



Speaker Won Pat <speaker@judiwonpat.com>

Messages and Communication: Notice of Grant Application: DPHSS- Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

1 message

Speaker Won Pat <speaker@judiwonpat.com>

Tue, Mar 4, 2014 at 2:54 PM

To: Guam Legislature Clerks Office <clerks@guamlegislature.org>

3/4/2014 3/4/2014

Guam State Clearing House

Department of Public Health and Social Services' Application for Federal Assistance for the Guam Breast and Cervical Cancer Early Detection Program and the Guam Comprehensive Cancer Control Program 32-14-1369

32-14-1369
Office of the Speaker

Judith T. Won Pat, Ed. D.

Date 3.4.14

Time 2:54 PM

Received by: [Signature]

2014 MAR -4 PM 2:59

----- Forwarded message -----

From: Jerica Cruz <jerica.cruz@guam.gov>

Date: Tue, Mar 4, 2014 at 8:26 AM

Subject: Notice of Grant Application: DPHSS- Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

To: Speaker Won Pat <speaker@judiwonpat.com>

Hafa Adai,

Please see attached grant application submitted by Department of Public Health and Social Services.

--

Si Yu'os Ma'ase

Jerica Cruz

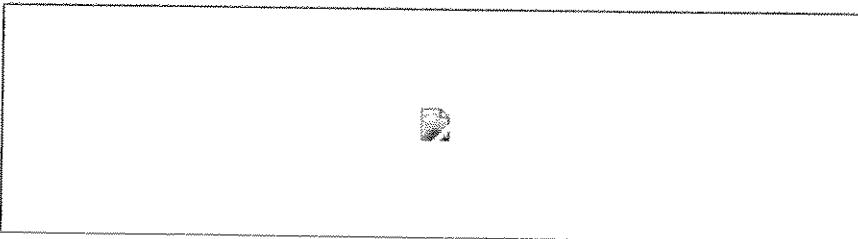
Grant Specialist - Guam State Clearing House

Office of the Lieutenant Governor of Guam

Ricardo J. Bordallo Governor's Complex, Adelup, Guam 96910

Phone: 1-671-475-9384

Fax: 1-671-477-2007



1369



GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932

Tel: (671) 475-9380

Website: www.gsc.guam.gov

Email: clearinghouse@guam.gov

EDDIE BAZA CALVO

I Maga'låhen Guahan

RAYMOND S. TENORIO

I Segundu Na Maga'låhen Guahan

Kate G. Baltazar

Administrator

March 4, 2014

HONORABLE JUDITH T. WON PAT, Ed. D.

Speaker gi I Mina'Trentai Dos Na Liheslaturan Guåhan

155 Hesler Place

Hagåtña, Guåhan 96910

Ref: Department of Public Health and Social Services' Application for Federal Assistance for the Guam Breast and Cervical Cancer Early Detection Program and the Guam Comprehensive Cancer Control Program

Hafa Adai Madam Speaker:

This communication is to respectfully notify you the Guam State Clearinghouse (GSC) has received a federal grant application from the Department of Public Health and Social Services. The GSC has accepted the application, assigned State Application Identifier (SAI) number 17002141118Y, and has initiated the process for an intergovernmental review. Application information is provided below:

Grantor: US DHHS, Centers for Disease Control and Prevention
Grant Title: Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations
Details: Funds from this program will be used for overall operations, which include personnel, travel, fringe benefits, supplies and contractual services. The GBCCEDP will continue to provide free mammogram and Pap test to qualified women for the early detection of breast and cervical cancer. The GCCCP proposes to continue collaborative process through which a community pools resources to reduce the burden of cancer that results in: risk reduction, early detection, better treatment and enhanced survivorship.
Start Date: 06/29/2014 **End Date:** 06/30/2015
Federal Grant: \$247,500.00 for GCCCP
\$392,683.00 for GBCCEDP
Non-Federal Match: None
In-kind Total: \$31,443.19
Total: \$640,183.00

GSC conducts intergovernmental reviews and solicits comments through electronic communication. This notice is sent to you as a part of the review process. A digital copy of the grant proposal is attached for your perusal. The GSC point of contact designated for this application is Jerica Cruz. Please submit any comments you may have pertaining to this proposal by **March 19, 2014** via email to jerica.cruz@guam.gov.

