# PROCEEDINGS

## SECOND GOVERNOR'S CONFERENCE ON HEALTH

# "THE 90s : WORKING TOWARDS A HEALTHIER GUAM"

**October 15-16, 1990**
**December 13, 1990**

*Territory of Guam*
*Teritorion Guam*

OFFICE OF THE GOVERNOR
UFISINAN I MAGA'LAHI
AGANA, GUAM 96910 U.S.A.

## MESSAGE

The Second Governor's Conference on Health is the continuation of Guam's forum for addressing health issues. This conference brings together health professionals to develop goals to provide "Health for All" by the year 2000.

This administration is actively involved in upgrading health facilities and shaping programs and services directed towards health promotion, health protection, and preventive health. We are able to make all these improvements because of your commitment and because the people of our island deserve the best.

We thank you and offer a "Gof dangkulo na Si Yu'us Ma'ase" for your united effort in continuing to provide quality health care service to the people of Guam.

Joseph F. Ada

JOSEPH F. ADA
Governor

FRANK F. BLAS
Lieutenant Governor


Commonwealth Now!

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## ACKNOWLEDGEMENT

The Planning Committee join Governor Joseph F. Ada and Lt. Governor Frank F. Blas in extending a DANGKULU NA SI YUUS MAASE to the Conference sponsors. With their generous contribution and support, the conference was a grand success.

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## *I. HISTORICAL BACKGROUND*

The first Governor's Conference on Health was held on September 2 and 3, 1987. A Steering Committee was appointed by the former Governor Ricardo J. Bordallo to develop health objectives for Guam. The Steering Committee organized 15 working groups in relation to the 15 "health priority areas" addressed in the document, Promoting Health/Preventing Disease: Objectives for the Nation.

As a result of the conference, 151 health objectives were developed and compiled in the document, Guam Health Objectives for 1990 and Beyond. These health objectives were presented to the Governor who directed several Government of Guam departments and agencies to implement each of their assigned objectives.

Progress reports to the Governor were required. The implementation, however, may not have been carried out to its fullest extent. In 1987, the Guam Health Planning and Development Agency was being phased out due to lack of federal funding. Thus, the health objectives received minimal effort in monitoring and evaluation.

The Department of Public Health and Social Services organized a Conference Planning Committee as directed by Governor Joseph F. Ada.

The purpose of the Second Governor's Conference on Health was two-fold: (1) to assess the health objectives for 1990 and (2) to develop measurable health goals for the year 2000.

## *II. PRE - CONFERENCE - Conference Organization*

The Planning Committee was comprised of members from both governmental and nongovernmental entities, including representatives from the Governor's Office.

Members from the 1987 working groups were invited and reinstated for the purpose of assessing their respective health objectives. Fifteen (15) facilitators were then identified and tasked to initiate the assessment. As a result, the Assessment of the 1990 Objectives Working Papers were compiled.

Fifteen (15) sub-group leaders and three (3) moderators were selected and trained in using the Modified Delphi Technique and paired comparison technique for the Conference. A subsequent Mock Session was then held before the conference for the orientation of sub-group leaders and the planning committee. Robert D. Santos, Ph. D., provided the training at the invitation of the Health Education Administrator, Eugene S. N. Santos, and the approval of the Bureau of Professional Support Services Administrator, Tina T. Blas.

*CONFERENCE PLANNING COMMITTEE MAKING FINAL PLANS.*

*DR. DAVID AND MS. CRUZ PREPARING CONFERENCE PACKETS.*

*DR. SANTOS AND MS. ESPERON DOING LAST MINUTE ADJUSTMENT.*

## *III. SECOND GOVERNOR'S CONFERENCE ON HEALTH*

Session I - Opening Ceremonies

October 15, 1990

Ms. Rowena Perez-Punzalan, Special Assistant to the Governor for Health and Education, convened the opening ceremonies at 8:50 a.m., in the Chamorro Ballroom, Pacific Star Hotel.

Ms. Punzalan led the collective professionals in the singing of the National Anthem. This was followed by the singing of the Guam Hymn, "Stand Ye Guamanians" by the selected students of Pago Bay Learning Center. The combined pre-school and kindergarten students also recited the "Pledge of Allegiance" under the direction of the program directors, Dr. and Mrs. Kim. Ms. Punzalan then acknowledged the sponsors of this two-day event.

The introduction of special guests followed: The Honorable Lt. Governor of Guam, Frank F. Blas, and Mr. Darryl Taggerty, Staff Assistant to the Chairperson of the Legislative Committee on Health, Welfare and Ecology, Senator Madeleine Bordallo.

*PAGO BAY LEARNING CENTER STUDENTS*

***VIPs AT THE CONFERENCE***

# GOVERNOR'S WELCOMING ADDRESS

The Honorable Joseph F. Ada, Governor of Guam

It is with great honor, today, to be among professionals who have dedicated their lives to Public Health Services, a profession committed to positive life enhancement. This commitment requires extended demands which are beyond compensation. The continuance in providing essential health service assistance to our people will be one that is of quality and is genuine. This administration is totally committed to the implementation of programs which address health professional concerns on the health delivery service system in Guam.

In order to illustrate this commitment, this administration has advanced the employment condition (i.e., salary) to a more competitive and desirable state of job satisfaction. We do this because we are in the course of action to a lifelong partnership with our employees (i.e., nurses and teachers). The shortage of public professionals (e.g., nurses and teachers) was one of the main issues addressed in the National Governor's Conference that reflected our progressive programs of mobilizing productive human resources.

The drive for partnership continuance through employment satisfaction and motivation comes along with the push for adequate working resources. As a major example, the Guam Memorial Hospital expansion will provide quality health services in areas such as labor and delivery (OB-GYN), physical therapy, and radiology. The advancement of such life-saving interdepartments can only bring about the necessary services required for our people's vitality and longevity. The quest for significant improvement does not end here because this is just a facilitating development.

What we are aiming for in return is an effective service program that will provide the necessary health care service for the people. The problem (e.g., indebtedness and supplies) of the past will not write our future under this administration. We are committed to this health related endeavor.

Another dimension to our health-related goal is in the area of mental health. We have broken ground for our mental health building. This facility will necessitate the required services for our people with mental health handicapping conditions. It must be understood that this area must not be left unattended. Furthermore, the investment in quality laboratory and other services at the Department of Public Health and Social Services will add services to the overall wellness paradigm to our community.

Ladies and Gentlemen, these are a few of the measurable projects that provide self-determination. We need, however, to be a team in the development for public and social well being. Although, we are limited in resources, it is rewarding to know that we are not limited in talent. Thus, this conference is the beginning of the networking system, a system that will move Guam away from the high incidence of morbidity and mortality and move it towards the vitality and longevity of human beings.

We salute you for your dedication and continued effort towards improving Guam's human and environmental resources. We will continue to give you the support needed for your programs. Thank you very much.

## DIRECTOR OF PUBLIC HEALTH & SOCIAL SERVICES ADDRESS

Mr. Peter Alexis Ada, Deputy Director

Today is neither the beginning nor the end. The work that has led to this conference, today's conference proceedings, and the work yet to be done is a long-term process and commitment towards improving and advancing the health of the people of Guam.

Four years ago, this Department took the lead role in spearheading an effort of bringing together members of all sectors of our community for the specific purpose of formulating health objectives for the year 1990. Your presence here today is evidence of your continued interest and concern. We too are ready and we will proceed at all costs for life is priceless. These objectives were intended to serve as goals and directional guides for the development and implementation of health prevention and protection services and health education programs for the community-at-large.

Now in the year 1990, this Department has once again initiated the next phase, which is one of evaluation and assessment of our progress. About half of the goals set forth at the national level were achieved during the past decade but there were some notable exceptions, including infant mortality, teen pregnancy, and immunizable diseases.

Today and tomorrow the participants of this, "Second Governor's Conference on Health", will have the opportunity of reviewing working papers that describes our success in meeting those health objectives and the barriers that prevented the accomplishment of objectives.

Many people have worked diligently to prepare these assessments. The valuable information that has been gathered serves as a most useful reference. I wish to personally commend and thank the members of the Conference Planning Committee, Working Group Facilitators and Members, and all the people who have contributed their time in organizing this Conference and carrying out the assessment process.

The next decade lies before us. The United States and the World Health Organization have designated health goals for the year 2000. This will become our challenge too, and this will be the third phase of this process. I call upon all of you here to commit to proceeding in this direction. What you accomplish today and tomorrow will lay the groundwork for this next phase. We are all part of a long-term process that will contribute to improving health and awareness for our people. This is neither the beginning nor will it be the end.

Thank you for being here today and for being a part in contributing to the health of our people.

## PURPOSE AND METHODOLOGY

Mr. Eugene S.N. Santos, B.A., Health Education Administrator

Some of you have participated in the subgroup leader training session and mock session. Sessions I, II, III, and IV will basically cover the Delphi Technique and will also cover another technique, which is the paired comparison technique. Dr. Bob Santos explained much of this information to the subgroup leaders, in pretraining sessions. The conference will develop a set of goals for the year 2000 using these two methods.

