HEALTH INFORMATION SYSYTEM
GRANT APPLICATION

Prepared by: Bureau of
Planning
July 13, 1987

BUREAU OF PLANNING

GOVERNMENT OF GUAM

AGANA, GUAM 96910

JUL 13 1987

Memorandum

To: Chairman, Guam State Clearinghouse

From: Director, Bureau of Planning

Subject: Health Information System Grant Application

For your information, I have revised the subject grant due to comments raised by the grantor agency. The major change is that the grant request is for two (2) years rather than one. Since no additional monies are involved, I sent the revised application (attached) direct to the grantor.

PETER P. LEON GUERRERO
Acting

Attachment

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/S/
PETER P. LEON GUERRERO
Acting

Attachment

GUAM STATE CLEARINGHOUSE
AGANA, GUAM

PROJECT NOTIFICATION AND REVIEW SIGNOFF

DATE RECEIVED: _____

CLEARINGHOUSE NUMBER: GSC87-045 DATE REVIEWED: _____

APPLICANT PROJECT TITLE: Data Management and Health Information Systems Training

AGENCY AND ADDRESS: Bureau of Planning, P. O. Box 2950, Agana, Guam 96910

FEDERAL PROGRAM TITLE AND CATALOG NUMBER: P.L. 99-591, Section 301 of the Public Health Service Act

FEDERAL AGENCY: Department of Health and Human Services

AMOUNT OF FUNDS REQUESTED: FEDERAL $ 128,860 LOCAL $ - 0 -

PROJECT DESCRIPTION:

Upgrading and expansion of an existing Health Information System, as well as training for health data users and providers.

The Guam State Clearinghouse makes the following recommendation concerning this application.

/ Reviewed & Approved

/ / Approved with the Enclosed Comments/Amendments/Conditions

/ / Disapproved with the Enclosed Comments

/ / Action withheld pending Resolution of attached Comments

ATTESTED:

Michael J. Reidy 6-12-87

MICHAEL J. REIDY Date
Director, Bureau of Budget and Management Research

RECOMMENDATION:

/ APPROVED

/ / DISAPPROVED

Joseph F. Ada 6/12/87

JOSEPH F. ADA Date
Governor of Guam

6/12/87

FRANK F. BLAS Date
Lieutenant Governor

OFFICE OF THE LT. GOVERNOR
GUAM STATE CLEARINGHOUSE
AGANA, GUAM

BLOCK GRANTS
PROJECT NOTIFICATION AND REVIEW SYSTEM
Notification of Intent to Apply for Federal Assistance

1) Applicant Department Bureau of Planning		2) Division Planning Information Program	
3) Applicant Address Street P. O. Box 2950		City Agana, Guam	Zip Code 96910
4) Contact Person Susan M. Ham		Phone 472-8931/9	Extension 404 & 417
5) Federal Funds		6) Non-Federal Matching Funds	
a) Grant	b) Other	c) Local	d) Other
$ 128,860	-0-	-0-	-0-
e) In-Kind (Specify) -0-		f) Total Funds $128,860	
7) Block Grant Program Title Pacific Health Initiative		8) Federal Domestic Catalog Number Public Law No. and Title P.L. 99-591, Section 301 of Public Health Service	
9) Federal Agency Name Department of Health & Human Services		10) Federal Agency Address Act. Room 335, 50 United Nations Plaza San Francisco, CA 94102	

11) Type of Application:
New Grant X Continuing Grant ____ Supplemental Grant ____
Since: ____

12) Has Federal funding Agency been notified?
YES X NO ____

13) What Fiscal Year will this program be implemented?
FY 1988/1989

14) If project includes local funding, identify source.
N/A

15) Is this program:
Budgeted ____ or Non-Budgeted X

YES _____ NO X NUMBER _____

17) Will this program require maintenance of effort?

YES _____ NO X $ _____

18) Funding Method:

	FEDERAL SHARE		STATE SHARE		TOTAL	
First Year	% 100	$ 128,860	% _____	$ _____	% 100	$ 128,860
Second Year	% _____	$ _____	% _____	$ _____	% _____	$ _____
Third Year	% _____	$ _____	% _____	$ _____	% _____	$ _____
Fourth Year	% _____	$ _____	% _____	$ _____	% _____	$ _____
Fifth Year	% _____	$ _____	% _____	$ _____	% _____	$ _____

19) Project Title(s) Under the Block Grant

Data Management and Health Information Systems Training

20) Project Location

Guam

21) Summary Project Description (Attached Supporting Documents as Necessary)

Upgrading the Government of Guam's Health Information System and training for health data users and providers.

22) Does this application require an Environmental Impact Statement?

YES _____ NO X

23) Will this application conflict with any existing local law?

YES _____ NO X

24) List the departments or agencies that would be affected by this application.

Guam Memorial Hospital

Department of Mental Health and Substance Abuse

Department of Public Health and Social Services

Superior Court of Guam

25) Is enabling legislation required?