Dangkolo Na Si Yu'os Ma'åse',

Kate G. Baltazar
Administrator

Cc: File

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 DIPATTAMTON SALUT PUPBLEKO YAN SETBISION SUSIAT



EDDIE BAZA CALVO
 GOVERNOR

RAY TENORIO
 LIEUTENANT GOVERNOR



JAMES W. GILLAN
 DIRECTOR

LEO G. CASIL
 DEPUTY DIRECTOR



FEB 20 2014



GUAM STATE CLEARINGHOUSE

FEB 25 2014

MEMORANDUM

➔ TO: Guam State Clearinghouse

FROM: Director, Department of Public Health and Social Services

SUBJECT: Notice of Intent (NOI) to Apply for Federal Assistance, CDC-RFA-DP12-1205

Hafa Adai! Submitted herewith is a NOI to apply for a new, competitive funding opportunity through the U.S. Centers for Disease Control and Prevention (CDC), RFA-DP12-12053 CONT14, entitled "Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations." If awarded, grant funds will ensure continued operation of the Guam Breast and Cervical Early Detection Program (GBCCEDP) and the Guam Comprehensive Cancer Control Program (GCCCP). Although the programs are required to submit separate program narratives, budgets and supporting documents, they are also required to submit a combined Application for Federal Assistance and other fiscal documents under this funding announcement.

In accordance with grantor instructions, Indirect Costs (IDC) are not included in the proposed program budget for the GCCCP because Guam does not have a current IDC Agreement for DPHSS. If awarded and upon receipt of a new IDC Agreement for the initial budget period of June 30, 2014 to June 29, 2015, a request for IDC may be submitted to CDC. Indirect Costs are not requested for the GBCCEDP due to grantor restrictions which allow for only 10% of administrative costs in lieu of Indirect Costs.

The deadline to submit this continuing grant application to CDC via the grants.gov website is Friday, February 21, 2014. Concurrent review by your office is requested to ensure that the deadline is met. Should there be any questions or comments, please contact Ms. Roselie V. Zabala, MSW, Bureau of Community Health Services Administrator at 735-7304 or via email at roselie.zabala@dphss.guam.gov. *Si Yu'os Ma'ase!*

JAMES W. GILLAN

Attachments

CFI-0214-0671



GUAM STATE CLEARINGHOUSE

P.O. Box 2950 Hagåtña, Guam 96932
Tel: (671) 475-9380
Website: www.guamclearinghouse.com
Email: clearinghouse@guam.gov

EDWARD J.B. CALVO
I Maga'låhen Guahan

RAYMOND S. TENORIO
I Segundu Na Maga'låhen Guahan

Eric M. Palacios
Administrator

Grant Project Application Notice of Intent to Apply for Federal Assistance GSC FORM REVISED 01/26/2011

Guam State Clearinghouse Use Only

Date Received: 02/29/14
Received By: JERICA CRUZ
SAI Number: 170021411184

Type of Application New Grant* Continuing Grant** Supplemental Grant** Other*

A.) DUNS Number

B.) Date

C.) Applicant/Department Name

D.) Division

E.) Applicant Address

F.) Applicant/Department Point of Contact Information

Contact Person Name

Phone Number

E-mail Address

G.) Due Date to Federal Agency

H.) Federal Funds

a.) Grant

b.) Other

I.) Non-Federal, Matching Funds

a.) Local

b.) In-Kind

c.) Other

J.) TOTAL FUNDS

K.) CFDA/Federal Program Name

L.) Federal Agency Name

M.) Federal Agency Address

N.) For Continuing or Supplemental Grants, Please provide the following information:

a.) Initial Grant Period 6/30/2012 to 6/29/2017
b.) Guam State Clearinghouse SAI Number None
c.) Grant Year This Application Impacts Year # 6/29/2014-6/30/2015

