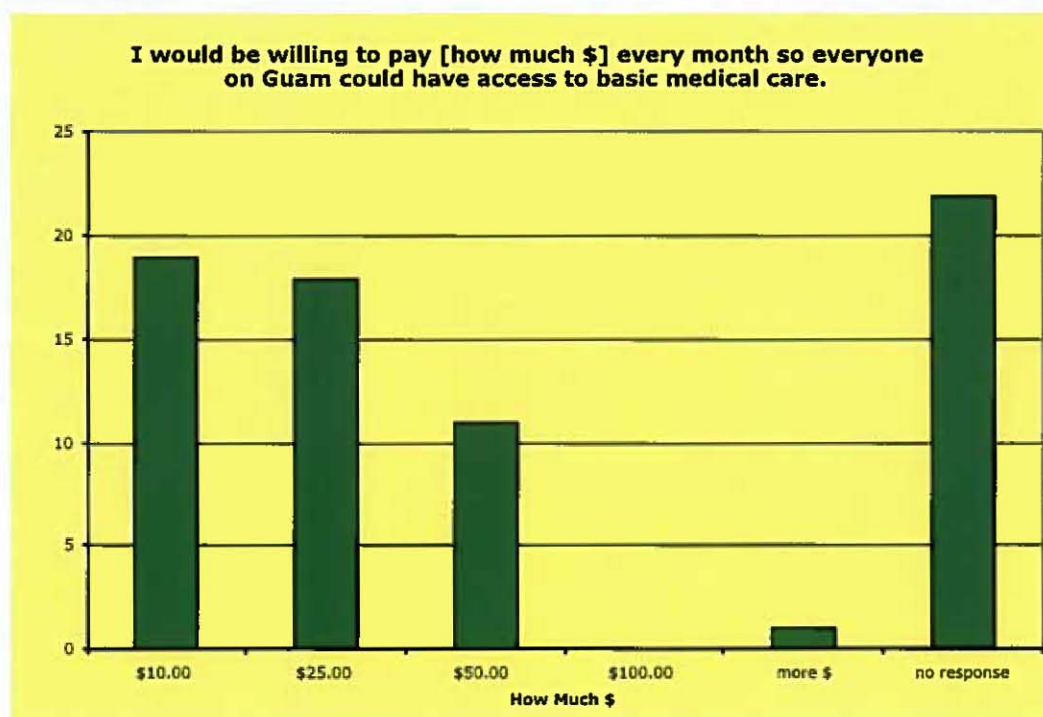
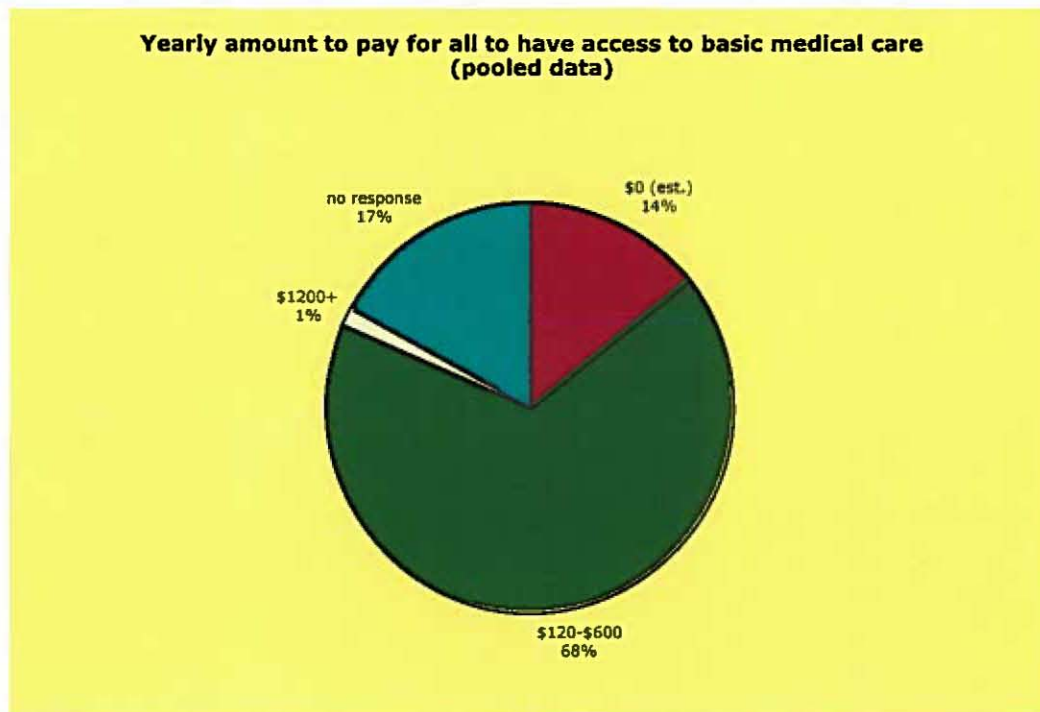


Figure 17 uses a pie chart to depict the data in Figure 16, pooled, aggregated over a year, and estimating the zero respondents (red). At 10 to 50 dollars per month, 68% (green) would be willing to pay between \$120 and \$600 per year for all Guamanians to have access to health care.

Figure 17. Pie chart depicting the range of money respondents willing to pay yearly for all to have access to basic medical care (pooled data).



Conclusion & Limitations

These results provide general information about attendees' opinions on health care. The questionnaire was intended to gather health summit attendees' opinions and cannot be generalized beyond them. Respondents endorse inclusion of all health care services included on the questionnaire. They tend to hold positive opinions about Guam's health care professionals and want them, not insurance agents, making decision about treatments. Respondents convey concern about the financial aspects of health care, particularly over the amount of money the average Guamanian spends and how the government of Guam



manages it funds. And, finally, respondents agree that access to health care is a shared responsibility. They even convey agreement with legal mandates.

If the opinions of those who attended the health summit reflect Guamanians generally, perhaps Guam is ready to find a creative solution to its health care problems. It's smaller size (compared to other US states and territories) and its culturally embedded community focus put it in good position to design an effective universal health care system.

More research is necessary, however, before strong decisions could be made. The structure of most the questions (using a Likert scale) obtains data about the level of agreement. However, it does not provide direct comparison data like a forced-choice item would. For example, the respondents elected to include both health classes and preventative care (see Figure 4), however, would there be a strong preference if the two were pitted against each other? Also, the financial costs were not included. How would knowing the relative costs affect preferences? Using a Likert structure allowed responders to simply agree without making reasoned choices between items. It is unclear, however, whether respondents answered liberally or whether the options included in the questionnaire were considered "basic" and that even conservative respondents would include. The data reported in this paper provide important information but need to be supplemented with more comprehensive assessment of exactly what elements are wanted.



APPENDIX A: Questionnaire of Health Summit Participants

**Developed by Michael B. Ehlert, Ph.D.
with assistance from the UOG SPG Research Team**

**Questionnaire distributed to attendees of the Guam Health Summit for the
Uninsured
10 February 2006**

Survey of Health Summit Participants

Please complete this survey so we can gain more information on opinions about health care and related issues. Read each item carefully and mark your response in the space provided. There are no 'correct' answers. We seek your opinion.

- Please make no identifying marks on the survey so your responses can remain anonymous.
- You are free to skip any item or stop altogether.
- Completing this survey is voluntary.
- Your responses will help us determine the group's opinions about health care on Guam.

SI YU'OS MA'ASE', SALAMAT PO, THANK YOU

1. How did you hear about this Health Summit?

2. What is your occupation?

3. What is your marital status?

4. How many children do you have (if any)?

5. In what village do you live?

6. What one or two things do you hope to gain from this Health Summit?
 - a) _____
 - b) _____
7. The average individual on Guam spends (circle one) too much / too little / the right amount of money on health care.
8. Employers spend (circle one) too much / too little / the right amount of money on health care.
9. The Government of Guam's budget allots (circle one) too much / too little / the right amount of money for health care.

10. I would be willing to pay \$10 / \$25 / \$50 / \$100 / more \$ every month so that everyone on Guam could have access to basic medical care.

Please indicate the degree to which you agree or disagree with each of the following statements by circling your response on the right.

	strongly <u>disagree</u> 1	<u>disagree</u> 2	<u>neutral</u> 3	<u>agree</u> 4	strongly <u>agree</u> 5
11. On island health care should be comparable to the US Mainland.	SD	D	N	A	SA
12. Receiving specialty health care in the <u>United States</u> is an acceptable alternative to on island care.	SD	D	N	A	SA
13. Receiving specialty health care in the <u>Philippines</u> is an acceptable alternative to on island care.	SD	D	N	A	SA
14. Health classes (for ex.: weight management) classes should be covered by health insurance plans.	SD	D	N	A	SA
15. Smoking cessation classes should be covered by health insurance plans.	SD	D	N	A	SA

Please continue on the reverse.

16. Preventative care (for ex.: annual check ups) should be included in health insurance plans.	SD	D	N	A	SA
17. Only 'basic' health care should be included in health insurance plans.	SD	D	N	A	SA
18. Pharmaceutical aids (for ex.: nicotine patch) should be covered by health insurance plans.	SD	D	N	A	SA
19. Having <u>medical</u> insurance is essential for keeping a good quality of life.	SD	D	N	A	SA
20. Having <u>dental</u> insurance is essential for keeping a good quality of life.	SD	D	N	A	SA
21. Having <u>mental health</u> insurance is essential for keeping a good quality of life.	SD	D	N	A	SA
22. GovGuam does a good job accounting for the health care monies spent.	SD	D	N	A	SA
23. Health care is a commodity (some thing you buy) subject to the same marketplace influences as other commodities.	SD	D	N	A	SA
24. The local <u>government</u> should be primarily responsible for providing access to health care.	SD	D	N	A	SA

25. The local <u>community</u> should be primarily responsible for providing access to health care.	SD	D	N	A	SA
26. <u>Individuals</u> should be primarily responsible for providing access to health care.	SD	D	N	A	SA
27. Insurance companies and HMOs use unfair practices to control spending.	SD	D	N	A	SA
28. Employ ers should be required by law to offer minimum health insurance to all employees.	SD	D	N	A	SA
29. Employ ees should be required by law to participate in employers' health insurance.	SD	D	N	A	SA
30. Everyone should be <u>required</u> to have health insurance (like drivers are required to have auto insurance).	SD	D	N	A	SA
31. My health care professional (for ex.: my doctor) should decide when a health care service is required.	SD	D	N	A	SA
32. A trained representative of the insurance company should decide when to provide a health care service.	SD	D	N	A	SA
33. I or my immediate family members visit a health clinic often.	SD	D	N	A	SA
34. My insurance company has denied me a health service my doctor requested.	SD	D	N	A	SA
35. I spend too much money on health care.	SD	D	N	A	SA

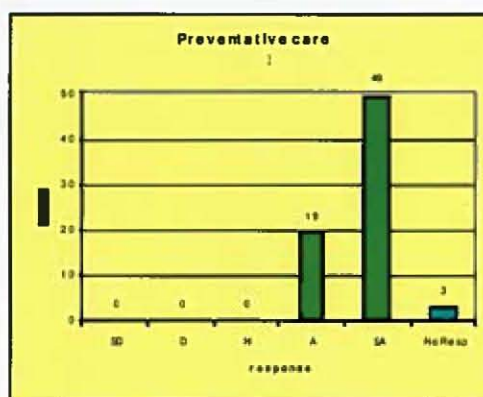
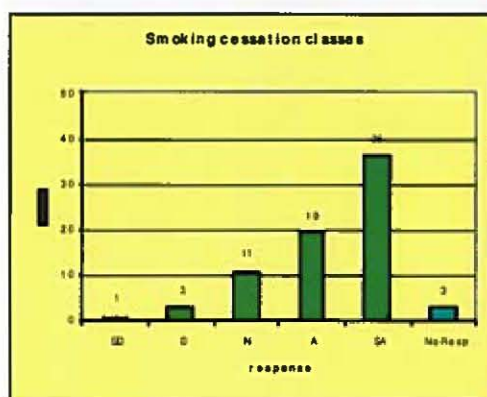
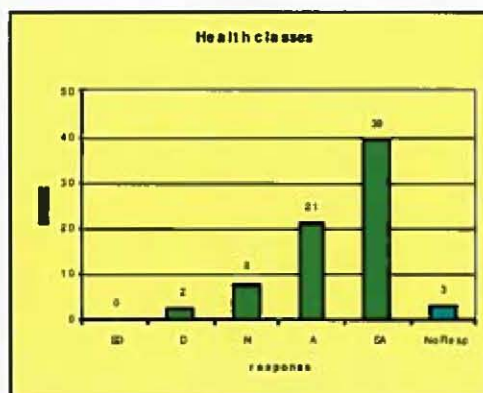
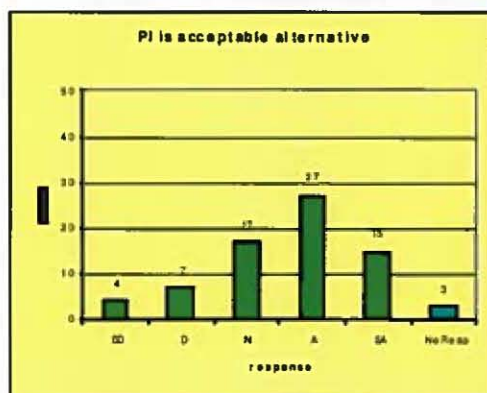
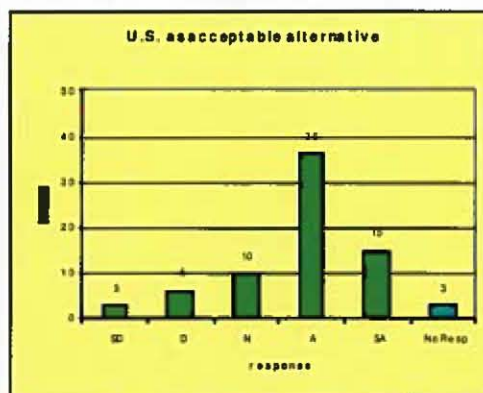
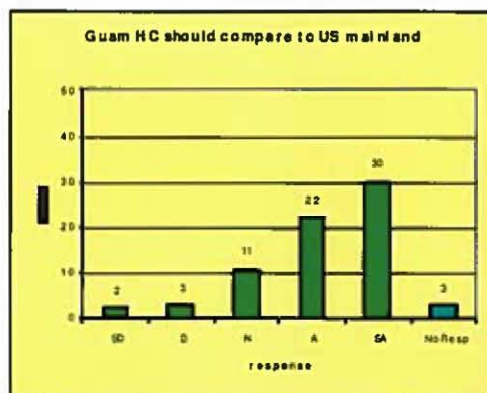


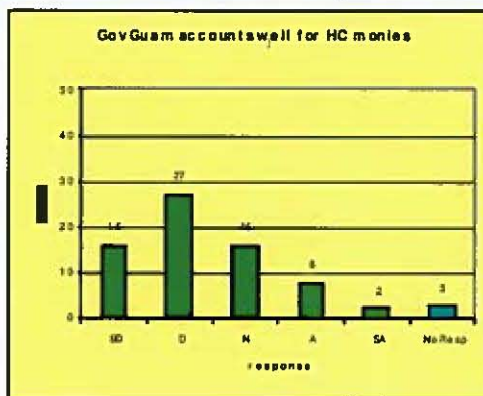
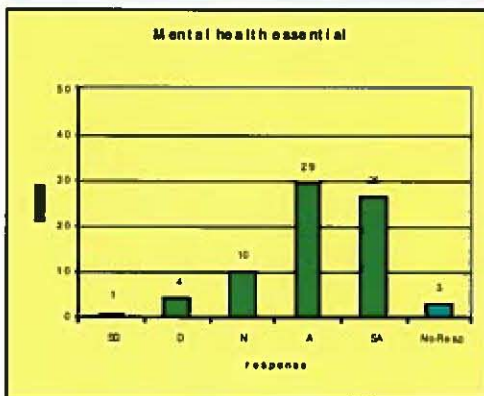
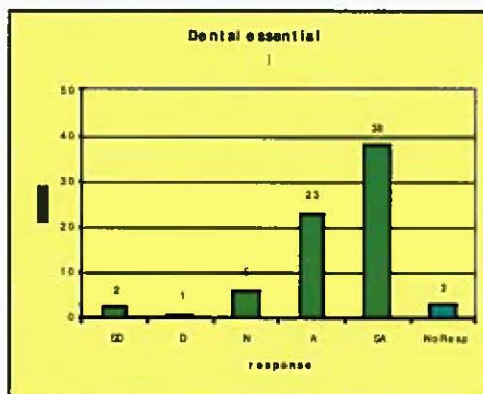
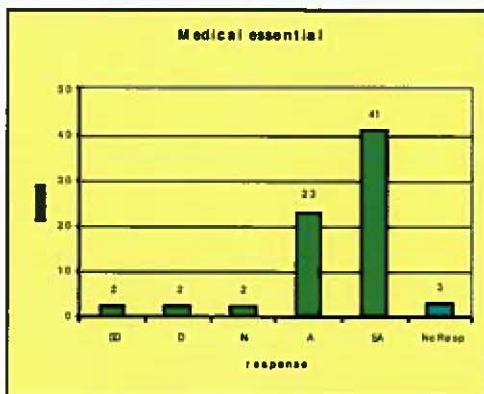
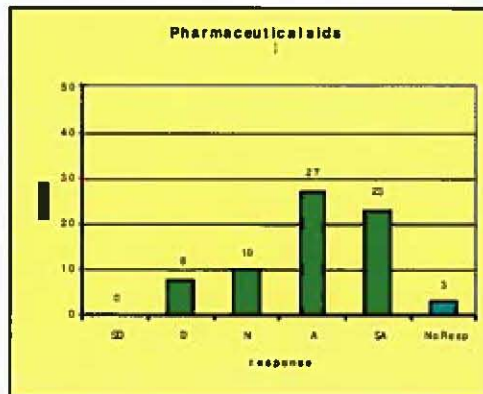
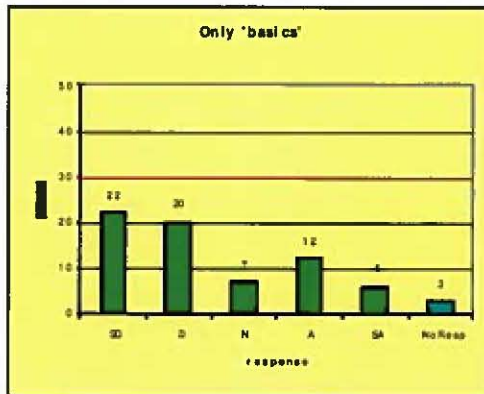
APPENDIX B: Charts of Raw Data from the Questionnaire of Health Summit Participants

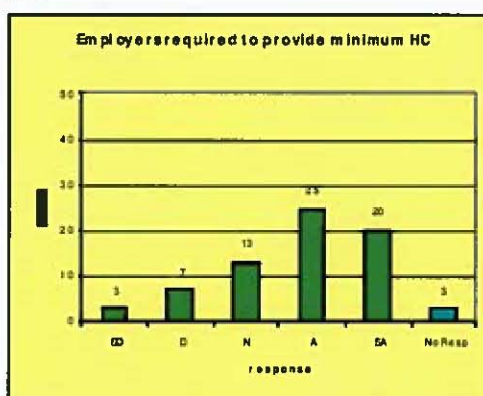
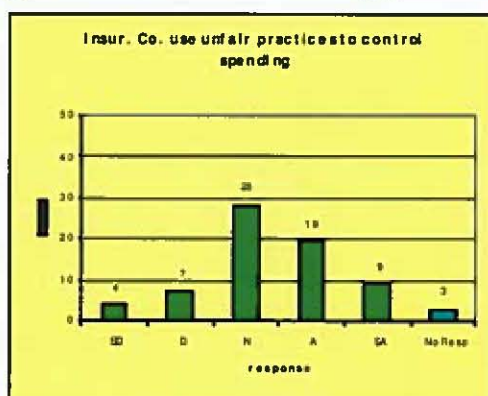
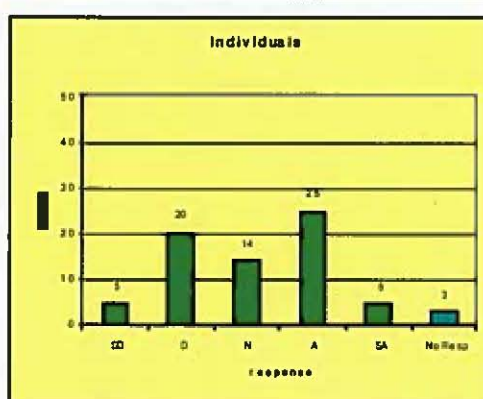
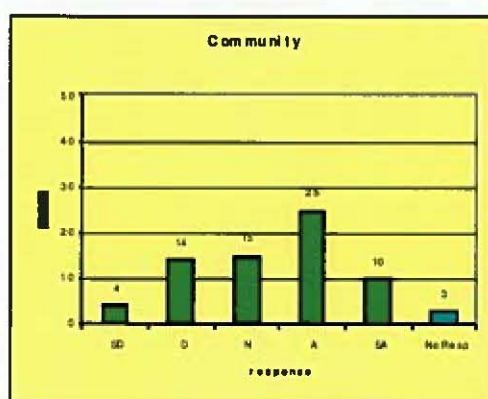
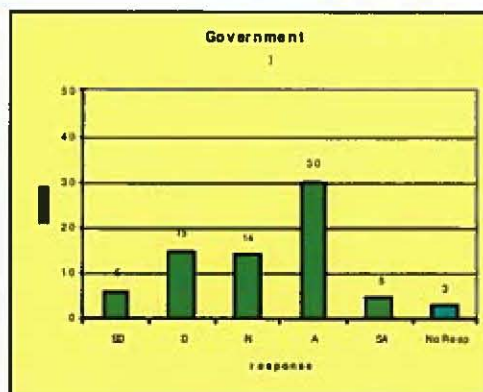
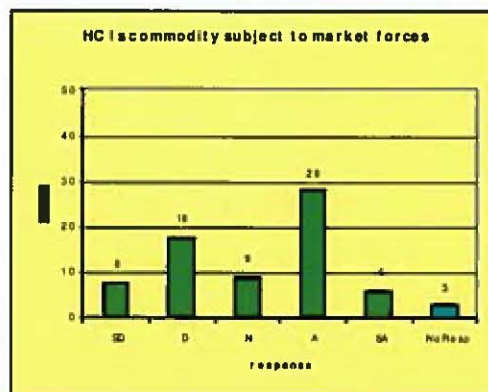
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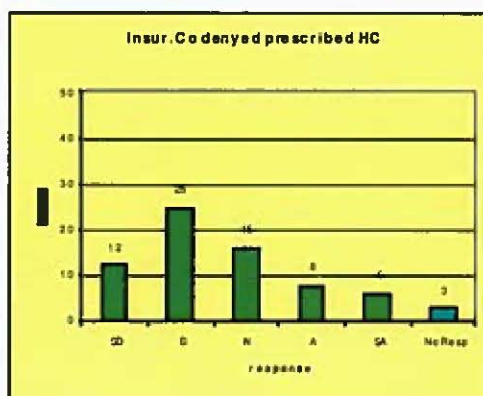
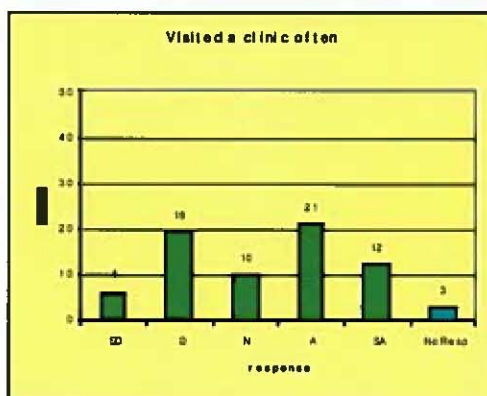
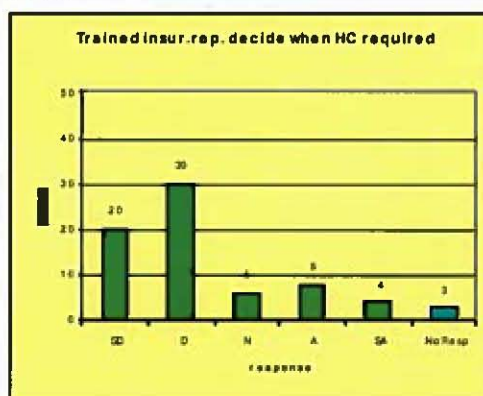
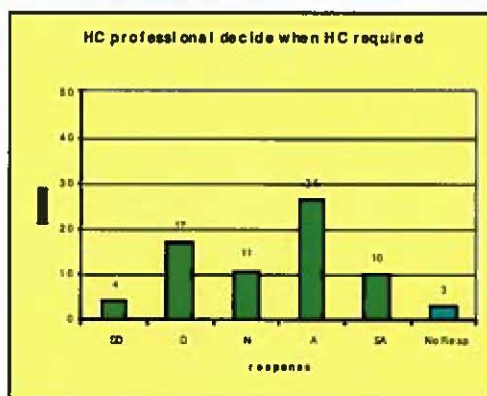
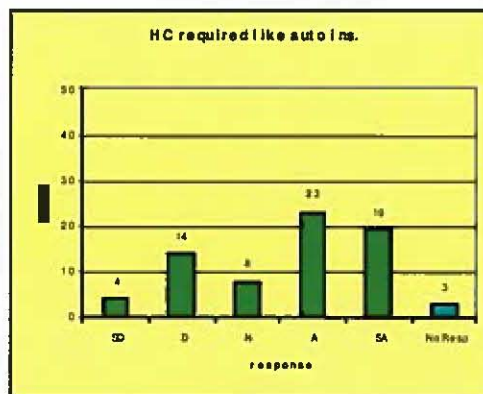
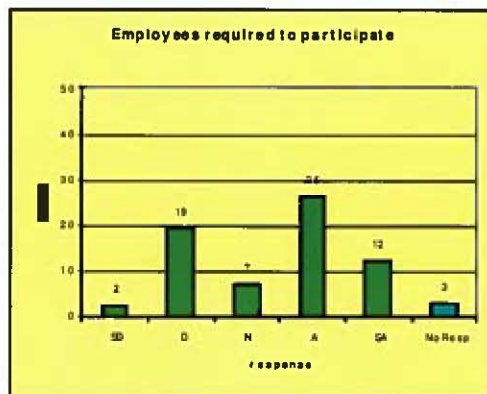
**with assistance from
Vanessa Naputi, Seatiel dela Cruz, Angelina Mummert, MPA, & Yvette Paulino,
MA**

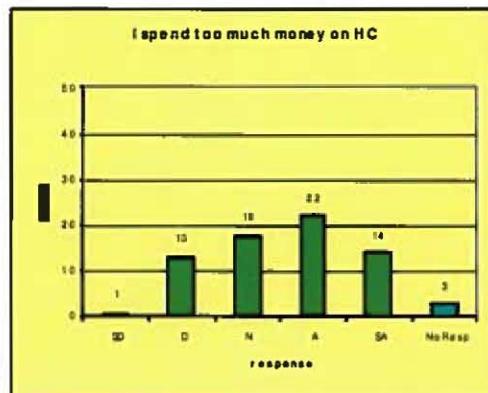
**Questionnaire distributed to attendees of the UOG/DPHSS SPG for the Uninsured
10 February 2006**



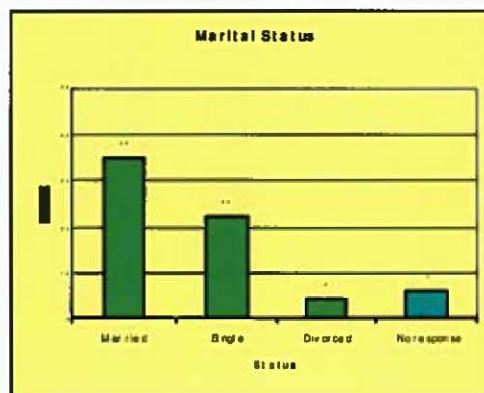
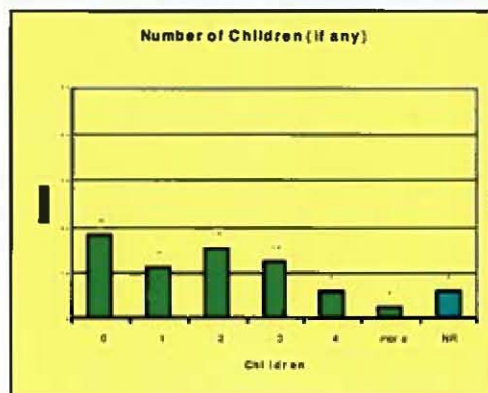
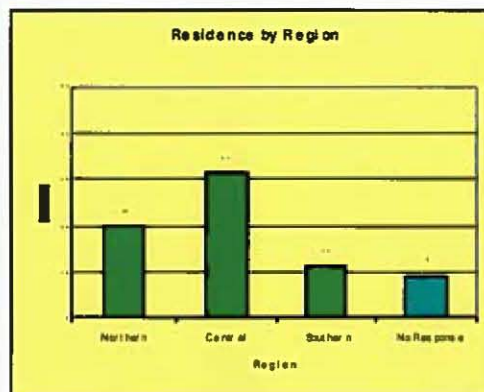
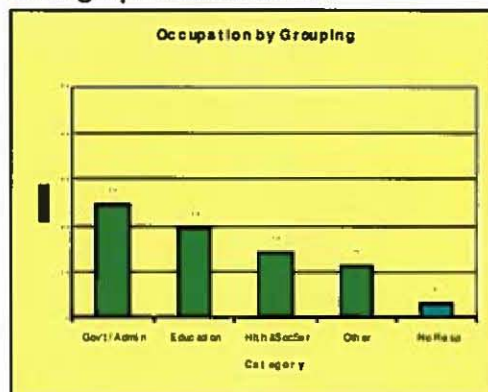








Demographic Information



HRSA Section Report





HRSA Section Report

SECTION 1. UNINSURED INDIVIDUALS AND FAMILIES

Results of the 2005 Household Income and Expenditure Survey (HIES) reveal 17.2 percent of Guam householders had no health insurance coverage. For Guam's population under the age of 65, 25 percent were estimated to have no health insurance in 2004. Of Guam's young adults, those between the ages of 20–24, 27.1 percent reported not having health insurance; and 26 percent of children 19 years and younger were uninsured. By comparison, the U.S. national average of households without health insurance was 15.6 percent. Within subgroups, the U.S. reported 19 percent under the age of 65; 3.5 percent of young adults; and 12 percent of children without health insurance. Of those with health insurance, 36.9 percent were affiliated with government programs; and 37.5 percent with private firms.

1.1 Overall Level of Uninsurance

Additional information from the Guam 2005 HIES Health Supplement Survey estimates 29.6 percent of Guam's population does not have health insurance. Twenty-three percent of Guam residents do not have health care coverage of any kind.

1.2 Characteristics of the Uninsured

- **Income**
Guam's uninsured households are primarily those that earn less than \$50,000 per year. The 2005 HIES study confirms that nearly 46 percent of Guam's uninsured wage earners earned between \$10,000 to \$24,999 per year; 30 percent earned \$1 to \$9,999 per year, 18



percent earned \$25,000 to \$49,999 per year, 3 percent earned \$50,000 to \$99,999, and less than 1 percent earned over \$100,000 per year.

- **Age**
Over 42% of the uninsured were under the age of 19, and 4.9% were 65 years and over. Working aged adults (20 to 64) were 52.5% of the uninsured. Non-US citizens made up 17.6% of those surveyed, but 26% of the uninsured.
- **Gender**
Males made up 48.4% of those surveyed, and 49.9% of uninsured, while females were 51.6% of those surveyed and 50.1% of uninsured.
- **Employment Status**
Nearly 51 percent of Guam's uninsured heads of households were employed and reported working in the week prior to the HIES survey. Nearly 17% of Guam's employed householders had no health insurance. Of those employed by a private company on Guam, 19.8% did not have health insurance. Eleven percent of householders employed by the government had no health insurance. For those who indicated employment was not applicable for reasons of unemployment or retirement, 16.4% indicated that they had no health insurance coverage. Another 6.9% of householders working without pay were without health coverage.
- **Health Status**
The uninsured were less likely to report having diabetes (14.2%) than the insured (18.2%), and also less likely to report being hypertensive (23.3% of the uninsured and 32.7% of the insured). The uninsured were less likely to have ever had a cholesterol test (16.4% vs. 26.1% of the insured), but those who had tests were also less likely to report having been told their cholesterol was high: 65.8% of uninsured had high cholesterol while 68.8% of insured did.

The uninsured reported higher rates of having ever had asthma (10.8%) than the insured (8.9%), but lower rates of current asthma (56% of those who ever had asthma) than the insured (71%). They also reported lower rates of ever having had a heart attack (3.4% vs. 5.7%), angina (2.6% vs. 4.9%), or stroke (3.4% vs. 3.7%) than the



insured.

Not surprisingly, the uninsured were less likely (52.2%) than the insured (75.7%) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8% of uninsured vs. 11.9% of insured).

- **Household Characteristics**

Those uninsured at the time of the survey had the following reasons for not having coverage: Couldn't afford the premium (26.9%), lost or changed job (6.8%), no employer coverage (6.0%), spouse or parent lost job or died (3.2%), problems with eligibility (3.2%), and other, uncategorized reasons (21.3%). Those who were currently insured but had been uninsured at some point during the past 12 months reported similar reasons for not having coverage.

Heads of households whose highest level of educational attainment was the 6th grade had the highest uninsured rates at 36.9 percent. The second highest level of uninsured, 26.3 percent, is reported for those who had attained a Master's Degree.

- **Village of Residence**

80.8% of Guam householders born/residing in Chalan Pago did not have health insurance.

59.6% of Guam householders born/residing in Mangilao did not have health insurance

25.9% of Guam householders born/residing in Umatac did not have health insurance

18.0% of Guam householders born/residing in Yigo did not have health insurance

11.8% of Guam householders born/residing in Agat did not have health insurance

4.1% of Guam householders born/residing in Talofofo did not have health insurance

- **Race/Ethnicity**

The uninsured were primarily Native Hawaiian and other Pacific



Islanders (47.8%), Asians (34.5%), and those who refused to give their ethnicity or race (10.8%). There were no Blacks who were uninsured, and only 6.9% of the uninsured were White. No persons in the survey gave Hispanic as an ethnicity or race. Of all those surveyed, 51% were Native Hawaiians and Other Pacific Islanders, 33.6% were Asian, 4.9% were White, less than a half percent were Black, and 9.9% refused to give an ethnicity. Asians made up a greater proportion of those uninsured than they did of the survey population, and Native Hawaiians and Other Pacific Islanders made up a smaller proportion of the uninsured.

When examining the Native Hawaiian and Other Pacific Islander group by individual ethnicities, we found that Chamorros, the indigenous population of Guam, were 41.7% of those surveyed, but only 36.2% of the uninsured. The peoples of the Federated States of Micronesia, who are non-citizens allowed to enter Guam to go to school and work by virtue of a Compact of Free Association with the United States, were 6.3% of those surveyed but 8.6% of the uninsured.

1.3 Population Groups of Particular Importance

- Young Adults (20-24 years)
- Children (19 years and younger)
- Government of Retirees and Survivors with no access to Medicare
- Individuals with chronic illness excluded from coverage
- Dependent families of insured employed worker, no family coverage
- Covered workers with high deductibles
- Non-U.S. Citizens
- Individuals working for small businesses and part-time workers

1.4 Definition of Affordable Coverage

- Per-paycheck premium affordability
- Low co-payments and deductibles
- Availability of local medical care without off-island travel

- Range of coverage to include pharmaceutical and other health care services, such as mental health, rehabilitation, preventive care

1.5 Public Program Participation Rates

There were a total of 37,104 individuals enrolled in the Medicaid and Medically Indigent (MIP) programs during FY 2005, of which 36,668 were eligible participants. Of those claims that were paid for Medicaid and MIP, a total of 11,905 were from females and 8,392 from males. Total enrollment by ethnicity for Medicaid and MIP was 20,996 Chamorros, 8,417 FSM (or other Micronesians), and 5,301 Filipinos. Total expenditures for MIP and Medicaid combined in 2005 were \$28.9 million.

1.6 Reasons for Disenrollment from Public Programs

- Federal program qualifying limitations
- Government of Guam program enrollments are increasing; few disenroll; some evidence of decreased participation rates by Guam's poor and most vulnerable. This preliminary finding was noted for further study.

1.7 Reasons for Non-Participation in Eligible Employer-Sponsored Programs

- High Premium Cost and High Deductible Rates
- Limited Discretionary Income
- Lack of Perceived Need
- Availability of Public Health Services

1.8 Continued Role of Employers in Providing Health Care Coverage Options



Corporate and Other Large Business Firms

In spite of increased health care coverage costs, Guam's large firms realize the retention and recruitment incentives and expect to provide continued coverage for employees and their families. Some adjustments have been made in options and coverage allowances. Guam's large firms report that they have passed along some costs of health plans through higher deductible rates and premiums. Yet, other firms report that they continue to fund 100 percent of the health insurance premium for their employees. Of those not currently offering 100 percent premium allowance, other large firms report an incentive program with increased benefit payments as employees continue to remain employed with their organizations. They report recent hiring talented and experienced workers away from the Government of Guam as private sector benefits are viewed in the local economy as more attractive.

Small Business Owners

Small business owners report that they are not in positions to bargain effectively for low-cost health insurance premiums and therefore do not offer such benefits to their employees. These owners report sacrifices to their own families as well as employees, as they share the problem of access to affordable health coverage. Small business owners who participated in the focus group session reported that they are further disadvantaged by not being able to offer health benefits to recruit and retain talented workers. They often hire younger workers seeking entry experience, who tend to move on to firms, which offer health benefits and higher salaries as they gain experience. Small business firms do not forecast a change in this situation as premium rates continue to increase and no public policy initiative is currently being formulated to subsidize small firms for their health care costs. Some small firms report advising their workers to enroll in the Government of Guam MIP program and to seek care from public service agencies. Others report establishing co-operatives to collectively bargain for reduced premium rates. There have been some successes with these alliances, which have been formed among specific ethnic groups, such as the Chinese merchants and Korean merchants associations.

1.9 Influence of Health Subsidies, Tax Credits, and Other Incentives

Few direct health incentives are currently available to Guam's uninsured or small-business employers. Programs linking health insurance with health savings accounts (HSA) have received some participation. These programs were recently introduced and will need time to develop.

Guam's small business community has begun cooperative buying plans. These are not sponsored with tax credits or other incentives. One finding from the small business focus group was an interest in exploring tax reduction incentives for small businesses to purchase health insurance for their employees. As they note, presently the Government of Guam offers exemptions through its Qualifying Certificate Program (QC) to the insurance industry and other large firms for job creation, but not to local small businesses. They recommend such a special form of QC for a small business health plan.

Given the Government of Guam's current financial constraints, the feasibility of such options would need separate study and is planned.

1.10 Barriers in Addition to Affordability of Health Insurance

- Geographic Location
- Cultural expectations — health care as public service
- Low-wage jobs
- 96 percent of Guam's employers are small businesses with 5 or fewer workers
- Limited health care market competition
- Limited specialized health services, most require off-island care
- Increased cost of travel expense and relocation of family members in the event of extended medical care

1.11 Meeting Current Health Needs of the Uninsured

- Medically Indigent Program is the equivalent to state-supported Medicaid programs for the poor and uninsured.

- 
- Community Health Centers, FQHC serving Guam's community in two locations, offering medical care with sliding fee schedule

1.12 Features of Minimum Health Benefits Package

- Prevention
- Access
- Affordable Cost
- Medical, Dental, and Mental Health

1.13 Definition of the Underinsured

- Families with employee-only coverage
- Those enrolled in limited-benefit, high-exclusion health plans
- Those enrolled in plans with high deductibles and co-payments
- Individuals and families with medical exclusions and high deductibles requiring significant out-of-pocket expenses for primary care, preventive, and chronic illness.
- Individuals and families with limited medical benefits coverage including coverage of dental and mental health services.

SECTION 2. EMPLOYER-BASED COVERAGE

Guam's single largest employer is the Government of Guam with 11,610 salaried workers. Data from the Guam Economic Census 2002 reveals that the island has 2,926 private businesses with a total number of salaried employees of 43,104. Of this total, ninety-four percent of Guam's private businesses are small businesses with fifty or fewer workers. Forty-six percent have fewer than five salaried employees. Given national findings from the Small Business Administration, small businesses tend not to offer health insurance to their workers due primarily to issues of cost and access. While no data survey was conducted, business leaders during focus group meetings indicate that this national finding holds true for Guam. Further study is recommended to survey Guam's businesses on health insurance benefits offered by firms in its private business sector. Following are the findings from meetings of business and government leaders and current available economic data.

2.1 Characteristics of Firms Not Offering Health Coverage, Compared with Those That Do

Most of Guam's small businesses are family owned with fewer than five paid employees. Many of these small businesses are in retail trade. Guam's large firms have greater resources and incentives to provide health benefits as they are often affiliated with large U.S. multinational firms (with off-island access to health insurance programs) and employ a higher wage/higher skilled workforce for which employment is competitive. Many large firms report competing for new workers based on employment benefits to a greater degree than salary.

Findings of the 2005 HIES study confirm changes in employment benefits for Guam's workers with 16.7 percent of Guam's employed householders without health insurance. Of those employed by a private company on Guam, 19.8 percent did not have health insurance. Eleven percent of householders employed by the government had no health insurance. For those who indicated employment was not applicable for reasons of



unemployment or retirement, 16.4 percent indicated that they had no health insurance coverage. Another 6.9 percent of householders working without pay were without health coverage.

2.2 To Offer Health Coverage or Not: Influences on Employers' Decision

- Cost
- Number of Employees
- Access to Health Insurance
- Recruitment/Retention Incentives

2.3 Factors in Determining Premium Contribution, Benefit Package, and Other Features of Employer-Based Coverage

- Cost
- Number of Employees
- Access to Health Insurance
- Health Status/Age of Workforce
- Recruitment/Retention Incentives

2.4 Employer Response to Economic Downturn or Continued Increases in Costs

- Reduction in jobs (layoffs) and/or hours of work from full to part-time
- Small firms encourage of workers to seek government subsidized health care, i.e. public health
- Firms with large numbers of part-time and low wage workers

2.5 Employer Groups Most Susceptible to Crowd-Out

- Small businesses with fewer than five employees

- 
- Small firms employing primarily non U.S. citizens, usually family members
 - Firms with large numbers of part-time and low wage workers

2.6 Influences of Purchasing Alliances, Subsidies, and Tax Incentives on Firms Not Offering Employee Health Coverage

- Small businesses are in early stages of forming purchasing alliances
- Small businesses request tax incentives, particularly relief from Gross Receipts Tax (GRT) —a local business privilege tax.

2.7 Other Incentives to Encourage Employer-Based Coverage

- Small businesses seek partnerships with Government for funding employee health insurance, especially for those with health risks.

SECTION 3. HEALTH CARE MARKETPLACE

Guam's health system is a mix of government and private health services, which provides for a population of 154,608. The uninsured were less likely (52.2 percent) than the insured (75.7 percent) to report having a clinic or doctor that they usually go to for health care, but more likely to have not gone to the doctor at least once in the past year because of the cost (32.8 percent of uninsured vs. 11.9 percent of insured).

Public Health System *The Government of Guam administers the only civilian hospital, Guam Memorial Hospital (GMH) and provides health services through a network of public health facilities for medical, mental health, and disabilities. Approximately \$53 million (15.4 percent of the general fund) was allocated for health costs for FY 2005.*

As an unincorporated territory of the United States, Guam is eligible for Medicare, Medicaid, and other federal support for public health. As Medicaid benefits are capped at \$6.98 million, the Government of Guam also has a local program of medical assistance, through its Medically Indigent Program (MIP). Guam has three federally-qualified health centers (FQHCs), Guam Community Health Centers (Northern, Central, and Southern Regions), which provide primary care services.

Private Health System *Guam's private health system includes primary care clinics, medical specialists and technologists, and other allied health services such as dental medicine, chiropractic, mental health and counseling services, optometry, home health nursing and rehabilitation services, and pharmacies. There are seven health insurance firms conducting business on Guam. Off-island care is available for specialized medical needs. Some medical specialties and most subspecialty care are not available on Guam.*

3.1 Adequacy of Existing Insurance Products



Insurance products appear to offer similar benefits in terms of medical, dental, and mental health options. Variations occur in exclusions, amounts of coverage, co-payments, and premium costs. Provider networks in the past were also similar; however new products are offering care in the Philippines at discounted rates. Plans with Health Savings Accounts have also been introduced for Government of Guam workers. Private firms report offering such plans as well.

Discussions with the uninsured and others indicate dissatisfaction with benefits coverage at a reasonable cost. Guam's market appears to be shifting toward high deductible plans. Employees appear to prefer low-cost high benefit plans with fewer out-of-pocket expenses.

3.2 Benefits Variation: Non-Group, Small-Group, Large-Group, and Self-Insured Plans

Benefits variation has not been studied for Guam's private sector. Government of Guam employees benefits do not vary significantly, except for new options — one insurance provider offering care in the Philippines with lower deductible rates. Health Savings Accounts are a recent option for Government of Guam employees. Basic covered benefits remain the same, regardless of plan selected.

3.3 Prevalence of Self-Insured Firms

While this has not been studied explicitly, the Guam 2002 Economic Census reports that ninety-four percent of Guam's businesses have fewer than fifty salaried employees. Forty-six percent have five or fewer. Firms with fewer than fifty workers are considered small businesses. Given national trends for small businesses to have limited access to affordable insurance rates, we estimate that Guam's self-insured firms are in the range of 50 to 90 percent.



3.4 Government of Guam's Experience as Purchaser of Health Insurance

The Government of Guam provides health insurance coverage for qualified active employees, retirees, and survivors. There were four health plans offered in FY 2005 with an enrollment of 16,041 including active employees, retirees, and survivors. In FY 2006, there were six health plans offered with an enrollment of 16,634. The new plans, offered by Select Care, included Health Savings Account option with a \$1500 deductible, and a plan with a \$1000 and health care services from the Philippines. The Government of Guam-Employee share for health insurance for FY 2006 was 59% to 41%, which are approximately \$24.6 million from Government of Guam and \$16.8 million from employees for a total premium annual cost of \$41.4 million.

3.5 Impact of Current Market Trends and Current Regulatory Environment for Universal Coverage

There appears to be significant interest in discussions of universal coverage, given current medical cost increases, Guam's relatively small market size, a willingness of government to cooperate with the private market on health policies, and expectations of economic growth from military expansions and related private business development.

3.6 Universal Coverage: Effects on Financial Status of Health Plans and Providers

Guam is only beginning to consider issues of universal coverage. As this develops, the effects on the financial status of health plans and providers will need to be addressed. As of 2004, Guam's Department of Revenue and Taxation reports seven private health insurance companies provided coverage on Guam during CY 2003 and CY 2004.

3.7 Safety-Net Considerations

Given Guam's prolonged recession and structural changes to its employment base, Guam's middle-class is finding it more difficult to pay for health insurance coverage. As a result, the government's role in providing health services is emerging as the provider of choice for more families. In this market condition, Guam's policy makers anticipate an increase in demand for services to be paid for and provided by public health programs.

Some small businesses are encouraging their workers to enroll in the Government of Guam's Medically Indigent Program or to seek health services from the Public Health System. With low wages and no access to private health services, many of these workers are getting care from government agencies. Business owners noted that as they pay GRT, they advise their workers to use the Government's public health programs. This cost shifting is showing up in increased public health expenditures.

3.8 Utilization Changes with Universal Coverage

Not Applicable.

3.9 Experience of Others in Public Coverage, Public-Private Partnerships, Employer Incentives, and Market Regulations

Considering models from other States and U.S. territories for further study. See Appendix for list of those being considered.

SECTION 4. OPTIONS AND PROGRESS IN EXPANDING COVERAGE

A Health Survey Supplement, conducted as part of the Guam 2005 HIES, revealed reasons given by those not having coverage as: could not afford the premium (26.9 percent), lost or changed job (6.8 percent), no employer coverage (6.0 percent), spouse or parent lost job or died (3.2 percent), problems with eligibility (3.2 percent), and other uncategorized reasons (21.3 percent).

Issues of access and affordability appear to be two major reasons for Guam's uninsured. These findings were also prominent in the Health Summit, which brought together informed industry leaders, government agency directors, and policy makers. This group identified an additional issue of prevention as an important third element to be part of the health plan for Guam's uninsured. While the Health Survey Supplement respondents did not explicitly identify prevention as a reason for their status as uninsured, it is indirectly identified with problems of eligibility due to pre-existing medical exclusions.

Guam is in the early stages of identifying options to expand coverage. The following information highlights options considered and progress to date. Several areas are noted to be determined for further study.

4.1 Coverage Expansion Options Considered

- Medicare buy-in for Government of Guam retirees currently not eligible for federal program.
- Cooperative programs for small business owners
- Medicaid cap limitations increased to provide for greater demand from low income families.
- Restructuring of Guam's Medically Indigent program with expanded services and funding for Community Health Centers.
- Offering student coverage at affordable rates; with expanded coverage options for young adults just entering the workforce.
- Guam Health Trust —a fund to provide coverage for high-risk workers.

- 
- Universal Coverage with minimum defined benefits for all residents.

4.2 Target Eligibility Group

- Young Adults (20-24 years)
- Children (19 years and younger)
- Government of Retirees and Survivors with no access to Medicare
- Individuals with chronic illness excluded from coverage
- Dependent families of insured employed worker, no family coverage
- Covered workers with high deductibles
- Non-U.S. Citizens
- Individuals working for small businesses and part-time workers

4.3 Program Administration

To Be Determined.

4.4 Outreach and Enrollment

To Be Determined

4.5 Premium-Sharing Requirements

To Be Determined

4.6 Benefits Structure

Options being considered are minimum benefits coverage for all of Guam's residents with emphasis on prevention. Catastrophic illness covered through self-paid premiums in partnership with employers.



Review of benefits currently offered by Guam's employers is to being considered.

4.7 Projected Cost of Coverage Expansion

Current per capita health spending to be determined. Cost of expanded coverage requires further study.

4.8 Program Financing

Projected to a mix of public/private financing. Further study required.

4.9 Strategies to Contain Costs

As costs are occurring in both private and public health system, strategies will need to be developed that address both. Evidence of cost shifting is noted as some small employers encourage workers to seek government-supported public health programs, rather than pursue cooperative purchasing options for their employees. Further study and planning required.

4.10 Service Delivery Expansion Options

To Be Determined.

4.11 Quality Assurance Methods

To Be Determined.



4.12 Interaction of Expanded Coverage Program with Current Market Conditions

To Be Determined.

4.13 Monitoring and Avoiding Crowd-Out

To Be Determined.

4.14 Data Collection and Auditing

To Be Determined.

4.15 Program Evaluation

To Be Determined.

4.16 Pros and Cons of Major Policy Considerations

To Be Determined.

4.17 Implementation Plans and Strategies

To Be Determined.

4.18 Policy Options Not Selected

Not applicable.



4.19 Outreach to Increase Eligible Enrollees

To Be Determined.

SECTION 5. CONSENSUS BUILDING STRATEGY

The process of data acquisition involved many key participants in Guam's health industry —public leaders, agency directors, health professionals, and the uninsured. Public awareness of the study was achieved through numerous local announcements of the study, information segments on local media, and articles written for local news magazines. Collaboration was a hallmark of this initial phase of data gathering. Consensus building was an integral part of the process, which culminated in Guam's Health Summit. The intent of the Health Summit was to bring closure to individual findings of key focus group meetings and to provide a planning framework for an implementation phase. Following are preliminary findings from the Health Summit.

5.1 Governance Structure in the Planning Process

- Lead Agency: Guam Department of Public Health and Social Services
- Contract Agency for Study: University of Guam Cooperative Extension Service
- Support from: U.S. Health Resources and Services Administration
- Support from: U.S. Census Bureau for Household Income and Expense Survey (HIES) and Health Survey Supplement Support

5.2 Participation by Key Constituencies and the Public

- Focus Group Meetings: Insurance Companies, Large Businesses, Small Businesses, Government Agencies and Non-Profit Organizations, Health Providers, Legislature/Policy Makers, and the Uninsured
- Health Summit by invitation to those attending the Focus Group Meetings and Open to the Public
- Informational Meetings with key leaders, i.e. Community Health Center Board, Physicians, University of Guam faculty

5.3 Activities to Build Public Awareness

- KUAM, Live with Sonja Artero (3 ½ hour sessions)
- KPRG, Discussion with Small Business Leaders
- *Marianas Business Journal*, co-host of focus group meetings and series of articles
- *Directions Magazine*, Article on Guam Health Insurance
- *Pacific Daily News*, Public Service Announcements and articles on the Health Summit
- KUAM Radio, Interview with the HIES Survey Team (2 ½ hour sessions)
- Health Summit, Public Invited
- Presentation to Guam Medical Society

5.4 Effect on Policy Environment

Given success of public awareness programs and involvement by community leaders, particularly those of the 28th Guam Legislature, the policy environment has been primed for change. Current discussions of tort reform, physician liability reform, funding of public health programs for the Medically Indigent and of the importance of having the local hospital accredited have all been influenced by findings from this study. Other efforts, such as the benefits structure and cost allocations for Government of Guam employees are currently underway. The findings of this study are of interest to those charged with the process.

SECTION 6. LESSONS LEARNED AND RECOMMENDATIONS TO STATES

One of the most striking elements of the profile of Guam's uninsured is citizenship—a finding of some significance to U.S. border states. It appears from HIES data that citizenship is a strong determinant of whether one has access to health insurance. Nearly 63 percent of Guam's uninsured households are headed by non-U.S. citizens. Of this 63 percent, 34 percent of households without health insurance are permanent, non-citizens. Another 28.3 percent of uninsured households are temporary non-citizens. U.S. citizens living on Guam are also uninsured, but their reasons are likely different from those of non-citizens. Fifteen percent of naturalized citizens and 10.4 percent of households headed by citizens born in the United States or a U.S. territory are uninsured.

6.1 Importance of State-specific and Qualitative Data

- State specific data are essential to the process and much time needs to be allocated to the definition of data to be gathered. Guam as a U.S. Territory has some specific limitations with data collection as it does not have the same survey capability offered to States from the U.S. Census.
- Quantitative Data, once defined, need to be collected at appropriate intervals (likely annually) to evaluate outcomes of policy actions.
- Qualitative Data are also essential from all users of the Health System. This is especially important so that reform is not designed from the vocal few. All perspectives from this study made for a better result.
- Comparisons with other States or Territories would be vital in benchmarking national and regional standards.

6.2 Data Collection: Effectiveness Given Resources

- Highly effective cross-utilization of resources given timing with U.S. Census Household Income and Expense Survey and opportunities to gather information from a designed Health Supplement Survey.
- Further collaboration with an international Medical Symposium held on Guam to gather comparative information and present initial findings.
- Timing with the Guam Economic Census was also valuable as Guam's economy and state of the islands' business community is important in understanding capacity to fund employee health benefits programs.

6.3 Data Collection: Options Considered and Reasons Not Implemented

- Resources were focused on initial data gathering for this study of the uninsured. Additional resources are needed to evaluate benefits coverage and the potential for universal coverage.
- Health system costs need careful study. Initial attempts to calculate an island per capita health spending index were limited from census information.
- Other health finance information needs to be gathered on the cost/benefit of care from the Philippines, as this is an emerging trend and option of one insurance program.
- Monitoring procedures for an annual index of health spending would be useful and is being considered.
- A medical price index is currently not developed for Guam and is expected to be somewhat higher than the U.S. mainland index given cost of shipping of goods to Guam and other expenses due to limited services (particularly laboratory services, which must be done off-island).

6.4 Data Collection: Successful Strategies

- Agency collaboration and sharing of resources were particularly important to this study.
- Promotional campaign of the need for information and the timely sharing of public reporting assisted in gathering data.

- 
- Use of students as Research Assistants was particularly valuable, as was excellent program direction from a highly talented and dedicated staff.
 - Teaming of resources was essential.

6.5 Need for Additional Data Collection Activities

- Health finance data
- Health benefits variation
- Medical cost index

6.6 Operational Lessons Learned

- Importance of teaming and training
- Importance of collaboration among agencies
- Value of working in a small community with public interest in the project
- Value of regular and frequent communication

6.7 Key Lessons from Insurers and Employers

Top five issues of health insurance firms:

- Consumerism and tort reform
- Consumer education on cost and utilization
- Government subsidize premiums for the uninsured
- Economic cycles and market competition
- Regulation v. Incentives

Top five issues of large and small businesses:

- Cost of full spectrum health benefits are increasing to the point of some adjustments in plan options being offered

- 
- Recruitment and retention incentive is significantly attractive to maintain health benefits options for their workers
 - Access to low cost plans needs to be considered for all businesses and especially for small businesses
 - Government cooperation is needed to share health care costs
 - Employee education is becoming important as plans and options become complicated

6.8 Key Recommendations to Other States

- Pay attention to the needs of non-U.S. citizens for health insurance coverage, especially border states.

6.9 Changes in Guam's Economic Environment During Period of Study

- Economic condition improved slightly with improved numbers of employed.
- Government projects improved economy with 8,000 Marines relocating to Guam from Japan. Expected revenues of \$10-\$15 billion over 12 years.
- Economic optimism is fueling increased investments in housing and infrastructure.

6.10 Changes in Project Goals During Period of Study

- No change in project goals during period of study.

6.11 Next Steps

- Feasibility study of health system changes including cost and benefits assessments.
- Monitor findings from initial study to evaluate trends in uninsured.

SECTION 7. RECOMMENDATIONS TO THE FEDERAL GOVERNMENT

As a U.S. unincorporated territory, Guam does not have access to federal support for studies of its health system and status of its residents. The U.S. Census Bureau offers regular surveys to States, which, if Guam could participate would assist the territory in monitoring progress achieved from this study. Follow-up studies of the uninsured would extend lessons learned.

Guam is expected to receive \$10-15 billion over the next 12 years with relocation of the Marines from Okinawa. The territory faces increased need for planning of its health system infrastructure. Currently, these funds are earmarked to improve Guam's physical infrastructure, but the social infrastructure, particularly the health system will also need to be considered as more H-2 visa workers are employed, and new small business will likely be established to work with federal government projects. Particular interest in public health monitoring would also be an area of increased federal support as much of Asia is under watch for pandemic flu. Guam may be a strategic center for such monitoring, with federal support.

Given the timing of this investment, it may be appropriate for the federal government to mandate that Guam become a designated health employment territory, meaning that firms that hire H-2 workers as well as firms conducting business with the federal government offer health benefits.

7.1 Coverage Expansion Options Requiring Federal Action

- Medicaid cap limitations
- Compact of Free Association aid to health benefits coverage
- Health benefits coverage for H-2 workers and others employed in jobs affiliated with military relocation

7.2 Recommendations for Federal Implementation

- 
- Funded mandate for health benefits coverage for H-2 workers and others employed in jobs affiliated with military relocation

7.3 Areas of Additional Federal Support to Identify the Uninsured

- Guam included in federally-supported research by U.S. census on all health status and expenditure surveys

7.4 Areas of Additional Federal-Sponsored Research

- Study of cost of non-U.S. citizen health benefits coverage
- Feasibility study of a matched benefits program: Government-supported health benefits for prevention and routine medical care and employees with high-cost medical conditions; private sector insurance programs for catastrophic coverage.
- Study of health migration costs —health system study of loss of resources for medical services received outside of the United States, i.e., Guam residents seeking care in the Philippines

SECTION 8. OVERALL ASSESSMENTS OF SPG PROGRAM ACTIVITY

This phase of the Guam SPG was focused on data gathering about Guam's uninsured and involved collaboration by policy makers, business leaders, the public, health providers, and the uninsured. As a result of this effort, Guam now has both technical data and qualitative information about the numbers of uninsured and how their lives are affected by lack of access to affordable health insurance.

What will follow this study is the proposition of policy options, evaluation of feasibility, further data on health system costs, and monitoring of trends established from data sets of the HIES and Health Survey Supplement.

- 8.1 What is the likely impact of program activities in the near future? What were the major impediments and facilitators for improved outcomes? Include specifics about changes in budgetary environment, changes in political leadership etc.
- Given public awareness and expectations among health, business, and policy leaders, program should have immediate influence on health benefits planning for Government of Guam employees and budget planning for public health programs. Additionally, the business community is involved in discussions about health benefits structure and costs.
 - Major impediments include: resources (physical, personnel, and funding) given that Guam is a small territory with competing needs for resources.
 - Major facilitators: the election season will keep this issue among the top of the public action agenda; expected increased revenues from military build-up.

- The Government of Guam continues to experience revenue shortfalls with recent problems paying teacher's salaries. The draw on local resources shifts immediate focus from health to education.

8.2 What is the state's current view of most feasible expansion options? What direction was deemed most feasible and why?

- While still in early stages of planning, those involved in Guam's Health Summit recommended further study of universal coverage to include three key ingredients: access, affordability, and prevention.

8.3 What do you foresee to be the sustainability of programs implemented as a result of the SPG program, or the likelihood that programs currently under consideration will be implemented?

- Given projections for improved economic condition and interest in issues of Guam's health system, implementation of plans seems highly feasible, with continued federal support to provide resources and monitoring.

8.4 Did your SPG program activity create an impetus to change your state's Medicaid program via a waiver, changes in eligibility or cost-sharing?

- Guam's Medicaid cap was increased during the time of this study.

8.5 Please describe the realities of state decision-making regarding insurance expansion in terms of things that facilitate and inhibit policy changes.

- Public sentiment favors privatization of Government agencies and programs. In this context there is momentum for less public intervention in health insurance and management of the Government's only civilian hospital; yet there appears to be more demand for public health services. These cross-current issues will likely both inhibit and facilitate policy change.
- Expect Guam's health system to come to terms with public/private demands by sharing responsibilities for defining and paying for health benefits program for Guam's residents.

- 8.6 Concretely, what was the value of the funding data collection analysis? How were the results used to shape political thinking and build consensus on ways to cover the uninsured? What is the value of data being re-collected and at what frequency?
- This is the first collective, large-scale effort to quantify the issues of Guam's uninsured.
 - The data provide a basis for monitoring progress and a view of the collective health system with public and private participation.
 - Findings of this study have been disseminated through the media and to special interest groups of Guam's private health providers and public health system.
 - As Guam does not have prior trend data, this effort frames expected follow-up studies conducted annually.
- 8.7 In terms of the data collection activities pursued through the SPG grant, are there certain ones you would do differently based on experience?
- The Health Survey Supplement inadvertently omitted cancer from the list of diseases evaluated for match with health insurance status. This would need to be included in the follow-up study design.
 - Specific survey of health benefits offered by Guam's private employers.
 - Focus on initiatives and policy actions for data needs to include in the study, particularly medical cost index, and per capita health spending.
- 8.8 How have stakeholder groups evolved over time? In hindsight, what are the central components to putting and keeping together a successful steering committee?
- Stakeholder groups have remained relatively unchanged during the time of this study. Membership of the study's steering committee has remained unchanged.
- 8.9 What activities will be discontinued as a result of the SPG grant coming to a close?
- All SPG project activities specified by the grant will formally end with the completion of this funding cycle.



8.10 Highlight specific lessons about potential policy options that could be used by HHS and states to shape future activities.

- Policy options have not been fully developed, as this study was to conceptualize the options from data gathering about Guam's uninsured.

8.11 Please comment on how helpful the site visit, availability to talk/email with AcademyHealth staff, and general technical assistance of AcademyHealth was to your project?

- Somewhat helpful to see what others are doing, yet Guam as a U.S. territory with somewhat unique problems/opportunities make our study a contribution to others, particularly with studies of migration for health and the numbers of non-U.S. citizens employed on Guam.
- AcademyHealth staff were very knowledgeable. No follow-through on sample programs offered for our review.

8.12 Please comment on how helpful the HRSA SPG grantee meetings were to your project?

- Not Applicable.

8.13 Please comment on how helpful the technical assistance from SHADAC was to your project?

- Not Applicable.

8.14 Please comment on how helpful the Arkansas Multi-State Integrated Database System was to your project, (if applicable).

- Not Applicable

8.15 Please comment on how useful the Agency for Healthcare Research and Quality's technical assistance and survey work (e.g. MEPS-IC) was to your project.

- Not Applicable.



8.16 Please comment on the long-term effect (if any) of your state's SPG program on future efforts to improve coverage via:

- a. Data collection - e.g. surveys, focus groups, etc.
 - b. Data analysis – e.g. modeling, actuarial analysis
 - c. Political understanding/education
 - d. Approaches and structure for collaboration
-
- Data collection protocols were established by this study and will be a baseline for continued efforts.
 - Data analysis through CS-Pro was useful in establishing data systems for larger modeling studies planned for next phase of research.
 - The data release and public communication have been vital for accurately framing the problems of Guam's uninsured.
 - Collaboration was exceptional and created buy-in by all constituent groups to the issues of the health system and insurance, and working toward solutions.

APPENDIX I: BASELINE INFORMATION

Population: 154,805 (U.S. Census Bureau, 2000)

Number and Percentage of Uninsured:

Median Age of Population: 28.1 years (U.S. Census Bureau, 2000)

Percent of Population Living in Poverty (<100% FPL):
20 Percent (U.S. Census Bureau, 2000)

Primary Industries: (Guam: 2002 Economic Census, U.S. Census Bureau)

- Accommodation and Food Services: 392 firms/11,199 Paid Employees
- Retail trade, 632 firms/7,402 Paid Employees
- Administrative and support and waste management and remediation services, 180 firms/4,002 Paid Employees
- Construction, 244 firms/3,136 Paid Employees
- Health care and social assistance, 169 firms/2,807 Paid Employees

Number and Percent of Employers Offering Coverage: N/A

Number and Percent of Employers Offering Coverage: N/A

Number and Percent of Self-Insured Firms: N/A

Payer Mix: Federal Programs, Local Programs, Private Insurance, Self-Pay

Provider Competition:

Health Insurance Firms, 7

Primary Health Providers,

Specialty Care Providers,

Insurance Market Reforms:

Government of Guam, Medically Indigent Program, Access and Eligibility
Reform 2004



Eligibility for Existing Coverage Programs:
Medicare Capitation Rate Increase, 2005

Use of Federal Waivers:
Compact of Free Association, FSM, RMI



APPENDIX II: LINKS TO RESEARCH FINDINGS AND METHODOLOGIES

This section is covered in Appendix A
(see page Appendix A – i for the full report)

APPENDIX III: REFERENCES AND SOURCE DOCUMENTS

22 GCA – Business Regulations. Chapter 29 *Medical care insurance*, 1994 Codification.

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22 GCA – Business Regulations. Chapter 20 *Effective date* 1994 Codification.

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Strumpf, E. C., & Cubanski, J. (2005). *Options for federal coverage of the uninsured in 2005.* Issue Brief, 1-3.

* * *

Unrecoverable data (*personal communication derived from notes, power point presentations, memos, tables, charts and other unpublished sources.*)

Health Summit Booklet: "Bridging the Health Gap"

Power Point: Dr. Mike Ehler's Power Point Presentation "Health Summit 2006"

Uninsured Health Summit notes from Angie Mummert

- Resources (resources that have no clear attribution and created)
- Health Summit Results: Vision & Strategies flowcharts
- Guam Health Summit Response
- Summary of Health Summary Evaluations tables
- Health Summit Category Clusters Dream Phase (4 pages)

APPENDIX A:

2005 Guam Health Survey



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DEFINITIONS

Health Care Coverage:	Refers to any kind of health care coverage, including health insurance, prepaid plans such as HMOs (health maintenance organizations), or government plans such as Medicare, Medicaid (MAP), Medically Indigent Program (MIP), etc.
Health Insurance:	Refers to private health insurance, either individual or group health insurance, e.g., Calvo's SelectCare, Staywell, Moylan's NetCare, PacifiCare/TakeCare, obtained through employer or as private individual plan

PREFACE

A lack of health coverage is one of Guam's most critical social challenges and affects a large number of people. The impact on all our lives of having a large uninsured population is significant. To find viable solutions to this community problem, the Department of Public Health and Social Services solicited the help of the University of Guam – Cooperative Extension Service (UOG-CES) to research the complex issues surrounding health coverage and access to health care among Guam's people. The goal of the study is to develop comprehensive strategies to insure health coverage for Guam's people who are uninsured or underinsured.

Thanks to the State Planning Grant (SPG) program of the Health Resources and services Administration (HRSA), funding became available in 2004 to conduct the 2005 Guam Health Survey. The SPG Program was awarded to and administered by the Department of Public Health and Social Services. The University of Guam, Cooperative Extension Service was contracted to conduct the research study regarding the issue of health coverage on Guam. The purpose of the planning grants is to assist states to develop plans for providing access to affordable health insurance coverage to all their citizens. The intent of the study is to study the characteristics of the uninsured citizens of Guam; collect information about the various health benefits packages available to the population of Guam; identify and evaluate possible barriers and financial issues to health coverage on Guam; prioritize options to providing affordable and accessible health insurance coverage; and use findings of these studies to facilitate communication between stakeholders to develop strategies and policies to provide health insurance access to all citizens of Guam.

During Phase I, Consumer Data Collection through dual processes aligning with the 2005 Household Income and Expense Survey (HIES) and a Supplemental Survey containing additional Health Specific Information were conducted from Feb. to June 2005. During Phase II a qualitative survey was conducted with focus groups representing the uninsured population, insurance entities, employers (those who offer health insurance benefits and a group who do not), government and non-profit organizations, Guam legislature/public policy makers, and medical providers. During Phase III, consensus building was achieved through the convening of the Guam Health Summit in Feb. 2006. The preliminary findings from Phase I and Phase II were presented at the Health Summit, which brought together informed industry leaders, government agency directors, policy makers, and the general public. During the course of the summit, the participants were assembled into five work groups to discuss various aspects of health coverage as it applies to the uninsured and underinsured populations. To support essential aspects of consensus building, the project utilized a process, called 'Appreciative Inquiry,' to identify and prioritize the areas that Guam should address with regard to the health uninsured and underinsured.

In the following pages, key findings of the Guam Health Survey are presented.

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The Project Team of the University of Guam Cooperative Extension Service would like to thank the following organizations and individuals:

Department of Public Health and Social Services:

Arthur U. San Agustin, MHR, Acting Director
Planning Committee Members -
Diana Calvo, Chief, Division of Public Welfare (DPW)
Linda T. Susuico, Administrator, Bureau of Management Support Services, DPW
Teresita C. Gumataotao, Program Coordinator, Division of Public Welfare
Ma. Theresa Arcangel, Administrator, Bureau of Health Care Financing, DPW
Maria Duarte, Management Analyst, Bureau of Health Care Financing, DPW
Cynthia Naval, Planner IV, Office of Planning and Evaluation, Division of Public Health

University of Guam:

Harold Allen, Ph.D., President
Jeff D.T. Barcinas, Ph.D., Vice-President, University & Community Engagement and
Director, Cooperative Extension Service (CES)
Peter R. Barcinas, Program Leader, Cooperative Extension Service, Economic and
Community Systems
Roseann Jones, Ph.D., Lead Researcher and Associate Professor of Economics, School of
Business and Public Administration, College of Professional Studies
Michael B. Ehlert, Ph.D., Researcher & Associate Professor, Division of Behavioral and
Social Sciences, College of Liberal Arts and Social Sciences
Angelina G. Mummert, MPA, Project Director, UOG-CES
Georgette Paulino, MPA, Project Coordinator, UOG-CES
Pierre Wong, Extension Associate, UOG-CES
Antoinette C. Cruz, Administrative Support Services, UOG-CES
Elaine T. Cepeda, Administrative Assistant, UOG-CES
Frances Tomboc, Accountant, UOG-CNAS

UOG Research Assistants:

Andy Choi, Research Assistant
Kevin Cruz, Research Assistant
Seatiel Dela Cruz, Research Assistant
Tim de La Cruz, Research Assistant
Bryan Kim, Research Assistant
Vanessa Naputi, Research Assistant
Yvette Paulino, Research Assistant

UOG Coding Team:

Randy Chaco	Yoo Kyong Ha (Jessica)	Vanessa Naputi
Rosanna Perez	Shaun Perez	Myleen Ramos
Dovina Reyes		

ACKNOWLEDGEMENTS (cont'd)

UOG Survey Team:

Rosemarie Asemcion
Frances Duenas
April Naputi
Jessica Rosario
Luz Torres

Clarita Bueno
Alicia Madarang
Doris Nededog
Judy Rosario

Marie Grace Bumagat
Iked Mengidab
Susa Quitugua
Santiako Sosef

Department of Labor:

Maria Connelley, Director
Cely Cruz
Mary Ann Roman
Bennett Manipol

U.S. Census Bureau:

Michael J. Levin, Ph.D., Technical Advisor
Sarah Osborne, Statistical Abstractor

Contributors:

Department of Administration
Department of Revenue and Taxation
DPHSS Regional Community Health Center staff & Board members
DPHSS Medically Indigent Program, Medicaid Program
DPHSS Division of Senior Citizens Medicare Assistance Program
Guam Medical Society
Guam Memorial Hospital Authority
Government of Guam Retirement Fund
Guam Power Authority
Guam Waterworks Authority
Guam Community College
Small Business Administration
University of Guam

Media:

Marianas Business Journal, Maureen N. Maratita & Jay Baza Pascua
K-57 & Denise Mendiola
KPRG & Lucyann Kerry
KUAM & Sonia Artero
Pacific Daily News
Marianas Variety

Focus Group Participants:

Health Insurance Companies
Small Businesses & Large Employers
Guam Health Providers
Non-Profit Organizations
Government Health Organizations

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Guam Health Summit

Facilitators:

Peter Barcinas, UOG	Joe Quinata, GPT	Gena Rojas, UOG
Pierre Wong, UOG	Antoinette Cruz, UOG	Dr. Michael Ehlert, UOG
Andy Choi, UOG	Seatiel Dela Cruz, UOG	Tim de La Cruz, UOG
Vanessa Naputi, UOG	Kevin Cruz, UOG	Frank Torres, UOG

Note Takers/Recorders:

Jane Mendiola	Antonia Evaristo	Brian Muna
Delores Lee	Rosalie Lujan	Myleen Ramos
Yoo Yong Ha (Jessica)	Dovina Reyes	Rosanna Perez
Shaun Perez	Randy Chaco	Carmelyn Campos
Lourdes Tenorio	Karl-Jon Shimizu	Rosalie Lujan
Maryann Aguilar	Kirsten Cruz	Josephine Superales
Ilene Iriarte	Joanna Delfin	

Guam Health Summit Presenters:

Michael J. Levin, Ph.D., U.S. Census Bureau
Roseann Jones, Ph.D., UOG COPS
Michael B. Ehlert, Ph.D., UOG CLASS
Ken Lujan, Small Business Administration
Geoffrey Galgo, M.D., President, Guam Medical Society
Mike Cruz, M.D., Chairman, Legislative Committee on Health and Human Svs.
Ignacio "Buck" Cruz, Chairman, Guam Regional Community Health Center Board
Linda Unpingco-Denorcey, Administrator, Primary Care Services, DPHSS
Lillian Perez-Posadas, Nursing Director, Guam Memorial Hospital Authority
Frank Campillo, Calvo's SelectCare Insurance

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Karen Cruz

Household Income & Expenditures Survey (HIES) and Health Supplement Survey (HSS): 2005

HIES Sampling

Two major principles underlie all sample design. The first is the desire to avoid bias in the selection procedure; the second is to achieve the maximum precision for a given outlay of resources. Bias in the selection can arise in:

1. If the sampling is done by a non-random method, which generally means that the selection is consciously or unconsciously influenced by human choice;
2. If the sampling frame (list, index or other population record) which serves as the basis for selection does not cover the population adequately, completely or accurately;
3. If some sections of the population are impossible to find or refuse to cooperate.

Any of these factors will cause systematic and non-compensating errors that are not eliminated or reduced by an increase in sample size. If the sample is taken from an inadequate list, no increase in size will correct its unrepresentativeness or eliminate the bias in the characteristics of an infinite number of samples so selected.

The sampling method used in the 2005 HIES project is called *Systematic Sampling*. In general, this type of sampling differs from simple random sampling in that it does not give all possible samples of size n from the population size N an equal chance of selection. In systematic sampling, once the sampling fraction is determined, the random selection of the starting point determines the whole sample, i.e. if the number 5 was selected with an interval of 5, then 5, 10, 15, 20...automatically follows. In systematic sampling, the selection of one sample member is dependent on the selection of a previous one, while with simple random sampling from a large population the selections are virtually independent of each other. Systematic sampling produces a more even spread of the sample over the population list than does simple random sampling. Usually this will lead to greater geographic coverage.