Yes_____ No__X__

26) REMARKS

OMB Approval No. 0348-0006

FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION (Mark appropriate box)
- ☐ NOTICE OF INTENT (OPTIONAL)
- ☐ PREAPPLICATION
- ☑ APPLICATION

2. APPLICANT'S APPLICATION IDENTIFIER
- a. NUMBER:
- b. DATE (Year month day): 19 87 June 12

3. STATE APPLICATION IDENTIFIER (NOTE TO BE ASSIGNED BY STATE)
- a. NUMBER:
- b. DATE ASSIGNED (Year month day): 19

Leave Blank

SECTION I—APPLICANT/RECIPIENT DATA

4. LEGAL APPLICANT/RECIPIENT
- a. Applicant Name: Bureau of Planning
- b. Organization Unit:
- c. Street/P.O. Box: P. O. Box 2950
- d. City: Agana
- e. County:
- f. State: Guam
- g. ZIP Code: 96910
- h. Contact Person (Name & Telephone No.): Susan M. Ham (671) 472-8931/9 Ext. 404 & 417

5. EMPLOYER IDENTIFICATION NUMBER (EIN): 98-0018947

6. PROGRAM (From CFDA)
- a. NUMBER:
- MULTIPLE ☐
- b. TITLE:

7. TITLE OF APPLICANT'S PROJECT (Use section IV of this form to provide a summary description of the project.)

Data Management and Health Information Systems Training

8. TYPE OF APPLICANT/RECIPIENT
A—State; B—Interstate; C—Subdivision Organization; D—County; E—City; F—School District; G—Special Purpose District; H—Community Action Agency; I—Higher Educational Institution; J—Indian Tribe; K—Other (Specify):
Enter appropriate letter: A

9. AREA OF PROJECT IMPACT (Names of cities, counties, states, etc.): Territory of Guam

10. ESTIMATED NUMBER OF PERSONS BENEFITING: 120,000

11. TYPE OF ASSISTANCE
A—Basic Grant; B—Supplemental Grant; C—Loan; D—Insurance; E—Other
Enter appropriate letter(s): A

12. PROPOSED FUNDING

a. FEDERAL	$ 128,860.00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. Total	$ 128,860.00

13. CONGRESSIONAL DISTRICTS OF:
- a. APPLICANT: State-wide
- b. PROJECT: State-wide

15. PROJECT START DATE (Year month day): 19 87 Oct. 01

16. PROJECT DURATION: 24 Months

17. DATE DUE TO FEDERAL AGENCY (Year month day): 19 87 June 15

14. TYPE OF APPLICATION
A—New; B—Renewal; C—Revision; D—Continuation; E—Augmentation
Enter appropriate letter: A

17. TYPE OF CHANGE (For 14c or 14e)
A—Increase Dollars; B—Decrease Dollars; C—Increase Duration; D—Decrease Duration; E—Cancellation; F—Other (Specify): N/A
Enter appropriate letter(s):

19. FEDERAL AGENCY TO RECEIVE REQUEST: Public Health Service, Region IX

20. EXISTING FEDERAL GRANT IDENTIFICATION NUMBER: N/A

a. ORGANIZATIONAL UNIT (IF APPROPRIATE): Office of Grants Management

b. ADMINISTRATIVE CONTACT (IF KNOWN): Alan S. Harris

c. ADDRESS: Room 335, 50 United Nations Plaza, San Francisco, CA 94102

21. REMARKS ADDED ☐ Yes ☐ No

SECTION II—CERTIFICATION

22. THE APPLICANT CERTIFIES THAT ▶ To the best of my knowledge and belief, data in this preapplication/application are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is approved.

a. YES, THIS NOTICE OF INTENT/PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE June 12, 1987

b. NO, PROGRAM IS NOT COVERED BY E.O. 12372 ☐
OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW ☐

23. CERTIFYING REPRESENTATIVE
- a. TYPED NAME AND TITLE: MICHAEL J. CRUZ, Acting Director
- b. SIGNATURE: Michael J. Cruz

SECTION III—FEDERAL AGENCY ACTION

24. APPLICATION RECEIVED (Year month day): 19

25. FEDERAL APPLICATION IDENTIFICATION NUMBER:

26. FEDERAL GRANT IDENTIFICATION:

27. ACTION TAKEN
- ☐ a. AWARDED
- ☐ b. REJECTED
- ☐ c. RETURNED FOR AMENDMENT
- ☐ d. RETURNED FOR E.O. 12372 SUBMISSION BY APPLICANT TO STATE
- ☐ e. DEFERRED
- ☐ f. WITHDRAWN