O.) Has the Federal Funding Agency been notified? YES NO

P.) During which Fiscal Year will this program be implemented? 2014-2015

Q.) If the project requires local funding in addition to the federal funding requested, please specifically identify source and rationale:

N/A

R.) This program is: Budgeted - Please identify legal budget authority Public Health Act
 Non-Budgeted

S.) Will this program require the hiring of additional employees? Is YES, please provide the number of employees (both existing and new) and justification. YES - Existing 6 New 2 NO

T.) List Departments and Agencies that would be affected directly or indirectly by this application

Department of Public Health and Social Services

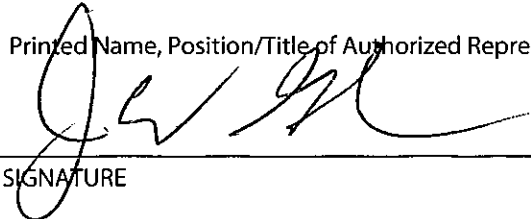
U.) Please provide a Project Summary with supporting documents if needed.

The GBCCEDP will continue to provide free mammogram and Pap test to qualified women for the early detection of breast and cervical cancer. The GCCCP proposes to continue collaborative process through which a community pools resources to reduce the burden of cancer that results.

V.) Please answer the following:
a.) Does this application require an Environmental Impact Study? YES NO
b.) Will this application conflict with any existing law? YES NO
c.) Is enabling legislation required? YES NO
d.) Will the program require a maintenance of effort? YES NO
e.) Are in-kind services allowed for this program? YES NO
f.) Does this program allow an indirect cost rate to be applied? YES NO

SUBMITTED AND APPROVED BY:

Printed Name, Position/Title of Authorized Representative JAMES W. GILLAN



SIGNATURE

Date 2.20.14



Grant Application Package

Opportunity Title:	Cancer Prevention and Control Programs for State, Terri
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.283
CFDA Description:	Centers for Disease Control and Prevention_ Investigatio
Opportunity Number:	CDC-RFA-DP12-120503CONT14
Competition ID:	NCCDPHP-C
Opportunity Open Date:	12/30/2013
Opportunity Close Date:	02/21/2014
Agency Contact:	CDC Procurement and Grants Office (PGO) Technical Information Management Section (TIMS) Phone: 770-488-2700 E-mail: pgotim@cdc.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Select Forms to Complete

Mandatory

[Application for Federal Domestic Assistance-Short Organizational](#)

[Project Narrative Attachment Form](#)

[Budget Narrative Attachment Form](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

Optional

[Other Attachments Form](#)

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

*** 1. NAME OF FEDERAL AGENCY:**

Centers for Disease Control and Prevention

2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93.283

CFDA TITLE:

Centers for Disease Control and Prevention_ Investigations and Technical Assistance

*** 3. DATE RECEIVED:**

02/20/2014

SYSTEM USE ONLY

*** 4. FUNDING OPPORTUNITY NUMBER:**

CDC-RFA-DP12-120503CONT14

*** TITLE:**

Cancer Prevention and Control Programs for State, Territorial and Tribal Organizations

5. APPLICANT INFORMATION

*** a. Legal Name:**

Guam Department of Public Health and Social Services

b. Address:

* Street1: 123 Chalan Kareta		Street2:	
* City: Mangilao		County:	
* State: GU: Guam		Province:	
* Country: USA: UNITED STATES		* Zip/Postal Code: 96913-6304	

c. Web Address:

http:// dphss.guam.gov

*** d. Type of Applicant: Select Applicant Type Code(s):**

F: U.S. Territory or Possession

Type of Applicant:

Type of Applicant:

* Other (specify):

*** e. Employer/Taxpayer Identification Number (EIN/TIN):**

980018947

*** f. Organizational DUNS:**

778904292

*** g. Congressional District of Applicant:**

GU-00

6. PROJECT INFORMATION

*** a. Project Title:**

Guam Comprehensive Cancer Control Program

*** b. Project Description:**

Comprehensive Cancer Control is a collaborative process through which a community pools resources to reduce the burden of cancer that results in: risk reduction, early detection, better treatment and enhanced survivorship. This program is funded through a grant from the U.S. Centers for Disease Control and Prevention to the Department of Public Health & Social Services.