Now with these instruments, participants in this conference will specifically (1) review the 1990 objectives and the progress made towards achieving them and (2) develop goals for the year 2000, which, after reviewing and studying the 1990 objectives, will indicate what channels, what paths the island, the Territory of Guam, will take from this point.

The use of the Delphi Technique will assist us in the decision making process of developing the goals for the year 2000. Later, the paired-comparison technique will be used to further establish health goals for the year 2000.

As you know, in many places, if you go through the process of voting for a particular goal or particular objective, the problems that you run into are multifaceted. You do not want to get into the idea that you will have someone going against you about a particular idea and not being able to compromise, or maybe the fact that you have to compromise. By using these two techniques, as I will explain, it will help us get to the point that what we achieve here will be acceptable--what you can live with. It is not something that we would assume, but is something that we can work with in achieving the health goals we want.

After reviewing the definitions of several authorities concerning goals and objectives, goals are the blanket statement of the organization. In other words, it is the freeway to the destination of the institution which invites flexibility for changes. Now, objectives are the vehicles for accomplishing these goals--well defined and established criterion statements. For example, (1) goal will be, "to Involve people in health promotion processes" and (2) under that will be, "staff selected and trained by a particular deadline." Many managers within a department or agency involved in health promotion, protection, and prevention processes are measured by participation and orientation modules, and by active support of the program.

The working papers of objectives in front of you were derived from the Guam Health Objectives of 1990. It is important that you review it and develop objectives in your working groups so that we can move into phase II of what was started in the previous conference. We have developed objectives, made attempt to work towards them, and assess the progress in the working papers. Most of you have been involved in different processes of developing goals and objectives, now, we will develop new goals for Guam.

Donald Orlich, Designing Sensible Surveys (1978) stated that the Delphi Technique was originally developed and popularized by the Rand Corporation. The Rand Corporation developed the technique as a method of identifying group opinions

initially about propensities and named it the Delphi Method in honor of Apollo, in Greek mythology. Basically, the response participation requires three or more rounds of surveying their own data and the data of the entire group to each round. Delphi provides a continual system for feedback to all participants but for a privileged design.

The Delphi Technique is justified primarily on the rationale that it allows for professional judgement to be made, avoiding personal conflicts and interpersonal politics and refuse the impact of status or high position persons from forcing judgements in group discussions into the direction which they deem desirable. The Delphi Method is one means to identify problem areas or to prioritize goals by providing detail feedback and systematic follow up. As a result, decision making forecasts can predict what the future might hold or prioritize goals which have already been identified through needs assessment.

The Delphi Technique allows for the methodology of organizing and prioritizing the collective judgments of the whole group or those who are concerned with the planning and implementing of the change. This technique is an excellent way to seek inputs on what may seem causes or effects in problem solving. The initial procedure is to prepare, distribute, and synthesize a series of questions or problem statements for evaluation. For example, one may distribute a questionnaire which contains a series of problems, statements, opinions, activities or predictions of future probabilities. The rank order is obtained from the first round, which prioritizes or evaluates each item. All the selected participants may receive the second listing of items and are asked to either rate the list by selecting criteria or to re-evaluate the original listing in consideration of the responses provided for the initial ranking. Depending on the method of initiation, the lists are returned to each respondent. So when we go through this process, it will be indicated to you by the order from 1 to 10, or more, what the mode is for each of the different goals that we develop. The tabulator will re-analyze the data and prepare yet another instrument, for redistribution to the selected sample. So, we have then gone through three (3) waves of the method. This continues through at least four rankings by using multiple submissions of the same set of data, with each respondent reaffirming opinions, modifying some, and adding or deleting items to the list. This aids in forming a clearly defined convergence pattern of major points, plus a well outlined minority opinion.

The Delphi Technique is easily adaptable to surveys which are designed to analyze the establishment of innovative programs, problems, and opinions. The series of events might be rated as a desirability or probability of occurrence. In addition, all respondents are encouraged to provide statements about the impact or events, should they occur. For example, the technique is most effective in determining whether or not the group can identify issues, concerns, problems or suggested courses of action. Consensus can easily be identified for those items which have higher or lower goals. The Delphi Technique is not a scientific technique but rather a feedback mechanism whereby selected members of an organization have an affect in shaping organizational goals and policies. It is a very systematic method, nonetheless.

The "paired comparison" from the dissertation of Dr. Robert Santos, is a



valuable method not because it establishes the hierarchy positions of ranks, but also because it establishes the valence of the difference between ranks. This psychometric method allows the rater to make a comparative judgement between two items to determine which of the two is more important. This technique is a well established psychometric measurement technique as stated by Kerlinger (1967), Guilford (1931, 36), and Lowry (1972).

The technique's credibility and value can be illustrated in a brief description of its history and development. The author on psychometric method recorded that the method of "paired comparisons" was derived from G. T. Fletchner's "Method of Choice" which was reported in a German publication back in 1871. The technique was later improved by A. Koleski. Thurstone, in 1927, presented his technique to the American public in his published article in the Journal of Abnormal and Social Psychology. He developed this method to be used with directly measurable stimuli, though it is frequently used when an object is not directly measurable. Thurstone showed this applicability in his study to determine the nationality preferences of 250 subjects. He stated, "It is conceivable that the method may be of some use in the objective measurement of social attitudes that are usually reported with the prejudice of bias of individual authors and investigators." Guilford examined "paired comparisons" as a psychometric method. In his study of racial preferences, he found high reliability coefficients within universities primarily for the purpose of testing the method of "paired comparisons" when applied to the measurement of racial attitudes. His scale values of the races was determined by 1,000 university students when compared with each university and among the universities. The result among the schools showed the interrelation coefficient range was high, ranging from .843 to .991.

Guilford (1936) expanded on the credibility and value of the "paired comparison" technique in the following manner:

1. The range of applicability of the method of "paired comparison" is so great that not all the specific use can be referred to here. In general, it can be applied, whenever stimuli can be presented in pairs either simultaneously or in succession. It is mainly used in the determination of affective values and aesthetic values; for example, colors, designs, rectangular figures, musical intervals, nationality preferences, and the like. Opinions on such questions as prohibition, war, religion, and the like can be treated and evaluated by this method. The application of the evaluation of individuals on some trait of personality or character or on their value to certain industry, as Uhrbrock and Richardson have already done, would seem to have great possibilities. It might replace the less accurate and less valid method of rating scales where more exacting practical or experimental work needs to be done.

In Guilford (1936), Hartwig and Myers (1976), and Ross (1934) presented the following criteria for presentation of information:

1. In a "paired comparison", each stimulus should be paired with every other pair, i.e., stimulus is synonymous to item, word or phrase. The total number of pairs will equal n (n-1)/2.

2. No response shall be repeated twice in succession. No rhythmical pattern should be evidenced. Care should be taken to prevent an item from appearing in two successive pairs.

3. Each stimulus should appear an equal number of times on the right side as on the left side. Each stimulus should be placed as far apart as will be allowed from each identical stimulus.

The development of a "paired comparison" instrument requires the selection of a series of items related to a particular criterion which can be presented to a subject in sets of pairs.

As this process is carried out, according to Huettig (1972), the "paired comparison" technique stood the test of time as a statistical research tool within psychological and social research. It has been indicated that it is viable for research particularly dealing with attitudes and other difficult-to-define variables. Through documentary analysis, research using this instrument, and an expert agreement on the "paired comparison" technique, validity has been established. So, as we go through these objectives during this afternoon and the two sessions during the next day, we will determine that the goals developed here in this conference are the goals that we wish to achieve for the year 2000.

When you continue in your subgroup, you will get a chance to review the 1990 objectives in your particular category. Each category will be divided into five separate sub-groups. Now, in one particular category, where there are not enough participants, we will eliminate one of the subgroups. The purpose is for each of the subgroups to come up with five distinct goals. Now, those goals which you will put together, will be combined and presented in the next session by the moderator. The category moderator will then go through the process of Delphi Technique again. They will work with you to establish what will be the five goals for your category. You will have five high impact and five low impact, which are five alternative goals, so you will be working with your top ten.

On the last session, we will work with the paired-comparison technique. The "paired comparison" technique will have 45 pairs of words or goals. The pairs, derived from each category, will be given to the other two categories, the sample population. They will go through paired notation and have a forced selection of what they prefer. For example, if goal #1 is the color black and goal #2 is the color white, you will be forced to determine which color is more important to you. This will continue through the 45 pairs. Your subgroup leaders have been trained. Dr. Santos and I will also walk around to the different groups to assist and make sure you understand the process.

This is a relatively new technique to many of you, but it is a technique that has been used and tested in many areas. The Delphi Technique itself and the "paired comparison" are established survey tools and will assist us in ensuring that all the opinions are taken into account so that no one will feel that his/her opinion was left out and not included. It will be important that you try to generalize your goals as much as possible. For example, if health education is important to your category, then you should try and generalize it as much as possible. This will minimize the possibility of having your opinion eliminated as a result of being too specific and thereby limiting, such as health education in the area of Maternal and Child Health.

Ms. Punzalan then advised the participants to use the remaining time wisely by reviewing and studying the working papers before lunch break.