28. FUNDING

a. FEDERAL	$ .00
b. APPLICANT	.00
c. STATE	.00
d. LOCAL	.00
e. OTHER	.00
f. TOTAL	$ .00

29. ACTION DATE ▶ (Year month day): 19

30. STARTING DATE (Year month date): 19

31. CONTACT FOR ADDITIONAL INFORMATION (Name and telephone number)

32. ENDING DATE (Year month date): 19

33. REMARKS ADDED ☐ Yes ☐ No

NSN 7540-01-008-8182
PREVIOUS EDITION IS NOT USABLE

STANDARD FORM 424 PAGE 1 (Rev. 4-84)
Prescribed by OMB Circular A-102

PART II

PROJECT APPROVAL INFORMATION

Item 1.
Does this assistance request/require State, local, regional, or other priority rating?
_____ Yes _X_ No

Name of Governing Body _____
Priority Rating _____

Item 2.
Does this assistance request/require State, or local, advisory, educational or health clearances?
_____ Yes _X_ No

Name of Agency or Board _____
(Attach Documentation)

Item 3.
Does this assistance request/require State, local, regional or other planning approval?
_X_ Yes _____ No

Name of Approving Agency State Clearinghouse, Office of the Governor
Date _____

Item 4.
Is the propcsed project covered by an approved comprehensive plan?
_X_ Yes _____ No

Check one: State ☒
Local ☐
Regional ☐
Location of Plan BUREAU OF PLANNING

Item 5.
Is the project in a designated flood hazard area?
_____ Yes _X_ No

See instructions for additional information to be provided.

Item 6.
Will the assistance requested serve a Federal installation?
_____ Yes _X_ No

Name of Federal Installation _____
Federal Population benefiting from Project _____

Item 7.
Will the assistance requested be on Federal land or installation?
_____ Yes _X_ No

Name of Federal Installation _____
Location of Federal Land _____
Percent of Project _____

Item 8.
Will the assistance requested have an impact or effect on the environment?
_____ Yes _X_ No

See instructions for additional information to be provided.

Item 9.
Will the assistance requested cause the displacement of individuals, families, businesses, or farms?
_____ Yes _X_ No

Number of:
Individuals _____
Families _____
Businesses _____
Farms _____

Item 10.
Is there other related assistance on this project previous, pending, or anticipated?
_____ Yes _X_ No

See instructions of additional information to be provided.

PART III – BUDGET INFORMATION

SECTION A – BUDGET SUMMARY

Grant Program, Function or Activity (a)	Federal Catalog No. (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. HIS		$	$	$ 128,860	$ -0-	$ 128,860
2.						
3.						
4.						
5. TOTALS		$	$	$ 128,860	$	$ 128,860

SECTION B – BUDGET CATEGORIES

6. Object Class Categories	Grant Program, Function or Activity				Total
	(1) HIS	(2)	(3)	(4)	(5)
a. Personnel	$ -0-	$	$	$	$ -0-
b. Fringe Benefits	-0-				-0-
c. Travel	-0-				-0-
d. Equipment	4,400				4,400
e. Supplies	2,900				2,900
f. Contractual	-0-				-0-
g. Construction	-0-				-0-
h. Other	121,560				121,560
i. Total Direct Charges	128,860				128,560
j. Indirect Charges	-0-				-0-
k. TOTALS	$ 128,860	$	$	$	$ 128,860
7. Program Income	$	$	$	$	$

SECTION C – NON-FEDERAL RESOURCES

(a) Grant Program	(b) APPLICANT	(c) STATE	(d) OTHER SOURCES	(e) TOTALS
8.	$ -0-	$	$ -0-	$ -0-
9.				
10.				
11.				
12. TOTALS	$ -0-	$	$ -0-	$ -0-

SECTION D – FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$ 82,783	$ 18,390	$ 41,357	$ 11,518	$ 11,518
14. Non-Federal	-0-	-0-	-0-	-0-	-0-
15. TOTAL	$ 82,783	$ 18,390	$ 41,357	$ 11,518	$ 11,518

SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) FIRST	(c) SECOND	(d) THIRD	(e) FOURTH
16. HIS (balance of total grant for	$ 11,523	$ 11,518	$ 11,518	$ 11,518
17. 2nd year = $46,077)				
18.				
19.				
20. TOTALS	$	$	$	$

SECTION F – OTHER BUDGET INFORMATION

(Attach additional Sheets If Necessary)

21. Direct Charges: $128,860

22. Indirect Charges:

23. Remarks: Personnel are not being charged to the grant because all personnel who will be maintaining the HIS are already 100% locally funded.