This is not a direct service program. Instead, this program focuses on bringing representatives from the cancer network on Guam (public, private and non-profit organizations as well as individuals) together to address prevention, early detection and treatment, survivorship, data & research, and policy & advocacy issues faced by cancer patients, survivors, caregivers, and families on Guam.

c. Proposed Project: * Start Date: 06/30/2014

* End Date: 06/29/2015

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational Version 01

7. PROJECT DIRECTOR

Social Security Number (SSN) - Optional:

000-00-

Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.

Prefix: <input type="text" value="Mr."/>	* First Name: <input type="text" value="James"/>	Middle Name: <input type="text" value="W."/>
* Last Name: <input type="text" value="Gillan"/>		Suffix: <input type="text"/>
* Title: <input type="text" value="Director"/>		* Email: <input type="text" value="james.gillan@dphss.guam.gov"/>
* Telephone Number: <input type="text" value="735-7102"/>		Fax Number: <input type="text"/>
* Street1: <input type="text" value="123 Chalan Kareta"/>		Street2: <input type="text"/>
* City: <input type="text" value="Mangilao"/>		County: <input type="text"/>
* State: <input type="text" value="GU: Guam"/>		Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip/Postal Code: <input type="text" value="96931-6304"/>

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

<input type="checkbox"/> Same as Project Director (skip to item 9):	Social Security Number (SSN) - Optional: 000-00- <input type="text"/> Disclosure of SSN is voluntary. Please see the application package instructions for the agency's authority and routine uses of the data.	
Prefix: <input type="text" value="Ms."/>	* First Name: <input type="text" value="Roselie"/>	Middle Name: <input type="text" value="V."/>
* Last Name: <input type="text" value="Zabala"/>		Suffix: <input type="text" value="MSW"/>
* Title: <input type="text" value="Health Services Administrator"/>		* Email: <input type="text" value="roselie.zabala@dphss.guam.gov"/>
* Telephone Number: <input type="text" value="735-7304"/>		Fax Number: <input type="text"/>
* Street1: <input type="text" value="123 Chalan Kareta"/>		Street2: <input type="text"/>
* City: <input type="text" value="Mangilao"/>		County: <input type="text"/>
* State: <input type="text" value="GU: Guam"/>		Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>		* Zip/Postal Code: <input type="text" value="96931-6304"/>

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational		Version 01
9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)		
** I Agree <input checked="" type="checkbox"/>		
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
AUTHORIZED REPRESENTATIVE		
Prefix: Mr.	* First Name: James	Middle Name: W.
* Last Name: Gillan		Suffix:
* Title: Director		* Email: james.gillan@dphss.guam.gov
* Telephone Number: 735-7102		Fax Number:
* Signature of Authorized Representative: ALYSSA UNCANGCO		* Date Signed: 02/20/2014

Authorized for Local Reproduction

Standard Form 424 Organization Short (04-2005)
Prescribed by OMB Circular A-102

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Attached at least one Optional Project Narrative File?:

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

To add more Budget Narrative attachments, please use the attachment buttons below.

Attached at least one Optional Budget Narrative?:

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. GCCCCP	93.283	\$	\$	247,500.00	\$	247,500.00
2. GBCCBDP	93.283			392,683.00		392,683.00
3.						
4.						
5. Totals		\$	\$	640,183.00	\$	640,183.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) GOCPP	(2) GBCCEDP	(3)	(4)	
a. Personnel	\$ 127,950.00	\$ 163,242.00		\$	\$ 291,192.00
b. Fringe Benefits	52,265.00	64,264.00			116,529.00
c. Travel	22,191.00	8,790.00			30,981.00
d. Equipment	0.00				
e. Supplies	900.00	2,000.00			2,900.00
f. Contractual	26,000.00	136,592.00			162,592.00
g. Construction	0.00				
h. Other	18,194.00	1,471.00			19,665.00
i. Total Direct Charges (sum of 6a-6h)	247,500.00	376,359.00			\$ 623,859.00
j. Indirect Charges	0.00	16,324.00			\$ 16,324.00
k. TOTALS (sum of 6i and 6j)	\$ 247,500.00	\$ 392,683.00		\$	\$ 640,183.00
7. Program Income	\$	\$		\$	\$