Above: Dr. Santos, Tina Blas and Rowena Perez-Punzalan caught off guard in action.

Above: Sumptuous lunch to provide the required nourishment for a successful conference.

## *SESSION II*
## *Work Groups-Concurrent Session*

The participants re-grouped into the three (3) category sub groups, namely Promotion, Prevention, and Protection. They were further divided into smaller groups with assigned subgroup leaders. Each of the up to five (5) groups, comprising of up to 12 people per round table was given that task to develop five (5) achievable goals, in the above indicated areas:

### PROMOTION

#### Subgroup A
Mariles Benavente, Subgroup Leader (X-A)

1. Improve public education and awareness programs on health issues include (mental health).
2. Increase health education and treatment facilities.
3. Appropriate government support of health facilities and agencies.
4. Increase HMO coverage of all health illnesses.
5. Create measuring facilities for health statistics.

#### Subgroup B
Roger Cauley, R.N., Subgroup Leader (X-B)

1. Smoking in public places and government places will be banned.
2. Implement program that will impact overweight diversity on island.
3. To implement an ongoing media education campaign on the health risks affecting the community. Options for healthier lifestyle.
4. Guam NCA (Gibson National Council on Alcoholism).
5. Increase in physical fitness and exercise awareness program to be established.

#### Subgroup C
Christie Anderson, Subgroup Leader (X-C)

1. By the year 2000, Guam will have a state of the art program for HIV/AIDS counseling, testing following treatment to help control the spread of the disease.
2. By the year 2000, there will be a nutrition and physical education/exercise program for all school age children (K-12).
3. By the year 2000, there will be a comprehensive health related data base updated continually with at least 5 years data in all areas.
4. By the year 2000, the incidence of chronic disease related to lifestyle will be reduced to 25% of the 1991 level (diabetes, hypertension, heart disease, some cancers).
5. By the year 2000, the demand for alcohol and tobacco products (as measured by taxes collected on these items) will be reduced to 50% of the 1991 levels.

#### Subgroup D
Dale Armstrong, DDS, Subgroup Leader (X-D)

1. Establish a funded centralized health survey, data information system.
2. Establish a funded health planning agency to develop, implement, monitor and coordinate pertinent health issues for the public and private sectors.
3. Increase health professional resources on Guam.
4. To promote wellness education for children and adults.
5. Promote legislation that bans smoking in public places.

#### Subgroup E
Carmen Kasperbauer, Subgroup Leader (X-E)

1. To promote wellness education for children an adults.
2. To reduce abusive use of drugs/alcohol at all community levels.
3. To promote public education/alternative programs for prevention of stress/violence.
4. Build/upgrade physical fitness facilities in all school/community.
5. Legislate detailed guidelines for smokers to adhere in public places.

## PREVENTION

### Subgroup A
**Rosalia Perez, R.N., Subgroup Leader (Y-A)**

1. Establish state of the art capability to conduct testing, surveillance and epidemiological investigation of AIDS/STD cases that will result in the control of these diseases (control of AIDS/STD).
2. Treatment should be available to all HIV infected persons.
3. Increase the number/percentage of pregnancies with healthy outcomes.
4. Reduce the percentage of the population that smokes.
5. Reduce the number of teenage pregnancies.

### Subgroup B
**Rita Bevacqua, R.N., Subgroup Leader (Y-B)**

1. To increase the proportion of healthy babies born and to maintain wellness in young children.
2. To control and reduce the risks and incidence of chronic diseases.
3. To instill in adolescents healthy lifestyles and practices.
4. Improve information on healthy delivery systems to increase emphasis on preventive health programs.
5. To increase an awareness of AIDS as the #1 public health threat.

### Subgroup C
**Mary Matanane, R.N., Subgroup Leader (Y-C)**

1. To increase the number healthy babies as demonstrated by a decrease in neonatal and infant morbidity and mortality, a decrease in premature births and a decrease in teenage pregnancies.
2. To increase the availability and accessibility of preventive health care services to the island population with special emphasis on infants, children, women and individuals with special health needs.
3. To increase the quantity and improve the quality of school health education for grade levels within the private and public school systems including post secondary schools.
4. To reduce the rate of premature death due to cardiovascular disease.
5. To reduce the incidence of all STDs including HIV.

### Subgroup D
**Juanita Benavente, Subgroup Leader (Y-D)**

1. Increase availability/accessibility of health care services for mothers, infants, children.
2. Reduce the incidence of chronic disease on Guam.
3. Reduce mortality/morbidity of vaccine preventable diseases.
4. Provide health prevention education and measures to reach the island population.
5. Decrease the incidence of STDs/AIDS.

### Subgroup E
**Severino David, M.D., Subgroup Leader (Y-E)**

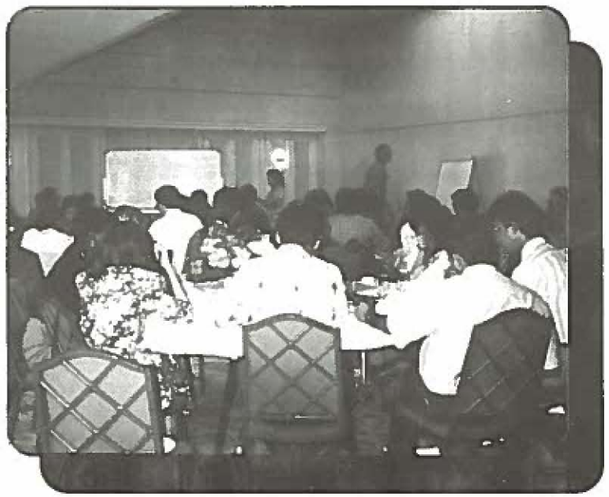
1. To control and reduce the risks and incidence of cardiovascular diseases.
2. To control and reduce the incidence of sexually transmitted diseases.
3. To reduce infant mortality rate.
4. To decrease the incidence of infectious diseases through a comprehensive immunization program.



## PROTECTION

### Subgroup A
**Robert Haddock, DVM., Subgroup Leader (Z-A)**

1. To establish viral disease diagnostic capability on Guam.
2. The protection of the island's drinking water.
3. To improve protection against toxic chemicals.
4. To improve waste disposal management (including toxic and medical waste).
5. Pest control (including tree snakes and stray dogs).
6. Protect air, water, and other natural resources on Guam (including drinking that is safe and optimally fluoridated).
7. Expand services and availability of comprehensive and preventive health care system on Guam.
8. To promote highway and occupational safety for reduction on accidents, injuries, and death on Guam.
9. Eliminate the spread of communicable disease through health education and universal immunizations.
10. To promote a smoke-free Guam.



### Subgroup B
**Ralph Frew, DDS, Subgroup Leader (Z-B)**

1. To protect air quality in all public buildings.
2. To protect recreational waters from pollution.
3. To improve health data collection.
4. To assure Guam residents access to health care.
5. Accident protection by use of appropriate engineering disease.
6. To promote awareness and reduce prevalence of chronic disease.
7. To educate the public on toxic waste by appropriate monitoring, removing, and disposal.
8. To assure employment of adequate health professionals at all times.
9. To protect Guam's food supply.
10. To protect the unborn.
11. To eliminate abuse.

## *SESSION III*
## *Work Groups-Concurrent Session*
## *October 16, 1990*

The participants re-grouped into their three categorical groupings, namely Promotion, Prevention, and Protection.

The task was to review all the previously developed goals and develop five (5) well thought-out goal statements.

### PROMOTION

Edwin Bonnie, Ph.D., Moderator (X)

1. To reduce abusive use of drugs/alcohol at all community levels.
2. To promote public education/alternative programs for prevention of stress/violence.
3. By the year 2000, there will be a comprehensive health related data base updated continually with at least 5 years data in all areas.
4. By the year 2000, Guam will have a state of the art program for HIV/AIDS counseling, testing following treatment to help control the spread of the disease.
5. Increase health professional resources on Guam.
6. Increase HMO coverage of all health illnesses.
7. To improve public education awareness programs on health issues (include Mental Health).
8. Establish a funded health planning agency to develop, implement, monitor and coordinate pertinent health issues for the public and private sectors.
9. To implement an ongoing media education campaign on the health risks affecting the community. Options for healthier lifestyle.
10. Build/upgrade physical fitness facilities in all schools/community.

### PREVENTION

Rosita Yamashita, R.N., B.S.N., Moderator (Y)

1. To increase the number of healthy babies as demonstrated by a decrease in neonatal and infant and mortality, a decrease in premature births and a decrease in teenage pregnancies.
2. To increase the proportion of healthy babies born and to maintain wellness in young children.
3. Establish state of the art capability to conduct testing, surveillance and epidemiological investigation of AIDS/ STD cases that will result in the control of these diseases (Control of AIDS/STD).
4. To increase the availability and accessibility of preventive health care services to the island population with special emphasis on infants, children, women, and individuals with special health needs.
5. To control and reduce the risks and incidence of cardiovascular diseases.
6. To increase the quantity and improve the quality of school health education for grade levels within the private and public school systems including post secondary.
7. Increase availability/accessibility of health care services for mothers, infants, and children.
8. Decrease the incidence of STDs/AIDS.
9. To reduce infant mortality rate.
10. To reduce the incidence of teenage pregnancy.