In February 2005, a team of 30 map verifiers was sent out to conduct map spotting and area verification to the preparation for the 2005 HIES enumeration. Their jobs were to canvass the area, map spot all housing units within the given maps, add new houses and delete any residential structure boxes that no longer existed. This work was done in collaboration with the Bureau of Labor Statistics, Department of Labor, Department of Public Health and Human Social Services, and the University of Guam Cooperative Extension Service.

Sample Weights

A total of 38,770 housing units were listed in the map verification process. After enumeration, a map verification error listing was maintained to estimate non-sampling error from the map project. Sampling selection as stated was systematically done without replacement and after enumeration, only 1046 housing units were received and processed. Again an adjustment factor was calculated to correct for non-sampling errors from enumeration.

The following calculations provide the adjusted weight factor used for the expansion of the sample to the 100 percent level:

Total Adjusted Housing Unit List: 40,000

Actual Household: 38,770

Actual Population: 154,804

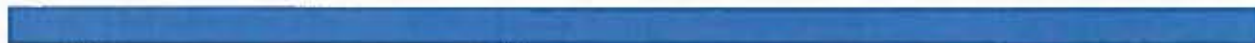
Total Selected Housing Units: 2,000

Total Enumerated Housing Units: 1,046

Population Weight: 34.07

Household Weight: 37.07

Based on 2000 Census

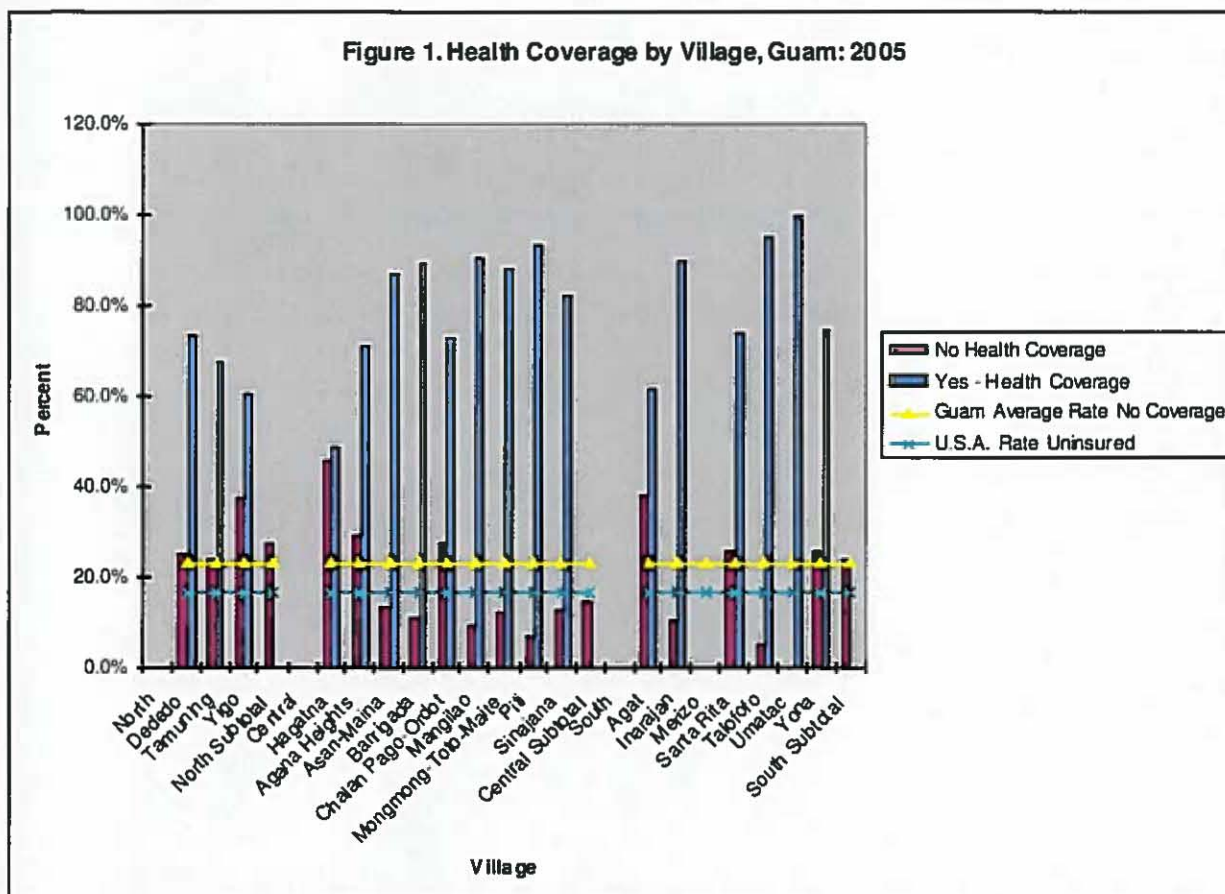


GUAM HEALTH SURVEY

Key findings on the health insurance status of Guam's people

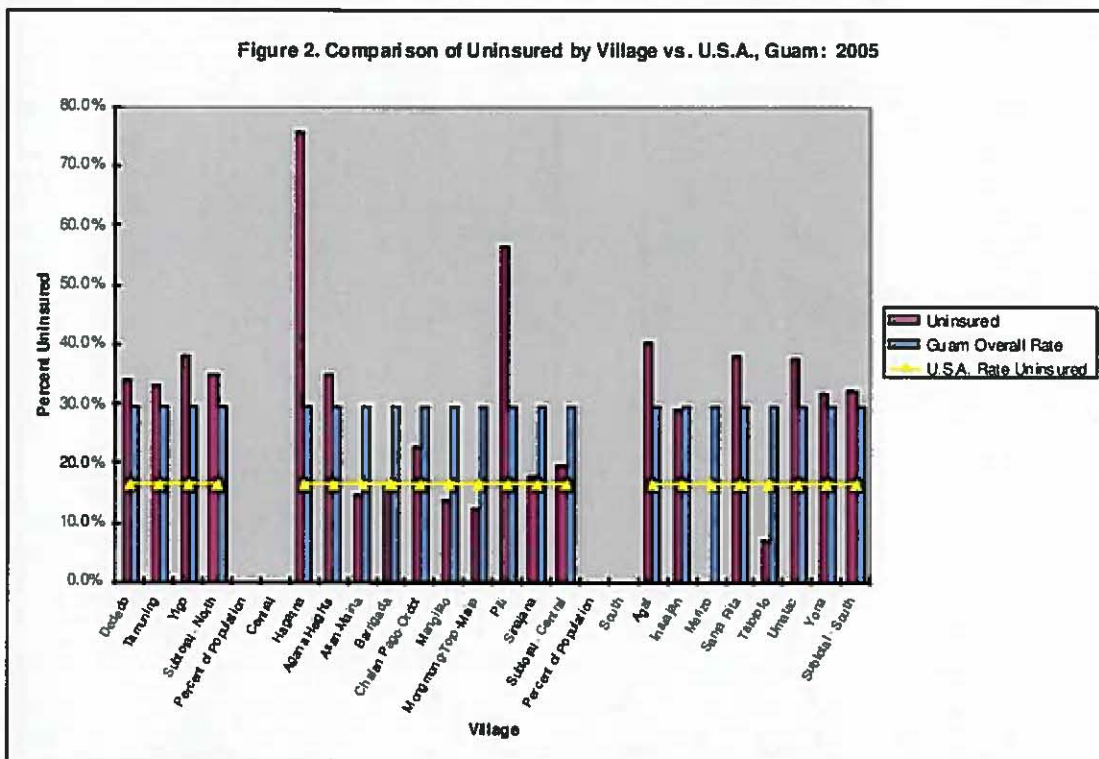
- ✦ The percentage of Guam's people "Without any Kind of Health Coverage" is 23.0% (n = 36,888).

Figure 1. Health Coverage by Village, Guam: 2005



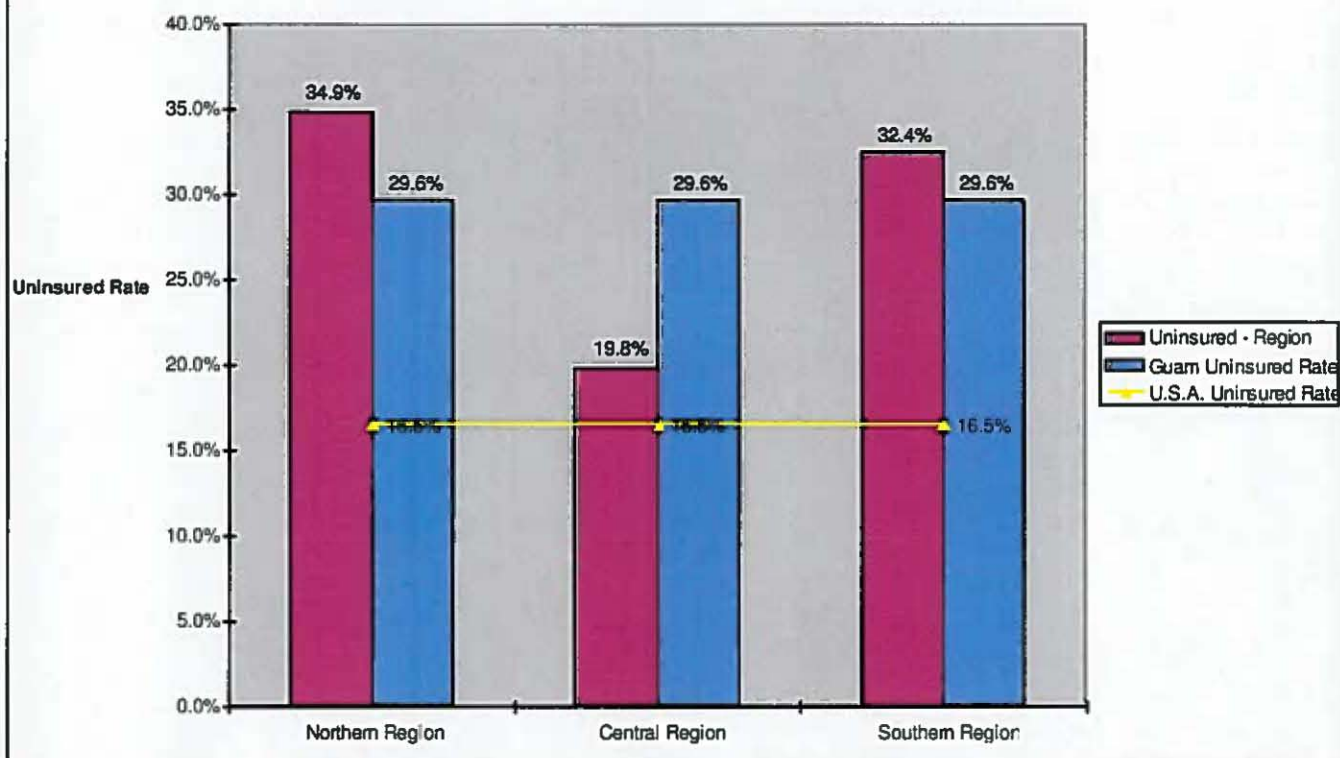
Question: "Do you currently have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?"

- The overall percentage of Guam's people who are "Uninsured" is 29.6% (n=47,510).
- Among those who currently lack health insurance, 45.2% (or 21,476 of 47,510) have been without any kind of health coverage in the last twelve months.



Question: "Does this person currently have health insurance?"

Figure 3. Uninsured by Region, Guam: 2005 & U.S.A. Rate



Uninsured and Geographic Characteristics

- The Northern Region has the highest rate of health uninsured on Guam at 34.9%, followed by the Southern Region at 32.4%, and Central Region 19.8%.
- Sixty-eight percent (68.0%) of the uninsured population reside in the Northern Region, followed by 20.6% in the Southern Region, and 11.4% in the Central Region.
- The top ten villages with the highest uninsured rates (in descending order) include: Hagatna, Piti, Agat, Yigo, Santa Rita, Umatac, Agana Heights, Dededo, Tamuning, and Yona.
- The Central Region has the greatest percentage (37.4%) of uninsured people who did not see a doctor because of the cost, followed by the Southern Region at 32.7%.
- The five villages with the highest rate of uninsured people who could not see a doctor because of the cost are: Mongmong-Toto-Maite, Yona, Agana Heights, Chalan Pago-Ordot, and Inarajan.

Reason(s) for Lack of Health Coverage

- ◆ When asked the “main reason” why they *currently* lack health coverage, the most frequently stated reasons given by those without health coverage are:
 - ‘unaffordable cost of health insurance’ (24.1%),
 - followed by ‘other’ (20.5%), and
 - ‘lost or changed job’ (7.0%).
- ◆ The “main reason(s)” given by those without health coverage why they lack health coverage over the last 12 months is because of the:
 - ‘unaffordable cost of health insurance’ (33.5%),
 - followed by ‘other’ (22.1%), and
 - ‘employer doesn’t offer coverage’ (6.8%).
- ◆ Among people without health insurance, 29.2% say that they did not see a doctor because of cost. The rate of uninsured people deferring medical care because of cost is more than double the rate for those with health insurance. The overall Guam general population rate is 17.8% while the rate for those with health insurance is 13.0%.

Place to Go For Health Care and Advice

- ◆ Close to 29.0% of those without health insurance say that they have no place to go for health care. Sixty percent (60.0%) go to “One Place”, and 6.3% go to “More Than One Place” for health care.
- ◆ Among those who are uninsured, more than one in three people (36.4%) say they do not seek health advice anywhere.
- ◆ Forty-three percent (43.0%) prefer obtaining health advice from a “Clinic or Health Center,” 6.8% from a “Doctor’s Office,” 5.0% from the “Hospital Emergency Room,” 1.5% from “Other Kinds of Places,” and 1.5% from the “Urgent Care Center.”

Health Conditions

- ◆ A little over one in four (26.7%) uninsured people have been told that they have high blood pressure.
- ◆ Close to one in five (19.0%) of uninsured people have been told by a doctor that they have diabetes.
- ◆ Nearly 14.0% of those without health insurance have been told that they have high blood cholesterol.
- ◆ A total of 9.3% of the uninsured people have been told they had asthma.
- ◆ Nearly 6.0% have been told they had angina, and 4.0% have been told they had a heart attack, and 1.7% have been told they had a stroke.

Demographics

- ◆ Forty percent (40.2%) of the uninsured population are below 20 years of age, 27.0% are between 20 to 39 years of age, 19.1% are 44-54 years of age, 7.0% are 55-64 years, and 6.7% are 65 years and older.

- ✦ Rates of uninsured vary for different age groups, with a low of 4.3% for older adults ages 65 – 74 years, to a high of 9.3% for those 40 to 54 years of age
- ◆ Nearly one in three (32.4%) of the uninsured are Filipino, 32.3% Chamorro, 16.7% “Other Micronesian,” 8.8% White, 7.9% “Other,” and 1.9% Palauan.
- ◆ A total of 53.6% of the uninsured are Males, and 46.4% Females.
- ◆ A majority of uninsured males are Filipino (32.4%), followed by Chamorro (28.0%), “Other Micronesian” (14.6%), White (13.1%), “Other” (9.5%), and Palauan (2.3%).
- ◆ A majority of uninsured females are Chamorro (37.3%), followed by Filipino (32.3%), “Other Micronesian” (19.2%), “Other” (6.1%), White (3.8%), and Palauan (1.4%).
- ◆ Uninsured males at 53.6% are overrepresented when compared to the overall male general population rate of 49.9%.
- ◆ In terms of highest level of educational attainment, a majority of the uninsured say they did not graduate from high school (37.2%), 27.0% graduated from high school, 15.8% had some college and/or received an AA or AS degree, 21.4% had a Bachelor’s degree, and 5.7% had a Master’s degree or higher.

Table 1. Current Health Coverage Status by Village, Guam: 2005

	Total	Yes - Health Coverage	Percent	No Health Coverage	Percent
Overall Total	160,262	120,625	76.6%	36,888	23.0%
North					
Dededo	45,761	33,739	73.7%	11,521	25.2%
Tamuning	18,916	12,703	67.2%	4,544	24.0%
Yigo	20,061	12,149	60.6%	7,520	37.5%
Subtotal - North	84,738	58,591	69.1%	23,585	27.8%
Percent of Population	52.9%	48.6%			
Central					
Hagatna	919	447	48.6%	422	45.9%
Agana Heights	3,974	2,821	71.0%	1,152	29.0%
Asan-Maina	2,227	1,930	86.7%	297	13.3%
Barrigada	13,597	12,113	89.1%	1,484	10.9%
Chalan Pago-Ordot	6,565	4,782	72.8%	1,783	27.2%
Mangilao	13,783	12,499	90.7%	1,285	9.3%
Mongmong-Toto-Maite	6,333	5,569	87.9%	764	12.1%
Piti	1,803	1,683	93.3%	120	6.7%
Sinajana	2,655	2,179	82.1%	340	12.8%
Subtotal - Central	51,856	44,023	84.9%	7,647	14.7%
Percent of Population	32.4%	36.5%		20.7%	
South					
Agat	5,153	3,180	61.7%	1,974	38.3%
Inarajan	2,238	2,005	89.6%	233	10.4%
Merizo	-	-	0.0%	-	0.0%
Santa Rita	6,966	5,165	74.1%	1,802	25.9%
Talofof	2,823	2,679	94.9%	144	5.1%
Umatac	648	648	100.0%	-	0.0%
Yona	5,839	4,336	74.3%	1,503	25.7%
Subtotal - South	23,667	18,013	76.1%	5,656	23.9%
Percent of Population	14.8%	14.9%			

Question: "Do you currently have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?"

Health Coverage by Village (Figure 1 & Table 1)

Islandwide, 23.0% of people living on Guam lack any kind of health coverage. In terms of regions, both the Northern (27.8%) and Southern Regions (23.9%) have higher 'no health coverage' rates compared to the islandwide rate of 23.0%. The Central Region has the lowest aggregate rate at 14.7%.

People living in Hagatna have the highest rate at 45.9%. Nearly 4.5 of 10 people who live in Hagatna lack any health coverage. Those living in the southern village of Inarajan rank second at 38.3%, followed by those in the northern village of Yigo at 37.5%, central Agana Heights 29.0% and Chalan-Pago/Ordot 27.2%, southern Santa Rita 25.9% and Yona 25.7%, northern Dededo 25.2% and Tamuning at 24.0%. People living in the village of Umatac have the lowest rate with all respondents stating that they have some kind of health coverage. Talofofo has the second to the lowest rate at 5.1% (5 of every 100 people lack health coverage).

Table 2. Health Insurance Status by Village, Guam: 2005

	Total	Yes - Health Insurance	Percent	No Health Insurance	Percent	Subtotal
Overall Total	160,262	112,752	70.4%	47,510	29.6%	160,262
North						
Dededo	45,761	30,144	65.9%	15,617	34.1%	45,761
Tamuning	18,916	12,611	66.7%	6,305	33.3%	18,916
Yigo	20,061	12,430	62.0%	7,632	38.0%	20,062
Subtotal - North	84,738	55,185	65.1%	29,554	34.9%	84,739
Percent of Population	52.9%	48.9%		62.2%		
Central						
Hagatna	919	224	24.4%	696	75.7%	920
Agana Heights	3,974	2,583	65.0%	1,391	35.0%	3,974
Asan-Maina	2,227	1,893	85.0%	334	15.0%	2,227
Barrigada	13,597	11,424	84.0%	2,173	16.0%	13,597
Chalan Pago-Ordot	6,565	5,079	77.4%	1,486	22.6%	6,565
Mangilao	13,783	11,874	86.1%	1,910	13.9%	13,784
Mongmong-Toto-Maite	6,333	5,537	87.4%	796	12.6%	6,333
Piti	1,803	781	43.3%	1,022	56.7%	1,803
Sinajana	2,655	2,179	82.1%	477	18.0%	2,656
Subtotal - Central	51,856	41,574	80.2%	10,285	19.8%	51,859
Percent of Population	32.4%	36.9%		21.6%		
South						
Agat	5,153	3,070	59.6%	2,083	40.4%	5,153
Inarajan	2,238	1,585	70.8%	653	29.2%	2,238
Merizo	-	-	0.0%	-	0.0%	-
Santa Rita	6,966	4,324	62.1%	2,642	37.9%	6,966
Talofofo	2,823	2,621	92.8%	202	7.2%	2,823
Umatac	648	405	62.5%	243	37.5%	648
Yona	5,839	3,989	68.3%	1,850	31.7%	5,839
Subtotal - South	23,667	15,994	67.6%	7,673	32.4%	23,667
Percent of Population	14.8%	14.2%		16.2%		

Question: "Does this person currently have health insurance?"

Health Insurance Status by Village (Figures 2, 3 & Table 2)

Islandwide, 29.6% of people living on Guam lack health insurance. Guam's uninsured rate is 1.8 times higher than the U.S. rate of 16.5% (CY 2003).^{xxii} Roughly, 3 of every 10 people on Guam lack health insurance. In terms of regions, the Northern (34.9%) and Southern Regions (32.4%)

have higher rates of uninsured compared to the islandwide rate of 29.6%. The Central Region has the lowest aggregate rate at 19.8%. However, all three regions have higher rates than the U.S. rate of 16.5%.

People living in Hagatna have the highest uninsured rate at 75.7%. Nearly 7.5 of every 10 people living in Hagatna lack health insurance. Piti residents rank second at 56.7%, followed by Agat residents 40.4%, Yigo 38.0%, Santa Rita 37.9%, Umatac 37.5%, Agana Heights 35.0%, Dededo 34.1%, Tamuning 33.3%, and Yona 31.7%. People living in the village of Talofoto have the lowest rate of uninsurance with 7.2% and Mongmong-Toto-Maite with 12.6%.

Table 3. Without Health Insurance Ever Been Told By a Doctor That Person Has Diabetes by Village, Guam: 2005

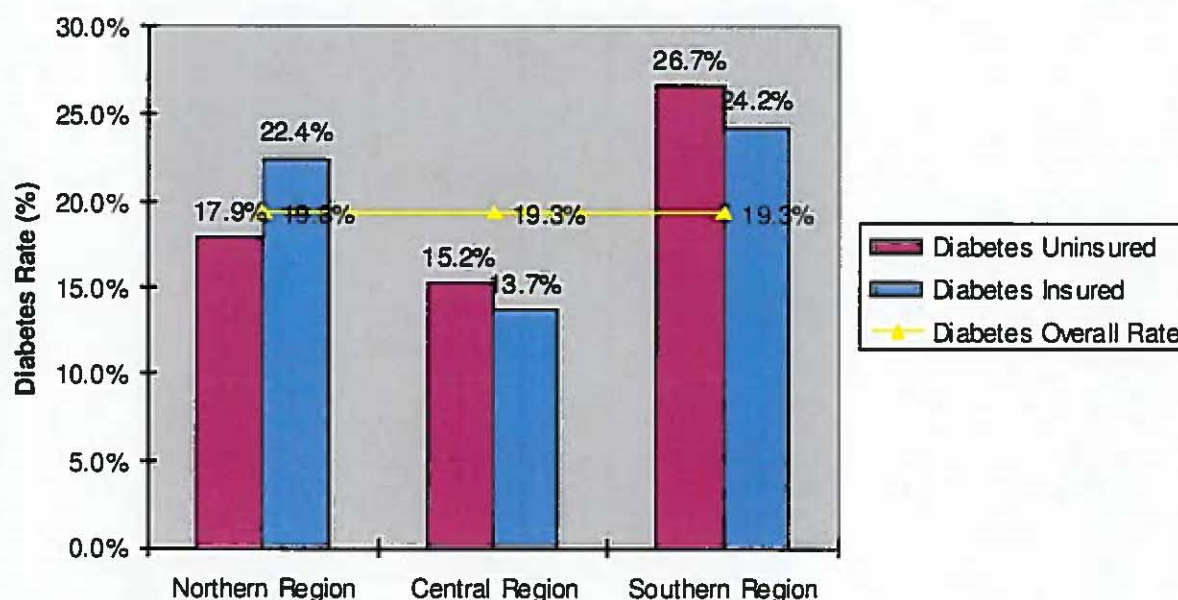
	Total	YES, Diabetes	YES, But Pregnant Female	Total Diabetes	Percent With Diabetes	No Diabetes	Percent No Diabetes
Overall Total	47,510	7,863	1,028	8,891	18.7%	37,720	79.4%
North							
Dededo	15,617	2,652	236	2,888	18.5%	12,405	79.4%
Tamuning	6,305	371	371	742	11.8%	5,564	88.2%
Yigo	7,632	1,655	-	1,655	21.7%	5,780	75.7%
Subtotal - North	29,554	4,678	607	5,285	17.9%	23,749	80.4%
Percent of Population	62.2%						
Central							
Hagatna	696	124	-	124	17.8%	571	82.0%
Agana Heights	1,391	40	238	278	20.0%	1,113	80.0%
Asan-Maina	334	-	-	-	0.0%	334	100.0%
Barrigada	2,173	371	-	371	17.1%	1,802	82.9%
Chalan Pago-Ordot	1,486	-	-	-	0.0%	1,486	100.0%
Mangilao	1,910	590	-	590	30.9%	1,180	61.8%
Mongmong-Toto-Maite	796	-	-	-	0.0%	796	100.0%
Piti	1,022	60	-	60	5.9%	962	94.1%
Sinajana	477	136	-	136	28.5%	340	71.3%
Subtotal - Central	10,285	1,321	238	1,559	15.2%	8,584	83.5%
Percent of Population	21.6%						
South							
Agat	2,083	365	183	548	26.3%	1,535	73.7%
Inarajan	653	-	-	-	0.0%	653	100.0%
Merizo	-	-	-	-	0.0%	-	0.0%
Santa Rita	2,642	1,081	-	1,081	40.9%	1,321	50.0%
Talofoto	202	-	-	-	0.0%	202	100.0%
Umatac	243	243	-	243	100.0%	-	0.0%
Yona	1,850	173	-	173	9.4%	1,676	90.6%
Subtotal - South	7,673	1,862	183	2,045	26.7%	5,387	70.2%
Percent of Population	16.2%						

Question: "Have you ever been told by a doctor that you have diabetes?"

Diabetes by Health Insurance Status and by Region (Figure 4 & Table 3)

The overall diabetes rate for all those surveyed is 19.3%. The overall rate for those *without health insurance* is 18.7%, while the diabetes rate for those *with health insurance* is 19.5%. The uninsured people living in the Southern Region of Guam have the highest reported rate of diabetes at 26.7%, followed by the Northern Region at 17.9%, and the Central Region at 15.2%. A total of 24.2% of those with health insurance living in the Southern Region report that they have diabetes. The percentages of those living in the Northern Region (that have health insurance) have an even *higher* rate at 22.4% than those without health insurance (17.9%). The reported rate of 13.7% for those with health insurance that live in the Central Region, is slightly *lower* than those without health insurance (15.2%).

**Figure 4. Diabetes By Insurance Status and by Region, Guam:
2005**



The uninsured adults living in the village of Umatac (who were surveyed) have the highest reported diabetes rate at 100%. In other words, every adult without health insurance surveyed from the village of Umatac report that they have diabetes. Uninsured people in Santa Rita have the next highest rate at 40.9%, then Mangilao at 30.9%, Sinajana 28.5%, Agat 26.3%, Yigo 21.7%, and Agana Heights 20.0%. The people surveyed in the villages of Inarajan, Asan-Maina, Chalan-Pago/Ordot, Mongmong-Toto-Maite, and Talofofo have responded that they do not have diabetes.

Health Insurance Status and High Blood Pressure (Figures 5, 6 & Tables 4, 5, 6)

Islandwide, 28.2% of Guam's people surveyed have high blood pressure. A total of 26.7% of uninsured people report they have high blood pressure. More than one in four uninsured people

have high blood pressure. Those who have health insurance report an even higher rate at 28.9%. Overall, a significantly higher rate of high blood pressure is reported for the Southern Region for both insured and uninsured people. A total of 48.1% of *uninsured* people living in the Southern Region report they have high blood pressure, followed by the Central Region at 24.6%, and the Northern Region at 21.8%. Those *with health insurance* ranked by region from highest to lowest rates for high blood pressure are: Southern Region at 40.1%, Northern Region at 29.0%, and Central Region at 24.4%.

Table 4. Without Health Insurance Ever Been Told By a Doctor That Person Has High Blood Pressure by Village, Guam: 2005

	Total Population	Total with High Blood Pressure	Percent With High Blood Pressure	No High Blood Pressure	Percent No High Blood Pressure
Total Guam Population	160,262	45,248	28.2%	111,167	69.4%
Uninsured Overall Total	47,510	12,664	26.7%	33,898	71.3%
North					
Dededo	15,617	4,096	26.2%	11,344	72.6%
Tamuning	6,305	185	2.9%	6,120	97.1%
Yigo	7,632	2,160	28.3%	5,078	66.5%
Subtotal - North	29,554	6,441	21.8%	22,542	76.3%
Percent of Population	62.2%				
Central					
Hagatna	696	224	32.2%	472	67.8%
Agana Heights	1,391	238	17.1%	1,152	82.8%
Asan-Maina	334	37	11.1%	297	88.9%
Barrigada	2,173	504	23.2%	1,670	76.9%
Chalan Pago-Ordot	1,486	378	25.4%	1,108	74.6%
Mangilao	1,910	486	25.4%	1,285	67.3%
Mongmong-Toto-Maite	796	127	16.0%	668	83.9%
Piti	1,022	60	5.9%	962	94.1%
Sinajana	477	476	99.8%	-	0.0%
Subtotal - Central	10,285	2,530	24.6%	7,614	74.0%
Percent of Population	21.6%				
South					
Agat	2,083	914	43.9%	1,170	56.2%
Inarajan	653	326	49.9%	326	49.9%
Merizo	-	0	0.0%	-	0.0%
Santa Rita	2,642	1,081	40.9%	1,321	50.0%
Talofof	202	86	42.6%	115	56.9%
Umatac	243	243	100.0%	-	0.0%
Yona	1,850	1,041	56.3%	809	43.7%
Subtotal - South	7,673	3,691	48.1%	3,741	48.8%
Percent of Population	16.2%				

Question: "Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?"

Table 5. High Blood Pressure Rate by Insurance Status and by Region, Guam: 2005

	High Blood Pressure		Overall
	Uninsured	Insured	
Northern Region	21.8%	29.0%	28.2%
Central Region	24.6%	24.4%	28.2%
Southern Region	48.1%	40.1%	28.2%

All (100.0%) uninsured Umatac adults who were surveyed reported that they have high blood pressure, followed closely by Sinajana's uninsured people at 99.8%. Nine of ten uninsured adults in Sinajana reported they have high blood pressure. Other villages with high rates of high blood pressure are: Yona at 56.3%, Inarajan 49.9%, Agat 43.9%, Talofofo 42.6%, Santa Rita 40.9%, and Hagatna at 32.2%. The lowest rates were reported in the villages of Tamuning (2.9%) and Piti (5.9%).

Table 6. With Health Insurance Ever Been Told By a Doctor That Person Has High Blood Pressure by Village, Guam: 2005

	Total Population	Total with High Blood Pressure	Percent With High Blood Pressure	No High Blood Pressure	Percent No High Blood Pressure
Total Guam Population	160,262	45,248	28.2%	111,167	69.4%
Insured Overall Total	112,752	32,584	28.9%	77,270	68.5%
North					
Dededo	30,144	10,460	34.7%	19,153	63.5%
Tamuning	12,611	1,113	8.8%	9,922	78.7%
Yigo	12,430	4,434	35.7%	7,884	63.4%
Subtotal - North	55,185	16,007	29.0%	36,959	67.0%
Percent of Population	48.9%				
Central					
Hagatna	224	0	0.0%	224	100.0%
Agana Heights	2,583	636	24.6%	1,947	75.4%
Asan-Maina	1,893	408	21.6%	1,484	78.4%
Barrigada	11,424	3,870	33.9%	7,395	64.7%
Chalan Pago-Ordot	5,079	973	19.2%	4,107	80.9%
Mangilao	11,874	2,153	18.1%	9,513	80.1%
Mongmong-Toto-Maite	5,537	1,591	28.7%	3,787	68.4%
Piti	781	120	15.4%	661	84.6%
Sinajana	2,179	408	18.7%	1,770	81.2%
Subtotal - Central	41,574	10,159	24.4%	30,888	74.3%
Percent of Population	36.9%				
South					
Agat	3,070	1,681	54.8%	1,352	44.0%
Inarajan	1,585	1,026	64.7%	560	35.3%
Merizo	-	0	0.0%	-	0.0%
Santa Rita	4,324	1,201	27.8%	3,123	72.2%
Talofofo	2,621	1,008	38.5%	1,613	61.5%
Umatac	405	0	0.0%	405	100.0%
Yona	3,989	1,503	37.7%	2,370	59.4%
Subtotal - South	15,994	6,419	40.1%	9,423	58.9%
Percent of Population	14.2%				

Question: "Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure?"

Figure 5. Uninsured Population Ever Been Told by a Doctor That They Have High Blood Pressure, Guam: 2005

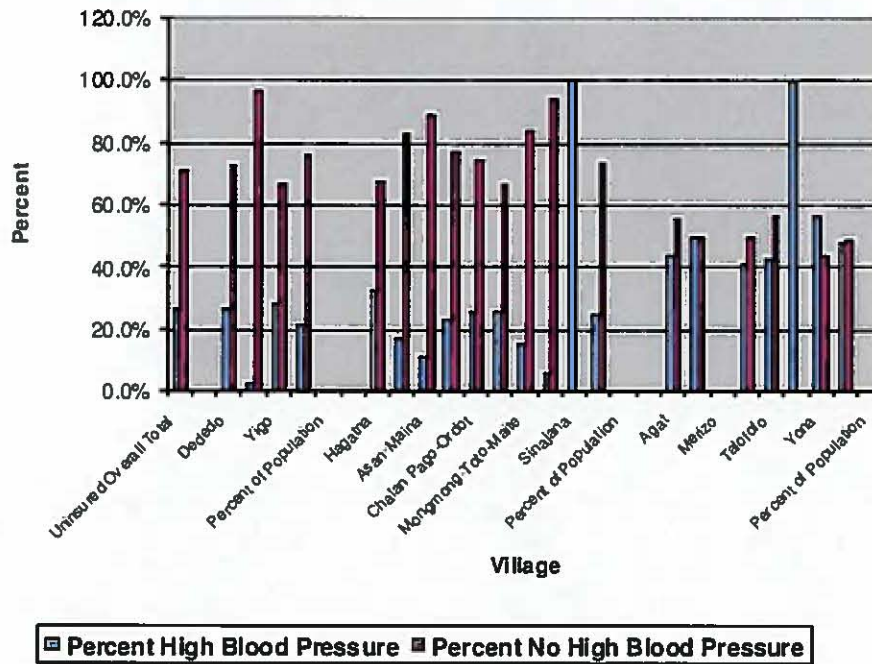


Figure 6. High Blood Pressure by Insurance Status and by Region, Guam: 2005

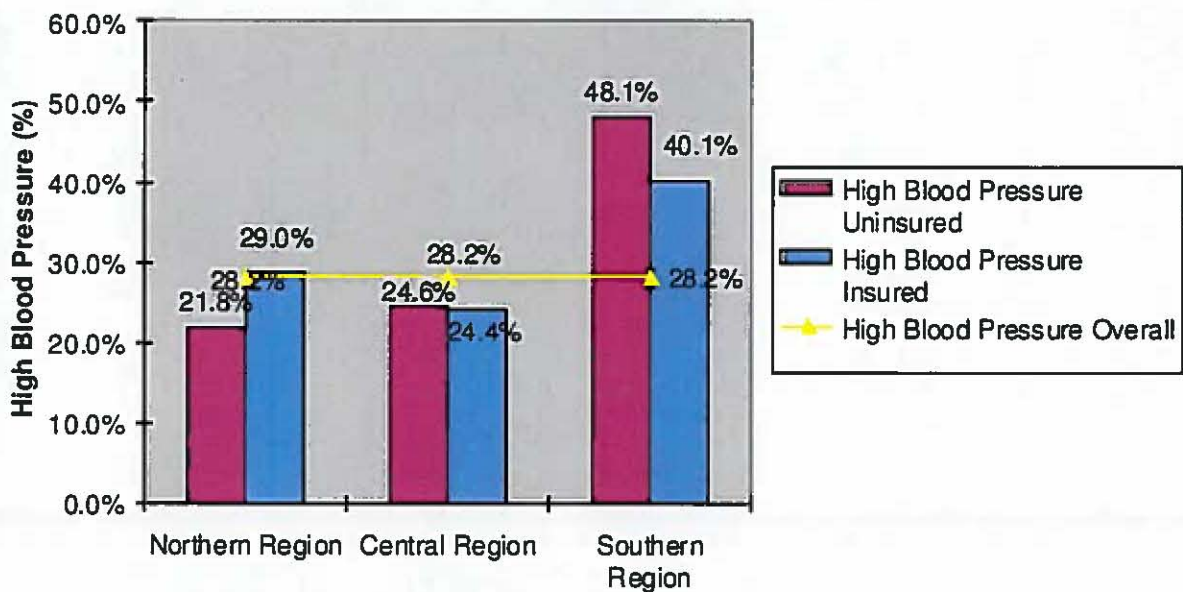
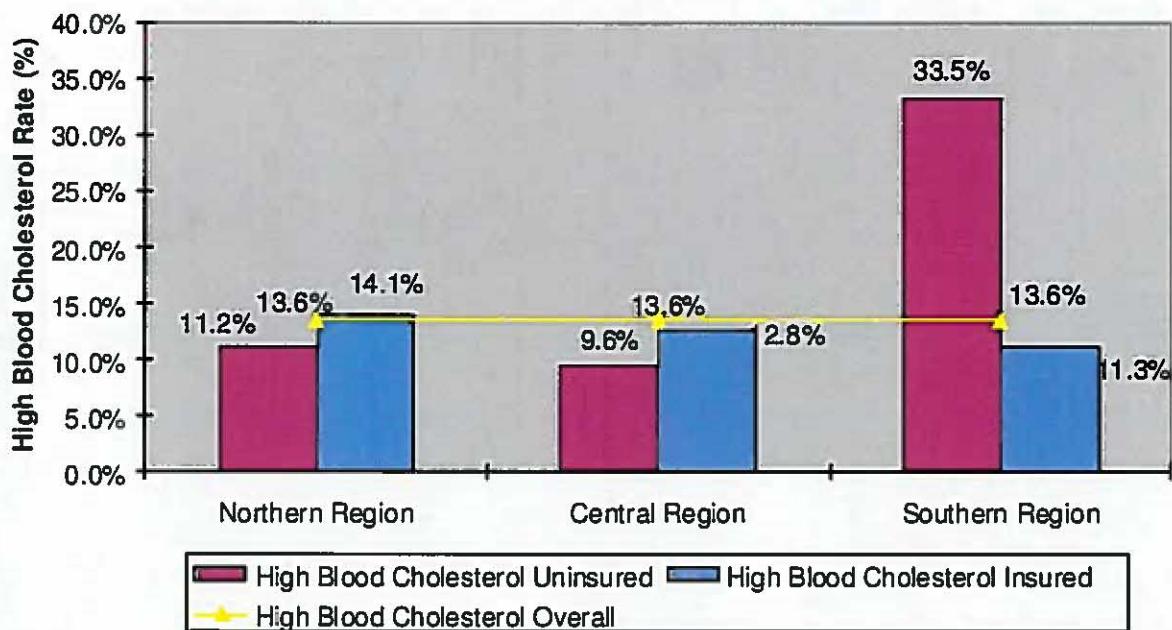


Figure 7. High Blood Cholesterol by Insurance Status and by Region, Guam: 2005



Health Insurance Status and High Blood Cholesterol (Figure 7 & Tables 7, 8)

Islandwide, 13.6% of Guam's people surveyed have high blood cholesterol, and 92.4% had their cholesterol checked. The high blood cholesterol rate at 14.5% of uninsured adults is 1.1 times higher than both the islandwide rate (13.6%) and the insured rate (13.2%). On the positive side, 94.6% of uninsured adults reported they have had their cholesterol checked. Again, this rate is somewhat higher than both the islandwide rate (92.4%) and the insured rate (91.4%). A total of 33.5% of uninsured adults living in the Southern Region report they have high blood cholesterol, followed by those living in the Northern Region at 11.2%, and the Central Region at 9.6%.

Again, all (100.0%) of uninsured Umatac adults surveyed report they have high blood cholesterol. The uninsured people living in Talofofo have the second highest rate of those with high blood cholesterol at 42.6%, followed by Santa Rita at 40.9%, Yona at 28.1%, Agat 21.7%, Inarajan 21.4%, Dededo 16.6%, Barrigada 16.5%, Mongmong-Toto-Maite 16.0%, and Mangilao 15.4%. The uninsured people from Tamuning have the lowest rate of high blood cholesterol at 2.9%, and Agana Heights at 5.7%.

Table 7- Those Without Health Insurance Ever Been Told About Blood Cholesterol by Village, Guam: 2005

	Total	Had Cholesterol Checked	Percent Cholesterol Checked	Told Blood Cholesterol is High	Percent with High Blood Cholesterol	Told Blood Cholesterol Not High	Percent with Normal Blood Cholesterol	Don't Know/Refused	Percent
Overall Total	160,262	148,095	92.4%	20,118	13.6%	6,508	4.4%	121,468	82.0%
Uninsured Total	47,510	44,962	94.6%	6,514	14.5%	1,261	2.8%	37,187	82.7%
North									
Dededo	15,617	15,116	96.8%	2,505	16.6%	442	2.9%	12,169	80.5%
Tamuning	6,305	6,305	100.0%	185	2.9%	-	0.0%	6,120	97.1%
Yigo	7,632	6,538	85.7%	449	6.9%	449	6.9%	5,640	86.3%
Subtotal - North	29,554	27,959	94.6%	3,139	11.2%	891	3.2%	23,929	85.6%
Percent of Population	62.2%	62.2%		48.2%		70.7%		64.3%	
Central									
Hagatna	696	571	82.0%	50	8.8%	-	0.0%	522	91.4%
Agana Heights	1,391	1,391	100.0%	79	5.7%	-	0.0%	1,311	94.2%
Asan-Maina	334	334	100.0%	-	0.0%	37	11.1%	297	88.9%
Barrigada	2,173	2,094	96.4%	345	16.5%	-	0.0%	1,749	83.5%
Chalan Pago-Ordot	1,486	1,243	83.6%	-	0.0%	-	0.0%	1,243	100.0%
Mangilao	1,910	1,805	94.5%	278	15.4%	-	0.0%	1,528	84.7%
Mongmong-Toto-Maite	796	796	100.0%	127	16.0%	-	0.0%	668	83.9%
Piti	1,022	1,022	100.0%	60	5.9%	-	0.0%	962	94.1%
Sinajana	477	477	100.0%	-	0.0%	-	0.0%	477	100.0%
Subtotal - Central	10,285	9,733	94.6%	939	9.6%	37	0.4%	8,757	90.0%
Percent of Population	21.6%	21.6%		14.4%		2.9%		23.5%	
South									
Agat	2,083	1,681	80.7%	365	21.7%	146	8.7%	1,170	69.6%
Inarajan	653	653	100.0%	140	21.4%	187	28.6%	326	49.9%
Merizo	-	0	0.0%	-	0.0%	-	0.0%	0	0.0%
Santa Rita	2,642	2,642	100.0%	1,081	40.9%	-	0.0%	1,561	59.1%
Talofoto	202	202	100.0%	86	42.6%	-	0.0%	115	56.9%
Umatac	243	243	100.0%	243	100.0%	-	0.0%	0	0.0%
Yona	1,850	1,850	100.0%	520	28.1%	-	0.0%	1,330	71.9%
Subtotal - South	7,673	7,271	94.8%	2,435	33.5%	333	4.6%	4,502	61.9%
Percent of Population	16.2%	16.2%		37.4%		26.4%		12.1%	

Question: "Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?"

Table 8. High Blood Cholesterol by Insurance Status and Region, Guam: 2005

	High Blood Cholesterol		
	Uninsured	Insured	Overall
Northern Region	11.2%	14.1%	13.6%
Central Region	9.6%	12.8%	13.6%
Southern Region	33.5%	11.3%	13.6%
Overall	14.5%	13.2%	13.6%

Health Insurance Status and Asthma (Figure 8 & Tables 9, 10)

Table 9. Those Without Health Insurance Ever Been Told They Had Asthma by Village, Guam: 2005

	Total	Have Had Asthma In Past	Percent Had Asthma In Past	Still Have Asthma	Percent of Uninsured Who Had Asthma In Past & Still Have Asthma	No Longer Have Asthma	Percent No Longer Have Asthma
Overall Total	160,262	17,431	10.9%	8,463	48.6%	3,978	22.8%
Uninsured Total	47,510	4,437	9.3%	2,350	53.0%	1,045	23.6%
North							
Dededo	15,617	1,856	11.9%	1,385	74.6%	-	0.0%
Tamuning	6,305	742	11.8%	371	50.0%	185	24.9%
Yigo	7,632	786	10.3%	253	32.2%	337	42.9%
Subtotal - North	29,554	3,384	11.5%	2,009	59.4%	522	15.4%
Percent of Population	62.2%	76.3%		85.5%		50.0%	
Central							
Hagatna	696	124	17.8%	75	60.5%	-	0.0%
Agana Heights	1,391	199	14.3%	-	0.0%	199	100.0%
Asan-Maina	334	0	0.0%	-	0.0%	-	0.0%
Barrigada	2,173	53	2.4%	27	50.9%	27	50.9%
Chalan Pago-Ordot	1,486	0	0.0%	-	0	-	0.0%
Mangilao	1,910	382	20.0%	104	27.2%	139	36.4%
Mongmong-Toto-Maite	796	159	20.0%	-	0.0%	159	100.0%
Piti	1,022	0	0.0%	-	0.0%	-	0.0%
Sinajana	477	136	28.5%	136	100.0%	-	0.0%
Subtotal - Central	10,285	1,053	10.2%	342	32.5%	524	49.8%
Percent of Population	21.6%	23.7%		14.6%		50.1%	
South							
Agat	2,083	0	0.0%	-	0.0%	-	0.0%
Inarajan	653	0	0.0%	-	0.0%	-	0.0%
Merizo	-	0	0.0%	-	0.0%	-	0.0%
Santa Rita	2,642	0	0.0%	-	0.0%	-	0.0%
Talofoto	202	0	0.0%	-	0.0%	-	0.0%
Umatac	243	0	0.0%	-	0.0%	-	0.0%

Yona	1,850	0	0.0%	-	0.0%	-	0.0%
Subtotal - South	7,673	0	0.0%	-	0.0%	-	0.0%
Percent of Population	16.2%	0.0%		0.0%		0.0%	

Question: "Have you ever been told by a doctor, nurse or other health professional that you had asthma?"

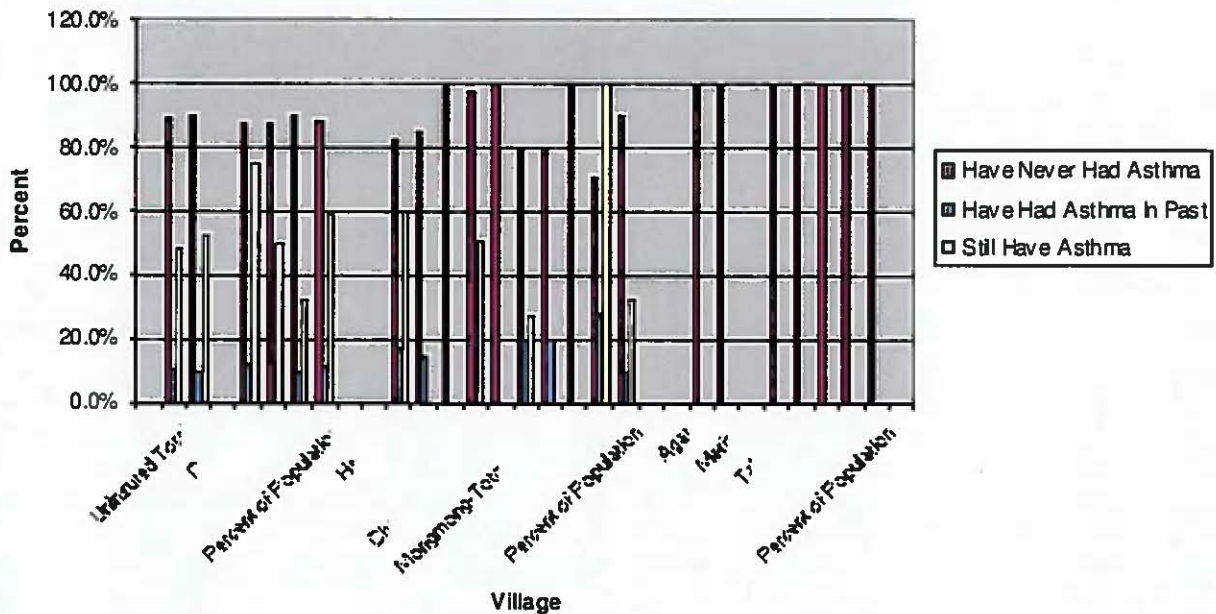
Table 10. Currently Have Asthma by Health Insurance

Status and Region, Guam: 2005

Insured Still With Asthma				
	North	Central	South	Total
Asthma	3547	2126	440	6113
Reg. Pop.	55,184	41,573	15,994	112,752
Percent	6.4%	5.1%	2.8%	5.4%
Uninsured Still Have Asthma				
	North	Central	South	Total
Asthma	2,009	341	0	2,350
Region Pop.	29,554	10,283	7,673	47,510
Percent	6.8%	3.3%	0.0%	4.9%
Guam Population Still With Asthma				
	North	Central	South	Total
Asthma	5,556	2,468	440	8,463
Region Pop.	84,738	51,856	23,667	160,262
Percent	6.6%	4.8%	1.9%	5.3%

Islandwide, 10.9% of Guam's people have had *asthma in the past* compared to 9.3% of those without insurance, and 11.5% of those with insurance. Fifty-three percent (53.0%) of uninsured people who reported they had asthma in the past, still have asthma. The Northern Region has the highest rate (59.4%) of uninsured people who *still have asthma*, followed by the Central Region at 32.5%. The Southern Region's uninsured people who were surveyed report they have never had asthma. The highest rate of uninsured people who report that they had asthma in the past (28.5%) live in Sinajana. Sinajana's rate is 2.8 times higher than the general population rate of 10.9%

Figure 8. Uninsured Population and Asthma, Guam: 2005



Irrespective of their insurance status, those living in the Northern Region have the highest current asthma rate. Those individuals who have health insurance had slightly higher asthma rates at 5.4% compared to 4.9% for the uninsured.

Health Insurance Status and Heart Attack (Figure 9 and Tables 11, 12)

Table 11. Without Health Insurance Ever Been Told Had a Heart Attack by Village, Guam: 2005

	Total	Total Had Heart Attack	Percent Have Had Heart Attack	No Heart Attack	Percent Have Not Had Heart Attack
Total Population	160,262	6,204	3.9%	148,866	92.9%
Uninsured Total	47,510	1,913	4.0%	44,089	92.8%
Percent of Total Population	29.6%				
North					
Dededo	15,617	324	2.1%	14,733	94.3%
Tamuning	6,305	0	0.0%	6,305	100.0%
Yigo	7,632	196	2.6%	7,239	94.9%
Subtotal - North	29,554	520	1.8%	28,277	95.7%
Percent of Uninsured Population	62.2%				
Central					
Hagatna	696	124	17.8%	571	82.0%
Agana Heights	1,391	0	0.0%	1,391	100.0%

Asan-Maina	334	0	0.0%	334	100.0%
Barrigada	2,173	0	0.0%	2,094	96.4%
Chalan Pago-Ordot	1,486	0	0.0%	1,486	100.0%
Mangilao	1,910	0	0.0%	1,771	92.7%
Mongmong-Toto-Maite	796	0	0.0%	732	92.0%
Piti	1,022	0	0.0%	1,022	100.0%
Sinajana	477	0	0.0%	340	71.3%
Subtotal - Central	10,285	124	1.2%	9,741	94.7%
Percent of Uninsured Population	21.6%				
South					
Agat	2,083	37	1.8%	2,047	98.3%
Inarajan	653	93	14.2%	466	71.4%
Merizo	-	0	0.0%	-	0.0%
Santa Rita	2,642	1,081	40.9%	1,321	50.0%
Talof o o	202	0	0.0%	202	100.0%
Umatac	243	0	0.0%	243	100.0%
Yona	1,850	58	3.1%	1,792	96.9%
Subtotal - South	7,673	1,269	16.5%	6,071	79.1%
Percent of Uninsured Population	16.2%				

Question: " Has a doctor, nurse or other health professional ever told you that you had a heart attack, also called a myocardial infarction?"

Islandwide, 3.9% of Guam's people have been told by a doctor that they had a heart attack. Those without health insurance have a rate of 4.0% and insured people have a rate of 3.8% (all within a few tenths of a point from each other). Uninsured people living in the Southern Region have the highest rate of heart attack at 16.5%. This is 4 times higher than the general population rate of 3.9%.

Figure 9. Heart Attack by Insurance Status and Region, Guam: 2005

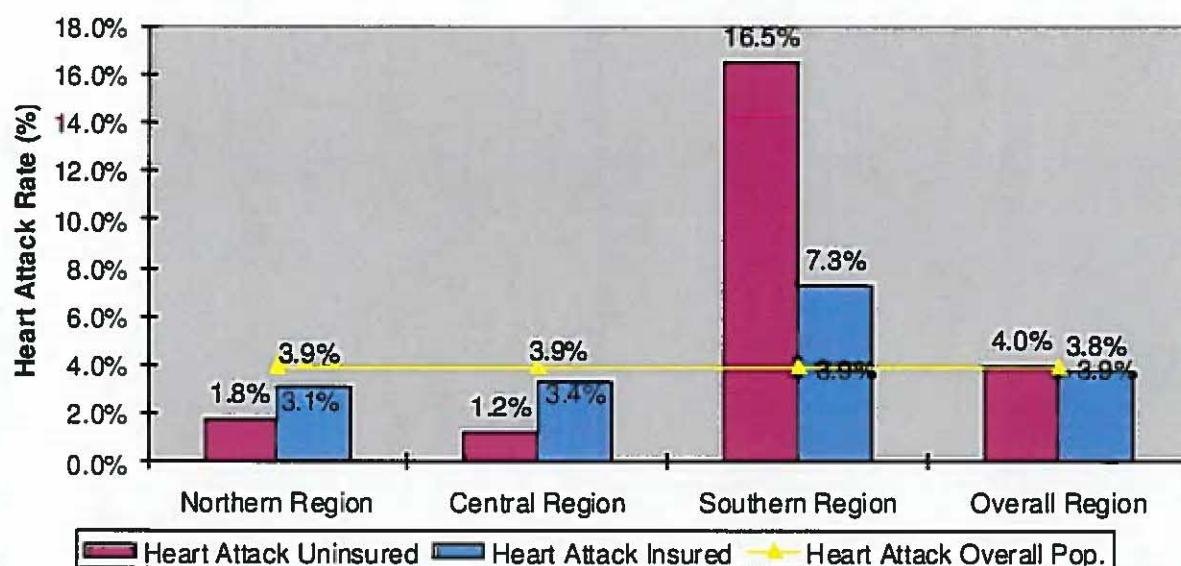


Table 12. Heart Attack by Health Insurance Status and Region, Guam: 2005

	Heart Attack		
	Uninsured	Insured	Overall Pop.
Northern Region	1.8%	3.1%	3.9%
Central Region	1.2%	3.4%	3.9%
Southern Region	16.5%	7.3%	3.9%
Overall Region	4.0%	3.8%	3.9%

Those *uninsured* people living in Santa Rita have the highest rate of all villages at 40.9%, followed by Hagatna at 17.8%, and Inarajan at 14.2%. Santa Rita's rate is 10 times higher than the general population rate.

People *with health insurance* also have higher rates than the general population in the following villages. Those who have the highest rate of heart attack live in the village of Piti (15.4%), followed by Yona at 13.0%, and Inarajan at 11.8%.

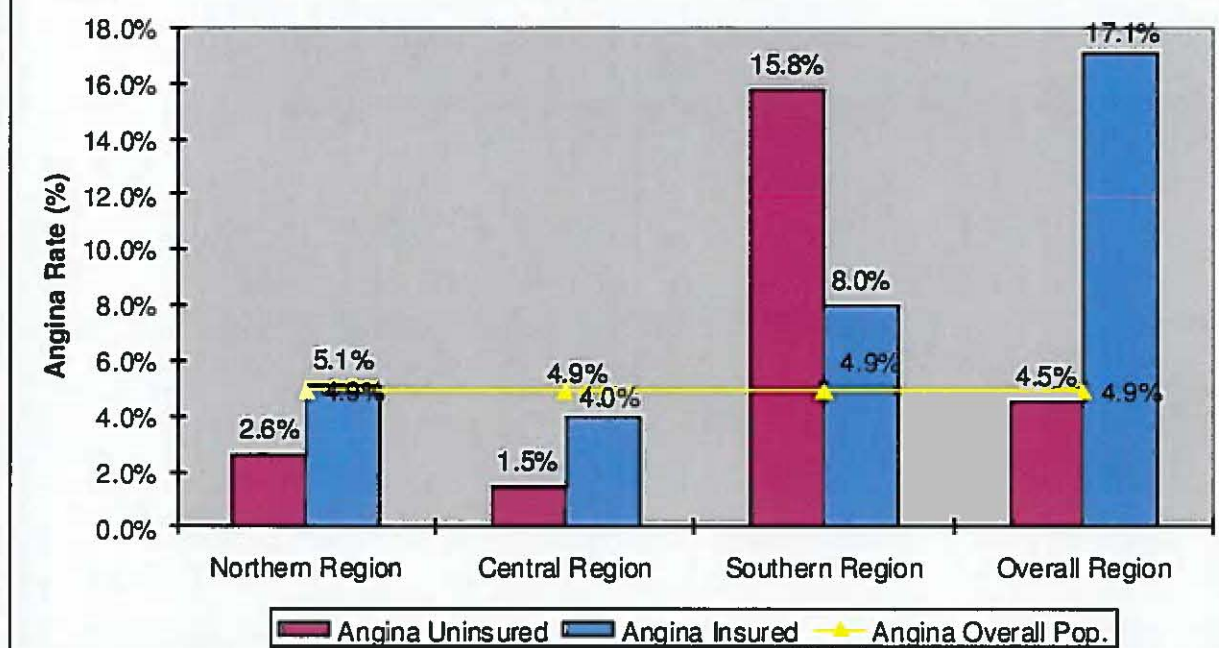
Health Insurance Status and Angina (Figure 10 and Tables 13, 14)

Table 13. Without Health Insurance Ever Been Told That Person Has Angina by Village, Guam: 2005

	Total	Has Been Told Has Angina	Percent With Angina	Has No Angina	Percent with No Angina
Population Total	160,262	7,878	4.9%	145,891	91.0%
Uninsured Total	47,510	2,126	4.5%	43,163	90.9%
Percent of Population	29.6%				
North					
Dededo	15,617	383	2.5%	14,851	95.1%
Tamuning	6,305	185	2.9%	5,471	86.8%
Yigo	7,632	196	2.6%	6,650	87.1%
Subtotal - North	29,554	764	2.6%	26,972	91.3%
Percent of Uninsured Population	62.2%	35.9%		62.5%	
Central					
Hagatna	696	124	17.8%	571	82.0%
Agana Heights	1,391	0	0.0%	1,391	100.0%
Asan-Maina	334	0	0.0%	334	100.0%
Barrigada	2,173	27	1.2%	2,120	97.6%
Chalan Pago-Ordot	1,486	0	0.0%	1,486	100.0%
Mangilao	1,910	0	0.0%	1,910	100.0%
Mongmong-Toto-Maite	796	0	0.0%	796	100.0%
Piti	1,022	0	0.0%	1,022	100.0%
Sinajana	477	0	0.0%	340	71.3%
Subtotal - Central	10,285	151	1.5%	9,970	96.9%
Percent of Uninsured Population	21.6%	7.1%		23.1%	
South					
Agat	2,083	37	1.8%	2,047	98.3%
Inarajan	653	93	14.2%	560	85.8%
Merizo	-	0	0.0%	-	0.0%
Santa Rita	2,642	1,081	40.9%	1,321	50.0%
Talofofo	202	0	0.0%	202	100.0%
Umatac	243	0	0.0%	243	100.0%
Yona	1,850	0	0.0%	1,850	100.0%
Subtotal - South	7,673	1,211	15.8%	6,223	81.1%
Percent of Uninsured Population	16.2%	57.0%		14.4%	

Question: "Has a doctor, nurse or other health professional ever told you that you had angina or coronary heart disease?"

Figure 10. Angina by Insurance Status and Region, Guam: 2005



Islandwide, 4.9% of Guam's people have been told they have angina. Additionally, a total of 4.5% of uninsured people and 5.1% of insured people have been told they have angina. Uninsured people living in the Southern Region have the highest rate. At 15.8%, their rate is 5 times higher than the general population, and twice the rate of people with health insurance (8.0%).

Table 14. Angina by Health Insurance Status and Region, Guam: 2005

	Angina		
	Uninsured	Insured	Overall Pop.
Northern Region	2.6%	5.1%	4.9%
Central Region	1.5%	4.0%	4.9%
Southern Region	15.8%	8.0%	4.9%
Overall Region	4.5%	17.1%	4.9%

Uninsured people living the village of Santa Rita have the highest rate of angina at 40.9%, which is approximately 8 times higher than the rate for both the general population (4.9%) and insured people (5.1%). Uninsured people living in Hagatna have the second highest rate at 17.8%, and Inarajan at 14.2%.

Health Insurance Status and Stroke (Figure 11 and Tables 15, 16)

Table 15. Without Health Insurance Ever Been Told That Person Has Stroke by Village, Guam: 2005

	Total	Has Been Told Has Stroke	Percent With Stroke	Has No Stroke	Percent with No Stroke
Population Total	160,262	4,501	2.8%	149,103	93.0%
Overall Uninsured Total	47,510	800	1.7%	44,424	93.5%
Percent of Population	29.6%	17.8%		29.8%	
North					
Dededo	15,617	88	0.6%	15,057	96.4%
Tamuning	6,305	185	2.9%	5,471	86.8%
Yigo	7,632	0	0.0%	6,846	89.7%
Total	29,554	273	0.9%	27,374	92.6%
Percent of Uninsured Population	62.2%	34.1%		61.6%	
Central					
Hagatna	696	124	17.8%	522	75.0%
Agana Heights	1,391	0	0.0%	1,391	100.0%
Asan-Maina	334	0	0.0%	334	100.0%
Barrigada	2,173	53	2.4%	2,094	96.4%
Chalan Pago-Ordot	1,486	0	0.0%	1,486	100.0%
Mangilao	1,910	69	3.6%	1,840	96.3%
Mongmong-Toto-Maite	796	0	0.0%	732	92.0%
Piti	1,022	0	0.0%	1,022	100.0%
Sinajana	477	0	0.0%	477	100.0%
Subtotal - Central	10,285	246	2.4%	9,898	96.2%
Percent of Uninsured Population	21.6%	30.8%		22.3%	
South					
Agat	2,083	0	0.0%	2,083	100.0%
Inarajan	653	280	42.9%	373	57.1%
Merizo	-	0	0.0%	-	0.0%
Santa Rita	2,642	0	0.0%	2,402	90.9%
Talofofo	202	0	0.0%	202	100.0%
Umatac	243	0	0.0%	243	100.0%
Yona	1,850	0	0.0%	1,850	100.0%
Subtotal - South	7,673	280	3.6%	7,153	93.2%
Percent of Uninsured Population	16.2%	35.0%		16.1%	

Question: "Has a doctor, nurse or other health professional ever told you that you had a stroke?"

Islandwide, 2.8% of Guam's people have been told by a doctor they have had a stroke. The rate of stroke among uninsured people at 1.7% is lower than both the general population rate (2.8%) and the insured rate (3.3%). The Southern Region's uninsured people have the highest rate of

stroke, with those living in Inarajan leading at 42.9%. Uninsured people living in the other southern villages (who were surveyed), say they have not been told they have had a stroke. Uninsured people living in Hagatna rank second with a rate of 17.8%.

Figure 11. Stroke by Insurance Status and Region, Guam: 2005

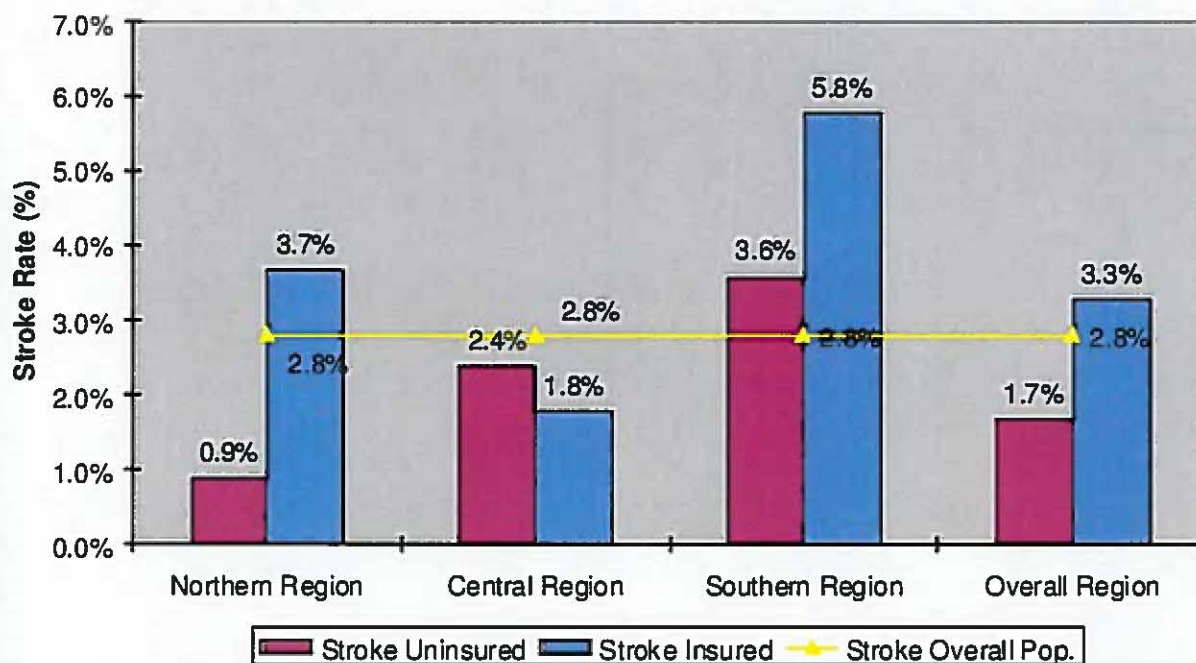


Table 16. Stroke by Health Insurance Status and Region, Guam: 2005

	Stroke		
	Uninsured	Insured	Overall Pop.
Northern Region	0.9%	3.7%	2.8%
Central Region	2.4%	1.8%	2.8%
Southern Region	3.6%	5.8%	2.8%
Overall Region	1.7%	3.3%	2.8%

Health Insurance Status and Age (Figure 12 and Tables 17, 18)

Table 17. Uninsured by Age and by Region, Guam: 2005

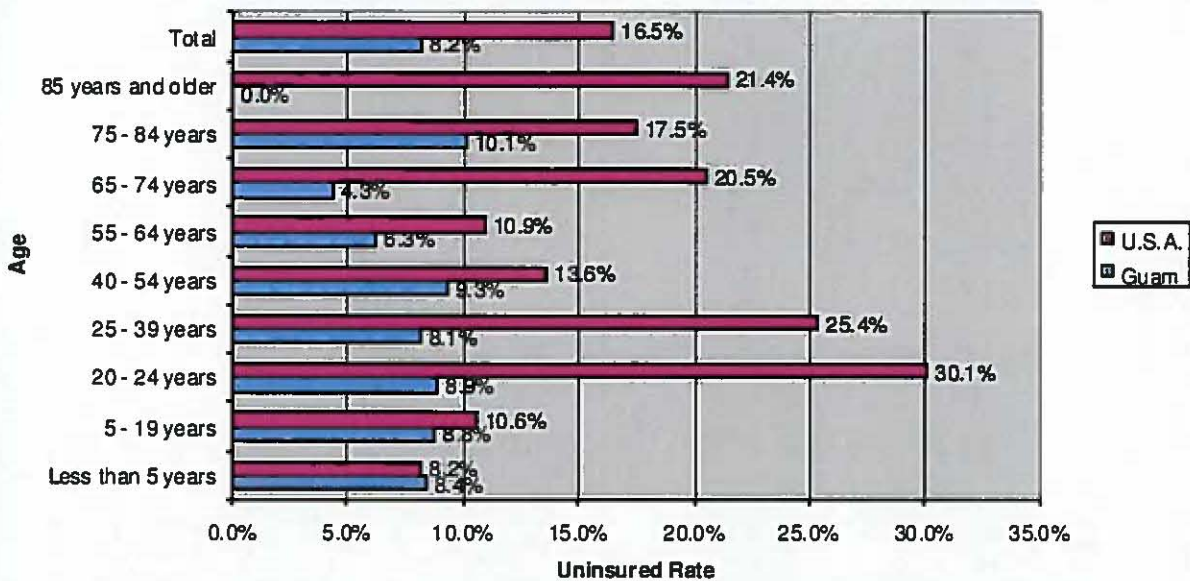
Age	Total		North		Central		South	
	Total	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 5 years	1,354	10.2%	682	7.6%	157	10.4%	516	18.9%
5 - 19 years	3,974	30.0%	2,933	32.5%	484	32.0%	558	20.4%
20 - 24 years	860	6.5%	494	5.5%	94	6.2%	272	9.9%
25 - 39 years	2,718	20.5%	1,778	19.7%	300	19.8%	640	23.4%
40 - 54 years	2,534	19.1%	1,644	18.2%	265	17.5%	626	22.9%
55 - 64 years	926	7.0%	815	9.0%	35	2.3%	76	2.8%
65 - 74 years	372	2.8%	227	2.5%	98	6.5%	48	1.8%
75 - 84 years	521	3.9%	442	4.9%	79	5.2%	-	0.0%
85 years and older	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Total	13,259	100.0%	9,015	100.0%	1,512	100.0%	2,736	100.0%
Median Age	26.7		28.2		28.3		25.2	

Thirty percent (30.0%) of uninsured people are between the ages of 5 to 19 years old, followed by those 25 to 29 years of age with a rate of 20.5%. Three of ten uninsured people are young, school-aged children (5 to 19 years of age), and two of every ten are young adults, 25-29 years of age. The uninsured populations are ranked from the highest to the lowest by age groups below:

Uninsured Population:

- 30.0% are between the ages of 5-19 years
- 20.5% are between the ages of 25-29 years
- 19.1% are between the ages of 40-54 years
- 10.2% are less than 5 years of age
- 7.0% are between the ages of 55-64 years
- 6.5% are between the ages of 20-24 years
- 3.9% are between the ages of 75-84 years of age
- 0.0% are 85 years and older.

Figure 12. Comparison of Uninsured by Age, Guam (2005) and U.S.A. (2003)



When comparing the uninsured rates per population by age group, those 75-84 years of age have the highest percent at 10.1% uninsured. The uninsured rate for this age group at 10.2% is 3.2 times higher than the general population rate of 3.2%. The second to the highest uninsured rate is 9.3% for those between the ages of 40-54 years, then those 20-24 years of age. The age group 'less than 5 years of age' is slightly higher at 5.4% compared to the U.S. rate of 8.2%.

Table 18. Uninsured by Age Compared to General Population, Guam: 2005 and U.S.A.: 2003

Age	Guam General Population Distribution		Guam - No Health Insurance		U.S.A. Percent Of Population No Health Insurance	
	Number	Percent	Number	Percent	Percent	Age
Less than 5 years	16,133	10.0%	1,354	8.4%	8.2%	Less than 6 yrs.
5 - 19 years	45,281	28.1%	3,974	8.8%	10.6%	6-17 yrs.
20 - 24 years	9,661	6.0%	860	8.9%	30.1%	18-24 yrs.
25 - 39 years	33,394	20.7%	2,718	8.1%	25.4%	25-34 yrs.
40 - 54 years	27,193	16.8%	2,534	9.3%	13.6%	45-54 yrs.
55 - 64 years	14,779	9.2%	926	6.3%	10.9%	55-64 yrs.
65 - 74 years	8,571	5.3%	372	4.3%	20.5%	65-74 yrs.
75 - 84 years	5,142	3.2%	521	10.1%	17.5%	75-84 yrs.
85 years and older	1,267	0.8%	-	0.0%	21.4%	85+ yrs.
Total	161,421	100.0%	13,259	8.2%	16.5%	
Median Age	29.3		29.6			

Of all those 75-84 years of age who were surveyed, 10.1% are uninsured. Their uninsured rate is more than three times higher than their age group's general population rate of 3.2%. Guam's

uninsured rate for children 'less than 5 years of age' at 8.4% is only slightly higher than the U.S. rate of 8.2%.^{xxiii} (NOTE: *The data appears questionable because Guam's uninsured rate stands at 29.6% versus 16.5% for the U.S.*)

Main Reason Had No Health Coverage (Tables 19, 20, 21)

**Table 19. Main Reason Person Had No Health Coverage,
Guam: 2005**

Reason	Number	Percent
Can't afford to pay premium	9,543	24.1%
'Other'	8,127	20.5%
Refused	7,967	20.1%
Don't Know	4,658	11.8%
Lost Job or Changed Job	2,767	7.0%
Employer doesn't offer coverage	2,076	5.2%
Spouse or parent died	1,200	3.0%
Became temporary employee	972	2.5%
Insurance company refused coverage	970	2.4%
Lost Medicaid or Med. Asst. eligibility	882	2.2%
Spouse or parent lost job	365	0.9%
Became divorced/separated	110	0.3%
Ineligible because of age or left school	0	0.0%
Benefits from employer ran out	0	0.0%
Total	39,637	100.0%

Question: "What is the main reason you are without health care coverage?"

The main reason given by uninsured people for lack of health coverage is that it was not affordable. Overall, the primary reason given by those surveyed on why they have no health coverage/insurance is that they cannot afford to pay the premium. The second most cited reason is "Other" at 20.5%. Unfortunately, a significant percentage of respondents either "refused" or say they "did not know" why they do not have health coverage/insurance at 20.1% and 11.8%, respectively.

When looking at the primary reason for lack of health coverage/insurance by region, there are minor differences. Those living in the Northern Region say the main reason they lack health insurance is "Other" at 21.2%. Those in the Central and Southern Region say it is because they can't afford to pay the premium, at 38.8% and 41.9%, respectively.