Authorized for Local Reproduction

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. GBCCEDP	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal \$ 640,183.00	\$ 320,091.50	\$ 106,697.00	\$ 106,697.00	\$ 106,697.50
14. Non-Federal \$				
15. TOTAL (sum of lines 13 and 14) \$ 640,183.00	\$ 320,091.50	\$ 106,697.00	\$ 106,697.00	\$ 106,697.50

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. GCCCP	\$ 247,500.00	\$ 272,250.00	\$ 299,475.00	\$ 329,422.00
17. GBCCEDP	392,683.00	431,951.30	475,146.43	522,661.07
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 640,183.00	\$ 704,201.30	\$ 774,621.43	\$ 852,083.07

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: 640183	22. Indirect Charges: 16324
23. Remarks:	

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

Attached at least one Optional Other Attachment?:

Interim Progress Report
Comprehensive Cancer Control (DP12-1205)
DP12-1205
Guam Department Of Public Health And Social Services
Grant Number: 3877
Current Action Plan Progress: 6/30/2013 - 12/30/2013
Proposed Action Plan: 06/30/2014 - 06/29/2015
Date Submitted:

A. Report Narrative

Please describe the most significant accomplishments during the reporting period.

The following are the accomplishments of the Guam Comprehensive Cancer Control Program (GCCCCP) between June 2013 to December 2013:

Annual Cancer Retreat

The GCCCCP and the Guam Comprehensive Cancer Control Coalition implemented the Annual Cancer Retreat on December 2013 at the Westin Resort Guam. The purpose for the Retreat was to prioritize action plans for the coming year, and as needed, re- develop the goals, objectives, and activities indicated in the 2013-2017 Guam Cancer Control Plan. The Retreat also provided an avenue to share the most up to date cancer data and information; and recognize active coalition members

Evidenced Based Screening Guidelines

Between November and December 2013, GCCCCP, in collaboration with the CCC Coalition Screening, Early Detection & Treatment Action Team (SEDAT) and the CCC Policy & Advocacy Action Team worked to increase awareness and promote the use of the 2012 USPSTF Guidelines to local health care providers as an evidenced- based tool to increase standards and quality of care in Guam (focusing on breast, cervical, and colorectal cancer).

GCCCCP distributed more than 75 copies of The Guide to Clinical Preventive Services 2012 to 10 targeted local health care providers. Moreover, GCCCCP, in collaboration with SEDAT, developed a Survey Tool to assess the types of guidelines local health care providers are utilizing in their organization. Copies of the survey tool were distributed to all 10 providers.

Obesity Prevention Strategies

The CCC Prevention Action Team (Prevention) and NCD Consortium Physical Activity Group (PA) have integrated to focus its work on increasing physical activity to prevent obesity in children. GCCCCP facilitated strategic planning meetings between the Prevention and PA group members to help plan, develop and finalize the NCD Physical Activity Strategic Plan 2014- 2018. Three of the four main objectives in the plan target elementary school, middle school, and high school students. The priority areas and are called: 1) Let's Move Initiatives, and 2) DOE Wellness Initiatives. In addition, because of these developments, the Prevention Team will be working to reflect these collaborative efforts in the updated Guam Cancer Control Plan 2013- 2018.

The Let's Move Initiatives strategies and activities include, but not limited to, the Safe Paths to School project; Neighborhood Park Revitalization (supporting built environment projects); and addressing bicycle initiatives (bicycle lanes, routes and paths). The DOE Wellness Initiatives are composed of two main strategies: targeting physical activity in high school students; and targeting physical activity in elementary and middle school students.

Between November and December 2013, the Prevention Team and the Physical Activity group have started to implement the strategic plan. Funding to implement selected strategies will be provided by the Chronic Disease Prevention and Health Promotion Program and the Tobacco Prevention and Control Program.