### PROTECTION

O.V. Natarajan, Ph.D., Moderator (Z)

1. Protect air, water and other natural resources on Guam (including drinking that is safe and optimally fluoridated).
2. Eliminate the spread of communicable and infectious diseases.
3. Expand services and availability of comprehensive and preventive health care system on Guam.
4. To assure Guam residents access to health care.
5. To promote highway and occupational safety for reduction of accidents, injures, and death on Guam.
6. To provide a smoke-free Guam.
7. To protect the unborn.
8. To improve protection against toxic chemicals and infectious wastes.
9. To improve health information management system data collection.
10. Pest control (include tree snakes and stray dogs).

## *SESSION IV* *Plenary Session*

Karen Cruz, M.P.H., Moderator
Chief Public Health Officer

This is the general session for all participants.

The remaining conference participants were reconvened in the general session room but separated as to their categorical involvement.

Color coded paired-comparison survey forms, were distributed to the other two groups which were not involved in the development of the categorical goals. In other words, those in the promotion category worked on the prevention and protection paired comparisons; those in the prevention category worked on the promotion and protection paired comparison; and those in the protection category worked on the promotion and prevention paired comparison surveys.

The survey findings are found in Tables 1, 2, and 3.

Table 1:

| PROMOTION GOALS<br>Paired Comparison - Final Tally | | |
|---|---|---|
| Rank | Total | Goal Statement |
| 1 | 471 | Increase of health professional resources on Guam. |
| 2 | 445 | Establishment of funded health planning agency to develop, implement, monitor and coordinate pertinent health issues for the public and private sectors. |
| 3 | 414 | Establish a state of the art program for HIV/AIDS counseling and testing. |
| 4 | 392 | Improvement of public education awareness on health issues (include Mental Health). |
| 5 | 380 | Implementation of an ongoing media education campaign on the health risk affecting the community. Options for a healthier lifestyle. |
| 6 | 361 | Promotion of public education/alternative programs for prevention of stress/violence. |
| 7 | 351 | Reduction of abusive use of drugs/alcohol at all community levels. |
| 8 | 272 | Increase of HMO coverage of all health illnesses. |
| 9 | 249 | Reduce the demand for alcohol and tobacco products. |
| 10 | 233 | Build/upgrade physical fitness facilities in all schools/ communities. |



Table 2:

| PREVENTION GOALS<br>Paired Comparison - Final Tally | | |
|---|---|---|
| Rank | Total | Goal Statement |
| 1 | 376 | Increase of the availability and accessibility of preventive health care services to the island population. |
| 2 | 339 | Increase of the quantity and improve the quality of school health education in all educational settings. |
| 3 | 338 | Development of health information system that will generate data from which health problems can be identified and the effectiveness of health programs can be evaluated. |
| 4 | 328 | Promotion of wellness through healthy lifestyles and practices. |
| 5 | 270 | Decrease of the incidence of STDs and HIV infections. |
| 6 | 269 | Control and reduction of the risks and incidence of chronic diseases. |
| 7 | 249 | Reduction of the incidence of infectious diseases which are preventable by immunizations or chemoprophylaxis. |
| 8 | 195 | Reduction of teenage pregnancy. |
| 9 | 164 | Increase of the number of babies born healthy on Guam. |
| 10 | 123 | Reduction of infant mortality. |

Table 3:

| PROTECTION GOALS<br>Paired Comparison - Final Tally | | |
|---|---|---|
| Rank | Total | Goal Statement |
| 1 | 499 | Protect against the spread of infectious diseases. |
| 2 | 399 | Improve health data collection management systems. |
| 3 | 394 | Provide comprehensive health services for all. |
| 4 | 344 | Insure proper handling of all toxic and infectious materials. |
| 5 | 329 | Expand coverage/health insurance for all Guam residents. |
| 6 | 319 | Maintain safe and health promoting air and water on Guam. |
| 7 | 265 | Provide a tobacco smoke-free Guam. |
| 8 | 259 | Protect the unborn. |
| 9 | 258 | Improve accidental injury protection. |
| 10 | 190 | Improve pest control (snake, stray dog, mosquito, etc.). |



## *IV. Conference Evaluation*

The success of any conference cannot be determined without the progressive assessment of the planned activities, presentation, and discussion. Therefore, the Planning Committee used the following battery of five (5) questions, in addition to "additional comments", to measure the pulse of the participants:

1. Organization of conference activities
2. Instructional clarity
3. Conference participation and involvement
4. Conference assistance and support by staff
5. Adequate conference materials and equipment

Table 4

| | Value | | | | | | |
|---|---|---|---|---|---|---|---|
| Question # | 1 | 2 | 3 | 4 | 5 | NR* | Mean |
| 1 | 12 | 21 | 28 | 20 | 7 | 0 | 2.90 |
| 2 | 27 | 12 | 28 | 16 | 5 | 0 | 2.90 |
| 3 | 1 | 7 | 21 | 35 | 23 | 1 | 3.80 |
| 4 | 0 | 4 | 18 | 41 | 25 | 0 | 4.00 |
| 5 | 3 | 4 | 24 | 29 | 28 | 0 | 3.90 |

* No Response

The participants were asked to circle the value most appropriate of their assessment of the conference, one (1) being the lowest value and five (5) the highest value. The aggregate and mean values are on Table 4.

The participants were directed to use the modified Delphi Technique in deriving at the goals per categorical groupings. The newness of this technique to the majority of the participants may have been a threat as reflected in their additional comments, such as questioning the validity and reliability of the survey. However, in spite of the conservative attitude of the majority of the conferees, the compiled health needs which set the goals for the Territory of Guam to achieve by the year 2000 are accurate and reflective of the concerns affecting the people.

A valid concern raised by several conferees was in concluding the two-day conference without completing their task, which is, "developing 5 goals per each category in a well thought-out goal statement". This concern led to the conception of a post-conference session.

Governor & Mrs. Joseph F. Ada and Lt. Governor & Mrs. Frank F. Blas hosted a dinner reception in honor of the conferees on October 16, 1990. The Planning Committee Advisor shared some of the critiques made on the conference. The idea of a post-conference session was well received by those in attendance. Needless to say, the Planning committee geared themselves to planning for the Second Governor's Conference on Health Post-conference Session.

## *V. POST-CONFERENCE SESSION*
***December 13,1990***

CALL TO ORDER
Mr. Eugene Santos, B.A.
Health Education Administrator

I would like each and everyone of you to please stand up for a moment. Why don't we stretch and reach for the stars, put your hands down, take a deep breath, relax. Now I would like you to turn and introduce yourself to one person whom you do not know.

For those of you who do not know me, I am Gene Santos, the Health Education Administrator. This morning as we go through this conference session, I would like to mention to you that many of the things that we've done in the previous sessions would not be of no avail. Just like with any conference, in developing our recommendations this sets the final stage before we hand them over to the Governor and the Lt. Governor.

I would also like to mention that a couple of weeks ago I went down to New Caledonia for the South Pacific Commission Conference on Social Mobilization where I presented the results of our conference. It served as a wealth of information on what Guam is doing in terms of health issues. Many of the participants came up afterwards and said that they were very impressed with such research-based information. Everything that had gone on in the Second Governor's Conference, on Health, was something that they felt they would hopefully do with health professionals in their island nations. As a matter of fact, the recommendations of that conference reflected many of the concerns we identified on Guam. I just received a draft copy of the recommendations yesterday from the South Pacific Commission's coordinator which will be presented at the South Pacific Commission Health Directors' meeting, to be held in March of 1991.

The first item on the list of recommendation also relates to manpower resources. The finding show similarities with our own which may depict our taking a lead role in the identification of health needs in the Pacific Basin.

The conference moderator will be Ms. Tess Borja. She will coordinate the activities and will explain further the business of the day. Before that, may I call on Ms. Rowena Perez-Punzalan, Special Assistant to the Governor on Health, to give the Opening Remarks.

## *OPENING REMARKS*

Ms. Rowena Perez-Punzalan
Special Assistant to the Governor for
Health and Education

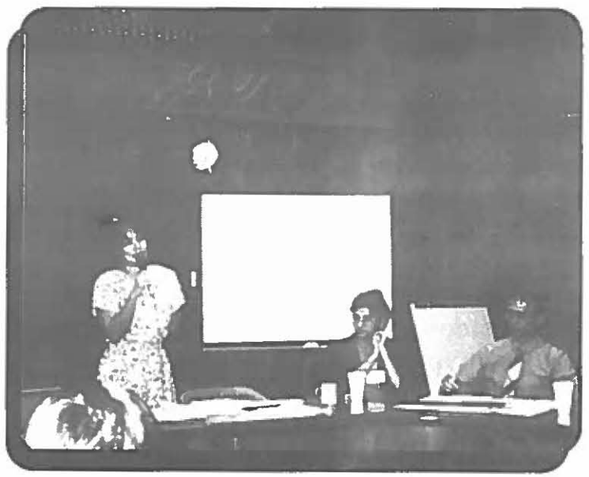
By your representation at this post-conference for health, I am able to report to the Governor and the Lieutenant Governor your commitment as health professionals in actively and collectively addressing the health issues concerning the Territory of Guam.