Northern Region

Central Region:

Top Three Reasons Given

1. "Other"
2. "Don't Know"
3. "Can't afford to pay premium"
1. "Can't afford to pay premium"
2. "Other"
3. "Lost job or changed job"

Southern Region:

1. "Can't afford to pay premium"
2. "Other"
3. "Spouse or parent died"

WITHOUT HEALTH INSURANCE

Table 20. Main Reason Person Had No Health Coverage by Region, Guam: 2005

	Northern Region				Central Region				Southern Region		
	Reason	Number	Percent		Reason	Number	Percent		Reason	Number	Percent
	'Other'	3,341	21.2%		Can't afford to pay premium	2,327	38.8%		Can't afford to pay premium	1,725	41.9%
	Don't Know	2,943	18.7%		'Other'	1,263	21.1%		'Other'	1,371	33.3%
	Can't afford to pay premium	2,854	18.1%		Lost Job or Changed Job	754	12.6%		Spouse or parent died	601	14.6%
	Refused	2,406	15.3%		Spouse or parent died	452	7.5%		Refused	329	8.0%
	Employer does n't offer coverage	1,479	9.4%		Refused	390	6.5%		Spouse or parent lost job	93	2.3%
	Lost Job or Changed Job	1,035	6.6%		Don't Know	344	5.7%		Employer does n't offer coverage	-	0.0%
	Insurance company refused coverage	835	5.3%		Insurance company refused coverage	135	2.3%		Lost Job or Changed Job	-	0.0%
	Became temporary employee	658	4.2%		Employer does n't offer coverage	124	2.1%		Insurance company refused coverage	-	0.0%
	Spouse or parent lost job	147	0.9%		Spouse or parent lost job	124	2.1%		Became temporary employee	-	0.0%
	Lost Medicaid or Med. Asst. eligibility	59	0.4%		Lost Medicaid or Med. Asst. eligibility	80	1.3%		Lost Medicaid or Med. Asst. eligibility	-	0.0%
	Spouse or parent died	-	0.0%		Became temporary employee	-	0.0%		Don't Know	-	0.0%
	Became divorced/separated	-	0.0%		Became divorced/separated	-	0.0%		Became divorced/separated	-	0.0%
	Ineligible because of age or left school	-	0.0%		Ineligible because of age or left school	-	0.0%		Ineligible because of age or left school	-	0.0%
	Benefits from employer ran out	-	0.0%		Benefits from employer ran out	-	0.0%		Benefits from employer ran out	-	0.0%
	Total	15,757	100.0%		Total	5,993	100.0%		Total	4,119	100.0%

Residents in the top five villages that had the highest uninsured rates say the main reason they have no health coverage is as follows:

Village

Main Reason

Hagatna

"because their spouse or parent lost their job"

Agat

"can't afford to pay premium"

Piti	"can't afford to pay premium"
Yigo	"can't afford to pay premium"
Santa Rita	"other" & "spouse or parent died"

WITHOUT HEALTH INSURANCE

Table 21. Main Reason Person Had No Health Coverage by Top Five Villages, Guam: 2005

Reason	Hagatna	Rank Order	Agat	Rank Order	Piti	Rank Order	Yigo	Rank Order	Santa Rita	Rank Order
Spouse or parent lost job	33.2%	1	0.0%		0.0%		0.0%		0.00%	
Employer does n't offer coverage	33.2%	1	0.0%		0.0%		16.4%	3	0.00%	
Can't afford to pay premium	20.1%	2	42.5%	1	100.0%	1	35.8%	1	9.00%	2
Refused	13.4%	3	27.3%	3	0.0%		6.0%	5	0.00%	
Don't Know	0.0%		0.0%		0.0%		5.3%	6	0.00%	
Lost Job or Changed Job	0.0%		0.0%		0.0%		7.8%	4	0.00%	
Became temporary employee	0.0%		0.0%		0.0%		6.0%	5	0.00%	
Insurance company refused coverage	0.0%		0.0%		0.0%		2.1%	7	0.00%	
Lost Medicaid or Med. Asst. eligibility	0.0%		0.0%		0.0%		1.2%	8	0.00%	
Spouse or parent died	0.0%		0.0%		0.0%		0.0%		45.50%	1
'Other'	0.0%		30.2%	2	0.0%		19.4%	2	45.50%	1
Became divorced/separated	0.0%		0.0%		0.0%		0.0%		0.00%	
Ineligible because of age or left school	0.0%		0.0%		0.0%		0.0%		0.00%	
Benefits from employer ran out	0.0%		0.0%		0.0%		0.0%		0.00%	
Total	100%		100.0%		100.0%		100.0%		100.00%	

Health Coverage in Last 12 Months & Uninsured (Figure 13 and Table 22)

For those who are uninsured, 45.2% say they did not have any kind of health coverage in the last 12 months compared to only 7.1% of those who currently have health insurance. The likelihood of those uninsured going without any kind of health coverage continuously over the last 12

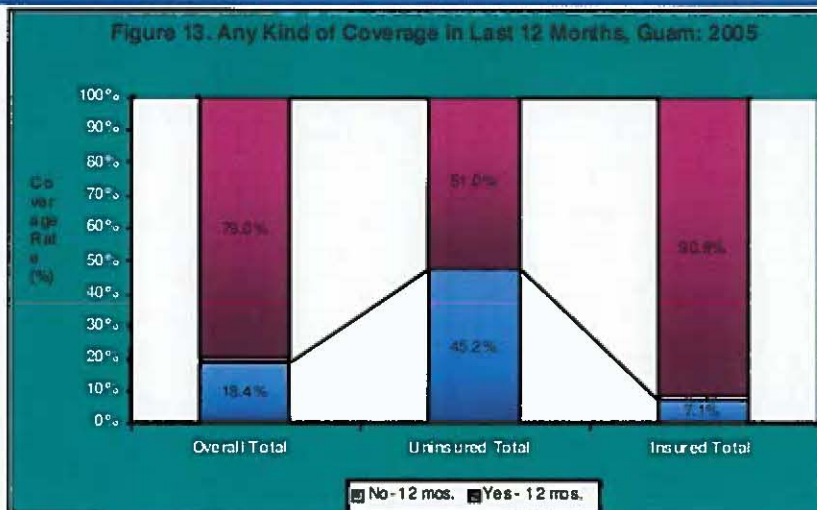


Table 22. Any Kind of Coverage in Last 12 Months for Uninsured Population, Guam: 2005

	Total	Any kind of coverage in last 12 months		Percent	
		Yes	No	Yes	No
Overall Total	160,262	126,643	29,493	79.0%	18.4%
Uninsured Total	47,510	24,225	21,476	51.0%	45.2%
Insured Total	112,752	102,418	8,016	90.8%	7.1%
North					
Dededo	15,617	9,252	6,247	59.2%	40.0%
Tamuning	6,305	2,040	3,431	32.4%	54.4%
Yigo	7,632	2,834	4,686	37.1%	61.4%
Subtotal - North	29,554	14,126	14,364	47.8%	48.6%
Central					
Hagatna	696	323	323	46.4%	46.4%
Agana Heights	1,391	675	715	48.5%	51.4%
Asan-Maina	334	37	297	11.1%	88.9%
Barrigada	2,173	1,458	689	67.1%	31.7%
Chalan Pago-Ordot	1,486	351	1,135	23.6%	76.4%
Mangilao	1,910	799	868	41.8%	45.4%
Mongmong-Toto-Maite	796	414	382	52.0%	48.0%
Piti	1,022	1,022	-	100.0%	0.0%
Sinajana	477	-	340	0.0%	71.3%
Subtotal - Central	10,285	5,079	4,749	49.4%	46.2%
South					
Agat	2,083	1,243	841	59.7%	40.4%
Inarajan	653	560	93	85.8%	14.2%
Merizo	-	-	-	0.0%	0.0%
Santa Rita	2,642	2,282	360	86.4%	13.6%
Talofafo	202	173	29	85.6%	14.4%

Umatac	243	243	-	100.0%	0.0%
Yona	1,850	520	1,041	28.1%	56.3%
Subtotal - South	7,673	5,021	2,364	65.4%	30.8%

Question: "Did you have health coverage at ALL times during the past 12 months?"

months is 6.4 times higher than those who currently have health insurance, and 2.5 times higher than the general population rate.

Close to 49.0% of those uninsured living in the Northern Region have been without continuous health coverage over the last 12 months. Those in the Central Region fared only slightly better at 46.2%, and the Southern Region at 30.8%.

For the top ten villages, the highest rates of uninsured going 'without any kind of coverage over the last 12 months' are for those uninsured living in Asan-Maina (88.9%), then Chalan-Pago/Ordot (76.4%), Sinajana (71.3%), Yigo (61.4%), Yona (56.3%), Tamuning (54.4%), Agaña Heights (51.4%), Maite (48.0%), Hagatna (46.4%), and Mangilao (45.4%). The lowest rates are for Piti and Umatac at 0.0%, (i.e., none of those surveyed say they lacked health coverage continuously for the last 12 months).

Reasons for No Health Coverage Over Last 12 Months (Tables 23, 24)

Unfortunately, 33.8% of those surveyed refused to give a reason (33.8%) for not having health coverage over the last 12 months, followed by 33.5% who say it is because they 'cannot afford to

Table 23. Main Reason Person Had No Health Coverage in Last 12 months, Guam: 2005

Reason	Number	Percent
Refused	8,495	33.8%
Can't afford to pay premium	8,426	33.5%
Other ¹	5,555	22.1%
Don't Know	3,720	14.8%
Employer doesn't offer coverage	1,698	6.8%
Lost Job or Changed Job	1,361	5.4%
Became temporary employee	998	4.0%
Insurance company refused coverage	897	3.6%
Lost Medicaid or Med. Asst. eligibility	790	3.1%
Benefits from employer ran out	604	2.4%

Spouse or parent died	588	2.3%
Spouse or parent lost job	376	1.5%
Became divorced/separated	110	0.4%
Ineligible because of age or left school	-	0.0%
Total	25,123	100.0%

Question: "What was the main reason you were without health coverage during the past 12 months?"

pay the premium', 22.1% 'Other', 14.8% 'Don't Know', and 6.8% say 'the employer doesn't offer coverage', 5.4% say they 'lost their job or changed jobs', 4.0% say they 'became a temporary employee', 3.6% say the 'insurance company refused coverage', 3.1% say they 'lost Medicaid or Medical assistance eligibility', 2.4% say 'benefits from their employer ran out', 2.3% say their 'spouse or parent died', 1.5% say their 'spouse or parent lost their job', and 0.4% say they 'became divorced/separated'.

Table 24. Main Reason Person Had No Health Coverage in Last 12 Months by Region, Guam: 2005

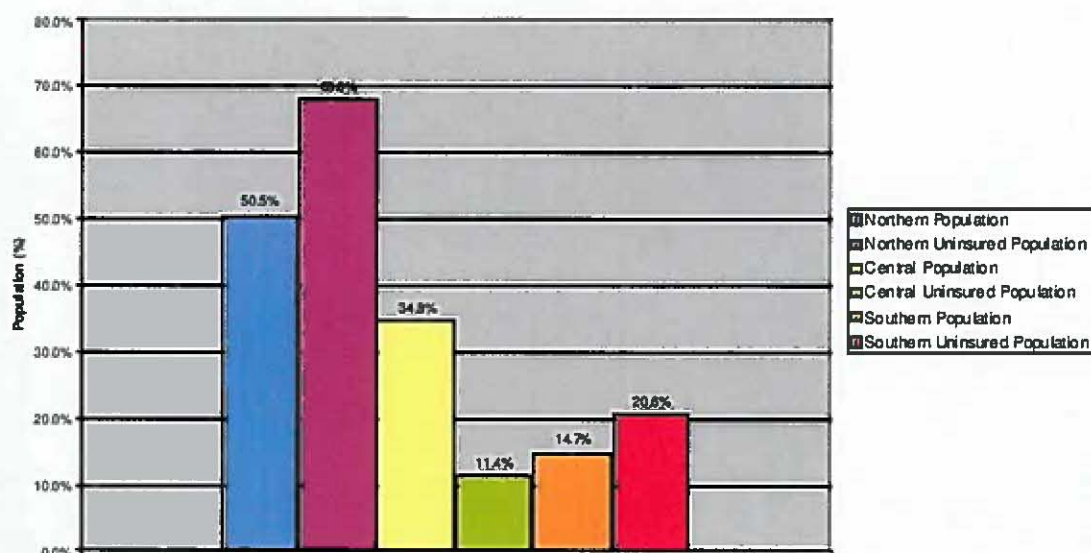
Reason	North	Rank Order	Central	Rank Order	South	Rank Order
Refused	6,640	1	1,237	3	618	2
Other	3,789	3	1,536	2	231	4
Can't afford to pay premium	4,309	2	2,501	1	1,616	1
Don't Know	3,416	4	304	8	-	-
Employer doesn't offer coverage	1,358	5	340	7	-	-
Lost Job or Changed Job	703	8	658	4	-	-
Became temporary employee	945	6	53	10	-	-
Insurance company refused coverage	556	9	340	7	-	-
Lost Medicaid or Med. Asst. eligibility	790	7	-	-	-	-
Spouse or parent died	-	-	348	6	240	3
Spouse or parent lost job	147	10	135	9	93	6
Became divorced/separated	0	-	0	-	110	5
Ineligible because of age or left school	0	-	0	-	0	-
Benefits from employer ran out	88	11	516	5	0	-
Total	22,741		7,968		2,908	

Question: "What was the main reason you were without health coverage during the past 12 months?"

By region, the top three responses for those in the Northern Region (by rank order) are: 'refused', 'can't afford to pay premium', and 'other'. For those in the Central Region, they say

they 'can't afford premium', 'other', and 'refused'. The Southern Region's top reasons are: 'can't afford to pay premium', 'refused', and 'spouse or parent died'.

Figure 14. Comparison of Population Distribution and Uninsured Population by Region, Guam: 2005



Comparison of General Population and Uninsured Population by Region (Figure 14)

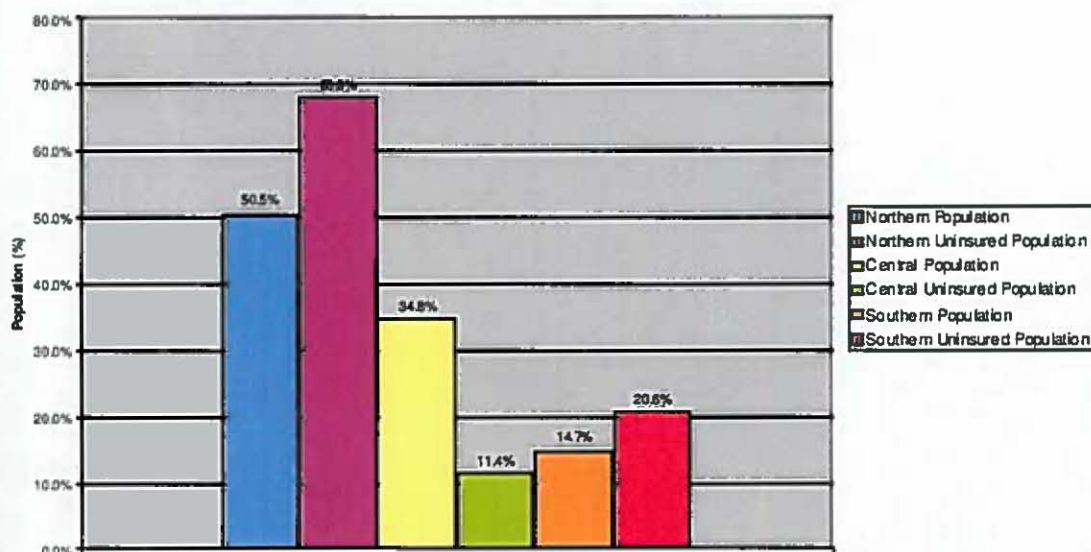
The Northern and Southern Regions are overrepresented when it comes to the uninsured. Sixty-eight percent (68.0%) of the uninsured live in the Northern Region. Since the general population rate for the Northern Region is 50.5%, the rate of uninsured is 1.3 times higher.

Fewer uninsured people reside in the Central Region. The Central Region as a whole has 11.4% of the uninsured, yet 34.8% of Guam's population lives there.

The remaining 20.6% of the uninsured live in the Southern Region, yet 14.7% of Guam's population resides in the south. The rate of uninsured for the Southern Region is 1.4 times higher than the general population rate for the region.

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Uninsured and Place to Obtain Health Care (Table 25 and Figure 15)

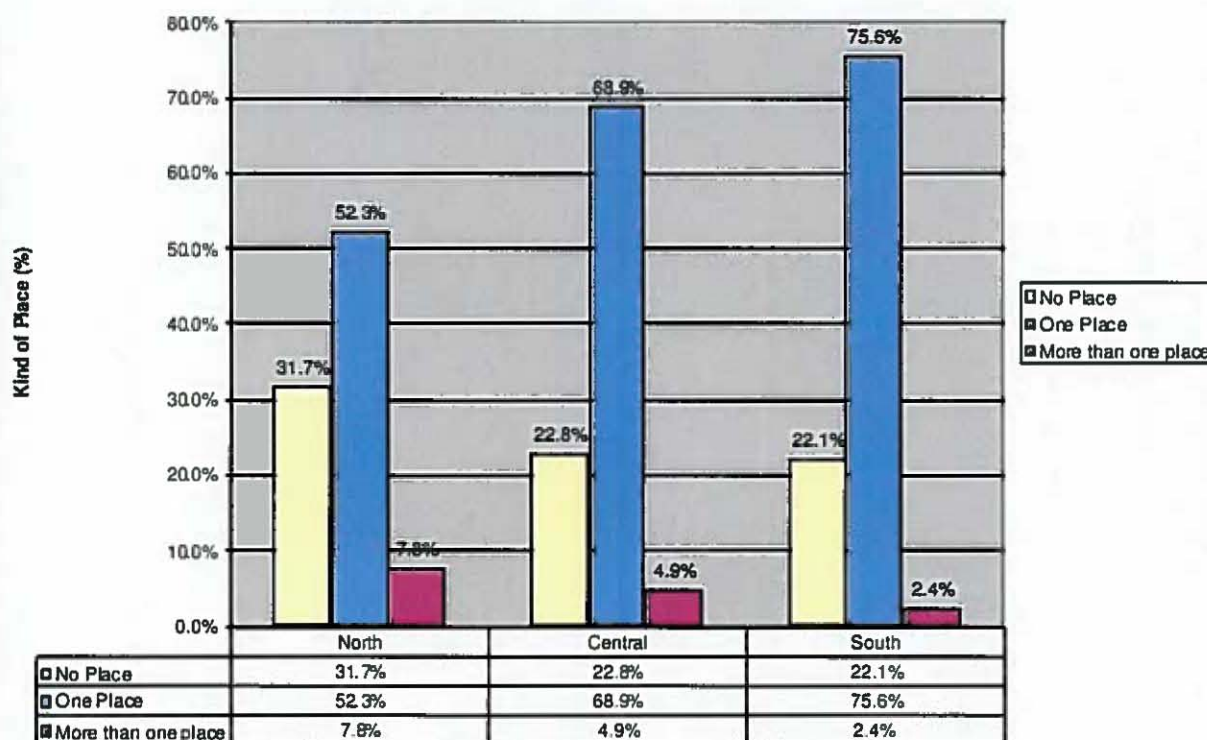
Table 25. Uninsured and Place for Health Care by Village,
Guam: 2005

	Uninsured - Particular Place to Obtain Health Care								
	Total		Without Health Insurance	One Place		More than One Place		No Place	
				Percent	Number	Percent	Number	Percent	Number
Overall Total	160,262		47,510	29.6%	28,352	59.7%	2,988	6.3%	13,411
North									
Dededo	45,761		15,617	34.1%	8,486	54.3%	648	4.1%	5,599
Tamuning	18,916		6,305	33.3%	2,967	47.1%	556	8.8%	2,040
Yigo	20,061		7,632	38.0%	4,012	52.6%	1,094	14.3%	1,740
Subtotal - North	84,738		29,554	34.9%	15,465	52.3%	2,298	7.8%	9,379
Percent of Population	52.9%		62.2%						
Central									
Hagatna	919		696	75.7%	199	28.6%	-	0.0%	497
Agana Heights	3,974		1,391	35.0%	1,391	100.0%	-	0.0%	-
Asan-Maina	2,227		334	15.0%	223	66.8%	-	0.0%	111
Barrigada	13,597		2,173	16.0%	1,670	76.9%	212	9.8%	292
Chalan Pago-Ordot	6,565		1,486	22.6%	757	50.9%	-	0.0%	729
Mangilao	13,783		1,910	13.9%	903	47.3%	139	7.3%	521
Mongmong-Toto-Maite	6,333		796	12.6%	509	63.9%	95	11.9%	191
Piti	1,803		1,022	56.7%	962	94.1%	60	5.9%	-
Sinajana	2,655		477	18.0%	477	100.0%	-	0.0%	-
Subtotal - Central	51,856		10,285	19.8%	7,091	68.9%	506	4.9%	2,341
Percent of Population	32.4%		21.6%						
South									
Agat	5,153		2,083	40.4%	1,645	79.0%	183	8.8%	256
Inarajan	2,238		653	29.2%	653	100.0%	-	0.0%	-
Merizo	-		-	0.0%	-	0.0%	-	0.0%	-
Santa Rita	6,966		2,642	37.9%	1,321	50.0%	-	0.0%	1,321
Talofofo	2,823		202	7.2%	86	42.6%	-	0.0%	115
Umatac	648		243	37.5%	243	100.0%	-	0.0%	-
Yona	5,839		1,850	31.7%	1,850	100.0%	-	0.0%	-
Subtotal - South	23,667		7,673	32.4%	5,798	75.6%	183	2.4%	1,692
Percent of Population	14.8%		16.2%						

Question: "Is there one particular clinic, health center, doctor's office, or other place that you usually go to most often when you are sick or need advice about your health?"

Islandwide, 69.9% of those surveyed say they have one place to go for health care. In comparison, a lower percent of the uninsured (59.7%) say they have one place to go for health care. Those with health insurance have a 19.5% higher rate at 74.2% of having one place to go for health care than those without health insurance. At 28.2%, more uninsured people have no place to go for health care, compared to 17.7% for those with health insurance. In other words, those without health insurance have a 1.6 times greater chance of having NO PLACE to go for health care compared to those with health insurance.

Figure 15. Uninsured and Kind of Place for Health Care, Guam: 2005



Those living in the Northern Region have a greater percent at 31.7% of having no place to go for health care, followed by the Central Region at 22.8%, and lastly the Southern Region at 22.1%.

Health Insurance Status and Place for Health Advice

(Tables 26, 27, 28 and Figure 16)

Table 26. Uninsured Person and Kind of Place for Health Advice, Guam: 2005

	Uninsured - Kind of Place for Health Advice											
	Without Health Insurance		Doctor's Office/HMO		Clinic or Health Center		Hospital Emergency Room		Urgent Care Center		Other Kind of Place	
	Total	Total	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Overall Total	160,262	47,510	3,226	6.8%	20,435	43.0%	2,363	5.0%	705	1.5%	849	1.8%
North												
Dededo	45,761	15,617	471	3.0%	6,895	44.2%	206	1.3%	295	1.9%	147	0.9%
Tamuning	18,916	6,305	371	5.9%	1,576	25.0%	835	13.2%	185	2.9%	-	0.0%
Yigo	20,061	7,632	84	1.1%	3,928	51.5%	393	5.1%	224	2.9%	168	2.2%
Subtotal - North	84,738	29,554	926	3.1%	12,399	42.0%	1,434	4.9%	704	2.4%	315	1.1%
Percent of Population	52.9%	62.2%										
Central												
Hagatna	919	696	-	0.0%	199	28.6%	-	0.0%	-	0.0%	-	0.0%
Agana Heights	3,974	1,391	1,192	85.7%	199	14.3%	-	0.0%	-	0.0%	-	0.0%
Asan-Maina	2,227	334	-	0.0%	-	0.0%	186	55.7%	-	0.0%	-	0.0%
Barigada	13,597	2,173	769	35.4%	504	23.2%	-	0.0%	-	0.0%	424	19.5%
Chalan Pago-Ordot	6,565	1,486	-	0.0%	216	14.5%	297	20.0%	-	0.0%	-	0.0%
Mangilao	13,783	1,910	243	12.7%	451	23.6%	208	10.9%	-	0.0%	-	0.0%
Mongmong-Toto-Maite	6,333	796	95	11.9%	382	48.0%	-	0.0%	-	0.0%	-	0.0%
Piti	1,803	1,022	-	0.0%	781	76.4%	180	17.6%	-	0.0%	-	0.0%
Sinajana	2,655	477	-	0.0%	136	28.5%	-	0.0%	-	0.0%	-	0.0%
Subtotal - Central	51,856	10,285	2,299	22.4%	2,868	27.9%	871	8.5%	-	0.0%	424	4.1%
Percent of Population	32.4%	21.6%										
South												
Agat	5,153	2,083	-	0.0%	1,535	73.7%	-	0.0%	-	0.0%	110	5.3%
Inarajan	2,238	653	-	0.0%	653	100.0%	-	0.0%	-	0.0%	-	0.0%
Merizo	-	-	-	0.0%	-	0.0%	-	0.0%	-	0.0%	-	0.0%
Santa Rita	6,966	2,642	-	0.0%	1,321	50.0%	-	0.0%	-	0.0%	-	0.0%
Talobfo	2,823	202	-	0.0%	86	42.6%	-	0.0%	-	0.0%	-	0.0%
Umatac	648	243	-	0.0%	243	100.0%	-	0.0%	-	0.0%	-	0.0%
Yona	5,839	1,850	-	0.0%	1,330	71.9%	58	3.1%	-	0.0%	-	0.0%
Subtotal - South	23,667	7,673	-	0.0%	5,168	67.4%	58	0.8%	-	0.0%	110	1.4%
Percent of Population	14.8%	16.2%										

Question: "If there is 'more than one place' that you go to, is there one of these places that you go to most often when you are sick or need advice about your health?"

^{xxii} “Health, United States, 2005, With Chartbook on Trends in the Health of Americans.” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, 2005.

^{xxiii} Ibid.

Islandwide, 26.0% of those surveyed say they do not go for health advice. The uninsured have a higher rate of not having any place to go for health advice at 36.4% compared to those with health insurance at 21.5%.

Table 27. Uninsured and Kind of Place Person Usually Goes For Health Advice, Guam: 2005

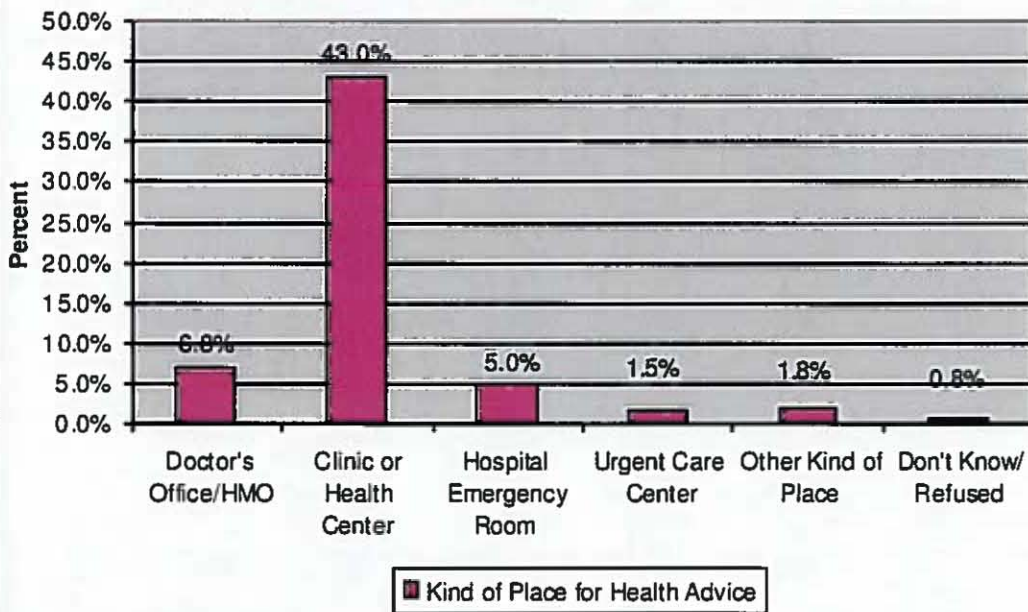
Kind of Place for Health Advice	Number	Percent
Clinic or Health Center	20,435	43.0%
Doctor's Office or Health Maintenance Organization	3,226	6.8%
Hospital Emergency Room	2,363	5.0%
Refuse	2,262	4.8%
Other Kind of Place	849	1.8%
Urgent Care Center	705	1.5%
Don't Know	361	0.8%
Subtotal of those who go for health advice	30,201	63.6%
Does Not Go For Health Advice	17,309	36.4%
Total	47,510	100.0%

Table 28. Insured and Kind of Place Person Usually Goes For Health Advice, Guam: 2005

Kind of Place for Health Advice	Number	Percent
Clinic or Health Center	59,068	52.4%
Refuse	10,466	9.3%
Doctor's Office or Health Maintenance Organization	10,451	9.3%
Hospital Emergency Room	3,077	2.7%
Urgent Care Center	3,001	2.7%
Other Kind of Place	1,644	1.5%
Don't Know	767	0.7%
Subtotal of those who go for health advice	88,473	78.5%
Does Not Go For Health Advice	24,278	21.5%
Total	112,752	100.0%

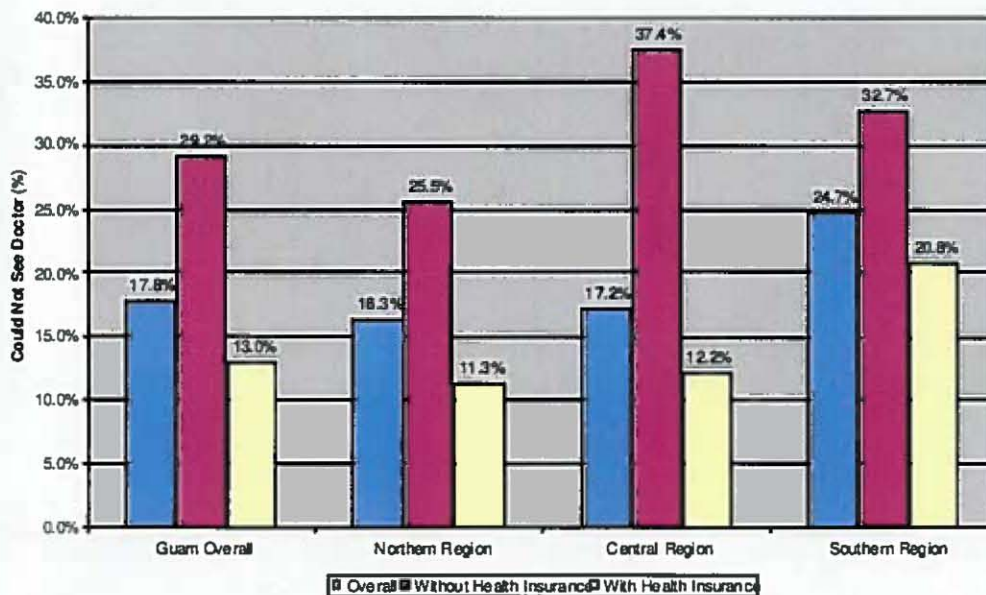
When the uninsured do go for health advice, they say they go to a clinic or health center (43.0%), followed by a 'doctor's office or health maintenance organization' (6.8%), the 'hospital emergency room' (5.0%), 4.8% 'refuse to answer', 1.8% go to 'other kind of place', and 1.5% go to an 'urgent care center'.

Figure 16. Uninsured and Kind of Place They Go for Health Advice, Guam: 2005



Ever In Last 12 Months Could Not See a Doctor Because of Cost (Tables 29, 30 and Figures 17, 18)

Figure 17. Person Could Not See Doctor Because of Cost by Health Status and Region, Guam: 2005



WITHOUT HEALTH INSURANCE

Table 29. Ever in Last 12 Months Could Not See a Doctor Because of Cost by Village, Guam: 2005

	Total	Percent	Yes	Percent	No	Percent	Don't Know	Percent	Refused	Percent
Overall Uninsured Total	47,510	100.0%	13,892	29.2%	30,201	63.6%	975	2.1%	2,442	5.1%
North										
Dededo	15,617	32.9%	3,595	23.0%	11,285	72.3%	0	0.0%	737	4.7%
Tamuning	6,305	13.3%	1,947	30.9%	2,875	45.6%	835	13.2%	649	10.3%
Yigo	7,632	16.1%	1,992	26.1%	5,135	67.3%	140	1.8%	365	4.8%
Subtotal - North	29,554	62.2%	7,534	25.5%	19,295	65.3%	975	3.3%	1,751	5.9%
Percent of Northern Population			25.5%		65.3%		3.3%		5.9%	
Central										
Hagatna	696	1.5%	298	42.8%	397	57.0%	0	0.0%	0	0.0%
Agana Heights	1,391	2.9%	755	54.3%	636	45.7%	0	0.0%	0	0.0%
Asan-Maina	334	0.7%	111	33.2%	186	55.7%	0	0.0%	37	11.1%
Barrigada	2,173	4.6%	663	30.5%	1,405	64.7%	0	0.0%	106	4.9%
Chalan Pago-Ordot	1,486	3.1%	757	50.9%	729	49.1%	0	0.0%	0	0.0%
Mangilao	1,910	4.0%	590	30.9%	1,319	69.1%	0	0.0%	0	0.0%
Mongmong-Toto-Maite	796	1.7%	541	68.0%	255	32.0%	0	0.0%	0	0.0%
Piti	1,022	2.2%	0	0.0%	1,022	100.0%	0	0.0%	0	0.0%
Sinajana	477	1.0%	136	28.5%	340	71.3%	0	0.0%	0	0.0%
Subtotal - Central	10,285	21.6%	3,851	37.4%	6,289	61.1%	0	0.0%	143	1.4%
Percent of Central Population			37.4%		61.1%		0.00%		1.4%	
South										
Agat	2,083	4.4%	365	17.5%	1,718	82.5%	0	0.0%	0	0.0%
Inarajan	653	1.4%	326	49.9%	326	49.9%	0	0.0%	0	0.0%
Merizo	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Santa Rita	2,642	5.6%	601	22.7%	2,042	77.3%	0	0.0%	0	0.0%
Talofof	202	0.4%	0	0.0%	115	56.9%	0	0.0%	86	42.6%
Umatac	243	0.5%	0	0.0%	243	100.0%	0	0.0%	0	0.0%
Yona	1,850	3.9%	1,214	65.6%	173	9.4%	0	0.0%	462	25.0%
Subtotal - South	7,673	16.2%	2,506	32.7%	4,617	60.2%	0	0.0%	548	7.1%
Percent of Southern Population			32.7%		60.2%		0.0%		7.1%	

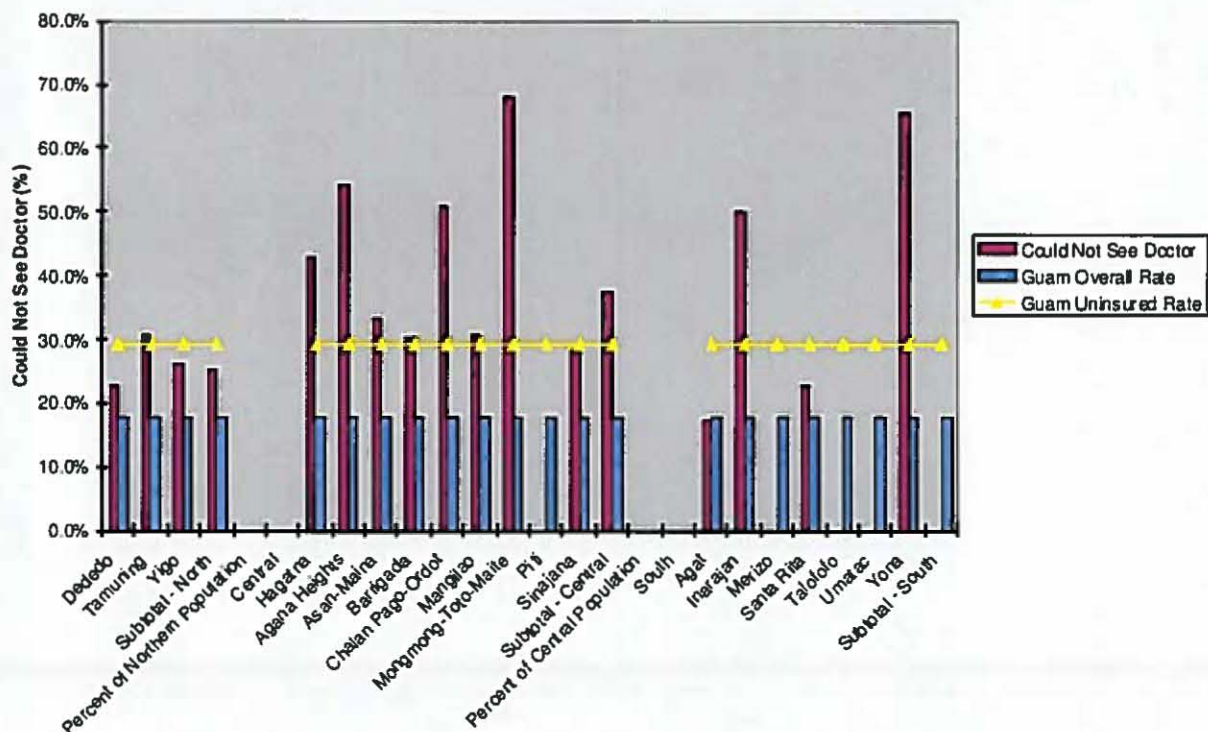
Question: " Was there any time in the last 12 months when you needed to see a doctor but could not because of the cost?"

Table 30. Health Status of Those Who Could Not See Doctor Because of Cost,' By Region, Guam: 2005

	Guam Overall	Northern Region	Central Region	Southern Region
Overall	17.8%	16.3%	17.2%	24.7%
Without Health Insurance	29.2%	25.5%	37.4%	32.7%
With Health Insurance	13.0%	11.3%	12.2%	20.8%

Islandwide, 17.8% of Guam's general population say they 'could not see a doctor because of cost.' Those without health insurance at 29.2% are 2.2 times more likely to forgo seeing a doctor because of cost compared to those with health insurance at 13.0%. Nationally, 18.7% of adults without health insurance coverage, compared to 4.7% of adults with health insurance coverage, could not get needed medical care in the past twelve months. Those uninsured living in the Central Region have a higher percent of those who could not see a doctor at 37.4%, followed by those in the Southern Region at 32.7%, and lastly with 25.5% in the Northern Region.

Figure 19. Uninsured Who Could Not See Doctor Because of Cost by Village, Guam: 2005



Health Insurance Status by Ethnicity and Region

(Tables 31, 32, 33 and Figure 19, 20)

Table 31. Health Insurance Status by Ethnicity and Region, Guam: 2005

		Total Population	Northern Region	Central Region	Southern Region
Overall Population	Number	160,262	84,738	51,856	23,667
	Percent	100.0%	52.9%	32.4%	14.8%
No Health Insurance	Number	13,259	9,014	1,511	2,734
	Percent	100.0%	68.0%	11.4%	20.6%
Chamorro	Number	4,286	1,479	862	1,944
	Percent	32.3%	34.5%	20.1%	45.4%
Filipino	Number	4,290	4,153	137	-
	Percent	32.4%	96.8%	3.2%	0.0%
White	Number	1,169	620	-	549
	Percent	8.8%	53.0%	0.0%	47.0%
Palauan	Number	247	122	125	-
	Percent	1.9%	49.4%	50.6%	0.0%
'Other Micronesia'	Number	2,216	1,641	334	240
	Percent	16.7%	74.1%	15.1%	10.8%
'Other'	Number	1,051	998	52	-
	Percent	7.9%	95.0%	5.0%	0.0%
Subtotal	Number	13,259	9,014	1,511	2,734
	Percent	100.0%	68.0%	11.4%	20.6%
Health Insurance	Number	148,163	72,515	54,630	21,018
	Percent	100.0%	48.9%	36.9%	14.2%
Chamorro	Number	61,501	23,031	25,912	12,559
	Percent	41.5%	37.4%	42.1%	20.4%
Filipino	Number	46,144	31,799	8,667	5,679
	Percent	31.1%	68.9%	18.8%	12.3%
White	Number	19,544	7,295	10,471	1,778
	Percent	13.2%	37.3%	53.6%	9.1%
Palauan	Number	2,999	1,705	1,295	-
	Percent	2.0%	56.9%	43.2%	0.0%
'Other Micronesia'	Number	11,694	6,673	4,907	114
	Percent	7.9%	57.1%	42.0%	1.0%
'Other'	Number	6,280	2,013	3,379	888
	Percent	4.2%	32.1%	5.0%	14.1%
Subtotal	Number	148,162	72,515	54,630	21,018
	Percent	100.0%	48.9%	36.9%	14.2%

Among the uninsured, 32.4% are Filipino, 32.3% Chamorro, 16.7% 'Other Micronesia', 8.8% White, 7.9% 'Other', and 1.9% Palauan. A greater percentage of Chamorros at 41.5% are insured compared to other ethnic groups. Uninsured 'Other Micronesia' people are overrepresented at 16.7% compared to their number/rate in the general population of 8.6%. In other words, 'Other Micronesia' people account for 8.6% of Guam's population, yet they

represent 16.7% of those who are uninsured. Comparison of Guam's ethnic groups by general population distribution and uninsured distribution follow:

- Chamorros account for 40.8% of the population, but only 32.3% of the uninsured population.
- Filipinos represent 31.2% of the population, yet account for 32.4% of the uninsured population.
- Whites account for 12.8% of the population, but only 8.8% of the uninsured population.
- 'Other Micronesian' people represent 8.6% of the population, yet account for 16.7% of the uninsured population.
- All 'Other' ethnic groups account for 4.5% of the population, yet account for 7.9% of the uninsured population.
- Palauans represent 2.0% of the population, but only 1.9% of the uninsured population.

However, when comparing the uninsured rates by ethnicity to the overall islandwide uninsured rate of 29.6%, the uninsured rates for Chamorros and Filipinos at 32.3% and 32.4% respectively, exceed the islandwide uninsured rate.

Figure 19. Health Insurance Status by Ethnicity, Guam: 2005

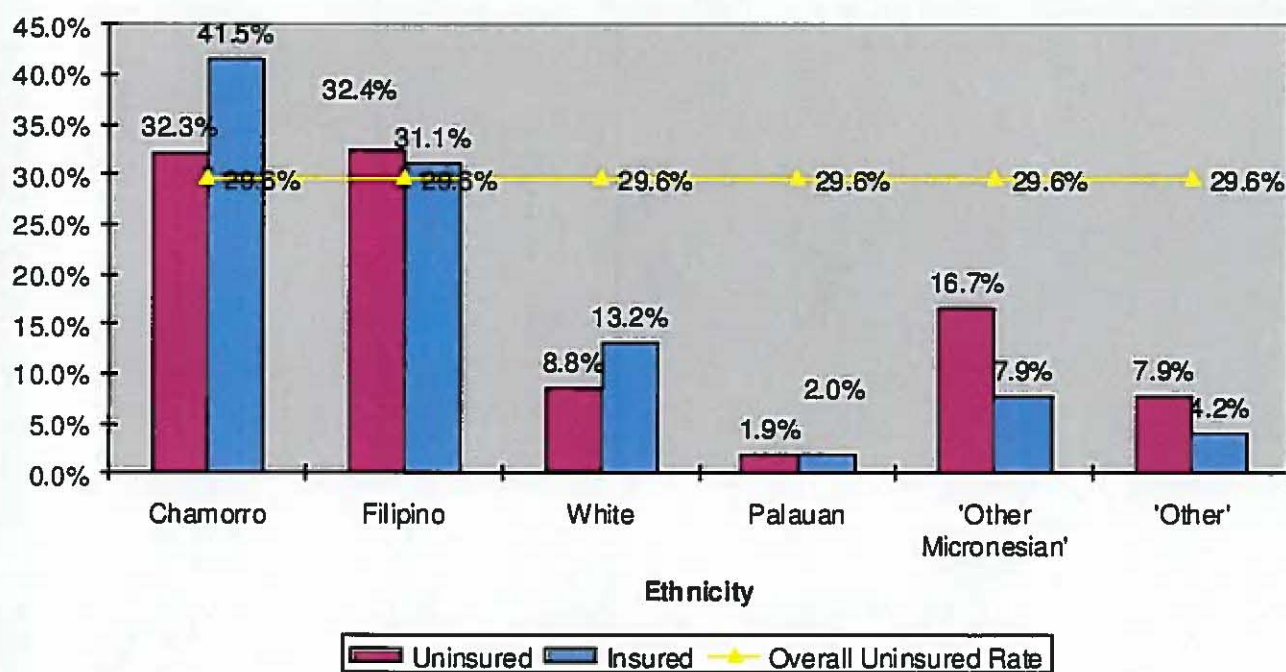


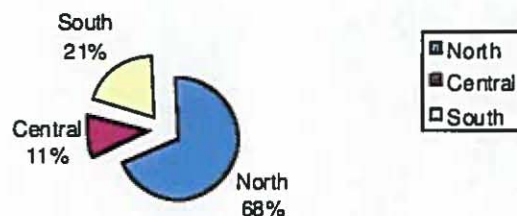
Table 32. Uninsured by Ethnicity and Region, Guam: 2005

	North	Central	South	Total
Chamorro	34.5%	20.1%	45.4%	100.0%
Filipino	96.8%	3.2%	0.0%	100.0%
White	53.0%	0.0%	47.0%	100.0%
Palauan	49.4%	50.6%	0.0%	100.0%
'Other Micronesian'	74.1%	15.1%	10.8%	100.0%
'Other'	95.0%	5.0%	0.0%	100.0%

In terms of region by uninsured ethnic groups, a large majority (96.8%) of uninsured Filipinos, uninsured 'Other Micronesians' (74.1%), and uninsured all 'Other' ethnic group (95.0%) reside in the Northern Region. Uninsured Whites (53.0%) primarily reside in the Northern Region, and the Southern Region (47.0%). Uninsured Chamorros are more equally distributed throughout the island, with 45.4% in the South, 34.5% in the North, and 20.1% in the Central Region.

When looking at the region the uninsured people reside in, a majority at 68.0% live predominantly in the Northern Region, 20.6% live in the South, and 11.4% in Central.

Figure 20. Uninsured by Region, Guam: 2005

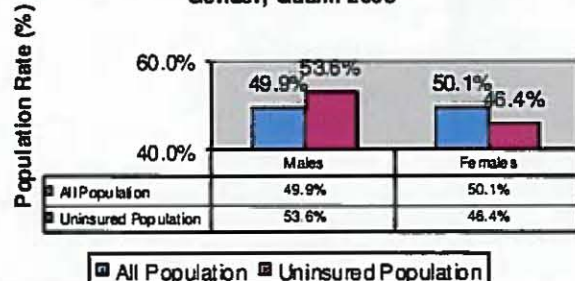


Health Insurance Status by Ethnicity and Gender

(Tables 33, 34 and Figures 21, 22)

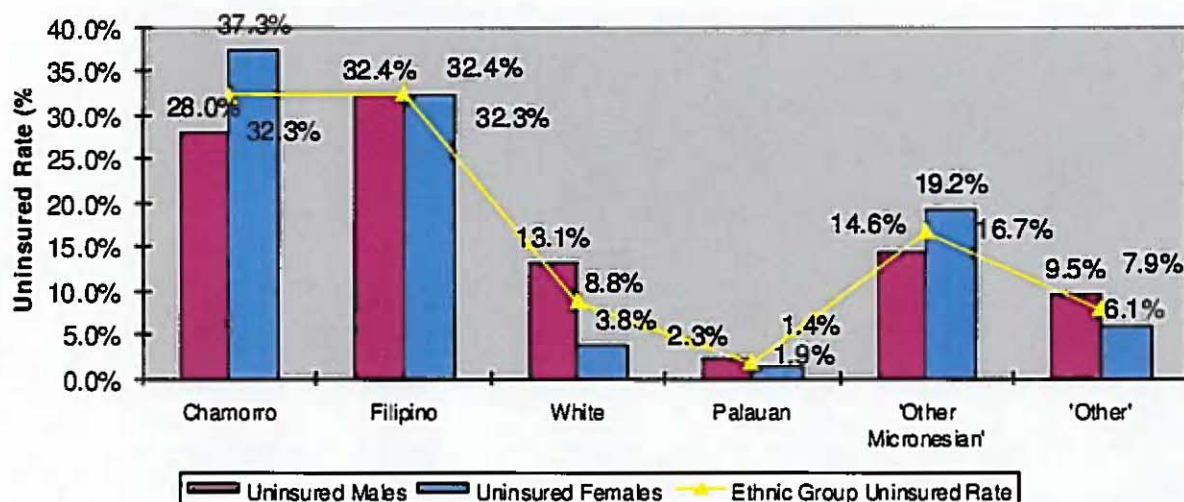
Islandwide, 53.6% of the uninsured population is male, and 46.4% is female. Males represent 50.9% of Guam's population, yet account for 53.6% of the uninsured. Females represent 50.9% of Guam's population, yet account for only 46.4% of the uninsured. Thus males are overrepresented in the uninsured population. A significant majority (70.3%) of uninsured males live in the Northern Region, followed by 22.3% in the Southern Region, and 7.4% in the

Figure 21. Uninsured vs. Overall Population by Gender, Guam: 2005



Central Region. Among uninsured females, 65.4% live in the Northern, 18.7% in the Southern Region, and 16.0% in the Central Region.

Figure 22. Uninsured by Gender and Ethnicity, Guam: 2005



A majority of the uninsured males are Filipino (32.4%), followed by Chamorro (28.0%), 'Other Micronesians' (14.6%), White (13.1%), 'Other' (9.5%), and Palauan (2.3%). The ethnicity of uninsured females are Chamorro (37.4%), Filipino (32.3%), 'Other Micronesians' (19.2%), 'Other' (6.1%), White (3.8%), and Palauan (1.4%).

Table 33. Uninsured by Ethnicity and Gender, Guam: 2005

Ethnic Group	Uninsured Males	Uninsured Females	Ethnic Group Uninsured Rate
Chamorro	28.0%	37.3%	32.3%
Filipino	32.4%	32.3%	32.4%
White	13.1%	3.8%	8.8%
Palauan	2.3%	1.4%	1.9%
'Other Micronesians'	14.6%	19.2%	16.7%
'Other'	9.5%	6.1%	7.9%

Table 34. Health Insurance Status by Ethnicity, Gender, and by Region, Guam: 2005

		Total Population	Northern Region	Central Region	Southern Region	Total
Overall Population	Number	160,262	84,738	51,856	23,667	
	Percent	100.0%	52.9%	32.4%	14.8%	100.0%
Uninsured Population	Number	13,259	9,014	1,511	2,734	
	Percent	100.0%	68.0%	11.4%	20.6%	100.0%
MALES		Total Population	Northern Region	Central Region	Southern Region	Total
All Males	Number	79,907	41,267	26,358	12,281	
	Percent	49.9%	48.7%	50.8%	51.9%	
Uninsured Males	Number	7,103	4,995	523	1,585	
	Percent	53.6%	55.4%	34.6%	58.0%	
Chamorro	Number	1,990	684	209	1,097	
	Percent	28.0%	34.4%	10.5%	55.1%	100.0%
Filipino	Number	2,301	2,210	91	-	
	Percent	32.4%	96.0%	4.0%	0.0%	100.0%
White	Number	934	542	-	392	
	Percent	13.1%	58.0%	0.0%	42.0%	100.0%
Palauan	Number	164	122	42	-	
	Percent	2.3%	74.4%	25.6%	0.0%	100.0%
'Other Micronesian'	Number	1,037	760	181	96	
	Percent	14.6%	73.3%	17.5%	9.3%	100.0%
'Other'	Number	677	677	-	-	
	Percent	9.5%	100.0%	0.0%	0.0%	100.0%
Total	Number	7,103	4,995	523	1,585	
	Percent	100.0%	70.3%	7.4%	22.3%	100.0%
FEMALES		Total Population	Northern Region	Central Region	Southern Region	Total
All Females	Number	81,515	40,262	29,783	11,470	
	Percent	50.9%	47.5%	57.4%	48.5%	
Uninsured Females	Number	6,156	4,018	988	1,149	
	Percent	46.4%	44.6%	65.4%	42.0%	
Chamorro	Number	2,295	795	653	847	
	Percent	37.3%	34.6%	28.5%	36.9%	100.0%
Filipino	Number	1,989	1,944	46	-	
	Percent	32.3%	97.7%	2.3%	0.0%	100.1%
White	Number	235	77	-	158	
	Percent	3.8%	32.8%	0.0%	67.2%	100.0%
Palauan	Number	84	-	84	-	
	Percent	1.4%	0.0%	100.0%	0.0%	100.0%
'Other Micronesian'	Number	1,179	882	153	144	
	Percent	19.2%	74.8%	13.0%	12.2%	100.0%
'Other'	Number	373	321	52	-	
	Percent	6.1%	86.1%	13.9%	0.0%	100.0%

Total	Number	6,155	4,019	988	1,149	
	Percent	100.0%	65.3%	16.1%	18.7%	100.0%

Health Insurance Status by Education and Gender (Tables 35, 36 and Figure 23)

Table 35. Uninsured Males by Education and Region, Guam: 2005

		Total Population	Northern Region	Central Region	Southern Region
Overall Population	Number	105,207	53,656	35,087	16,463
18 yrs. & older	Percent	100.0%	51.0%	33.4%	15.6%
No Health Insurance	Number	9,058	6,165	923	1,970
	Percent	100.0%	68.1%	10.2%	21.7%
MALES		Total Population	Northern Region	Central Region	Southern Region
All Males	Number	50,803	26,221	16,409	8,173
18 & older	Percent	48.3%	48.9%	46.8%	49.6%
Uninsured Males	Number	4,882	3,313	342	1,227
Less than grade 5	Number	122	74	-	48
	Percent	2.5%	60.7%	0.0%	39.3%
Grades 5-8	Number	429	312	70	48
	Percent	8.8%	72.7%	16.3%	11.2%
Grades 9-12	Number	1,265	581	52	631
	Percent	25.9%	45.9%	4.1%	49.9%
High School Graduate	Number	1,320	1,033	98	190
	Percent	27.0%	78.3%	7.4%	14.4%
Some college	Number	382	271	35	76
	Percent	7.8%	70.9%	9.2%	19.9%
AA/AS degree	Number	39	39	-	-
	Percent	0.8%	100.0%	0.0%	0.0%
BA degree	Number	1,045	845	42	158
	Percent	21.4%	80.9%	4.0%	15.1%
Masters & above	Number	280	159	46	76
	Percent	5.7%	56.8%	16.4%	27.1%
Total	Number	3,557	2,310	255	993
	Percent	100.0%	64.9%	7.2%	27.9%

Islandwide, 4,882 males (53.9%) and 4,176 females (46.1%) who are 18 years and older are uninsured (n = 9,058). In terms of educational attainment, the from highest to lowest percentage for uninsured males is:

1. High School graduate: 27.0%
2. Grades 9-12: 25.9%
3. BA Degree: 21.4%
4. Grades 5-8: 8.8%

-
5. Some college: 7.8%
 6. Masters and above: 5.7%
 7. Less than 5th grade: 2.5%
 8. AA/AS Degree: 0.8%

Table 36. Uninsured Females by Education and Region, Guam: 2005

		Total Population	Northern Region	Central Region	Southern Region
Overall Population 18 yrs. & older	Number	105,207	53,656	35,087	16,463
	Percent	100.0%	51.0%	33.4%	15.6%
No Health Insurance	Number	9,058	6,165	923	1,970
	Percent	100.0%	68.1%	10.2%	21.7%
FEMALES		Total Population	Northern Region	Central Region	Southern Region
All Females	Number	54,403	27,436	18,678	8,289
	Percent	51.7%	51.1%	53.2%	50.3%
18 & older	Number				
	Percent				
Uninsured Females	Number	4,176	2,851	581	744
	Percent	46.1%	68.3%	13.9%	17.8%
Less than grade 5	Number	77	77	-	-
	Percent	1.8%	100.0%	0.0%	0.0%
Grades 5-8	Number	509	395	114	-
	Percent	12.2%	77.6%	22.4%	0.0%
Grades 9-12	Number	1,372	607	146	620
	Percent	32.9%	44.2%	10.6%	45.2%
High School Graduate	Number	1,368	1,240	52	76
	Percent	32.8%	90.6%	3.8%	5.6%
Some college	Number	415	186	181	48
	Percent	9.9%	44.8%	43.6%	11.6%
AA/AS degree	Number	154	112	42	-
	Percent	3.7%	72.7%	27.3%	0.0%
BA degree	Number	280	234	46	-
	Percent	6.7%	83.6%	16.4%	0.0%
Masters & above	Number	-	-	-	-
	Percent	0.0%	0.0%	0.0%	0.0%
Total	Number	4,175	2,851	581	744
	Percent	100.0%	68.3%	13.9%	17.8%

For uninsured females, their educational attainment from highest to lowest percentage is:

1. Grades 9-12: 32.9%
2. High School Graduate: 32.8%
3. Grades 5-8: 12.2%
4. Some college: 9.9%
5. BA Degree: 6.7%
6. AA/AS Degree: 3.7%

-
7. Less than 5th Grade: 1.8%
 8. Masters and above: 0.0%

A higher proportion of uninsured females at 46.9% did not finish high school compared to 37.2% of uninsured males. A higher percentage of uninsured females graduated from high school (32.8% versus 25.9% for males). However, a higher percentage of uninsured males at 35.0% had higher levels of educational attainment (some college, AA/AS, BA, Masters and above) compared to uninsured females at 20.3%.

Figure 23. Uninsured Males and Females by Educational Attainment, Guam: 2005

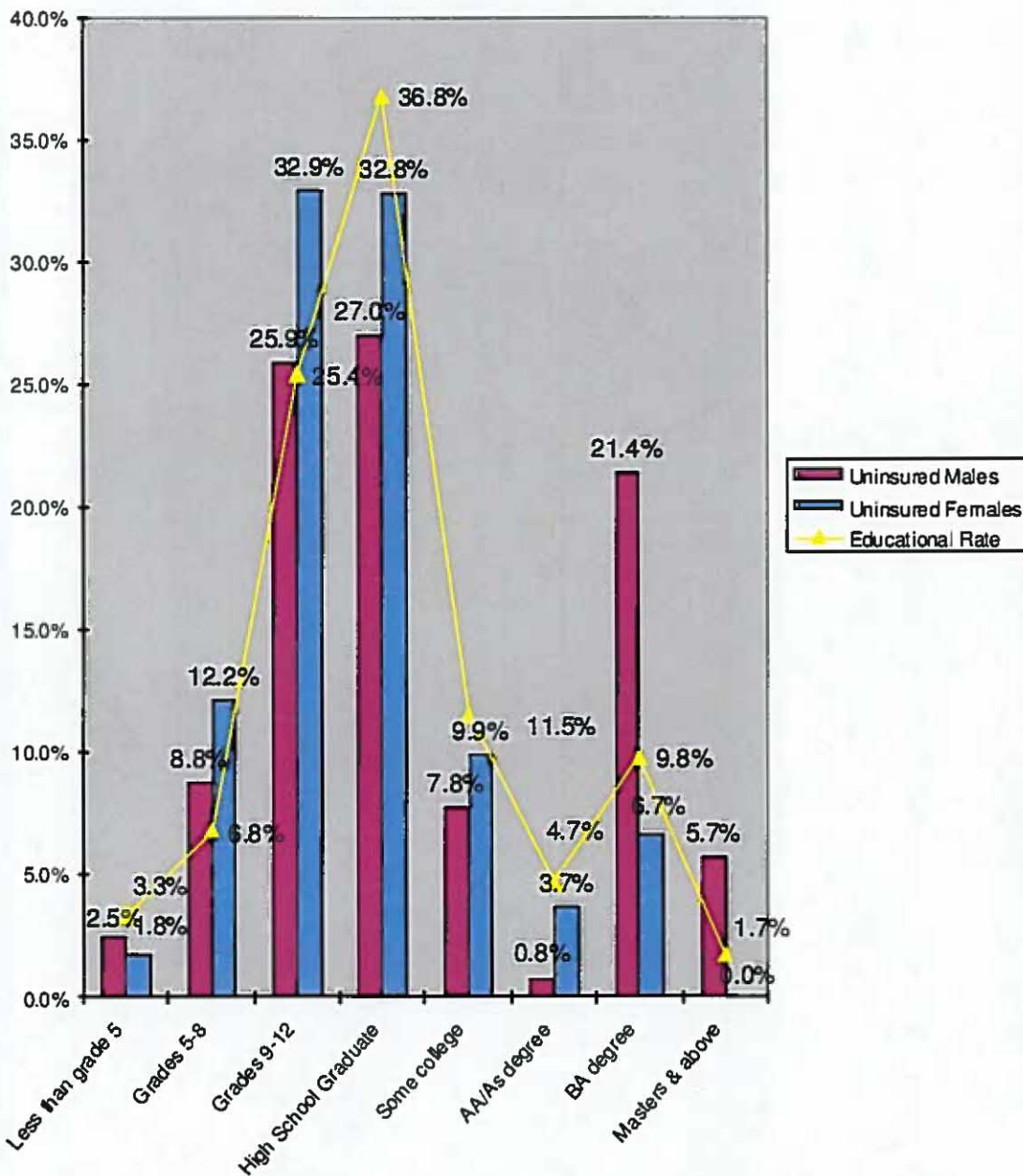


Table 37. Uninsured by Gender and Education, Guam: 2005

Education	Uninsured Males	Uninsured Females	Pop. Educ. Rate
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Less than grade 5	2.5%	1.8%	3.3%
Grades 5-8	8.8%	12.2%	6.8%
Grades 9-12	25.9%	32.9%	25.4%
High School Graduate	27.0%	32.8%	36.8%
Some college	7.8%	9.9%	11.5%
AA/As degree	0.8%	3.7%	4.7%
BA degree	21.4%	6.7%	9.8%
Masters & above	5.7%	0.0%	1.7%



APPENDIX B:

2005 Guam Health Survey Population Tables



Table 1 Diabetes by District

Table 1 Ever been told by a doctor that person has diabetes by District, Guam: 2005

District	Total	Yes	Yes, but pregnant female	No	Don't know	Refused
Total	166,362	26,389	4,460	125,806	1,792	1,695
North	84,726	15,440	2,026	64,118	1,285	1,665
Dededo	45,761	5,134	1,473	34,210	707	236
Tamuning	18,916	2,689	556	14,350	185	1,205
Yigo	20,661	3,611	196	15,626	393	224
Central	51,895	6,567	700	44,184	266	139
Magatna	919	124	-	795	-	-
Aquana Heights	3,074	630	233	3,099	-	-
Asan-Maina	2,227	148	148	1,930	-	-
Barrigada	12,597	2,677	186	10,735	-	-
Chalan Pago-Ordot	6,565	459	-	6,106	-	-
Mangilao	13,783	1,562	-	11,943	139	139
Mongmong-Toto-Maite	6,332	764	127	5,314	127	-
Piti	1,605	60	-	1,743	-	-
Sinajana	2,655	136	-	2,519	-	-
South	33,667	4,789	1,534	17,504	240	-
Agat	5,153	1,023	292	3,826	-	-
Inarajan	2,256	373	-	1,865	-	-
Maricao	-	-	-	-	-	-
Santa Rita	6,966	1,691	-	5,444	240	-
Talofofo	7,823	259	472	2,132	-	-
Umatac	648	243	-	405	-	-
Yona	5,039	809	809	4,220	-	-
PERCENTS						
Total	100.0	16.5	2.8	78.5	1.1	1.1
North	100.0	18.2	2.6	75.7	1.5	2.0
Dededo	100.0	20.0	3.2	74.0	1.5	.5
Tamuning	100.0	14.2	2.9	75.5	1.0	6.4
Yigo	100.0	18.0	1.0	77.9	2.0	1.1
Central	100.0	12.7	1.3	85.2	.5	.3
Magatna	100.0	13.5	-	86.5	-	-
Aquana Heights	100.0	16.0	6.0	78.0	-	-
Asan-Maina	100.0	6.6	6.6	86.7	-	-
Barrigada	100.0	19.7	1.4	79.0	-	-
Chalan Pago-Ordot	100.0	7.0	-	93.0	-	-
Mangilao	100.0	11.3	-	88.7	1.0	1.0
Mongmong-Toto-Maite	100.0	12.1	2.0	83.9	2.0	-
Piti	100.0	3.7	-	96.7	-	-
Sinajana	100.0	5.1	-	94.9	-	-
South	100.0	14.5	6.5	74.0	1.0	-
Agat	100.0	19.9	5.7	74.5	-	-
Inarajan	100.0	16.7	-	83.3	-	-
Maricao	-	-	-	-	-	-
Santa Rita	100.0	24.1	-	72.4	3.4	-
Talofofo	100.0	9.2	15.3	75.5	-	-
Umatac	100.0	37.5	-	62.5	-	-
Yona	100.0	13.9	13.9	72.3	-	-

Source: 2005 Guam Health Survey

Table 1. Ever been told by a doctor that person has diabetes by District, Guam: 2005

District	%	Total	Yes	Yes, but preg- nant female	No	Don't know	Refused
Total		160,202	26,399	4,460	129,806	1,792	1,835
North		81,735	15,143	2,226	64,110	1,255	1,666
Dededo		45,761	9,134	1,473	34,210	707	236
Tamuning		18,916	2,689	556	14,280	165	1,265
Yigo		20,061	3,619	196	16,226	393	224
Central		51,856	6,567	700	44,184	266	139
Hagatna		919	124	-	795	-	-
Agana Heights		3,974	636	238	3,099	-	-
Asan-Maina		2,227	146	146	1,930	-	-
Barrigada		13,597	2,677	186	10,735	-	-
Chalan Pago-Ordot		6,565	459	-	6,106	-	-
Mangilao		12,753	1,563	-	11,943	139	139
Mongmong-Toto-Maite		6,133	704	127	5,314	127	-
Piti		1,893	60	-	1,743	-	-
Sinajana		2,655	136	-	2,519	-	-
South		23,667	4,389	1,634	17,504	240	-
Agat		5,153	1,023	292	3,838	-	-
Inarajan		2,238	373	-	1,865	-	-
Merizo		-	-	-	-	-	-
Santa Rita		6,966	1,681	-	5,044	240	-
Talofofo		2,623	259	432	2,132	-	-
Umatac		648	243	-	405	-	-
Yona		5,839	809	809	4,220	-	-
WITH HEALTH INSURANCE							
Total		112,752	18,537	3,432	88,090	1,143	1,553
North		55,184	10,705	1,619	40,369	877	1,553
Dededo		30,144	6,483	1,238	21,805	383	236
Tamuning		12,611	2,318	185	8,716	185	1,265
Yigo		12,420	1,964	196	9,448	309	112
Central		41,575	5,246	461	35,600	266	-
Hagatna		224	-	-	224	-	-
Agana Heights		2,503	596	-	1,987	-	-
Asan-Maina		1,893	146	148	1,596	-	-
Barrigada		11,424	2,306	186	8,932	-	-
Chalan Pago-Ordot		5,079	459	-	4,620	-	-
Mangilao		12,674	972	-	10,763	139	-
Mongmong-Toto-Maite		5,537	764	127	4,519	127	-
Piti		781	-	-	781	-	-
Sinajana		2,179	-	-	2,179	-	-
South		19,994	2,527	1,351	12,117	-	-
Agat		3,070	658	110	2,303	-	-
Inarajan		1,585	313	-	1,212	-	-
Merizo		-	-	-	-	-	-
Santa Rita		4,321	601	-	3,723	-	-
Talofofo		2,621	259	432	1,930	-	-
Umatac		405	-	-	405	-	-
Yona		3,989	636	809	2,544	-	-
WITHOUT HEALTH INSURANCE							
Total		47,510	7,863	1,028	37,720	649	251
North		29,554	4,678	607	23,749	408	112
Dededo		15,617	2,652	236	12,405	324	-
Tamuning		6,305	371	-	5,564	-	-
Yigo		7,632	1,695	-	5,780	84	112
Central		10,283	1,322	278	8,584	-	139
Hagatna		696	124	-	571	-	-
Agana Heights		1,391	40	238	1,113	-	-
Asan-Maina		334	-	-	334	-	-
Barrigada		2,173	371	-	1,802	-	-
Chalan Pago-Ordot		1,486	-	-	1,486	-	-
Mangilao		1,910	540	-	1,180	-	139
Mongmong-Toto-Maite		796	-	-	796	-	-
Piti		1,022	60	-	962	-	-
Sinajana		177	136	-	340	-	-
South		7,673	1,863	183	5,387	240	-
Agat		2,083	365	183	1,535	-	-
Inarajan		653	-	-	653	-	-
Merizo		-	-	-	-	-	-
Santa Rita		2,642	1,081	-	1,321	240	-
Talofofo		202	-	-	202	-	-
Umatac		243	-	-	-	-	-
Yona		1,810	173	-	1,676	-	-

Source: 2005 Guam Health Survey

Table 2 High Blood Pressure by District

Table 2. Ever been told the person has high blood pressure by District, Guam: 2005

District	Total	Yes	Yes, but pregnant female	No	Don't know	Refused
Total	160,262	40,996	4,255	111,167	1,394	2,462
North	84,738	21,293	1,165	59,502	634	2,154
Dededo	45,761	13,672	894	30,497	254	354
Tamuning	18,916	1,298	-	16,042	-	1,576
Yigo	20,061	6,313	281	12,963	281	224
Central	51,856	11,118	1,571	38,501	367	293
Hagatna	919	174	50	695	-	-
Ayuna Heights	3,974	715	159	3,099	-	-
Ayua-Maina	2,227	445	-	1,781	-	-
Barrigada	13,597	4,108	265	9,065	159	-
Chalan Pago-Ordot	6,565	1,216	135	5,214	-	-
Mangilao	13,783	2,534	104	10,798	206	139
Mongmong-Toto-Maite	6,333	1,337	382	4,455	-	159
Piti	1,503	160	-	1,623	-	-
Sinajana	2,655	409	477	1,770	-	-
South	23,667	8,594	1,516	13,164	392	-
Agat	5,153	2,339	256	2,522	37	-
Inarajan	2,238	1,072	200	866	-	-
Merizo	-	-	-	-	-	-
Santa Rita	6,966	2,282	-	4,414	240	-
Talofoto	2,623	461	634	1,728	-	-
Umatac	640	243	-	405	-	-
Yona	5,839	2,197	347	3,179	116	-
PERCENTS						
Total	100.0	25.6	2.7	69.4	.9	1.5
North	100.0	25.1	1.4	70.2	.7	2.5
Dededo	100.0	29.4	1.9	66.6	.8	.8
Tamuning	100.0	6.9	-	84.8	-	8.3
Yigo	100.0	31.5	1.4	64.6	1.4	1.1
Central	100.0	21.4	3.0	74.2	.7	.6
Hagatna	100.0	18.9	5.4	75.7	-	-
Ayuna Heights	100.0	18.0	4.0	78.0	-	-
Ayua-Maina	100.0	20.0	-	80.0	-	-
Barrigada	100.0	30.2	1.9	66.7	1.2	-
Chalan Pago-Ordot	100.0	18.5	2.1	79.4	-	-
Mangilao	100.0	18.4	.8	78.3	1.5	1.0
Mongmong-Toto-Maite	100.0	21.1	6.0	70.3	-	2.5
Piti	100.0	10.6	-	90.0	-	-
Sinajana	100.0	15.4	18.0	66.7	-	-
South	100.0	36.3	6.4	55.6	1.7	-
Agat	100.0	45.4	5.0	48.9	.7	-
Inarajan	100.0	47.9	12.5	39.6	-	-
Merizo	-	-	-	-	-	-
Santa Rita	100.0	32.8	-	63.8	3.4	-
Talofoto	100.0	16.3	22.5	61.2	-	-
Umatac	100.0	37.5	-	62.5	-	-
Yona	100.0	37.6	5.9	54.4	2.0	-

Source: 2005 Guam Health Survey

Table 2. Error Data (old the person has high blood pressure by District and Health Insurance, Guam: 2005

District	Total	Yes	Yes, but pregnant female	No	Don't know	Refused
Total	160,262	40,596	4,252	111,167	1,234	2,453
North	51,738	21,203	1,165	59,502	634	2,154
Dededo	45,761	13,672	884	30,497	354	354
Tamuning	18,916	1,298	-	16,042	-	1,576
Yigo	20,061	6,213	281	13,563	281	224
Central	51,856	11,116	1,571	39,501	367	298
Hagåtña	919	174	50	696	-	-
Agaña Heights	3,974	715	159	3,099	-	-
Asan-Maina	2,227	445	-	1,781	-	-
Barrigada	13,597	4,108	265	9,065	159	-
Chalan Pago-Ordot	6,565	1,216	135	5,214	-	-
Mangilao	13,783	2,534	104	10,798	208	139
Mongmong-Toto-Maite	6,333	1,337	382	4,455	-	159
Piti	1,803	180	-	1,623	-	-
Sinajana	2,655	409	477	1,770	-	-
South	23,667	8,594	1,516	13,161	392	-
Agat	5,153	2,339	256	2,502	37	-
Inarajan	2,238	1,072	280	886	-	-
Merizo	-	-	-	-	-	-
Santa Rita	6,966	2,282	-	4,444	240	-
Talofafo	2,823	461	634	1,728	-	-
Umatac	648	243	-	405	-	-
Yona	5,839	2,197	347	3,179	116	-
WITH HEALTH INSURANCE						
Total	112,752	29,448	2,936	77,270	755	2,142
North	55,184	15,343	664	36,959	236	1,983
Dededo	30,144	10,077	343	19,153	236	295
Tamuning	12,611	1,113	-	9,922	-	1,576
Yigo	12,430	4,153	281	7,854	-	112
Central	41,573	9,402	757	30,888	367	150
Hagåtña	224	-	-	224	-	-
Agaña Heights	4,583	636	-	2,947	-	-
Asan-Maina	1,593	400	-	1,404	-	-
Barrigada	11,424	3,631	239	7,395	159	-
Chalan Pago-Ordot	5,075	973	-	4,107	-	-
Mangilao	11,074	2,151	-	9,513	208	-
Mongmong-Toto-Maite	5,537	1,209	382	3,707	-	159
Piti	781	120	-	661	-	-
Sinajana	2,179	272	136	1,770	-	-
South	15,994	4,903	1,516	9,423	152	-
Agat	3,070	1,425	256	1,352	37	-
Inarajan	1,585	746	280	560	-	-
Merizo	-	-	-	-	-	-
Santa Rita	4,324	1,201	-	3,123	-	-
Talofafo	2,621	374	634	1,613	-	-
Umatac	405	-	-	405	-	-
Yona	3,959	1,156	347	2,370	116	-
WITHOUT HEALTH INSURANCE						
Total	47,510	11,348	1,316	33,898	639	310
North	29,554	5,941	501	22,547	398	171
Dededo	15,617	3,595	501	11,344	116	59
Tamuning	6,305	105	-	6,120	-	-
Yigo	7,632	2,160	-	5,078	281	112
Central	10,283	2,716	815	7,613	-	114
Hagåtña	696	174	50	472	-	-
Agaña Heights	1,391	78	159	1,152	-	-
Asan-Maina	334	37	-	297	-	-
Barrigada	2,173	477	27	1,670	-	-
Chalan Pago-Ordot	1,496	243	135	1,108	-	-
Mangilao	1,910	302	104	1,285	-	139
Mongmong-Toto-Maite	796	127	-	668	-	-
Piti	1,022	60	-	962	-	-
Sinajana	477	136	340	-	-	-
South	7,673	3,691	-	3,742	240	-
Agat	2,083	914	-	1,170	-	-
Inarajan	653	326	-	326	-	-
Merizo	-	-	-	-	-	-
Santa Rita	2,642	1,081	-	1,321	240	-
Talofafo	202	86	-	115	-	-
Umatac	243	243	-	-	-	-
Yona	1,850	1,041	-	809	-	-

Source: 2005 Guam Health Survey

Table 3 Cholesterol by District

Table 3. Tested and told about blood cholesterol by District, Guam: 2005

District	Total	Blood Cholesterol been checked				Don't know/ refused	No
		Total	Blood chole- sterol is high	Blood chole- sterol not high			
Total	160,262	140,095	30,118	6,508	121,468	12,167	
North	54,730	77,523	10,118	3,091	64,313	7,215	
Dededo	45,761	41,635	7,101	2,092	32,443	4,125	
Tamuning	18,916	18,267	464	185	17,618	649	
Yigo	20,061	17,620	2,553	814	14,253	1,441	
Central	51,856	49,115	5,967	2,066	41,086	2,737	
Hagåtña	915	705	50	-	745	124	
Ayana Heights	3,974	3,974	556	119	3,258	-	
Asan-Maina	2,227	2,227	148	297	1,761	-	
Barrigada	13,597	13,067	2,491	1,034	9,542	530	
Chalan Pago-Ordot	6,565	5,863	432	81	5,350	702	
Manjilao	13,783	12,499	937	312	11,249	1,285	
Monimong-Toto-Maito	6,333	6,237	859	223	5,155	95	
Piti	1,603	1,803	180	-	1,623	-	
Sinajana	2,655	2,655	272	-	2,383	-	
South	23,667	21,453	4,033	1,351	16,069	2,215	
Agat	9,153	5,947	914	219	2,814	1,206	
Inarajan	8,238	1,912	140	420	1,352	326	
Merizo	-	-	-	-	-	-	
Santa Rita	6,966	6,406	1,321	480	4,604	480	
Talofoto	2,823	2,821	259	-	2,362	202	
Umatoc	648	648	243	-	405	-	
Yona	5,835	5,835	1,156	211	4,451	-	
PERCENTS							
Total	100.0	92.4	12.6	4.1	75.8	7.6	
North	100.0	91.5	11.9	3.6	75.9	8.5	
Dededo	100.0	91.0	15.5	4.6	70.9	9.0	
Tamuning	100.0	96.6	2.5	1.0	93.1	3.4	
Yigo	100.0	87.8	12.7	4.1	71.0	12.2	
Central	100.0	94.7	11.5	4.0	79.2	5.3	
Hagåtña	100.0	86.5	5.1	-	81.1	13.5	
Ayana Heights	100.0	100.0	15.0	3.0	82.0	-	
Asan-Maina	100.0	100.0	6.6	13.3	80.0	-	
Barrigada	100.0	96.1	18.1	7.6	70.2	3.9	
Chalan Pago-Ordot	100.0	89.3	6.6	1.2	81.5	10.7	
Manjilao	100.0	90.7	6.8	2.3	81.6	9.3	
Monimong-Toto-Maito	100.0	98.5	13.6	3.5	81.4	1.5	
Piti	100.0	100.0	10.0	-	90.0	-	
Sinajana	100.0	100.0	10.2	-	89.8	-	
South	100.0	90.6	17.0	5.7	67.9	9.4	
Agat	100.0	76.6	17.7	4.2	54.6	23.4	
Inarajan	100.0	25.4	6.3	18.0	60.4	14.6	
Merizo	-	-	-	-	-	-	
Santa Rita	100.0	91.1	19.0	6.9	67.2	6.9	
Talofoto	100.0	92.8	9.2	-	83.7	7.2	
Umatoc	100.0	100.0	37.5	-	62.5	-	
Yona	100.0	100.0	19.0	4.0	76.2	-	