PART IV PROGRAM NARRATIVE (Attach per instruction)

ECTION F -OTHER BUDGET INFORMATION

!1. Direct Charges

d. Equipment

4 Modems:	$2,000
Software:	1,000
2 Printers:	1,400
Total	4,400

e. Supplies 2,900

1. The project will be administered and monitored by the Bureau of Planning using local funds. Because the HIS is envisioned to be an ongoing project that will be maintained indefinitely by the Government of Guam, it is to Guam's advantage to identify the persons who will be responsible for the HIS early on the project. The project will be accomplished by soliciting the professional services of a variety of personnel:

Computer Systems Analyst:	$50,000
2 Data Entry Clerks	30,000
Health Data Professional	31,560
Subtotal	111,000
Printing	10,000
Total other	121,560

SUPPLEMENTAL TO PART III, SECTION F
KEY PRSONNEL

NAME AND POSITION TITLE	ANNUAL SALARY RATE	NO. MOS. BUDGET	% TIME	TOTAL AMOUNT REQUIRED
	(1)	(2)	(3)	(4)
Susan M. Ham - Planner IV	$ 28,433	24	40	- 0 -
Planner III - (Proposed)	27,468	24	100	- 0 -
Janet Unsiog - Planner II	21,840	24	30	- 0 -
Monica Guerrero - Planner I	19,255	24	30	- 0 - (See note below)

NOTE: All of the above positions are or will be 100% locally funded and therefore, not charged to the federal grant program.

FRINGE BENEFITS (Rate -0-)

CATEGORY TOTAL $ - 0 -

POSITION DESCRIPTION: PLANNER IV

1. Organize and manage the activities of the Planning Information Program to provide information services to the Government of Guam.

2. Prepare program budget and provide recommendations of budget proposals; prepare quarterly and annual reports.

3. Maintain a central data library and catalog of data collected by government.

4. Research and generate projections and analyses of social and demographic data series including written and graphic presentation of data.

5. Serve as an active member of the Interagency Population Committee, established to provide maximum Government of Guam participation in the preparatory phases of the 1990 U.S. Census of Populaiton.

6. Assist other government agencies with computerized data tabulation as requested.

7. Maintain liaison with and provide assistance to the Task Force on Government Information Systems and Data Processing, to study information management within the Government of Guam and to assess the degree to which the information needs of the government are being met.

8. Establish and continuously upgrade a health information system to provide a functional database to support the Bureau of Planning's health planning responsibility.

9. Perform other duties as assigned by the Chief Planner.

POSITION DESCRIPTION: PLANNER III

1. Using existing guidelines and with general supervision, continuously maintain and upgrade the health information system.

2. Routinely follow-up with appropriate data donor agencies on specific requirements to facilitate the timely preparation of information products for the health information system.

3. Calculate and establish Health Indices needed for the island of Guam.

4. Provide technical assistance and research to other agencies, organizations, and indivuals seeking data and information, as requested.

5. Assist in conducting various planning studies and surveys.

5. Perform other duties as assigned by supervisor.

CSC - 902
Revised: 9/79

OCCUPATIONAL CODE:

NEW PD ☐
AMENDED ☐
DATE:

Government of Guam
POSITION DESCRIPTION

1. DEPARTMENT OR AGENCY: BUREAU OF PLANNING	2. DIVISION / SECTION: PLANNING INFORMATION PROGRAM
3. PRESENT JOB (PAYROLL) TITLE: PLANNER II	4. BUDGETED POSITION NO.
	5. PRESENT: PAY RANGE / STEP / SALARY
6. NAME OF EMPLOYEE (LAST): UNSIOG, (FIRST): JANET (INITIAL): Q.	7. VACANT ☐

8. JOB DUTIES: List duties in general order of importance. Describe each major duty or function you perform in a separate paragraph and each duty in a separate sentence. Explain the kind and amount of work guidance you receive from supervisor, manuals, or established procedures. Attach additional sheets if necessary.

SUPERVISION: List the name and title of each worker you supervis if any.

1. Assists in conducting various planning studies and surveys.
2. Participates in the collection, analysis and presentation of demographic and health data, including written and graphic presentation of findings.
3. Assists in the establishment and maintenance of a Health Information System.
4. Researches public laws and resolutions to evaluate and analyze the impact and effect of Capital Improvement Projects and Government of Guam lands conveyed.
5. Develops and uses skills in MacIntosh and other personal computer applications for data management and analysis.
6. Assists in facilitating communications and providing coordination for interagency economic development matters.
7. Leads the work of lower level professional staff.

CSC - 002
Revised: 9/79

OCCUPATIONAL CODE:

NEW PD ☐

AMENDED ☐

DATE:

Government of Guam
POSITION DESCRIPTION

1. DEPARTMENT OR AGENCY	2. DIVISION / SECTION
BUREAU OF PLANNING	PLANNING INFORMATION PROGRAM

3. PRESENT JOB (PAYROLL) TITLE	4. BUDGETED POSITION NO.	5. PRESENT: PAY RANGE	STEP	SALARY
PLANNER I				

6. NAME OF EMPLOYEE (LAST)	(FIRST)	(INITIAL)	7. VACANT
GUERRERO,	MONICA	J.	☐

8. **JOB DUTIES:** List duties in general order of importance. Describe each major duty or function you perform in a separate paragraph and each duty in a separate sentence. Explain the kind and amount of work guidance you receive from supervisor, manuals, or established procedures. Attach additional sheets if necessary.