The introduction of the Delphi Technique and the paired comparison technique during the first part of the health conference proved to be a difficult session for most participants, whereas for some, it served as a refresher course in statistics.

Evaluation comments varied from very supportive of the technique to preferring another method. Several off-island representatives commented that the conference planners and participants deserved much credit for making the effort of using the Delphi Technique and paired comparison technique, which to their knowledge has never been initiated within a large group. With this in mind, I would like to recognize the Planning Committee for their hard work and perseverance. The committee definitely worked against all odds, such as, the limited time for preparation, the task of introducing a new method to be used to establish the health goals, and the fact that the planning of the conference proved a first for most members.

In preparation for today's opening remarks, I asked the question, "What analogy would be appropriate to motivate the professionals to work together in achieving the health goals for the Territory by the year 2000?" As I considered the social and economic growth occurring on our island, I realized that we, as health professionals, are being challenged to develop a health network system to address the health and social pressures related to these changes and better serve the needs of the people...the human resources that social and economic development rely upon.

Just as engineers, planners, and construction workers are developers of buildings, each professional in this room is a developer of a strong health network system. Each one of us represents an important link in assuring quality health for the people of Guam.

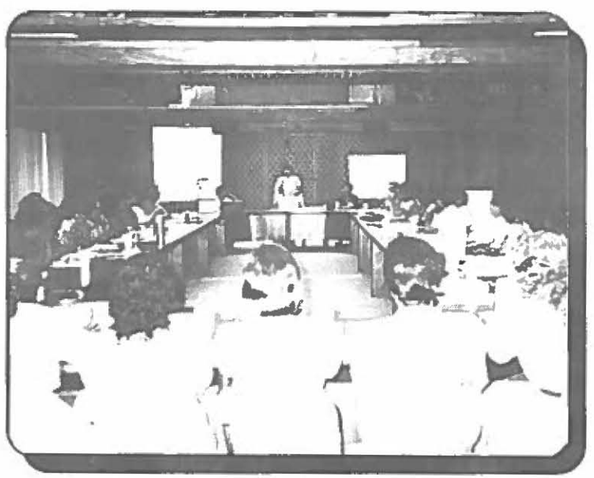




Today, we will complete Phase I of the construction of our health network system. This conference provides the forum for providing input in refining the health goals as determined by the Delphi Technique and paired comparison results. It is important for each of us to be willing to step into one another's professional positions and understand the health issues from that person's perspective. Thus, this effort will strengthen communication lines between our different fields allowing us to determine how we can team up and work with one another to fulfill the same goal.

I believe we have reached the level of maturity to come together from different perspectives to strengthen the linkages in the health network system plus discover new ways in which we can apply our area of expertise to fulfill the health goals by the year 2000. It is this decade, this opportunity of time, that we come together to work towards a healthier Guam.

Ladies and gentlemen, I ask you to join me and other professionals in establishing this strong health network system. Thank you



## *BUSINESS OF THE DAY :*

Ms. Hortencia (Tess) Borja, Moderator
Health Educator III

The first part is the review of the Modified Delphi Technique and basically go over what happened at the conference in October. What was done was that the conference goals in each category--prevention, promotion, and protection were looked at and were ranked by the order of frequency. The thirty statements were also looked at per category and were focused and grouped together according to similar focus. So what you have before you are the proposed goals from the conference in October. As you can see, the proposed goals were developed, and they are now called focus areas rather than categories. There were 30 that were developed as a result of the conference and focus areas are now narrowed down to 14 statements. On the far right hand side you can see the number of votes, if you will, that were given for those goals. (see Appendix E, PROPOSED GOALS).

There are three columns---focus areas, goal statements, and the original statements that were written at the conference by the participants. So what we are going to do now, is to go through each focus area, one at a time, and these are, again, our proposed focus areas and proposed focus goal statements. You will have the opportunity to join in, to voice your concern and discuss to have it changed or revised. We will start with manpower shortage...

NOTE:

The participants discussed and revised each of the fourteen (14) proposed goal statements. They further combined Health Awareness with the Wellness Promotion focus area and adopted the following thirteen (13) goals for the Territory of Guam to achieve by the year 2000.

Table 5:

HEALTH GOALS BY THE YEAR 2000

| FOCUS AREAS | GOAL STATEMENTS |
|---|---|
| 1. MANPOWER SHORTAGE | Increase health professional resources on Guam. |
| 2. HEALTH PLANNING | Establish a funded health planning agency that will be responsible for comprehensive health planning for the Territory of Guam. |
| 3. WELLNESS PROMOTION | Promote wellness (Mind, body and spirit) through healthy lifestyle practices. |
| 4. HEALTH INFORMATION SYSTEM | Develop and implement a comprehensive health information system. |
| 5. COMMUNICABLE DISEASE | Prevent and control against the spread of infectious disease. |
| 6. HAZARDOUS & TOXIC MATERIALS | Protect the community against the effects of hazardous materials. |
| 7. AVAILABILITY AND ACCESSIBILITY TO HEALTH SERVICES | Improve access to comprehensive health care services. |
| 8. ENVIRONMENTAL PROTECTION | Protect all natural resources. |
| 9. DRUGS & ALCOHOL | Prevent and reduce abuse use of drugs (including alcohol and tobacco) at all community levels. |
| 10. CHRONIC DISEASE | Reduce the morbidity and mortality associated with chronic disease. |
| 11. INJURY PROTECTION | Promote safety measures to reduce accidents, injuries, and deaths. |
| 12. MATERNAL CHILD HEALTH | Increase the proportion of babies born healthy and maintain wellness in children. |
| 13. VECTOR CONTROL | Improve pest control including tree snakes and stray animals. |



Following the adoption of the 13 territorial health goals, the Moderator reassured the post-conference session participants that all their efforts will be carried out.

The Department of Public Health and Social Services, which serves as the interim overall Lead Agency, has transmitted to the Governor the various recommendations set by the conferees, including designation of the thirteen (13) focus areas.

The Governor of Guam, Joseph F. Ada, has established 13 Health Task Forces and designated specific Government of Guam entities to be the lead agencies for each of the 13 focus areas, as appropriate. In some cases, co-lead agencies were identified and officially designated as well. (See Appendix F - Lead Agency Listing).

The creation of the Health Task forces is to ensure that each of the adopted territorial health goals are met by the year 2000.

PURPOSE: For each goal statement, there will be a Health Task Force assigned whose responsibility will be to plan, prepare, and develop specific objectives, with measurable statements, to be accomplished by the year 2000

LEAD AGENCY: Designation of a Government of Guam department by the Governor of Guam to provide the leadership in achieving the stated goal.

CHAIRPERSON: Appointment by the Lead Agency department head of the appropriate employee to ensure the attainment of specific goals. Note: Name of the appointed Health Task Force Chairperson must be submitted to the Department of Public Health & Social Services on or before January 25, 1991.

OBJECTIVE DUE DATE: Objectives for all 13 goals are due by close of business on June 28, 1991 to the Department of Public Health & Social Services, the interim overall Lead Agency.

QUARTERLY PROGRESS REPORT: Each Health Task Force chairperson shall submit its quarterly progress report to the overall lead agency on the first Friday of February, May, August, and November. Quarterly progress reports are to be continued until the year 2000.

ANNUAL REPORT: The first annual report will be prepared by the Department of Public Health & Social Services and forwarded to the Governor on or before December 31, 1991

OVER-ALL LEADAGENCY: Interim - The Department of Public Health & Social Services until close of business, December 31, 1991.

Effective January 1, 1992, the Guam Health Planning Agency will assume the leadership role and responsibility in preparing annual reports for remaining years up to the year 2000.

SPECIAL REPORT
Robert D. Santos, Ph. D.
Consultant

Before we come to a close, I think today's post-conference meeting has set a positive direction. The only thing I would like to say is that I submitted the result of the conference to the University of North Texas and Texas Women's University. It was returned to me on a very good note. Both universities in the state of Texas indicated that the results were of sound quality and that you should be really proud because you guys did a great job overall.

*CLOSING REMARKS*

Ms. Karen Cruz, B.S.N., M.P.H.
Chief Public Health Officer

I would like you all to please stand. The reason for standing is to assure you that we are indeed at the closure of this intense post-conference session and to emphasize our readiness to proceed with the plans we have set for ourselves. The interaction today was excellent--a lot of enthusiasm, a lot of comments, and a better understanding amongst ourselves of how we can work together to achieve our goals.

I would like to propose two other goals for adoption. First, that we continue the comprehensive networking for the achievement of these goals at all community levels for all people of Guam. Second, that we now proceed for lunch and enjoy a nutritious meal to revitalize our energy for the work ahead of us.

Thank you for coming and for your excellent participation.

Drive Safely.