Source: 2005 Guam Health Survey

Table 3. Tested and told about blood cholesterol by District and Health Insurance, Guam: 2005

District	Total	Blood Cholesterol been checked				No
		Total	Blood cholest- torol is high	Blood cholest- torol not high	Don't know/ refused	
Total	160,262	148,095	20,118	6,508	121,468	12,107
North	94,739	77,523	10,118	3,091	64,313	7,215
Dededo	45,761	41,635	7,101	3,002	32,442	4,128
Tamuning	18,915	18,267	464	184	17,618	649
Yigo	20,061	17,620	2,553	814	14,253	2,441
Central	51,856	49,119	5,967	2,066	41,086	2,737
Hagatna	419	795	50	-	745	124
Agaña Heights	3,874	3,974	596	119	3,258	-
Asan-Maina	2,327	2,227	148	297	1,781	-
Barrigada	13,597	13,067	2,491	1,034	9,542	530
Chalan Pago-Ordot	6,565	5,843	432	81	5,350	702
Mangilao	13,783	12,499	937	312	11,249	1,385
Mongmong-Toto-Maite	6,353	6,237	859	223	5,155	95
Piti	1,803	1,803	180	-	1,623	-
Sinajana	2,655	2,645	271	-	2,383	-
South	23,667	21,453	4,033	1,351	16,069	2,315
Agat	5,153	4,947	914	319	3,714	1,006
Inarajan	2,235	1,912	140	420	1,352	326
Merizo	-	-	-	-	-	-
Santa Rita	6,966	6,486	1,321	400	4,684	480
Talofafo	2,823	2,621	259	-	2,362	202
Umatac	648	646	243	-	405	-
Yona	5,839	5,079	1,156	231	4,451	-
WITH HEALTH INSURANCE						
Total	112,752	103,133	13,605	5,247	84,281	9,619
North	55,164	49,564	5,979	2,200	40,364	5,620
Dededo	30,144	26,519	4,597	1,650	20,273	3,624
Tamuning	12,611	11,962	278	185	11,498	649
Yigo	17,430	11,083	2,104	365	8,614	1,347
Central	41,513	39,387	5,076	2,029	32,330	2,186
Hagatna	224	224	-	-	224	-
Agaña Heights	2,503	2,583	517	119	1,947	-
Asan-Maina	1,693	1,893	148	260	1,484	-
Barrigada	11,424	10,973	2,147	1,034	7,792	451
Chalan Pago-Ordot	5,079	4,620	432	81	4,107	459
Mangilao	11,844	10,693	660	312	9,721	1,180
Mongmong-Toto-Maite	5,517	5,442	732	223	4,487	45
Piti	781	701	120	-	661	-
Sinajana	2,179	2,179	272	-	1,906	-
South	15,994	14,102	1,597	1,018	11,567	1,813
Agat	3,070	2,266	548	73	1,645	804
Inarajan	1,505	1,249	-	233	1,026	326
Merizo	-	-	-	-	-	-
Santa Rita	4,324	3,843	240	480	3,123	400
Talofafo	2,621	2,420	173	-	2,247	202
Umatac	405	405	-	-	405	-
Yona	3,989	3,499	636	231	3,122	-
WITHOUT HEALTH INSURANCE						
Total	47,510	44,962	6,514	1,261	37,187	2,548
North	24,554	27,959	3,139	891	23,929	1,595
Dededo	15,617	15,116	2,585	442	12,169	501
Tamuning	6,305	6,305	195	-	6,120	-
Yigo	7,632	6,536	419	449	5,640	1,094
Central	10,293	9,732	939	37	8,756	553
Hagatna	696	571	50	-	522	124
Agaña Heights	1,391	1,391	74	-	1,311	-
Asan-Maina	334	331	-	37	297	-
Barrigada	2,173	2,091	245	-	1,740	80
Chalan Pago-Ordot	1,486	1,243	-	-	1,243	243
Mangilao	1,910	1,805	278	-	1,528	104
Mongmong-Toto-Maite	796	796	127	-	668	-
Piti	1,022	1,022	60	-	962	-
Sinajana	477	477	-	-	477	-
South	2,673	2,271	2,436	333	4,502	402
Agat	2,083	1,681	365	146	1,170	402
Inarajan	453	653	140	187	336	-
Merizo	-	-	-	-	-	-
Santa Rita	2,642	2,642	1,091	-	1,551	-
Talofafo	202	202	86	-	116	-
Umatac	243	243	243	-	-	-
Yona	1,890	1,850	526	-	1,330	-

Source: 2005 Guam Health Survey

Table 4 Asthma by District

Table 4. Tested and told about asthma by District, Guam: 2005

District	Total	Have had Asthma in the past				No
		Total	Still have asthma	No longer have asthma	Don't know/refused	
Total	160,262	17,431	8,463	3,978	4,990	142,831
North	84,734	11,738	5,555	1,426	4,347	73,411
Dededo	45,761	4,832	2,770	707	1,355	40,928
Tamuning	10,916	3,902	1,298	185	2,319	15,114
Yigo	20,061	2,691	1,487	533	673	17,369
Central	51,956	4,693	2,468	1,725	499	47,164
Hagatna	919	224	174	-	50	696
Agaña Heights	3,374	278	-	199	79	3,095
Asan-Maina	2,227	371	371	-	-	1,856
Barrigada	13,597	1,272	745	928	-	12,325
Chalan Pago-Ordot	6,565	189	199	-	-	6,370
Mangilao	13,783	1,354	799	312	243	12,429
Mongmong-Toto-Maite	4,333	732	318	286	127	3,601
Piti	1,803	-	-	-	-	1,803
Sinajana	2,655	272	272	-	-	2,383
South	23,667	1,410	440	827	144	22,357
Agat	5,153	146	146	-	-	4,907
Inarajan	2,238	-	-	-	-	2,238
Merizo	-	-	-	-	-	-
Santa Rita	6,966	601	120	180	-	6,366
Talofafo	2,821	317	-	173	144	2,506
Umatac	618	-	-	-	-	618
Yona	5,839	347	173	173	-	5,442
PERCENTS						
Total	100.0	10.9	5.3	2.5	3.1	89.1
North	100.0	13.4	6.6	1.7	5.1	86.6
Dededo	100.0	10.6	6.1	1.5	3.0	99.4
Tamuning	100.0	20.1	6.9	1.0	12.3	79.9
Yigo	100.0	13.4	7.4	2.7	3.4	86.6
Central	100.0	9.1	4.8	3.3	1.0	91.0
Hagatna	100.0	24.4	18.9	-	5.4	75.7
Agaña Heights	100.0	7.0	-	5.0	2.0	93.0
Asan-Maina	100.0	16.7	16.7	-	-	83.3
Barrigada	100.0	9.4	2.5	6.8	-	90.6
Chalan Pago-Ordot	100.0	2.9	2.9	-	-	97.1
Mangilao	100.0	9.8	5.8	2.3	1.8	90.2
Mongmong-Toto-Maite	100.0	11.6	5.0	4.5	2.0	86.4
Piti	100.0	-	-	-	-	100.0
Sinajana	100.0	10.2	10.2	-	-	89.8
South	100.0	6.0	1.9	3.5	.6	94.0
Agat	100.0	2.8	2.8	-	-	97.2
Inarajan	100.0	-	-	-	-	100.0
Merizo	-	-	-	-	-	-
Santa Rita	100.0	8.6	1.7	6.9	-	91.4
Talofafo	100.0	11.2	-	6.1	5.1	88.8
Umatac	100.0	-	-	-	-	100.0
Yona	100.0	5.9	3.0	3.0	-	94.1

Source: 2005 Guam Health Survey

Table 4. Tested and told about asthma by District and Health Insurance, Guam: 2005

District	Total	Have had Asthma in the past				No
		Total	Still have asthma	No longer have asthma	Don't know/refused	
Total	169,262	17,431	8,463	3,978	4,990	142,831
North	61,733	11,328	5,555	1,426	4,347	73,412
Dededo	45,761	4,832	2,770	767	1,255	40,926
Tamuning	18,516	3,802	1,296	185	2,310	15,114
Yigo	20,661	2,694	1,487	533	673	17,368
Central	51,656	4,693	2,469	1,725	499	47,164
Hagatna	819	224	174	-	50	496
Agaña Heights	3,474	278	-	199	79	3,695
Asan-Maina	2,227	371	371	-	-	1,856
Barrigada	11,547	1,270	345	928	-	12,325
Chalan Pago-Ordot	6,565	189	189	-	-	6,376
Mangilao	13,783	1,354	799	312	243	12,429
Mongmong-Toto-Maite	6,333	732	118	206	127	5,631
Piti	1,803	-	-	-	-	1,803
Sinajana	2,650	272	272	-	-	2,378
South	23,667	1,410	440	827	144	22,257
Agat	5,153	146	146	-	-	5,007
Inarajan	2,238	-	-	-	-	2,238
Merizo	-	-	-	-	-	-
Santa Rita	6,966	601	120	480	-	6,366
Talofafo	2,623	317	-	173	144	2,506
Umatac	648	-	-	-	-	648
Yona	5,839	347	173	173	-	5,442
WITH HEALTH INSURANCE						
Total	112,752	12,994	6,113	2,912	3,949	99,750
North	55,184	7,544	3,547	904	3,454	47,240
Dededo	30,144	2,916	1,385	707	884	27,168
Tamuning	12,611	1,060	927	-	2,133	9,551
Yigo	12,430	1,008	1,235	196	477	10,522
Central	41,573	3,639	2,126	1,202	311	37,934
Hagatna	224	99	99	-	-	124
Agaña Heights	2,532	79	-	-	79	2,503
Asan-Maina	1,893	371	371	-	-	1,522
Barrigada	11,421	1,219	318	901	-	10,204
Chalan Pago-Ordot	6,074	189	189	-	-	4,885
Mangilao	11,874	972	694	174	104	10,902
Mongmong-Toto-Maite	5,537	573	318	127	127	4,964
Piti	781	-	-	-	-	781
Sinajana	2,279	136	136	-	-	2,043
South	15,994	1,410	440	827	144	14,584
Agat	3,070	146	146	-	-	2,924
Inarajan	1,585	-	-	-	-	1,585
Merizo	-	-	-	-	-	-
Santa Rita	4,324	601	120	480	-	3,723
Talofafo	2,621	317	-	173	144	2,394
Umatac	405	-	-	-	-	405
Yona	3,989	347	173	173	-	3,642
WITHOUT HEALTH INSURANCE						
Total	47,510	4,437	2,350	1,045	1,042	43,673
North	29,584	3,394	2,008	522	853	26,170
Dededo	15,617	1,856	1,385	-	471	13,761
Tamuning	6,305	742	371	185	105	5,564
Yigo	7,632	786	251	317	190	6,946
Central	10,203	1,053	341	523	189	9,230
Hagatna	696	124	75	-	50	571
Agaña Heights	1,391	109	-	199	-	1,192
Asan-Maina	334	-	-	-	-	334
Barrigada	2,173	53	27	27	-	2,120
Chalan Pago-Ordot	1,406	-	-	-	-	1,406
Mangilao	1,910	382	104	139	139	1,528
Mongmong-Toto-Maite	786	154	-	159	-	636
Piti	1,022	-	-	-	-	1,022
Sinajana	477	136	136	-	-	340
South	7,673	-	-	-	-	7,673
Agat	2,003	-	-	-	-	2,003
Inarajan	653	-	-	-	-	653
Merizo	-	-	-	-	-	-
Santa Rita	2,642	-	-	-	-	2,642
Talofafo	202	-	-	-	-	202
Umatac	242	-	-	-	-	242
Yona	1,850	-	-	-	-	1,850

Table 5 Heart Attack by District

Table 5. Tested and told the person had a heart attack, by District, Guam: 2005

District	Total	Total	Have had a heart attack												Don't know/No Refused	
			Less than 30 yr	30 yr and over												
			30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 yr and over				
Total	160,262	6,204	370	-	746	935	2,055	502	906	-	578	154	27	140,000	5,192	
North	84,736	2,220	270	-	283	59	278	351	436	-	285	147	-	79,906	3,612	
Dededo	45,761	1,297	118	-	59	59	-	235	324	-	295	147	-	42,967	1,563	
Tamuning	10,910	278	-	-	-	-	278	-	-	-	-	-	-	17,562	1,576	
Yigo	20,041	645	253	-	224	-	-	56	112	-	-	-	-	18,883	533	
Central	51,856	1,551	-	-	463	187	340	-	397	-	149	-	27	45,603	643	
Hagåtña	919	124	-	-	-	-	124	-	-	-	-	-	-	795	-	
Agaña Heights	3,974	219	-	-	-	-	-	-	115	-	-	-	-	3,854	-	
Asan-Maina	2,227	-	-	-	-	-	-	-	-	-	-	-	-	2,227	-	
Barrigada	13,547	-	-	-	-	-	-	-	-	-	-	-	-	13,160	133	
Chalan Pago-Ordot	6,565	105	-	-	-	81	-	-	-	-	-	-	27	6,349	108	
Mangilao	13,783	729	-	-	208	104	-	-	278	-	139	-	-	12,415	139	
Mongmong-Toto-Maite	6,333	350	-	-	255	-	95	-	-	-	-	-	-	5,855	127	
Piti	1,803	120	-	-	-	-	120	-	-	-	-	-	-	1,683	-	
Sinajana	2,655	-	-	-	-	-	-	-	-	-	-	-	-	2,519	136	
South	23,667	2,433	-	-	-	591	1,437	151	71	-	144	37	-	20,297	937	
Agat	5,153	110	-	-	-	-	-	-	71	-	-	37	-	4,442	402	
Inarajan	2,238	280	-	-	-	187	-	93	-	-	-	-	-	1,865	63	
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Santa Rita	6,966	1,321	-	-	-	-	1,321	-	-	-	-	-	-	5,405	240	
Talofofo	2,823	144	-	-	-	-	-	-	-	-	144	-	-	2,477	202	
Umatac	648	-	-	-	-	-	-	-	-	-	-	-	-	648	-	
Yona	5,839	570	-	-	-	465	116	58	-	-	-	-	-	5,261	-	
PERCENTS																
Total	100.0	3.9	.2	-	.5	.5	1.3	.3	.6	-	.4	.1	-	92.9	3.2	
North	100.0	2.6	.4	-	.3	.1	.3	.4	.5	-	.3	.2	-	93.1	4.2	
Dededo	100.0	2.8	.3	-	.1	.1	-	.6	.7	-	.6	.3	-	93.9	3.3	
Tamuning	100.0	1.5	-	-	-	-	1.5	-	-	-	-	-	-	90.2	8.3	
Yigo	100.0	3.2	1.3	-	1.1	-	-	.3	.6	-	-	-	-	94.1	2.7	
Central	100.0	3.0	-	-	.9	.4	.7	-	.8	-	.3	-	.1	95.8	1.2	
Hagåtña	100.0	13.5	-	-	-	-	13.5	-	-	-	-	-	-	86.5	-	
Agaña Heights	100.0	3.0	-	-	-	-	-	-	3.0	-	-	-	-	97.0	-	
Asan-Maina	100.0	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	
Barrigada	100.0	-	-	-	-	-	-	-	-	-	-	-	-	99.0	1.0	
Chalan Pago-Ordot	100.0	1.6	-	-	-	1.2	-	-	-	-	-	-	.4	96.7	1.6	
Mangilao	100.0	5.3	-	-	1.5	.9	-	-	2.0	-	1.0	-	-	93.7	1.0	
Mongmong-Toto-Maite	100.0	5.5	-	-	4.0	-	1.5	-	-	-	-	-	-	92.5	2.0	
Piti	100.0	6.7	-	-	-	-	6.7	-	-	-	-	-	-	93.3	-	
Sinajana	100.0	-	-	-	-	-	-	-	-	-	-	-	-	94.9	5.1	
South	100.0	10.3	-	-	-	2.5	6.1	.6	.3	-	.6	.2	-	85.8	4.0	
Agat	100.0	2.1	-	-	-	-	-	-	1.4	-	-	.7	-	93.1	7.6	
Inarajan	100.0	12.5	-	-	-	8.4	-	1.2	-	-	-	-	-	83.3	4.2	
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Santa Rita	100.0	19.0	-	-	-	-	19.0	-	-	-	-	-	-	77.6	3.4	
Talofofo	100.0	5.1	-	-	-	-	-	-	-	-	5.1	-	-	87.7	7.2	
Umatac	100.0	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-	
Yona	100.0	9.9	-	-	-	6.9	2.0	1.0	-	-	-	-	-	90.1	-	

Source: 2005 Guam Health Survey

Table 5. Tested and told the person had a heart attack by District and Health Insurance, Guam: 2005

		Have had a heart attack															
District	Total	Total	Less	30	35	40	45	50	55	60	65	70	75	75 yr and over	Don't know/ Refused		
			than 30 yr	34	39	44	49	54	59	64	69	74					
Total	160,262	6,294	370	-	746	835	2,055	502	906	-	578	184	27	142,665	5,192		
North	84,738	2,220	370	-	283	59	278	351	436	-	295	147	-	76,906	3,012		
Dededo	45,761	1,297	118	-	55	59	-	295	324	-	295	147	-	42,961	1,503		
Tamuning	18,916	278	-	-	-	-	278	-	-	-	-	-	-	17,062	1,576		
Yigo	20,061	645	253	-	224	-	-	56	112	-	-	-	-	18,883	533		
Central	51,850	1,551	-	-	463	185	340	-	397	-	139	-	27	49,663	643		
Hagåtña	519	124	-	-	-	-	124	-	-	-	-	-	-	795	-		
Ayana Heights	3,974	119	-	-	-	-	-	-	119	-	-	-	-	3,854	-		
Asan-Maina	5,227	-	-	-	-	-	-	-	-	-	-	-	-	2,227	-		
Barrigada	13,597	-	-	-	-	-	-	-	-	-	-	-	-	13,465	132		
Chalan Pago-Ordot	6,505	108	-	-	-	81	-	-	-	-	-	-	27	6,349	105		
Mangilao	13,783	739	-	-	308	164	-	-	278	-	139	-	-	12,915	139		
Mongmong-Toto-Maite	6,333	350	-	-	255	-	93	-	-	-	-	-	-	5,855	127		
Piti	1,003	120	-	-	-	-	120	-	-	-	-	-	-	1,683	-		
Sinajana	2,659	-	-	-	-	-	-	-	-	-	-	-	-	2,519	136		
South	23,667	2,433	-	-	-	591	1,437	151	73	-	144	37	-	20,297	937		
Agat	5,153	110	-	-	-	-	-	-	73	-	-	-	37	1,642	402		
Inarajan	2,230	260	-	-	-	187	-	93	-	-	-	-	-	1,865	53		
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Santa Rita	6,966	1,321	-	-	-	1,321	-	-	-	-	-	-	-	5,405	240		
Talofono	2,823	144	-	-	-	-	-	-	-	-	144	-	-	2,477	202		
Umatac	540	-	-	-	-	-	-	-	-	-	-	-	-	648	-		
Yona	5,839	578	-	-	-	405	116	58	-	-	-	-	-	5,261	-		
WITH HEALTH INSURANCE																	
Total	112,752	4,290	56	-	746	835	850	151	759	-	519	147	27	104,777	3,684		
North	56,184	1,699	56	-	283	59	278	351	289	-	236	147	-	50,629	2,856		
Dededo	30,144	972	-	-	59	59	-	255	177	-	236	147	-	28,228	943		
Tamuning	12,611	278	-	-	-	-	278	-	-	-	-	-	-	10,756	1,576		
Yigo	12,430	449	96	-	224	-	-	56	112	-	-	-	-	11,644	337		
Central	41,573	1,427	-	-	463	185	210	-	397	-	139	-	27	39,922	225		
Hagåtña	224	-	-	-	-	-	-	-	-	-	-	-	-	224	-		
Ayana Heights	2,503	119	-	-	-	-	-	-	119	-	-	-	-	2,464	-		
Asan-Maina	4,893	-	-	-	-	-	-	-	-	-	-	-	-	1,893	-		
Barrigada	11,424	-	-	-	-	-	-	-	-	-	-	-	-	11,371	53		
Chalan Pago-Ordot	5,079	104	-	-	-	81	-	-	-	-	-	-	27	4,863	108		
Mangilao	11,874	724	-	-	308	104	-	-	278	-	139	-	-	11,145	-		
Mongmong-Toto-Maite	5,537	350	-	-	255	-	93	-	-	-	-	-	-	5,124	64		
Piti	761	120	-	-	-	-	120	-	-	-	-	-	-	661	-		
Sinajana	2,179	-	-	-	-	-	-	-	-	-	-	-	-	2,179	-		
South	15,994	1,164	-	-	-	591	356	-	73	-	144	-	-	14,226	604		
Agat	3,070	73	-	-	-	-	-	-	73	-	-	-	-	2,595	402		
Inarajan	1,585	187	-	-	-	187	-	-	-	-	-	-	-	1,399	-		
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Santa Rita	4,324	240	-	-	-	-	240	-	-	-	-	-	-	4,084	-		
Talofono	2,621	144	-	-	-	-	-	-	-	-	144	-	-	2,276	202		
Umatac	405	-	-	-	-	-	-	-	-	-	-	-	-	405	-		
Yona	3,989	520	-	-	-	405	116	-	-	-	-	-	-	3,468	-		
WITHOUT HEALTH INSURANCE																	
Total	47,510	1,913	314	-	-	-	1,205	151	147	-	59	37	-	44,009	1,508		
North	28,554	521	314	-	-	-	-	-	147	-	59	-	-	28,277	156		
Dededo	15,617	321	118	-	-	-	-	-	147	-	59	-	-	14,733	560		
Tamuning	6,305	-	-	-	-	-	-	-	-	-	-	-	-	6,305	-		
Yigo	7,632	196	196	-	-	-	-	-	-	-	-	-	-	7,239	196		
Central	10,203	124	-	-	-	-	124	-	-	-	-	-	-	9,741	418		
Hagåtña	646	124	-	-	-	-	124	-	-	-	-	-	-	571	-		
Ayana Heights	1,391	-	-	-	-	-	-	-	-	-	-	-	-	1,391	-		
Asan-Maina	334	-	-	-	-	-	-	-	-	-	-	-	-	334	-		
Barrigada	5,173	-	-	-	-	-	-	-	-	-	-	-	-	2,091	80		
Chalan Pago-Ordot	1,486	-	-	-	-	-	-	-	-	-	-	-	-	1,486	-		
Mangilao	1,910	-	-	-	-	-	-	-	-	-	-	-	-	1,771	139		
Mongmong-Toto-Maite	796	-	-	-	-	-	-	-	-	-	-	-	-	732	64		
Piti	1,022	-	-	-	-	-	-	-	-	-	-	-	-	1,022	-		
Sinajana	477	-	-	-	-	-	-	-	-	-	-	-	-	340	136		
South	7,677	1,204	-	-	-	-	1,081	151	-	-	-	37	-	6,071	333		
Agat	2,083	37	-	-	-	-	-	-	-	-	-	37	-	2,047	-		
Inarajan	653	93	-	-	-	-	-	93	-	-	-	-	-	466	93		
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Santa Rita	2,642	1,081	-	-	-	-	1,081	-	-	-	-	-	-	1,321	240		
Talofono	202	-	-	-	-	-	-	-	-	-	-	-	-	202	-		
Umatac	243	-	-	-	-	-	-	-	-	-	-	-	-	243	-		
Yona	1,650	58	-	-	-	-	-	58	-	-	-	-	-	1,792	-		

Source: 2005 Guam Health Survey

Table 6 Angina by District

Table 6. Ever been told by a doctor that person has Angina by District, Guam: 2005

District	Total	Yes	No	Don't Know	Refused
Total	160,262	7,678	145,891	2,361	4,129
North	84,738	3,575	76,822	613	3,728
Dededo	45,761	1,267	43,492	501	501
Tamuning	16,916	1,298	15,485	-	2,133
Yigo	20,061	1,010	17,845	112	2,094
Central	51,056	1,816	48,906	1,108	27
Hagatna	919	124	770	25	-
Agana Heights	3,974	358	3,616	-	-
Asan-Maina	2,227	557	1,670	-	-
Barrigada	13,597	27	13,544	-	27
Chalan Pago-Ordot	6,565	-	6,457	108	-
Mangilao	13,783	312	12,950	521	-
Mongmong-Toto-Maite	6,333	319	5,696	310	-
Piti	1,803	120	1,683	-	-
Sinajana	2,655	-	2,519	136	-
South	23,667	2,487	20,164	642	374
Agat	5,193	365	4,386	402	-
Inarajan	2,238	290	1,958	-	-
Merizo	-	-	-	-	-
Santa Rita	6,966	1,321	5,405	240	-
Talofono	2,823	-	2,449	-	374
Umatac	648	-	648	-	-
Yona	5,839	520	5,318	-	-
PERCENTS					
Total	100.0	4.9	91.0	1.6	2.6
North	100.0	4.2	90.7	.7	4.4
Dededo	100.0	2.8	95.0	1.1	1.1
Tamuning	100.0	6.9	81.9	-	11.3
Yigo	100.0	5.0	89.0	.6	5.5
Central	100.0	3.6	94.3	2.1	.1
Hagatna	100.0	13.5	83.8	2.7	-
Agana Heights	100.0	9.0	91.0	-	-
Asan-Maina	100.0	25.0	75.0	-	-
Barrigada	100.0	.2	99.6	-	.2
Chalan Pago-Ordot	100.0	-	98.4	1.6	-
Mangilao	100.0	2.3	94.0	3.8	-
Mongmong-Toto-Maite	100.0	5.0	89.9	5.0	-
Piti	100.0	6.7	93.3	-	-
Sinajana	100.0	-	94.9	5.1	-
South	100.0	10.5	85.2	2.7	1.6
Agat	100.0	7.1	85.1	7.8	-
Inarajan	100.0	12.5	87.5	-	-
Merizo	-	-	-	-	-
Santa Rita	100.0	19.0	77.6	3.4	-
Talofono	100.0	-	86.8	-	13.2
Umatac	100.0	-	100.0	-	-
Yona	100.0	8.9	91.1	-	-

Source: 2005 Guam Health Survey

Table 6. Ever been told by a doctor that person has Angina by District and Health Insurance, Guam: 2005

District	Total	Yes	No	Don't know	Refused
Total	160,262	7,678	145,891	2,364	4,129
North	84,735	3,575	76,822	613	3,725
Dededo	45,761	1,267	43,492	501	501
Tamuning	18,916	1,298	15,485	-	2,133
Yigo	20,061	1,010	17,045	112	1,094
Central	51,856	1,816	48,906	1,106	27
Hagatna	919	124	770	25	-
Agana Heights	3,974	356	3,616	-	-
Asan-Maina	2,227	557	1,670	-	-
Barrigada	13,597	27	13,514	-	27
Chalan Pago-Ordor	6,565	-	6,457	108	-
Mangilao	13,763	312	12,950	521	-
Mongmong-Toto-Maite	6,333	316	5,696	318	-
Piti	1,803	120	1,683	-	-
Sinajana	2,655	-	2,519	136	-
South	23,667	2,487	20,164	642	374
Agat	5,153	365	4,386	402	-
Inarajan	2,238	260	1,958	-	-
Merizo	-	-	-	-	-
Santa Rita	6,966	1,321	5,405	240	-
Talofofo	2,823	-	2,449	-	374
Umatac	648	-	648	-	-
Yona	5,839	520	5,318	-	-
WITH HEALTH INSURANCE					
Total	112,752	5,751	102,728	1,630	2,634
North	55,184	2,810	49,851	264	2,259
Dededo	30,144	884	28,641	236	383
Tamuning	12,611	1,113	10,014	-	1,484
Yigo	12,430	814	11,195	28	393
Central	41,573	1,665	38,936	972	-
Hagatna	324	-	199	25	-
Agana Heights	2,583	358	2,225	-	-
Asan-Maina	1,893	557	1,336	-	-
Barrigada	11,424	-	11,424	-	-
Chalan Pago-Ordor	5,079	-	4,971	108	-
Mangilao	11,874	312	11,041	521	-
Mongmong-Toto-Maite	5,537	318	4,901	318	-
Piti	781	120	661	-	-
Sinajana	2,179	-	2,179	-	-
South	15,994	1,276	13,942	402	374
Agat	3,070	329	2,339	402	-
Inarajan	1,585	187	1,399	-	-
Merizo	-	-	-	-	-
Santa Rita	4,324	240	4,084	-	-
Talofofo	2,621	-	2,247	-	374
Umatac	405	-	405	-	-
Yona	3,989	520	3,468	-	-
WITHOUT HEALTH INSURANCE					
Total	47,510	2,126	43,163	726	1,495
North	29,554	765	26,971	349	1,466
Dededo	15,617	383	14,851	265	115
Tamuning	6,305	185	5,471	-	649
Yigo	7,632	196	6,650	84	701
Central	10,283	151	9,970	136	27
Hagatna	696	124	571	-	-
Agana Heights	1,391	-	1,391	-	-
Asan-Maina	314	-	314	-	-
Barrigada	2,173	27	2,120	-	27
Chalan Pago-Ordor	1,486	-	1,486	-	-
Mangilao	1,910	-	1,910	-	-
Mongmong-Toto-Maite	796	-	796	-	-
Piti	1,022	-	1,022	-	-
Sinajana	477	-	340	136	-
South	7,673	1,211	6,222	240	-
Agat	2,083	37	2,047	-	-
Inarajan	653	93	560	-	-
Merizo	-	-	-	-	-
Santa Rita	2,642	1,081	1,321	240	-
Talofofo	202	-	202	-	-
Umatac	243	-	243	-	-
Yona	1,850	-	1,850	-	-

Source: 2005 Guam Health Survey

Table 7 Stroke by District

Table 7. Treated and told the person had a stroke, Guam: 2005

District	Have had a stroke														Don't know/Refused
	Total	Total 20 yr	Less than 30 yr	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 yr and over		
Total	160,262	4,501	53	-	182	667	1,076	737	500	750	295	80	53	149,103	6,659
North	84,739	2,330	-	-	112	295	635	593	177	206	295	85	-	77,671	4,747
Dededo	45,761	1,326	-	-	-	295	88	177	177	206	295	85	-	43,462	972
Tamuning	18,016	742	-	-	-	-	556	185	-	-	-	-	-	15,578	2,556
Yigo	20,061	253	-	-	112	-	-	140	-	-	-	-	-	19,031	1,178
Central	51,856	978	53	-	69	186	241	255	51	64	-	-	53	50,374	575
Agaña	419	124	-	-	-	-	124	-	-	-	-	-	-	745	50
Agaña Heights	3,974	-	-	-	-	-	-	-	-	-	-	-	-	3,974	-
Anan-Maina	2,227	-	-	-	-	-	-	-	-	-	-	-	-	1,856	371
Barrigada	13,597	292	53	-	-	186	-	-	-	-	-	-	53	12,279	27
Chalan Pago-Ordot	6,565	54	-	-	-	-	-	-	54	-	-	-	-	6,511	-
Mangilao	13,783	69	-	-	69	-	-	-	-	-	-	-	-	13,714	-
Mongmong-Toto-Maite	6,333	318	-	-	-	-	-	255	-	64	-	-	-	5,887	127
Piti	1,800	220	-	-	-	-	120	-	-	-	-	-	-	1,683	-
Sinajona	2,655	-	-	-	-	-	-	-	-	-	-	-	-	2,655	-
South	23,667	1,203	-	-	397	187	-	349	440	-	-	-	-	21,126	1,337
Ayut	5,153	256	-	-	-	-	-	256	-	-	-	-	-	4,898	-
Inarajan	2,238	456	-	-	-	187	187	-	93	-	-	-	-	1,772	-
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Santa Rita	6,566	480	-	-	-	-	-	-	-	480	-	-	-	6,245	240
Talofono	2,823	-	-	-	-	-	-	-	-	-	-	-	-	2,304	519
Umatac	648	-	-	-	-	-	-	-	-	-	-	-	-	648	-
Yona	5,839	-	-	-	-	-	-	-	-	-	-	-	-	5,261	578
PERCENTS															
Total	100.0	2.8	-	-	.4	.7	.9	.4	.5	.2	.1	-	-	93.0	4.2
North	100.0	2.7	-	-	.1	.3	.8	.6	.2	.2	.3	.1	-	91.7	5.6
Dededo	100.0	2.9	-	-	-	.6	.2	.4	.4	.5	.6	.2	-	95.0	2.1
Tamuning	100.0	3.9	-	-	-	2.9	1.0	-	-	-	-	-	-	92.4	13.7
Yigo	100.0	1.3	-	-	.6	-	.7	-	-	-	-	-	-	93.9	5.9
Central	100.0	1.9	.1	-	.1	.4	.5	.5	.1	.1	-	-	.1	97.0	1.1
Agaña	100.0	13.4	-	-	-	13.5	-	-	-	-	-	-	-	61.1	5.4
Agaña Heights	100.0	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-
Anan-Maina	100.0	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-
Barrigada	100.0	2.1	.4	-	-	1.4	-	-	-	-	-	-	.4	93.3	16.7
Chalan Pago-Ordot	100.0	.8	-	-	-	-	-	.8	-	-	-	-	-	99.2	-
Mangilao	100.0	.5	-	-	.5	-	-	-	-	-	-	-	-	99.5	-
Mongmong-Toto-Maite	100.0	5.0	-	-	-	-	-	4.0	-	1.0	-	-	-	93.0	2.0
Piti	100.0	6.7	-	-	-	-	6.7	-	-	-	-	-	-	93.3	-
Sinajona	100.0	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-
South	100.0	5.1	-	-	.8	.8	-	1.5	2.0	-	-	-	-	89.3	5.6
Ayut	100.0	5.0	-	-	-	-	-	5.0	-	-	-	-	-	95.1	-
Inarajan	100.0	20.6	-	-	-	8.4	8.4	-	4.2	-	-	-	-	70.2	-
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Santa Rita	100.0	6.9	-	-	-	-	-	-	-	6.9	-	-	-	89.6	3.4
Talofono	100.0	-	-	-	-	-	-	-	-	-	-	-	-	81.6	18.4
Umatac	100.0	-	-	-	-	-	-	-	-	-	-	-	-	100.0	-
Yona	100.0	-	-	-	-	-	-	-	-	-	-	-	-	90.1	9.9

Source: 2005 Guam Health Survey

Table 7. *Deafened and blind the person had a stroke, Guam: 2005*

Have had a stroke															
District	Total	Total	Less than 30 yr	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 yr and over	Don't know/No Refused	
Total	100,262	4,503	43	-	182	667	1,076	747	580	750	295	68	53	149,103	6,659
North	94,738	2,320	-	-	112	395	645	503	177	206	295	88	-	77,671	4,747
Dededo	45,761	1,326	-	-	-	295	88	177	177	206	295	88	-	43,462	972
Tamuning	18,916	712	-	-	-	-	530	105	-	-	-	-	-	15,576	2,596
Yigo	30,061	263	-	-	112	-	-	140	-	-	-	-	-	18,631	1,176
Central	51,856	912	53	-	69	126	144	255	54	64	-	-	53	50,304	575
Hagatna	919	121	-	-	-	-	124	-	-	-	-	-	-	745	50
Ayuna Heights	3,974	-	-	-	-	-	-	-	-	-	-	-	-	3,974	-
Asan-Maina	2,247	-	-	-	-	-	-	-	-	-	-	-	-	1,856	371
Barrigada	13,597	293	53	-	-	186	-	-	-	-	-	-	53	13,279	27
Chalan Pago-Ordot	6,565	54	-	-	-	-	-	-	54	-	-	-	-	6,511	-
Mangilao	13,783	69	-	-	69	-	-	-	-	-	-	-	-	13,714	-
Mongmong-Toto-Maite	5,333	318	-	-	-	-	-	255	-	64	-	-	-	5,083	127
Piti	1,803	120	-	-	-	-	120	-	-	-	-	-	-	1,683	-
Sinajana	2,655	-	-	-	-	-	-	-	-	-	-	-	-	2,655	-
South	23,667	1,205	-	-	-	187	187	-	349	480	-	-	-	21,120	1,337
Agat	5,153	256	-	-	-	-	-	-	256	-	-	-	-	4,898	-
Inarajan	2,238	466	-	-	-	187	187	-	93	-	-	-	-	1,772	-
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Santa Rita	6,966	480	-	-	-	-	-	-	-	180	-	-	-	6,245	240
Talofofo	2,823	-	-	-	-	-	-	-	-	-	-	-	-	2,304	519
Umatac	648	-	-	-	-	-	-	-	-	-	-	-	-	648	-
Yona	5,839	-	-	-	-	-	-	-	-	-	-	-	-	5,261	578
WITH HEALTH INSURANCE															
Total	112,752	3,700	-	-	112	637	765	572	487	750	236	80	53	104,679	4,372
North	95,184	2,044	-	-	112	265	615	317	177	206	236	88	-	50,297	2,841
Dededo	32,144	1,238	-	-	-	265	88	177	177	206	236	88	-	28,405	501
Tamuning	12,611	556	-	-	-	-	556	-	-	-	-	-	-	10,107	1,547
Yigo	12,436	253	-	-	112	-	-	140	-	-	-	-	-	11,784	393
Central	41,573	733	-	-	-	186	120	255	54	64	-	-	53	40,407	435
Hagatna	224	-	-	-	-	-	-	-	-	-	-	-	-	224	-
Ayuna Heights	2,801	-	-	-	-	-	-	-	-	-	-	-	-	2,801	-
Asan-Maina	1,593	-	-	-	-	-	-	-	-	-	-	-	-	1,593	371
Barrigada	11,424	239	-	-	-	186	-	-	-	-	-	-	53	11,185	-
Chalan Pago-Ordot	5,079	54	-	-	-	-	-	-	54	-	-	-	-	5,025	-
Mangilao	11,074	-	-	-	-	-	-	-	-	-	-	-	-	11,074	-
Mongmong-Toto-Maite	5,533	310	-	-	-	-	-	255	-	64	-	-	-	5,155	64
Piti	781	120	-	-	-	-	120	-	-	-	-	-	-	661	-
Sinajana	2,179	-	-	-	-	-	-	-	-	-	-	-	-	2,179	-
South	15,994	923	-	-	187	-	-	256	480	-	-	-	-	13,975	1,097
Agat	2,078	256	-	-	-	-	-	256	-	-	-	-	-	2,814	-
Inarajan	1,585	187	-	-	-	187	-	-	-	-	-	-	-	1,398	-
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Santa Rita	4,324	460	-	-	-	-	-	-	-	180	-	-	-	3,843	-
Talofofo	2,621	-	-	-	-	-	-	-	-	-	-	-	-	2,103	519
Umatac	405	-	-	-	-	-	-	-	-	-	-	-	-	405	-
Yona	3,449	-	-	-	-	-	-	-	-	-	-	-	-	3,411	578
WITHOUT HEALTH INSURANCE															
Total	47,510	605	53	-	69	29	311	185	93	-	54	-	-	44,424	2,286
North	29,554	274	-	-	29	29	-	185	-	-	59	-	-	27,374	1,936
Dededo	15,617	88	-	-	-	29	-	-	-	-	59	-	-	15,057	471
Tamuning	6,305	185	-	-	-	-	-	185	-	-	-	-	-	5,471	649
Yigo	7,632	-	-	-	-	-	-	-	-	-	-	-	-	6,846	786
Central	10,283	247	53	-	69	-	124	-	-	-	-	-	-	9,897	140
Hagatna	684	124	-	-	-	-	124	-	-	-	-	-	-	522	50
Ayuna Heights	1,391	-	-	-	-	-	-	-	-	-	-	-	-	1,391	-
Asan-Maina	334	-	-	-	-	-	-	-	-	-	-	-	-	334	-
Barrigada	2,173	53	53	-	-	-	-	-	-	-	-	-	-	2,096	27
Chalan Pago-Ordot	1,486	-	-	-	-	-	-	-	-	-	-	-	-	1,486	-
Mangilao	1,910	69	-	-	69	-	-	-	-	-	-	-	-	1,810	-
Mongmong-Toto-Maite	741	-	-	-	-	-	-	-	-	-	-	-	-	741	64
Piti	1,022	-	-	-	-	-	-	-	-	-	-	-	-	1,022	-
Sinajana	477	-	-	-	-	-	-	-	-	-	-	-	-	477	-
South	7,673	280	-	-	-	187	-	93	-	-	-	-	-	7,153	240
Agat	2,083	-	-	-	-	-	-	-	-	-	-	-	-	2,083	-
Inarajan	653	187	-	-	-	187	-	93	-	-	-	-	-	373	-
Merizo	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Santa Rita	2,642	-	-	-	-	-	-	-	-	-	-	-	-	2,402	240
Talofofo	202	-	-	-	-	-	-	-	-	-	-	-	-	202	-
Umatac	243	-	-	-	-	-	-	-	-	-	-	-	-	243	-
Yona	1,050	-	-	-	-	-	-	-	-	-	-	-	-	1,050	-

Source: 2005 Guam Health Survey

Table 8 Health Coverage by District

Table 8. Currently Have any kind of health coverage by District, Guam: 2005

District	Total	Yes	No	Don't know	Refused
Total	160,262	120,626	36,888	599	2,150
North	84,738	58,591	23,584	413	2,150
Dededo	45,761	33,739	11,521	59	442
Tamuning	18,916	12,703	4,544	165	1,484
Yigo	20,061	12,149	7,820	169	224
Central	51,856	44,022	7,648	186	-
Hagåtña	919	447	422	50	-
Agaña Heights	3,974	2,841	1,152	-	-
Asan-Maina	2,227	1,930	297	-	-
Barrigada	13,587	12,113	1,484	-	-
Chalan Pago-Ordot	6,565	4,782	1,783	-	-
Mangilao	13,783	12,499	1,285	-	-
Mongmong-Toto-Maite	6,333	5,569	764	-	-
Piti	1,803	1,683	120	-	-
Sinajana	2,655	2,179	340	136	-
South	23,667	18,012	5,655	-	-
Agat	5,153	3,180	1,974	-	-
Inarajan	2,238	2,005	233	-	-
Merizo	-	-	-	-	-
Santa Rita	6,966	5,165	1,802	-	-
Talofoto	2,823	2,679	144	-	-
Umatac	648	648	-	-	-
Yona	5,839	4,336	1,503	-	-
PERCENTS					
Total	100.0	75.3	23.0	.4	1.3
North	100.0	69.1	27.8	.5	2.5
Dededo	100.0	73.7	25.2	.1	1.0
Tamuning	100.0	67.2	24.0	1.0	7.8
Yigo	100.0	60.6	37.5	.8	1.1
Central	100.0	84.9	14.7	.4	-
Hagåtña	100.0	48.6	45.9	5.4	-
Agaña Heights	100.0	71.0	29.0	-	-
Asan-Maina	100.0	86.7	13.3	-	-
Barrigada	100.0	89.1	10.9	-	-
Chalan Pago-Ordot	100.0	72.8	27.2	-	-
Mangilao	100.0	90.7	9.3	-	-
Mongmong-Toto-Maite	100.0	87.9	12.1	-	-
Piti	100.0	93.3	6.7	-	-
Sinajana	100.0	82.1	12.8	5.1	-
South	100.0	76.1	23.9	-	-
Agat	100.0	61.7	38.3	-	-
Inarajan	100.0	89.6	10.4	-	-
Merizo	-	-	-	-	-
Santa Rita	100.0	74.1	25.9	-	-
Talofoto	100.0	94.9	5.1	-	-
Umatac	100.0	100.0	-	-	-
Yona	100.0	74.3	25.7	-	-

Source: 2005 Guam Health Survey

Table 8. Currently have any kind of health coverage by District and Health Insurance, Guam: 2005

District	%	Total	Yes	No	Don't Know	Refused
Total		160,262	120,425	36,888	599	2,150
North		94,738	58,591	22,584	413	2,150
Dededo		45,761	33,739	11,521	50	492
Tamuning		18,916	12,703	4,544	185	1,454
Yigo		20,061	12,149	7,520	169	224
Central		51,856	44,022	7,648	186	-
Hagatna		919	447	422	50	-
Agana Heights		3,974	2,821	1,152	-	-
Asan-Maina		2,227	1,930	297	-	-
Barrigada		13,597	12,113	1,484	-	-
Chalan Pago-Ordot		6,565	4,722	1,703	-	-
Mangilao		13,783	12,499	1,205	-	-
Mongmong-Toto-Maite		6,333	5,569	764	-	-
Piti		1,803	1,683	120	-	-
Sinajana		2,655	2,179	340	136	-
South		23,667	10,012	5,655	-	-
Agat		5,153	3,180	1,974	-	-
Inarajan		2,238	2,005	233	-	-
Merizo		-	-	-	-	-
Santa Rita		6,966	5,165	1,802	-	-
Talofofo		2,823	2,675	144	-	-
Umatac		646	646	-	-	-
Yona		5,839	4,316	1,503	-	-
WITH HEALTH INSURANCE						
Total		112,752	90,995	11,620	168	1,979
North		55,184	44,794	6,243	168	1,979
Dededo		30,144	25,164	4,597	-	383
Tamuning		12,611	9,922	1,285	-	1,004
Yigo		12,430	9,708	2,441	168	112
Central		41,573	39,733	1,840	-	-
Hagatna		224	124	99	-	-
Agana Heights		2,583	2,583	-	-	-
Asan-Maina		1,893	1,893	-	-	-
Barrigada		11,424	10,188	636	-	-
Chalan Pago-Ordot		5,079	4,539	540	-	-
Mangilao		11,874	11,596	278	-	-
Mongmong-Toto-Maite		5,537	5,251	286	-	-
Piti		781	781	-	-	-
Sinajana		2,179	2,179	-	-	-
South		15,994	14,458	1,537	-	-
Agat		3,070	2,304	768	-	-
Inarajan		1,505	1,595	-	-	-
Merizo		-	-	-	-	-
Santa Rita		4,324	3,043	480	-	-
Talofofo		2,621	2,506	115	-	-
Umatac		405	405	-	-	-
Yona		3,989	3,815	173	-	-
WITHOUT HEALTH INSURANCE						
Total		47,510	21,641	25,268	430	171
North		29,554	13,797	15,341	244	171
Dededo		15,617	8,575	6,925	59	59
Tamuning		6,305	2,702	3,338	185	-
Yigo		7,632	2,441	5,078	-	112
Central		10,203	4,289	5,808	106	-
Hagatna		696	323	323	50	-
Agana Heights		1,391	258	1,152	-	-
Asan-Maina		334	37	297	-	-
Barrigada		2,173	1,325	848	-	-
Chalan Pago-Ordot		1,466	243	1,243	-	-
Mangilao		1,910	903	1,007	-	-
Mongmong-Toto-Maite		796	319	477	-	-
Piti		1,022	901	120	-	-
Sinajana		477	-	340	136	-
South		7,674	3,554	4,119	-	-
Agat		2,063	877	1,206	-	-
Inarajan		653	420	233	-	-
Merizo		-	-	-	-	-
Santa Rita		2,642	1,321	1,321	-	-
Talofofo		202	173	29	-	-
Umatac		243	243	-	-	-
Yona		1,850	520	1,330	-	-

Source: 2005 Guam Health Survey

Table 9 Reason no Health Coverage by District

Table 9. Main reason person had no health coverage by District, Guam: 2005

District	Total	Lost job or spouse changed	Spouse or parent lost job	Became divorced/separated	Spouse or parent died	Ineligible because of age or left school	Employer doesn't offer coverage	Became temporary employee
Total	29,436	2,767	365	110	1,203	-	2,076	972
North	26,147	1,914	147	-	147	-	1,952	972
Dededo	12,002	1,297	147	-	147	-	560	363
Tamuning	6,213	-	-	-	-	-	182	-
Yigo	7,932	617	-	-	-	-	1,206	589
Central	7,834	853	124	-	452	-	124	-
Hagatna	472	99	124	-	-	-	124	-
Ayana Heights	1,152	477	-	-	-	-	-	-
Asan-Maina	297	-	-	-	-	-	-	-
Barrigada	1,484	-	-	-	212	-	-	-
Chalan Pago-Ordot	1,783	54	-	-	-	-	-	-
Mangilao	1,285	-	-	-	104	-	-	-
Mongmong-Toto-Maite	764	223	-	-	-	-	-	-
Piti	120	-	-	-	-	-	-	-
Sinajana	477	-	-	-	136	-	-	-
South	5,655	-	93	110	601	-	-	-
Agat	1,074	-	-	110	-	-	-	-
Inarajan	233	-	93	-	-	-	-	-
Merizo	-	-	-	-	-	-	-	-
Santa Rita	1,802	-	-	-	601	-	-	-
Talofof	144	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	1,503	-	-	-	-	-	-	-
PERCENTS								
Total	100.0	7.0	.9	.3	3.0	-	5.2	2.5
North	100.0	7.3	.6	-	.6	-	7.5	3.7
Dededo	100.0	10.6	1.2	-	1.2	-	4.7	3.2
Tamuning	100.0	-	-	-	-	-	3.0	-
Yigo	100.0	7.8	-	-	-	-	15.2	7.4
Central	100.0	10.9	1.6	-	5.8	-	1.6	-
Hagatna	100.0	21.0	26.3	-	-	-	26.3	-
Ayana Heights	100.0	41.4	-	-	-	-	-	-
Asan-Maina	100.0	-	-	-	-	-	-	-
Barrigada	100.0	-	-	-	14.3	-	-	-
Chalan Pago-Ordot	100.0	3.0	-	-	-	-	-	-
Mangilao	100.0	-	-	-	8.1	-	-	-
Mongmong-Toto-Maite	100.0	29.2	-	-	-	-	-	-
Piti	100.0	-	-	-	-	-	-	-
Sinajana	100.0	-	-	-	28.5	-	-	-
South	100.0	-	1.6	1.9	10.6	-	-	-
Agat	100.0	-	-	5.6	-	-	-	-
Inarajan	100.0	-	39.9	-	-	-	-	-
Merizo	-	-	-	-	-	-	-	-
Santa Rita	100.0	-	-	-	33.4	-	-	-
Talofof	100.0	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	100.0	-	-	-	-	-	-	-

Source: 2005 Guam Health Survey

Table 9. Main reason person had no health coverage by District, Guam: 2005

District	Total	Lost job or spouse or parent divorced/lost job	Spouse or parent separated	Became divorced/separated	Spouse or parent died	Ineligible because of age or left school	Employer doesn't offer coverage	Became temporary employee
Total	39,636	2,767	365	110	1,200	-	2,076	972
North	26,147	1,914	147	-	147	-	1,952	972
Dededo	13,023	1,297	147	-	147	-	580	382
Tamuning	6,213	-	-	-	-	-	185	-
Yigo	7,912	617	-	-	-	-	1,206	589
Central	7,834	853	124	-	452	-	124	-
Hagåtña	472	99	124	-	-	-	124	-
Agaña Heights	1,152	477	-	-	-	-	-	-
Asan-Maina	297	-	-	-	-	-	-	-
Barrigada	1,404	-	-	-	212	-	-	-
Chalan Pago-Ordot	1,703	54	-	-	-	-	-	-
Mangilao	1,285	-	-	-	104	-	-	-
Mongmong-Toto-Maite	764	223	-	-	-	-	-	-
Piti	120	-	-	-	-	-	-	-
Sinajana	477	-	-	-	136	-	-	-
South	5,655	-	93	110	601	-	-	-
Agat	1,974	-	-	110	-	-	-	-
Inarajan	232	-	93	-	-	-	-	-
Marizo	-	-	-	-	-	-	-	-
Santa Rita	1,802	-	-	-	601	-	-	-
Talofofo	144	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	1,503	-	-	-	-	-	-	-
WITH HEALTH INSURANCE								
Total	13,767	978	-	110	147	-	473	314
North	10,390	878	-	-	147	-	473	314
Dededo	4,980	766	-	-	147	-	147	118
Tamuning	2,689	-	-	-	-	-	185	-
Yigo	2,722	112	-	-	-	-	140	196
Central	1,840	99	-	-	-	-	-	-
Hagåtña	99	99	-	-	-	-	-	-
Agaña Heights	-	-	-	-	-	-	-	-
Asan-Maina	-	-	-	-	-	-	-	-
Barrigada	636	-	-	-	-	-	-	-
Chalan Pago-Ordot	540	-	-	-	-	-	-	-
Mangilao	278	-	-	-	-	-	-	-
Mongmong-Toto-Maite	286	-	-	-	-	-	-	-
Piti	-	-	-	-	-	-	-	-
Sinajana	-	-	-	-	-	-	-	-
South	1,537	-	-	110	-	-	-	-
Agat	768	-	-	110	-	-	-	-
Inarajan	-	-	-	-	-	-	-	-
Marizo	-	-	-	-	-	-	-	-
Santa Rita	480	-	-	-	-	-	-	-
Talofofo	115	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	173	-	-	-	-	-	-	-
WITHOUT HEALTH INSURANCE								
Total	25,869	1,789	365	-	1,053	-	1,603	658
North	15,757	1,035	147	-	-	-	1,479	658
Dededo	7,042	530	147	-	-	-	413	265
Tamuning	3,524	-	-	-	-	-	-	-
Yigo	5,191	505	-	-	-	-	1,066	393
Central	5,994	754	124	-	452	-	124	-
Hagåtña	373	-	124	-	-	-	124	-
Agaña Heights	1,152	477	-	-	-	-	-	-
Asan-Maina	297	-	-	-	-	-	-	-
Barrigada	848	-	-	-	212	-	-	-
Chalan Pago-Ordot	1,213	54	-	-	-	-	-	-
Mangilao	1,007	-	-	-	104	-	-	-
Mongmong-Toto-Maite	477	223	-	-	-	-	-	-
Piti	120	-	-	-	-	-	-	-
Sinajana	477	-	-	-	136	-	-	-
South	4,119	-	93	-	601	-	-	-
Agat	1,206	-	-	-	-	-	-	-
Inarajan	233	-	93	-	-	-	-	-
Marizo	-	-	-	-	-	-	-	-
Santa Rita	1,321	-	-	-	601	-	-	-
Talofofo	29	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	1,330	-	-	-	-	-	-	-

Source: 2005 Guam Health Survey

Table 9. Main reason person had no health coverage by District, Guam: 2005 -- continued

District	Benefits from employer ran out	Can't afford to pay premium	Insurance company refused coverage	Medicaid or Med Assistance eligibility	Lost	Other	Don't know	Refused
Total	-	5,543	970	882	8,127	4,658	7,967	
North	-	4,612	835	295	4,850	1,948	6,176	
Dededo	-	3,153	-	295	1,821	1,709	2,505	
Tamuning	-	-	835	-	835	1,762	2,596	
Yigo	-	1,459	-	-	2,109	477	1,375	
Central	-	5,205	135	107	1,792	344	697	
Hagåtña	-	75	-	-	-	-	50	
Ayana Heights	-	232	-	-	199	230	-	
Asan-Maina	-	106	-	-	111	-	-	
Barrigada	-	530	-	80	557	106	-	
Chalan Pago-Ordot	-	1,108	135	27	216	-	243	
Mangilao	-	694	-	-	486	-	-	
Hongmong-Toto-Maite	-	255	-	-	223	-	64	
Piti	-	120	-	-	-	-	-	
Sinajana	-	-	-	-	-	-	340	
South	-	1,725	-	480	1,486	365	795	
Agat	-	512	-	-	365	365	621	
Inarajan	-	140	-	-	-	-	-	
Merizo	-	-	-	-	-	-	-	
Santa Rita	-	120	-	480	601	-	-	
Talofofu	-	29	-	-	115	-	-	
Umatac	-	-	-	-	-	-	-	
Yona	-	925	-	-	405	-	173	
WITH HEALTH INSURANCE								
Total	-	2,637	-	743	2,152	1,371	4,043	
North	-	1,758	-	236	1,589	1,005	4,070	
Dededo	-	1,562	-	236	678	177	1,149	
Tamuning	-	-	-	-	185	464	1,555	
Yigo	-	196	-	-	615	365	1,066	
Central	-	879	-	27	520	-	307	
Hagåtña	-	-	-	-	-	-	-	
Ayana Heights	-	-	-	-	-	-	-	
Asan-Maina	-	-	-	-	-	-	-	
Barrigada	-	371	-	-	265	-	-	
Chalan Pago-Ordot	-	270	-	27	-	-	243	
Mangilao	-	174	-	-	104	-	-	
Hongmong-Toto-Maite	-	64	-	-	159	-	64	
Piti	-	-	-	-	-	-	-	
Sinajana	-	-	-	-	-	-	-	
South	-	-	-	490	115	365	466	
Agat	-	-	-	-	-	365	292	
Inarajan	-	-	-	-	-	-	-	
Merizo	-	-	-	-	-	-	-	
Santa Rita	-	-	-	480	-	-	-	
Talofofu	-	-	-	-	115	-	-	
Umatac	-	-	-	-	-	-	-	
Yona	-	-	-	-	-	-	173	
WITHOUT HEALTH INSURANCE								
Total	-	6,906	970	138	5,975	3,287	3,125	
North	-	2,854	835	59	3,341	2,943	2,436	
Dededo	-	1,591	-	59	1,149	1,532	1,355	
Tamuning	-	-	835	-	649	1,290	742	
Yigo	-	1,263	-	-	1,543	112	309	
Central	-	2,327	135	80	1,263	344	340	
Hagåtña	-	75	-	-	-	-	50	
Ayana Heights	-	230	-	-	199	230	-	
Asan-Maina	-	186	-	-	111	-	-	
Barrigada	-	159	-	80	292	106	-	
Chalan Pago-Ordot	-	638	135	-	216	-	-	
Mangilao	-	521	-	-	382	-	-	
Hongmong-Toto-Maite	-	191	-	-	64	-	-	
Piti	-	120	-	-	-	-	-	
Sinajana	-	-	-	-	-	-	340	
South	-	1,725	-	-	1,371	-	329	
Agat	-	512	-	-	365	-	329	
Inarajan	-	140	-	-	-	-	-	
Merizo	-	-	-	-	-	-	-	
Santa Rita	-	120	-	-	601	-	-	
Talofofu	-	29	-	-	-	-	-	
Umatac	-	-	-	-	-	-	-	
Yona	-	925	-	-	405	-	-	

Source: 2005 Guam Health Survey

Table 10 Had Any Kind of Health Coverage by District

Table 10. Had any kind of health coverage in the last 12 months by District, Guam: 2005

District	Total	Yes	No	Don't know	Refused
Total	160,262	126,643	29,493	1,246	2,880
North	54,736	61,995	19,361	1,034	2,348
Dededo	45,761	30,361	8,869	59	471
Tamuning	16,916	12,054	4,544	535	1,401
Yigo	20,061	13,580	5,948	140	393
Central	51,856	43,888	7,513	212	243
Hagåtña	919	547	323	50	-
Agaña Heights	3,974	3,139	834	-	-
Asan-Maina	2,227	1,559	668	-	-
Barrigada	13,557	12,192	1,378	27	-
Chalan Pago-Ordot	6,565	4,728	1,837	-	-
Mangilao	13,783	12,395	1,146	-	243
Mongmong-Toto-Maite	6,333	5,824	509	-	-
Piti	1,803	1,803	-	-	-
Sinajana	2,655	1,702	817	136	-
South	23,667	20,759	2,619	-	289
Agat	5,153	4,313	841	-	-
Inarajan	2,238	2,005	233	-	-
Morico	-	-	-	-	-
Santa Rita	6,966	6,606	360	-	-
Talofofo	2,823	2,679	144	-	-
Umatac	648	648	-	-	-
Yona	5,839	4,509	1,041	-	289
PERCENTS					
Total	100.0	79.0	18.4	.8	1.8
North	100.0	73.2	22.8	1.2	2.8
Dededo	100.0	79.5	19.4	.1	1.0
Tamuning	100.0	63.7	24.0	4.4	7.8
Yigo	100.0	67.7	29.6	.7	2.0
Central	100.0	84.6	14.5	.4	.5
Hagåtña	100.0	59.5	35.1	5.4	-
Agaña Heights	100.0	79.0	21.0	-	-
Asan-Maina	100.0	70.0	30.0	-	-
Barrigada	100.0	89.7	10.1	.2	-
Chalan Pago-Ordot	100.0	72.0	28.0	-	-
Mangilao	100.0	89.9	8.3	-	1.8
Mongmong-Toto-Maite	100.0	92.0	8.0	-	-
Piti	100.0	100.0	-	-	-
Sinajana	100.0	64.1	30.8	5.1	-
South	100.0	87.7	11.1	-	1.2
Agat	100.0	83.7	16.3	-	-
Inarajan	100.0	89.6	10.4	-	-
Morico	-	-	-	-	-
Santa Rita	100.0	94.8	5.2	-	-
Talofofo	100.0	91.9	5.1	-	-
Umatac	100.0	100.0	-	-	-
Yona	100.0	77.2	17.8	-	4.9

Source: 2005 Guam Health Survey

Table 10. Had any kind of health coverage in the last 12 months by District and Health Insurance, Guam: 2005

District	Total	Yes	No	Don't know	Refused
Total	160,262	126,643	29,493	1,246	2,880
North	84,776	61,995	19,361	1,034	2,346
Dededo	45,761	36,361	8,869	59	471
Tamuning	18,916	12,054	4,544	835	1,484
Yigo	20,001	13,556	5,948	140	293
Central	51,856	43,888	7,513	212	243
Hagatna	919	547	323	50	-
Agana Heights	3,974	3,139	834	-	-
Asan-Maina	2,227	1,559	668	-	-
Barrigada	13,597	12,192	1,378	27	-
Chalan Pago-Ordot	6,565	4,728	1,837	-	-
Mangilao	12,783	12,395	1,146	-	243
Hongmong-Toto-Maite	6,333	5,824	509	-	-
Piti	1,803	1,803	-	-	-
Sinajana	2,635	1,702	817	236	-
South	23,667	20,759	2,619	-	289
Agat	5,153	4,313	841	-	-
Inarajan	2,238	2,005	233	-	-
Merizo	-	-	-	-	-
Santa Rita	6,986	6,606	360	-	-
Talofofo	2,823	2,679	144	-	-
Umatac	648	648	-	-	-
Yona	5,839	4,509	1,041	-	289
WITH HEALTH INSURANCE					
Total	112,752	102,418	8,016	140	2,177
North	55,184	47,069	4,998	140	2,177
Dededo	30,144	27,109	2,622	-	413
Tamuning	12,611	10,014	1,113	-	1,484
Yigo	12,430	10,746	1,363	140	281
Central	41,573	38,810	2,764	-	-
Hagatna	224	224	-	-	-
Agana Heights	2,584	2,464	119	-	-
Asan-Maina	1,893	1,522	371	-	-
Barrigada	11,424	10,735	689	-	-
Chalan Pago-Ordot	5,079	4,377	702	-	-
Mangilao	11,874	11,596	278	-	-
Hongmong-Toto-Maite	5,537	5,410	127	-	-
Piti	781	781	-	-	-
Sinajana	2,179	1,702	477	-	-
South	15,994	15,739	255	-	-
Agat	3,070	3,070	-	-	-
Inarajan	1,585	1,446	140	-	-
Merizo	-	-	-	-	-
Santa Rita	4,324	4,324	-	-	-
Talofofo	2,621	2,506	115	-	-
Umatac	405	405	-	-	-
Yona	3,989	3,989	-	-	-
WITHOUT HEALTH INSURANCE					
Total	47,510	24,225	21,476	1,106	703
North	29,554	14,126	14,363	893	171
Dededo	15,617	9,252	6,247	59	59
Tamuning	6,305	2,040	3,431	835	-
Yigo	7,632	2,034	4,686	-	112
Central	10,203	5,078	4,749	212	243
Hagatna	696	323	323	50	-
Agana Heights	1,391	675	715	-	-
Asan-Maina	334	37	297	-	-
Barrigada	2,173	1,450	609	27	-
Chalan Pago-Ordot	1,485	351	1,135	-	-
Mangilao	1,910	799	868	-	243
Hongmong-Toto-Maite	796	414	382	-	-
Piti	1,022	1,022	-	-	-
Sinajana	477	-	340	136	-
South	7,673	5,020	2,364	-	289
Agat	2,003	1,243	841	-	-
Inarajan	653	560	93	-	-
Merizo	-	-	-	-	-
Santa Rita	2,642	2,282	360	-	-
Talofofo	202	173	29	-	-
Umatac	243	243	-	-	-
Yona	1,850	520	1,041	-	289

Source: 2005 Guam Health Survey

Table 11 Main Reason no Health Coverage by District

Table 11. Main reason person had no health coverage in last 12 months by District, Guam: 2005

District	Total	Lost job or spouse or parent changed	Spouse or parent lost job	Became divorced/separated	Spouse or parent died	Ineligible because of age or left school	Employer doesn't offer coverage	Became temporary employee
Total	33,619	1,361	376	110	506	-	1,698	998
North	22,743	703	147	-	-	-	1,358	945
Dededo	9,400	619	147	-	-	-	236	265
Tamuning	6,862	-	-	-	-	-	-	371
Yigo	6,481	81	-	-	-	-	1,122	309
Central	7,968	658	135	-	348	-	340	53
Magatna	373	-	-	-	-	-	124	-
Agana Heights	834	477	-	-	-	-	-	-
Asan-Maina	668	-	-	-	-	-	-	-
Barriigada	1,495	-	-	-	212	-	-	53
Chalan Pago-Ordot	1,837	54	135	-	-	-	216	-
Mangilao	1,389	-	-	-	-	-	-	-
Mongmong-Toto-Maite	509	127	-	-	-	-	-	-
Piti	-	-	-	-	-	-	-	-
Sinajana	953	-	-	-	136	-	-	-
South	2,908	-	93	110	240	-	-	-
Agat	841	-	-	110	-	-	-	-
Inarajan	233	-	93	-	-	-	-	-
Merizo	-	-	-	-	-	-	-	-
Santa Rita	360	-	-	-	240	-	-	-
Talofofo	144	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	1,330	-	-	-	-	-	-	-
PERCENTS								
Total	100.0	4.0	1.1	.3	1.7	-	5.1	3.0
North	100.0	3.1	.6	-	-	-	6.0	4.2
Dededo	100.0	6.6	1.6	-	-	-	2.5	2.8
Tamuning	100.0	-	-	-	-	-	-	5.4
Yigo	100.0	1.3	-	-	-	-	17.3	4.8
Central	100.0	9.3	1.7	-	4.4	-	4.3	.7
Magatna	100.0	-	-	-	-	-	33.2	-
Agana Heights	100.0	57.2	-	-	-	-	-	-
Asan-Maina	100.0	-	-	-	-	-	-	-
Barriigada	100.0	-	-	-	15.1	-	-	3.6
Chalan Pago-Ordot	100.0	2.9	7.3	-	-	-	11.8	-
Mangilao	100.0	-	-	-	-	-	-	-
Mongmong-Toto-Maite	100.0	25.0	-	-	-	-	-	-
Piti	-	-	-	-	-	-	-	-
Sinajana	100.0	-	-	-	14.3	-	-	-
South	100.0	-	3.2	3.8	8.3	-	-	-
Agat	100.0	-	-	13.1	-	-	-	-
Inarajan	100.0	-	39.9	-	-	-	-	-
Merizo	-	-	-	-	-	-	-	-
Santa Rita	100.0	-	-	-	66.7	-	-	-
Talofofo	100.0	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	100.0	-	-	-	-	-	-	-

Source: 2005 Guam Health Survey

Table 11. Main reason person had no health coverage in last 12 months by district, Guam: 2005 -- continued

District	Benefits from employer ran out	Can't afford to pay premium	Insurance company refused coverage	Lost Medicaid or refused Med Assistance eligibility	Other	Don't know	Refused
Total	604	8,426	897	790	5,555	3,720	9,495
North	88	4,309	556	790	3,789	3,416	6,640
Dededo	98	2,310	-	678	1,709	972	2,475
Tamuning	-	556	556	-	649	1,855	2,875
Yigo	-	1,543	-	112	1,431	589	1,291
Central	516	2,501	340	-	1,536	304	1,237
Hagåtña	-	-	-	-	124	-	124
Agaña Heights	-	230	-	-	-	-	119
Asan-Maina	-	166	-	-	-	-	482
Barrigada	-	716	-	-	398	27	-
Chalan Pago-Ordot	243	919	-	-	270	-	-
Hangilao	-	347	-	-	501	278	343
Mongmong-Toto-Maite	-	95	-	-	223	-	64
Piti	-	-	-	-	-	-	-
Sinajana	272	-	340	-	-	-	204
South	-	1,616	-	-	231	-	610
Agat	-	403	-	-	-	-	329
Inarajan	-	140	-	-	-	-	-
Merizo	-	-	-	-	-	-	-
Santa Rita	-	120	-	-	-	-	-
Talofofo	-	29	-	-	115	-	-
Umatac	-	-	-	-	-	-	-
Yona	-	925	-	-	116	-	289
PERCENTS							
Total	1.8	25.1	2.7	2.3	16.5	11.1	25.3
North	.4	18.9	2.4	3.5	16.7	15.0	29.2
Dededo	.9	23.5	-	7.2	18.2	10.3	26.3
Tamuning	-	8.1	8.1	-	9.5	27.0	41.9
Yigo	-	23.8	-	1.7	22.1	9.1	19.9
Central	6.5	31.4	4.3	-	19.3	3.8	15.5
Hagåtña	-	-	-	-	33.2	-	33.2
Agaña Heights	-	28.5	-	-	-	-	14.3
Asan-Maina	-	27.0	-	-	-	-	72.2
Barrigada	-	51.0	-	-	20.3	1.9	-
Chalan Pago-Ordot	13.2	50.0	-	-	14.7	-	-
Hangilao	-	25.0	-	-	37.5	20.0	17.5
Mongmong-Toto-Maite	-	18.7	-	-	43.8	-	12.6
Piti	-	-	-	-	-	-	-
Sinajana	28.5	-	35.7	-	-	-	21.4
South	-	55.6	-	-	7.9	-	21.3
Agat	-	47.8	-	-	-	-	39.1
Inarajan	-	60.1	-	-	-	-	-
Merizo	-	-	-	-	-	-	-
Santa Rita	-	33.3	-	-	-	-	-
Talofofo	-	20.1	-	-	79.9	-	-
Umatac	-	-	-	-	-	-	-
Yona	-	69.5	-	-	8.7	-	21.7

Source: 2005 Guam Health Survey

Table 11. Why no health coverage in last 12 months by District and Health Insurance, Guam: 2005

District	Total	Lost job or spouse changed	Spouse or parent lost job	Became divorced/separated	Spouse or parent died	Ineligible because of age or left school	Employer doesn't offer coverage	Became temporarily employed
Total	33,619	1,361	376	110	588	-	1,698	998
North	22,743	703	147	-	-	-	1,355	945
Dededo	5,400	619	147	-	-	-	236	265
Tamuning	6,862	-	-	-	-	-	-	371
Yigo	6,481	84	-	-	-	-	1,123	309
Central	7,968	653	135	-	346	-	340	53
Hagåtña	373	-	-	-	-	-	124	-
Agaña Heights	834	477	-	-	-	-	-	-
Asan-Maina	668	-	-	-	-	-	-	-
Barrigada	1,405	-	-	-	212	-	-	-
Chalan Pago-Ordot	1,837	54	135	-	-	-	216	-
Mangilao	1,399	-	-	-	-	-	-	-
Mongmong-Toto-Maite	509	127	-	-	-	-	-	-
Piti	-	-	-	-	-	-	-	-
Sinajana	953	-	-	-	136	-	-	-
South	2,908	-	93	110	240	-	-	-
Agat	841	-	-	110	-	-	-	-
Inarajan	233	-	93	-	-	-	-	-
Merizo	-	-	-	-	-	-	-	-
Santa Rita	360	-	-	-	240	-	-	-
Talofoto	144	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	1,330	-	-	-	-	-	-	-
WITH HEALTH INSURANCE								
Total	10,333	236	-	-	-	-	167	-
North	7,315	236	-	-	-	-	140	-
Dededo	3,035	236	-	-	-	-	-	-
Tamuning	2,596	-	-	-	-	-	-	-
Yigo	1,683	-	-	-	-	-	140	-
Central	2,764	-	-	-	-	-	27	-
Hagåtña	-	-	-	-	-	-	-	-
Agaña Heights	119	-	-	-	-	-	-	-
Asan-Maina	371	-	-	-	-	-	-	-
Barrigada	689	-	-	-	-	-	-	-
Chalan Pago-Ordot	702	-	-	-	-	-	27	-
Mangilao	378	-	-	-	-	-	-	-
Mongmong-Toto-Maite	127	-	-	-	-	-	-	-
Piti	-	-	-	-	-	-	-	-
Sinajana	477	-	-	-	-	-	-	-
South	255	-	-	-	-	-	-	-
Agat	-	-	-	-	-	-	-	-
Inarajan	140	-	-	-	-	-	-	-
Merizo	-	-	-	-	-	-	-	-
Santa Rita	-	-	-	-	-	-	-	-
Talofoto	115	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	-	-	-	-	-	-	-	-
WITHOUT HEALTH INSURANCE								
Total	23,285	1,125	376	110	588	-	1,531	998
North	15,428	467	147	-	-	-	1,218	945
Dededo	6,365	383	147	-	-	-	236	265
Tamuning	4,265	-	-	-	-	-	-	371
Yigo	4,798	84	-	-	-	-	982	309
Central	5,205	650	135	-	340	-	313	53
Hagåtña	373	-	-	-	-	-	124	-
Agaña Heights	715	477	-	-	-	-	-	-
Asan-Maina	297	-	-	-	-	-	-	-
Barrigada	716	-	-	-	212	-	-	-
Chalan Pago-Ordot	1,135	54	135	-	-	-	189	-
Mangilao	1,111	-	-	-	-	-	-	-
Mongmong-Toto-Maite	382	127	-	-	-	-	-	-
Piti	-	-	-	-	-	-	-	-
Sinajana	477	-	-	-	136	-	-	-
South	2,653	-	93	110	240	-	-	-
Agat	841	-	-	110	-	-	-	-
Inarajan	93	-	93	-	-	-	-	-
Merizo	-	-	-	-	-	-	-	-
Santa Rita	360	-	-	-	240	-	-	-
Talofoto	29	-	-	-	-	-	-	-
Umatac	-	-	-	-	-	-	-	-
Yona	1,330	-	-	-	-	-	-	-

Source: 2005 Guam Health Survey

Table 11. Why no health coverage in last 12 months by District and Health Insurance, Guam: 2005 -- continued