Tobacco Prevention

Between July and August 2013, GCCCCP worked with the Coalition to finalize and submit a Coalition letter addressed to the Director of the Department of Revenue and Taxation (DRT), Senator Benjamin Cruz, and Senator Dennis Rodriguez, requesting to obtain information regarding revenues generated from cigarette taxes from April 2008 to the present. The objective is to determine the effectiveness of PL30-80 (Tobacco Tax Increase) by looking at the data trends. It was evident that although cigarette sales went down, sales of smokeless tobacco products went up.

In December 2013, as requested by the CCC Steering Committee, GCCCCP prepared and submitted the

Coalition's Letter of Support to Bill 206 (An act relative to establishing tax parity) that increases taxes of smokeless tobacco. The bill will establish tax parity between the two products by increasing the tax of smokeless tobacco from \$14 to \$40 per pound. The coalition believes that by supporting the bill, it will curtail the increasing use of these products and prevent new cancer cases in the future.

Worksite Wellness Program

GCCCP worked to collaborate and support the implementation of the Government of Guam Worksite Wellness Program. For example, in collaboration with the NCD Communications Team, GCCCP PC IV and Diabetes Prevention and Control Program PC IV promoted the Worksite Wellness Program's "New Year's Re-solution to be Fit and Healthy" Campaign during the month of December at the Pacific News Center, KUAM News, and Newstalk K-57 Radio. The campaign hopes to promote the WWP to all employees who aim to be healthier in 2014. (Links to the TV news segments: PNC News: <http://youtu.be/sT-pfD6hPFg> and KUAM News: <http://www.youtube.com/watch?v=RRiTdA4wfVQ>)

Please describe the most significant challenges during the reporting period.

The most significant challenge for this reporting period is not having a full-time Administrative Assistant that should perform daily management of the program's financials. Although various bureau programs assisted the GCCCP, these services are more on an as needed basis. As such, we were unable to manage program funds in an ideal manner.

As a result, the lapses in salaries and benefits for this particular FTE need to be modified. This also affected the program's spend rates for this reporting period. Moreover, the uncertainty of when this position will be hired poses a challenge in the planning and preparation of a budget re-direction request, to ensure that all monies are spend by the end of the program year.

As of February 2014, an interview was conducted and most likely one of the applicants will be selected.

B. Current Action Plan Progress: 6/30/2013 - 12/30/2013

Comprehensive Cancer Control (DP12-1205) Project Period Objective

Project Period Objective: PPO01 - Maintain the percent of program administration, fiscal management, use of cancer surveillance data, and support, collaborate & coordinate with cancer coalition from 100% to 100% by June 2017.

Describe the objective and how it will impact the problem: The objective addresses RA 1 through 4 of the FOA to ensure compliance. (RA 1 Program Administration, RA 2 Fiscal Management, RA 3 Routine Use of Cancer Surveillance Data, RA 4 Routinely Support, Collaborate, and Coordinate with Existing Cancer Coalition)

Annual Objective: AO1.1 - Maintain the number of GCCCP staff hired from 4 to 4 by June 2014.

Describe the objective and how it will impact the problem: Achieve 100% staffing for the Guam CCC Program.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	2

Describe Progress: In July 2013, Guam Comprehensive Cancer Control Program Coordinator IV (PCIV) prepared and routed documentations (GG-1 documents) to begin the hiring processes for the GCCCP Administrative Assistant. Between August to December 2013, PCIV continued to follow up with DPHSS Personnel Officer and Department of Administration (DOA) Personnel Specialist to provide status updates (There may have been some delays in the processing of documents due to DOA moving office from Agana to the ITC Building in Tamuning in September 2013).

In September 2013, GCCCP PCIV prepared and conducted GCCCP Public Information Officer's (PIO) mid-term performance evaluation. The performance evaluation was submitted to the BCHS Administrator, DPHSS Director and DOA Personnel in October 2013 on a timely manner. GCCCP PIO has been recommended for permanent employee status.