## *VI. CONFERENCE AND POST-CONFERENCE SUMMATION*

Ms. Tina T. Blas, R.N., B.S.N.
Conference Advisor

The conference participants, especially those who actively participated in all the sessions, are to be commended for a job well done. As the Conference Advisor, I also share with you the anxiety in doing a lot of conceptual work, without the assurance that the developed concepts will be implemented. However, I hope that those feelings are no longer being felt. All the recommendations have been properly transferred to the Governor, who, in turn, has carried out your mandate, as reflected in the establishment of the 13 Health Task Forces, the designation of lead agencies for each of the 13 focus areas, and the designation of the interim overall lead agency pending the establishment of the Guam Health Planningand Development Agency.

Such action by the Governor established the quality control group to ensure that all 13 goals are met by the year 2000. Each Health Task Force Chairperson should lead his/her respective group in ascertaining that objectives are developed and monitored regularly and adjusted accordingly. The goals have been set. Specific objectives can be modified and new ones added in our dynamic and progressive effort towards the year 2000.

As participants of the Second Governor's Conference on Health, we are a part of Guam's history. We have decided what are the crucial health issues confronting Guam today, which will, if continued on their course without appropriate intervention, will become major problems in the future of Guam. We have advised the Governor of Guam of these problems, who took our recommendations seriously. Because we want to see our efforts felt in the community of Guam, I am sure you will continue to actively become involved in our various endeavors to meet the health needs of the people of Guam. For what you have done and what you will do, Dangkulu Na Si Yuus Maase for your genuine concern, commitment, and dedication.



(L) Post conference support staff:
Vicky Quintanilla
Ester Esperon
Bernie Provido
Alma Lansang

(R) Post conference luncheon hosted by Lt. Governor Frank F. Blas (2nd from left).

(L) Executive Planning Committee deliberating on conference proceedings:
Karen Cruz
Dr. Robert Santos
Gene Santos
Esther Esperon
Rowena Perez-Punzalan
Tina T. Blas

# *VII. APPENDIX*

# PLANNING COMMITTEE MEMBERS

CHAIRPERSON:

Enrique F. Torres, Department of Public Health & Social Services

MEMBERS:

Rowena Perez-Punzalan, Office of the Governor
Eugene Santos, Department of Public Health & Social Services
Tess Borja, Department of Public Health & Social Services
Severino David, Department of Public Health & Social Services
Esther Esperon, Department of Public Health & Social Services
Alma Lansang, Department of Public Health & Social Services
Andrea Maquera, Department of Public Health & Social Services
Bernadette Provido, Department of Public Health & Social Services
Christie Anderson, American Cancer Society
Ching Barro, Legislature
Joanne Brown, Office of the Governor
Jerry Crisostomo, Office of the Governor
Edward Guerrero, Department of Labor
Alberto Lamorena V, Guam Council on the Arts & Humanities
Peter Leon Guerrero, Bureau of Planning
Isabel Montague, Department of Education
Jesse Palican, Mayor's Council
Larry Strain, Guam Environmental Protection Agency
David Tydingco, Port Authority of Guam
Marilyn Wingfield, Department of Mental Health & Substance Abuse

ADVISOR:

Tina T. Blas, Administrator, Bureau of Professional Support Services
Department of Public Health & Social Services

CONSULTANT:

Robert Santos, Ph.D., Director
Guam Health Planning & Development Agency

SUPPORT STAFF:

Jerry Alerta
Vivian Quintanilla
Dorothy Grey
Merilyn Cruz

# SECOND GOVERNOR'S CONFERENCE ON HEALTH PARTICIPANTS

## HEALTH PROMOTION CATEGORY

| NAME | POSITION TITLE | AGENCY |
|---|---|---|
| Christie Anderson | Executive Director | American Cancer Society |
| Cristeta Alegria | SW Supervisor | Department of Public Health & Social Services |
| Dave Antonelli | Program Coordinator | DPHSS |
| Dale Armstrong | Dental Officer | DPHSS |
| Lisa Gemlo | Nutritionist | DPHSS |
| Robert Kelley | Program Coordinator | DPHSS |
| Maggie Murphy | Administrative Assistant | DPHSS |
| Mariles Benavente | Psych SW Supervisor | Department of Mental Health & Substance Abuse |
| Lorena Argallon | School Health Counselor | Department of Education |
| Marie Crisostomo | School Health Counselor | DOE |
| Connie Hara | School Health Counselor | DOE |
| Laura Frank | School Health Counselor | DOE |
| Caroline Gerhold | Nutrition Coordinator | DOE |
| Jane Hernandez | School Health Counselor | DOE |
| Carmen Kasperbauer | School Program Coordinator | DOE |
| Josefa Lizama | School Health Counselor | DOE |
| Teresita Padua | School Health Counselor | DOE |
| Michael Polonski | PE/Health Teacher | DOE |
| Sally Quichocho | School Health Counselor | DOE |
| Georgia Randall | Librarian | DOE |
| Barbara Benanvente | Program Coordinator | DMHSA |
| Kathryn Davis-Finch | Chemical Dependant Specialist | DMHSA |
| Daniel Duenas | PSW Supervisor | DMHSA |
| Michelle Monts | Chemical Dependant Specialist | DMHSA |
| Emmanuel Perez | Social Worker | DMHSA |
| Estelita Redding | Staff Psychiatrist | DMHSA |
| Ronald San Nicolas | Psych. Social Worker | DMHSA |
| Christian Delfin | Emp Program Administrator | Department of Labor |
| Joann Muna | Administrative Assistant | DOL |
| Patrick Wolff | Pres., Gov Council on PF | Guam Community College |
| Joe Tighe | Manager | Guam Educational Telecommunications Corp. |
| Peter John Camacho | Ass. Hospital Administrator | Guam Memorial Hospital Authority |
| Roger Cauley | EMS Coordinator | GMHA |
| Ana Cruz | Chief Physical Therapist | GMHA |
| Lisa McDonald | Ancilliary Services Director | GMHA |
| Stephen Weiss | Admin Dietary | GMHA |
| Raymond Fernandez | Public Affairs Liaison | Guam Police Department |
| Christopher Roberto | Police Officer | GPD |
| Fred Sablan | Lieutenant | GPD |
| Ed Davis | Operations Manager | KGTF |
| Marie Gardner | Sales Clerk | Lancome |
| Donna Sgambelluri | Personal Trainer | Mona Roberts |
| Lillian Nakamura | Director | Palau Office of Aging |
| June Dysinger | Health Ed Director | Seventh Day Adventist Clinic |
| Nora Pangelinan | Personnel Officer | Superior Court |



# SECOND GOVERNOR'S CONFERENCE ON HEALTH PARTICIPANTS

## HEALTH PREVENTION CATEGORY

| NAME | POSITION TITLE | AGENCY |
|---|---|---|
| Fay Carbullido | School Health Counselor | DOE |
| Mercedita Cruz | School Health Counselor | DOE |
| Kathleen Dummit | School Health Counselor | DOE |
| Faye Kaible | Health Educator | DOE |
| Ulric Mark | Teacher | DOE |
| Luis Martinez | Admin. Pupil Personnel | DOE |
| Barbara Benavente | Sup. Preventive Trng Branch | DMHSA |
| Cecilia Arciaga | CDC Coordinator | DPHSS |
| Julie Atao | Program Coordinator | DPHSS |
| Juanita Benavente | Program Coordinator | DPHSS |
| Joe Borja | Chief Planner | DPHSS |
| Nelia Cahinhinan | BCHNS Asst. Administrator | DPHSS |
| Teresa Concepcion | Comm Health Nurse Supervisor | DPHSS |
| Karen Cruz | Chief Public Health Officer | DPHSS |
| Rosita Cruz | Med Record Administrator | DPHSS |
| Severino David | EMS Administrator | DPHSS |
| Efren Dolor | CDC Coordinator | DPHSS |
| Laurent Duenas | BCHNS Administrator | DPHSS |
| Lourdes Duguies | CDC Coordinator | DPHSS |
| Joe Flores | STD Program Supervisor | DPHSS |
| Venancio Imanil | CDC Coordinator | DPHSS |
| Annie Lizama | Program Coordinator | DPHSS |
| Mary Matanane | Comm Health Nurse Supervisor | DPHSS |
| Edilberto Nieveras | Environ Health Specialist | DPHSS |
| Dolores Perez | Comm Health Nurse Supervisor | DPHSS |
| Dorothy Perez | Program Coordinator | DPHSS |
| Rosalia Perez | Comm Health Nurses Supervisor | DPHSS |
| Angelina Roman | Laboratory Administrator | DPHSS |
| Elsie Santos | Program Coordinator | DPHSS |
| Carmen Torres | Nurse Practitioner | DPHSS |
| Roselie Zabala | Social Worker | GCC |
| William Melendez | Program Specialist | Guam Heart Foundation |
| Gene Powers | Director | GHURA |
| Maria Leon Guerrero | Resident House Manager | GHURA |
| Lolita Leon Guerrero | Sr Tenant Rel Advisor | GPD |
| Lawrence Castro | Sergeant | Legislature |
| Darryl Taggerty | Admin Asst (Health, Welfare & Ecology) | SDA |
| Rita Bevacqua | Nurse Supervisor | SDA |
| Mark Eaton | Administrator | Superior Court |
| Sr. Mary John Cristobal | Admin - Alt Sentencing Office | South Pacific Commission |
| Cecily Dignan | Nutritionist | United States Air Force |
| Nancy Arthur | Captain - Registered Nurse | United States Naval Hospital |
| Cheryl McMahon | Charge Nurse | USNH |
| Paul Mills | Head, EH Division | USNH |
| Hiram Paterson | Department Head | |