District	Benefits from employer ran out	Can't afford to pay premium	Insurance company refused coverage	Lost Medicaid or had Asstnce eligibility	Other	Don't know	Refused
Total	604	8,426	857	750	5,555	3,720	8,495
North	88	4,309	556	790	3,789	3,410	6,640
Dededo	88	2,210	-	678	1,709	572	2,475
Tamuning	-	556	556	-	649	1,855	2,875
Yigo	-	1,543	-	112	1,431	589	1,291
Central	516	2,501	340	-	1,536	304	1,237
Hagatna	-	-	-	-	124	-	124
Agaña Heights	-	238	-	-	-	-	119
Asan-Maina	-	186	-	-	-	-	482
Harrigada	-	716	-	-	390	27	-
Chalan Pago-Ordot	243	919	-	-	270	-	-
Mangilao	-	347	-	-	521	278	243
Mongmong-Toto-Maite	-	95	-	-	223	-	64
Piti	-	-	-	-	-	-	-
Sinajana	272	-	340	-	-	-	204
South	-	1,616	-	-	231	-	618
Agat	-	402	-	-	-	-	329
Inarajan	-	140	-	-	-	-	-
Merizo	-	-	-	-	-	-	-
Santa Rita	-	120	-	-	-	-	-
Talofofo	-	25	-	-	115	-	-
Umatac	-	-	-	-	-	-	-
Yona	-	925	-	-	116	-	289
WITH HEALTH INSURANCE							
Total	516	2,147	-	790	1,509	1,074	3,895
North	-	1,207	-	790	1,009	796	3,137
Dededo	-	825	-	678	560	88	648
Tamuning	-	185	-	-	-	371	2,040
Yigo	-	196	-	112	449	337	449
Central	516	600	-	-	305	278	758
Hagatna	-	-	-	-	-	-	-
Agaña Heights	-	-	-	-	-	-	119
Asan-Maina	-	-	-	-	-	-	371
Harrigada	-	540	-	-	159	-	-
Chalan Pago-Ordot	243	270	-	-	162	-	-
Mangilao	-	-	-	-	-	273	-
Mongmong-Toto-Maite	-	-	-	-	64	-	64
Piti	-	-	-	-	-	-	-
Sinajana	272	-	-	-	-	-	204
South	-	140	-	-	115	-	-
Agat	-	-	-	-	-	-	-
Inarajan	-	140	-	-	-	-	-
Merizo	-	-	-	-	-	-	-
Santa Rita	-	-	-	-	-	-	-
Talofofo	-	-	-	-	115	-	-
Umatac	-	-	-	-	-	-	-
Yona	-	-	-	-	-	-	-
WITHOUT HEALTH INSURANCE							
Total	88	6,279	857	-	4,047	2,647	4,600
North	88	3,103	556	-	2,780	2,620	3,503
Dededo	88	1,385	-	-	1,149	884	1,627
Tamuning	-	371	556	-	649	1,484	875
Yigo	-	1,347	-	-	982	253	842
Central	-	1,701	340	-	1,151	27	479
Hagatna	-	-	-	-	124	-	124
Agaña Heights	-	238	-	-	-	-	-
Asan-Maina	-	186	-	-	-	-	111
Harrigada	-	186	-	-	239	27	-
Chalan Pago-Ordot	-	648	-	-	108	-	-
Mangilao	-	347	-	-	521	-	243
Mongmong-Toto-Maite	-	95	-	-	159	-	-
Piti	-	-	-	-	-	-	-
Sinajana	-	-	340	-	-	-	-
South	-	1,476	-	-	116	-	618
Agat	-	402	-	-	-	-	329
Inarajan	-	-	-	-	-	-	-
Merizo	-	-	-	-	-	-	-
Santa Rita	-	120	-	-	-	-	-
Talofofo	-	25	-	-	-	-	-
Umatac	-	-	-	-	-	-	-
Yona	-	925	-	-	116	-	289

Source: 2005 Guam Health Survey

Table 12 Particular Place to Obtain Health Care by District

Table 12. If one particular place to obtain health care by District, Guam: 2005

District	Total	One place	More than one place	No	Don't know	Refused
Total	160,262	112,956	8,837	33,352	1,934	4,094
North	84,738	55,102	4,713	19,450	1,854	3,619
Dededo	45,761	29,731	1,591	12,818	737	854
Tamuning	18,916	12,240	1,398	3,153	556	1,669
Yigo	20,061	13,131	1,824	5,479	561	1,666
Central	51,856	36,555	3,648	11,143	80	401
Maqatna	919	307	25	497	-	-
Agaña Heights	3,074	3,219	477	378	-	-
Agaña-Maina	5,227	2,004	111	111	-	-
Barrigada	13,597	10,045	1,193	3,279	80	-
Chalan Pago-Ordot	6,565	4,215	162	2,134	-	54
Mangilao	13,783	7,985	139	5,312	-	347
Mongmong-Toto-Maite	6,333	4,773	1,205	350	-	-
Piti	1,803	1,562	60	180	-	-
Sinajana	2,655	2,393	273	-	-	-
South	23,667	20,369	465	2,759	-	73
Agat	5,153	1,349	292	439	-	23
Inarajan	2,238	2,048	-	140	-	-
Merizo	-	-	-	-	-	-
Santa Rita	6,566	5,044	-	1,922	-	-
Talofofo	2,823	2,391	173	259	-	-
Umatac	648	648	-	-	-	-
Yona	5,039	5,839	-	-	-	-
PERCENTS						
Total	100.0	69.9	5.5	20.8	1.2	2.6
North	100.0	65.0	5.6	23.0	2.2	4.3
Dededo	100.0	65.0	3.5	28.0	1.6	1.9
Tamuning	100.0	64.7	6.9	16.7	2.9	8.8
Yigo	100.0	65.5	9.1	17.3	2.8	5.2
Central	100.0	70.6	7.0	21.5	.2	.8
Maqatna	100.0	43.2	2.7	54.1	-	-
Agaña Heights	100.0	81.0	12.0	7.0	-	-
Agaña-Maina	100.0	60.0	5.0	5.0	-	-
Barrigada	100.0	73.0	8.8	16.8	.6	-
Chalan Pago-Ordot	100.0	64.2	2.5	32.5	-	.8
Mangilao	100.0	57.9	1.0	38.5	-	2.5
Mongmong-Toto-Maite	100.0	75.4	19.1	5.5	-	-
Piti	100.0	86.6	3.3	10.0	-	-
Sinajana	100.0	89.8	10.2	-	-	-
South	100.0	86.1	2.0	11.7	-	.3
Agat	100.0	94.4	5.7	8.5	-	1.4
Inarajan	100.0	93.7	-	6.3	-	-
Merizo	-	-	-	-	-	-
Santa Rita	100.0	72.4	-	27.6	-	-
Talofofo	100.0	84.7	6.1	9.2	-	-
Umatac	100.0	100.0	-	-	-	-
Yona	100.0	100.0	-	-	-	-

Source: 2005 Guam Health Survey

Table 12. If one particular place to obtain health care by District and Health Insurance, Guam: 2005

District	Total	One place	More than one place	No	Don't know	Refused
Total	160,262	112,056	8,827	33,352	1,934	4,094
North	64,738	55,102	4,713	19,490	1,854	3,619
Dededo	45,761	39,731	1,591	13,816	737	894
Tamuning	18,976	15,370	1,298	3,153	556	1,669
Yigo	20,061	13,131	1,824	3,479	561	1,006
Central	51,856	30,505	3,648	11,143	80	401
Hagatna	519	397	25	457	-	-
Agaña Heights	3,974	3,219	477	278	-	-
Asan-Maina	2,227	2,004	111	111	-	-
Barrigada	13,597	10,042	1,193	2,279	80	-
Chalan Pago-Ordot	6,565	4,215	162	2,134	-	54
Mangilao	13,783	7,985	139	5,312	-	347
Hongmong-Toto-Maite	6,333	4,773	1,209	350	-	-
Piti	1,603	1,562	60	180	-	-
Sinajana	2,455	2,383	272	-	-	-
South	23,667	10,369	465	8,759	-	73
Agat	5,153	4,349	392	439	-	73
Inarajan	2,250	2,099	-	140	-	-
Merizo	-	-	-	-	-	-
Santa Rita	8,966	5,641	-	1,922	-	-
Talofafo	2,023	2,391	173	254	-	-
Umatac	648	648	-	-	-	-
Yona	5,839	5,839	-	-	-	-
WITH HEALTH INSURANCE						
Total	112,752	83,704	5,839	19,540	485	2,784
North	55,104	39,636	2,414	10,071	405	2,653
Dededo	20,111	17,245	943	7,219	265	471
Tamuning	12,611	9,573	742	1,113	-	1,444
Yigo	12,430	9,119	730	1,740	140	701
Central	41,573	29,450	3,142	8,802	50	54
Hagatna	224	199	25	-	-	-
Agaña Heights	2,583	1,878	477	278	-	-
Asan-Maina	1,893	1,781	111	-	-	-
Barrigada	11,424	8,376	981	1,968	80	-
Chalan Pago-Ordot	5,079	3,450	162	1,405	-	54
Mangilao	11,874	7,083	-	4,791	-	-
Hongmong-Toto-Maite	5,537	4,264	1,114	159	-	-
Piti	781	601	-	180	-	-
Sinajana	2,179	1,906	272	-	-	-
South	15,994	14,571	287	1,067	-	73
Agat	3,070	2,705	110	183	-	73
Inarajan	1,555	1,446	-	140	-	-
Merizo	-	-	-	-	-	-
Santa Rita	4,321	3,723	-	601	-	-
Talofafo	2,621	2,304	173	144	-	-
Umatac	405	405	-	-	-	-
Yona	3,984	3,984	-	-	-	-
WITHOUT HEALTH INSURANCE						
Total	47,510	28,352	2,988	13,411	1,449	1,310
North	29,554	15,466	2,299	9,370	1,449	963
Dededo	15,617	8,486	640	5,599	471	410
Tamuning	6,305	2,961	556	2,040	556	185
Yigo	7,631	4,012	1,094	1,740	421	365
Central	10,203	7,088	506	2,741	-	347
Hagatna	696	199	-	497	-	-
Agaña Heights	1,391	1,391	-	-	-	-
Asan-Maina	334	323	-	111	-	-
Barrigada	2,173	1,670	210	292	-	-
Chalan Pago-Ordot	1,486	157	-	728	-	-
Mangilao	1,910	903	139	531	-	347
Hongmong-Toto-Maite	796	509	95	191	-	-
Piti	1,022	962	60	-	-	-
Sinajana	477	477	-	-	-	-
South	7,673	5,798	183	1,692	-	-
Agat	2,083	1,645	103	256	-	-
Inarajan	653	653	-	-	-	-
Merizo	-	-	-	-	-	-
Santa Rita	2,642	2,321	-	1,321	-	-
Talofafo	102	80	-	115	-	-
Umatac	243	243	-	-	-	-
Yona	1,850	1,850	-	-	-	-

Source: 2005 Guam Health Survey

Table 13 More Than One Place to Obtain Health Care by District

Table 13. If one more than one place to obtain health care, one usual place by District, Guam: 2005

District	Total	Only goes to one place or don't know	More than one place			
			Yes	No	Don't know	Refused
Total	160,262	161,435	6,618	1,690	218	101
North	84,736	80,025	3,550	986	59	110
Dededo	45,761	44,170	737	678	59	116
Tamuning	10,916	17,618	1,250	-	-	-
Yigo	20,061	18,238	1,515	309	-	-
Central	51,856	40,300	2,785	704	159	-
Hagatna	919	094	-	25	-	-
Agaña Heights	3,974	3,497	477	-	-	-
Asan-Maina	2,227	2,115	111	-	-	-
Harrigada	12,597	12,404	710	318	159	-
Chalan Pago-Ordot	6,555	6,403	-	167	-	-
Mangilao	13,783	13,645	-	139	-	-
Hongkong-Toto-Maito	6,333	6,124	1,209	-	-	-
Piti	1,803	1,743	-	60	-	-
Sinajana	2,655	2,383	272	-	-	-
South	23,667	23,302	282	-	-	183
Agat	5,153	4,861	110	-	-	183
Inarajan	2,236	2,236	-	-	-	-
Merizo	-	-	-	-	-	-
Santa Rita	6,966	6,966	-	-	-	-
Talofalo	2,823	2,650	173	-	-	-
Umatoc	648	648	-	-	-	-
Yona	5,539	5,539	-	-	-	-
PERCENTS						
Total	100.0	94.5	4.1	1.1	.1	.2
North	100.0	94.4	4.2	1.2	.1	.1
Dededo	100.0	96.5	1.6	1.5	.1	.3
Tamuning	100.0	93.1	6.9	-	-	-
Yigo	100.0	90.9	7.6	1.5	-	-
Central	100.0	93.0	5.4	1.4	.3	-
Hagatna	100.0	97.3	-	2.7	-	-
Agaña Heights	100.0	88.0	12.0	-	-	-
Asan-Maina	100.0	95.0	5.0	-	-	-
Harrigada	100.0	91.2	5.3	2.3	1.2	-
Chalan Pago-Ordot	100.0	97.5	-	2.5	-	-
Mangilao	100.0	99.0	-	1.0	-	-
Hongkong-Toto-Maito	100.0	80.9	19.1	-	-	-
Piti	100.0	96.7	-	3.3	-	-
Sinajana	100.0	89.8	10.2	-	-	-
South	100.0	90.0	1.2	-	-	.8
Agat	100.0	94.3	2.1	-	-	3.6
Inarajan	100.0	100.0	-	-	-	-
Merizo	-	-	-	-	-	-
Santa Rita	100.0	100.0	-	-	-	-
Talofalo	100.0	93.9	6.1	-	-	-
Umatoc	100.0	100.0	-	-	-	-
Yona	100.0	100.0	-	-	-	-

Source: 2005 Guam Health Survey

Table 12. If one more than one place to obtain health care, one usual place by district and health insurance. Guam: 2005

District	Total	Only goes to one place or don't know	More than one place			
			Yes	No	Don't know	Refused
Total	160,302	151,435	6,610	1,650	210	301
North	54,758	50,025	3,553	986	59	118
Dededo	45,761	44,170	737	679	59	118
Tamuning	18,916	17,618	1,299	-	-	-
Yigo	20,061	18,238	1,515	309	-	-
Central	51,856	48,209	2,795	704	159	-
Maqatna	919	890	-	25	-	-
Agaña Heights	3,974	3,497	477	-	-	-
Asan-Maina	2,227	2,415	111	-	-	-
Harrigada	13,597	12,404	716	318	159	-
Chalan Pago-Ordot	6,565	6,403	-	162	-	-
Mangilao	13,702	13,645	-	139	-	-
Mongsong-Toto-Maitte	6,333	5,174	1,209	-	-	-
Piti	1,803	1,743	-	60	-	-
Sinajana	2,655	2,383	273	-	-	-
South	23,667	23,202	282	-	-	183
Agat	5,153	4,861	110	-	-	183
Inarajan	2,036	2,236	-	-	-	-
Merizo	-	-	-	-	-	-
Santa Rita	6,966	6,966	-	-	-	-
Talofafo	2,023	2,650	173	-	-	-
Umatac	619	648	-	-	-	-
Yona	5,839	5,839	-	-	-	-
WITH HEALTH INSURANCE						
Total	112,752	106,913	4,769	793	159	118
North	55,144	52,770	2,009	288	-	110
Dededo	30,144	29,201	678	147	-	118
Tamuning	12,611	11,869	742	-	-	-
Yigo	12,400	11,700	599	140	-	-
Central	41,573	38,431	2,478	505	159	-
Maqatna	224	199	-	25	-	-
Agaña Heights	2,583	2,106	477	-	-	-
Asan-Maina	1,893	1,781	111	-	-	-
Harrigada	11,424	10,443	504	318	159	-
Chalan Pago-Ordot	5,079	4,917	-	162	-	-
Mangilao	11,874	11,874	-	-	-	-
Mongsong-Toto-Maitte	5,537	4,423	1,114	-	-	-
Piti	701	781	-	-	-	-
Sinajana	2,179	1,906	272	-	-	-
South	15,994	15,712	282	-	-	183
Agat	3,070	2,960	110	-	-	183
Inarajan	1,565	1,505	-	-	-	-
Merizo	-	-	-	-	-	-
Santa Rita	4,324	4,324	-	-	-	-
Talofafo	2,621	2,449	173	-	-	-
Umatac	405	405	-	-	-	-
Yona	3,939	3,939	-	-	-	-
WITHOUT HEALTH INSURANCE						
Total	47,510	44,522	1,849	690	59	103
North	29,554	27,255	1,541	699	59	-
Dededo	15,617	14,969	59	530	59	-
Tamuning	6,305	5,749	556	-	-	-
Yigo	7,632	6,538	926	160	-	-
Central	10,283	9,777	308	199	-	-
Maqatna	696	596	-	-	-	-
Agaña Heights	1,391	1,391	-	-	-	-
Asan-Maina	334	334	-	-	-	-
Harrigada	2,173	1,961	212	-	-	-
Chalan Pago-Ordot	1,486	1,406	-	-	-	-
Mangilao	1,910	1,771	-	139	-	-
Mongsong-Toto-Maitte	796	700	96	-	-	-
Piti	1,022	562	-	60	-	-
Sinajana	477	477	-	-	-	-
South	7,673	7,490	-	-	-	183
Agat	2,603	1,901	-	-	-	183
Inarajan	653	653	-	-	-	-
Merizo	-	-	-	-	-	-
Santa Rita	2,642	2,642	-	-	-	-
Talofafo	202	202	-	-	-	-
Umatac	243	213	-	-	-	-
Yona	1,850	1,850	-	-	-	-

Source: 2005 Guam Health Survey

Table 14 Kind of Place Usually Go by District

Table 14. Kind of place persons usually goes by District, Guam 1995

District	Kind of place for health advice										Does not go for health advice
	Total	Total	Doctor's office of HMO	Clinic or health center	Hospital emergency room	Urgent care center	Other kind of place	Don't know	Persons		
Total	160,262	118,674	13,677	79,503	5,450	3,705	2,454	1,128	12,720	41,088	
North	81,736	58,652	4,804	41,708	2,209	2,526	655	885	5,074	26,086	
Dededo	45,761	30,468	2,858	25,017	619	707	206	236	825	15,252	
Tamuning	18,916	13,538	1,420	5,745	1,020	556	-	649	4,544	5,372	
Yigo	10,661	14,646	926	19,243	501	1,265	144	-	105	5,415	
Central	51,656	39,370	7,470	21,242	2,778	992	1,272	243	5,373	12,486	
Magatna	919	377	-	373	25	-	-	-	-	522	
Agaña Heights	3,974	3,695	2,146	1,311	238	-	-	-	-	278	
Asan-Maina	2,227	2,115	668	928	223	260	-	-	37	111	
Barrigada	13,547	10,761	2,785	4,055	371	310	1,272	-	1,961	2,436	
Chalan Pago-Ordot	6,565	4,215	81	2,891	638	-	-	243	162	2,351	
Mangilao	13,783	7,935	625	5,763	903	134	-	-	556	5,793	
Mongmong-Toto-Maite	6,333	5,983	350	3,341	-	-	-	-	2,196	350	
Piti	1,003	1,562	-	1,082	180	180	-	-	120	240	
Sinsajana	2,455	2,655	817	1,496	-	-	-	-	360	-	
South	23,667	20,652	1,403	16,553	462	187	566	-	1,481	3,015	
Agat	5,153	4,459	146	3,874	-	-	219	-	219	694	
Inarajan	2,238	2,058	699	933	-	187	-	-	200	140	
Merizo	-	-	-	-	-	-	-	-	-	-	
Santa Rita	6,566	5,044	240	4,204	-	-	-	-	-	1,922	
Taloforo	2,823	2,564	317	2,132	-	-	-	-	115	259	
Umatac	648	648	-	648	-	-	-	-	-	-	
Yona	5,039	5,839	-	4,162	462	-	347	-	567	-	
PERCENTS											
Total	100.0	74.0	8.5	49.6	3.4	2.3	1.6	.7	7.9	26.0	
North	100.0	69.2	5.7	49.2	2.6	3.0	.8	1.0	6.0	30.8	
Dededo	100.0	66.6	6.2	54.7	1.4	1.5	.5	.5	1.0	33.4	
Tamuning	100.0	71.6	5.4	30.4	5.4	2.9	-	3.4	24.0	28.4	
Yigo	100.0	73.0	4.6	54.5	2.8	6.3	2.2	-	2.5	27.0	
Central	100.0	75.9	14.4	41.0	5.4	1.9	2.5	.5	10.4	24.1	
Magatna	100.0	43.2	-	40.6	2.7	-	-	-	-	56.8	
Agaña Heights	100.0	93.0	54.0	33.0	6.0	-	-	-	-	7.0	
Asan-Maina	100.0	95.0	30.0	41.7	10.0	11.7	-	-	1.7	5.0	
Barrigada	100.0	79.1	20.5	29.8	2.7	2.3	9.4	-	14.4	20.9	
Chalan Pago-Ordot	100.0	64.2	1.2	44.0	12.8	-	-	3.7	2.5	35.8	
Mangilao	100.0	57.9	4.5	41.8	6.6	1.0	-	-	1.0	42.1	
Mongmong-Toto-Maite	100.0	94.5	5.5	52.8	-	1.5	-	-	31.7	5.5	
Piti	100.0	86.6	-	60.0	10.0	10.0	-	-	6.7	13.3	
Sinsajana	100.0	100.0	30.2	56.1	-	-	-	-	12.8	-	
South	100.0	67.3	5.9	65.4	2.0	.6	2.4	-	6.1	12.7	
Agat	100.0	86.5	2.8	75.7	-	-	4.2	-	4.2	13.5	
Inarajan	100.0	93.7	31.2	41.7	-	8.4	-	-	12.5	6.7	
Merizo	-	-	-	-	-	-	-	-	-	-	
Santa Rita	100.0	72.4	3.4	60.0	-	-	-	-	-	27.6	
Taloforo	100.0	90.8	11.2	75.5	-	-	-	-	4.1	9.2	
Umatac	100.0	100.0	-	100.0	-	-	-	-	-	-	
Yona	100.0	100.0	-	71.3	7.5	-	5.9	-	14.8	-	

Source: 2005 Guam Health Survey

Table 14. Kind of place person usually goes by District, Guam: 2005

Kind of place for health advice											
District	Total	Total	Doctor's office or HMO	Clinic or health center	Hospital emergency room	Urgent care center	Other kind of place	Don't know	Refuse	Does not go for health advice	
Total	160,262	119,674	13,677	79,503	5,440	3,766	2,494	1,120	12,720	41,596	
North	84,739	58,650	4,804	41,708	2,540	1,526	655	885	9,874	26,086	
Dededo	45,761	30,466	2,858	25,017	619	707	206	236	825	15,293	
Tamuning	19,910	13,538	1,070	8,745	1,020	556	-	649	4,541	5,378	
Yigo	20,061	14,646	926	10,943	561	1,263	449	-	505	5,415	
Central	51,856	39,370	7,473	21,282	2,778	992	1,272	243	5,373	12,406	
Hagatna	919	397	-	373	25	-	-	-	-	522	
Ayana Heights	3,974	3,695	2,146	1,311	238	-	-	-	-	278	
Asan-Maina	2,227	2,115	668	928	223	260	-	-	27	111	
Barrigada	13,597	10,761	2,783	4,055	371	318	1,272	-	1,961	2,836	
Chalan Pago-Ordot	6,569	4,215	81	2,891	638	-	-	243	162	2,351	
Mangilao	13,783	7,095	605	5,763	503	139	-	-	556	5,798	
Hongmong-Toto-Maite	6,332	5,903	350	3,341	-	95	-	-	2,196	450	
Piti	1,603	1,562	-	1,062	180	180	-	-	120	240	
Sinajana	2,655	2,655	817	1,450	-	-	-	-	340	-	
South	23,667	20,652	1,403	16,553	462	187	566	1,482	3,016	3,016	
Agat	5,153	4,459	146	3,874	-	-	219	-	219	494	
Inarajan	2,238	2,098	659	933	-	107	-	-	280	140	
Merizo	-	-	-	-	-	-	-	-	-	-	
Santa Rita	6,966	5,844	240	4,004	-	-	-	-	-	1,922	
Talofoto	2,823	2,564	317	2,132	-	-	-	-	115	259	
Umatoc	648	648	-	648	-	-	-	-	-	-	
Yona	5,839	5,039	-	4,162	462	-	347	-	867	-	
WITH HEALTH INSURANCE											
Total	112,752	88,473	10,451	59,066	3,877	3,001	1,644	767	10,466	24,278	
North	55,184	41,645	3,878	29,309	764	1,822	340	767	4,764	13,539	
Dededo	30,144	21,923	2,387	16,122	413	413	59	128	413	8,221	
Tamuning	12,612	10,014	649	4,273	185	771	-	649	3,997	2,546	
Yigo	12,430	9,708	842	7,015	108	1,038	281	-	365	2,722	
Central	41,573	31,474	5,171	10,374	1,906	942	846	-	4,682	9,599	
Hagatna	224	109	-	174	25	-	-	-	-	25	
Ayana Heights	2,583	2,305	554	1,113	238	-	-	-	-	278	
Asan-Maina	1,803	1,893	668	928	37	260	-	-	-	-	
Barrigada	11,424	8,879	2,014	3,552	371	318	848	-	1,776	2,544	
Chalan Pago-Ordot	5,075	3,456	81	2,675	540	-	-	-	162	1,621	
Mangilao	11,874	7,083	382	5,312	694	139	-	-	556	4,791	
Hongmong-Toto-Maite	5,537	5,378	255	2,960	-	95	-	-	2,068	159	
Piti	781	601	-	300	-	180	-	-	120	180	
Sinajana	2,179	2,179	817	1,362	-	-	-	-	-	-	
South	15,994	14,854	1,403	11,395	407	187	456	-	1,019	1,140	
Agat	3,070	2,814	146	2,339	-	-	110	-	219	256	
Inarajan	1,585	1,446	699	200	-	187	-	-	289	140	
Merizo	-	-	-	-	-	-	-	-	-	-	
Santa Rita	4,324	3,723	240	3,483	-	-	-	-	-	601	
Talofoto	2,621	2,477	317	2,045	-	-	-	-	115	144	
Umatoc	405	405	-	405	-	-	-	-	-	-	
Yona	3,989	3,989	-	2,833	105	-	447	-	405	-	
WITH NO INSURANCE											
Total	47,510	30,201	3,226	20,435	2,163	705	849	361	2,262	17,309	
North	29,554	17,007	927	12,400	1,434	705	316	118	1,109	12,547	
Dededo	15,617	8,545	471	6,895	206	395	147	118	413	7,072	
Tamuning	6,305	3,524	371	1,576	835	185	-	-	556	2,782	
Yigo	7,632	4,938	64	3,928	393	224	168	-	140	2,694	
Central	10,283	7,396	2,289	2,060	871	-	424	243	690	2,887	
Hagatna	690	199	-	199	-	-	-	-	-	497	
Ayana Heights	1,391	1,391	1,192	144	-	-	-	-	-	-	
Asan-Maina	314	229	-	-	186	-	-	-	37	111	
Barrigada	2,173	1,882	769	504	-	-	424	-	186	292	
Chalan Pago-Ordot	1,486	757	-	216	297	-	-	243	-	729	
Mangilao	1,910	903	243	451	208	-	-	-	-	1,007	
Hongmong-Toto-Maite	796	605	95	382	-	-	-	-	127	191	
Piti	1,022	942	-	761	160	-	-	-	-	60	
Sinajana	477	477	-	106	-	-	-	-	340	-	
South	7,673	5,798	-	5,166	58	-	110	-	462	1,875	
Agat	2,082	1,645	-	1,535	-	-	110	-	-	429	
Inarajan	653	653	-	653	-	-	-	-	-	-	
Merizo	-	-	-	-	-	-	-	-	-	-	
Santa Rita	2,642	1,321	-	1,321	-	-	-	-	-	1,321	
Talofoto	202	86	-	96	-	-	-	-	-	115	
Umatoc	243	243	-	243	-	-	-	-	-	-	
Yona	1,850	1,850	-	1,310	58	-	-	-	462	-	

Table 15 Could Not See Doctor Because of Cost by District

Table 15. Ever in last 12 months could not see a doctor because of cost by District, Guam: 2005

District	%	Total	Yes	No	Don't know	Refused
Total		160,262	28,517	124,104	1,352	6,289
North		84,738	13,787	64,326	1,181	5,443
Dededo		43,761	6,394	37,658	206	1,503
Tamuning		16,916	3,802	11,405	835	2,875
Yigo		20,061	5,591	15,264	140	1,066
Central		51,856	8,890	42,719	25	223
Hagatna		919	373	523	25	-
Agana Heights		3,974	985	2,901	-	79
Asan-Maina		2,227	111	2,078	-	37
Barrigada		12,597	2,689	10,602	-	106
Chalan Pago-Ordot		6,565	914	5,647	-	-
Mangilao		13,783	1,910	11,074	-	-
Mongmong-Toto-Maite		6,323	1,559	4,773	-	-
Piti		1,803	-	1,803	-	-
Sinajana		2,655	136	2,519	-	-
South		23,667	5,840	17,059	146	622
Agat		5,154	621	4,313	146	73
Inarajan		2,238	606	1,632	-	-
Merizo		-	-	-	-	-
Santa Rita		6,966	2,762	4,204	-	-
Talofofo		2,023	-	2,737	-	86
Umatac		648	-	648	-	-
Yona		5,839	1,850	3,526	-	462
PERCENTS						
Total		100.0	17.8	77.4	.8	3.9
North		100.0	16.3	75.9	1.4	6.4
Dededo		100.0	14.0	82.3	.5	3.3
Tamuning		100.0	20.1	60.3	4.4	15.2
Yigo		100.0	17.9	76.1	.7	5.3
Central		100.0	17.1	82.4	-	.4
Hagatna		100.0	40.6	56.8	2.7	-
Agana Heights		100.0	25.0	73.0	-	2.0
Asan-Maina		100.0	5.0	93.3	-	1.7
Barrigada		100.0	21.2	78.0	-	.8
Chalan Pago-Ordot		100.0	14.0	86.0	-	-
Mangilao		100.0	13.9	86.1	-	-
Mongmong-Toto-Maite		100.0	24.6	75.4	-	-
Piti		100.0	-	100.0	-	-
Sinajana		100.0	5.1	94.9	-	-
South		100.0	24.7	72.1	.6	2.6
Agat		100.0	12.1	83.7	2.8	1.4
Inarajan		100.0	27.1	72.9	-	-
Merizo		-	-	-	-	-
Santa Rita		100.0	39.6	60.4	-	-
Talofofo		100.0	-	97.0	-	3.0
Umatac		100.0	-	100.0	-	-
Yona		100.0	31.7	60.4	-	7.9

Source: 2005 Guam Health Survey

Table 15. Ever in last 12 months could not see a doctor because of cost by District, Guam: 2005

District	%	Total	Yes	No	Don't Know	Refused
Total		160,262	25,517	124,104	1,352	6,288
North		64,738	13,787	64,326	1,161	5,443
Dededo		45,761	6,394	37,650	206	1,503
Tamuning		18,916	3,602	11,105	835	2,875
Yigo		20,061	3,591	15,264	140	1,066
Central		51,856	8,860	42,719	25	223
Hagatna		919	373	522	25	-
Agana Heights		3,974	993	2,901	-	79
Asan-Maina		2,227	111	2,078	-	37
Barrigada		13,597	2,889	10,602	-	106
Chalan Pago-Ordot		6,565	919	5,647	-	-
Mangilao		13,783	1,910	11,874	-	-
Hongmong-Toto-Maite		6,333	1,559	4,773	-	-
Piti		1,803	-	1,803	-	-
Sinajana		2,655	136	2,519	-	-
South		23,667	5,840	17,059	146	622
Agat		5,153	621	4,313	146	73
Inarajan		2,230	606	1,632	-	-
Merizo		-	-	-	-	-
Santa Rita		6,966	2,762	4,204	-	-
Talofofo		2,823	-	2,737	-	86
Umatac		646	-	646	-	-
Yona		5,039	1,850	3,526	-	162
WITH HEALTH INSURANCE						
Total		112,752	14,626	93,903	377	3,846
North		55,164	6,253	45,032	206	3,693
Dededo		36,144	2,799	26,372	206	766
Tamuning		12,611	1,855	8,531	-	2,225
Yigo		12,430	1,599	10,129	-	701
Central		41,573	5,079	36,430	25	79
Hagatna		224	75	124	25	-
Agana Heights		2,583	238	2,265	-	79
Asan-Maina		1,893	-	1,893	-	-
Barrigada		11,424	2,226	9,197	-	-
Chalan Pago-Ordot		5,079	162	4,917	-	-
Mangilao		11,874	1,319	10,555	-	-
Hongmong-Toto-Maite		5,537	1,018	4,519	-	-
Piti		701	-	701	-	-
Sinajana		2,179	-	2,179	-	-
South		15,994	3,333	12,442	146	73
Agat		3,070	256	2,595	146	73
Inarajan		1,585	280	1,306	-	-
Merizo		-	-	-	-	-
Santa Rita		4,324	2,162	2,162	-	-
Talofofo		2,621	-	2,621	-	-
Umatac		405	-	405	-	-
Yona		3,989	636	3,353	-	-
WITHOUT HEALTH INSURANCE						
Total		47,510	13,892	30,201	975	2,442
North		29,554	7,534	19,295	975	1,750
Dededo		15,617	3,595	11,285	-	737
Tamuning		6,305	1,947	2,875	835	649
Yigo		7,632	1,992	5,135	140	365
Central		10,283	3,851	6,289	-	143
Hagatna		696	298	397	-	-
Agana Heights		1,391	755	636	-	-
Asan-Maina		334	111	186	-	37
Barrigada		2,173	663	1,405	-	106
Chalan Pago-Ordot		1,486	757	729	-	-
Mangilao		1,910	590	1,319	-	-
Hongmong-Toto-Maite		796	541	255	-	-
Piti		1,022	-	1,022	-	-
Sinajana		477	136	340	-	-
South		7,672	2,506	4,618	-	519
Agat		2,083	365	1,718	-	-
Inarajan		653	326	326	-	-
Merizo		-	-	-	-	-
Santa Rita		2,642	601	2,042	-	-
Talofofo		202	-	115	-	86
Umatac		243	-	243	-	-
Yona		1,850	1,214	173	-	462

Source: 2005 Guam Health Survey

2005 Guam Health Survey Questionnaire

2005 GUAM HEALTH SURVEY



A. Village: B. Segment: E. Office Use:

C. Map number: D. Housing unit: F. Office Use:

G. Enumerator:

H. Location description:

I. Respondent's name:

J. Phone number:

1a. Please give me the name and other information of each person living here on February 15, 2005, including all persons staying here who have no other home. If EVERYONE is staying here temporarily and usually lives somewhere else, give me the name of each person. Begin with the household member in whose name the home is owned, being bought, or rented. If there is no such person, start with any adult household member. Print last name, first name, and middle initial for each person.

Name	Sex	Age	Does this person currently have health insurance?			If this person does not have health insurance now, did he or she have insurance at any time in the past 12 months?		
			Yes, govt	Yes, private	No	Yes, govt	Yes, private	No
1	M F							
2	M F							
3	M F							
4	M F							
5	M F							
6	M F							
7	M F							
8	M F							
9	M F							
10	M F							

H1a. When you told me the names of persons living here on February 15, did you leave anyone out because you were not sure if the person should be listed — for example, someone temporarily away on a business trip or vacation, a newborn baby still in the hospital, or a person who stays here once in a while and has no other home?

1. Yes Determine if you should add the person(s) based on the instructions for Question 1a. 2. No

H1b. When you told me the names of persons living here on February 15, did you include anyone even though you were not sure that the person should be listed — for example, a visitor who is staying here temporarily or a person who usually lives somewhere else?

1. Yes Determine if you should delete the person(s) based on the instructions for Question 1a. 2. No

1b. If EVERYONE listed above is staying here only temporarily and usually lives somewhere else, ask: Where do these people usually live? Write their address here:

Department of Public Health and Social Services, Government of Guam

This survey is conducted under the laws of Guam. All responses are strictly confidential and will only be released in compiled form.

FORM _____ of _____

Hello, I'm [your name] and I'm an enumerator for the 2005 Guam Health Survey. You have been randomly chosen to be included in the study from among the adult members of your household.

Enumerator's initials & date

Coordinator's initials & date

NAME FROM LIST ON REVERSE SIDE	PERSON NUMBER	RELATION- SHIP (CIRCLE)	1 st PERSON Other person
Diabetes 1. Have you ever been told by a doctor that you have diabetes? <i>If yes, and this is a female, ask "Was this only when you were Pregnant?"</i> 1 Yes ☐ 2 Yes, but female told only during pregnancy ☐ 3 No 7. Don't know/not sure 9. Refused	Health Care Access 12. Do you <i>currently</i> have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare? 1 Yes → skip to Q14 2. No 7. Don't know/not sure 9. Refused ☐		
Hypertension Awareness 2. Have you ever been told by a doctor, nurse or other health professional that you have high blood pressure? <i>If yes, and this is a female, ask "Was this only when you were Pregnant?"</i> 1 Yes ☐ 2 Yes, but female told only during pregnancy ☐ 3. No 7. Don't know/not sure 9. Refused	13. What is the main reason you are without health care coverage? <i>Read only if necessary.</i> 01 Lost job or changed 02 Spouse or parent lost job or changed employers (including any person who had been providing insurance prior to job loss or change) 03 Became divorced or separated 04 Spouse or parent died 05 Became ineligible because of age or because left school 06 Employer doesn't offer or stopped offering coverage 07 Cut back to part time or became temporary employee 08 Benefits from employer or former employer ran out 09 Couldn't afford to pay the premium 10 Insurance company refused coverage 11 Lost Medicaid or Medical Assistance eligibility 12 Other 97 Don't know 99 Refused		
Ask only if Q2 was YES (code 1) 3. Blood cholesterol is a fatty substance found in the blood. Have you ever had your blood cholesterol checked? 1 Yes 2 No 7. Don't know/not sure 9. Refused ☐	14. Did you have health coverage at ALL times during the past 12 months? 1 Yes → skip to Q16 2. No 7. Don't know/not sure 9. Refused ☐		
Ask only if Q3 was YES (code 1) 4. Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high? 1 Yes 2 No 7. Don't know/not sure 9. Refused ☐	15. What was the main reason you were without health care during the past 12 months? <i>Read only if necessary.</i> 01 Lost job or changed 02 Spouse or parent lost job or changed employers (including any person who had been providing insurance prior to job loss or change) 03 Became divorced or separated 04 Spouse or parent died 05 Became ineligible because of age or because left school 06 Employer doesn't offer or stopped offering coverage 07 Cut back to part time or became temporary employee 08 Benefits from employer or former employer ran out 09 Couldn't afford to pay the premium 10 Insurance company refused coverage 11 Lost Medicaid or Medical Assistance eligibility 12 Other 97 Don't know 99 Refused		
Asthma 5. Have you ever been told by a doctor, nurse or other health professional that you had asthma? 1 Yes 2 No 7. Don't know/not sure 9. Refused ☐	16. Is there one particular clinic, health center, doctor's office, or other place that you usually go to if you are sick or need advice about your health? 1. Yes 2. More than one place 3. No 7. Don't know 9. Refused ☐		
Ask only if Q5 was YES (code 1) 6. Do you still have asthma? 1 Yes 2 No 7. Don't know/not sure 9. Refused ☐	17. If Q16 is "more than one place", ask – Is there one of these places that you go to most often when you are sick or need advice about your health? 1. Yes 2. No 7. Don't know/not sure 9. Refuse ☐		
Cardiovascular 7. Has a doctor, nurse or other health professional ever told you that you had a heart attack, also called a myocardial infarction? 1 Yes 2 No 7. Don't know/not sure 9. Refused ☐	18. If Q16 or Q17 is yes, ask – What kind of place is it? <i>Read list:</i> 1. A doctor's office of HMO 4. An urgent care center 2. A clinic or health center 5. Some other kind of place 3. A hospital emergency room 7. Don't know 9. Refuse ☐		
Ask only if Q7 was YES (code 1) 8. At what age did you have your first heart attack? <i>Record the age. Record 97 if "don't know, 99 if "refused"</i>	19. Was there any time in the past 12 months when you needed to see a doctor but could not because of the cost? 1. Yes 2. No 7. Don't know/not sure 9. Refuse ☐		
9. Has a doctor, nurse or other health professional ever told you that you had angina or coronary heart disease? 1 Yes 2 No 7. Don't know/not sure 9. Refused ☐			
10. Has a doctor, nurse or other health professional ever told you that you had a stroke? 1 Yes 2 No 7. Don't know/not sure 9. Refused ☐			
Ask only if Q10 was YES (code 1) 11. At what age did you have your first stroke? <i>Record the age. Record 97 if "don't know, 99 if "refused"</i>			



HOUSEHOLD STATISTICAL INFORMATION HIGHLIGHTS

36,117 households of all income quintile levels participated in HEIS survey

17.2% [6199] households of all income quintile levels did not have health insurance

36.9% [13334] households of all income levels did have health insurance through

government affiliation

37.5% [13529] households of all income levels did have health insurance through private

affiliation

Citizenship

34.4% [5868] permanent, non-citizens did not have health insurance

28.3% [1782] temporary, non-citizens did not have health insurance

15.1% [8156] naturalized area citizens did not have health insurance

12.2% [3253] householders born in the area did not have health insurance

10.4% [16911] householders born in the US or US territory did not have health insurance

Village Birthplace

80.8% (292 [236]) householders born/residing in **Chalan Pago** did not have health insurance

59.6% (156 [93]) householders born/residing in **Mangilao** did not have health insurance

25.9% (336 [87]) householders born/residing in **Umatac** did not have health insurance

18.0% (467 [84]) householders born/residing in **Yigo** did not have health insurance

11.8% (932 [110]) householders born/residing in **Agat** did not have health insurance

4.1% (710 [29]) householders born/residing in **Talofof** did not have health insurance

Foreign Birthplace

- 69.9% (399 [279]) householders born in **China** did not have health insurance
23.3% [93] had health insurance through government affiliation
6.8% [27] had health insurance through private affiliation
- 58.5% (513 [300]) householders born in **Korea** did not have health insurance
11.3% [58] had health insurance through government affiliation
12.1% [62] had health insurance through private affiliation
- 43.8% (475 [208]) householders born in **Pohnpei** did not have health insurance
30.5% [145] had health insurance through government affiliation
25.7% [122] had health insurance through private affiliation
- 32.6% (1777 [580]) householders born in **Chuuk** did not have health insurance
32.4% [575] had health insurance through government affiliation
21.8% [387] had health insurance through private affiliation
- 31.1% (177 [55]) householders born in **Yap** did not have health insurance
53.1% [94] had health insurance through government affiliation
15.8% [28] had health insurance through private affiliation
- 25.2% (599 [151]) householders born in **Japan** did not have health insurance
9.3% [56] had health insurance through government affiliation
65.4% [392] had health insurance through private affiliation
- 21.4% (9603 [2059]) householders born in the **Philippines** did not have health insurance
20.8% [2000] had health insurance through government affiliation
50.6% [4861] had health insurance through private affiliation

Class of Worker

- 19.8% (18528 [3673]) householders employed at a **private company** did not have health insurance
- 16.7% (34620 [5792]) **total** number of householders employed did not have health insurance
- 16.4% (8517 [1397]) **total NA** did not have health insurance
- 11.0% (4949 [543]) householders employed by the **government** did not have health insurance
- 6.9% (2586 [179]) householders **working without pay** did not have health insurance

Educational Attainment

36.9% (954 [352]) householders whose highest level of education is the **6th grade** did not have health insurance

29.8% [284] 6th grade level education had health insurance through government affiliation

30.2% [288] 6th grade level education had health insurance through private affiliation

26.3% (476 [125]) householders with a **master's degree** did not have health insurance

43.3% [206] householders with a master's degree had health insurance through the government affiliation

23.3% [111] householders with a master's degree had health insurance through private affiliation

Do you currently have health insurance?

	Total	Yes, gov't	Yes, private	No	NA
Income Quintile					
Total	36117	13334	13529	6199	3055
1	7230	3280	1609	1478	863
2	7382	2829	2506	1714	333
3	7021	2825	2216	1424	556
4	7143	2003	3533	912	695
5	7341	2398	3665	671	607

Class of worker

Total	34620	12989	12973	5792	2866
Private company	18528	5188	8202	3673	1465
Government	4949	2640	1185	543	580
Self employed	40	0	0	0	40
Working without pay	2586	1157	1157	179	93
NR	0	0	0	0	0
NA	8517	4003	2429	1397	688

Educational attainment

Total	36117	13334	13529	6199	3055
None	254	159	59	0	37
Nursery school	0	0	0	0	0
Kindergarten	0	0	0	0	0
1st	56	29	27	0	0
2nd	89	55	35	0	0
3rd	303	69	93	84	58
4th	362	215	59	88	0
5th	303	28	124	93	59
6th	954	284	288	352	29
7th	620	309	169	61	81
8th	910	187	329	301	93
9th	1230	643	263	113	212
10th	1788	833	430	467	58
11th	2658	1639	428	265	326
12th	3970	1695	1213	778	284
High school graduate	12140	3835	5388	1917	1000
Some college	4097	1486	1841	551	219
AA - academic	842	394	319	89	40
AA - occupational	522	166	230	126	0
BA	4342	1103	2043	671	524
MS	476	206	111	125	35
Professional degree	53	0	53	0	0
Phd	28	0	28	0	0
NA	118	0	0	118	0

Citizenship

Total	36117	13334	13529	6199	3055
Born in area	16911	8094	5330	2071	1415
Born in US or US territory	3253	1307	1289	337	321
Other US citizen	146	29	87	29	0
Naturalized area citizen	8156	2089	4038	1230	800
Permanent non-citizen	5868	1218	2251	2026	373
Temporary non-citizen	1782	597	535	505	146
NR	0	0	0	0	0

Birthplace

(If not shown, then equal to zero)

Total	36117	13334	13529	6199	3055
California	557	360	168	28	0
Hawaii	148	58	63	28	0
Other States	2296	767	1058	281	191
US NEC	251	122	0	0	129
Hagatna	1623	753	676	164	29
Agana Heights	287	229	0	28	29
Agat	932	569	254	110	0
Asan	169	0	169	0	0
Barrigada	786	363	255	53	116
Chalan Pago - Ordot	292	55	0	236	0
Dededo	529	211	289	29	0
Inarajan	491	265	133	54	40
Mangilao	156	27	37	93	0
Merizo	97	40	58	0	0
Mongmong-Toto-Maite	227	147	79	0	0
Piti	399	339	60	0	0
Santa Rita	615	449	56	37	73
Sinajana	867	329	409	100	29
Talofofo	710	264	302	29	115
Tamuning	4417	1973	1537	504	403
Umatac	336	168	0	87	81
Yigo	467	131	224	84	28
Yona	384	287	98	0	0
Maite	58	58	0	0	0
Mongmong	64	64	0	0	0
Toto	58	0	0	58	0
Guam NEC	2946	1375	695	405	471
Saipan NEC	863	245	496	29	93
Tinian NEC	0	0	0	0	0
Rota NEC	144	86	58	0	0
CNMI not stated	93	93	0	0	0
Palau	587	191	239	35	122
Koror	35	35	0	0	0
Palau Is (unorg)	35	0	35	0	0
Pohnpei	475	145	122	208	0
Kosrae	183	63	27	0	93

Chuuk	1777	575	387	580	235
Tamam	35	35	0	0	0
Tol	29	29	0	0	0
Yap	177	94	28	55	0
Tonga	81	81	0	0	0
China	399	93	27	279	0
India	93	0	93	0	0
Japan	599	56	392	151	0
Korea	513	58	62	300	93
Laos	27	27	0	0	0
Philippines	9603	2000	4861	2059	683
Thailand	29	29	0	0	0
Vietnam	93	0	0	93	0
France	29	0	29	0	0
Germany	27	0	27	0	0
Central and South America	28	0	28	0	0

Do you currently have health insurance? (Percent)

	Total	Yes, gov't	Yes, private	No	NA
Income Quintile					
Total	100.0	36.9	37.5	17.2	8.5
1	100.0	45.4	22.3	20.4	11.9
2	100.0	38.3	33.9	23.2	4.5
3	100.0	40.2	31.6	20.3	7.9
4	100.0	28.0	49.5	12.8	9.7
5	100.0	32.7	49.9	9.1	8.3

Class of worker

Total	100.0	37.5	37.5	16.7	8.3
Private company	100.0	28.0	44.3	19.8	7.9
Government	100.0	53.3	23.9	11.0	11.7
Self employed	100.0	0.0	0.0	0.0	100.0
Working without pay	100.0	44.7	44.7	6.9	3.6
NR					
NA	100.0	47.0	28.5	16.4	8.1

Educational attainment

Total	100.0	36.9	37.5	17.2	8.5
None	100.0	62.6	23.2	0.0	14.6
Nursery school					
Kindergarten					
1st	100.0	51.8	48.2	0.0	0.0
2nd	100.0	61.8	39.3	0.0	0.0
3rd	100.0	22.8	30.7	27.7	19.1
4th	100.0	59.4	16.3	24.3	0.0
5th	100.0	9.2	40.9	30.7	19.5
6th	100.0	29.8	30.2	36.9	3.0
7th	100.0	49.8	27.3	9.8	13.1
8th	100.0	20.5	36.2	33.1	10.2
9th	100.0	52.3	21.4	9.2	17.2
10th	100.0	46.6	24.0	26.1	3.2
11th	100.0	61.7	16.1	10.0	12.3
12th	100.0	42.7	30.6	19.6	7.2
High school graduate	100.0	31.6	44.4	15.8	8.2
Some college	100.0	36.3	44.9	13.4	5.3
AA - academic	100.0	46.8	37.9	10.6	4.8
AA - occupational	100.0	31.8	44.1	24.1	0.0
BA	100.0	25.4	47.1	15.5	12.1
MS	100.0	43.3	23.3	26.3	7.4
Professional degree	100.0	0.0	100.0	0.0	0.0
Phd	100.0	0.0	100.0	0.0	0.0
NA	100.0	0.0	0.0	100.0	0.0

Citizenship

Total	100.0	36.9	37.5	17.2	3055
Born in area	100.0	47.9	31.5	12.2	1415
Born in US or US territory	100.0	40.2	39.6	10.4	321
Other US citizen	100.0	19.9	59.6	19.9	0
Naturalized area citizen	100.0	25.6	49.5	15.1	800
Permanent non-citizen	100.0	20.8	38.4	34.5	373
Temporary non-citizen	100.0	33.5	30.0	28.3	146
NR					

Birthplace

(If not shown, then equal to zero)

Total	100.0	36.9	37.5	17.2	3055
California	100.0	64.6	30.2	5.0	0
Hawaii	100.0	39.2	42.6	18.9	0
Other States	100.0	33.4	46.1	12.2	191
US NEC	100.0	48.6	0.0	0.0	129
Hagatna	100.0	46.4	41.7	10.1	29
Agana Heights	100.0	79.8	0.0	9.8	29
Agat	100.0	61.1	27.3	11.8	0
Asan	100.0	0.0	100.0	0.0	0
Barrigada	100.0	46.2	32.4	6.7	116
Chalan Pago - Ordot	100.0	18.8	0.0	80.8	0
Dededo	100.0	39.9	54.6	5.5	0
Inarajan	100.0	54.0	27.1	11.0	40
Mangilao	100.0	17.3	23.7	59.6	0
Merizo	100.0	41.2	59.8	0.0	0
Mongmong-Toto-Maite	100.0	64.8	34.8	0.0	0
Piti	100.0	85.0	15.0	0.0	0
Santa Rita	100.0	73.0	9.1	6.0	73
Sinajana	100.0	37.9	47.2	11.5	29
Talofoto	100.0	37.2	42.5	4.1	115
Tamuning	100.0	44.7	34.8	11.4	403
Umatac	100.0	50.0	0.0	25.9	81
Yigo	100.0	28.1	48.0	18.0	28
Yona	100.0	74.7	25.5	0.0	0
Maite	100.0	100.0	0.0	0.0	0
Mongmong	100.0	100.0	0.0	0.0	0
Toto	100.0	0.0	0.0	100.0	0
Guam NEC	100.0	46.7	23.6	13.7	471
Saipan NEC	100.0	28.4	57.5	3.4	93
Tinian NEC					0
Rota NEC	100.0	59.7	40.3	0.0	0
CNMI not stated	100.0	100.0	0.0	0.0	0
Palau	100.0	32.5	40.7	6.0	122
Koror	100.0	100.0	0.0	0.0	0
Palau Is (unorg)	100.0	0.0	100.0	0.0	0

Pohnpei	100.0	30.5	25.7	43.8	0
Kosrae	100.0	34.4	14.8	0.0	93
Chuuk	100.0	32.4	21.8	32.6	235
Tamam	100.0	100.0	0.0	0.0	0
Tol	100.0	100.0	0.0	0.0	0
Yap	100.0	53.1	15.8	31.1	0
Tonga	100.0	100.0	0.0	0.0	0
China	100.0	23.3	6.8	69.9	0
India	100.0	0.0	100.0	0.0	0
Japan	100.0	9.3	65.4	25.2	0
Korea	100.0	11.3	12.1	58.5	93
Laos	100.0	100.0	0.0	0.0	0
Philippines	100.0	20.8	50.6	21.4	683
Thailand	100.0	100.0	0.0	0.0	0
Vietnam	100.0	0.0	0.0	100.0	0
France	100.0	0.0	100.0	0.0	0
Germany	100.0	0.0	100.0	0.0	0
Central and South America	100.0	0.0	100.0	0.0	0

If you do not currently have health insurance, did you have it at all in the last 12 months?

	Total	Yes, gov't	Yes, private	No	NA
Income Quintile					
Total	6199	339	388	3888	1583
1	1478	94	125	815	445
2	1714	96	56	1199	363
3	1424	150	28	870	376
4	912	0	122	449	341
5	671	0	58	556	58

Class of worker

Total	5792	339	388	3602	1462
Private company	3673	187	362	2214	910
Government	543	62	27	397	58
Self employed	0	0	0	0	0
Working without pay	179	29	0	122	28
NR	0	0	0	0	0
NA	1397	61	0	869	467

Educational attainment

Total	6199	339	388	3888	1583
None	0	0	0	0	0
Nursery school	0	0	0	0	0
Kindergarten	0	0	0	0	0
1st	0	0	0	0	0
2nd	0	0	0	0	0
3rd	84	27	0	0	58
4th	88	0	0	59	29
5th	93	0	93	0	0
6th	352	0	0	306	47
7th	61	0	0	61	0
8th	301	0	0	247	54
9th	113	0	32	81	0
10th	467	0	0	274	193
11th	265	0	0	180	85
12th	778	56	0	246	476
High school graduate	1917	35	58	1411	414
Some college	551	101	29	251	168
AA - academic	89	0	58	32	0
AA - occupational	126	0	0	126	0
BA	671	120	27	490	35
MS	125	0	93	32	0
Professional degree	0	0	0	0	0

Phd	0	0	0	0	0
NA	118	0	0	93	25

Citizenship

Total	6199	339	388	3888
Born in area	2071	96	58	1375
Born in US or US territory	337	27	0	280
Other US citizen	29	0	0	0
Naturalized area citizen	1230	27	85	748
Permanent non-citizen	2026	155	217	1153
Temporary non-citizen	505	35	28	332
NR	0	0	0	0

Birthplace

(If not shown, then equal to zero)

Total	6199	339	388	3888	1583
California	28	0	0	28	0
Hawaii	28	0	0	28	0
Other States	281	27	0	224	29
Hagatna	164	35	0	129	0
Agana Heights	28	0	0	0	28
Agat	110	0	0	73	37
Bamigada	53	0	0	53	0
Chalan Pago - Ordot	236	0	0	178	58
Dededo	29	0	0	29	0
Inarajan	54	0	0	54	0
Mangilao	93	0	0	93	0
Santa Rita	37	0	0	37	0
Sinajana	100	32	0	68	0
Talofoto	29	0	0	29	0
Tamuning	504	0	58	256	190
Umatac	87	0	0	58	29
Yigo	84	0	0	56	28
Toto	58	0	0	0	58
Guam NEC	405	29	0	261	115
Saipan NEC	29	0	0	29	0
Palau	35	0	0	35	0
Pohnpei	208	35	0	121	53
Chuuk	580	0	89	341	150
Yap	55	0	0	28	27
China	279	0	0	250	29
Japan	151	0	0	93	58
Korea	300	0	0	178	122
Philippines	2059	181	241	1066	571
Vietnam	93	0	0	93	0

Do you currently have health insurance?
(Percent)

	Total	Yes, gov't	Yes, private	No
Income Quintile				
Total	100.0	5.5	6.3	62.7
1	100.0	6.4	8.5	55.1
2	100.0	5.6	3.3	70.0
3	100.0	10.5	2.0	61.1
4	100.0	0.0	13.4	49.2
5	100.0	0.0	8.6	82.9

Class of worker

Total	100.0	5.9	6.7	62.2
Private company	100.0	5.1	9.9	60.3
Government	100.0	11.4	5.0	73.1
Self employed				
Working without pay	100.0	16.2	0.0	68.2
NR				
NA	100.0	4.4	0.0	62.2

Educational attainment

Total	100.0	5.5	6.3	62.7
None				
Nursery school				
Kindergarten				
1st				
2nd				
3rd	100.0	32.1	0.0	0.0
4th	100.0	0.0	0.0	67.0
5th	100.0	0.0	100.0	0.0
6th	100.0	0.0	0.0	86.9
7th	100.0	0.0	0.0	100.0
8th	100.0	0.0	0.0	82.1
9th	100.0	0.0	28.3	71.7
10th	100.0	0.0	0.0	58.7
11th	100.0	0.0	0.0	67.9
12th	100.0	7.2	0.0	31.6
High school graduate	100.0	1.8	3.0	73.6
Some college	100.0	18.3	5.3	45.6
AA - academic	100.0	0.0	65.2	36.0
AA - occupational	100.0	0.0	0.0	100.0
BA	100.0	17.9	4.0	73.0
MS	100.0	0.0	74.4	25.6
Professional degree				
Phd				

NA	100.0	0.0	0.0	78.8
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Citizenship

Total	100.0	5.5	6.3	62.7
Born in area	100.0	4.6	2.8	66.4
Born in US or US territory	100.0	8.0	0.0	83.1
Other US citizen	100.0	0.0	0.0	0.0
Naturalized area citizen	100.0	2.2	6.9	60.8
Permanent non-citizen	100.0	7.7	10.7	56.9
Temporary non-citizen	100.0	6.9	5.5	65.7
NR				

Birthplace

(If not shown, then equal to zero)

Total	100.0	5.5	6.3	62.7
California	100.0	0.0	0.0	100.0
Hawaii	100.0	0.0	0.0	100.0
Other States	100.0	9.6	0.0	79.7
Hagatna	100.0	21.3	0.0	78.7
Agana Heights	100.0	0.0	0.0	0.0
Agat	100.0	0.0	0.0	66.4
Barrigada	100.0	0.0	0.0	100.0
Chalan Pago - Ordot	100.0	0.0	0.0	75.4
Dededo	100.0	0.0	0.0	100.0
Inarajan	100.0	0.0	0.0	100.0
Mangilao	100.0	0.0	0.0	100.0
Santa Rita	100.0	0.0	0.0	100.0
Sinajana	100.0	32.0	0.0	68.0
Talofofo	100.0	0.0	0.0	100.0
Tamuning	100.0	0.0	11.5	50.8
Umatac	100.0	0.0	0.0	66.7
Yigo	100.0	0.0	0.0	66.7
Toto	100.0	0.0	0.0	0.0
Guam NEC	100.0	7.2	0.0	64.4
Saipan NEC	100.0	0.0	0.0	100.0
Palau	100.0	0.0	0.0	100.0
Pohnpei	100.0	16.8	0.0	58.2
Chuuk	100.0	0.0	15.3	58.8
Yap	100.0	0.0	0.0	50.9
China	100.0	0.0	0.0	89.6
Japan	100.0	0.0	0.0	61.6
Korea	100.0	0.0	0.0	59.3
Philippines	100.0	8.8	11.7	51.8
Vietnam	100.0	0.0	0.0	100.0

Do you currently have health insurance

	Total	Yes, gov't	Yes, private	No	NA
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One Particular Clinic

Total	36117	13334	13529	6199	3055
Yes	25508	10007	9727	3391	2384
More than one place	2087	971	654	365	96
No	7233	2046	2683	2046	457
Don't know	292	59	55	149	29
Refused	998	251	410	248	88

Often Go

Total	2087	971	654	365	96
Yes	1644	771	541	237	96
No	350	174	84	92	0
Don't know	27	27	0	0	0
Refused	66	0	29	37	0

Kind of Place

Total	27152	10778	10267	3627	2480
Clinic or health center	18011	7178	7087	2256	1490
Hospital emergency room	1436	646	361	336	93
Urgent care center	970	388	310	121	152
Some other kind of place	594	233	112	90	159
Don't know	179	120	29	0	29
Refused	3218	1275	1168	555	220
Doctor's office of HMO	2745	939	1199	271	337

Could Not See Doctor Due to Cost

Total	36117	13334	13529	6199	3055
Yes	6162	2016	1454	1917	776
No	28188	10954	11401	3772	2061
Don't know	280	0	0	150	129
Refused	1487	365	674	359	88

Do you currently have health insurance (Percent)

	Total	Yes, gov't	Yes, private	No	NA
One Particular Clinic					
Total	100.0	36.9	37.5	17.2	8.5
Yes	100.0	39.2	38.1	13.3	9.3
More than one place	100.0	46.5	31.3	17.5	4.6
No	100.0	28.3	37.1	28.3	6.3
Don't know	100.0	20.2	18.8	51.0	9.9
Refused	100.0	25.2	41.1	24.8	8.8

Often Go

Total	100.0	46.5	31.3	17.5	4.6
Yes	100.0	46.9	32.9	14.4	5.8
No	100.0	49.7	24.0	26.3	0.0
Don't know	100.0	100.0	0.0	0.0	0.0
Refused	100.0	0.0	43.9	56.1	0.0

Kind of Place

Total	100.0	39.7	37.8	13.4	9.1
Clinic or health center	100.0	39.9	39.3	12.5	8.3
Hospital emergency room	100.0	45.0	25.1	23.4	6.5
Urgent care center	100.0	40.0	32.0	12.5	15.7
Some other kind of place	100.0	39.2	18.9	15.2	26.8
Don't know	100.0	67.0	16.2	0.0	16.2
Refused	100.0	39.6	36.3	17.2	6.8
Doctor's office of HMO	100.0	34.2	43.7	9.9	12.3

Could Not See Doctor Due to Cost

Total	100.0	36.9	37.5	17.2	8.5
Yes	100.0	32.7	23.6	31.1	12.6
No	100.0	38.9	40.4	13.4	7.3
Don't know	100.0	0.0	0.0	53.6	46.1
Refused	100.0	24.5	45.3	24.1	5.9

Poverty Percent by Current Insurance Coverage

Insurance Coverage

Poverty Percent	Total	Yes government	Yes private	No	NA
Total	28499	10686	10941	4880	1991
Below Poverty Level	7644	4041	1758	1384	462
Poverty Level : < 150%	4372	1323	1315	1400	335
150% : < 200%	3983	1548	1618	620	197
LE 200% of Poverty Level	12393	3748	6171	1476	997
NA (HH larger than 20)	106	27	80	0	0

Age by Current Insurance Coverage

Insurance Coverage

Age on Health Survey	Total	Yes government	Yes private	No	NA
Total	29857	10987	11325	5251	2294
Under 6	118	0	0	118	0
Under 18	372	109	28	235	0
6-17 years of age	255	109	28	118	0
18-24	1395	632	345	301	116
25-34	5016	2350	1521	690	455
35-44	6226	2110	2222	1365	529
18-44	12637	5092	4088	2357	1100
45-54	5678	1540	2738	1013	388
55-64	5508	1604	2517	903	484
45-64	11187	3144	5256	1916	871
65-74	3488	1636	1269	288	294
75-84	1936	949	624	333	29
75 +	2173	1005	683	455	29
85 +	237	56	59	122	0

Sex by Current Insurance Coverage

Insurance Coverage

Sex on Health Survey	Total	Yes government	Yes private	No	NA
Total	29857	10987	11325	5251	2294
Male	16106	5583	6742	2632	1149
Female	13751	5404	4583	2619	1145

Principal Ethnic Origin by Current Insurance Coverage

Insurance Coverage

Ethnic origin (principal)	Total	Yes government	Yes private	No	NA
Total	29243	10763	11270	5037	2172
English	13721	6528	4619	1532	1043
Samoan	9433	2009	4633	1988	804
Chamorro	1345	491	626	181	47
Guamanian	250	121	129	0	0
Carolinian	746	441	183	122	0
French	1479	513	420	399	147
Spanish	507	145	95	268	0
Pakistan	419	27	364	29	0
Chuukese	277	93	27	157	0
Mortlockese	420	58	62	208	93
Pohnpeian	29	29	0	0	0
Kosraean	0	0	0	0	0
Yapese	58	28	29	0	0
Ulithian/Woleaian	136	0	56	40	40
Marshallese	423	282	27	114	0

Race by Current Insurance Coverage

Insurance Coverage

Race	Total	Yes government	Yes private	No	NA
Total	29653	10912	11297	5224	2220
English	1125	262	682	181	0
Samoan	0	0	0	0	0
Chamorro	12221	5759	4047	1505	909
Guamanian	377	318	59	0	0
Carolinian	0	0	0	0	0
French	29	0	29	0	0
Spanish	0	0	0	0	0
Pakistan	0	0	0	0	0
Chuukese	1392	458	359	399	176
Mortlockese	0	0	0	0	0
Pohnpeian	450	145	67	238	0
Kosraean	184	64	27	0	93
Yapese	177	94	28	55	0
Ulithian/Woleaian	0	0	0	0	0
Marshallese	0	0	0	0	0
Tongan	81	81	0	0	0
Niuean	0	0	0	0	0
Tokelauan	0	0	0	0	0
Maori/NZ	0	0	0	0	0
Australian	0	0	0	0	0
Other Pacific Islander	967	513	308	146	0
Bangladeshi	0	0	0	0	0

Cambodian	0	0	0	0	0
Chinese	369	93	27	250	0
Taiwanese	0	0	0	0	0
Indian	58	28	29	0	0
Japanese	475	27	419	29	0
Korean	455	0	62	300	93
Laotian	0	0	0	0	0
Pakistani	0	0	0	0	0
Philippines	9110	2074	4483	1988	565
Ilocano	9110	2074	4483	1988	565
Tagalog	9110	2074	4483	1988	565
Thai	29	29	0	0	0
Vietnamese	93	0	0	93	0
African	222	93	129	0	0
European	106	0	27	40	40
Canadian	0	0	0	0	0
Palauan	431	313	118	0	0
Unknown	1302	562	396	0	344

Marital Status by Current Insurance Coverage

Insurance Coverage

Marital Status	Total	Yes government	Yes private	No	NA
Total	29857	10987	11325	5251	2294
Now married	18195	5715	8200	3227	1053
Consensually married	748	437	279	32	0
Widowed	3188	1511	975	424	279
Divorced	2369	925	663	313	468
Separated	5130	2316	1180	1138	496
Never married	228	82	28	118	0
NR	0	0	0	0	0

Work Status Last Week by Current Insurance Coverage

Insurance Coverage

Work Last Week	Total	Yes government	Yes private	No	NA
Total	4544	1438	1504	786	816
Yes paid and no subsistence	1387	293	614	250	230
Yes paid and subsistence	110	28	45	17	20
Yes Subsistence only	31	8	9	10	4
No	1559	533	396	304	326
NA	1457	576	440	205	236

Layoff/Vacation Status by Current Insurance Coverage

Insurance Coverage

Layoff / vacation	Total	Yes government	Yes private	No	NA
Total	29857	10987	11325	5251	2294
Yes on layoff	750	201	119	248	182
Yes vacation	769	359	262	61	88
No	14211	6544	4102	2461	1103
NA	14127	3883	6842	2481	922

Looking for Work by Current Insurance Coverage

Insurance Coverage

Look for work	Total	Yes government	Yes private	No	NA
Total	29857	10987	11325	5251	2294
Yes	4156	1875	766	951	564
No	11574	5229	3717	1819	809
NA	14127	3883	6842	2481	922

Will Take Job if Available by Current Insurance Coverage

Insurance Coverage

Take job if available	Total	Yes government	Yes private	No	NA
Total	29857	10987	11325	5251	2294
No already has a job	444	28	119	175	122
No temporarily ill	349	64	59	150	76
No other reasons	1518	831	349	194	144
Yes could have taken a job	1845	951	239	432	222
NA	25701	9112	10559	4300	1730

APPENDIX D:

Guam Health Cost Report



Executive Budget: Health Portion

There are four local departments included in the health portion of the executive budget, which are the Department of Public Health & Social Services (DPHSS), Department of Mental Health & Substance Abuse (DMSHA), Department of Integrated Services for Individuals with Disabilities (DISID), and Medical Referral Offices (MRO). Approximately \$53 million (15.4% of the general fund) was allocated for health costs for FY 2005 (Government of Guam Executive Budget, 2005).

DPHSS. DPHSS provides programs and services in environmental health, public health, public welfare, and senior citizens. The department also provides medical and health services through programs such as the *Guam Medicaid Assistance Program*, *Medically Indigent Program*, and the *Children's Health Insurance Program*. The Government of Guam allocated approximately \$60.5 million in FY 2003 and \$46.4 million in FY 2004 for DPHSS programs and services (Government of Guam Executive Budget, 2005).

DMSHA. DMSHA provides mental health programs and services for individuals suffering from mental disorders, emotional disturbances, behavioral problems, familial dysfunctions, and drug and alcohol treatment. The department provides residential and day treatment services through the *Guma Man Hoben*, *Guam Ifil*, and *New Beginnings* programs. DMSHA also provides a 24-hour telephone crisis intervention. Approximately \$5 million and \$4.5 million were appropriated for mental and substance abuse services in FY 2003 and FY 2004 respectively (Government of Guam Executive Budget, 2005).

DISID. DISID provides lifelong programs and services for individuals with disabilities. The department partners with local and federal government agencies and serves to provide programs and services to individuals in the community with disabilities. Government of Guam appropriations for DISID programs and services were approximately \$2 million in FY 2003 and \$1.6 million in FY 2004 (Government of Guam Executive Budget, 2005).

MRO. MRO provides assistance to patients (and their families) in need of medical treatment off-island. Guam MROs are located in Honolulu (HI), Los Angeles (CA), and Manila (PI) and provide help with coordinating appointments and providing temporary housing and transportation during medical treatment. The MRO received monies strictly from the local government. The Government of Guam appropriated \$529,772 in FY 2003 and \$600,000 in FY 2004 (Government of Guam Executive Budget, 2005).

Medical Assistance Programs (MAP) and Facilities

Expenditures for FY 2003, FY2004, and FY 2005 provided by the Bureau of Health Care Financing of DPHSS on Guam are shown on Table 1. Total expenditures for all three programs were approximately \$36 million in FY 2003, \$40 million in FY 2004, and \$31 million in FY 2005.

Table 1. Expenditures for medical assistance programs at DPHSS for FY 2003, FY 2004, FY 2005.

	FY 2003	FY 2004	FY 2005
MEDICAID	\$ 14,955,199.00	\$ 17,555,845.00	\$ 17,472,648.00
MIP	\$ 17,069,607.00	\$ 17,056,251.00	\$ 10,482,154.00
SCHIP	\$ 3,942,549.23	\$ 5,420,530.77	\$ 2,823,455.30
Total	\$ 35,967,355.23	\$ 40,032,626.00	\$ 30,778,257.30

Source: Bureau of Health Care Financing, Department of Public Health and Social Services, Government of Guam, 2005

Medicaid. The Guam MAP is a health insurance program that provides medical and health related services to low-income families on the island. It is a 50:50 federal-local funded program with a cap of \$6.98 million (Department of Public Health and Social Services, Government of Guam, 2006). Approximately \$10 million was appropriated for MAP in FY 2005 (Government of Guam Executive Budget, 2005).

Medically Indigent Program (MIP). The Guam MIP is a 100% locally funded health insurance program that provides medical and health related services to qualified individuals. The Guam MIP received \$16.1 million for FY 2005 (Government of Guam Executive Budget, 2005).

Medicaid and MIP Demographics. The demographics of Medicaid and MIP participants are shown on Table 2. There were a total of 37,104 individuals enrolled in the Medicaid and MIP programs during FY 2005, of which 36,668 were eligible participants. Of those claims that were paid for Medicaid and MIP, a total of 11,905 were from females and 8,392 from males. Total enrollment by ethnicity for Medicaid and MIP was 20,996 Chamorros, 8,417 FSM (or other Micronesians), and 5,301 Filipinos.

Table 2. Demographics of participants in the Medicaid and MIP programs during FY 2005.

	Medicaid	MIP	Total
Enrollment	26,758	10,346	37,104
Eligible Participants	26,511	10,157	36,668
Gender			
<i>Females</i>	9,049	2,856	11,905
<i>Males</i>	6,717	1,675	8,392
Ethnicity **			
<i>Chamorro</i>	18,066	2,930	20,996
<i>FSM</i>	4,065	4,352	8,417
<i>Filipino</i>	2,964	2,337	5,301

^{*}Based on paid claims.

^{**}Based on total enrollment.

Source: Bureau of Health Care Financing, Department of Public Health and Social Services, Government of Guam, 2005

Medical claims were distributed according to the following: *Old Age Assistance, Aid to the Blind, AFDC Adults, AFDC Children, Aid to the Permanently Disabled*. A breakdown of medical claims by type of aid for FY 2003 through FY 2005 is shown on Table 3.

Table 3. Medical claims paid by type of aid for FY 2003, FY 2004, FY 2005.

Type of Aid	FY 2003	Patients	FY 2004	Patients	FY 2005	Patients
Old Age Assistance	\$ 2,008,880.50	410	\$ 1,521,752.15	411	\$ 1,574,623.21	435
Aid to the Blind	\$ 812.16	2	\$ 389.61	1	\$ 47.80	1
AFDC Adults	\$ 9,836,994.58	3,534	\$ 9,151,601.64	4,911	\$ 6,978,328.20	5,011
AFDC Children	\$ 6,292,299.87	8,039	\$ 10,657,106.13	9,955	\$ 9,846,177.83	10,251
Aid to the Permanently Disabled	\$ 293,283.23	75	\$ 403,217.94	91	\$ 515,955.56	108
Total	\$ 18,432,270.34	12,060	\$ 21,734,067.47	15,369	\$ 18,915,132.60	15,806

Source: Bureau of Health Care Financing, Department of Public Health and Social Services, Government of Guam, 2005

Total medical claims for FY 2003 were \$18,432,270.34, which averaged a total cost of \$1528.38 per patient. Of the total medical claims, 10.9% was used for *Old Age Assistance*, 53.37% went to *AFDC Adults*, 34.14% went to *AFDC Children*, and 1.59% was used for *Aid to the Permanently Disabled*. A small portion, \$812.16, was used for *Aid to the Blind*.

Total medical claims for FY 2004 were \$21,734,067.47, which averaged a total cost of \$1414.15 per patient. Of the total medical claims, 7.0% was used for *Old Age Assistance*, 42.11% went to *AFDC Adults*, 49.03% went to *AFDC Children*, and 1.86% was used for *Aid to the Permanently Disabled*. A small portion, \$389.61, was used for *Aid to the Blind*.

Total medical claims for FY 2005 were \$18,915,132.60, which averaged a total cost of \$1196.71 per patient. Of the total medical claims, 8.32% was used for *Old Age Assistance*, 36.89% went to *AFDC Adults*, 52.05% went to *AFDC Children*, and 2.73% was used for *Aid to the Permanently Disabled*. A small portion, \$47.80, was used for *Aid to the Blind*.

State Children Health Insurance Program (SCHIP). The Guam CHIP is an expansion of the MAP that provides medical and health related services to qualified children less than 19 years of age. It is a 65:35 federal-local funded program, which received approximately \$1.2 million from the federal funds and \$623,337.00 from local funds in FY 2005 (Government of Guam Executive Budget, 2005). The current cap on CHIP is \$1.48 million (Department of Public Health and Social Services, Government of Guam, 2006).

Community Health Centers (CHC). The health centers on Guam receive monies through federal grants and local funding in order to provide comprehensive primary and preventative health care to the general public. There are two CHCs on Guam that provide primary care services: Northern Region CHC located in Dededo and Southern Region CHC located in Inarajan. Majority of CHCs patients are individuals utilizing the Medical Assistance Programs. In fact, all MIP members are required to seek primary services at the Northern CHC or Southern CHC effective May 1, 2004 as a result of PL 27-30 Section 2914 (Guam PL 27-30, 2003). During FY 2006, approximately \$4.4 million was appropriated to the Department of Public Health and Social Services for the CHC's operations, medicines, and treatment and prevention of tobacco diseases (Department of Public Health and Social Services, Government of Guam, 2006).

Guam Memorial Hospital Authority (GMHA)

GMHA is the only civilian hospital administered by the Government of Guam, which provides health services through a network of public health facilities for medical, mental health, and disabilities. The Government of Guam appropriated approximately \$68 million to GMHA for FY 2005. Awards received from federal grants were \$7.9 million during the same year. Government of Guam appropriations increased to approximately \$81 million for FY 2006. Approximately \$4 million was received from federal grants.