SUPERVISION: List the name and title of each worker you supervise, if any.

1. Assists planners and the public in conducting research work: involves locating and retrieving documents, records, and other related resources, compiling statistics on various planning research, and analyses of data results to correlate with applicable specifications.

2. Develops and uses knowledge of the techniques and procedures involved in the collection, validation, analysis, and projection of demographic and health data.

3. Develops and uses skills in MacIntosh and other personal computer applications for data management and analysis.

4. Assists in conducting various planning studies and surveys.

IV. PROGRAM NARRATIVE

1. Objectives and Need for Assistance.

Guam's health services system has grown rapidly over the past two decades. From the initial U.S. Navy administered hospital and public health programs, the system has expanded into a sophisticated network of governmental and private providers delivering health care to the island residents in a variety of ways. The growth of the health care system has beneficially impacted on the health status of the island population. It has also altered disease patterns, which have moved away from diseases caused by the environmental conditions to those associated with more stressful living, faulty diets, and excessive smoking and drinking. However the definitive determinants of these changes have yet to be explored in depth.

Such an exploration requires the continuous compilation of health status indicators and an evaluation of the availablilty of health resources and health services; it has to monitor the utilization and acceptance of the various health services by the island residents, and also examine health care expenditures. The analysis and evaluation of Guam's health status determinants, in conjunction with a review of our growing health care system, will enable policy makers and health care providers to more efficiently and effectively direct Guam's health care system in the future. This is especially important in an era where health care resources are becoming scarce and allocation of these resources must be prioritized.

On Guam there are, in addition to a thriving private health sector and the military health services, three major health care providers in the public sector: the Guam Memorial Hospital Authority, the Department of Public Health and Social Services, and the Department of Mental Health and Substance Abuse. Each entity houses several divisions or units that offer an array of services under a variety of programs. All of them collect health-related data that is pertinent to either a single program, division, or department, and which may or any not reflect information that is collected in a similar program within a different division or department.

Guam's health care providers and government officials agree that there is an urgent need for system-wide data collection, compilation, and analysis. While department's and their programs have assigned personnel to collect data, their major emphasis is on the provision of health services and therefore establishing departmental health information systems is considered a luxury that cannot be afforded. However, now that services must by provided efficiently and effectively within the bounds of limited funding, health care providers are looking for sound

health-related facts and figures to guide their decisions in program planning and services delivery.

The proposed project will further the goals and objectives of the Guam Health Plan 1985-1990, as prepared by the Guam Health Planning and Development Agency; the Guam Memorial Hospital's and the Department of Mental Health and Substance Abuses's Institutional Plans; and the Department of Public Health and Social Services' Long Range Plan. This project was also given priority during the various Pacific Health Initiative evaluations and meetings.

2. Goals

To provide health and related information that will enable Guam's public health care providers and participants to coordinate health-related decisions, reach agreements concerning mutually acceptable courses of action, and in general to share data and information for the purpose of making Guam's health care delivery system more efficient and effective.

To upgrade the Government of Guam's current health information system (HIS) to provide government-wide integrated health data management services. The system in place provides the foundation to be built upon by the proposed project, which will complement--not replace--existing data activities within the public health delivery systems.

To establish a system that will be self-sufficient at the end of the grant period, and which also has the potential to be expanded to include complementary information from private and military health care providers in the future.

3. Objectives

The health information system will enable the continuous compilation of health status indicators and an evaluation of the availability of health resources and health services, and health care expenditures.

The health information system will be able to utilize data drawn from published documents, existing record systems, registration forms, patient records, financial reports, etc. The data will be provided on forms which have been standardized for demographics, financing mechanisms and health care provider, but retain the

specific elements to meet the respective program needs.

The HIS will be able to provide, on short notice, health related data which include (but are not limited to): demographic, vital event, health status, health service, health care utilization, health financial, health service outcome data, and socio-economic indicators.

The generated information from the HIS can be presented in various ways: rates, ratios, tables, charts and graphs; or statistics, indicators and indices. They all aim to answer a particular question in a specific or standard way. Some standard ways of answering repeated questions have led to uniformly fixed indicators. Examples of such health statistics would be birth rates, infant mortality rates, indices of socio-economic status, or average length of stay in hospital (ALOS).

The established HIS will be utilized for:

Health Resource Allocation
Health Status Determination
Health Status Determinant Identification
Health Service Performance Evaluation
Health Problem Priority Setting
Health Service Operations Monitoring
Health Care Utilization Behavior Assessment
Health Costs per Service Calculations

4. Approach

a. Plan of Action.