## SECOND GOVERNOR'S CONFERENCE ON HEALTH PARTICIPANTS

### HEALTH PROTECTION CATEGORY

| NAME | POSITION TITLE | AGENCY |
|---|---|---|
| Tom Blas | Chief, Agriculture Dev Serv | Agriculture |
| Josephine Malilay | Emergency Planning Consultant | Civil Defense |
| Marie Cruz | School Health Counselor | DOE |
| Manuel Balajadia | OSHA On-Site Administrator | Department of Labor |
| Dora Santos Blas | Dental Health Specialist | DPHSS |
| Carol Esposito | Program Coordinator | DPHSS |
| Ralph Frew | CPH Dental Officer | DPHSS |
| Robert Haddock | Territorial Epidemiologist | DPHSS |
| Ann McCall | X-Ray Supervisor | DPHSS |
| Margaret Paulino | Social Worker | DPHSS |
| Pascual Artero | Program Coordinator | Department of Youth Affairs |
| Marie Leon Guerrero | Program Coordinator | DYA |
| Elwood Johnson | Dental Director | Family Health Plan |
| Edward Cruz | Insp Supervisor | Guam Evironmental Protection Agency |
| Christine G. Reyes | EMS/Rescue Liaison | Guam Fire Department |
| Sylvia Northstein | Res House Manager | Guam Housing and Urban Renewal Auth. |
| Joe Punzalan | Right of Way Super. | Public Utility Agency of Guam |
| Gregorio Toves | Lab Services Supervisor | PUAG |
| Kathryn Wood | Clinical Instructor | UOG |
| Alan Akers | Base Dental Surgeon | USAF |
| Thomas Silverthorn | CO Naval Dental Clinic | USNH |
| Douglas Eaton | Inf. Cont. Comm. Chair. | USNH |



## PAIRED-COMPARISON SURVEY
## PROMOTION GOALS

**(Emphasizes what communities and individuals can do to promote healthful lifestyle)**

NOTE: Form Color Code - Goldenrod

Listed below are ten goals that the promotion categorial group has defined as goals. In front of each statement, IN CAPITAL letters, is the symbol which will be used throughout the questionnaire instead of the full statement.

- **Z** - Reduction of abusive use of drugs/alcohol at all community levels.
- **X** - Promotion of public education/alternative programs for prevention of stress/violence.
- **V** - Reduce the demand for alcohol and tobacco products.
- **T** - Establish a state of the art program for HIV/AIDS counseling and testing.
- **R** - Increment of health professional resources on Guam. (Manpower shortage).
- **P** - Increase of HMO coverage of all health illnesses.
- **N** - Improvement of public education awareness programs on health issues (include Mental Health).
- **L** - Establishment of a funded health planning agency to develop, implement, monitor and coordinate pertinent health issues for the public and private sectors.
- **J** - Implementation of an ongoing media education campaign on the health risks affecting the community. Options for a healthier lifestyle.
- **H** - Build/upgrade physical fitness facilities in all schools/communities.

PLEASE CIRCLE THE GOALS--IN EACH PAIR BELOW--WHICH IS MOST IMPORTANT TO YOU FOR THE GOALS FOR THE YEAR 2000.

| | | | | |
|---|---|---|---|---|
| P --- V | X --- T | P --- H | P --- Z | P --- R |
| R --- X | V --- R | X --- J | J --- N | T --- V |
| T --- H | N --- P | V --- Z | H --- L | L --- X |
| L --- J | Z --- L | R --- N | J --- V | N --- H |
| N --- Z | J --- T | T --- L | H --- X | Z --- J |
| X --- P | H --- R | J --- P | T --- P | |
| V --- H | X --- V | H --- Z | L --- R | |
| R --- J | P --- L | X --- N | N --- V | |
| T --- Z | N --- T | V --- L | Z --- X | |
| L --- N | Z --- R | R --- T | J --- H | |

## PAIRED - COMPARISON SURVEY
## PREVENTION GOALS

(Health Provided and delivered to individuals)

NOTE: Form Color Code - Blue

Listed below are ten goals that the promotion categorial group has defined as goals. In front of each statement, IN CAPITAL letters, is the symbol which will be used throughout the questionnaire instead of the full statement.

Z - Increment of the number of babies born healthy on Guam.

X - Decrement of the incidence of STDs and HIV infections.

V - Increment of the availability and accessibility of preventive health care services to the island population.

T - Control and reduction of the risks and incidence of chronic diseases.

R - Increment of the quantity and improve the quality of school health education in all educational settings.

P - Development of health information system that will generate data from which health problems can be identified and the effectiveness of health programs can be evaluated.

N - Promotion of wellness through healthy lifestyles and practices.

L - Reduction of the incidence of infectious diseases which are preventable by immunizations or chemoprophylaxis.

J - Reduction of teenage pregnancy.

H - Reduction of infant mortality.

PLEASE CIRCLE THE GOALS--IN EACH PAIR BELOW--WHICH IS MOST IMPORTANT TO YOU FOR THE GOALS FOR THE YEAR 2000.

| | | | | |
|---|---|---|---|---|
| P --- V | X --- T | P --- H | P --- Z | P --- R |
| R --- X | V --- R | X --- J | J --- N | T --- V |
| T --- H | N --- P | V --- Z | H --- L | L --- X |
| L --- J | Z --- L | R --- N | J --- V | N --- H |
| N --- Z | J --- T | T --- L | H --- X | Z --- J |
| X --- P | H --- R | J --- P | T --- P | |
| V --- H | X --- V | H --- Z | L --- R | |
| R --- J | P --- L | X --- N | N --- V | |
| T --- Z | N --- T | V --- L | Z --- X | |
| L --- N | Z --- R | R --- T | J --- H | |



## PAIRED - COMPARISON SURVEY
## PROTECTION GOALS

(Focuses on Public and Private Agencies and on Industry))

NOTE: Form Color code - White

Listed below are ten goals that the promotion categorial group has defined as goals. In front of each statement, IN CAPITAL letters, is the symbol which will be used throughout the questionnaire instead of the full statement.

Z - Maintain safe and health promoting air and water on Guam.

X - Protect against the spread of infectious diseases..

V - Provide comprehensive health services for all.

T - Expand coverage/health insurance for all Guam residents.

R - Improve accidental injury protection.

P - Provide a tobacco smoke-free Guam.

N - Protect the unborn.

L - Insure proper handling of all toxic and infectious material.

J - Improve health data collection/management systems.

H - Improve pest control (snake, straydog, mosquito, etc).

PLEASE CIRCLE THE GOALS--IN EACH PAIR BELOW--WHICH IS MOST IMPORTANT TO YOU FOR THE GOALS FOR THE YEAR 2000.

| | | | | |
|---|---|---|---|---|
| P --- V | X --- T | P --- H | P --- Z | P --- R |
| R --- X | V --- R | X --- J | J --- N | T --- V |
| T --- H | N --- P | V --- Z | H --- L | L --- X |
| L --- J | Z --- L | R --- N | J --- V | N --- H |
| N --- Z | J --- T | T --- L | H --- X | Z --- J |
| X --- P | H --- R | J --- P | T --- P | |
| V --- H | X --- V | H --- Z | L --- R | |
| R --- J | P --- L | X --- N | N --- V | |
| T --- Z | N --- T | V --- L | Z --- X | |
| L --- N | Z --- R | R --- T | J --- H | |

# SECOND GOVERNOR'S CONFERENCE ON HEALTH
# PROPOSED GOALS

Promotion - X
Prevention - Y
Protection - Z

| FOCUS AREA | GOAL STATEMENTS | ORIGINAL STATEMENTS | CATEGORY - INDV FREQ | FREQ AVG |
|---|---|---|---|---|
| Manpower Shortage | Increase Health Professional resources on Guam. | Increase Health Professional resources on Guam. | X - 471 | (471) |
| Health Planning | Establish a funded health planning agency to develop, implement, assess and address pertinent health issues for the community. | Establish a funded health planning agency to develop, implement, monitor and coordinate pertinent health issues for the public and private sectors. | X - 445 | (445) |
| Health Awareness | Improve public education awareness of health issues that promote wellness and prevent injury. | To improve public education awareness program on health issues (include Mental Health) | X - 392 | (377) |
| | | Promotion of public education / alternative programs for prevention of stress / violence. | X - 361 | |
| Health Information System | Develop health data collection and information systems. | By the year 200, there will be a comprehensive health related data base updated continually with at least 5 years in all areas. | X - 338 | (369) |
| | | To improve health management system data collection. | Z - 399 | |
| Communicable Disease | Protect against the spread of infectious disease. | Establish state of the art capability to conduct testing, surveillance and epidemiology investigation of AIDS / STD cases that will result in the control of these diseases ( Control of AIDS / STD ). | Y - 414 | (358) |
| | | Decrease the incidence of STD / AIDS. | Y - 270 | |
| | | Eliminate the spread of Communicable and infectious diseases. | Z - 499 | |