In September 2013, PCIV was directed by the BCHS Administrator to discontinue cost-allocating the salary for the Health Educator II (HEII) effective October 2013. This is in anticipation of the implementation of the Government of Guam Hay Plan Salary increases. Based on cost analysis, GCCCP will not have enough funding to support the cost- allocation of the HEII when the pay increases are implemented. The Guam Breast and Cervical Cancer Early Detection Program will resume funding for the position at 100%.

Describe specific partner contributions including activities that supported this progress:
None to describe

Facilitating Factors of Success: Program Coordinator IV had previously prepared documents and forms required to process the hiring of the Administrative Assistant. Documents and forms required slight modifications to reflect current needs of the program. As such, documents were submitted at the beginning of the new program year.

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA1.1.1 - Complete Paperwork

Activity Description: Complete all necessary paperwork to initiate recruitment process for the Administrative Assistant.

Timeframe: First Quarter 2013 - Third Quarter 2013

Annual Activity: AA1.1.2 - Performance Evaluation

Activity Description: Complete all staff performance evaluations in accordance with the government of Guam Personnel Rules and Regulations.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.1.3 - Interview and Hiring

Activity Description: Conduct hiring interviews. As appropriate, hire most qualified applicant for the Administrative Assistant position.

Timeframe: First Quarter 2013 - Third Quarter 2013

Annual Activity: AA1.1.4 - Staff Orientation

Activity Description: Complete staff orientation, Work Plans, and training as needed.

Timeframe: Third Quarter 2013 - Third Quarter 2013

Annual Objective: AO1.2 - Maintain the percent of fiscal compliance from 100% to 100% by June 2014.

Describe the objective and how it will impact the problem: Ensure all funds are spent in accordance with the approved program budget.

Progress Period: First 6 Months	Objective's Target Met: Ongoing	Current Measurement: 100
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Describe Progress: In light of not having full support of a full-time Administrative Assistant, GCCCP continued to work to ensure that all financial records and documents are in order, and that the budget plan is implemented accordingly. The following information indicates work that has been done to GCCCP's financials:

- GCCCP met with Ms. Grace Edrosa, supervisor from the Department of Administration's Division of Accounts, on July 10, 2013. The meeting finalized steps to rectify financial issues brought about by a contractor's return of payment from previous program years. Monies were deposited back to local accounts and returned to CDC.
- GCCCP Year 2 accounts were established and monies were loaded on July 23, 2013. The program was assisted by the PC I of the Guam Breast and Cervical Cancer Early Detection Program, who is able to conduct such work.
- Between November and December 2013, GCCCP worked to develop, plan and prepare GCCCP Carryover Request to utilize unobligated funding from program year 1. The request included funding for the anticipated government of Guam Employees Pay Increases (Hay Plan); CCC Coalition Survivorship and Quality of Life Action Team's Hope project and Cancer Survivors' Conference; staff desktop computers; and Indirect Costs. The revised documents were sent to CDC Project Officer for review and finalization.

The Carryover Request documents (1 original and 2 copies) were mailed to CDC Grants Management Specialist on December 6, 2013. An electronic copy was also provided.

- In November 2013, GCCCP worked with the CDC Project Officer to obtain a revised Notice of Award for the program due to errors found in the current document.

On December 4, 2013, GCCCP received an electronic copy of its revised Notice of Award from CDC Grants Management Specialist. The revised NOA reflects accurate information regarding the program to include corrected indirect cost rate. The documents were processed.

Describe specific partner contributions including activities that supported this progress: Through collaboration with the Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) and the Behavioral Risk Factor Surveillance System (BRFSS) Program Coordinators the GCCCP was able to process documents to establish program accounts and work on requisitions.

Facilitating Factors of Success: Effective collaboration/integration processes within the bureau.

Barriers/Issues Encountered: GCCCP found errors in balancing figures between program financial ledgers and AS400 to the salaries and benefits object classes. However, PCIV does not have full access to AS400 levels such as labor cost allocation to identify reasons for discrepancies.

Plans to Overcome Barriers/Issues Encountered: PCIV will work with BRFSS and GBCCEDP Coordinators to use the opportunity to train the GCCCP Administrative Assistant to resolve the issue once this personnel hired.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA1.2.1 - Process Documents

Activity Description: Process all documents necessary to establish Guam CCC Program account in the government of Guam financial system.