The HIS project will be completed within 24 months. During this time the following will be accomplished:

- The Bureau of Planning will be designated as the "center" for health information and the existing HIS will be transferred to the Bureau of Planning;
- Data donor agreements will be secured among Government of Guam agencies and private health care entities;
- Data instruments currently in use will be assessed and the standardized minimal data set will be established;
- Agreements as to a standardized minimal data set will be sought;
- Uniform reporting forms will be designed;
- Existing automated data management will be assessed, analyzed, and modified, and automated systems at data donor source will be implemented when feasible;

- Training workshops for data donors will be held;
- Centralized collection and compilation will be initiated ; and
- Reports of collected and compiled data will be prepared for providers' use.

b. Quarterly Projections.

Activity 1: Establish Health Information Network

During the first quarter of the project period, the Government will designate a "center" at the Bureau of Planning for all health information activities. Agreements will be reached with all public health care providers to donate data on a regular basis to the center. Providers will include:

- Department of Public Health and Social Services
  - Office of Vital Statistics
  - Chronic Disease Control Program
  - Communicable Disease Control Unit
  - Maternal and Child Health Program
  - Bureau of Community Health and Nursing Services
  - Home Care Program
  - Medical Assistance Program
  - Division of Senior Citizens
- Guam Memorial Hospital
  - Division of Medical Records
- Department of Mental Health and Substance Abuse
- Superior Court
  - Alternative Sentencing Program
  - Probation Unit.
- Seventh Day Adventist Clinic
- Guam Family Medical Clinic
- FHP Clinic
- Guam Memorial Health Plan and Associates
- FHP/HML (Health Plans)
- Staywell (Health Plan)
- Navy Regional Medical Center.

Activity 2: Assess Existing Data Needs and Availability

During the first, second and third quarters, the data instruments currently in use

will be obtained and analyzed. The "center" will compile a list of minimal standard factors that are presently included or should be included on the instruments. Existing instruments will be made uniform to conform to the minimal data standards for collection and analysis, while at the same time accomodating specific program needs. Throughout this process, public health donor agencies will be involved in the development of the data set and instruments. Once the data set is established and the instruments are finalized, formal agreements for their use will be obtained.

Activity 3: Data Managment Assessment at Data Donor Sources and at "Center"

During the second, third and fourth quarters, existing data management techniques will be assessed and analyzed. Modifications to the data techniques will be implemented to conform to new data collection procedures and instruments. Computerized data networking will be explored as a means of data exchange with the HIS. Automated systems at data donor source will be installed when feasible. Also at this time, the capabilities of the existing HIS will be assessed and expanded.

Activity 4: Training and Workshops

During the first quarter, seminars will be conducted for administrators and program coordinators to secure management's cooperation with the objectives of the HIS by demonstrating how data can be utilized in program or services planning, monitoring and evaluation. During the second and third, and fourth quarters, training workshops for data collectors and data entry clerks will be held. These trainings will be conducted on an ongoing basis after systems analysis has been completed for each program area within a health entity. Training will be provided at each site to stress the importance of the HIS and the staff's relationship to it; familiarize them in the new data instruments; and train them in data collection and entry techniques. Training for program personnel in use of the system to retrieve data necessary to support individual program requirements will be held.

Activity 5: Data Collection and Reports

During the fifth through eighth quarters, the center will initiate and fully implement its centralized collection and compilation activities with the donor agencies as data becomes available. Reports of collected and compiled data will

be prepared and will be shared with donor agencies, policy makers, and researchers.

Activity 6: Health Information System Self-Sufficiency

During the entire grant period, staff of the Planning Information Program at the Bureau of Planning will be involved in all phases of the construction of the HIS, will provide technical support, and will be trained by the consultant to maintain an on-going HIS. Data collection procedures, software applications, and data retreival and tabulation will be thoroughly understood and will become the responsibility of the Bureau of Planning staff by the end of the project period.

5. Criteria for Evaluation

1. Designation of the Bureau of Planning as the "center" which will operate and maintain the Territory's Health Information System.
2. Signed agreement from the 4 donor agencies and transmital of data instruments from 80 percent of the programs identified by the "center" to contribute and participate in the Health Information System.
3. Review and revision of 90 percent of the donor form received by the HIS center.
4. Implementation of 80 percent of the data bases required to generate reports from the HIS to the data donors.
5. Completion of training workshops by the end of the fourth quarter.
6. Generate reports of collected and compiled data for each of the participating agencies or programs.
7. Maintenance of the HIS by the Bureau of Planning at the end of the project period.

6. Contingency Plans

A computer systems analyst is an integral part of the project. Such expertise is available on Guam. However, in the event there is a delay in the hiring of an on-island analyst, implementation of those portions of the project requiring an analyst will be postponed. The Bureau of Planning will continue with the project activities not requiring an analyst.

Personnel required will include a computer systems analyst, two data entry clerks, and a health data professional. It may be in the best interests of the HIS to hire such individuals separately, to hire a consulting firm, and/or sub-grant portions of the project to Government of Guam health data providers.

It is anticipated that the Bureau of Planning will be hiring a permanent, classified Planner III with a health data background using local funds.