Appendix D

| FOCUS AREA | GOAL STATEMENTS | ORIGINAL STATEMENTS | CATEGORY - INDV FREQ | FREQ AVG |
|---|---|---|---|---|
| | | Reduction of the incidence of infectious diseases which are preventable by immunization or chemoprophylaxis. | Y - 249 | |
| Hazardous & Toxic Materials | Ensure appropriate handling and disposal of hazardous and toxic materials. | To improve protection against toxic chemicals and infectious wastes. | Z - 344 | (344) |
| Availability and Accessibility to Health Services | Achieve access to preventive health care services for Guam residents. | Increase HMO coverage of all health illnesses. | X - 272 | (343) |
| | | To increase the availability and accessibility of preventive health care services to the island population with special emphasis on infants, children, women and individuals with special health needs. | Y - 376 | |
| | | To assure Guam residents access to health care. | Z - 329 | |
| | | To expand services and availability of comprehensive and preventive health care system on Guam. | Z - 394 | |
| Environmental Protection | Protect air, water and other natural resources on Guam. | Protect air, water and other natural resources on Guam (including drinking water that is safe and optimally fluoridated). | Z - 319 | (319) |
| Wellness Promotion | Promote wellness through healthy lifestyle practices. | To implement an ongoing media education campaign on health risks affecting the community. Options for healthier lifestyles. | X - 380 | (317) |
| | | Build/upgrade physical fitness facilities in all schools/community. | X - 233 | |

| FOCUS AREA | GOAL STATEMENTS | ORIGINAL STATEMENTS | CATEGORY - INDV FREQ | FREQ AVG |
|---|---|---|---|---|
| | | To increase the quantity and improve the quality of school health education for the grade levels within the private and public school systems including post secondary schools | Y - 339 | |
| Drug & Alcohol | Achieve moderate alcohol beverage consumption, tobacco smoke-free public establishments, and control the abusive use of illicit and prescribed drugs | To reduce abusive use of drugs / alcohol at all community levels. | X - 351 | (288) |
| | | To provide a smoke-free Guam. | Z - 265 | |
| | | Reduce the demand for alcohol and tobacco products. | X - 249 | |
| Chronic Disease | Control and reduce the risks and incidence of chronic disease. | To control and reduce the risks and incidence of cardiovascular diseases. | Y - 269 | (269) |
| Injury Protection | Promote safety measures to reduce accidents, injuries, and deaths. | To promote highway and occupational safety for reduction of accidents, injuries, and death on Guam. | Z - 258 | (258) |
| Perinatal Care | Achieve healthy pregnancies and birth to include follow-up care. | To increase the number of healthy babies as demonstrated by a decrease in neonatal and infant morbidity and mortality, a decrease in premature births and a decrease in teenage pregnancies. | Y - 328 | (214) |
| | | To reduce the incidence of teenage pregnancies. | Y - 195 | |
| | | To increase the proportion of healthy babies born and to maintain wellness in young children. | Y - 164 | |
| | | To reduce infant mortality rate. | Y - 123 | |
| | | Protect the unborn. | Z - 259 | |
| Vector Control | Improve pest control (include tree snakes and stray dogs). | Pest control (include tree snakes and stray dogs). | Z - 190 | (190) |

# SECOND GOVERNOR'S CONFERENCE ON HEALTH

## POST CONFERENCE SESSION PARTICIPANTS
December 13, 1990
Govenor's Conference Room

| NAME | DEPARTMENT / AGENCY |
|---|---|
| Christie Anderson | American Cancer Society |
| Nancy J. Arthur | Andersen Air Force Base Clinic |
| Josephine Malilay | Civil Defense |
| Lorena Argallon<br>Mary Berryman<br>Michael Berryman<br>Marie Crisostomo<br>Consolacion Hara<br>Caroline Gerhold<br>Faye Kaible<br>Carmen A. Kasperbauer<br>Teresita Padua<br>Sally Quichocho<br>Robert Santos | Department of Education |
| Christian L. Delfin<br>Joann Waki Muna | Department of Labor |
| Mariles Benavente<br>Daniel Duenas<br>Estelita D. Redding<br>Ronald J. San Nicolas | Department of Mental Health & Substance Abuse |
| Cristeta Alegria<br>Wayne Antkowiak<br>Dale Armstrong<br>Julie Atao<br>Juanita Benavente<br>Tina T. Blas<br>Dora Blas<br>Joe Borja<br>Tess A. Borja<br>Nelia Cahinhinan<br>Karen Cruz<br>Rosita Cruz<br>Severino M. David<br>Efren Dolor<br>Laurent Duenas<br>Lourdes Duguies<br>Esther F. Esperon<br>Carol Esposito | Department of Public Health & Social Services |



| NAME | DEPARTMENT / AGENCY |
|---|---|
| Lisa Gemlo<br>Robert Haddock<br>Venancio Imanil<br>Bob Kelley<br>Alma S. Lansang<br>Mary Matanane<br>Ann McCall<br>Maggie Murphy<br>Edilberto Nieveras<br>Bernadette J. Provido<br>Vivian Quintanilla<br>Elsie Santos<br>Enrique F. Torres<br>Roselie Zabala | Department of Public Health & Social Services (Cont.) |
| Carmen Charfauros | Department of Public Works |
| Pascual Artero | Department of Youth Affairs |
| Edward English<br>Elwood Johnson | FHP Health Care |
| Rowena Perez-Punzalan | Governor's Office |
| Andrea Fung<br>Patrick M. Wolff | Guam Community College |
| Eddie Cruz<br>Mila Pador | Guam Environmental Protection Agency |
| Ana T. Cruz<br>Lina C. McDonald | Guam Memorial Hospital Authority |
| Lawrence Castro<br>Raymond P. Fernandez<br>Christorpher Roberto<br>Fernandez L. G. Sablan | Guam Police Department |
| Rita Bevacqua | Seventh Day Adventist |
| William Seay<br>Kathryn Wood | University Of Guam |
| Douglas Eaton<br>Paul Mills<br>Hiram Paterson<br>Thomas L. Silverthorn | US Naval Regional Hospital |

## LEAD AGENCY LISTING

| FOCUS AREA | LEAD AGENCY | CO-LEAD AGENCY |
|---|---|---|
| 1. Manpower Shortage | Guam Health Planning Agency | University of Guam<br>Guam Community College |
| 2. Health Planning | Guam Health Planning Agency | |
| 3. Wellness Promotion | Dept. of Public Health & Social Services<br>(Health Education Section) | Dept. of Education<br>Dept. of Mental Health & Substance Abuse<br>Governor's Council on Fitness |
| 4. Health Information System | Guam Health Planning Agency | |
| 5. Communicable Disease | Dept. of Public Health & Social Services<br>(Bureau of Communicable Disease Control) | |
| 6. Hazardous & Toxic Materials | Dept. of Labor (OSHA) | Guam Environmental Protection Agency |
| 7. Availability & Accessibility to Health Service | Guam Health Planning Agency . | |
| 8. Environmental Protection | Guam Environmental Protection Agency | |
| 9. Drugs & Alcohol | Dept. of Mental Health & Substance Abuse | Dept. of Education |
| 10. Chronic Disease | Dept. of Public Health & Social Services<br>(Bureau of Communicable Disease Control) | |
| 11. Injury Protection | Dept. of Labor (OSHA) | Dept. of Public Works<br>(Office of Highway Safety)<br>Guam Police Department |
| 12. Maternal Child Health | Dept. of Public Health & Social Services<br>(Bureau of Family Health & Nursing Services) | Dept. of Education |
| 13. Vector Control | Dept. of Public Health & Social Services<br>(Division of Environmental Health) | |

GOVERNMENT OF GUAM
AGANA GUAM 96910

January 17, 1991

Memorandum

To:

From: The Governor

Subject: Designation of Health Task Force

Pursuant to the recommendation of the Planning Committee for the Second Governor's Conference on Health, I am establishing thirteen (13) Health Task Forces to ensure that each of the health goals for the Territory of Guam is met by the year 2000. Therefore, this is to designate your department/ agency as the lead agency for the following task force(s):

Please appoint appropriate staff to chair each of the specified task forces referred to above and submit your appointee(s) to the overall lead agency on or before January 25, 1991.

The Chairperson will be responsible for convening their respective Health Task Force meeting to prepare and develop the objectives, with measurable statements, which must be met by the year 2000. Quarterly progress reports will be submitted to the over-all lead agency, the Department of Public Health and Social Services, Health Education Section, until the close of business December 31, 1991. The new Guam Health Planning Agency will assume the over-all leadership effective January 1, 1992.

Attached is/are listings of participants who showed interest in becoming members of the corresponding focus area. The appointed Task Force Chairperson is encouraged to build his/her membership from this listing.

Your assurance that each Health Task Force headed by one of your employees adheres to the mandate of the task, that is, making health accessible to all by the year 2000, is solicited and appreciated.

/s/
JOSEPH F. ADA

Attachments

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