Government of Guam Employees Health Insurance

The Government of Guam provides health insurance coverage for qualified active employees, retirees, and survivors. The open enrollment data for FY 2005 and FY 2006 is reported on Table 4. There were four health plans offered in FY 2005. There were 18,364 Government of Guam employees including active employees, retirees, and survivors. Total enrollees for FY 2005 were 9002, which indicates an insured rate of 49% (Department of Administration, Government of Guam, 2006). In FY 2006, the Government of Guam expanded health insurance offers to six health plan options instead of four. As of September 5, 2005, there are 18,361 Government of Guam employees. Total enrollees for FY 2006 are 9319, which indicates an insured rate of 51% (Department of Administration, Government of Guam, 2006).

The Government of Guam-Employee share for health insurance for FY 2006 was 59% to 41%, or \$24.6 million from Government of Guam and \$16.8 million from employees. Total premium annual cost is \$41.4 million (Department of Administration, Government of Guam, 2006).

Table 4. Government of Guam Health Insurance Open Enrollment Data for FY 2005 and FY 2006.

Enrollment Year	Employees	Health Plan	Class I	Class II	Class III	Total
FY 05	Active	Staywell Silver	337	68	23	428
		Staywell Bronze Regular	887	565	240	1692
		Staywell Bronze High	1201	1349	618	3168
		Select Care 1500	227	162	94	483
		<i>Total</i>				<i>5771</i>
	Retirees Survivors	Staywell Silver	786	125	35	946
		Staywell Bronze Regular	733	366	110	1209
		Staywell Bronze High	299	285	99	683
		Select Care 1500	252	106	35	393
		<i>Total</i>				<i>3231</i>
		<i>Grand Total</i>				<i>9002</i>
		<i>Insured Rate (%)</i>				<i>49%</i>
FY 06	Active	Staywell Silver	255	40	9	304
		Staywell Bronze 500	795	414	195	1404
		Staywell Bronze 1000	1293	1252	541	3086
		Select Care 1500	116	35	22	173
		Select Care HAS 1500	262	369	205	836
		Select Care PHIL 1000	97	144	78	319
		<i>Total</i>				<i>6122</i>
	Retirees Survivors	Staywell Silver	530	41	7	578
		Staywell Bronze 500	767	344	96	1207
		Staywell Bronze 1000	541	356	89	986
		Select Care 1500	92	24	8	124
		Select Care HAS 1500	131	73	22	226
		Select Care PHIL	48	21	7	76
		<i>Total</i>				<i>3197</i>
		<i>Grand Total</i>				<i>9319</i>
		<i>Insured Rate (%)</i>				<i>51%</i>

Total GovGuam employees (active and retirees/survivors) as of February 5, 2005: 18,364

Total GovGuam employees (active and retirees/survivors) as of September 5, 2005: 18,361

Source: Department of Administration, Government of Guam, 2006

Private Health Insurance Companies

Seven private health insurance companies provided coverage on Guam during CY 2003 and CY 2004. The insurance companies that provided accident, life, and health coverage during this time period were American Family Life Assurance Co., Netcare Life and Health Insurance Co., PacificCare Health Insurance Co. of Micronesia, Prudential Insurance Co. of America, United Healthcare Insurance Co., Nichido Insurance Co., and Zurich Insurance, Inc. Company premiums and direct losses are summarized on Table 5. Direct premiums written for all seven companies were approximately \$160 million for CY 2003 and \$174 million for CY 2004. Direct losses paid for all seven insurance companies were approximately \$128 million in CY 2003 and \$142 million in CY 2004.

Table 5. Guam Insurance Companies Premiums and Losses for CY 2003 and CY 2004.

	CY 2003	CY 2004
Direct Premiums Written	\$ 160,271,434.00	\$ 173,799,581.00
Direct Premiums Earned	\$ 158,372,536.00	\$ 173,795,552.00
Direct Losses Paid	\$ 128,314,599.00	\$ 142,289,332.00
Direct Losses Incurred	\$ 131,719,419.00	\$ 137,523,128.00

Direct Premiums Written: The amount in dollars charged by the insurance company for a policy period, which may or may not be fully paid. **Direct Premiums Earned:** The amount in dollars that has been completely earned from policies, which includes money not obliged to be returned to policy holders. **Direct Losses Paid:** The amount in dollars of claims and claims expenses that have been paid already. **Direct Losses Incurred:** The amount in dollars that includes claims filed and estimated claims to be filed by year end, usually based on past experiences.

Source: Department of Revenue and Taxation, Government of Guam, 2006



APPENDIX E:

Guam Health Summit Appreciative Inquiry Report, Clusters and Evaluation



GUAM HEALTH SUMMIT RESPONSES

PHASE I: DISCOVERY PHASE

“Identify the peak moments of excellence in your Health community – times when people experienced the Health community in its most effective state. That is, discuss the “best of what is” in your health context, even the small victories that your health system has experienced (What do we appreciate as the positive core of our health system?)”

Green Team Discovery Responses:

1. Responses:

- ✦ The response of medical profession in meeting the needs of family or individual through universal health care.
- ✦ Early Hearing Detection/ Intervention
- ✦ Use of data to guide intervention and program decisions

2. Responses:

- ✦ Early Hearing Detection/ Intervention
- ✦ Emerging use of data to guide treatment intervention / practice
- ✦ Family centered delivery of services
 - Conditions:
 - Collaboration/coordination between different agencies
 - Promoting buy in from staff on data driven decision making.

3. Responses:

- ✦ My son was seen promptly at GMH
- ✦ Doctor demonstrated compassion for my illness during my urgent care visit at FHP
- ✦ Treatment was approved for a body injured point by Medicaid
- ✦ Staff offered a flexible payment plan
 - Conditions:
 - Payment plan that allow for scheduled payments
 - Funding was available
 - Qualified medical professionals
 - Process of approval is expeditious.

4. Responses:

- ✦ The collaboration for mental health care for children
- ✦ Individual pediatrician service
- ✦ Support of clinic staff in efforts to provide health care
- ✦ The educated efforts on diabetes
- ✦ The S.O.C. effort/ law on Guam
- ✦ The Shriner's program/access to services
 - Conditions
 - dedicated staff
 - community spirit/value

- broad/understanding vision of health
- holistic approach to health
- collaborative/creative efforts of parties involved
- Collaboration of various agencies to simulate, commit, and create new ways do serve children with special needs.
- educational effort to bring awareness and understanding of holistic vision of health.

5. Responses:

- ✦ Ability to offer “free” health insurance premium for government employees.
- ✦ More variables in health providers thereby reducing cost to consumers.
- ✦ Additional funding of Medicare Cap.
- ✦ Decrease in health insurance premiums.
- ✦ Payment plans
- ✦ Open referral system
- ✦ Universal Health Care
 - Conditions
 - aggressive negotiations for maximum health coverage.
 - accessibility
 - meetings with National Assn. State Medicaid Directors Executive Committee and meetings with government officials, providing statistics to support the need of funding.

6. Responses:

- ✦ Required “physical” upon employment
 - Conditions:
 - Accessibility

7. Responses:

- ✦ Ability to offer “free” health insurance for certain Guam employees
- ✦ Off-island coverage expanded to allow for greater affordability.
 - Conditions
 - Government share paid for the required premiums
 - annual health insurance negotiations

8. Responses:

- ✦ Individualized budgeting for target consumers
 - Conditions:
 - Consumer-driven
 - consumer-centered
 - strengthening family supports
 - enhanced collaboration among social workers and supports.

9. Responses:

- ✦ My family was treated to the fullest of medical attention
 - Conditions:
 - They’re all in good health.

10. Responses:

- ✦ When I delivered my first child
- ✦ When my son had stitches
 - Conditions:

1. Good services

11. Responses:

- ✦ I am so proud of being in PacifiCare. I am a diabetic and my doctor took care of me. They sent me to nutrition programs to improve my sugar level.
 - Conditions:
 1. With the help of my doctor I began to manage my diabetes and with the help of PacifiCare's nutritionist I learned what the right foods to eat are.

12. Responses:

- ✦ Early Hearing Detection & Intervention
- ✦ More public awareness of the importance of the "Early Years"
 - Conditions:
 1. Mandating Universal Hearing as part of the Standard Care of all newborn. (PL. 27-150)
 2. Funding to support Public Awareness Acquisitions.

13. Responses:

- ✦ More variables in insurance providers thereby reducing premiums and cost to consumers
- ✦ All prevalent health problems are addressed in the government's insurance coverage.
 - Conditions:
 1. health negotiations aggressively sought lower premiums with maximum coverage for serious illness.

14. Responses:

- ✦ Decrease in health insurance premiums
- ✦ Expense reimbursement account programs.
 - Aggressive negotiation and consolidation under one insurance plan and analysis of self insurance plan

Red Team 'Discovery' Responses:

1. Responses:

- ✦ In comparison to existing plans, I am glad to be in the federal plan
- ✦ More services offered based on existing plan

2. Responses:

- ✦ Naval Hospital provides top care in recovery
- ✦ Information on health issues and data collection efforts are positive for the general public
- ✦ Sanitary conditions are excellent, emergency care
 - ⇒ Conditions:
 - * Funding (federal/defense)
 - * Infrastructure

3. Responses:

- ✦ EDA/ACR Accreditation
- ✦ CAP lab accredited
- ✦ Modesto Group visit (cardiac care and treatment)
- ✦ Recruitment of registered techs

- ✦ Improvement in salaries
- ✦ Conditions:
 - ⇒ Team efforts (bottom-up)
 - ⇒ Political influence \$
- 4. Responses:
 - ✦ Outreach programs
 - ✦ Educations for awareness
 - ✦ Laws being improved
 - ⇒ Conditions:
 - * Federal aid
 - * Local aid
- 5. Responses:
 - ✦ Physician accessibility in a clinic setting
 - ⇒ Conditions:
 - * Our physicians commitment to his patients
 - * Old fashioned care
- 6. Responses:
 - ✦ Community health centers expanding facilities
 - ✦ Community health centers expanding hours
 - ✦ Medicaid increased cap on Guam
 - ⇒ Conditions:
 - * More grants obtained
 - * Laws passed to further cause
 - * Congresswoman Bordallo
- 7. Responses:
 - ✦ Open access scheduling
 - ✦ Automation – management information system (health pro, xc, eterby, patient electronic care system)
 - ✦ Physical expansion of CHC
 - ✦ Expansion of clinic hours
 - ⇒ Conditions:
 - * Federal funding availability
 - * Increase in program income funds
 - * Setting up electronic appointment scheduler
 - * Assistance in providing PECS software
 - * Board approval for physical and medical capacity expansion
 - * Additional healthy future funding to recruit additional support staff.
- 8. Responses:
 - ✦ Pacific Care - clinical services: they were concerned with seeing the patient individually, thorough care
 - ✦ Child birth experience 2004
 - ✦ GMHA Labor and Delivery
 - ✦ Customer service training of Division of public welfare GDPHSS
 - ✦ The federal plan offers more services

- ✦ Naval hospital provides top care in recovery, sanitary conditions are excellent, excellent emergency care.
- ✦ Information on health, data collection efforts are positive for the general public.
 - ⇒ Conditions:
 - * Funding (federal/Defense)
 - * Infrastructure

9. Responses:

- ✦ The clinic (Pacific Care) administrators were concerned with seeing the patients immediately and captured information before the doctor.

10. Responses:

- ✦ Disaster and post disaster health services
- ✦ Southern and Northern CHC
- ✦ UOG affordable health insurance to students
 - ⇒ Conditions:
 - * Did an assessment and individuals in the system worked towards making it happen.

Yellow Team Discovery Responses:

1. Responses:

- ✦ Saving a Life
- ✦ Enough physicians (qualified)
- ✦ Support groups
 - ⇒ Conditions
 - * Research
 - * Training
 - * Education
 - * Funding/revenue

2. Responses:

- ✦ Helping to reach out to the Uninsured
- ✦ Same Medicare across the board, Private and government workers
 - ⇒ Conditions
 - * Research to training, funding, and revenue

3. Responses:

- ✦ FSM National Health Care
- ✦ Enough qualified physicians and workers
- ✦ Other workers.
 - ⇒ Conditions
 - * Research
 - * Training
 - * Education

4. Responses:

- ✦ Saving a life
- ✦ Cure
- ✦ Enough physicians (Qualified)
- ✦ Health workers/nurses

- ⇒ Conditions
 - * Research, training, and education
 - * Funding and revenue

5. Response:

- ✦ Most people are healthy
 - ⇒ Conditions
 - * Good exercise program
 - * Nutrition optional weight control

6. Responses:

- ✦ Friendly environment
- ✦ Good customer service
- ✦ Enough physicians (qualified)
- ✦ Cure, treatment
 - ⇒ Conditions
 - * Good management training
 - * Funding, revenue

7. Responses:

- ✦ WIC (Supplemental Food and Nutrition Program for Women, Infants, & Children)
- ✦ Health insurance available with a part time job
- ✦ Qualified physicians
 - ⇒ Conditions
 - * Revenue
 - * Education

8. Responses:

- ✦ Good primary care physicians
- ✦ Reasonable well organized
- ✦ Cooperative insurance
 - ⇒ Conditions
 - * Good systems in place

9. Responses:

- ✦ Funding GMH budget subsidy
- ✦ Allowing CHC fee increase to go through
- ✦ Pushing for salary adjustments of GMH & Public Health pharmacists
- ✦ Funding for GMH neurosurgeon and orthopedic surgeon
- ✦ Funding GMH for new CAT Scan and other needed equip.
 - ⇒ Conditions:
 - * Sen. Mike Cruz's grasp of GMH issues and ability to explain it to Gov. Camacho & other legislators
 - * GTA was just sold and a pot of money existed to take from.
 - * Former Chief Pharmacist created adverse work climate that drove change.

10. Response:

- ✦ Small steps – big rewards project
 - ⇒ Conditions:
 - * Health Education

* Health and Awareness Programs

11. Responses:

- ✦ Educational improvement
- ✦ Nursing tuition reimbursement
- ✦ NLN accreditation
- ✦ Recognition of qualify education

12. Responses:

- ✦ Access to anyone in health centers
- ✦ Qualified health care professional
- ✦ Legislative

⇒ Conditions:

- * Education

Blue Team Discovery Responses:

1. Responses:

- ✦ Seeing all patients that are sick (unlike Public Health) at all times.
- ✦ Buy some first degree prevention in out-patient setting.

⇒ Conditions

- * Government funding
- * Individual volunteers
- * Committed workers

2. Responses:

- ✦ Pre-tax program
- ✦ Company increasing their share of premium cost
- ✦ More options to select from

⇒ Conditions:

- * Providing health tips-health programs
- * Preventive health care

3. Responses:

- ✦ That health insurance is available to me
- ✦ That there are options (different plans)
- ✦ That it is comprehensive (dental and medical)

⇒ Conditions

- * Being full-time employee

4. Responses

- ✦ Tobacco cessation
- ✦ Health promotion
- ✦ Disease prevention education

⇒ Conditions

- * Local training for cessation
- * Health programs in person and on T.V.

5. Responses:

- ✦ People working together to address problems
- ✦ Services at community level and “knowing” the clients

- ⇒ Conditions
 - * Open minds
 - * Cross-community representation
 - * Commitment, once focus identified
- 6. Response:
 - ✦ Seeing a student who felt he was able to make a difference in a pregnant women's health
 - ⇒ Conditions
 - * Open, receptive learning environment
- 7. Response:
 - ✦ Movement from curative to preventative care
 - ⇒ Conditions
 - * Expansion of health education programs
- 8. Responses:
 - ✦ People who care
 - ✦ Available medication
 - ⇒ Conditions
 - * Social structure and individual effort.
 - * Employment
- 9. Responses:
 - ✦ Incentives to enrollees
 - ✦ Bonuses in purchasing meds
 - ✦ Saving plan to pay-off deductibles
 - ⇒ Conditions
 - * Competition between health providers to entice enrollees
 - * Payment plan reasonable

Orange Team Discovery Responses:

1. Responses:
 - ✦ Positively assisting members (meeting needs)
 - ✦ Offering benefits to improve lifestyle
 - ✦ Exceeding expectations
 - ✦ Offering different products to help meet individual needs
2. Responses:
 - ✦ Home care
 - ✦ Dental (SDA)
 - ⇒ Conditions
 - * Qualified nurses- well trained
3. Responses:
 - ✦ Employee education
 - ✦ Free medicine
 - ✦ Exempt co-pays for indigent
 - ✦ Employer-covered premiums
4. Responses:

- ✦ Increase in nurses wages
- ✦ Cardiac team mission/open heart catheter
- 5. Response:
 - ✦ Ability to mobilize
 - ⇒ Conditions
 - * Employee KSA and commitment
- 6. Response:
 - ✦ Birth of daughter in hospital (in Maryland). Excellent service, friendly, professional. 2005
- 7. Responses:
 - ✦ Information of health providers
 - ✦ Availability/ health care
 - ✦ Lower premiums (affordable)
- 8. Response:
 - ✦ Surgeons who operated on an employee after a fall down a stairwell (Naval Hospital Guam)
- 9. Responses
 - ✦ 93' noteworthy

PHASE II: DREAM PHASE

“Envision what might be in your health community. Guam’s health system has the best partnership and delivery (insurance) programs. What does this look like? That is, what are the achievable dreams that you have for your health community that can be built on the past or current accomplishment of your community?”

Green Team Dream Responses:

1. Responses:
 - ✦ Education on health that recognizes, respects, and responds to diverse cultural aspects of persons.
 - ✦ Utilizing of various resources for overall holistic health
 - ✦ Development of structures and processes based on dignity, rights, abilities, and potential of proactive efforts to evaluate persons/community and effect change that is based on holistic vision of persons/community.
 - ✦ Use of spiritual traditions/practices integrated with modern medical procedures.
 - ✦ Recognition/resource of elders/ remembrance of those before us who lived healthy, wise, resourceful/full lives.
2. Responses:
 - ✦ Every person will have access to a medical home. (coordination of process)
 - ✦ Accessible, comprehensive, and coordinated.
3. Responses:
 - ✦ Payment plans

- ✦ Open referral system
 - ✦ Universal application
4. Responses:
- ✦ Partnership in the Guam Aging and Disability Resource Center
 - i. strengthen David's mandate as "single point of entry" for individuals with disabilities.
5. Response:
- ✦ More information in referrals on doctors both on- and off-island.
6. Responses:
- ✦ Bring in more certified doctors
 - ✦ Reduce insurance premiums
 - ✦ Bring back health centers to each village
7. Response:
- ✦ Everyone should have a health insurance whether it is with government assistance or with private health insurance provider.
8. Response:
- ✦ Everyone will have a medical home
9. Responses:
- ✦ Medical home concept commonly practiced
 - ✦ Coordinated services
 - ✦ Collaboration among related agencies
10. Responses:
- ✦ Individually designed (build your own) plan that allows an individual to choose coverage that best fits the person's needs with prevention incentives.
 - ✦ Accredited health care facilities
 - ✦ Affordable, accessible health care
 - ✦ Medical home
 - i. Family centered
 - ii. Collaborative
11. Responses:
- ✦ Retention of nurses on Guam by means of increase pay and also other health care provider.
 - ✦ Affordable and accessible health care for everyone
 - ✦ Focus on macroscopic approach which is primary level of prevention
 - ✦ All individuals have access to medical care
12. Responses:
- ✦ All individuals have access to medical care
 - ✦ There is no discrimination between "able to pay" and "not able to pay"
 - ✦ Community misunderstands the limitations which health care workers work under.
 - ✦ Government is supportive of prevention programs.
 - ✦ Local on-island health care providers are given financial support, respect, business, and encouragement.
 - ✦ Preference to off-island, non-American health care is discouraged and penalized.
 - ✦ Sliding scale premiums may be an option.
13. Responses:

- ✦ That the government will cover all employees for Medicare benefits to include those hired before April 1, 1986.
- ✦ For Medicare to allow all MIP and MAP 65 years old and above clients to qualify under its program
- ✦ For small businesses to have access to health plans with affordable premiums and good coverage.
- ✦ To have in place a Guam Aging and Disability Resource Center and fully operational for direct consumer access.

14. Responses:

- ✦ Effective health planning council
- ✦ Update health data for planning and evaluation purposes
- ✦ Coordinated, multi-level, plan to reduce obesity
- ✦ All residents receive basic primary care and promote health lifestyles. Must include strong health education for pre-k to post secondary.

Red Team Dream Responses:

1. Responses:

- ✦ State Insurance
- ✦ New CT Scan
- ✦ JACAHO accreditation of hospital

2. Responses:

- ✦ More educational facilities
- ✦ More professors
- ✦ Better funding for nursing programs

3. Responses:

- ✦ Affordable, accessible health care
- ✦ A balance between affordable on-island care and off-island specialty care
- ✦ Tort reform
- ✦ GMH accredited- formal link to local clinics
- ✦ No Medicaid cap
- ✦ Creative, innovative insurance leveraging
- ✦ Speedy referrals
- ✦ Peace-Corp type program for physicians to be balanced with.

4. Responses:

- ✦ More people will have insurance
- ✦ Deductibles more affordable
- ✦ Insurance companies will cover more services
- ✦ No Medicaid cap
- ✦ People responsible for health care
- ✦ Smokers should pay more not us nonsmokers
- ✦ GMH accredited; new facility

5. Responses:

- ✦ Patient able to receive services in private health clinics or lab with out worrying about the ability to pay.
- ✦ Patient care is well coordinated and there is continuity of patient care.

- ✦ Private insurance, Medicaid paying within 30 days

Yellow Team Dream Responses:

1. Responses:
 - ✦ Universal health care (Canada/American Samoa)
 - ✦ Individually enhanced training (CPR)
 - ✦ Funding (on time payment by insurance providers)
2. Responses:
 - ✦ Universal Health care
 - ✦ Health awareness
 - ✦ Funding for on time payments by providers
3. Responses:
 - ✦ Universal Health Care
 - ✦ Individually Enhanced
4. Responses:
 - ✦ Funding on time payment by providers
 - ✦ Universal Health Care (Canada, American Samoa)
 - ✦ Health Awareness
5. Responses:
 - ✦ Clean environment
 - ✦ Well organized
 - ✦ Friendly employees
 - ✦ Universal health care (Canada, American Samoa)
 - ✦ Individually enhanced training
 - ✦ Funding on time payment by providers
6. Responses:
 - ✦ No one is turned away due to inability to pay.
 - ✦ Those who can pay, pay/donate more
 - ✦ Everyone contributes/way or another (volunteer, service, etc) like the military.
7. Response:
 - ✦ Indigent patients care provided through and disqualified services.
8. Responses:
 - ✦ Medicine will be affordable to all
 - ✦ Children will have all dental needs met in school
 - ✦ Preventative health education budgets will be larger than off-island referral budgets
 - ✦ Health and P.E. budgets increase in schools
 - ✦ Specialist services available on Guam at Manila prices
9. Responses:
 - ✦ Health Awareness Program
 - ✦ Pilot program regarding prevention
 - ✦ For insurance to cover alternative med.
10. Responses:
 - ✦ High standard hospital
 - ✦ Health care for all people
 - ✦ Education for health in schools

11. Responses:

- ✦ Children and students up to college with free quality health care
- ✦ Better prevention: nutrition/STD/drugs
- ✦ As a business, GRT - health care premiums deduction to afford employees health care or no qualifying certificate for insurance providers.

12. Response:

- ✦ Health education to prevent illness and chronic illness

Blue Team Dream Responses:

1. Responses:

- ✦ Everyone having access to quality health care.
- ✦ Specialized physicians and state of the art medical equipment
- ✦ All treatments available on island vs. having to go off-island
- ✦ Clean facilities
- ✦ Affordable health care coverage

2. Responses:

- ✦ Emphasis on prevention, primary care, alternative approaches
- ✦ Infrastructure (water, power, roads, sewer) for all residents
- ✦ Adequate income for individuals to meet basic needs (food, shelter, clothes, transportation)
- ✦ Universal health care/insurance for medical treatment when needed.

3. Response:

- ✦ Coordination of comprehensive health services and assistance for healthy lifestyles and behaviors.

4. Responses:

- ✦ Patients would not feel barriers to quality care
- ✦ No trouble filling prescriptions
- ✦ Able to receive care at CHC's on weekends, part-time work hours
- ✦ More access to services such as immunizations

5. Response:

- ✦ Varied outreach educational programs

6. Responses:

- ✦ Everyone in our community has access to health care
- ✦ Quality
- ✦ Emphasis on prevention infrastructure

7. Responses:

- ✦ Increase more benefits
- ✦ Long term care
- ✦ Retirement home
- ✦ Respite care
- ✦ Home visits to recovering patients
- ✦ Care for individuals w/disabilities
- ✦ Mobility training for the blind

8. Responses:

- ✦ All patients seen on timely basis
- ✦ All patients compliant with care

- ✦ All providers consistent with quality
- ✦ Population actions positive for good health

Orange Team Dream Responses:

1. Responses:
 - ✦ No wait time to see provider
 - ✦ Pleasant interactions from staff-not cold or insensitive
2. Responses:
 - ✦ MIP \$
 - ✦ Lower premiums
3. Response:
 - ✦ Everyone has access to health care
4. Responses:
 - ✦ MEDZ Program
 - ✦ Government covered Senior health care
 - ✦ Lower Premium
 - ✦ Expansive coverage
 - ✦ Access to quality health care
 - ✦ Reduced wait time
5. Responses:
 - ✦ Affordable health care
 - ✦ Availability of health/dental
6. Responses:
 - ✦ Affordable
 - ✦ Best in the region (treatment)
 - ✦ Best preventive programs
7. Responses:
 - ✦ Quality emergency care without a long wait.
 - ✦ Minimal billing payments
 - ✦ Affordable for everyone
8. Responses:
 - ✦ Village-based care
 - ✦ Affordable quality care (lower premium, lower co-pay/deductibles)
 - ✦ Preventive care coverage (screenings, immunizations)
 - ✦ Health education covered (chronic disease prevention, smoking cessation)
 - ✦ Affordable access to specialty care
 - ✦ End-of-life care (hospice)
9. Responses:
 - ✦ Free quality service
 - ✦ More village outreach care

PHASE III: DESIGN PHASE

“Create a strategy to carry out the dreams that your group has identified in the earlier phase. What can be done to build on the current qualities of the community, and what aspects of the health community need to be strengthened in order to achieve your group’s vision and hope for the future?”

Green Team Design Responses:

1. Responses:
 - ✦ Get statistics on reality of people’s health care/services. Identity structures.
 - ✦ Gather elders and address needs of community education.
 - ✦ Promote all levels/ goods of youth/development education become more culturally generated
 - ✦ Re-evaluate values of budgets of government.
 - ✦ Educate on values needed for health care issues.
2. Responses:
 - ✦ Promote self-awareness
 - ✦ Develop health competencies
 - ✦ Translation services
3. Responses:
 - ✦ Government and private sectors join forces/ create partnerships to offer affordable/accessible health through sharing cost of premiums.
 - ✦ Adopt wellness program throughout all sectors of one community.
4. Responses:
 - ✦ Build and strengthen collaboration.
 - ✦ Meet and obtain participation of all consumers “inclusion for all”
5. Responses:
 - ✦ Better collaboration between public and private organization as to available benefits/educational training
 - ✦ Seek grants to supplement current funding/ existing funding
 - ✦ Create partnership with business sectors.
6. Responses:
 - ✦ Collect data to identify specific high risks at all age levels
 - ✦ Establish programs and address the identified high risk diagnostic (dx) groups
 - ✦ Promote legislation which supports these programs
 - ✦ Promote incentives in the form of tax rebates and privileges for those who promote good health.
 - ✦ Set a 5-10 year planning to meet goals and objectives
 - ✦ Identify funding sources to support programs through tax initiatives, etc.
7. Responses:
 - ✦ Assign health team member in charge of education in regards to prevention (e.g., STD, diabetes, obesity) orient other member to promote prevention.
 - ✦ Designate specific amount for health promotion
 - ✦ Information on how to obtain insurance. Provide simple instruction.
8. Responses:
 - ✦ Establish and maintain essential health data for planning and evaluation.

“Create a strategy to carry out the dreams that your group has identified in the earlier phase. What can be done to build on the current qualities of the community, and what aspects of the health community need to be strengthened in order to achieve your group’s vision and hope for the future?”

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 - ✦ Designate specific amount for health promotion
 - ✦ Information on how to obtain insurance. Provide simple instruction.
8. Responses:
 - ✦ Establish and maintain essential health data for planning and evaluation.

- ✦ Strong health education K-12
- ✦ Health and fitness incentives in all work places
- ✦ Children's health (passports) to promote primary care for infants/children.
- ✦ Gov-Guam agency fitness

Red Team Design Responses:

1. Responses:

- ✦ Valid data
- ✦ Involve consumer - possibility with those in training programs
- ✦ Network across programs/dept.
- ✦ Inventory services update, 'Ayudante,' mass produce available and electronic

2. Response:

- ✦ I don't have a health community

3. Responses:

- ✦ More nurses
- ✦ More nursing education facility
- ✦ Attractive salaries
- ✦ Competitive benefits

4. Responses:

- ✦ Build consensus for change
- ✦ Access "models" that will balance affordability with community need
- ✦ Develop affordable plan; leverage limited resources
- ✦ Bring in partners
- ✦ Assign responsibilities, tasks, time-lines
- ✦ Be willing to make mid-course corrections; leverage all of Micronesia – Guam is not alone.

5. Responses:

- ✦ Convince insurance companies to cover more services – smoking cessation classes, weight control classes, wellness program.
- ✦ Medical and dental insurance more affordable to everyone
- ✦ Everyone should be liable for payment when using GMH

6. Responses:

- ✦ Uninsured having access to primary care services.
- ✦ Uninsured having primary care provider and a "medical home".
- ✦ Private providers willing to serve uninsured and Medicaid population
- ✦ Continual expansion of CHC clinic hours.

Yellow Team Design Responses:

1. Responses:

- ✦ Remove all tax breaks from business after 1985
- ✦ Medical University
- ✦ Affiliation with Medical School

2. Responses:

- ✦ Increase health education classes in the community (@public health shopping centers.)
 - ✦ Government increase its contribution to health care programs= Medicaid, Medicare, etc.
 - ✦ SHC do more in schools = present workshops and information.
 - ✦ Keep community health centers open longer to alleviate the minor acute care at GMH.
 - ✦ Do quarterly health screenings = BP check, blood sugar checks, etc.
3. Responses:
 - ✦ Remove all tax breaks for businesses after 1985 even doctors.
 - ✦ Improving medical school on island
 4. Responses:
 - ✦ Tax breaks from businesses
 - ✦ Medical university
 5. Responses:
 - ✦ Remove all tax breaks for businesses after 1985 and doctors.
 - ✦ Medical university on Guam
 - ✦ Affiliation with Medical Schools for students.
 6. Responses:
 - ✦ Remove all tax breaks for businesses after 1985 and doctors.
 - ✦ Medical university on Guam
 7. Responses:
 - ✦ Remove all tax breaks for businesses after 1985 and doctors.
 - ✦ Medical university on Guam
 8. Responses:
 - ✦ Remove tax breaks (MD and small businesses)
 - ✦ Medical university affiliation
 - ✦ Med affiliation
 9. Responses:
 - ✦ Timely reimbursement of payment for physicians
 - ✦ Adequate reimbursement rates
 10. Responses:
 - ✦ Double health and P.E.
 - ✦ Budgets in school system
 - ✦ GMH accredited
 - ✦ Training and health care professionals salary to national standards
 11. Response:
 - ✦ Legislative Action
 12. Responses:
 - ✦ Health education kindergarten – H.S,
 - ✦ Sin taxes
 - ✦ Grant writers for GMH

Blue Team Design Responses:

1. Responses:
 - ✦ On the government side negative for affordable health plans

- ✦ All individuals 65+ covered under Medicare shifting health care costs to the federal government
- 2. Response:
 - ✦ Excise taxes, tobacco, and alcohol
- 3. Response:
 - ✦ Enhance outreach programs
- 4. Responses:
 - ✦ Education tax so that school funds can be redirected to health
 - ✦ Health tax
 - ✦ Tax incentives to companies that do business with government
- 5. Response:
 - ✦ Legalize mandatory insurance for everyone with sliding fee scale for premiums
- 6. Response:
 - ✦ Reprioritize-reallocate resources
- 7. Responses:
 - ✦ Policy and regulations review
 - ✦ Values clarification (i.e. health, health care, services)
 - ✦ Decisions regarding what we want for our population given our resources
- 8. Responses:
 - ✦ Need to increase preventive care services
 - ✦ Need to increase quality care
 - ✦ Need to increase compliance
 - ✦ Need to stop treating everybody

Orange Team Design Responses:

1. Responses:
 - ✦ More account of monies
 - ✦ Wellness
2. Responses:
 - ✦ Consumer education-preventive/healthy lifestyle
 - ✦ Regular staff development and capacity building opportunities
 - ✦ Management open to change
 - ✦ Health service design holistic and comprehensive
3. Responses:
 - ✦ More Medicaid money
 - ✦ Training of nurses
 - ✦ Benefits for medical professionals to motivate more people to choose line of work
4. Responses:
 - ✦ Focus on more service providing
 - ✦ Funding (Federal)
 - ✦ Working closely w/ other agencies
 - ✦ Training/Education
5. Responses:
 - ✦ Automation of services
 - ✦ Better design of health care clinics for better flow of services

- ✦ Recruitment of health care providers
 - ✦ Provide more practicum opportunities
 - ✦ Develop the MEDZ Program Community
 - ✦ Increase \$ in Healthcare training
 - ✦ Provide scholarship for eligible students from lower income families
 - ✦ Expanding amount of providers on island
6. Responses:
- ✦ Pay providers on time
 - ✦ Have quality providers on island (keep money on island)
 - ✦ Equipment/Facilities
 - ✦ Build provider base
 - ✦ Insurance premium kept

PHASE IV: DOING PHASE

“Identify the specific steps your group would like to take to put your dreams into action. That is, what innovations or experimentations will your group undertake to reach your shared vision or dreams?”

Green Team ‘Doing’ Responses:

1. Responses:
 - ✦ Establish solid health education k-12
 - ✦ Establish community health / school health education
 - ✦ Establish coordinated effort to degree programs at UOG
 - ✦ Establish and maintain health (data) needs for policy and education and use the data.
2.
 - ✦ Provide forums for elders and other community members to collaborate on health
 - ✦ Review evaluations and strategies to change unequal/inaccessible health care.
 - ✦ Trainings on values and explore/role of values on family/community.
 - ✦ Revise health care systems in accord with goals of by priorities
 - ✦ Training of interpreter and re-evaluate of services among diverse ethnic members of the community awareness and education of the different ethnic groups on island.
 - ✦ Identify processes of education for program parties in community, youth, families, and elders.
3. Responses:
 - ✦ Petition policy makers to require more gov’t. contribution.
 - ✦ More employers-sponsored programs which promotes physical activities. Wellness programs.
4. Responses:
 - ✦ Psycho/health education
 - i. Community
 - ii. Families

iii. Providers/physicians

- ✦ Incentives: re-implement “stress/health” days
- ✦ Community programs
- ✦ Implement coordinated, family-centered, culturally competent services with qualified professionals.

5. Responses:

- ✦ Collaborate/coordinate with privates, public sectors for preventative services/benefits available.
- ✦ Aggressively seek for grants to supplement the funding for health care
- ✦ Government partnership with business sectors to have an affordable and accessible health care.

6. Responses:

- ✦ Mandatory health education classes
- ✦ Subsidized health premiums

7. Responses:

- ✦ Engage Chambers of Commerce in discussions on a program to reduce cost of insurance.
- ✦ Engage health care providers in these discussions for purposes of driving down costs charged to enrollees, subscribers.

8. Responses:

- ✦ Utilize/involve student nurses on teaching to promote health promotion and prevention.

9. Response:

- ✦ Make sure people are aware of the prevention of diseases through media

10. Responses:

- ✦ Prevention: begin in education at early years
- ✦ Accessible: integrated, coordinated and family centered health care
- ✦ Affordable:

Red Team ‘Doing’ Responses

1. Response:

- ✦ I don’t have a health community

2. Responses:

- ✦ Bench mark our needs against peer communities; who has solutions
- ✦ Identify best practices and a plan for implementing change
- ✦ Leverage our limited resources given Guam’s strategic importance to the U.S.
- ✦ Develop a plan that transcends political time-lines

3. Responses:

- ✦ Education of the “Sliding Fee Program”; assist pts. in applying for sliding fee
- ✦ Prompt payment to private providers so MIP and Medicaid pts. Can be provided services which aren’t available at the CHCs.
- ✦ Additional local funding to support the CHCs.

Yellow Team 'Doing' Responses

1. Response:
 - ✦ Policy – Legislation
2. Response:
 - ✦ Medical University affiliation
3. Responses:
 - ✦ Tax break
 - ✦ Medical affiliation
 - ✦ Medical university
4. Responses:
 - ✦ Recognize the dream that health care will be accessible to all
 - ✦ Education be a priority for prevention
 - ✦ Be free of all environmental illnesses.
5. Responses:
 - ✦ Double health and P.E.
 - ✦ Requirements K-12
 - ✦ Hire and promote grant writers for GMH
 - ✦ Increase sin tax and additional revenue to fund GMH accreditations

Blue Team 'Doing' Responses

1. Response:
 - ✦ Fund health promotion at the community level w/medicinal support as needed.
2. Responses:
 - ✦ Mandatory staffing of clinics
 - ✦ Common payments from insurers to all providers
 - ✦ Pass cap bill
 - ✦ Pardon all insurance companies to aid everyone
3. Response:
 - ✦ Executive branch-set #3 into motion
4. Responses:
 - ✦ Recruit interns for GMH to practice on Guam
 - ✦ Impose health tax
 - ✦ Give tax incentives for doctors who do pro bono services
 - ✦ Government subsidies to GMH
 - ✦ Teach swimming to elementary and secondary schools for prevention of chronic diseases.
5. Responses:
 - ✦ Improve economy
 - ✦ Provide Jobs for everyone
6. Responses:
 - ✦ Review data - assess problems and needs first
 - ✦ Prioritize needs and what to do first
 - ✦ Educate and collaborate
7. Response:
 - ✦ Socialized medical care

APPENDIX F:

Guam State Planning Grant Presentation



Project Overview

Guam State Planning Grant for the Uninsured
Project

University of Guam – Cooperative Extension
Service, Economic and Community Systems

Project Goals

- **Overarching goal**
 - To develop comprehensive strategies to provide health coverage for Guam's people who are uninsured or underinsured.

Project Objectives

- **Objective 1:**
 - To develop a Guam-specific quantitative and qualitative survey for valuable data collection that will provide reliable estimates of the number of uninsured and will define health access characteristics and/or deficiencies in relation to minority groups, ethnicity, demographics, and economics.

Project Objectives

- **Objective 2:**

- To increase the level of understanding concerning the uninsured population of Guam through collaboration with public and private sectors and by analyzing the existing quantitative data sources and by collecting additional data to design health coverage expansion options for specific target groups.

Project Objectives

- **Objective 3:**

- To collect information of the various government, non-profit organizations, and private-employer health benefit packages to better understand the type of access available and measure interest and possible strategies to improve health coverage.

Project Objectives

- **Objective 4:**
 - To identify and evaluate possible barriers and financial issues to health coverage on Guam and prioritize options to providing affordable and accessible health insurance coverage.

Gaps Identified

- Additional Survey –
Employer/Business Survey;
Individual qualitative survey of
Uninsured individuals
- Health Summit (one or two sessions)

Project Objectives

- Objective 5:

- To use the data collection and summarized findings as the basis to initiate discussion among private employers, government entities, and policy makers, and to develop strategies and policies to provide increased access to health insurance coverage to all Guam residents regardless of citizenship, ethnicity, and economics.

Description of Method

- POPULATION BASED SURVEY
- FOCUS GROUP SURVEY

Competitive Analysis

- **Competitors**

- (You may want to allocate one slide per competitor)

- **Strengths**

- Your strengths relative to competitors

- **Weaknesses**

- Your weaknesses relative to competitor

Competitive Analysis, Cont.

- Competitors
- Strengths
- Weaknesses

FOR MORE INFO...

List location or contact for competitive analysis (or other related documents) here

Technology

- New technology being used
 - Benefits
- Standards being adopted
 - Benefits
- Standards specifically being ignored
 - Drawbacks & benefits

DYA: define your acronyms!

Team/Resources

- **State assumptions about resources allocated to this project**
 - People
 - Equipment
 - Locations
 - Support & outside services
 - Manufacturing
 - Sales

Procedures

- Highlight any procedural differences from regular projects of this type
- Discuss requirements, benefits, and issues of using new procedures

FOR MORE INFO...

List location or contact for procedures document (or other related documents) here

Schedule

- Phase 1 – Consumer Survey & Analysis

Phase 1 - Planned

Phase 1 - Actual

Mar Apr May Jun Jul Aug Jul Aug Sep Oct Nov Dec

CY 2005

Schedule

- Phase 2 – Focus Groups Survey & Analysis

Phase 2- Planned

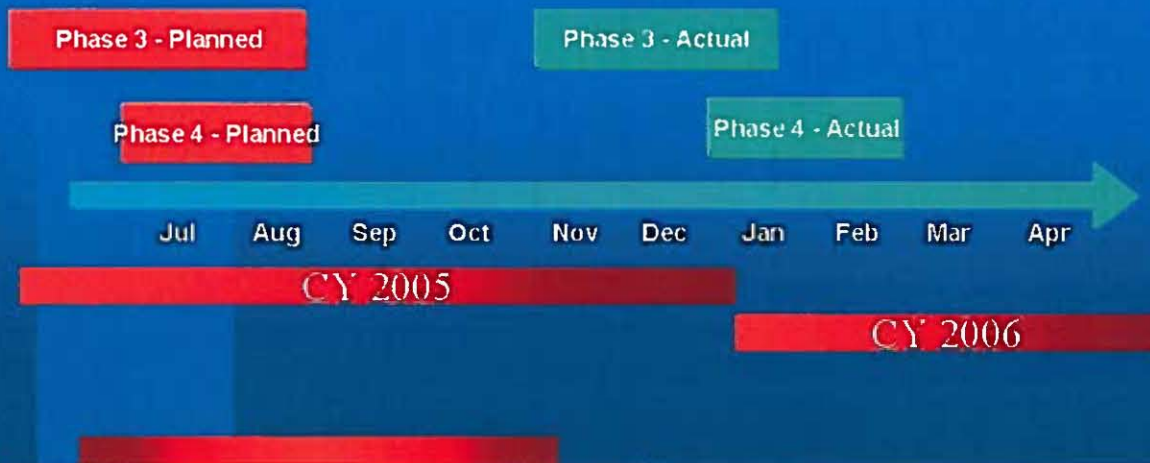
Phase 2 - Actual

Mar Apr May Jun Jul Aug Jul Aug Sep Oct Nov Dec

CY 2005

Schedule

- Phase 3 – Formulation & Analysis of Data and Individual Reports
- Phase 4 – Health Summit & Final Report



Current Status

- **Overview of progress against schedule**
 - On-track in phase 1, consumer survey
 - Behind in focus group, phase 2; formulation and analysis of data, phase 3; and final report, phase 4
- **Unexpected delays or issues**
 - Lengthy delay in MOU execution
 - Faculty time limited due to Fall Semester commencement



APPENDIX G:

Guam Health Insurance Benefits and Analysis



The researchers reviewed several state health plans that addressed coverage for individuals that lack health insurance. Among the state plans reviewed were the following:

- *Alabama*: Medicaid and All Kids
- *Alaska*: Medicaid and Denali Kid Care
- *California*: Healthy Families
- *Colorado*: Medicaid and Child Health Plans Plus (CHP+)
- *Connecticut*: HUSKY (Health Uninsured Kids and Youth) Program
- *Delaware*: Medicaid, Diamond State Health Plan, and Delaware Health Children Program
- *Florida*: Florida Kid Care
- *Hawaii*: Prepaid Health Care Act and Hawaii QUEST
- *Maine*: Dirigo Health
- *Nevada*: Medicaid and Check Up
- *New York*: Medicaid, Family Health Plus, Child Health Plus
- *Rhode Island*: Rite Care
- *Tennessee*: TennCare
- *Texas*: TexCare
- *U.S. Virgin Islands*: Pilot Planning
- *Washington D.C.*: DC Healthy Families
- *Wisconsin*: Badger Care

A narrative description and excerpts of the above plans are included in the following table.

State	Program Name	Description	Eligibility
Alabama	All Kids	Low cost health insurance for children not eligible for Medicaid. All Kids provides for a 24-Hour nurse hotline, regular check-ups, immunizations, sick child doctor visits, prescriptions, dental, vision, hospital and physician service. Additional medical services may be available for children with special needs.	Children of families below 200% of Federal Poverty Level (FPL)
Alaska	Denali KidCare	Denali KidCare children and teens receive the full range of prevention and treatment services such as: doctor's visits, health check-ups & screenings, vision exams & eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, chiropractic services, foot doctor's services, hospital care, laboratory tests, prescription drugs, and medical transportation. Low premiums apply when applicable.	Children & Teens of working/nonworking families Pregnant women
California	Healthy Families	Low cost, health insurance who do not typically qualify for free Medi-Cal health care program. Most visits to doctor, dentists, specialists; prescription drugs; and eligible hospitalization, labs and preventive care are covered through the program.	Children and teens up to age 19
Colorado	Child Health Plan Plus (CHP+)	low-cost health insurance program for uninsured Colorado children ages 18 and under whose families earn or own too much to qualify for Medicaid but cannot afford private insurance. Comprehensive health care coverage.	Children below 18 Pregnant women
Connecticut	HUSKY – Health for Uninsured Kids & Youth Program	Provides health coverage to all children based on family income. Benefits package includes coverage for: preventive care, outpatient physician visits, school physical exams, mental health & substance abuse services, diagnostic x-ray & lab services, emergency care, dental, vision, and durable medical equipment. Affordable to no Co-pays and premium payments based on income.	Children below age 19.
Delaware	Diamond State Health Plan & Delaware Healthy Children Program	Low cost health insurance program. Premium payments are based on \$10, \$15, or \$25 per household, based on income level. Services covered include: Well-baby and well-child checkups, Drug/alcohol abuse treatment, Speech/hearing therapy, Immunizations, Physical therapy, Eye exams, Ambulance services, Prescription drugs, Hospital Care, Physician services, X-rays, Lab work, Assistive technology, Mental health counseling, Limited home health and nursing care, Case management and coordination, and Hospice care.	Children below age 19 Below 200% of FPL
Florida	KidCare	Offers various health care plans based on age, income, and health need. Affordable co-pays and premium based on income level.	Children below age 19

Hawaii	Quest	Managed health care coverage to low income residents. Basic benefits package includes medical & dental coverage.	Qualifying residents Enrollment cap
Maine	Dirigo Health	Universal health access.	Qualifying residents
Nevada	CheckUP	Low cost, comprehensive coverage. Quarterly premium payments are based on family income and size. Premium payments are waived for Native American Families who are members of a federally recognized tribe. Nevada Check Up covers most medical, dental, and vision services.	Children below age 18 Native American Families
New York	Family Health Plus Child Health Plus	public health insurance program for adults between the ages of 19 and 64 who do not have health insurance - either on their own or through their employers - but have income or resources too high to qualify for Medicaid. Coverage includes: physician services, inpatient and outpatient hospital care, prescription drugs and smoking cessation products, lab tests and x-rays, vision, speech and hearing services, rehabilitative services (some limits apply), durable medical equipment, emergency room and emergency ambulance services, behavioral health and chemical dependence services (which includes drug, alcohol and mental health treatment - some limits apply), diabetic supplies and equipment, hospice care, radiation therapy, chemotherapy and hemodialysis, and dental services (if offered by the health plan).	Qualifying residents
Rhode Island	RIte Care	Provides comprehensive health coverage to qualifying individuals and families also subsidizes cost to individuals with employer sponsored health benefits who meet eligibility requirements.	Qualifying residents
Tennessee	TennCare	Established to reform traditional Medicaid program and creates option for health coverage to individuals and families who do not qualify for Medicare.	Qualifying residents

Texas	TexCare	TexCare offers two separate children's health insurance programs. Both programs provide health insurance for children at a price that fits the budgets of Texas families. Rates are flexible and are based on family size and family income and expenses. Children do not have to be US citizens to apply.	Children below the age of 19
Virgin Islands	Pilot planning	expand employer-based coverage with a strategy to pool small firms, such as association plan or buy into a "shadow" plan; Develop a private/public partnership to assist with the highest risk levels to lower premium expense for employers; Better coordinate public insurance programs to make use of existing funding and reduce unnecessary utilization of resources in order to expand coverage potential; and Expand managed care network for public program beneficiaries to include Community Health Centers, Department of Health, and additional hospitals.	Uninsured workers Underinsured Medicaid & Medicare enrollees
Washington D.C.	DC Healthy Families	Free health insurance. Benefits package includes: doctor visits, immunizations, school physicals, emergency care, hospital stays, prescription medicines, prenatal care, labor and delivery, vision care and glasses, dental care, family planning, transportation to doctor appointments, home health care, durable medical equipment, health education services, mental health services, drug and alcohol treatment, and other health care needs.	Low income families with children below age 19 Pregnant women

Alabama **Medicaid & All Kids**

The Alabama ALL Kids program provides low cost health insurance for Alabama's children whose family incomes are above Medicaid eligibility, but less than 200% of the Federal Poverty Level. ALL Kids provides for a 24-Hour nurse hotline, regular check-ups, immunizations, sick child doctor visits, prescriptions, dental, vision, hospital and physician service. Additional medical services may be available for children with special needs.

Although the state provides health insurance coverage to residents needing assistance, a high number of the population are eligible for assistance but are not enrolled. A survey conducted through funding from State Planning Grant found that 2% of Alabama's uninsured are potentially eligible for employer sponsored insurance and 16% are potentially eligible for public programs. Research findings reveal that there is a need for public education and guidance for businesses with respect to insuring the uninsured. The address concerns in the gap in health insurance access among Alabama residents, the state has developed a set of strategic plans. The state's strategic plans will reform existing government programs such as: raising the Medicaid income eligibility level for non-pregnant adults, providing coverage to uninsured parents of Medicaid, SCHIP enrollees, and childless adults; establishing a full-cost buy-in; expanding Medicaid's current Health Insurance Premium Payment Program; allowing for buy-in to Medicaid, and expanding SCHIP to cover the unborn who would be eligible for coverage after delivery. (Source: Sharon-Silow, C. & T. Alteras, *HRSA State Planning Grant Update: A Review of Coverage Strategies and Pilot Planning Activities*, April 2005.)

Alaska **Medicaid & Denali KidCare**

Denali KidCare is Alaska's SCHIP or State Children's Health Insurance Program. It is designed to ensure that all children and teens of working and non-working families in the state have access to health insurance. Eligibility is also available to qualifying pregnant women. There is no cost for eligible children, teens and pregnant women to participate in the program. However, youth who are 18 years-old may be required to share a limited amount of the cost for some services. The state determines eligibility based on income and family size. Personal and other property assets do not affect eligibility.

Denali KidCare children and teens receive the full range of prevention and treatment services such as: doctor's visits, health check-ups & screenings, vision exams & eyeglasses, dental checkups, cleanings & fillings, hearing tests & hearing aids, speech therapy, physical therapy, mental health therapy, substance abuse treatment, chiropractic services, foot doctor's services, hospital care, laboratory tests, prescription drugs, and medical transportation.

(Source: <http://hss.state.ak.us/dhcs/DenaliKidCare/default.htm>)

California Healthy Families

The Healthy Families Program offers low cost insurance for children and teens up to age 19. It provides health, dental and vision coverage (managed care plans) to children who meet the program rules and do not qualify for free Medi-Cal. People who qualify for Healthy Families get 12 months of health coverage, so long as monthly premiums are paid. Under the program, each member can choose his or her own plan. Healthy Families members pay a low monthly premium. Most visits to doctors, dentists and specialists, and prescriptions are covered through the program. The Healthy Families plans cover the costs of hospital care, labs and preventive care. Various plans are available throughout counties in California.

(Source: <http://www.healthyfamilies.ca.gov/hf/hfhome.jsp>)

Colorado Medicaid & Child Health Plan Plus (CHP+)

Child Health Plan Plus (CHP+) is a low-cost health insurance program for uninsured Colorado children ages 18 and under whose families earn or own too much to qualify for Medicaid but cannot afford private insurance. CHP+ encourages preventive and early primary care by removing the financial barriers to health care. CHP+ works to improve the health status of Colorado children by improving access to appropriate medical care and to reduce overall health care costs. CHP+ also offers benefits to pregnant women. The CHP+ Prenatal Care Program offers free health insurance to uninsured Colorado pregnant women who live in households that meet certain income requirements. (Source: <http://www.cchp.org/chpweb/mainPage.cfm>)

In 2001, approximately 516,000 residents in the state were uninsured many of whom are children especially in regions of Boulder, Denver, Mountain, and Northeast. State Planning Grant preliminary findings reveal that small business owners feel insurance benefits is an important employment incentive yet are not aware of what coverage to offer, and do not trust insurance brokers; most small business owners provide coverage to employees and not their dependents. As part of the state's strategic plan to address expanding coverage to a greater number of the uninsured population, Colorado is pursuing a HIFA waiver, assess SCHIP outreach among Latino community, streamline care under SCHIP for children with special needs, develop ways that transitioning children and families from government insurance programs to private insurance will maintain health coverage during transition period, assist small business on how to effectively purchase health coverage for their employees, and develop a Small Group Enrollment Center. (Source: Sharon-Silow, C. & T. Alteras, *HRSA State Planning Grant Update: A Review of Coverage Strategies and Pilot Planning Activities*, April 2005.)

Connecticut
HUSKY (Health for Uninsured Kids & Youth) Program

Signed into law in Oct. 29, 1997 by Governor John Rowland, HUSKY program was established to provide health care to all children below the age of 19 living in the state of Connecticut from families of all income levels. HUSKY combines three health coverage programs into one umbrella service:

HUSKY A, the longstanding Medicaid program; **HUSKY B**, the comparatively new State Children's Health Insurance Program (SCHIP) for youngsters in higher-income families (HUSKY B); and **HUSKY Plus**, a supplemental program for children with special physical and behavioral health needs (HUSKY Plus is available to most children enrolled in HUSKY B). Husky is funded by state and federal government, and administered in the state by the Department of Social Services. Depending on family income, HUSKY is available for free or at low cost, sliding fee scale. Benefits include: preventive care, outpatient physician visits, school physical exams, prescription medicines, inpatient hospital and physician services, outpatient surgical facility services, mental health and substance abuse services, short-term rehabilitation and physical therapy, skilled nursing facility, home health care, hospice care, diagnostic x-ray and laboratory services, emergency care, durable medical equipment, eye care and hearing exams, and dental care. Under the HUSKY Program there is no income limit for qualifying. Family income is used to determine which part of HUSKY will serve the child and whether there is a shared cost for the family. Depending on income and family size, families will either pay: No premiums; or \$30 monthly if there is one child; or \$50 monthly for all children in the family combined; or, in the case of group rates for the highest income categories, from \$138 to \$202 monthly (the group rates tend to be about one-third of the cost of a health insurance policy purchased individually on the private market). (Source: <http://www.huskyhealth.com/>)

The state is aware that there are still those without health insurance coverage despite the existing government programs. To address this issue the state is developing pilot planning and strategies through State Planning Grant to develop premium assistance and employer subsidy. The goal of the project is to develop a plan to provide adequate and affordable insurance coverage for all Connecticut residents that specifically targets small businesses that do not offer coverage and low-income employees who do not take up offered coverage. (Source: Sharon-Silow, C. & T. Alteras, *HRSA State Planning Grant Update: A Review of Coverage Strategies and Pilot Planning Activities*, April 2005.)

Delaware
**Medicaid, Diamond State Health Plan, and
Delaware Healthy Children Program**

The Delaware Healthy Children Program is a low cost health insurance program for uninsured children. It provides similar health coverage provided through private insurance companies. Eligibility is available to children below the age of 19 and whose families fall below the 200% Federal Poverty Level. Premium payments are based on \$10, \$15, or \$25 per household, based on income level. Coverage is available through

two managed care plans: Coventry/Delaware Care and First State Health Plan. The program is administered by the Division of Social Services. The Delaware Healthy Children Program covers everything from routine checkups to eye exams to doctor and hospital services. Families covered by the Delaware Healthy Children Program have access to an extensive list of services for a single low monthly rate and no co-payments. Services covered include: Well-baby and well-child checkups, Drug/alcohol abuse treatment, Speech/hearing therapy, Immunizations, Physical therapy, Eye exams, Ambulance services, Prescription drugs, Hospital Care, Physician services, X-rays, Lab work, Assistive technology, Mental health counseling, Limited home health and nursing care, Case management and coordination, and Hospice care. (Source: <http://www.dhss.delaware.gov/dhss/dss/dhcfpaq.html>)

To address the state's overall uninsured population beyond uninsured children, Delaware is pilot planning an employer-focused coverage expansion for low income adults. The target populations are adults with income between 100-200% of the Federal Poverty Level. A few of the planning tasks include: developing a health insurance benefits package focusing on prevention and disease management; creating a statewide provider network and proposed fee schedule and/or patient cost-sharing arrangement and working with the CHAP network and state medical society.

(Source: Sharon-Silow, C. & T. Alteras, HRSA State Planning Grant Update: A Review of Coverage Strategies and Pilot Planning Activities, April 2005.)

Florida Florida KidCare

Florida KidCare is health insurance coverage for children without health insurance below the age of 19. Through the KidCare program there are four qualifying categories that provide services to children: MediKids, Healthy Kids, the Children's Medical Services Network, and Medicaid for Children. Eligibility is based on family income and age.

MediKids - Offers low-cost health insurance coverage for children ages 1 to 5. MediKids enrollees receive most Medicaid benefits and receive services from Medicaid providers. MediKids is not an entitlement program. Families pay a \$15 or \$20 monthly premium per household, depending on income. Children can only enroll during open enrollment periods.

Healthy Kids - Is a public/private organization that provides health coverage to children. Healthy Kids is available to the uninsured between ages 5-18, are not eligible for Medicaid or the Children's Medical Services Network and are not an ineligible non-citizen or child of a state employee. Benefits include medical and dental coverage with or without co-pay.

Children's Medical Services Network - Provides health care to children with specialized needs under the age of 21 who have serious or chronic physical or developmental conditions that require extensive preventive and maintenance care beyond that of typically healthy children. (Source: <http://www.floridakidcare.org/>)

Hawaii

Prepaid Health Care Act & Hawaii QUEST

The Hawaii Prepaid Health Care Act of 1974 is a law that mandates employers provide health insurance to employees who work 20 hours a week or more for four consecutive weeks. The act also set the standard for benefits provided by employer-based health plans. Coverage benefits must be equal to those provide by the plan with the largest number of subscribers in the state. If an employee is disabled and unable to work, the employer must continue to pay its share (98.5 %) of the employee's health insurance premium cost for three months following the month when the employee became disabled. The employee also continues to pay his or her portion (1.5 %) of the premium. Government services, seasonal employment approved by the State Department of Labor & Industrial Relations, insurance agents and real estate salespersons paid solely by commission, and sole proprietors with no employees are excluded from providing employees with health coverage.

Hawaii QUEST – provides managed health care coverage to lower income residents. There is a 120,000 person enrollment cap. Individuals and families who qualify for Hawaii Quest choose a medical and dental plan from participating health insurance companies. Basic benefits packages are the same for all participants above the age of 21, those below this age bracket may receive additional service coverage such as vaccinations and medical tests. Mental health care is provided to those requiring such service. Co-payments for medical treatment and services are based on income level. (Source: healthcoveragehawaii.org/target/prepaid.html & hmsa.com/healthplans/quest/)

Maine

Dirigo Health

Dirigo Health was established through a set of reform initiatives (Public Law 469/Dirigo Health Reform Act) to ensure universal access to health care to all residents in Maine by the year 2009. The Dirigo Health Program offers affordable, quality, comprehensive health to eligible individuals, the self-employed/sole proprietors and small businesses & municipalities (with 2-50 employees). Small business employers enrolled in the plan receive lower rates through federal support for the program, and employees of those participating small businesses or individual enrollees earning lower incomes receive subsidies that enable them to buy into the plan. Dirigo Health is contracted with private health insurance carriers to provide a comprehensive package of benefits and pay providers at private market rates.

DirigoChoice - is health care coverage designed to give Maine businesses with 50 or fewer employees, the self-employed, and individuals an affordable, high-quality option for health coverage. Payment of coverage in this plan is based on household income level. Plan includes prescription drug coverage, 100% preventive & wellness care coverage [baby care, immunizations & flu shots, routine physicals, blood test, pap tests, and mammograms], fitness club discounts, cash rewards of \$100 when a primary care physician is selected & a health risk assessment is completed, no pre-existing conditions.

MaineCare - Adults (age 20 through 64) without children are eligible for MaineCare if their incomes are less than 125% FPL; also persons with disabilities with household incomes below 125% FPL will be eligible for MaineCare; and parents and children will be eligible for MaineCare if their incomes are less than 200% FPL. (Source: <http://www.dirigohealth.maine.gov/>)

Nevada
Medicaid & CheckUp

Nevada CheckUp is a state sponsored health insurance that provides low cost, comprehensive coverage to low income and uninsured children below the age of 18 who are not covered by Medicaid or private health insurance. Quarterly premium payments are based on family income and size. Premium payments are waived for Native American Families who are members of a federally recognized tribe. Participants do not pay co-payments, deductibles, or other payments for covered services. Health services are the same between Medicaid & CheckUp programs. Nevada Check Up covers most medical, dental, and vision services. Some of these include: Physician, Chiropractor, Dental, Vision, Medical Equipment, Hospital Inpatient and Outpatient hospital, Laboratory and X-Ray, Prescription Drugs, Ambulance, Non-Emergency Transportation, Mental Health, Home Health, Well-Child, Well-Baby Visits, Immunizations. (Source: <http://www.nevadacheckup.state.nv.us/faq.htm#qualify>)

New York
Medicaid, Family Health Plus, Child Health Plus

Family Health Plus is a public health insurance program for adults between the ages of 19 and 64 who do not have health insurance - either on their own or through their employers - but have income or resources too high to qualify for Medicaid. Family Health Plus is available to single adults, couples without children, and parents with limited income who are residents of New York State and are United States citizens or fall under one of many immigration categories. Family Health Plus provides comprehensive coverage, including prevention, primary care, hospitalization, prescriptions and other services. There are minimal co-payments for some Family Health Plus services. There is no cost to apply for Family Health Plus and there are no deductibles once enrolled. Health care is provided through participating managed care plans. Family Health Plus provides comprehensive health insurance coverage. Participants choose a health plan, will have a regular doctor, get regular checkups and see specialists, if needed. Coverage includes: physician services, inpatient and outpatient hospital care, prescription drugs and smoking cessation products, lab tests and x-rays, vision, speech and hearing services, rehabilitative services (some limits apply), durable medical equipment, emergency room and emergency ambulance services, behavioral health and chemical dependence services (which includes drug, alcohol and mental health treatment - some limits apply), diabetic supplies and equipment, hospice care, radiation therapy, chemotherapy and hemodialysis, and dental services (if offered by the health plan).

New York State has a health insurance plan for kids, called Child Health Plus. Eligibility is based on family income, with two available options: Child Health Plus A (formerly Children's Medicaid) or Child Health Plus B. Both Child Health Plus A and B are available through dozens of providers throughout the state. There is no monthly premium for families whose income is less than 1.6 times the poverty level (about \$460 a week for a three-person family, about \$560 a week for a family of four). Families with moderately higher incomes pay a monthly premium of \$9 or \$15 a month per child, depending on income and family size. For larger families, the monthly fee is capped at three children. If the family's income is more than 2.5 times the poverty level, they pay the full monthly premium charged by the health plan. There are no co-payments for services under Child Health Plus. Benefits include: Well-child care, physical exams, immunizations, diagnosis and treatment of illness and injury, X-ray and lab tests, outpatient surgery, emergency care, prescription and non-prescription drugs if ordered, inpatient hospital medical or surgical care, short-term therapeutic outpatient services (chemotherapy, hemodialysis), limited inpatient and outpatient treatment for alcoholism and substance abuse, and mental health, dental care, vision care, speech and hearing, durable medical equipment, emergency ambulance transportation to a hospital, and hospice.
(Source: <http://www.health.state.ny.us/nysdoh/shplus/>)

Rhode Island RIte Care

RIte Care provides families on the Family Independence Program and eligible uninsured pregnant women, parents, and children up to age 19 with comprehensive health coverage. Families receive most of their health care through one of three participating Health Plans: Neighborhood Health Plan of Rhode Island, United Healthcare of New England and Blue Cross and Blue Shield of RI.

RIte Share can help families get health insurance coverage through their employer (or spouse's employer). All or part of the employee's share of the health insurance premium is paid for by the program. RIte Share also pays for co-payments in the employer's health insurance plan.

(Source: <http://www.dhs.state.ri.us/dhs/famchild/shicare.htm>)

Tennessee TennCare

TennCare was established on January 1, 1994 to reform the state's Medicaid program. It was designed as a managed care model with services offered through several managed care entities and established to extend coverage to uninsured and uninsurable persons not eligible for traditional Medicaid program. The program is two-fold consisting of:

TennCare Medicaid is available to children and adults eligible for Medicaid. Eligible persons must fall in the following groups: children under age 21; women who are pregnant; single parents or caretakers of a minor child (The child must live with you and

be a close relative.); Two-parent families with a minor child living at home when one of the parents: Has lost their job or had their work hours cut, or, has a health or mental health problem expected to last 30 days; Women in need of treatment for breast or cervical cancer; People who get an SSI check (Supplemental Security Income); People who stopped getting SSI after November 13, 1987 while living in Tennessee—you don't have to be getting SSI now; People who have gotten both an SSI check and a Social Security check in the same month at least once since April, 1977 AND who still get a Social Security check; and a person who lives in a nursing home and has income below \$1,737 per month, or receives other long term care services that TennCare pays for.

TennCare Standard is available for persons not eligible for Medicaid but who meet the state's criteria of being either uninsured, uninsurable, medically eligible, and below the age of 19. Enrollees may be required to pay premiums and co-pays.

(Source: <http://www.dhs.state.tn.us/dhs/famchild/shcare.htm>)

Texas **TexCare**

TexCare offers two separate children's health insurance programs. Both programs provide health insurance for children at a price that fits the budgets of Texas families. Rates are flexible and are based on family size and family income and expenses. Children do not have to be US citizens to apply. TexCare also determines eligibility for the State Kids Insurance Program - SKIP. State employees may qualify for an insurance supplement for dependent children under age 19. SKIP supplement are covered through the state insurance program. In addition to TexCare, the state of Texas provides additional assistance to the uninsured through Children's Health Insurance Program (CHIP) and Medicaid. (Source: textcarepartnership.com)

US Virgin Islands **Pilot Planning**

The State Planning Grant in the US Virgin Islands conducted a study to address the territory's uninsured population, a half of which are 18 to 24 years old, and have incomes below the 100% of the FPL. Uninsurance has had significant impact on the territory's hospital operations and other financial increases related to health. The Pilot Planning strategies have identified that to extend coverage to the uninsured they will: expand employer-based coverage with a strategy to pool small firms, such as association plan or buy into a "shadow" plan; Develop a private/public partnership to assist with the highest risk levels to lower premium expense for employers; Better coordinate public insurance programs to make use of existing funding and reduce unnecessary utilization of resources in order to expand coverage potential; and Expand managed care network for public program beneficiaries to include Community Health Centers, Department of Health, and additional hospitals. The planning's target population are uninsured workers and their employers and underinsured Medicaid and Medicare enrollees. The tasks of the pilot planning are to develop premium/benefits plan, legal/regulatory structures, administrative and marketing strategies, and an outline of legislative, regulatory, and administrative

strategies. The goals are by August 2005, develop two fully defined and affordable streams of insurance coverage that would reduce the overall uninsured rate to approximately 11% of the population. (Source: Sharon-Silow, C. & T. Alteras. HRSA State Planning Grant Update: A Review of Coverage Strategies and Pilot Planning Activities, April 2005.)

Washington D.C.
DC Healthy Families

DC Healthy Families is a free health insurance program for low to moderate income families with children below 19 years of age or for pregnant women. Qualification is based on income and family size. Enrollees choose from three health plans offered through: Amerigroup Corporation, DC Chartered Health Plan and Health Right. Benefits package includes: doctor visits, immunizations, school physicals, emergency care, hospital stays, prescription medicines, prenatal care, labor and delivery, vision care and glasses, dental care, family planning, transportation to doctor appointments, home health care, durable medical equipment, health education services, mental health services, drug and alcohol treatment, and other health care needs. DC Healthy Families is funded by the District of Columbia and the federal government. DC Healthy Families is part of a national initiative, the Children's Health Insurance Program (CHIP), to ensure that every child has access to health care. (Source: <http://doh.dc.gov/doh/site/default.asp>)

Wisconsin
BadgerCare

BadgerCare provides health insurance to low-income working families with children, whose incomes are too high for Medicaid. The program provides transition for families from welfare to private insurance. It was established on the notion that health care is essential for working families with children.

BadgerCare - Low-income uninsured families who are not eligible for Medicaid qualify for BadgerCare if family income is at or below 185 percent of the federal poverty level (FPL). Families remain eligible for BadgerCare until their income exceeds 200 percent of the FPL. No asset test is required to enroll in BadgerCare. Families that currently have, or have had, insurance in the past three months, or who have had access to a group health insurance plan in which their employer pays at least 80 percent of the monthly premium, are not eligible for BadgerCare. Most BadgerCare families are enrolled in the Wisconsin Medicaid managed care Health Maintenance Organization (HMO) program. However, BadgerCare can pay premiums to enroll families into their employer-sponsored health insurance. To qualify for the Health Insurance Premium Purchase (HIPP) program, the employer must pay at least 40 percent, but less than 80 percent, of a family premium. In addition, the cost of the family premium, plus wraparound services equal to BadgerCare coverage, must be cost-effective compared to BadgerCare HMO coverage for the family. Benefits are identical with the state's Medicaid benefits package, with service coverage ranging from routine health care, prescription drugs, and hospitalization. (Source: <http://www.dhfs.state.wi.us/badgercare/>)

Based on our review of the different state health plans we have compiled preliminary options for consideration by the Department of Public Health and Social Services. The following table illustrates several options:

1. Health insurance should be affordable and inexpensive to all.

- A. Develop a public health insurance program similar to *Family Health Plus & Child Health Plus* in New York, for adults ages 19-64 who do not have health insurance. Insurance will be available to low-income uninsured families, individuals, and pregnant women who are not eligible for MIP or Medicare and are not within the eligibility threshold. Participants of the program will be assessed minimal co-payments for some benefits and low monthly premium payments based on income and family size – typically ranging from \$15-\$45. Medical coverage will range from routine health care, prescription drugs, and hospitalization as outlined in the government defined basic benefits package. The program will be administered through Health Management Organizations (HMO) partnered with the Government of Guam.
- B. Develop a public-private partnership with companies who presently cannot afford to provide employees with health insurance through small employer purchase of basic health benefits plans. Similar to the Wisconsin *Badger Care Program* this program will be partially subsidized by the government to assist companies (with 2-50 employees) in the purchase of group insurance, with both partners making an equal investment. In addition, participation in the program will also be available to families who have been denied access to a group health insurance in the last three months and/or that the employer or employer pool does not meet qualification for group insurance. Participants will be assessed low co-payments for select benefits and modest premiums. Medical coverage will range from routine health care, prescription drugs, and hospitalization as outlined in the government defined basic benefits package. The program will be administered through Health Management Organizations (HMO) partnered with the Government of Guam.

2. Health insurance should be accessible to all Guam residents.

- A. Government health insurance available to all US citizens and permanent legal alien status.
- B. The government health insurance program will be available to uninsured pregnant women, individuals and families who do not qualify for existing government insurance programs such as MIP, Medicare, and Medicaid and who fall outside the eligibility threshold and have no other access to medical care through private health insurance, worker's compensation, medical assistance, or Veteran's benefits.

3. More emphasis should be made regarding preventive care.

- A. Develop preventive care plan targeting uninsured populations to provide healthy living services such as – fitness, nutrition, and wellness programs.
- B. Provide incentives & premium rebates to individuals who regularly maintain routine check-ups such as annual diagnostics and immunizations and are actively pursuing healthy lifestyles such as fitness enrollment or participating in specific wellness programs.

Government Defined Benefits

Medical Services

Primary care visits (office visits for sick and well care)
Annual physical examination
Influenza immunizations
Limited laboratory tests, including blood tests on an annual basis
Basic x-rays (exclusive of CT scans, MRIS, or other special x-rays) & diagnostic tests (mammograms)
Maternity care
Urgent care & emergency services (including emergency ambulance services)
Behavioral health & chemical dependence services (drug, alcohol, & mental health treatment)
Diabetes treatment, including annual foot and eye exam
Maintenance drugs
Rehabilitation and skilled nursing care
Radiation therapy, chemotherapy and hemodialysis

Dental Services

Cleaning (twice a year, 100%)
Oral examinations & X-rays
Simple extractions
Root canal (50%)
Crowns & fillings (20%)

Through comparison of benefits provided by the Government's Medically Indigent Program (MIP)¹ versus the private health insurers on the island, the following MIP benefits offers a more beneficial program to the individual:

(Note that 80/20 coverage is permissible only when deductible is met)

- AIDS treatment is 100% covered compared to the 80/20 coverage by private health insurers
- Allergy testing/treatment is 100% covered compared to the 80/20 coverage with a \$500.00 maximum per contract period provided by private health insurers
- Ambulatory Surgicenter Guam is a covered benefit upon pre-authorization compared to the 80/20 coverage by private health insurers
- Annual Medical Exam is a covered benefit along with a \$5.00 co-payment for each examination visit compared to the 80/20 coverage with a \$200.00 maximum per contract period
- Breast Reconstructive surgery is 100% covered compared to the 80/20 coverage by private health insurers
- Cardiac surgery requires only a 10% co-payment compared to the 80/20 and \$50,000.00 maximum per contract period coverage by private health insurers
- Chemical Dependency allows a \$10,000.00 per year coverage opposed to a private insurers 80/20 and \$8,000.00 per contract period coverage
- Congenital Anomaly Diseases coverage is 100% covered on-island with a \$175,000 limit for off-island treatment compared to the 80/20 coverage by private health insurers
- Diagnostics, Labs, X-Ray, and Radiotherapy is 100% on laboratory and 10% co-insurance on all radiology services and radiotherapy compared to the 80/20 coverage by private health insurers
- Durable Medical Equipment is 100% covered compared to the 80/20 coverage by private health insurers
- Elective Surgery is 100% covered compared to the 80/20 coverage by private health insurers
- Emergency benefits is 100% covered compared to the 80/20 coverage by private health insurers
- Hospitalization and inpatient benefits are 100% covered compared to the 80/20 coverage by private health insurers
- Immunization is 100% covered compared to the 80/20 coverage by private health insurers
- Cardiac implants require a 10% co-insurance and all other implants are 100% covered subject to benefit limitation compared to the 80/20 coverage by private health insurers. Private Insurers provide coverage for only: cardiac pacemakers, valves, stents, intraocular lenses and orthopedic internal prosthetic device

- Maternity care is 100% covered compared to the 80/20 coverage by private health insurers
- Maternity care for non-spouse dependents is 100% covered compared to the 80/20 coverage by private health insurers.
- Mental health services for inpatients are 100% covered only for duration of 30 days. Outpatient services are 100% covered compared to the 80/20 and outpatient care only coverage by private health insurers
- Nuclear medicine is 100% covered compared to the 80/20 and \$30,000.00 maximum per contract period coverage by private health insurers.
- Physical and occupational therapy is 100% covered upon prior authorization for only the first 20 visits compared to the 80/20 coverage by private health insurers.
- Physician Care and Outpatient benefits is 100% covered compared to the 80/20 coverage by private health insurers.
- Prescribed drugs is 100% covered for generic brands. Brand drugs require a \$2.50 co-payment per prescription compared to the 80/20 coverage by private health insurers.
- Radiation therapy requires a 10% co-insurance on all services compared to the 80/20 and \$30,000.00 maximum per contract period coverage by private health insurers.
- Skilled nursing facility allows only 180 days maximum per year in comparison to the 80/20 coverage and 60 day maximum per contract period by private insurers
- Sterilization procedures is 100% covered compared to the 80/20 coverage by private health insurers.
- Well Baby Care is allowed a maximum of 6 visits per year for individuals under the age of 2 compared to the 80/20 and 5 visits per child under the age of 2 covered by private health insurers.