Geographic Location.

Guam is part of Micronesia and the largest of the Marianas Islands which are situated in the Western Pacific. This western-most territory of the United States lies 5,800 miles from the U.S. West Coast and 3,800 miles from its closest U.S. neighbor, Hawaii. While Guam has established frequent and reliable communication and transportation links, the island is relatively isolated from the U.S. mainland and the other Pacific islands because of the high cost involved for travel, shipment and communication in overcoming distance. (Please see Appendix B for maps).

Guam consists of a single land mass of 225 square miles (length of 30 miles, width from four to eight miles). The climate is tropical, with high humidity and distinctive dry and rainy seasons. Due to the islands location in the tradewind latitudes and on the fringe of the Asiatic monsoon area, it is extremely vulnerable to frequent local storms and typhoons which have the real potential to cause extensive damage and endanger the health and safety of residents.

Guam counts at present 120,000 inhabitants, of which there are 96,011 civilians and approximately 24,000 military personnel. Less than half (49.5%) are the indigenous Chamorros, an estimated 22 percent are Filipinos, about 18 percent are Caucasians, and close to 15 percent of the total population are of Asian or Pacific ethnicity.

Guam has a very young population. The median age calculated from the 1980 Census for the total population was 22.2 years. In 1985, more than half, 53.5 percent of all civilian inhabitants were under the age of 25 and one-third (32.9%) were children below 15. The dependency ratio for the island was determined to be 57.5 in 1985.

In 1984, Guamanians had a per capita taxable income of $4,000. The average hourly earning rate was $5.17. The Consumer Price Index during that time had risen to 192.7 (calculated from 1978 = 100), and the purchase power of the consumer dollar had decreased to $0.52. The unemployment rate hovers around 8.5 percent.

PHS SUPPLEMENTARY INSTRUCTIONS

CHECKLIST

NOTE TO APPLICANT: Complete and forward this sheet with your application.

Type of Application

- ☒ New
- ☐ Noncompeting Continuation
- ☐ Competing Extension
- ☐ Supplemental

CHECKLIST

- ☒ Proper Signatures and Dates (item 23 on face page)
- ☐ Human Subjects Certification (when applicable)
- ☒ Staff and Position Data (biographical sketch(es) with job description when required).
- ☐ Intergovernmental review under E.O. 12372 if required by the State.
- ☐ Health Systems Agency review if required.
- ☒ Civil Rights Assurance of File with HHS (45 CFR 80)
- ☒ Assurance Concerning the Handicapped on File with HHS (45 CFR 84)
- ☐ Assurance Concerning Sex Discrimination on File with HHS (45 CFR 86)

A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence:

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's most recent cumulative list of organizations.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body or the State Attorney General certifying that the organization is a nonprofit organization operating within the State and that no part of its net earnings may lawfully inure to the benefit or any private shareholder or individual.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date must be indicated.

Previously filed with: _____ on _____ (date)

Name, title, address and telephone number of official in business office to be notified if an award is made.

Michael J. Cruz, Acting Director
Bureau of Planning
Government of Guam
P. O. Box 2950
Agana, Guam 96910 (671) 472-8931/9 Extension 404 & 417

Name, title, address and telephone number of official responsible for carrying out the proposed project.

Susan M. Ham
Program Manager, Planning Information Program
P. O. Box 2950
Agana, Guam 96910 (671) 472-8931/9 Extension 404 & 417

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported; or (3) a negative certification.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE REHABILITATION ACT OF 1973, AS AMENDED

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to §84.5(a) of the regulation [45 C.F.R. 84.5(a)], the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other Federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for Federal financial assistance that were approved before such date. The recipient recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance and that the United States will have the right to enforce this Assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which Federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in §84.5(b) of the regulation [45 C.F.R. 84.5(b)].

The recipient: [Check (a) or (b)]

a. ( ) employs fewer than fifteen persons;

b. (X) employs fifteen or more persons and, pursuant to §84.7(a) of the regulation [45 C.F.R. 84.7(a)], has designated the following person(s) to coordinate its efforts to comply with the HHS regulations:

Susan M. Ham
Name of Designee(s) (Type or Print)

Bureau of Planning
Government of Guam
Name of Recipient (Type or Print)

P. O. Box 2950
Street Address or P.O. Box

(IRS) Employer Identification Number

Agana,
City

Guam 96910
State Zip

I certify that the above information is complete and correct to the best of my knowledge.

June 12, 1987
Date

Michael J. Cruz, Acting Director
Signature and Title of Authorized Official

If there has been a change in name or ownership within the last year, please PRINT the former name below:

NOTE: If this form is not returned with the application for financial assistance, return it to DHHS, Office for Civil Rights, 330 Independence Avenue, S.W., Washington, D.C. 20201.

ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964

Bureau of Planning (hereinafter called the "Applicant")

Name of Applicant (type or print)

HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Date June 12, 1987

Bureau of Planning

Applicant (type or print)

By Michael G. Cruz

Signature and Title of Authorized Official

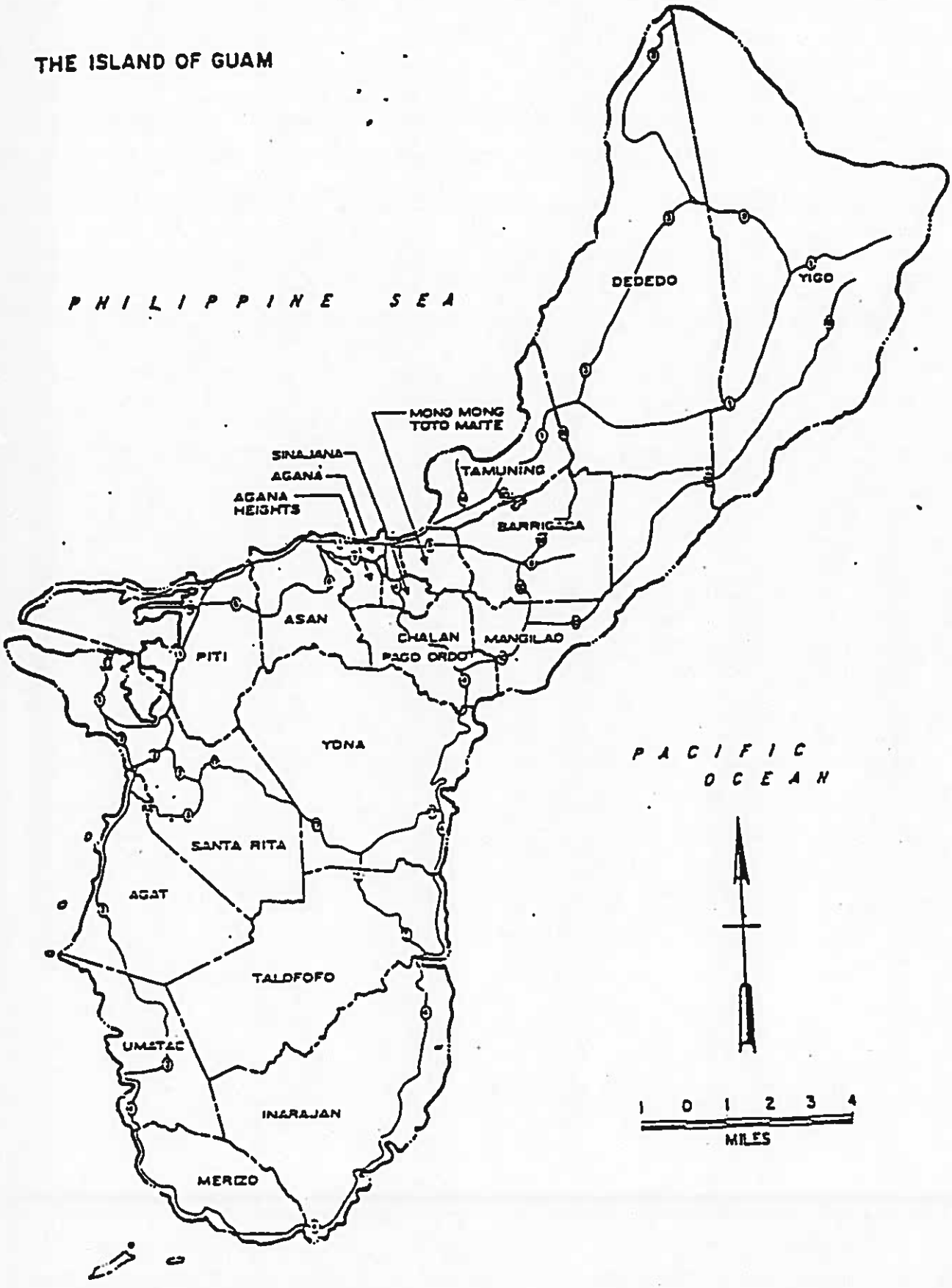
P. O. Box 2950

Agana, Guam 96910

Applicant's mailing address

NOTE: If this form is not returned with the application for financial assistance, return it to DHHS, Office for Civil Rights, 330 Independence Ave., S.W., Washington, D.C. 20201

HHS-441 (Rev. 12/82)


THE ISLAND OF GUAM
PHILIPPINE SEA
DEDEDO
YIGO
MONG MONG
TOTO MAITE
SINAJANA
AGANA
AGANA
HEIGHTS
TAMUNING
BARRIGADA
ASAN
PITI
CHALAN
PAGO ORDO
MANGILAO
YONA
PACIFIC
OCEAN
SANTA RITA
AGAT
TALOFOFO
UMATAC
INARAJAN
MERIZO
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MILES
VILLAGE BOUNDARIES

GUAM IN THE MARIANA ISLANDS