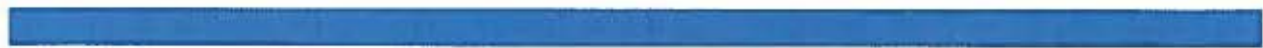
The Medically Indigent Program covers the following health services excluded² in health plans provided by private health insurers on the island:

- Intermediate care facility
- Attempted Suicide
- Off-Island fare
- Occupational therapy (with limitations)
- Audiograms, regardless of the reason for such tests is covered if medically necessary
- Elective Abortions unless medically necessary
- Eyeglasses or contact lenses and services and supplies in connection with surgery for the purpose of diagnosing or correcting errors of refraction
- Examinations related to the prescription or fitting of a hearing aid
- Injuries while operating any wheeled vehicle during an organized, off-road, competitive sporting event

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- Dialysis treatment which would not have been charged in the absence of the plan
 - Treatment of/for mental retardation or mental deficiency
 - Purchase, rental of durable or disposable medical equipment and supplies
 - Self inflicted and self induced injuries
 - Hospital take home drugs
 - Psychoanalysis or psychotherapy covered for children of EPSDT clients only if medically necessary

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Resources (resources that have no clear attribution and created
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Guam Health Summit Response

Summary of Health Summary Evaluations tables
Health Summit Category Clusters Dream Phase (4 pages)



APPENDIX I:

Press Clippings on Health Insurance Articles



GovGuam health insurance rates surge

Pacific Daily News September 29, 2005

GovGuam health insurance rates surge

By Oyaol Ngirairiki

Pacific Daily News

ongirairiki@guampdn.com

On the first day of the government of Guam's open enrollment yesterday, Fernando Cabrera canceled his health insurance. He said he had no choice.

After deductions for health care and taxes, Cabrera said he usually has about \$600 left each month to pay for food, utility bills, gas and other necessities. After seeing how the new health insurance rates have increased, he decided to cancel his medical

▲ See Health Page 4

INSIDE

▲ Rates: Compare the different health plans.

Page 4

▶ TO THE POINT

▲ Open enrollment for GovGuam employee and retiree health plans started yesterday and continues through Oct. 24. Some plans have increased significantly compared to the current year's plans.

guampdn.com Pacific Daily News, Thursday, September 29, 2005

LOCAL

Health: 'I cannot afford it'

▲ Continued from Page 1

insurance.

"My insurance now is the Lord," Cabrera said.

And Cabrera is only one of the thousands of GovGuam employees and retirees calculating the daily cost of living.

Cecilia Martinez, human resources administrator for the Department of Administration, said Galvo's SelectCare and Staywell are the only two insurance providers available to GovGuam employees.

Staywell rates next year will increase by \$2 for a single employee, or Class 1, in the Staywell Bronze 1000 plan and about \$150 for the Staywell Silver family plan.

But Galvo's SelectCare offerings have changed significantly.

The SelectCare 1500 plans for all classes increased by an average of about 300 percent. But the company also is offering two new plans that SelectCare officials have said will be a pleasant surprise to GovGuam officials.

SelectCare has a new insurance plan that does not require employees to make the usual monthly payment, but has a \$1,000 deductible. The SelectCare 1000 requires patients to receive most of their major medical care in the Philippines, except for medical emergencies that happen while abroad. SelectCare is offering a high-deductible health plan with no monthly payment at a higher deductible of \$1,500.

"These are new plan designs offered by SelectCare. ... We have to have employees and retirees attend the orientations so they can ask about these new plans," Martinez said. "When they have all the information then they can make intelligent decisions on which health plan best suits their needs."

Based on his monthly expenses, Cabrera decided to go without insurance this coming year. Before, he's had to live off of \$600 to pay for necessities.

"If I didn't have my son to help me, I think my power would be cut off by now," said the now-retired 20-year government of Guam employee.

"I cannot afford it anymore," said Cabrera, pointing to a sheet of rates that showed increasing health insurance costs. "I retired last year. ... Before I retired from Guam Community College, I was doing OK. But now, it's too hard to pay for everything."

Brigida Garrido, a 19-year-old office clerk at the Child Support Division of the attorney general's office, said she's expecting to switch her health insurance provider.

"I don't have much of a choice. The government deducts so much from my paycheck for the insurance and I'm not even close to meeting my \$1,500 deductible this year," Garrido said. "It's almost like I don't have insurance at all."

SELECTCARE

Several changes have been made since 2004 with the reduction of plans, including the 500 and 1000 plans. In 2005 only SelectCare 1500 was available. For 2006, two new plans are being offered to government employees and retirees.

SELECTCARE 1500 ***

Employee cost	2005	2006	
Class 1	\$17.04	\$94.30	+394.7%
Class 2	\$82.73	\$289.24	+215.8%
Class 3	\$56.24	\$244.54	+334.8%
Retiree cost			
Class 1	\$18.47	\$91.32	+394.4%
Class 2	\$96.12	\$303.45	+215.7%
Class 3	\$60.92	\$264.92	+334.9%

SELECTCARE HSA 1500 ***

Employee cost	2006
Class 1	0.00
Class 2	35.70
Class 3	0.00

SELECTCARE PHIL 1000**

Employee cost	2006
Class 1	\$1.85
Class 2	\$42.16
Class 3	\$6.46

Class 1: Employee or retiree with no dependents

Class 2: Employee or retiree with one or more dependents

Class 3: Government-employed (for retiree) husband and wife with or without dependents enrolled in the same plan.

Note: Retiree payments are based on 24 pay periods, while active employees are based on 26 pay periods.

* (A deductible of \$500 for individuals and \$1,500 for families applies before health insurance kicks in.)

** (A deductible of \$1,000 for individuals and \$3,000 for families applies before health insurance kicks in.)

*** (A \$1,500 deductible applies before health insurance kicks in.)

Department of Administration

WHOM TO CALL

▲ Government open enrollment for health and dental insurance started yesterday and will continue until Oct. 24. Government employees and retirees can make changes to their health insurance benefits during open enrollment, which continues through Oct. 24. Employees and retirees can call their agency's human resources office or the Department of Administration's Human Resources Division Employee Benefits Branch at 475-1296/1179.

All rates listed below are per pay period.

STAYWELL:**SILVER PLAN**

Employee cost	2004	2005	2006	% change (from 2005)
Class 1	\$75.40	\$123.04	\$176.14	+44.8%
Class 2	\$267.32	\$411.13	\$562.84	+38.1%
Class 3	\$234.63	\$378.66	\$532.14	+40.5%

Retiree cost

Class 1	\$82.01	\$134.14	\$191.14	+42.5%
Class 2	\$740.35	\$447.96	\$646.52	+37.6%
Class 3	\$255.35	\$412.76	\$577.99	+40%

BRONZE 500 PLAN*

Employee cost				
Class 1	\$2.97	\$35.69	\$47.72	+33.7%
Class 2	\$56.82	\$197.41	\$147.30	-18.1%
Class 3	\$74.33	\$104.92	\$126.60	+20.7%

Retiree cost

Class 1	\$8.47	\$39.14	\$51.84	+32.4%
Class 2	\$61.66	\$159.21	\$176.84	+17.7%
Class 3	\$36.46	\$115.01	\$137.58	+19.6%

BRONZE 1,000 PLAN**

Employee cost				
Class 1	\$0.00	\$0.60	\$2.69	+349.5%
Class 2	\$32.49	\$34.23	\$50.25	+47.1%
Class 3	\$0.00	\$1.74	\$4.67	+243.1%

Retiree cost

Class 1	\$0.00	\$0.60	\$2.95	+391.7%
Class 2	\$35.20	\$37.11	\$54.84	+47.3%
Class 3	\$0.00	\$1.91	\$16.13	+744.5%

GFT's health plans COBRA, GovGuam's health plans do not

Guam Federation of Teachers News, October 2005

health alert

GFT's Health Plans Have COBRA, GovGuam's Health Plans Do Not

Q. WHAT IS COBRA continuation coverage?

A. Congress passed the important Consolidated Omnibus Budget Reconciliation Act (COBRA) health benefit provisions in 1986. The law amends the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Service Act to provide continuation of group health coverage that otherwise might be terminated.

Q. What does COBRA do?

A. COBRA provides certain former employees, retirees, spouses, former spouses, and dependent children the right to temporary continuation of health coverage at group rates. This coverage, however, is only available when coverage is lost due to certain specific events.

Group health coverage for COBRA participants is usually more expensive than health coverage for active employees, since typically the employer pays a part of the premium for active employees while COBRA participants generally pay the entire premium themselves. It is ordinarily less expensive, though, than individual health coverage.

Q. Who is entitled to benefits under COBRA?

A. There are three elements to qualifying for COBRA benefits. COBRA establishes specific criteria for plan, qualified beneficiaries, and qualifying events.

Plan Coverage: Group health plans for employees with no or more employ-

ers are more than 25 percent of the typical business days in the previous calendar year are subject to COBRA. Both full and part-time employees are entitled to determine whether a plan is subject to COBRA.

Eligible former employees are entitled to a fraction of an employer's cost for the continuation of health coverage for the period of time that the part-time employee would have been covered by the employer's group health plan if the employee had continued to work for the employer.

Qualified Beneficiaries: A qualified beneficiary generally is an individual covered by a group health plan on the day before a qualifying event who is either an employee, the employee's spouse, or an employee's dependent child.

In certain cases, a retired employee, the retired employee's spouse, and the retired employee's dependent children may be qualified beneficiaries. In addition, any child born to or parent of an employee with a covered employee during the period of COBRA coverage is considered a qualified beneficiary. Agents, independent contractors, and directors who participate in the group health plan may also be qualified beneficiaries.

Qualifying Events: Qualifying events are certain events that would cause an individual to lose health coverage. The type of qualifying event will determine who the qualified beneficiaries are and

FREQUENTLY ASKED QUESTIONS

About COBRA Consolidated Omnibus Budget Reconciliation Act

the amount of time that a plan is not eligible for health coverage to them under COBRA. A plan, at its discretion, may provide longer periods of continuation coverage.

Qualifying Events for Employees: Voluntary or involuntary termination of employment for reasons other than gross misconduct.

Reduction in the number of hours of employment.

Qualifying Events for Spouses: Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct.

Reduction in the hours worked by the covered employee.

Covered employee's becoming entitled to Medicare.

Divorce or legal separation of the covered employee.

Death of the covered employee.

Qualifying Events for Dependents: Loss of dependent child status under the plan rules.

Voluntary or involuntary termination of the covered employee's employment for any reason other than gross misconduct.

Reduction in the hours worked by the covered employee.

Covered employee's becoming entitled to Medicare.

Divorce or legal separation of the covered employee.

Death of the covered employee.

How does a person become eligible for COBRA continuation coverage?

A. To be eligible for COBRA coverage, you must have been enrolled in your employer's health plan when you worked and the health plan must continue to be in effect for active employees.

COBRA continuation coverage is available upon the occurrence of a qualifying event that would, except for the COBRA continuation coverage, cause an individual to lose his or her health care coverage.

Q. What process must individuals follow to elect COBRA continuation coverage?

A. Employees must notify plan administrators of a qualifying event within 30 days after an employee's death, termination, reduced hours of employment or entitlement to Medicare.

A qualified beneficiary must notify the plan administrator of a qualifying event within 60 days after divorce or legal separation or a child's coming to be covered as a dependent under plan rules.

Plan participants and beneficiaries generally must be given an election notice

no later than 14 days after the plan administrator receives notice that a qualifying event has occurred. The individual then has 60 days to decide whether to elect COBRA continuation coverage. The person has 45 days after electing coverage to pay the initial premium.

Q. How long after a qualifying event do I have to elect COBRA coverage?

A. Qualified beneficiaries must be given an election period during which such qualified beneficiary may choose whether to elect COBRA coverage. Each qualified beneficiary may independently elect COBRA coverage.

A covered employee or the covered employee's spouse may elect COBRA coverage on behalf of all other qualified beneficiaries. A parent or legal guardian may elect on behalf of a minor child. Qualified beneficiaries must be given at least 60 days for the election.

This period is measured from the time of the coverage loss date or the date the COBRA election notice is provided by the employer to plan administrator.

The election notice must be provided as persons carry first class mail within 14 days after the plan administrator receives notice that a qualifying event has occurred.

Q. How do I file a COBRA claim for benefits?

A. Health plan rules must explain how to elect benefits and must include written procedures for processing claims. Claim procedures must be described in the Summary Plan Description.

You should maintain a claim for benefits in accordance with the plan's rules for filing claims. If the claim is denied, you must be given notice of the denial in writing generally within 60 days after the claim is filed. The notice should state the reasons for the denial, any additional information needed to support the claim, and procedures for appealing the denial.

You will have at least 60 days to appeal a denial and you must receive a decision on the appeal generally within 60 days after that.

Contact the plan administrator for more information on filing a claim for benefits. Complete plan rules are available from employers or benefits offices. There can be charges up to 25 cents a page for copies of plan rules.

Q. Can individuals qualify for longer periods of COBRA continuation coverage?

A. Yes. A plan can extend the 18-month period of continuation coverage for a qualifying event that is a termination of employment or a reduction of

The Search is On



UOG Playhouse • October 20

Mr. Paciferno

Tickets on Sale Soon

health alert

FREQUENTLY ASKED QUESTIONS

COBRA

Continuation of health insurance after loss of job

Q. To qualify for additional months of COBRA continuation coverage, the qualified beneficiary must:

- Have a ruling from the Social Security Administration that he or she became disabled within the first 60 days of COBRA continuation coverage.
- Send the plan a copy of the Social Security ruling letter within 60 days of receipt, but prior to expiration of the 18-month period of coverage.
- If these requirements are met, the entire family qualifies for an additional 11 months of COBRA continuation coverage. Plans can charge 150% of the premium cost for the extended period.

Q. If I waive COBRA coverage during the election period, can I still get coverage at a later date?

A. If a qualified beneficiary waives COBRA coverage during the election period, he or she may revoke the waiver of coverage before the end of the election period. A beneficiary may then elect COBRA coverage. Then, the plan need only provide continuation coverage beginning on the date the waiver is revoked.

Q. When does COBRA coverage begin?

A. COBRA coverage begins on the date that health care coverage would otherwise have been lost by reason of a qualifying event.

Q. How long does COBRA coverage last?

A. COBRA establishes required periods of coverage for continuation health benefits. A plan, however, may provide longer periods of coverage beyond those required by COBRA.

COBRA beneficiaries generally are eligible for group coverage during a maximum of 18 months for qualifying events due to employment termination or reduction of hours of work.

Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

Coverage begins on the date that coverage would otherwise have been lost by reason of a qualifying event and will end at the end of the maximum period. It may end earlier if:

- Premiums are not paid on a timely basis;
- The employer ceases to maintain any group health plan.

After the COBRA election, coverage is obtained with another employer group health plan that does not contain any exclu-

No COBRA Coverage in GovGuam Plans

sion or limitation with respect to any pre-existing condition of each beneficiary.

However, if other group health coverage is obtained prior to the COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the election.

After the COBRA election, a beneficiary becomes entitled to Medicare benefits. However, if Medicare is obtained prior to COBRA election, COBRA coverage may not be discontinued, even if the other coverage continues after the COBRA election.

Although COBRA specifies certain periods of time that continued health coverage must be offered to qualified beneficiaries, COBRA does not prohibit plans from offering continuation health coverage that goes beyond the COBRA periods.

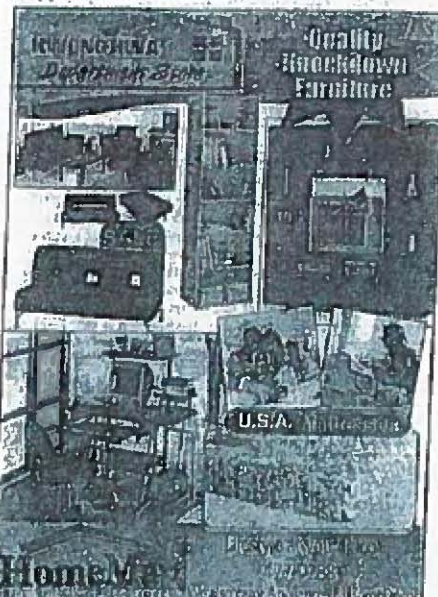
Some plans allow participants and beneficiaries to convert group health coverage to an individual policy. If this option is generally available from the plan, a qualified beneficiary who pays for COBRA coverage must be given the option of converting to an individual policy at the end of the COBRA continuation coverage period.

The option must be given to enroll in a conversion health

plan within 180 days

before COBRA coverage ends. The premium for a conversion policy may be more expensive than the premium of a group plan, and the conversion policy may provide a lower level of coverage.

The conversion option, however, is not available if the beneficiary ends COBRA coverage before reaching the end of the maximum period of COBRA coverage.



Health Insurance Prompted Move

THE GUAM

Territorial Library, comprised of a handful of women who assist our island community, legal and not, with research, has recently joined the GFT family.

Maribel Salas became a member earlier this year. She and her two co-workers, Theresa Balazs and Cheryl Santos, have all joined the union.

She says the impetus for joining on

board was the health care of her former insurance provider. "It all started with my insurance company firing me a hard time," she says. The problem, she says, was their service. Salas says she was referred to a class the wellness center provided, but every time she called Staywell asking questions, they hung up on her.

So she decided to pick into the GFT, what she found was an open door.

Medicaid proposal aims to lower costs

Pacific Daily News, October 12, 2005

YOUR MONEY

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Medicaid proposal aims to lower costs

WASHINGTON (GNS) — Medicaid patients would have new reasons to seek care in a doctor's office rather than an emergency room under a proposal that supporters say would save money for the Medicaid program and taxpayers.

The proposal, drafted as legislation by GOP Rep. Mike Rogers of Michigan and GOP Sen. Mike Capps of Idaho, would create health-care savings accounts for Medicaid recipients as part of a broader push by congressional Republicans to cut the program's costs.

Rogers says the measure would encourage Medicaid patients to seek out less-expensive care, partly by using generic rather than brand-name drugs. He says that would result in long-term savings for Medicaid, the federal-state health program for the poor. The program's increasing costs are crippling the budgets of several states, including Michigan.

"All the states are looking for ways to get their Medicaid costs under control," Rogers' spokeswoman, Sylvia Warner, said.

Michigan, for one, likes the proposal, said TJ. Bucholtz, spokesman for the state Department of Community Health.

Thunder in part with sluggish economy, the state has seen its Medicaid enrollment grow by 100,000 people over the last five years. The program now makes up more than 25 percent of the state budget, he said.

"The weight of the Medicaid program on Michigan's budget is almost overwhelming," Bucholtz said. But some policy experts who study Medicaid are not as enthusiastic. Opponents say health care savings accounts could actually make health care less affordable for the poor.

From the right, Michael Cannon

See Medicaid, Page 14

YOUR MONEY

Medicaid: Unused cash to roll over

A Continued from Page 13

of the libertarian Cato Institute is worried the accounts could lure healthy people into Medicaid who otherwise wouldn't enroll. One major attraction: Any money they didn't use would roll over from year to year. After leaving the Medicaid program, they could use the money in buy health insurance coverage or pay for job training or tuition.

There is a price tag for the health-care accounts proposal pushed by Rogers and Capps. The model for their bill is the accounts available in recent years through private insurance plans. Under the proposal, 10 states would volunteer to experiment with the health savings accounts for five years. The federal and state governments would put money — up to \$2,500 for an adult and up to \$1,000 for a child — into a savings account each year that beneficiaries could use for their health-care costs.

Since the accounts would be capped except in cases of certain medical needs, such as surgery, the program would encourage beneficiaries to seek lower-cost care. But the proposal also would allow states to impose a deductible equal to 10 percent of the savings account limit on beneficiaries who exceed the limit.

AT A GLANCE

Under Congress' proposal to create health-care savings accounts for Medicaid recipients:

▲ 10 states would volunteer to experiment with the health savings accounts for five years.

▲ The federal and state governments would put up to \$2,500 for an adult and \$1,000 for a child into a savings account each year, which the beneficiaries could use for their health care costs.

▲ The program would be open to low-income families and children, and low-income individuals who are not disabled or older than 64.

▲ States could impose a deductible of up to 10 percent of the savings account limit on beneficiaries whose costs exceed the limit.

▲ Unused money would roll over from year to year, and

▲ When a beneficiary leaves Medicaid, the government would take 25 percent of the unused funds and the beneficiary could use the remaining money to buy health insurance coverage or job training or tuition.

Gannett News Service

Government to educate mystery out of Medicare

Pacific Daily News, October 12, 2005

YOUR MONEY

Government to educate mystery out of Medicare

The Washington Post

WASHINGTON — Medicare soon will help seniors pay for prescription drugs. That, however, is all that many Americans know — even among the 41 million people already enrolled in the federal health insurance program for the elderly and disabled.

They need to learn quickly — and the government plans to spend \$300 million over three years teaching them. Enrollment for the new benefit begins Nov. 15. Anyone eligible who does not sign up by May 15 will be forced to pay higher-than-normal premiums when eventually joining, officials say.

"Seniors want to hear about this over and over again," Health and Human Services Secretary Mike Leavitt said. "Because to them it is a very significant change in their life. ... This isn't about the fact that it's available. What they want to know is 'Will this drug be covered?' 'How much is it going to cost me?' 'How does it affect my situation?'"

Medicare officials say the education campaign will be comprehensive, with an emphasis on grassroots outreach by local nonprofit partners. The agency is relying on about 10,000 local groups to provide education and materials to seniors at church gatherings, nursing homes, Meals on Wheels visits and meetings of civic organizations.

Beginning Thursday, more than 9,000 Medicare operators will field calls at 800-633-1227. The agency will have plan information at www.medicare.gov. It is deputizing and training federal workers — in local offices of the departments of Labor, Agriculture, and Housing and Urban Development — to provide information and enrollment assistance. On Nov. 19, CNNC will air a town-hall-style meeting on the new benefit, federal officials said.

Kathleen Harrington, a manager overseeing the education campaign for the Centers for Medicare and Medicaid Services, said: "Our commitment here at CMS is to make sure that people with Medicare who want to get personalized counseling, personalized assistance, will have the resources to do it. We are really trying every technique we can. ... Our mission is we're going to reach the people with Medicare where they live, where they work, where they play and where they pray."

Part of that will take the form of a traditional advertising campaign. Spots will be on radio and television, and in specialty magazines and in local newspapers, Harrington said. The agency has run one national television ad and will air another this month. The government expects to spend about \$7.5 million on TV advertising alone by Thanksgiving, she said.

Not all has gone smoothly. Last week, 38.5 million households began receiving the annual "Medicare & You" handbook in the mail, and some of its details about prescription drug plan choices are wrong.

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Pacific Daily News, Wednesday, October 12, 2005
gwampdn.com

2nd Annual Micronesia Medical Symposium

Pacific Daily News, October 2005



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EDUCATION OBJECTIVES

- Create and accomplish a framework for shared healthcare dialogue
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Deadline to pay registration is Monday, October 10, 2005.

\$150 : Physicians

\$75 : All Other Healthcare Professionals

\$200 : Physicians on Symposium Date

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Exhibition spaces and tables available at \$500 per exhibition.

* Payment confirms registration.

Make checks payable to: UOG Endowment Foundation, Inc. (Micronesia Medical Symposium)

FOR MORE INFORMATION, OR TO REGISTER

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> GAMA Education Dept.
tel 671-647-2149 • fax 671-646-1114 • email carol.perez@gma.edu.gu

> Virginia A. Stadler
tel 671-632-5089 • fax 671-632-5330 • email stud7@titanet

> Leah Melro
tel 671-646-8528 • cell 671-889-8130 • email lmelro@titanet

ACCOMMODATIONS & COSTS: The Guam Medical Society is accredited by the United States Medical Association to provide continuing medical education for physicians.

The Guam Medical Society is a 501(c)(3) non-profit organization. The symposium is a benefit for the University of Guam. Each physician must pay only the registration fee. There is no charge for the symposium.

STUDENT DISCOUNT: The Guam Medical Society is a 501(c)(3) non-profit organization. The symposium is a benefit for the University of Guam. Each physician must pay only the registration fee. There is no charge for the symposium.

ADA Notice: Individuals with physical disabilities may use the Guam Medical Society's ADA Compliance Office. Call 671-646-8528 for more information.

FACULTY

Joseph Bonventre, MD, PhD, FACP
Harvard, Massachusetts, USA - Glomerulonephritis

Noel Concepcion, MD, FACS
California, USA - Guany's Cardiovascular

Stephen Hong Hsu, MD, PhD
Harvard, Massachusetts, USA - Molecular Medicine

Robert C. Nelson, MD, PhD
New York, USA - Debate Kidney Disease

Prof. Chang Shan-Chwen, MD, FACP, FRCP
Taiwan - SAS

Prof. Kenneth Tsang, MD, MRCP, FRCP, FCCP
Hong Kong - Asian Flu

Kamal J. Guinwaidane, MD
Marshall Islands - Diabetes in Marshall Islands

Raymond Ng, MD, PhD, FRCS
Canada - Neuropharyngeal CA

Prof. Jose Sollano, MD
Philippines - Chronic Hepatitis B

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Guam - Cancer Research

Maria Teresa M. Bondad, MD
Guam - Diabetes in Guam and Guam

Ramel Carlos, MD
Guam - Brain Stroke

Robert L. Haddock, DMV, MPH
Guam - Health in Guam

Gary Heathcote, PhD
Guam - Infant Birth Certificates Related Risk Factors

Rosanne Jones, PhD
Guam - Healthcare Economics

Mohammad Madantschl, MD, FCCP
Guam - Sleep Apnea

John Steel, MD, FACP
Guam - Hypertension in Guam

Chris Perez, MD
Guam - Patient Care Nuclear Medicine

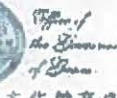
Prof. Neoman Adiputra, MD, MOH
Mal - Balinese Traditional Medicine

ORGANIZING SOCIETIES



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Health-Care Conference starts today in Tumon

Pacific Daily News, October 14, 2005

Health-care conference starts today in Tumon

Regional bird flu strategies on agenda

By Ryota Del

Pacific Daily News
rdel@guampdn.com

Medical professionals in the Pacific region aim to fortify it against an invisible enemy, which has the capacity of killing millions of people around the world.

Health-care experts in the Pacific region will gather on Guam today to share their expertise on various health-care issues at the second annual Micronesian Medical Symposium at the Hilton Guam Resort & Spa.

Under the theme "Enhancing Pacific Partnerships for Health," the three-day conference will draw about 500 doctors, nurses, researchers and allied health professionals from around the Pacific region. The avian flu will be tomorrow's focus of discussion. The avian flu is a disease spread by birds infected with a certain type of the influenza virus, and has killed more than 60 people and millions of domesticated birds in Asia, according to the World Health Organization. Human casualties could go beyond measurement if the virus mutates into a subtype that can be transmitted from person to person, the organization warns.

"We know very precisely that this disease respects no political boundaries," said James C. K. Hien, director of the Office of the Deputy Political Minister under Taiwan's Ministry of Foreign Affairs. "We need to get together to get some advanced knowledge about the disease... That's the main reason why Taiwan is involved in this symposium."

The Taiwanese government has donated \$50,000 to the symposium so that doctors and nurses from neighboring islands can attend the conference.

As representatives of one of the main nations hit by Severe Acute Respiratory Syndrome, Hien said, Taiwan delegates will be able to share their experiences in preventing and containing an infectious disease.

Guam Medical Society President Dr. Vince Akiyama said the medical symposium will be unprecedented in the number of participants from across the region. In addition to medical professionals from Micronesia, the conference has drawn guest speakers from the United States, Taiwan, Hong Kong, Indonesia, Japan and Canada. Representatives from the Australian and New Zealand medical industry also may attend.

Guam Delegate Mailelele Hualalo, Gov. Felix Camacho and congressional members from Asian countries will participate in the symposium.

ON THE NET

▲ Micronesian Medical Symposium: www.micronesianmedicalsymposium.com

Study: Cutting down may help reduce cancer risk in smokers

Gannett News Service

Two new studies demonstrate that smokers who consume fewer cigarettes can reduce their risk of lung cancer, but they still face a much larger risk of premature death or disability compared with people who quit smoking or never start.

Smoking even one to four cigarettes a day nearly triples the risk of death from heart disease, according to a study published last week in *Tobacco Control*. Light smoking appears to pose an even greater risk to women, who have five times the risk of dying of lung cancer as people who have never smoked.

Those who cut back, however, might lower their odds of getting lung cancer, says Nina Christensen, a doctor at Copenhagen University Hospital in Denmark and lead author of a study in *Wednesday's Journal of the American Medical Association*. Previous studies have shown that cutting back does not reduce the risk of dying prematurely or having a heart attack, she says. In the Danish study, those who cut their daily cigarette use from 20 to less than 10 cut their risk of lung cancer by 27 percent. Those who quit smoking cut their risk of lung cancer in half.

Many smokers are lighting up fewer cigarettes each day because bars in offices, bars and restaurants leave smokers with fewer opportunities to smoke, says Thomas Glynn, the society's director of cancer science and trends, who was not involved in the study. People who try to smoke less or who smoke light or low-tar cigarettes often end up sucking harder on each cigarette to get more nicotine, Glynn says. Such "compensatory smoking" pulls carcinogens deeper into the lungs.

Even small levels of carbon monoxide — one of the many carcinogens found in cigarette smoke — can cause heart disease, Glynn says. That's probably why smoking fewer cigarettes fails to reduce the risk of heart attacks or death.

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Guam health care loses out

FISCAL 2003 FEDERAL HEALTH CARE FUNDING FOR INSULAR AREAS

By Gene Park
Pacific Sunday News
gpark@guampdn.com

The released report now gives Guam Delegate Madeline Bordallo some leverage to get Congressional appropriations moving and secure more federal health-care funding for Guam.

Federal laws and statutes in place cause funding disparities in the federal financing of health-care programs.

▲ See Health, Page 3



Health: 'We are being treated differently'

▲ Continued from Page 1

including Medicare and Medicaid, for Guam and other insular areas, the report states. The Government Accountability Office is the investigative arm of Congress.

"We are being treated differently and unequally," Bordallo yesterday said. "This has been the case for many years and is a situation I continue to work to improve. I maintain my view that limitations placed on certain health-care funding for the territories continue to constrain our ability to locally cope with many of our public health challenges."

The report looked at federal funding sources to five insular areas: American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, Puerto Rico and Virgin Islands.

The report states that the differences in funding allocations are statutory in nature. For example, most hospitals in the states and Puerto Rico are under a prospective payment system, which sets standard rates for each Medicare admission, regardless of the actual services provided. The system gives incentives to curb costs, al-

lowing the hospital to keep the difference.

Other areas, including Guam, are not included in the system, and are instead paid based on the actual cost of services.

Also, with a new Medicare prescription drug benefit in January 2006, low-income residents in insular areas will not receive direct subsidies to help pay for premiums, deductibles and copayments available to the states.

States also do not have a federal Medicaid cap like Guam and the insular areas do.

The American Medical Association has adopted a Guam-specific resolution that seeks to repeal federal law that places the caps.

Bordallo and 10 other members of Congress called for the report. Although the report makes no recommendation on what action is to be taken, Bordallo said she will work toward increasing Medicaid funding for the territories.

"With the GAO report, we have underscored the crux of the issue," Bordallo said. "These are key differences in these programs for the territories, and in many ways, improvements should be made to the funding allocations."

ON THE NET
▲ U.S. Government Accountability Office:
www.gao.gov

Experts: Guam not prepared for bird flu

Pacific Daily News, October 16, 2005

Experts: Guam not prepared for bird flu

By Ryota Dei

Pacific Sunday News
rdei@guampdn.com

Experts fear the next flu pandemic draws near, and Guam, with the world, wouldn't be ready for it.

Health experts presented

alarming

data on

the Avian

Flu at the

second

Annual

Microne-

sia Medi-

cal Sym-

posium

yesterday

at the

Hilton

Grand

Resort &

Spa.

"A gap

between

large pan-

demics is

about 30

to 40

years. Now,

it's been 37

years since

the last pan-

demia," said

Dr. Michael

O'Leary, a

former

epidemiologist

with the

Centers

for Disease

Control and

Preven-

tion. "It's

been long

enough and

the expecta-

tion is that

we will

be hit again."

Avian Flu, commonly

known as

bird flu, is

caused by a

certain

type of the

influenza

virus named

H5N1. The

virus has

infected

Virus: Outbreak could be severe

▲ Continued from Page 1

millions of birds worldwide and continues to spread to Europe. Though the virus mainly transmits from birds to birds, about 100 people who came in a close contact with infected birds have been also infected. More than 60 have died.

The World Health Organization and international health authorities issued a warning that human casualties could go beyond measure were if the H5N1 virus mutates into a subtype that can be transmitted from person to person.

Yesterday, the H5N1 strain of bird flu was found in samples from Romanian ducks, the first arrival of the flu in Europe. The Associated Press reports.

The U.S. has committed \$25 million to address the threat in Asia, and Vietnam will receive more than \$6 million for preparedness. The disease has hit Vietnam harder than any other country, killing 43 people and 45 million birds, decimating flocks of poor farmers.

If such virus transmission is detected, O'Leary said the impact won't be restricted to health, and all social gathering places may have to be shut down. For Guam, where tourism makes up about 70 percent of the economy, the possible outbreak could be disastrous.

Dr. Kenneth Tsang, professor of Department of Medicine at the University of Hong Kong, said when the Avian Flu becomes transmissible from one human to another human, it will be a greater threat than Severe Acute Respiratory Syndrome.

While SARS only affects a human's respiratory system, Avian Flu attacks multiple organs and has a higher mortality rate, according to the SARS expert. The Avian Flu would spread faster because it spreads through aerosol and droplets.

"Also the incubation period for SARS ranges from two to 11 days. For Avian Flu virus, it's two to four days," Tsang said. "What is more worrying is that the virus is already found in secretions 24 hours before illness. It may be already peaking now without you knowing and spreading it."

Among 8,926 people affected by SARS, 774 people have died, O'Leary said. However, avian flu has killed more than 60 people among 117 people infected — a 51-percent mortality rate. In addition, O'Leary said pandemic influenza will infect about 400 to 600 million people worldwide.

WHO says that the human impact

PAST PANDEMICS

In the past century, influenza has taken millions of lives worldwide. Health experts said a gap from one pandemic to another is between 30 and 40 years.

Year	Type	Virus Type	Casualties
1918	Spanish Flu	H1N1	20 to 40 million
1957	Asian Flu	H2N2	4 million
1968	Hong Kong Flu	H3N2	1 to 4 million

To be a pandemic, three requirements must be met.

▲ A novel virus must emerge to which the general population will have little or no immunity.

▲ The new virus must be able to replicate in humans and cause disease.

▲ The new virus must be efficiently transmitted from one human to another.

The Avian Flu virus, H5N1, has met the first two criteria. And while experts think it is only a matter of time until the virus will mutate into a subtype that can be easily transmitted from person to person.

BY THE NUMBERS

▲ The number of avian flu human infection cases are increasing in the past months in Asia. Most recently, avian flu cases were found in Europe.

Country	Cases	Deaths
Vietnam	91	41
Thailand	17	12
Cambodia	4	4
Indonesia	5	3

IF YOU GO

▲ Health experts in the Pacific region will talk about heart disease, diabetes and hepatitis B today at the symposium. Guam Medical Society President Dr. Vinco Aldemate is inviting those patients to come to the symposium and learn from the frontliners in the field, free of charge. The symposium continues at the Marianas Ballroom at Hilton Guam Resort & Spa at 8 a.m.

work unit to tackle this problem.

First of all, the former federal official said it is important to control the disease at a farm level with proper sanitation and disinfecting facilities and by killing all the infected poultry.

"You can imagine. It's not a good time to be a chicken right now," O'Leary said.

Guam also should establish a good surveillance system to monitor a sign of outbreak, he said. Once the flu starts transmitting from one human to another human, the government should start containment



FREE CLINIC

▲ There will be a free clinic today where you can be tested for these diseases. If you are interested, go to the Marianas Ballroom at Hilton Guam Resort and Spa from 1 to 3 p.m. For more information, call the Guam Medical Society at 888-8130.

WHAT'S NEXT

▲ After today's symposium, Guam Medical Society and representatives of the symposium will compose a resolution that list actions the government of Guam should take. Regarding the issue of avian flu, doctors suggested an idea of establishing a regional surveillance center to monitor a possible outbreak and a high-tech laboratory to test the virus.

Source: Center for Disease Control and Prevention

marine and travel restriction.

Guam Delegate Madeleine Maldonado, who spoke at the symposium, also stressed Guam's need for preparedness.

"I have seen reports that predict that America has months at most, and possibly only weeks to prepare for the first outbreak. Due to our geographic proximity to Asia, we can infer that we have even less time," she said. "We therefore have to establish lines of communication in the days to come so that we are able to assist each other in responding quickly

TO THE POINT

▲ Guam must prepare for the possible Avian Flu pandemic; experts stressed yesterday at the Micronesian Medical Symposium.

INSIDE

▲ Flu: Casualties and past pandemics

Page 4

▲ See Virus Page 3

"You can imagine. It's not a good time to be a chicken right now."

r. Michael O'Leary

Doctors volunteer heart help

Pacific Daily News, October 17, 2005

guampdn.com Pacific Daily News, Monday, October 17, 2005

Doctors volunteer heart help

By Tammy Anderson

Pacific Daily News

tanderson@guampdn.com

Before next summer, a team of physicians, nurses and other medical professionals will make their way to Guam again to offer free heart surgery to patients who cannot afford the procedure.

The medical mission may help decrease the number of deaths from heart-related diseases on Guam.

During a presentation yesterday at the second annual Mitroff Medical Symposium, cardiovascular surgeon Dr. Noel Concepcion described the success of the pilot program he spearheaded on Guam this past May. The program, sponsored by the Valley Heart Surgeons and the Medical Relief Foundation of Medford, Calif., offered

free heart surgery to eight patients at Guam Memorial Hospital who had no insurance.

Concepcion told the professionals and experts gathered in the ballroom of the Hilton Guam Resort & Spa that, as far as he knew, there had been no readmissions or deaths of any of the eight patients who were operated on.

"With this small pilot project, it is possible to do high-quality heart surgery in a low-volume hospital," Concepcion said. What that conclusion may mean for Guam is that not only is Concepcion's team able to perform cardiovascular surgery successfully at the hospital, but other well-trained and experienced doctors from off island could do the same.

In 2002, the island lost 210 residents to diseases of the heart, making it the number one cause of death that year, above congestive

HOW TO HELP

▲ If you would like to financially support the volunteer physicians who plan to return to Guam, or for more information, call Guam Memorial Hospital Assistant Administrator of Professional Services Zervia Paciona at 647-2330.

heart failure, according to the 2004 Guam Yearbook.

Concepcion's team is planning to provide more operations for patients on Guam, he said, and he hopes it happens before next summer. The details about this next trip are still preliminary, but Concepcion said he expects it will be similar to the last medical mission. He added that the service also could be offered to people with insurance.

Concepcion said financial support from businesses and the government was essential to making the trip a success and helping the program grow. If that support wanes, there is a possibility the volunteer doctors may not be able to return to the island.



Concepcion

Health insurance slips out of reach

Pacific Daily News, October 17, 2005

Health insurance slips out of reach

Rising costs lead families to go without

By Tommy Anderson

Pacific Daily News
tanderson@guampdn.com

With many people facing increased health insurance rates, including a recent hike in rates for government of Guam employees and retirees, insurance is slowly becoming a luxury instead of a necessity.

Rosanna Jones, an associate professor of economics at the University of Guam, spoke about the high cost of health insurance and its impact on the region during the continuation of the second annual Micronesian Medical Symposium yesterday at the Hilton Guam Resort & Spa.

Jones described how some families are beginning to go without health insurance because of the rising costs.

If the choice must be made between driving to work or purchasing health insurance, Jones illustrated, most families will choose to drive to work.

"People are rational. People are going to make choices and people are going to choose not to buy health insurance," Jones said.

Salvador Cruz two years ago went without health coverage for a year. The 28-year-old Mangilao resident said he was a student at the time and was not able to afford it.

"It was really hard because it was really expensive to go to the doctor," he said.

Cruz said he was healthy for most of that year, but at times when he was sick, he hesitated seeing a doctor because of the costs.

About a year of living in limbo, Cruz was able to afford health insurance with his new job, providing him with some peace of mind.

Even if families do decide to buy coverage, recent research shows that families will continue to rely on the government for

TO THE POINT

▲ Many residents are opting out of buying health insurance because of the high costs, according to an economics professor.

AT A GLANCE

▲ Of the assumed \$3 billion in Gross Domestic Product per Guam, the percentage spent on health care. That number is estimated to be rising.

▲ Of every \$5 spent in the United States mainland, \$1.9 is spent on health care.

Dr. Rosanna Jones

ON THE NET

▲ National Health Council: www.nationalhealthcouncil.org

▲ U.S. Agency for Healthcare Research and Quality: www.AHRQ.gov

health care.

"On Guam, people who have health insurance and high deductibles are showing up at public health clinics," Jones said, because public health clinic rates are fixed by legislation and have not changed in 15 years.

"As debt rises, choices for health care become limited," she said solemnly behind the podium.

The lack of expertise in acute medical fields on Guam is also a problem.

Jones noted how the flow of cash is going off island to the Philippines, for example, where some services are more affordable than they are here on Guam. That money could have been invested in health care for Guam, Jones said, adding that the outward flow may bring the current system of care down to an even lower level.

Overall, she concluded, there is money on Guam to be spent on health care. Those funds should be designated to accomplish the island's health goals and to improve the quality of life for Guam as well as the islands that may depend on the quality of care provided here.

Pacific Daily News, Monday, October 17, 2005 guampdn.com

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New Medicare plan eases drug costs

Pacific Daily News, October 19, 2005

Pacific Daily News, Wednesday, October 19, 2005 guampdn.com

WHAT IS IT?

▲ Medicare Prescription Drug Coverage is a new optional insurance plan that subsidizes the cost of prescription medicine. It is for patients who are enrolled in existing Medicare insurance plans. It costs \$3.34 per month and patients must pay between \$6 and \$72 for prescriptions, depending on the type of medicine. Once a patient spends \$2,500 per year on drugs, the insurance ends until the patient has spent \$3,600. After that, patients must pay only 5 percent of the cost of their prescriptions.

CONTACT INFO

To find out if you qualify or if the new drug plan can help you save money, you can call any of the following numbers:

- ▲ Guam Medicare Assistance Program Office, 735-7300, or visit their office at 130 University Drive, Suite 8, University Castle Mall, Meridian.
- ▲ United Healthcare Insurance Company, 1-888-807-5275
- ▲ 1-800-MEDICARE



By A. Fuzile/Pacific Daily News/fuzile@guampdn.com

Pharmacy: Sylvia Capria, an assistant clerk at Cruz Pharmacy, hands medications to Medicare recipient Pedro Diaz, 69, of Barrigada, yesterday at the Tamuning pharmacy. Medicare has started a new prescription drug insurance plan for seniors and other eligible groups.

New Medicare plan eases drug costs

By Steve Lintaco

Pacific Daily News
slintaco@guampdn.com

Beginning Jan. 1, elderly Guam residents could start paying less for medicine because of a new nationwide Medicare prescription drug plan.

The optional new Medicare D plan adds prescription drug insurance to the existing Medicare hospital and medical coverage at an additional cost of \$33.34 per month. Enrollment begins Nov. 15 and ends May 16, 2006.

This is an important change because Medicare currently does not pay for prescription drugs, which means Medicare patients must pay the entire cost for medicine out-of-pocket or they must buy supplemental health insurance policies to help reduce the cost.

Medicare is a national health insurance program for people over 65, for people with certain disabilities and for people with bad kidneys.

▲ See Plan D, Page 4

TO THE POINT

▲ Medicare has launched a new drug insurance plan.

ENROLLMENT

▲ Enrollment begins Nov. 15 and ends May 16, 2006.

INSIDE

▲ MEDICARE Q&A: Is it for me?

Page 4

LOCAL

Plan D: Free hospital coverage

▲ Continued from Page 1

The average elderly patient requires six to 10 prescriptions, said pharmacist Karen Seng, who noted that some of the newer medicines cost hundreds of dollars. Cholesterol medicine and blood thinners are particularly expensive, she said.

Pedro Diaz, 69, of Haringa said he has both Medicare health coverage and private health insurance, costing him about \$136 per month.

Diaz said his private insurance pays for most of the drug medicines he takes every month, so he typically pays about \$25 to \$30 per month out of pocket, in addition to his insurance premium.

Diaz, who was filling one of his prescriptions yesterday at Cruz Pharmacy, said he has heard about the new Medicare prescription plan but does not know much about how it works.

The Department of Public Health and Social Services this week started to visit the island's senior citizen centers to talk about the new Medicare prescription coverage, said Davis Tevid, program coordinator for public health's Medicare Assistance Program. The first visit was to the center at Asanbua, he said.

"A good 75 percent of the manamko's there have Medicare, ... so they're quite excited, and a lot of them want to enroll in the prescription drug plan. Because at that age a lot of them have high blood pressure, high cholesterol, diabetes — very

ON THE NET

▲ www.medicare.gov

MEDICARE Q&A

What are Medicare Prescription Drug Plans?
Starting Jan. 1, new Medicare prescription drug coverage will be available to everyone with Medicare. Everyone with Medicare can get this coverage that may help lower prescription drug costs and help protect against higher costs in the future. You choose the drug insurance plan and pay a monthly premium.

There will be prescription drug coverage that is a part of Medicare Advantage Plans and other Medicare Health Plans. You would get all of your Medicare health care through these plans. There will also be Medicare prescription drug coverage that adds coverage to the Original Medicare Plan, and some Medicare Cost Plans and Medicare Private Fee-for-Service Plans. Those plans will be offered by insurance companies and other private companies approved by Medicare. Like other insurance, if you join a plan offering Medicare drug coverage there is a monthly premium. If you have limited income and resources, you may get extra help to

cover prescription drugs for up to 60 percent.

How much will it cost?

When you get Medicare prescription drug coverage, you pay part of the costs. You pay a premium each month to join the drug plan. If you have Medicare Part B, you also pay your monthly Part B premium. If you belong to a Medicare Advantage Plan or a Medicare Cost Plan, the monthly premium you pay to the plan may increase if you add prescription drug coverage.

Standard Coverage (the minimum coverage drug plans must provide):

If you join in 2006, for covered drugs you will pay

▲ a monthly premium

chosen, but estimated at about \$37;

▲ the first \$250 per year for your prescriptions. This is called your "deductible."

After you pay the \$250 deductible, here's how the costs work:

▲ You pay 25 percent of your yearly drug costs from \$250 to \$2,250, and your plan pays the other 75 percent of those costs, then

▲ You pay 100 percent of your \$2,250 in drug costs, then

▲ You pay 5 percent of your drug costs (or a small copayment) for the rest of the calendar year after you have spent \$3,600 out-of-pocket. Your plan pays the rest.



expensive medicine. So for \$31.34 a month, ... it's great for them."

Tevid said some people carry private health insurance only because Medicare does not cover all of their medical needs.

Once the new prescription plan is in place, he said, it will cost eligible Guam residents about \$109 per month for comprehensive coverage, \$31 for the prescription coverage, \$78 for the medical coverage and free hospital coverage.

The new Medicare prescription plan might not make financial sense for everybody, but public health can help residents work out the numbers so they can make an informed decision, Tevid said.

Advisor: score not so bad

Pacific Daily News, October 19, 2005

VOL. 38 NO. 262 HAGATSA, GUAM, OCTOBER 19, 2005

Advisor: Score not so bad

TO THE POINT

▲ Gov. Felix Camacho's administration states it is getting better at managing taxpayer money.

ON THE NET

▲ To view the financial management analysis of the government of Guam, log on to: www.guamopa.org



Jordanou

By Gaynor Dumato-Dalano

Pacific Daily News
gdumato-dalano@guampdn.com

Ending up with the poorest score in a money management assessment might result in sleepless nights if you're a consumer.

But not in the government of Guam, ending up in the bottom

of the scoring heap — even below the spot of smaller governments such as Palau, the Northern Mariana and American Samoa — still allows you to see in a positive light.

In a score of 1 to 10, with 10 as the highest, Gov. Guam scored 2.8 in the recently released result of the Performer analysis, which the U.S. Department of the Interior funded

to gauge the money management performance of island governments in 2004. American Samoa scored highest.

Gov. Felix Camacho's administration sees the score positively this way: It might be low but the two previous years scores were lower, so the latest one is an improvement.

▲ See Score, Page 2

Score: Plan for recovery in works

▲ Continued from Page 1

"While Gov. Guam scored 2.8, the report indicates that we have greatly improved the financial health of the government with a score of 2.04 in 2002 to the current score of 2.86 in 2004 and we continue to move in the right direction," write Andy Jordanou, chief fiscal advisor to the governor, in an e-mail response to questions from the Pacific Daily News. "We are using the report as a constructive mechanism and we will continue to resolve some of the issues that report brings out," Jordanou wrote.

At the end of fiscal 2004, 95 percent of Gov. Guam's total assets of \$914.5 million were funded with debt or other obligations.

"This is an unfavorable financial indicator," states the Performer report, adding that the debt-to-assets ratio indicates that for each dollar of assets Gov. Guam owns, it owes 95 cents of that dollar to others.

cite Pacific News, Wednesday, October 19, 2005 guampdn.com

Glenn Mena, a local financial consultant, said if a financially tapped-out consumer were to ask his advice, he would tell the consumer to immediately alter his lifestyle.

The consumer would be told to start by cutting certain expenses like dining out and recreational activities, he said.

If a consumer has children, Mena said, instead of going out and spending, the family can stay home and watch TV if they have cable.

While Gov. Guam's debt is 95 cents for every \$1 of assets it owns, online financial site Bankrate.com advises that a consumer generally should have no more than 36 cents of debt for every \$1 of income.

Mena declined to offer Gov-

WHAT IT IS

What is the Performer?

▲ An analysis that takes a government's financial statements and converts them into useful and understandable measures of financial performance.

▲ The overall ranking is a barometer of Gov. Guam's financial health and performance.

Guam advice.

To dig out of debt, the Camacho administration is "looking at a five-year Fiscal Recovery Consolidated Plan which we are presently working on," Jordanou wrote.

Key to the government's cost-cutting strategy is to reduce the number of people on payroll, tax by layoffs — which the private sector would normally do when faced with financial difficulties — but through attrition.

Simply put, local government payroll will shrink only when workers leave, such as for retirement, and then by not hiring a replacement for the vacated job.

The administration has also proposed streamlining government departments and agencies, putting, for example, the police functions of the airport, Guam police and the port agency under one super-department under the supervision of a new overall director.

Marianas

Marianas
**BUSINESS
JOURNAL**

Volume 3 No. 16

www.pearsoned.com

December 12, 2005 - December 25, 2005

Medical care on the menu

[illegible]

Project seeks health insurance remedies

Pacific Daily News, December 17, 2005

29, Saturday, December 17, 2005 guampdn.com

Project seeks health insurance remedies

Professor meets with officials to discuss issue

By Steve Limlioco

Pacific Daily News
slimlioco@guampdn.com

Alvin met in four people in Guam do not have health insurance, according to a University of Guam professor who is working on a federally funded project to get a better understanding of the problem here.

Roseann Jones, associate professor of economics at the university, participated in a round-table discussion with several lawmakers yesterday afternoon to pick their brains on the issue.

Jones said the university's Cooperative Extension Service already held several focus groups to get different perspectives on the issue, meeting with insurance representatives, businessmen, non-profit organizations, the uninsured and public health officials.

"We don't come with any solutions just yet," she said at yesterday's meeting. "This is still a focus group."

Jones said large businesses have reported that health insurance is a competitive issue for them, to attract and retain employees.

Small businesses, on the other hand, want to provide health insurance to their employees but cannot

afford it. They reported no problems recruiting employees, but have had difficulty keeping people because of the lack of health benefits.

Jones said the uninsured want insurance, can't afford it and see little point in paying for high-deductible insurance plans. Many people are caught in the middle, she said — earning too much money to qualify for public assistance, yet not enough to afford insurance on their own.

"It's the working middle class that are going to suffer the consequences."

Sen. Joanne Brown
R-Chalan Pago/Ordot

WHAT'S NEXT

▲ A public forum is tentatively scheduled for Jan. 27 to discuss all of the issues related to insured patients on Guam. A time and location has not been decided.

patients choose to see doctors abroad.

"It's the working middle class and the poor people that are going to suffer the consequences, not they are now," she said.

Sen. Judith Wei Pao, D-Danmoria, commented on the cost of health insurance for government employees, saying she believes government negotiating teams do not know enough about insurance to a good deal from insurance providers.

Limlioco's law firm partner, could take over on Tuesday. Limlioco said Card could be able to, however, he doesn't have as much information on the case. Mariano then agreed to allow Card to use a cell phone to call Limlioco during Tuesday's hearing.

Which is also required to submit the government's position on the bid release by 4 p.m. Monday.

Count me in (announcement)

The Presidents Report, January 2006

COUNT ME IN!

I want to be part of the ACTION in the Guam Community!

Chamber members, please contact the Chamber Office (Tel: 472-6311/8001, Fax: 472-6202 or Email: gcchamber@guamchamber.com.gu) and let us know which committee(s) you would like to join to help your Chamber carry out its work plan for the year. Your name will be added to the committee roster and meeting notices will be forwarded accordingly. Thank you!

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- Health Care
- Maritime Affairs (MAC)
- Membership Development & Growth
- Retail/Wholesale Merchants
- Small Business Focus & Development
- Tourism/Beautification

COMMUNITY RELATIONS & SPECIAL EVENTS

- Na' I La' Bonita Guam Beautification Program
- Guam Business Hall of Fame
- GPD Partnership

- Dave J Santos Scholarship for UOG Business Students
- 82nd Anniversary Celebration, Saturday, April 29, 2006
- Guam Juvenile Drug Court Life Skills Youth Program
- Summer Youth Swimming & Water Safety Program – Mid-June to Late July
- Chamber Golf Tournament Fundraiser – Fall 2006
- Annual Christmas Festival at Skinner Plaza, Hagåtña – Saturday, November 25, 2006

WORKING GROUPS

- GWA
- Procurement Reform



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The President's Report
January 2006

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Please indicate [X] which committee(s) you would like to join below, and forward this completed form to the Chamber office via Fax No. 472-6202. Your name will be added to the committee roster and meeting notices will be forwarded accordingly. If you have any questions, please contact the Chamber office at 472-6311/8001. Thank you very much.

COMMITTEE	MEETING SCHEDULE
☐ Armed Forces *\$150 Annual Membership Fee per Individual (includes AFC Gain and Admission for 3 AFC Receptions)	Quarterly General Membership Mga TBA
☐ Education/Workforce Development	Meetings TBA
☐ Health Care	Meetings TBA
☐ Maritime Affairs (MAC)	3rd Thursday each month, 2 pm
☐ Membership Development & Growth	Meetings TBA
☐ Retail/Wholesale Merchants	Meetings TBA
☐ Small Business Focus & Development	First Tuesday each Month, 7:30 am
☐ Tourism	2 nd Thursday each Month
COMMUNITY RELATIONS & SPECIAL EVENTS	
☐ Na' Le' Bonita Guam Beautification Program	On-going monthly recognition
☐ Guam Business Hall of Fame – Laureate selection in March 2006	
☐ GPD Partnership	Meetings TBA
☐ Dave J Santos Scholarship for UOG Business Students	
☐ 82 nd Anniversary Celebration, Saturday, April 29, 2006	Meetings TBA (Beginning February)
☐ Guam Juvenile Drug Court Life Skills Youth Program	Member Sponsorship & Partnership Opportunities
☐ Summer Youth Swimming & Water Safety Program – Mid-June to Late July	Member Sponsorship Opportunity
☐ Chamber Golf Tournament Fundraiser – Fall 2006	TBA
☐ Annual Christmas Festival at Dinner Plaza, Hagåtña – Saturday, November 25, 2006	First Meeting – June 2006 (TBA)
WORKING GROUPS	
☐ GWA	Meetings TBA
☐ Procurement Reform	Meetings TBA

Note: All committee meetings are held at the Chamber's Conference Room in Suite 101, Ada Plaza Center, Hagåtña, unless otherwise notified.

Medicare loan proposed

Pacific Daily News, January 22, 2006

Medicare loan proposed



ABOUT MEDICARE

Medicare is a national health insurance program for people over 65 and for people with certain disabilities. There are 30,560 people in Guam under the Medicare program. Medicare's Plan A covers hospitalization and its Plan B covers outpatient care.

WHOM TO CALL

For more information, call:

- ▲ Sen. B.J. Cruz: 772-2500
- ▲ Sen. Mike Cruz: 672-5002
- ▲ Sen. Rory Respicio: 472-7570

\$13 million: Jose Cepeda, 68, of Barrigada voices his concerns before Sen. Michael Cruz and Benjamin Cruz during a meeting to discuss Medicare issues at the Government of Guam Association of Retired Persons building yesterday.

Many retirees ineligible without Gov Guam pay-in

TO THE POINT

▲ Senators presented a bill to retirees yesterday that would take out a \$13 million loan in order to retroactively enroll government of Guam retirees in Medicare.

By Valerie Lynn M. Maigue

Pacific Daily News
vmaigue@guam.pdn.com

With the rising cost of health insurance, about 2,500 government of Guam retirees are being forced out of group medical insurance. However, the issue was presented during a public meeting yesterday.

Under the new law, retirees will be able to take out a \$13 million loan to retroactively enroll Gov Guam retirees in Medicare. But many retirees are not eligible.

In Jan. 2005, there were 3,400 Gov Guam retirees eligible for group medical insurance. Last last month, the number dropped significantly — by almost 500 — to 2,900 retirees and survivors, according to information provided by the Department of Administration's Human Resources Division.

Sen. B.J. Cruz, D-PR, Mike Cruz, R-PR, and Rory Respicio, D-PR, introduced Bill 10, which would take out a loan of up to \$13 million for payments for Medicare for current retirees in order to secure their eligibility for Part A and Part B coverage.

The legislation, which was presented at the Government of Guam Retirees Association meeting yesterday, would require the loan be paid back from benefits paid for by wholesalers, retailers, and manufacturers.

▲ See Medicare, Page 3

"It's driving up the cost of health insurance and our younger people are having to bear the cost."

Sen. B.J. Cruz, regarding the effect of retirees on health insurance costs

Medicare: 2,500 drop insurance

▲ Continued from Page 1

They said that by enrolling of daily retirees, many of whom have high medical costs, get into Medicare, the cost of insurance rates will go down for everyone else.

"It's driving up the cost of health insurance and our younger people are having to bear the cost," said Sen. B.J. Cruz, who has announced his candidacy for lieutenant governor in the upcoming election with former governor Carl Gutierrez.

According to Pacific Daily News files, the bare minimum coverage for a retiree with one or more dependents this year ranged from \$30.35 per paycheck to \$616.52 per paycheck for more comprehensive coverage.

40 quarters

To be eligible for Medicare Part A and Part B coverage, retirees must have contributed 10 years, or 40 quarters, to Medicare.

Sen. Mike Cruz said the loan requested in the legislation would cover those for whom the government of Guam did not pay the entire 40 quarters.

"At one point in the past, the government was given the opportunity to buy (the 40 quarters) back, but chose not to at that point," said Sen. Mike Cruz, who also is running for lieutenant governor of the running mate of Gov. Felix Chuang. "So now we have a situation where the retirees are not eligible for Medicare, so we have to go back and buy that."

"The reason for and the date of the non-payment of quarters were not explained yesterday."

Health insurance also takes a big bite out of many retirees' paychecks — \$500 to \$700 per month — and about 10,000 chose to live without it because it is too expensive, Retirement Fund board chairman Joe L. San Agustin has said.

Federal Medicare — which would be about \$130 per month for comprehensive coverage — is out of the question for most GovGuam retirees because they never paid Social Security taxes while they were working.

It was mandatory for GovGuam



File A. Executive/Pacific Daily News, released at guampdh.com

Retroactive: Rose Hincbe, 77, of Mongmong listens during a meeting yesterday to discuss a bill that would have the government take out a \$15 million loan in order to retroactively enroll government of Guam retirees in Medicare.

ENROLLMENT

The number of government of Guam retirees and survivors enrolled in group health insurance drastically decreased last year, according to figures provided by the Department of Administration & Human Resources Division January 2005.

CLASS	MEDICAL	DENTAL
I	2,129	1,327
II	837	588
III	294	249
TOTAL	3,260	2,178

CLASS	MEDICAL	DENTAL
I	837	382
II	247	171
III	70	0
TOTAL	854	161

employees to be part of the local retirement system, which means they did not contribute to Social Security, but that changed in 1989, when Social Security contributions became mandatory, according to Pacific Daily News files.

Class 1: Employee or retiree with no dependents
Class 2: Employee or retiree with one or more dependents
Class 3: Government-employed (or retired) husband and wife with or without dependents enrolled in the same plan.

ON THE NET

▲ U.S. Medicare: www.medicare.gov
▲ Department of Public Health and Social Services: www.dphs.govguam.net
▲ Centers for Medicare and Medicaid Services: www.cms.hhs.gov
▲ View Bill 201 in its entirety by visiting the 20th Guam Legislature's Web site: www.guam-legislature.com

Segundo G. Aguiar, 81, of Sinajana is already a Medicare recipient, but said he supports the bill because he knows of those who struggle to make ends meet.

"I'm definitely in support of the bill, for those who cannot afford it,

this is a good thing," Aguiar said.

Senators said they need to determine the number of people currently ineligible for Medicare and how much GovGuam needs to pay to make them eligible. That means the bill could be revised, because the \$15 million would possibly be more than enough or not enough to buy back into the Medicare program.

Sen. Mike Cruz said the numbers can be determined only by going through the files of each retiree.

"Maybe the answer is not \$15 million, maybe it's less, maybe it's a lot more," Sen. Mike Cruz said. "But clearly we need to be about getting a discussion and getting some answers to taking care of this quality."

At yesterday's meeting a motion was carried to present a resolution endorsing the bill. GOARP President Ann San Nicolas said the bill would be drafted sometime in the next week and presented to the legislature. —

Pacific Daily News

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NO. 358 HAGATÑA, GUAM, JANUARY 23, 2006

HAGA ADA! IT'S MONDAY

A Current Newspaper

guampdn.com

5¢ on Guam

Public Health to raise fees

By Valerie Lynn M. Maigue

Pacific Daily News

vmaigue@guampdn.com

A complete X-ray of your foot at one of Guam's community health centers, once free, will cost you \$85 beginning March.

This price is one of an extensive list of fee increases to be implemented at the government-run community health centers on March 1, after the Department of Public Health and Social Services was

able to get approval from both the governor and the Legislature.

The fees, which haven't been adjusted in the last 15 years, are being increased based on a federal government mandate to regularly examine its fee schedules. Not doing so may jeopardize federal funding, the Pacific Daily News files state.

However, they come at a time when residents are struggling with various

▲ See Costs, Page 4

TO THE POINT

▲ Fee increases at the government of Guam's community health centers will be implemented in March.

EXAMPLES OF INCREASES

Just a few examples of the expected fee increases at the community health centers:

▲ Complete foot X-ray, from

free to \$85

▲ Immunization for measles, mumps and rubella for children, from \$13.90 to \$25

▲ Tuberculosis skin test, from \$13.90 to \$15

▲ Chicken pox immunization, from \$13.90 to \$77.10

▲ Pap smear, from \$13 to \$35

▲ Removal of an ingrown toenail, from free to \$189

"We're a government agency and our focus is to provide services to everyone, regardless of their inability to pay."

Linda Unpingco-DeNorcey, Public Health's health services administrator at the Northern Region Community Health

Costs: Agency does not plan on turning anyone away

A Continued from
Page 1

eminent rising costs, such as other health-care related prices, gasoline and utilities. Linda Unpingco-DeNorcey, Public Health's health services administrator at the Northern Region Community Health Center, said the increases vary among the types of services provided.

Unpingco-DeNorcey said despite the increases, the agency is concerned with those who are in the Medically Indigent Program, Medicaid or those who are uninsured. She emphasized the agency has no plans to turn anyone away.

"A lot of people we know don't want insurance because of the high premium rates, or there are other issues like financial inability," Unpingco-DeNorcey said. "But our mission is to provide services to everyone regardless."

She said there is the sliding



File A: Eusebio/Pacific Daily News/eusebio@guampain.com

Public Health center: People wait for services at the Department of Public Health and Social Services Northern Regional Health Center in Dededo. Fees for many services at the centers will increase in March.

fee program, which is for those who do not have the means to pay or for the uninsured.

The program is based on the federal income guidelines and is calculated based on family size and monthly in-

come. She said the factors are tabulated and will show whether an individual and their family can qualify for

ABOUT THE SLIDING FEE PROGRAM

▲ To ensure access to affordable health care, community health centers are offering the sliding fee program, which provides discounts on medical services for qualified patients who are unemployed, uninsured or who may have difficulty paying for health care. Eligibility for the program is based on income and family size. Visit the Northern or Southern Region Community Health Center business offices or call 635-7402 or 626-7501 to apply for the program.

Department of Public
Health and Social
Services

the program.

"The sliding fee program provides a discount from 100 percent all the way until about 25 percent," she said.

"We're not out to profit,

we're not out like a private entity," Unpingco-DeNorcey said. "We're a government agency and our focus is to provide services to everyone, regardless of their inability to pay."

She explained that while many may oppose the increase, she said it is very much needed.

The required economic impact study for the fee increases, written by Roseann Jones, an economist and associate professor at the University of Guam, listed several reasons for the increases. Pacific Daily News files state.

Chief among them was that current revenues at the government health-care centers were not meeting operating costs, and that rates haven't been increased in years.

"It's a mandate by the federal government to be up to speed," she said. "We're charging far too low, and we need to be financially viable."

Hike in health fees alarms residents

Pacific Daily News, January 24, 2006

guampdn.com Pacific Daily News, Tuesday, January 24, 2006

Health care:

Namerita Rudolph of Lamuning holds her grandson, J.P. Weng, 2 months, as she waits with her daughter, Wen, and another son, Zai Weng, 17, for services at the Department of Public Health and Social Services' Honlan Regional Health Center in Dededo last week.



By Valeria Lynn M. Maigao, Pacific Daily News, guampdn.com

Hike in health fees alarms residents

By Valeria Lynn M. Maigao
Pacific Daily News
vmaigao@guampdn.com

Jessita Guan, 42, of Yimisa, mother of four and works for a local private firm that doesn't provide insurance.

Natasha San Ramon, 26, of Yigo, lives alone and is unemployed.

Kayson and Jeri Lakit, 32 and 28, of Lina Heights have four children.

They work at a local fast food restaurant.

All four of these individuals share two things in common — they are all uninsured and now face financial difficulties with the Department of Public Health and Social Services' expected fee increases on March 1.

TO THE POINT

▲ Patients of the government's public health community health centers expressed concerns about the upcoming fee increases in March.

Just recently, Public Health announced it would be hiking its fees, which haven't been adjusted in the last 15 years. The increases at the community health centers are based on federal government mandate to regularly examine its fee schedule, but being so many people are on fixed income, Pacific Daily News files state.

But residents such as Guan now

will have to carry an additional burden with other rising living costs such as gasoline, power and groceries.

"It's going to be more difficult for those who are already coming to Public Health because the minimum wage hasn't gone up, yet all of a sudden these things are being raised up higher," Guan said. "It's going to be harder for those who depend on Public Health because the price is already too much for us."

Guan yesterday was at Public Health for her daughter, and was in line waiting to pick up a prescription. Her medication will cost her an arm and a leg," Guan said. "She'll

▲ See Health, Page 4

Health: Sliding fee program to help with cost of service

▲ Continued from Page 1 cont.

probably not even get medical help, if we weren't under Public Health's assistance."

To help those who can't afford care, Public Health will be implementing a sliding fee program.

The program is based on the federal income guidelines and is calculated based on family size and monthly income. Those factors are tabulated and will show whether an individual and their family can qualify for the program. The program would provide a discount from about 25 percent to 100 per-

cent. Gam said the sliding fee program sounds reasonable, but she is still disappointed because there

is no guarantee she'll qualify.

"They're supposed to be here to help us, and I don't feel they're helping us by allowing the prices to go up higher," Gam said.

San Ramon depends on her friend and caretaker, Valeriana Francisco, 72, of Ylgo, Philippines, and San Ramon cannot go without insurance any longer.

"It's not fair; she's older, she's not working anymore," said Francisco. "There's nobody that can take care of her. If she's sick, what will

happen?"

San Ramon, through her translator, attested to the increase in fees. She said she has been encouraged to return home to the Philippines, but does not want to leave because Gam has been her home for many years now.

The Liskit family has children whose ages range from 4 to 13 years old, and often struggle to make ends meet.

"A nosebleed will go up from free to \$60? That's too high," Karson Liskit said. "We have four kids and ourselves to take care of. We live paycheck to paycheck, and we work hard for our money."

Peter Barmann, program leader for the University of Guam's Cooperative Extension Service, said there are many issues facing local health care, including rising costs. Barmann oversees the Economic and Community Systems Unit under the extension service.

Barmann said the unit is currently working on an assessment of multiple barriers people face in accessing health insurance as well

as the development of a plan to provide more ready access to adequate health insurance coverage.

"I think because of the issue of cost containment and how residents respond to their individual needs, they will become more inclined to look for the services with the lower cost," Barmann said. "If this means going to community clinics, the household budget is now a real issue for addressing what we can afford to live without."

Barmann said the program will be presenting the findings in their survey at a summit sometime next month.

"Focus group surveys include employers, the uninsured population, government and nonprofit groups, health care providers, health insurance providers and policy-makers," Barmann said. "We are in the final phase of the project. ... We expect to have a better feel for the uninsured population, the poor, working poor, subsistence families, and how well are the middle income families faring."

ABOUT THE SLIDING FEE PROGRAM

▲ To ensure access to affordable health care, community health centers are offering the sliding fee program, which provides discounts on medical services for qualified patients who are unemployed, uninsured or who may have difficulty paying for health care. Eligibility for the program is based on income and family size. Visit the Northern or Southern Region Community Health Center business offices or call 636-7402 or 636-7501 to apply for the program.

Department of Public Health and Social Services

EXAMPLES OF INCREASES

- ▲ The control of a nosebleed, from the most simple procedure to the most complicated procedure, from free to up to \$170
- ▲ Removal of an ingrown toenail, from free to \$180
- ▲ A vasectomy, from free to \$436
- ▲ Tuberculosis skin test, from \$13.90 to \$15
- ▲ Chicken pox immunization, from \$13.90 to \$77.10

Higher health costs blight wage increases

Los Angeles Times

Looking for a big bump in your paycheck next year? Don't hold your breath.

For the second year in a row, wage and salary increases will average around 3.5 percent in 2006, several compensation experts predict.

The good news is that the average paycheck — in theory — should keep up with inflation, which is expected to be about 3 percent next year.

The bad news is that most employees will get less than 3.5 percent. That average is driven up by very

high raises expected in a few fields with acute staff shortages, including nursing and financial services.

"If you're not in a high-demand position or covered by a union agreement, maybe you'll get 1 percent or 2 percent, if anything at all," said John

Putzier, president of FirstStep Inc., a Fresno-based human-resources firm. "It's going to be spotty."

On top of that, increases in health insurance premiums deducted from their paychecks will reduce — if not wipe out — the raises many do get. According to a recent Henry J. Kaiser Family Foundation survey, premiums for family coverage are expected to jump 9.2 percent next year.

"Some employees probably won't even break even," Putzier said.

Projections vary somewhat for different types of employees — but not by much. WorldatWork, a Scrabble, Ariz.-based nonprofit business resources organization, predicts raises of 3.7 percent for hourly workers, 3.8 percent for salaried workers and 3.9 percent for executives.

To Andrew Stern, president of the Service Employees International Union, the numbers underscore the fact that workers with collective bargaining agreements start from "a higher plane."

The union represents 1.8 million

nurses, home care workers, public employees and janitors in the U.S., including 600,000 employees in California.

Three percent of a higher salary is more than 3 percent of a smaller salary, and having your employer pay 80 percent of your health-care costs is better than 75 percent," he said.

The salary increases reflect a continuing push by companies to control costs after the reversals many experienced during the 2001 recession, said Charles Beck, a compensation specialist at the Conference Board, a New York business research organization. Salary hikes are

big fixed costs, he said. "Because they're forever," To control those costs, many companies have shifted to performance-based bonuses, he said. Unlike a traditional salary increase, incentive pay is re-evaluated each year depending on the performance of the

"Some employees probably won't even break even."

John Putzier

president, FirstStep Inc.

worker and the company.

Those variable incentives can have a "much bigger upside potential" for workers than traditional raises, "but it isn't guaranteed," said Amy Jantz, a compensation manager at WorldatWork.

Still, Jantz said, the good news was that more of the employers she surveyed gave their workers some sort of raise this year.

"There have been no lulls," she said. This year only 8 percent of employers reported that they froze salaries or cut pay, compared with 16 percent who said they took one of those steps last year, Jantz said.

Kathy Van Neck, a compensation analyst with Hewitt Associates, said that more employers were offering bonuses, and that those who weren't initially were offering bonuses.

Even with many employees seeing raises on performance, Van Neck said, "only 30 percent of those who are eligible for a raise get one."

January 29, 2006

Bush wants to reform health care

Pacific Daily News, February 2, 2006

TOUR MONEY

Bush wants to reform health care

By Peter G. Gosselin and Joel Hovey

Los Angeles Times

WASHINGTON — President Bush wants to bring as health care his own "compassionate conservatism" approach that gained him his political success during last year's Social Security debate has become central to his self-help view of America.

By proposing new tax breaks for the health savings accounts he has congressional approval for three years ago, analysts said, Bush hopes to change the nation away from the employer-sponsored health insurance on which most working Americans now depend. Instead, Bush wants to use sweeping new tax incentives to encourage workers to use their own money to cover medical expenses and get individually purchased insurance plans to meet larger costs.

In his State of the Union address in a joint session of Congress and an accompanying news release issued by the White House, the president put forth a health care strategy that is remarkably similar to the plan he issued last year to provide young workers to convert a portion of their Social Security taxes into stock and bond accounts that they would own.

"He is walking down the same road as he did with Social Security," said Robert D. Hoenes, a former director of the Congressional Budget Office and president of the non-partisan Urban Institute, a Washington think tank. "He wants to shift some of the responsibility and risk now borne by insurance onto individuals."

Bush indirectly acknowledged the link between the two policy prescriptions by calling for a bipartisan commission to examine the problems of cost and coverage that loom for all of the government's major safety net programs with the coming retirement of the Baby Boomers.

"Congress did not act last year on my proposal to save Social Security, yet the rising cost of entitlement is a problem that is not going away," Bush said last week and a mirrored television audience.

He cast his health care initiatives primarily in terms of helping workers who do not have the level of comprehensive health insurance traditionally provided by large companies — especially the self-employed and those employed by small businesses. But his strategy of greater reliance on individuals has important implications for most working Americans because it would encourage the creation of ways to reduce the burden of

Burden: Would shift to workers

Continued from Page 13

providing traditional insurance.

The theory behind the president's new proposal is that individuals who have their own businesses and spend their own dollars from personal health savings accounts will drive a harder bargain with rate providers than employers and the government alone could. That, in argument, will help to keep costs down.

Then encourage individuals to take on the job, the government already offers Health Savings Accounts that combine a fixed-dollar insurance policy with a personal account into which people can deposit money and from which they withdraw funds to pay medical bills — all tax-free. HSAs are unique in that no other type of account provides tax breaks for deposits and withdrawals.

The president Tuesday night proposed to sweeten the deal by permitting individuals to deduct the premiums cost of the bare-bones policy from their taxable income, and by simply increasing the amount that people can put into their HSAs each year.

The exact size of the proposed increase was announced earlier Tuesday night. The White House released a plan that would permit all of their out-of-pocket medical expenses from their taxable income by paying for them through HSAs. Under current law, people can deduct medical expenses only if they exceed 7.5 percent of their adjusted gross income.

In addition, the release said that the president wants to give individuals who set up HSAs a tax credit that could be worth as much as \$1,500 a year for an individual in the top tax bracket. "The president proposed allowing Americans to cover all out-of-pocket costs under their HSA policy," the White House release said. The Bush plan "will allow persons to cover all their out-of-pocket expenses tax-free through their HSA," it said.

However, independent analysts said they believe Bush's proposed new tax breaks would not be as generous. They said that the 2011 law establishing HSAs set a cap on out-of-pocket expenses at \$5,250 for an individual and \$10,300 for families, and that the president's plan would allow people to deduct from their taxes.

Even with the limit, however, the president's proposal would nearly double the amount people could contribute to their accounts each year. Under current law, the maximum contribution for an individual is \$1,200 and \$2,500 for families.

The White House clearly believes that the proposed new tax incentives would give HSAs a huge boost. About 1 million active signed up for the accounts in for



PDN February 3, 2006 pg. 3

Policy meetings seek public input

Debt-relief solutions kick off leadership summit

By Gaynor Duncanson
Pacific Daily News
gduncan@pdxpress.com

Do you wish your elected leaders were better at handling public money? And do you want them to make better decisions that affect your child's classroom learning, your family's healthcare or your community's safety?

A meeting yesterday and follow-up meetings on the coming weeks could help you gauge how they address these and other key topics in elected officials' lives in election year next month.

Yesterday's meeting, held in a large room at the government, business and community leaders' first solutions to the government's debt burden and several other key topics in 10 days.

Speaker Mark Fisher called for the meeting, which he described as unprecedented in scope of public and private participation.

Getting leaders engaged in a dialogue is the first step to solving problems and the best way to do it is for the public to see and hear officials' long-held views, he said.

Although yesterday's first meeting covered widely ground rules, and those that met on early in the local government's debt burden.

The Chasco administration has been trying to borrow money to pay down the bond market to pay down the debt of at least two governments.

One idea Chasco would like will make a case for debt reduction via bond financing at the subsequent leadership meetings held by the Legislature.

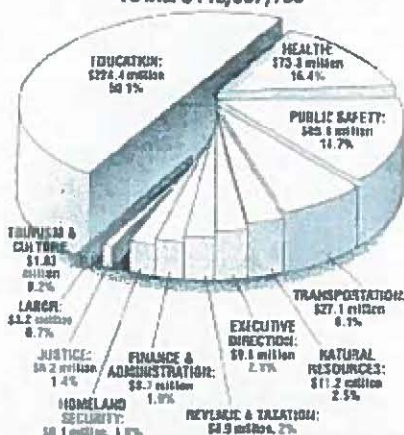
The governor said he would like the lawmakers to write legislation that would require for money given out from the bond financing to be paid forward.

"We have debt, and it has to be

General Fund allocation FY 2007

General Fund allocation is the 17 separate stretch of the fiscal year 2007

TOTAL: \$448,037,963



HOW TO GET INVOLVED

- ▲ The public is invited to the leadership meetings at the Legislature, scheduled for 1 a.m. to 1:30 p.m. every Thursday for two months.
- ▲ Watching into home: The public can also watch the meetings live on Channel 61.
- ▲ Written comments: Submit them by e-mail to speakers@legis.wa.gov.
- ▲ Comments by phone: Call Spokane Mark Fisher's office 473-3457.

BY THE NUMBERS

- ▲ Gov. Chasco's projected revenue, fiscal 2007.
- ▲ Income tax: \$280 million
- ▲ Federal funds: \$53 million
- ▲ Business privilege taxes: \$175 million
- ▲ Other taxes: \$2 million
- ▲ Other funding sources: \$1 million
- Total projected revenues for fiscal 2007: \$457 million

is subject to make payments. The government also has an agency to install new sewer lines in villages.

The island's inadequate sewer system became a public topic recently because of the lack of such infrastructure and the fact that the island's sewer system is in a state of disrepair. The island's sewer system is in a state of disrepair. The island's sewer system is in a state of disrepair.

It has been a challenge for the local government to make more for the annual payments on the new debt.

A \$400 million bond, for example, would mean an annual payment of \$40 million. Sen. Ricki Chasco, chairman of the legislative budget committee, has said. Bonds of this size could take 30 years to repay.

Over the years, the difference between the amount of money the local government collected and how much it spent has meant a deficit of \$161 million, nearly double what it was about a decade ago.

One of the longer term goals the meetings hope to address was, formed by Superintendents from this way. There's a challenge to make schools a priority for all children become better prepared for jobs that ultimately make them a better community.

Meeting participants included businesswomen and Filipina state university leader Nita Halbrechts and Frank Chasco from the health care sector.

just," Chasco said, adding that he would like the Legislature to "move the AG out of the equation."

Attorney General Douglas Layton said he is the "safety valve" that keeps the government from digging too deeply into debt.

"This is threatening the integrity of the state's built-in revenue base and it is exposing the taxpayers to a massive borrowing by the government," he said.

And even if he approves the bond plan, Layton said no one can stop a government from borrowing and repaying the loan. He said that each legislator can check bond investors' views of Chasco's standing to borrow.

Bond arguments

The local government leaders, with the help of private-sector participants, have two sides to weigh on the proposed bond market.

One side argues it is only a short-term fix to pay off old debt — such as the \$1.8 billion in tax refunds and court judgments to the local government's retirement fund — so that the government can move forward.

There's no room in the regular budget for payment of large child care, the County's retirement fund

region, between \$100 million for every \$1 in the government's main source of revenue — the General Fund — goes toward paying for child care, health care and public safety.

The other side contends that instead of borrowing to pay older debt, the local government should look at ways to make more money and make structural changes so that the money saved from a more efficient tax Gov. Chasco could be used to reduce the debt burden.

Public Auditor John Hirsch has said she's one advocate of this approach. He said, the administration had informally indicated a bond borrowing amount of around \$400 million, according to legislative leaders.

But the governor's spokeswoman said the amount could be more — or could be less — than \$400 million.

No money

Further in a statement, the governor said there's no money in the budget for the Department of Public Works to pay millions of dollars in power bills that have accumulated over the years to keep island electricity on. The DPW congressional has been disconnected from the power system



Forbes

Cohesive: work together to find which of Bush's ideas make most sense for Guam Community

Pacific Daily News, February 3, 2006

Guam.pdn.com Pacific Daily News, Friday, February 3, 2006

Our View

Cohesive

Work together to find which of Bush's ideas make most sense for Guam's community

During his State of the Union address, President George W. Bush addressed a number of domestic issues that are nationally and locally relevant.

One of Bush's proposals may end up having a national impact on our community. The latest elected officials -- from our delegates to Congress to the mayor and Guam trustees -- need to come together to identify and discuss the issues and ideas that will most affect us, and then implement strategies to make sure Guam is in a position to benefit.

The president proposed a shift to alternative sources of energy. Being an island community in a remote location, we are all very much well aware of the price of oil. Gas prices have recently risen higher than they are anywhere else, and we all remember the crisis caused by an oil well fire after Superstorm Katrina. Finding ways to implement alternative sources of energy here makes a lot of sense, especially if we can get financial help from the federal government.

Education is another issue of concern. The funds were focused on the need to reduce costs and science education in public schools. Here, we're still focusing on reading books. But that doesn't preclude "Brain Gain" from entering that we remain on pace to comply with national standards established by the No Child Left Behind Act or any new initiatives that may be implemented.

To do that, Guam needs to include the Guam Education Policy Board. The board's decision to remove the second block of the Direct Instruction Reading program appears to be a step backward toward the plan's goal of bringing our students up to the basic levels of reading. The quality of education on this island, and the effective implementation and commitment to programs that work, need to be a priority.

Health care, from quality to cost, is an issue that resonates with locally and nationally. In Bush's proposals of health savings accounts make sense here? Will the community's commitment to treat all patients, regardless of their ability to pay, inspire the implementation of health savings accounts? Are there other reforms that should be realized first?

It is critical for local elected officials to understand which proposals are most relevant, applicable and important to our community. And then they must work together to approach the federal government for inclusion, support and assistance in those programs that make the most sense for Guam.

Share your views on today's editorial by logging on to www.guam.pdn.com or giving us a call at 671-233-1111.

FORUM
www.guam.pdn.com

Limit access to overly costly health care

By Henry J. Aaron

Special to the Los Angeles Times

SEVEN U.S. workers in 10 still get health insurance coverage as a benefit of employment. But perhaps not for long. Health-care spending bubbled up nearly \$2 trillion in 2004, and it has grown about 2 1/2 percentage points a year faster than income for decades. Yet Americans die younger than citizens of some industrialized nations that spend far less per capita on health care. And employers saddled with soaring costs are reducing coverage and raising employer premiums.

Something needs to be done, but no one seems quite ready to come forward with a solution. The only thing American politicians all agree on is that the United States must at all costs avoid health-care "rationing." One after another, they step forward to deplore this much-banned approach, insisting they will fight efforts to deny the insured any beneficial service that their insurance covers.

Rationing health care

But it's too late for that. The truth is that sensible rationing might be the only way to make sure that fair access to health care for all remains affordable. The U.S. can no longer afford to offer every available service no matter how high the cost or how small the benefit to the patient. Intelligent health-care rationing — limiting the availability of care that costs society more to produce than it is worth to patients — is not a horror to be avoided. It's a regrettably necessary limit to sustain fair access to health care that is worth what it costs.

To see the connection between rationing and affordable care for all, one must recognize that insured patients pay little of the cost of their own care when ill. So they quite understandably want everything that might conceivably add even some tiny benefit — the extra test that provides hardly any information at all, the surgery that is little or no better than watchful waiting, or the costly patented drug that is little or no better than the inexpensive generic.

At one time, providing every available bit

of health care cost little. Health care accounted for only 5 percent of gross national product in 1950. It now eats up more than 16 percent. At current trends, it will require more than one-third of the nation's output by 2030. This means we would have to double both income and payroll taxes just to maintain current levels of health care for the elderly, disabled and poor. Unless we squeeze out services that are worth less than they cost — in other words, unless we ration — even cost-effective care will become unaffordable.

Some people argue that simply boosting deductibles will encourage consumers to squeeze out low-benefit care because they won't want to spend their own money without a high chance of a good outcome. Unfortunately, this approach is being greatly overpold. First, patients whose health care costs more than \$4,000 a year consume roughly 80 percent of all health services. They are, of course, the sickest — and their doctors, acting in good faith, prescribe tests, procedures and drugs, most of which are demonstrably beneficial but some of which have only a small chance of helping the patients much, if at all. These very sick patients are in no position to decide which treatments are cost effective, which are likely to work and which are probably wasteful.

Boost deductibles?

So "consumer-directed health care" — a clever marketing label for high-deductible insurance that makes the patient pay the first \$4,000 — won't do much to curb high-cost, low-benefit treatments for those patients.

Other analysts believe that computerizing health-care records and billing would reduce paperwork and costly medical errors. But careful estimates put the savings at no more than about 3 percent. Discouraging fraud or encouraging

TO THE POINT

▲ The truth is that sensible rationing might be the only way to make sure that fair access to health care for all remains affordable.

patients to seek out doctors and hospitals who do provide cost-effective care would help.

But insured patients will still have every incentive to avail themselves of any care that might help them. Meanwhile, the forces driving rising U.S. health-care spending — the aging of the population and the proliferation of beneficial but costly medical procedures — are only going to intensify.

Other nations deal with this problem in different ways. Some put hospitals on fixed budgets. Others pay doctors who provide outpatient care flat annual amounts per enrolled patient. In some areas, patients experience longer waiting times. Some nations limit access to high-tech services. And virtually all pay doctors relatively less than Americans do.

The result typically is dramatically less surgery, less high-technology medicine and much lower health-care spending — but not poorer overall health outcomes. The British, for example, live slightly longer than Americans yet spend 40 percent less per capita on health care than we do.

The kind of rationing that is necessary will require steps that might seem unimaginable to most Americans and to elected officials, including restrictions on the purchase of costly equipment, caps on hospital budgets and well-enforced protocols for using treatments that have been proved effective for various conditions.

Failure to ration, however, will mean that the cost of caring for the aged, disabled and poor will require astronomical tax increases — not that working Americans will have less money to spend on anything other than health care. Insurers will find it increasingly unattractive to sponsor coverage for workers, and workers will refuse increasingly costly coverage. When Winston Churchill said of democracy, "it might apply to health care rationing; it won't apply — except for all the others."

Henry Aaron is a professor, with Atlanta Cox and William R. Schlesinger, of "Can We Save the Challenge of Rationing Health Care?"

OPINION

SUNDAY FORUM

Upcoming topics

The Pacific Daily News invites readers to join us in discussing some of the hot topics in the news.

▲ Sunday: What steps must Guam take to better recruit and retain doctors and nurses?

If you have some insight on this topic that can make a difference, or if you just want to join the discussion, we want to hear from you. Submit your opinion for the Sunday Forum. We also welcome your suggestions. If you have a topic for discussion in the Sunday Forum, let us know.

Make contact

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Submit a letter

We welcome your comments on editorials, columns and other topics in the Pacific Daily News about subjects important to you.

▲ Only submissions that include name, address, village of residence and day and evening phone numbers, and that are verified by the Pacific Daily News can be considered for publication.

▲ Method letters must include a return address on the envelope.

▲ Letters must be previously unpublished, including on the Internet.

▲ Letters to the editor of 300 or fewer words have the best chance of being published.

Health saving accounts bear scrutiny

Pacific Daily News, February 8, 2006

2 YOUR MONEY

Health savings accounts bear scrutiny

The Washington Post

WASHINGTON — Despite a good deal of pre-State of the Union lauffing and puffing, the Bush administration apparently plans to seek fairly modest changes in the law covering health savings accounts (HSAs) and other "consumer-driven" types of medical insurance.

Even without the better tax breaks Bush is talking about, though, the popularity of these plans is growing — at least with employers. Two of the reasons are that, so far, surveys indicate that HSAs are cheaper for companies than traditional insurance and that employers' costs for these plans are rising less rapidly.

That, of course, is what backers of these plans have long said would happen. Set up as a combination of a high-deductible insurance policy to cover serious illnesses and a tax-preferred savings/investment account for routine expenses, HSAs are supposed to curb health-care costs by discouraging unnecessary use of medical services while encouraging careful shopping for those that are necessary.

The mechanism is the savings/investment account, whose contributions can be kept and perhaps used for other purposes if they are not needed for medical care. In either event, the less you spend, the more you get to keep.

The account may be funded by the insured person or family, by the employer or shared between them.

(There is an alternative, known as health reimbursement arrangement, or HRA, which is similar to HSA but with somewhat different rules, including a requirement at the employer, and only the employer, fund the account.)

But while costs to employers may be restrained, it remains to be seen whether the plans truly curb overall costs. That is because they've another, less obvious feature: K-shifting.

In traditional health insurance, the insurer — or the employer, who is actually the insurer in the case of most large companies — has up most of the costs after a usually modest initial deductible is met.

In an HSA, that deductible is as low as \$1,000 for a single person, \$2,000 for a family — and the total out-of-pocket expenses, not including premiums, can be as much as \$5,000 for a single person or \$10,000 for a family. Out-of-pocket expenses include co-payments and deductibles as well as the deductible.

Now, taking on more risk, your

The message here for individuals is that workers who are offered an HSA (or its variant, the HRA) need to analyze their choices carefully.

never accumulating a cushion and being compelled to dig into his own pocket for uncovered costs up to the out-of-pocket limit.

And a worker needs to be conscious of who is funding the account.

A See HSA Page 13

13 YOUR MONEY

HSA: Young and well-paid can benefit

A Continued from Page 12

The more of the burden an individual, rather than the employer, bears, the more he or she is self-insuring for everything less than the deductible and out-of-pocket limits.

Then, too, there is the question of how much tax-preferred savings Americans can afford. Already we have 401(k) plans and IRAs for retirement and 529 plans for education, which, fully utilized, allow families to put aside tens of thousands of dollars into deductible or tax-free accounts. Indeed, the total of possible tax-preferred savings far exceeds many families' entire income, let alone the amounts they can afford to save.

On the other hand, HSAs clearly make sense for healthy, well-paid workers, especially young singles. They offer another tax benefit that, over the years, could really add up if the owner is healthy enough to avoid tapping it.

They also offer in the individual market what amounts to catastrophic coverage along with the savings opportunity — features that may appeal to self-employed people and young workers who have not yet needed even a steady job or one with benefits.

Federal workers are now offered HSAs, and according to Congress' Government Accountability Office, the workers opting for an HSA are slightly younger, predominantly male and single (or having self-only coverage), and better paid than other federal workers the same age.

Last year was the first in which federal workers were offered HSAs, and the GAO found that enrollment was "modest." It also cautioned that one year's findings might not be predictive of future trends.

But the enrollment pattern of the federal work force for 2005 "does raise the possibility that individuals with certain demographic characteristics may be disproportionately attracted to these plans," the GAO said in its report, which was released last week. For example, it noted that HSA enrollment "had consistently higher incomes across all age groups."

Although the GAO left it at that, saying more data are needed, the findings reinforced the worry of some experts that HSAs will draw healthier, wealthier workers out of traditional insurance plans, leaving the

Pacific Daily News, Wednesday, February 8, 2006 guanpda.com

Health Summit 2006

"Bridging the Gap in Health Care"



Nearly 22,000 people on island are without health insurance. Be part of a working summit to address issues of health access on Guam. Participate and offer your solutions. Admission is **free** and open to the public.

(Friday) February 10, 2006

4:00 - 9:00 PM

Hilton Resort & Spa Marianas Ballroom

Seating is limited to 150 participants.

To register contact: **735-2064**.



Funded as part of the State Planning Grant for the Uninsured Project, Health Resources and Services Administration, U.S. Department of Health and Human Services. Grant No. P05HF04007

Department of Public Health & Social Services • University of Guam Cooperative Extension Service

LOCAL

Summit tackles health care

Officials look at MIP issue, health centers

By Mark-Alexander Pieper

Pacific Daily News
mleper@guampdn.com

Longer hours for the northern and southern public health centers may be a result of yesterday's four-and-a-half-hour health leadership summit.

The summit is part of an ongoing series of discussions, organized by Speaker Mark Forbes, on how to address the government's problems. Local officials concluded that increasing health center hours from 6 a.m. to 11 p.m., seven days a week, would help to reduce cost to the hospital.

The group of lawmakers, public health, hospital and administration officials will meet again at 9 a.m. Tuesday morning in hopes of reaching a consensus about how to address problems with the Medically Indigent Program and creating a per-

manent subsidy for the Guam Memorial Hospital.

Indigent and self-pay customers needing immediate health care often venture to the expensive hospital emergency room to treat ailments that can easily be treated at the community health centers for a fraction of the cost.

But with the Department of Public Health and Social Services' health centers limited hours, people often don't have access to care that on average costs \$90 per patient, officials said yesterday.

Instead, when they are treated at the hospital they rack up bills that, according to Sen. Frank Aguirre Jr., can run anywhere from \$300 to \$800, which is about the average of what Select-Care pays for hospital bills with an 8-percent discount, said Select-Care health plan administrator Frank Campillo.

But the hospital only sees about 55 cents on the dollar in return for care it provides to MIP, and often times the self-pay patients don't pay their bills, consistently leaving the hospital in the red.

Forbes said lawmakers may have to appropriate additional money to public health.

The MIP decisions were tabled

until Tuesday because of a lack of information. Sen. Aguirre said he could have dollar breakdowns of the program by the next meeting.

Campillo suggested privatizing the program's administration so that data about the program and its recipients can be compiled.

Forbes said a privatization attempt for the entire program four years ago failed from a lack of information, so companies did not know what kind of risk they were assuming.

Public Auditor Denis Brooks recommended that caps, equal to the best levels available to government insurance plans, be instituted on the MIP.

HOURS

▲ The Northern Region Community Health Center in Dededo is open from 8 a.m. to 7 p.m. Monday through Thursday, and 8 a.m. to noon Fridays. The center is also open from 8 a.m. to 2 p.m. Saturdays. The Southern Region Community Health Center in Hagåtña is open from 8 a.m. to 5 p.m. Monday through Thursday, and 8 a.m. to noon Fridays.

Separate: The commissioner of insurance needs to be an expert, as well as consumer advocate

Pacific Daily News, March 12, 2006

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guchipdn.com PACIFIC SUNDAY NEWS, March 12, 2006

Our View

Separate

The commissioner of insurance needs to be an expert, as well as consumer advocate

The creation of a separate position to oversee the banking and insurance industries for Guam is still fairly recent. Public Law 27-88, signed in 2003, made the Office of the Commissioner of Banking and Insurance. Previously, the duties also were those of the director of the Department of Revenue and Taxation.

But when the Legislature shifted the duties, it didn't go far enough. The duties need to be further split. Right now, the main requirement for the commissioner is that he or she have 10 years of management experience in EITHER the financial/banking industry, OR the insurance/brokerage industry.

So the person charged with overseeing the insurance industry on Guam doesn't even have to have any experience or knowledge of the industry. And given the increasing number of issues regarding health insurance on Guam — such as the constantly increased costs to consumers, and differences of opinion between doctors and insurers over what treatment should be covered — it makes sense that the person in charge of the insurance industry should have expertise in that area.

Furthermore, this community needs for the position of insurance commissioner to be one that not only oversees the industry, but that also looks out for consumers as well.

In U.S. jurisdictions, one of the primary duties of the insurance commissioner office, or its equivalent, is consumer protection. It regulates the insurance business and ensures proper compliance, but it also gives consumers a place to go if they have problems with their health insurance company.

These offices provide consumers with hotlines and tips, and offer online resources with help on how to get insurance, compare insurance problems, etc.

Guam's insurance commissioner needs to not only be an experienced professional in the industry, but also must be a strong advocate for Guam's consumers.

ON THE NET

▲ Department of Revenue and Taxation Web site: www.guamtax.com

▲ For consumer tips on insurance, visit the Consumer Action Web site at www.consumeraction.gov, and under "Consumer Topics," click on "Insurance."

SUNDAY FORUM

Does Guam need a health insurance commissioner or regulatory board?



"Yes, there are a lot of people here who need health insurance. It's something everyone should have, not just the people who can afford it."
SARA STAINES
53, Male
Spanish teacher



"Yes. Hopefully, regulating health insurance will create an equal opportunity for people to benefit from it."
NAJE BAIS
18, Male
lifeguard



"No, I don't think so. We have too many regulations as it is."
NANCY KELLEY
50, Male
librarian

Each of us are our own health commissioner

By Ron McNinch



McNinch

A hundred years ago, people were lucky to live to 50, tuberculosis was the leading cause of death in the region and the infant mortality rate was nearly 117 percent. Today we live to nearly 80, our leading cause of death is heart disease and infant mortality is less than 1 percent.

In most future publications, it is predicted that children born today can live to 120 and the most optimistic estimate suggests an upper limit of 300 years. Okay, people laughed about being able to fly too, but let's think this out.

Our older citizens are not living lives of

capit demise. This is a spry and active group, quite different from previous older generations. Just fifty years ago, when a person reached 60, their life was pretty much over. Not anymore. With hip replacement surgery and other life-enhancing improvements, all sorts of changes are happening. In order for our young people today to live to 120, they will need to avoid the anticipated high causes of death, namely accidents and preventable illness.

Does Guam need a health commissioner? I think we are all our own health commissioners. Look in the mirror, take on the mantle of authority, responsibility and accountability. The job isn't easy because there are high expectations and constant disappointments and setbacks.

Do we need an insurance board? Maybe, but I don't — I have my wife and daughter. My wife, Rose, made me give up smoking. Then my daughter made me give up smoking cigars. Also, they scrutinize and comment on everything I eat. They can smell on my di-

ving constantly too. Life is just not fair.

A couple of weeks ago, I was in an important meeting at a local hotel. I got a call on my cell phone from home. It was my 8-year-old daughter Athena, who had discovered she could call me pretty much anywhere. The only thing she wanted to talk about was what I was up to at the moment. I had to patiently tell her I was really busy, but yes I would go for a walk with her when I got home.

I turned to my friend and he had a pretty blank look on his face. I had broken a kind of meeting etiquette by taking the call. I explained that my daughter loved to call me on my cell phone after school every day.

My friend then said in a sort of somber way, "Yeah, my daughter is 22 and I wish she would still call me sometimes. . . . She never goes for walks with me either anymore."

Ron McNinch is an associate professor of public administration at the University of Guam.

PDN March 12, 2006 p. 13



"Yes, because it can oversee if the rate increase is justified, review the policies, and set a standard for a new policy procedure."
PAUL WAYNE POCAIGUE
41, Male
paint mixer



"Maybe a commission to find out where our insurance policy is going. But I'm not too sure about the regulatory board."
KIN QUICHOCCHIO
41, Male
warehouseman



"Yes, I didn't even know we don't have one. I want to get good health care and I don't get it on this island. If there is a board to regulate it, it can be available for everyone."
JEAN WHITE
63, Female
property manager

Nichelle Yabes Lee For Pacific Sunday News

OPINION

Emphasizing off-island care harmful

By Jerone T. Landstrom



Landstrom

As we busy in our practices, there continues a slow but inexorable erosion of health care on Guam subsidized by our own tax dollars previously legislated by our government of Guam. I say subsidized by government since we must pay GRT and withholding taxes to keep the government of Guam functioning in the face of a \$150 million dollar deficit, yet our private health-care insurance companies are exempt from these taxes.

While these companies enjoy this tax-free status, I note that more and more patients are going off island to the Philippines for care, as encouraged by their private health-care insurance companies. This is done by not only advertisement for care at "centers of excellence" in the Philippines, but also through financial incentives by not requiring patients to pay co-payments when they receive care in the Philippines. This requirement for co-payment is not waived on Guam.

In time, this business-driven approach to convince the consumer to go off island will have greater and greater negative effects of health care on Guam. In time, the bulk of

many physician practices may be made up of

indefigent care, with these physicians perhaps not wanting to remain on Guam since they are unable to make ends meet despite the passage of a medical liability cap.

Thus, we need to ensure the "standard" that we define as ACGME (Accreditation Council for Graduate Medical Education) Island and ABMS (American Board of Medical Specialties) certified physicians is not only applicable to Guam Memorial Hospital and ourselves, but also for the health-care insurance industry on Guam.

The health-insurance industry on Guam obviously doesn't share our viewpoint and definition of "standard" when they actively promote sending patients off island to the Philippines for routine medical care that can be done on Guam. Moreover, in the Philippines there is no institutionalized scrutiny or reporting to such agencies such as the NPDB or the AMA for physicians that have been disciplined, convicted of felonies or have had malpractice settlements or loss of privileges due to incompetence.

Through legislation, the insurance com-

TO THE POINT

▲ The health-insurance industry on Guam obviously doesn't share our viewpoint and definition of "standard" when they actively promote sending patients off island for routine medical care.

panies can be compelled by law to not cover off-island costs for medical care in the Philippines that can be done on Guam by ACGME- and ABMS-trained physicians, or their tax-exempt status will be terminated! Medicare will not allow off-island referrals to the Philippines unless: the required services can't be provided at GMH or the Guam Surgecenter; the emergency must occur on Guam; and the patient must be referred to a hospital in the Philippines by a GMH physician.

I believe the same should be applied by legislative action for all health-care insurance companies on Guam.

Lastly, the tax-free status for insurance companies was to provide incentive to develop a health-care insurance industry on Guam to provide a service and to allow economic growth and jobs for Guam. However, if the subscriber to a given private insurance company is provided financial incentives and actively pursued to obtain care in the Philippines that can be done on Guam, it defeats the purpose of the intent of the tax-free status.

Our current political leadership needs to correct the current inequity at the expense of the taxpayers of Guam for the benefit of health care in general and for the vitality of Guam's economic base.

*Jerone T. Landstrom, M.D., FACS,
is chairman of the Guam Board
of Medical Examiners*

Patient, provider advocate needed

By Thomas Shieh

An independent health insurance commissioner should protect and advocate for patients and health care providers, and inform them of their rights and options when it comes to health insurance issues.

On Guam, we need to do better in regulating health insurance companies. We should have an in-

Shieh

dependent health insurance commissioner that is knowledgeable in health care so

that he or she can provide good resources for patients, health providers and enforce the rules and regulations of all health insurance companies.

What if you were diagnosed with cancer and your health insurer decides to increase your premiums from \$500 per month to \$2,000 per month, or even higher? What if your health insurance company turns down a procedure or a lab test this year (don't codes)? What if a health insurance company denies a payment for service provided?

Of course, you would talk to the health insurance company first, but what if they don't provide you with a good resolution? This is when the health insurance commissioner should step in and assist.

As physicians, we must work to help ef-

fect changes in our health care system that will prevent children, adolescents and adults from slipping through the cracks and increasing the growing number of uninsured or underinsured patients in this island. Our patients depend on us as advocates for their health. We need to continue our activism and insist that we have a good health insurance regulation.

I see cause for concern about health insurance policies that would not cover some of the basics of disease treatment (treatment of preventable diseases). Christ's health policy is critical to the future of all patients, especially the young children who represent the future of our island.

Thomas Shieh, M.D., FAGOG, is a board-certified OB/GYN.

Thorough examination of industry crucial

By Lacey A.C. Martinez

The rise in health-care costs should force us to pay more attention to what exactly is going on. An insurance commissioner has been tasked to regulate the health insurance industry, however, the duties of that particular commissioner expand into all other forms of insurance regulation, not to mention the regulation of the banking industry too.

We could look at separating the regulation of health insurance from all others as one more layer of bureaucracy, one more government position to add to the already bloated government of Guam body.

Because of all the recent increases in premiums with most of the health insurance companies, more attention needs to be paid toward regulation.

In the recent months, I've watched friends and family members downgrade their health insurance policies because of significant increases in premiums. Ac-

cording to one of the popular insurance

companies on Guam, premiums increase depending on the amount of people using the coverage and the frequency. Although that may be the way the industry is driven, it does

look particularly sneaky. It looks almost as if all the other insurance companies follow suit when one raises rates.

I am not a consumer in the industry. I have successfully avoided seeking medical attention for the past five years. Why? Because like many students attending the University of Guam and even Guam Community College, I also work part-time. And although work is great, my employer does not have the luxury of providing health insurance to part-time employees.

However, a month ago, I had no choice

TO THE POINT

An individual attention to the regulation of the health insurance industry needs to be applied.

but to seek medical attention, looking out \$400 on the spot. As a result, I lost the value of having medical insurance — and I worry about those who can't afford to drop \$400 on one visit.

This issue needs to be looked at more closely. No offense to Andy Jordan, the Department of Revenue and Taxation's Banking and Insurance Commissioner, but it looks like he has his plate full. Isn't he already the chief financial advisor for the government?

People much like myself are a liability. When we are unable to pay our bills, the rest of the taxpayers have to foot it — and see the increase in their premiums too. A thorough examination of the industry is needed immediately.

Individual attention to the regulation of the health insurance industry needs to be applied.

Lacey A.C. Martinez is a student at the University of Guam and a resident of Agaña Heights.

Tighter health program screening for FAS citizens urged

Marianas Variety News, March 17, 2006

Tighter health program screening for FAS citizens urged

is follow-up or educational opportunities.

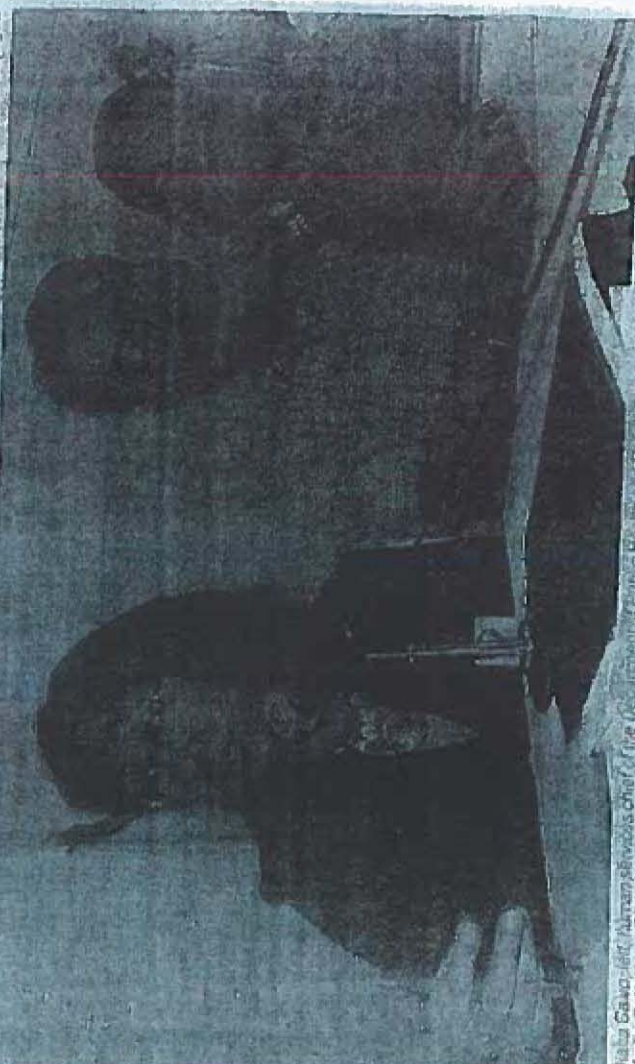
According to officials from the Department of Health and Social Services and the Guam Memorial Hospital, many FAS patients come to Guam to access medical care. Though they say the primary purpose of their visit

is the health of Guam's Native population.

PARTICIPANTS at yesterday's Leadership Summit at the Expo-Trade Center, including the Governor, were urged to take action to address the health of FAS citizens.

And when FAS citizens give birth to children, their children immediately become eligible for MIP benefits, health officials say.

Continued on page 2



Deputy Governor, Human Services Chief of the Department of Health and Social Services, discusses the problems of FAS island's Medical Indigent Program. With DHS Director, Arthur San Juan, and Guam Memorial Hospital administrator Peter John Cernach, right, after the Leadership Summit yesterday at the Expo-Trade Center.

Photo by Erin K. Abrams

Tighter..

Continued from page 2

Sen. Herb Klutznick's suggestion to help reduce the strain on MIP is to "subsidize" on Guam the FAS citizens needing medical care, and then send them back to their respective states for more medical care.

A representative from the office of Congresswoman Madeleine Z. Bordallo said the congresswoman is already pushing for a law that would require any FAS citizen who becomes an economic burden on Guam to be sent back to their homeland.

Vice-Speaker Joanne Brown also promised to "table" this matter within the Association of Pacific Island Legislatures, and urged the governor's office to do so as well in the Micronesian Chief Executives Summit.

According to health officials, many FAS citizens present themselves to GMH as uninsured, and then later access MIP benefits because this is the only program that adult FAS citizens, or others who are not U.S.-born individuals, can access.

Another suggestion during the

summit is to look into whether individual FAS can reimburse Guam for MIP expenses incurred by FAS citizens.

But a testimony revealed that most of these neighboring states have poor healthcare and insurance capabilities, with only the state of Yap being better off.

DPHSS also pointed out that when FAS citizens go to Guam, they — in effect — become residents of the island and that means Gov. Guam has an obligation to provide them with access to public services.

But with the more stringent screening measures drawn up yesterday, FAS citizens may need to prove that they have been residents of Guam for at least one year before they can be accepted into the MIP.

If the recommendations of the Leadership Summit are carried out, FAS citizens will also be required to present their passports and tax returns before they can avail of MIP benefits.

And if they misrepresent themselves in the MIP, they could be banned from all other types of public assistance on Guam, summit participants said.

LOCAL

Leaders fail to agree on malpractice cap

By Mark-Alexander Pieper

Pacific Daily News
mpieper@guampda.com

A fair solution may be far away in addressing the lack of affordable medical malpractice protection for doctors.

A two-hour meeting of doctors, lawyers, an insurance professional and Senators was held last night, but a fair compromise on the issue wasn't reached.

Some local doctors have been pushing for caps on the amount of money physicians can lose in a malpractice suit, saying the lack of affordable malpractice insurance here has contributed to a shortage of medical specialists.

Lawyers were opposed to Sen. Benjamin Cruz's Bill 272, a bill backed by doctors that proposes to put comprehensive caps on economic and noneconomic damages resulting from malpractice suits.

Attorney Curtis Van de Veld said the problem with the proposed caps is that it attempts to place one general figure to determine the worth of human life and that the numbers they are using — which mirror the government claims act — are outdated, low and haven't been adjusted for inflation.

Van de Veld said the real problem comes with the insurance companies that "grossly" over-charge doctors for malpractice insurance. He said changing the law to place caps wouldn't solve the high

insurance premium problems. "This is like operating on the right foot when the left hand is hurting."

Dr. Ellen Bez said with the caps the doctors are seeking their own protection and are looking to help patients.

Bez said it is a very unnerving feeling to have to go to work every day knowing that if you make the slightest mistake "you can lose everything you worked for your entire life."

She said litigation has made a "horror" of malpractice. It should be noted that no one in the room could remember the last time there was a verdict handed down in a

WHAT'S NEXT

▲ The next health leadership summit on medical malpractice liability is scheduled for 6 p.m. on Monday at the Guam Legislature building in Hagåtña. Doctors, lawyers and health insurance professionals are urged to attend.

VIEW THE BILL

▲ To view Bill 272 by Sen. Benjamin Cruz, D-PS, visit www.guamlegislature.com.

malpractice suit on Guam.

Attorney Dan Somerfleck said perhaps the reason why the insurance is so high on Guam is because of a level of care issue.

"Would our rates change if GMH was (Joint Commission on the Accreditation of Healthcare Organizations) qualified? Are we putting doctors in bad sit-

uations?" he asked. Dr. Thomas Shieh said Guam's expensive insurance and lack of caps has prevented new doctors from coming to the island.

Dr. Jerome Landstrom said studies show states with caps attract more specialists because the type of medicine they practice is riskier.

Ray Schrabel of Calvo's SelectCare said because Guam's physician community is small, malpractice insurance is expensive. One possible way to get medical malpractice on Guam would be if the physician community agreed on one entire amount.

He said a European insurance company extends \$5 million of insurance to the island's physicians. Any higher amount would be cause for higher premiums for doctors. He suggested that doctors could pass some of those additional costs to patients, but all attending balked at the suggestion.

"We do not want to make healthcare more expensive for the patient," Shieh said.

Sen. Robert Klitzke, R-Yigo, said the group will meet again Monday night and he is optimistic that common ground will be reached.

MIP program to form strict eligibility standards

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LOCAL

MIP program to form strict eligibility standards

By Mark-Alexander Pieper

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mpieper@guampdn.com

A request for proposal to privatize the administration of the Medically Indigent Program should be ready by April 13, said Speaker Mark Prebes.

The long-struggling program will have its administration privatized and its eligibility requirements, as well as its funding source, will be changed. Island leaders, in a four-day health summit meeting, addressed what they hope are the remaining holes in the Medically Indigent Program.

What this means for taxpayers is that stricter requirements could reduce the number of people abusing the program, and the more than 7,000 recipients of the program could have more health-care options.

Public Health Acting Director Art San Agustin said the agency has heard of many examples of abuse. Sen. Mike Cruz, also a surgeon, gave an example of a patient of his from Chuuk. Cruz said when the man was informed that the clinic would not accept MIP for the medical services he received, the man, a lawyer in Chuuk, said he would simply see his off-island insurer.

When Cruz, R-Pse, asked how to go MIP, the man, whom Cruz did not identify by name, said he met the program's residency requirements because he was not employed in Guam and was here for six months.

Now the plan is to increase the residency requirement to two years, require all applicants to submit a yearly tax return form, and if they are from a jurisdiction outside the United States, to provide information

if it make MIP attractive to practitioners so you won't have a situation in the future like you do now where clinics, doctors and pharmacies are refusing to take clients of MIP.

San Agustin estimates the private company that takes over the program will be paid anywhere from 10 to 15 percent of the MIP's annual funding. In the current fiscal year, the program is budgeted to receive about \$115 million, so at 10 percent, the private company would get about \$11.5 million for its work.

TO THE POINT

▲ A request for proposal to privatize the administration of the long-struggling Medically Indigent Program should be ready by April 13.

Severe penalty

The penalties for defrauding the program will be increased to mirror federal standards so that if you're caught falsifying your eligibility information, you face a 10-year ban from MIP.

San Agustin said all the measures should help with the program, but the big issue remains cash management and how fast the local government can release the cash.

That's why he's pleased by the decision to remove the program's funding from the General Fund and making it permanently covered by a specific revenue source such as Gross Receipts Tax.

All that we've done could have a lot of benefits because if the government of Guam becomes prompt in paying these things, you can negotiate discounts just like real insurance companies do, so we get more service for the dollar we spend," Forbes said. "In addition,

Dumas

YOUR MONEY

Bill eases health insurance rule

WASHINGTON (AP) — A Senate committee acted to give small businesses greater flexibility in offering health insurance to their employees Wednesday, moving to break a perennial congressional stalemate over the issue.

Legislation approved by Senate Health, Education, Labor and Pension Committee would allow small companies to join together, based on their membership in a particular trade association, to purchase health insurance exempt from state coverage requirements.

President Bush has been pro-

moting the association health plans since taking office. The House has approved similar bills several times, but the Senate has never taken action on the issue.

Supporters say the bill would lower health insurance costs for small businesses and reduce the number of uninsured. But critics say that allowing companies to bypass state protections gives consumers a false sense of security and could lead to higher premiums and lower benefits.

Wyoming Sen. Mike Enzi, the Republican chairman of the committee, said Wednesday that "some-

thing is better than nothing."

"Businesses everywhere are struggling with the soaring costs of health insurance, and they want to offer good benefits for their employees," he said. "They ought to be able to leverage their strength in numbers, but the differences between state laws make it too complex and costly to do so."

Democrats offered several amendments that were defeated. Many of the amendments would have added requirements for certain types of treatments and tests.

Massachusetts Sen. Edward

Kennedy, the committee's top Democrat, said the bill "sets up the best of three horses standards for benefits."

"Unfortunately, the bill before us includes damaging provisions to repeal existing laws that make health care coverage more affordable for millions of Americans," Kennedy said.

Enzi emphasized that the bill includes several protections for consumers, including a requirement that would make insurers' providing the scaled-back coverage also offer a more comprehensive plan.

APPENDIX J:

Focus Groups Questions and Transcripts



Methods of Selecting Focus Group Participants Round Table Discussions

Methods of Selecting Focus Group Participants in Round Table Discussions

LEGISLATURE :

Since there are only 15 senators on Guam, we basically decided to invite all fifteen senators to participate in the focus group discussion titled "Legislative Focus Group". I personally delivered a letter to each senator's office that invited them to participate in the focus group discussion.

Allied Health Providers:

Seatiel and I were tasked to invite a diverse group of focus providers that came from all ranges of the Allied Health Profession. Since there are hundreds of Allied professionals on the island and limited space at the focus groups we had to narrow down the list to about twenty. The method of selecting was through the Guam phone book and I invited approximately five people from each sector of the Allied Health Professionals.

Government Agencies/Non Profit Organizations:

We tried to invite a member of each government agency and non profit organization that we felt dealt directly with health care issues. After establishing a list of people and organizations that have a direct link with health care on Guam we contacted individuals to inform them of our focus group discussions. We then later delivered invitations to all the govt. agencies and non profit organizations that were on our invitee list.

Focus Group Questions – Health Insurance Industry

Guam & the Uninsured

1. Do you see a potential market money-making opportunity in entering an uninsured market? If yes, what are the major factors you would consider? If no, what are the primary reasons for not entering the market?
2. Do you feel there is a need to educate the public about health care? If yes, how would you approach the uneducated?
3. As a Health Insurance Provider, do you allow your beneficiary to go off-island for treatment? If yes, what is the extent of your coverage (e.g., airfare, hotels, or hospitals)?
4. Why do you offer health care insurance?
5. What are the major benefits of having health care insurance?
6. Is culture a factor for people purchasing health care insurance? Yes or No, Why?
7. Is there a backlash or problem because uninsured people tend to be of the minority and low-income bracket?
8. What percentage do you think Guam's uninsured population to be?
9. Do you think health care programs are expensive or inexpensive, why?
10. Should you be capturing the young adults (18 – 30 year olds) market because they do not have the same risk as the other age brackets (such as babies and senior citizens)?
11. Do you think there should be more efforts in advertising health care programs?

Transcript for Health Insurance Industry Round Table Discussions

Good Morning and thank you for joining us.

I am sure that you all know each other, but for the benefit of my colleagues, please allow me to introduce you and your organization

Mr. Frank Campillo, Calvo's Select Care
Mr. Jerry Crisostomo, Moylan's Insurance, Net Care
Mr. Joseph Husslein and Mr. Gus Sablan Pacificare
Ms. Monica Iglesias, DSI
Ms. Maria Taitano, Siny Well Insurance

The others are working with us on this project, and I would like to introduce them and their role in the project.

Michael Ehlert, Associate Professor of Psychology participating in a cancer research project with special interest in tobacco use. He will be asking some questions as a way of giving you a break from listening to me. Angie Muniment is the project's manager.

Our Research Assistants are students at the University of Guam: Andy Choi, Bryan Kim, both seniors majoring in finance and economics, Vanessa Napui a graduate of the University of Guam with an bachelor's degree in Public Administration, and Tim Dela Cruz who is a graduate student in Micronesian Studies. They have made this meeting possible and I want to thank them. Today you will see them making notes so that we will have the benefit of including ideas in our report. We will make sure that you have the summary report that we will use in our report of findings.

Also joining us is Jay Pasqua, Editor of the Marianas Business Journal. I am grateful to Jay and Maureen Maritita for their willingness to include this project as part of their Power Breakfast series. We recognize that the issue of health care and its costs is of interest to business readers. Jay, please explain how you see reporting on today's meeting.

This is an important study for Guam, one that is funded by the Health Resources and Services Administration, a division of the US, Department of Health and Human Services.

The study is in line with other studies being conducted by states and territories on the issue of the growth in the number of uninsured in America.

We delivered to you some materials as a bit of background. I hope you found them helpful as a description of the project and the importance of your participation.

Focus Group Questions – Legislature

Guam & the Uninsured

1. Why do you think there is a problem with people being health uninsured?
2. Should healthcare model be employer based, or looked at as a right of citizenship?
3. Should the government establish minimum standards for what is basic health coverage for all individuals?
4. What is your perception of the value of health verses other commodities such as a car?
5. What are your thoughts to requiring health insurance?

Notes for Legislature Round Table Discussion

Guam Legislative Roundtable, December 16, 2005, 11:30 a.m. -2:30 p.m.

What and why do they think there is a problem with people being health uninsured?

- Among retirees, 53% - 60% are uninsured. Even without costly premiums under the high deductible health insurance plans, many are still not enrolled. Why aren't they enrolling? Is there complete understanding about insurance and coverage? He stressed the great importance of education and marketing. The value of health insurance may need to be emphasized.
- The poverty rate is at 30%, almost the same rate as those who are uninsured.
- The need for health insurance is undervalued. Why get health insurance when they can just go to GMHA or DPHSS for free! Particularly if you come from the neighboring islands where the government runs the health centers and hospital. The GMHA and public health are mandated to provide healthcare whether you can or can't afford to pay. Add to that inefficient billing practices and the government can't recover their costs for uncompensated care.
- Salaries remain the same. Health insurance rates are increasing. Those who have health insurance are penalized by having to absorb the costs of their health care and at the same time pay for the healthcare costs of the uninsured. The uninsured population impacts the quality of care. If the healthcare providers and hospital are not reimbursed for the services rendered, then they can't pay their suppliers, vendors, practitioners, etc. If they can't pay their bills on a timely basis, the services are compromised and quality is affected. The healthcare system is degraded in order to sustain indigent care.
- When health insurance rates increase, the risk pool is subject to adverse selection. Those with the highest health risks often continue to be part of the health insurance plan, while those who are younger and healthier drop out, thereby increasing the risk and medical costs for the health insurance company.
- When confronted with all kinds of conditions on a daily basis to stretch the dollar, it's not uncommon for people to drop health insurance. Money needs for survival compete with need for medical care. Because of limited resources on island, many have to travel off island for their healthcare and treatment.
- There was the wish expressed that clinics and health insurance companies should reduce their rates instead of giving out bonuses to their employees. There is a public expectation that the government will provide for healthcare. There is also the expectation that social medicine is the answer to healthcare. However, individual responsibility should be emphasized and the promotion of healthy lifestyles.

- Actuaries many years ago did not factor in the costs for high tech care. Insurance covers risks that you can't count on, like the difference in price for a cadillac versus a compact car. In the marketing of health insurance, a cushion is built in for future eventualities.
- Guam's proximity to the Philippines may be a factor in non-insurance. Because the cost of healthcare is high on Guam, seeking healthcare in the Philippines may be the individual's only option. This feature was marketed by one of the health insurance companies this year.
- Health insurance companies don't encourage people to have healthy lifestyles, and only cover acute care. There is no disease management or case management of the groups of people who have chronic diseases such as diabetes, heart disease, etc.
- People expect healthcare and access to healthcare as part of living on Guam. Whatever the federal government offered in the past is what the government of Guam modeled. Why aren't uninsured using the services of the public health community health centers (CHC)? The CHC is well run, but why are they opting to go to the hospital instead?
- The health dollars that migrate off-island for healthcare and not reinvested back into the local health system is worrisome. Working middle class and lower income individuals and families would be hurt. This is a scary situation for the indigent population because health services will ultimately decline. In every emergency, there is a crisis cash infusion for healthcare. The government budget for health, education, and safety is huge. The community doesn't generate enough money to totally subsidize healthcare as these costs continue to increase.
- The government's negotiating team is not prepared and health insurance companies bring in the best to provide their analysis and negotiate for them. The government needs to have a stronger health insurance commission.
- There's higher rates for health insurance, and higher deductibles and co-payments, but the benefits covered are decreasing.

*Should healthcare model be employer based, or looked at as a right of citizenship?
Should the government establish minimum standards for what is basic health coverage for all individuals?*

- The cost for healthcare is deducted from the employer as an employee benefit and deducted as the cost of doing business. Canada has universal healthcare and some of their citizens are going to the U.S. for care because their system is backed up and people have to delay receiving treatment because the healthcare system is

overtaxed. If you pay for your healthcare, you would be more judicious in seeking care.

- The current MIP benefits are better than those provided to the working population. It's a big challenge to be on MIP because not all health providers or pharmacies accept MIP. What level of service/benefits should the government provide through public programs with limited dollars? The good of the select few versus the good of the many. There is so much debate about MIP because the government is unable to pay its bills. It's a self-defeating cycle that's constantly being repeated.
- MIP is budgeted at \$18 million. Should it be shared across the board? There's the tendency to perpetuate the belief that "the government is here to take care of you" versus the sense of individual responsibility. Because the government will pay for it, we don't have to.
- There's concern about the shifting of the MIP to cover more people not originally from Guam. Guam people have been shifted to the Medicaid program while migrants from Micronesia make up the bulk of MIP.

Perception of the value of health versus other commodities such a car?

- Why pay for healthcare when the hospital and public health can't withhold services because of inability to pay. They don't go after non-payers very aggressively so there's the tendency for patients to ignore the bills.
- Health insurance rates are doubling for individuals.
- There should be a mandate for health insurance similar to that of mandatory automobile insurance. However, health insurers don't agree that health insurance should be treated like auto insurance. It'll be too inefficient dealing with individuals instead of employers/agencies/organizations.

Any thought to requiring health insurance?

- NO. The first thing that will happen is health insurance companies will raise rates higher.
- Won't embrace the idea, but would give it some thought.
- Attitude not changing about introductory rate policy.
- Government can self-insure and GMHA could help itself by billing for services on a timely basis and collecting debts owed for services more aggressively.
- It comes down to money! How are we going to afford it?
- There's an attitude in government agencies if someone is upset about the lack of service or resources, they are told to go see their senator. Medicare has limits imposed on cost reimbursement for healthcare. More vendors are refusing Medicare enrollees.
- MIP is paying out a high proportion for people from the outer islands.

- MIP funds are being transferred to GMHA to cover the costs of medical care for people from Micronesia.
- Government can self-insure. Look at what the government is paying for MIP, MAP, SCHIP, and government of Guam employees and leverage it as a bargaining chip with health insurers.
- Has the government approached the health insurance companies? Are they willing to provide health insurance to the MIP/MAP/SCHIP enrollees?
- Insurers are willing but unable to determine the risk pool in order to price the premium and spread the risk proportionately. There should be a pilot program to leverage the government funds to include the public programs. There needs to be a mechanism to identify who the people are who are enrolled in public programs.
- Guam's geographic location (distance from nearest state) lends itself to growing the tourism market in the Philippines. Guam's proximity to the Philippines may be the way to make healthcare more affordable. St. Luke's hospital in the Philippines is JCAHO certified, while GMHA is not. The needs of the community will be in conflict with their ability to get adequate care. Perhaps a satellite of St. Luke could be established here.
- Take MIP money and send it to St. Luke's instead of to California. It's less expensive, more economical and closer to Guam. Some doctors may take exception to this, but cost is the driving factor. Unfortunately, this route may discourage on-island health care providers from staying on Guam and will not entice newcomers to Guam. This will also be a disincentive for them to practice on Guam. If the healthcare system is in crisis, tourism (our economic mainstay) will be adversely affected.
- The cost of prescription drugs are driving people in the U.S. to obtain their medicines from across the border in Canada or Mexico. We should look in all directions instead of just the 'East.' The CNMI is in a better position because of their political status as a commonwealth. They can bring in and establish a satellite of St. Luke's in Rota (for instance). We could then form a partnership with CNMI for them to provide healthcare specialties that Guam lacks.
- But at what cost to the domestic healthcare industry? Will local market decline?
- Grow the domestic market, change the regulations that will allow us to bring specialists in to Guam, but restrict their practice to the hospital/public health.
- Bringing in specialists from the Philippines still undermines the local market.
- The visa waiver program allows us to bring in non-U.S. citizens/professionals when there is a critical need. The consequences of policy decisions (whether unintended or intended) must be analyzed.
- The free market will bear it out.
- Local market of workers is limited. This type of job is undervalued.
- There is a physician shortage in the U.S. Guam is unable to compete with other states for their services due to the lack of infrastructure, the distance from the U.S., and many other negative conditions.

Last thoughts?

Because of Guam's location, migration of people from neighboring islands will continue to increase because Guam's economy is doing better than theirs. The better our economy, the more influx of immigrants.

The lack of healthcare is a deterrent to having the military bring more resources/troops to Guam. We should look into liaison with the military and having them accommodate responsibility for in-migration (due to the compact impact) thereby shifting the burden to the U.S. government.

Focus Group Questions – Uninsured People

Guam & the Uninsured

1. In the past year, has there been a time when you or a family member needed to see a doctor, but did not go to see one?
 - IF YES: If you don't mind sharing, what was/were the reason(s) you thought you needed a doctor?
 - Why did you not go to see one?
 - Do you feel this is the greatest reason you don't see a doctor even if you are sick? IF NO, please explain.
2. When you need to see a doctor for routine healthcare, where do you usually go?
 - Why do you go there for healthcare?
 - Do you usually call for an appointment or walk-in?
 - Do you go to the doctor for regular physicals and preventative care, such as immunizations, mammograms, etc.
 - IF YES, where do you go? IF NO, why don't you go in for regular physicals and preventative care?
3. When you go to the doctor how do you pay for those visits?
 - Should a doctor prescribe drugs, lab work, or other medical services, how do you pay for these items?
4. How many times in the last few years, have you had problems getting care that you needed?
5. If you are currently employed, does the company you work for offer health insurance benefits?
 - If you are employed and your employer does not offer health insurance to you, is this because the employer does not provide this to anyone, or is it some other reason based on requirements your company has set. For example, Insurance benefits are only available to permanent, full-time employees?
 - How many of you were ever offered health insurance and turned it down? IF YES: Why did you turn it down?
6. Can you explain/describe any difficulties you may have experienced in the last year receiving medical care when you needed it?
7. What role do you think the government should play in health insurance? Please tell us which statement you favor most:
 - a. Government should stay out of people's lives and not interfere. People should solve their own problems.
 - b. Government has a responsibility to help solve problems and protect people from hard times.
8. Who do you think should be responsible for health coverage?
9. What would you think about government funds being used to help make insurance coverage more affordable to lower-wage individuals and their families?
10. What would you think about a special insurance program only for those who are sick and can't get health insurance on their own or through a job?

Transcripts for the Uninsured Population

Guam State Planning Grant: Uninsured Project Uninsured Population Focus Group Transcript

December 13, 2005 (12:00-2:00PM) – Public Health Community Health Center, Inarajan GU

The Guam State Planning Grant Uninsured Population Focus Group was conducted on December 13, 2005 at the Department of Public Health Community Health Center in Inarajan. The lunch time discussion consisted of the uninsured population with no health insurance or limited access to medical care: active board members of the public community health centers, and public health officials working directly with the uninsured. A recruitment list was compiled in Sept. 2005 during walk-in clinic hours at the community health centers in Dededo and Inarajan. This list was used to randomly select participants from the community. In total, the focus group consisted of 12 participants, 2 moderators, project coordinator, and 2 research assistants.

Question 1: What do you think are the underlying causes, the reasons why people don't have health insurance coverage?

- Cost.
- *They can't afford it. They just can't afford it. Everything is rising, they have to pay for this, they have to pay for that, they have to feed their families. When it comes down to making a choice, they are going to forget the insurance...they have to pay for water, power or else get disconnected.*
- *As a Government of Guam employee I can't afford the cost of insurance. I either had to have me or my family insured, either not eat, either be behind in paying my rent. These are the choices I have to make. But because I do have a nine year old son which I have to consider, I have to go with [insurance option] that I can afford [that the employer is offering]. But if the cost keeps rising I wouldn't be able to afford insurance anymore because the water is rising, power is rising, gas is rising and the only thing that is not rising is our pay in proportion to the cost of living on Guam. I even had to stop going under Section 8, and that was my subsidiary assistance from the Federal Government, because I couldn't afford \$600 rent. I am still the working poor and I still fall below the 80% per household of three, even if I do get a raise next year, I'll still fall below the 80 percentile.*
- One retired GovGuam individual mentioned that although he is insured with the government, his insurance coverage does not fully cover the cost of medical treatments he needs. Doctor recommended CAT-Scan and follow-up x-rays but could not afford co-pay of \$1165 and \$300 respectively – did not continue to pursue further treatment despite Doctor's recommendation.
- Feels Government of Guam leaders are not doing enough to assist the Chamorro people. One individual especially feels Chamorros being neglected by the government since limited resources and revenues in healthcare being utilized by "outsiders".
- Working individuals on minimum wage cannot afford cost of insurance.

- One Government of Guam employee mentioned that she choose not to enroll for health insurance because of cost and although views health insurance as essential there are other competing expenditures. *I cancelled going to the doctor several times to use the money on my children.*

Question 2: What program(s) do you seek for healthcare for your child?

- *I chose the lowest insurance [coverage plan] offered by GovGuam. Although sometimes I don't meet my deductible so I pay for insurance I can't use. So I am actually considered without insurance.*
- Do home remedies when they are sick or pray that their children don't get sick.
- Adopted a granddaughter because she had no insurance coverage.
- Take preventive measures to keep children from getting sick to avoid high cost of health care.

Question 3: What is affordable health insurance coverage? What would attract you to have health insurance? What are you willing to pay?

- *When I was an active GovGuam employee 10-20 years ago, insurance was affordable.*
- Hidden costs of insurance options are not easily recognized, insurance options have fine print that not readily visible. Usually it is the fine print that indicates coverage exclusions.
- Although some insurance options pay appear affordable with lower bi-weekly deductions, co-pay still remains relatively unaffordable, especially for specialized care and treatment.
- Reduce deductible costs.
- The product that they are offering doesn't fit individual needs.
- It doesn't cover everything, you still have to pay your 20%...have to pay additional exclusions. Paying money on top of money.
- Paying for health care that cannot be used.
- Health insurance payments competing with other commodities.
- *Dr. Jones In terms of your question of what is affordable insurance, are you asking for a specific dollar figure?*

Probe: Maybe go back to a point in time when people did have health insurance, when it reasonable and affordable. What was that like? Describe for me what attracted you to have health insurance and you were happy to have it.

- 10-20 years ago GovGuam health insurance coverage was more appealing to employees since co-payments & deductibles were reasonably affordable.
- Employees of the Government only paid 20% deductible while GovGuam picked up the 80% difference.
- 10 years ago health benefits that the Government of Guam offered was better, more enticing then most private businesses.

- One individual mentioned that 20 years ago his premium cost him \$32 per pay period, plus 20% doctor's visit plus [unspecified] percentage cost for medicine. In those times, the government contributed a higher share to health coverage.
- The government has reduced its contribution share due to declining revenue that has cost employees to deal with high deductibles and premium payments. Employee share is especially higher among retired persons.
- One individual believes that in addition to GovGuam's declining revenues, impact from individuals of freely associated states and uncompensated medical treatments are driving up overall costs of health care both to the government resulting in higher deductibles and premiums. Suggested that leaders need to work hard to get federal government's involvement in addressing this problem and must collect compensation. *We need to ask the federal government for help.*
- Compact-Impact and non-payers places resource burden on healthcare on Guam.

Probe: Anything else on the idea of what would make health insurance affordable?

- There is no health insurance that caters to individual lifestyle.
- Individual suggested that insurance plans that permit people to choose coverage based on lifestyle could help defray high cost.
- People need to be educated concerning living healthy lifestyle as preventive measure to keep doctors visits/treatments at minimum.
- With 2005 GovGuam insurance plan, individual mentioned that high \$1500 deductible keeping her a self-pay patient. *I'm not able to utilize, even though GovGuam is contributing to the plan...I have to come up with \$1500 before I can use my insurance.*
- High deductible impacting decisions to seek additional/supplementary medical care such as annuals and glucose testing.
- Insurance affordability based on individual's annual salary.
- GovGuam retirees restricted from participating in active GovGuam employees insurance plans.
- More competitive insurance market needed.
- Currently GovGuam active and retired employees offered insurance plans primarily from Calvo's Insurance & Staywell.
- One Public Health Official said she is seeing increase in GovGuam employees applying for Medically Indigent Program (MIP) because the lack of affordable insurance plans.

Question 4: Can you talk a little bit about what you're seeing as far as patient enrollment, the uninsured coming to Public Health?

- Increased participation in sliding-fee program. Sliding fee program offers individuals to seek medical treatment at Northern and Southern public health centers only and pay for services/treatment rendered based on income level.
- Change in sliding fee application process whereby the public health official fills out the two page application has attributed to increased participation.

- Sliding fee assistance program available at Northern (Dededo) and Southern (Inarajan) community health centers only. Program does not apply to hospital visits, diagnostic labs.
- Public Health seeing shift in payer mix which primarily were comprised of the uninsured, shifting to 30% MIP and Medicare. Uninsured percentages drastically dropping.
- One public health official noted that she was surprised to see the uninsured population seeking medical services/treatments decrease.
- Most private clinics, private practice physicians, and pharmacies not accepting MIP and Medicare plans because of government's nonpaying reputation.
- A greater number of Gov/Guam employees who have health insurance but have not met their deductibles are seeking treatment/services at Public health because it is more affordable than primary private doctor.
- Public Health seeing that individuals with insurance prefer medical treatment/services at community health centers even if they've met their deductibles because they are pleased with quality care and services. Increased patient satisfaction.
- Affordability of public health services will continue to attract people with insurance if insurance costs continue to increase.
- Public Health fee schedule increase to be implemented to be comparable to market value.

Probe: Your earlier comment was that you are surprised by the number of uninsured who are not coming to public health for programs. What's going on with that?

- More uninsured are shifting from MIP to Medicaid.
- MIP population is moving to Medicaid because of Children's Health Insurance Program (CHIP) expansion.
- With MIP citizenship not a qualifying criteria.
- More local individuals and families participating in Medicaid.
- Some people choose to remain uninsured, they choose not to apply for MIP or Medicaid although they may qualify some chose not to undergo rigorous application process. MIP/Medicaid application form over 10 pages long. People have expressed frustration with the application and renewal process.
- Uninsured seek medical treatment only when medical condition has worsened or condition is near fatal.
- Some patients who have been instructed with follow-up doctor's visits do not return for follow ups or return when money is available.
- They do home remedy.
- They come when they're dying.
- Sometimes they come here when they should really be sent to the hospital because they have put off seeing a doctor.

Probe: In the past, period, time, week or month how many times have you seen something like that happen, where someone has come later then they should, they've put off treatment.

- *We see that at least couple times a week, sometimes every day. Sometimes we'll get no self-paid patients at all and we'll have the majority MIP and Medicaid because they have insurance. But the once that don't have we'll see every blue moon.*
- *Especially diabetic patients when sores don't heal, then we see them come in.*
- *Currently Public Health is having difficulty recruiting an additional pharmacist, despite its best efforts.*
- *Shortage in pharmacist is burdening the clinic and causing the one employed pharmacist to rotate hours between the two northern and southern regional clinics. To address this issue, patients are given referrals to outside pharmacy for prescription however many are opting not to do so, preferring the cheaper medication offered at public health.*
- *Pharmacist averages 200 scripts per day reaching liability phase.*
- *In the past three months, Public health (both northern and southern facilities) dispensed an estimated 8000 medication prescriptions.*
- *Individuals have reported to public health that when they enquire over the telephone to private pharmacy about certain prescription drug, they are told it is available. When they arrive to pick up medication and inform pharmacy that they are under MIP or Medicaid programs the same pharmacy that said medication is available no longer has the medication available.*
- *Private pharmacy closing their doors to individuals with MIP/Medicaid.*

Comment: The comments that I have been hearing is that there is a willingness to pay for health insurance. That there is a certain amount of money that people are willing to put aside per family as long as it works for you.

- *I haven't seen a survey go out from the Government of Guam that says how you feel about the insurance that you have, what are your concerns.*
- *People who negotiate health insurance for the government have no experience in public health, are not physicians or nurses or other health care professionals.*
- *One individual said that she was willing to pay more if she received more coverage from her the insurance plan in return.*
- *I make \$8.09 per hour and paying \$60 per paycheck wouldn't hurt as much if I got [comprehensive] coverage, didn't have to pay a deductible, or didn't have to additional fees.*
- *If I had to pay like \$3,000 a year out of my pay check and didn't get nothing out of it then I would say I don't want it.*

Question 5: Is the health system becoming too complicated?

- *There is no one there to explain what is covered in certain insurance plans.*

- Fine print too small and usually does not clearly state health coverage inclusions and exclusions.
- Only qualified individuals from health care field and experience with public health should be appointed to negotiating team. Placing qualified individuals with first hand experience to real patient concerns will be better positioned when dealing with insurance representatives who are usually well skilled and persuasive.
- One individual remarked that the governor should be held accountable.

Question 6: Much of this discussion is all turned around price, so focused on the cost of health insurance coverage, some of you mentioned the importance of education that people are not reading what it is...that they are simply shopping by price and that the key decision of about being insured or not by price and price alone. Are we not doing something to help keep the community educated about what their options are or how to become more informed about the nature of coverage and are there ways of protecting their families so that they can still have access to health care whether it's this type of insurance program or not, so I'm looking at...or are we missing something with education here and is there another type of way that we can approach health insurance that is not by this private provision?

- *What I am doing now [to deal with diabetes] because when I go to the doctor just for my blood pressure and glucose I pay \$80, so what I did I bought my own Glucometer® and monitor it by myself, every morning I know if my glucose is okay...I save money going to the doctor.*
- Large percentage of Guam population living with diabetes.
- Public health giving out free Federally funded Glucometers and test kits to individuals who attend three or more comprehensive diabetes management program. *If you attend class session 1,2 you get glucometer, you attend class 3, 4 you get the strips...you know when you get an incentive and combine with education and put it together that's where you can reduce the health cost.*
- Public Health has spent over \$60,000 with diabetes management classes and Glucometer incentives.
- Glucometer slips cost \$50 per pack. A pack good for one month's use.
- Empower patients to be active in taking care of themselves if they have existing health conditions, through education or providing tools, equipment to assist with conditions such as Glucometer, etc...will help with
- Preventive health maintenance should be encouraged.
- One individual suggested reducing high premiums so that it is affordable for just low income wage earners...*because no body is going to give free insurance, that's the reality, I believe that.*
- One individual remarked that many health related illnesses linked to poor lifestyle choices and therefore justifies need for education/awareness for promotion of healthy lifestyle.
- Elicit help from village mayors office to distribute Pre-focus group survey created by Dr. Michael Ehler

Question 7: Does anyone have experience with working at a private company?

- *I worked for a private company for five years and got my insurance for free.*
- *It seems that private company rates are better than what the government pays for insurance.*
- *One individual remarked that she does not understand why GovGuam as a group of 6000-8000 employees does not get the good rates a company with 50-60 employees get.*
- *Large percentage of GovGuam employees aging and assuming with age comes greater health needs, may be driving up cost.*
- *Disparity of GovGuam and Federal Government health plans. One individual asked are the people working for the Federal Government who are perceived as having better access to medical insurance coverage, "Better than us because they are white?"*

Comment: Which leads to what you talk about the inherent unfairness of why are some things covered depending if you work for the Federal Government or work for an employer...could the Government of Guam say, as the State of Oregon did at one point, say these are the things that must be covered in all health insurance programs no matter where you get it from so that benefits package is the same for all citizens and not dependent upon who you work for or where you come from. And maybe these are the recommendations we put forward to the legislature that these are the defined benefits that are part of what every health insurance package must contain...

- *Individual commented that at one time a collection agent was demanding payment from patients at GIMH and not releasing patients until payment was received.*

Focus Group Questions – Employers Who Offer Health Insurance

Guam & the Uninsured

Employers who offer Coverage

1. What type of health insurance plan(s) do you offer?
2. Do you offer this to all employees or some employees only, such as full-time employees, only after a probationary period, etc?
3. If some employees do not participate, why do you think this is?
4. How long have you been offering health insurance?
5. As employers do you feel obligated to offer health insurance to your employees? Does your insurance plan include employee's dependents?
6. Do you plan to continue offering health insurance? If not, why is this?
7. From an employer's perspective, please describe the ideal health insurance plan in terms of price, benefits, eligibility, requirements, etc.
8. Those employed with your company who are not eligible for insurance, would you agree to take part as a link to educating them on other options of health coverage such as MIP, Medicaid, Medicare, etc., to try and see them get health coverage?
9. Medically Indigent Program (MIP)
Short Description:
MIP is a 100% locally funded program established by P.L. 17-83 (as amended in 2003) to provide financial assistance with health care cost to individuals who meet income, resource, and residency requirements.

Based on this short description, what do you think about MIP? Was this a good idea or not such a good idea?
10. What do you think about using additional local taxes to expand care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?
11. What impact would this expansion have on you as an employer?

Focus Group Questions – Employers Who Don't Offer Health Insurance

Guam & the Uninsured

1. As an employer, have you ever offered health insurance coverage to your employees? If yes, when was this and why did you discontinue offering health coverage?
2. What is the main reason for not offering health coverage for your employees?
3. What changes could health insurance providers do for you to offer health coverage as one of your company benefits?
4. From an employer's perspective, please describe the ideal health insurance plan in terms of price, benefits, eligibility, requirements, etc.
5. Medically Indigent Program (MIP)
Short Description:
MIP is a 100% locally funded program established by P.L. 17-83 (as amended in 1983 to provide financial assistance with health care cost to individuals who meet income, resource, and residency requirements.

Based on this short description, what do you think about MIP? Was this a good idea or not such a good idea?
6. Does it matter if the government of Guam is overseeing this program or not? Is this a plus or minus? Please explain.
7. What do you think about using additional local taxes to expand care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?
8. What impact would this expansion have on you as an employer?
9. What do you think about using additional local taxes to expand care coverage programs to cover the uninsured? Is this a good idea or not such a good idea?

Transcripts for Business leaders Focus Group

*University of Guam & Department of Public Health & Social Services
State Planning Grant (SPG) Uninsured Project
Co-host with Marianas Business Journal
Business Leaders (large corporations) Focus Group
November 11, 2005 7:30 – 9:00 AM
Chochoko Room, Hilton Guam Resort & Spa*

Participants:

Bank of Guam
Ernest & Young
Continental Airlines
GTA
Hilton
Private practice attorney

Question 1: What influences the employer's decision about whether or not to offer coverage and what are the primary reasons employers give for electing not to provide coverage.

- Number one reason is cost
- Services and health benefits that are covered.
- Dependent upon the trend. For example, at one time we paid (sic) for dental insurance and we realized through the health providers that many companies don't provide dental insurance.
- The main decision whether or not to offer health benefits is wanting to market your company, to attract and maintain your employees.
- (So you are seeing it as a competitive advantage or not?) Of course, medical insurance is the number one benefit that employees want.
- The private sector health offerings are now perhaps more competitive than the Government of Guam some years ago that would never be the case.
- They also noticed that employers who have 5 or less employees do not offer health insurance
- An employer would need 25 or more to get a group plan from health providers.
- The trend now is that employers are only offering health coverage to their employees.
- As for the employee's family, some companies have an option to offer health insurance but only up to a certain percentage.
- None of the employers offer air travel if their employee needs treatment off-island.

**Notes from Guam Medical Society Meeting
Guam Hyatt Resort, Tamuning
February 15, 2006**

Dr. Geoffrey Galgo, President of the Guam Medical Society, presided over the meeting of the Guam Medical Society (GMS), which met at the Hyatt Hotel in Tamuning on February 15, 2006 from 6:00 – 9:30 p.m. He provided background information on Guam's population and stated that Guam has an estimated 160,000 people. 61% (98,000) are insured, approximately 16% (27,000) are enrolled in Medicaid/Medically Indigent Program, and 22% are uninsured. In the U.S.A., 16% of the population are at or below the poverty level, compared to 23% for Guam.

Mari Tess Arcangel, Administrator of the Bureau of Health Care Financing, Department of Public Health and Social Services, gave a presentation on government supported health care programs. The Department of Public Health and Social Services administers five health care financing programs. They are: the Medicaid Program (MAP), the State Children's Insurance Program (CHIP), the Medically Indigent Program (MIP), the Catastrophic Insurance Program (CIP), and the Transitional Assistance Program (TAP).

- The Medicaid Program (MAP) is a 50:50 federal matching program authorized under Title 19 of the Social Security Act. Included in the MAP are Old Age Assistance, Aid to the Blind, Aid to Disabled, and those enrolled in the Temporary Assistance for Needy Families (TANF). An estimated 26,500 people living on Guam are eligible for MAP. Sixty-eight percent (68%) are Chamorros. Unlike the rest of the U.S., the U.S. Territories' MAP is capped at a certain level set by Congressional appropriation. Approximately \$11 million was made available in FY 2005 for MAP. In FY 2007 an additional \$6 million has been appropriated by Congress for a total of \$17 million.
- The State Children's Health Insurance Program is a federal matching program at a 60:40 federal to local matching ratio for eligible children from low income families. It includes the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program, and other selected children's health services.
- The Medically Indigent Program (MIP) is 100% locally subsidized health care program. \$10 million was appropriated for the program in FY 2005. Close to one-third of those enrolled are originally from neighboring Chuuk State in the Federated States of Micronesia.
- The Catastrophic Insurance Program (CIP) is 100% locally funded. Eligibility is based on the cost of treatment rather than on income. If the patient's share of medical expenses equals or exceeds \$30,000.00, the government provides financial support up to a maximum of \$175,000.00. The Guam legislature appropriated \$100,000 for the CIP.

- The Transitional Assistance Program (TAP) is a grant from the Centers for Medical Services that provides \$547,000 to help pay for prescription drugs for those enrolled in MAP or Medicare. The federal funds must be expended by the end of May 2006.

The government spent \$17.0 million on MAP last year, but only received \$16.5 million. MAP is underfunded so there was concern expressed by the GMS members present that shifting MIP enrollees to MAP (as they did in FY 2005) is counterproductive because the MIP program is better funded at \$22.0 million. The GMS also expressed frustration with the government due to delays in payment of health services rendered for MIP/MAP/SCIIP and other programs.

Dr. Roseann Jones (UCI lead researcher) presented information obtained through focus group roundtable discussions with various stakeholders in health care and health coverage. More people have become uninsured on Guam. This fits the pattern experienced by other states. It's a widespread problem throughout the U.S.A. Employers find that health insurance is vital to their recruitment efforts and in retention of valued employees. Small employers expressed that health insurance is unaffordable, and their margins are too thin to afford health coverage for themselves and their employees. One way to address this issue that was offered is to bring small businesses together and pool employees and resources to negotiate for better rates and benefits. In 2005, the average national health insurance cost for a single individual was \$4,024.00 per year, with employees paying \$610.00 and the employer \$3,424.00. Families' health insurance cost was \$10,880.00 per year, with \$2,713.00 paid by employees, and \$8,167.00 by employers.

Qualifying certificates were granted to health insurance companies. The same QC benefit should be provided to small businesses that offer health insurance to their employees.

Dr. Galgo offered that health insurance plans have such high deductibles that most patients can not afford, so they end up going to the Department of Public Health for services.

The Mariana's Business Journal

- Made suggestions regarding participants to Dr. Jones, electronic invitations to attend Power Breakfast Series were sent via email along with hand-delivered letter packets which included invitation letter and information regarding the project.
- Maureen Maratita, publisher & Jay Pascua, editor – assisted with co-facilitation of roundtable discussion
- Provided media coverage for the following Power Breakfast Series:
 - Health Insurance Company Focus Group
 - Large Employer Focus Group
 - Government/Non-Profit Focus Group