Timeframe: First Quarter 2013 - First Quarter 2013

Annual Activity: AA1.2.2 - Monthly Financial Report

Activity Description: Provide monthly financial status report for the monitoring of spend rates and compliance checks.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.2.3 - Accountability of Funds

Activity Description: Once each month, reconcile program ledgers with AS400 Financial Management System to ensure accountability of all funds.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.2.4 - Federal Financial Report

Activity Description: Complete and submit an accurate Federal Financial Report at the end of each Program Year, or as required.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO1.3 - Maintain the percent of registry and behavioral data usage to update the Guam Cancer Plan, inform islandwide stakeholder, and to guide GCCCP, GCCC Coalition and regional collaborative initiatives from 100% to 100% by June 2014.

Describe the objective and how it will impact the problem: Utilize Guam Cancer Registry, NCD, and other health data to support overall Cancer Plan implementation activities.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	100

Describe Progress: The CCC Coalition and Program continues to be guided by the most current cancer data and information to drive cancer priority areas and activities. Current data and information continues to be shared to the community, and to all Coalition members and partners to assist in developing and implementing cancer prevention and control strategies.

Cancer Plan Prioritization and Revision

CCC Coalition members who attended the Annual Cancer Retreat were presented with the latest cancer data compiled and analyzed by the CCC Data and Research Action Team Leader using information from the Guam Cancer Registry's database as of October 14, 2013. The data that were shared were preliminary but reliable. Current data from the Behavioral Risk Factor Surveillance System was also shared. (Please see attached product)

Participants during the retreat identified priorities, and developed/ re-developed strategies based on the data that was shared. For example, the CCC Prevention Action Team re-strategized their action plan by focusing on increasing activities that promote and raise awareness on cancer screenings when realizing that Guam lags in cancer screenings compared to the US.

Community Presentations:

Between June to December 2013, GCCCP PIO conducted a total of 5 presentations to 3 elementary schools and 1 middle school. More than 700 children were educated on cancer prevention, including its burden to the community. As applicable and appropriate, current data and information on cancers have been shared through the presentations.

The following information details each of the presentation conducted:

- GCCCP conducted a cancer presentation, in collaboration with the Tobacco Prevention and Control Program (TPCP), at the Lyndon Baines Johnson Elementary School on October 29, 2013

from 1:00pm to 2:00pm. 192 pre-kinder and kindergarten students were educated about cancer; its definition, risk factors, and prevention strategies.

- GCCCP conducted a cancer presentation, in collaboration with the TPCP, at the Astumbo Middle School on October 16, 2013 from 8:30 to 10:30am. More than 100 eighth grade students were educated about cancer; its definition, local data, risk factors, prevention, screening, and treatments.
- GCCCP conducted a cancer presentation, in collaboration with the TPCP, at B.P. Carbullido Elementary School on November 6 and 8, 2013 from 1:00pm to 2:00pm. 80 fourth grade students and 150 5th grade students from B.P Carbullido were educated about cancer; its definition, risk factors, and preventions strategies.
- GCCCP conducted a cancer presentation, in collaboration with the TPCP, at Lyndon Baines Johnson Elementary School on November 7, 2013 from 1:00pm to 2:00pm. 150 first grade students were educated about cancer; its definition, risk factors, and prevention strategies.
- GCCCP conducted a cancer presentation, in collaboration with the TPCP, at FB Leon Guerrero Elementary School on December 2, 2013 at 12:00pm. 45 students were educated about cancer; its definition, risk factors, and preventions strategies.

Consultants

In November 2013, GCCCP revised the Scope of Work for the Economic Cost of Cancer project consultant and the Survivor Rates in Guam project consultant as recommended..

In December 2013, GCCCP submitted requisitions to begin the process of hiring consultants for the Economic Cost of Cancer in Guam project and Cancer Survivors in Guam project for year 2. The program worked with the BRFSS Coordinator to assist in submitting documents to process requisitions.

Describe specific partner contributions including activities that supported this progress:

Guam Cancer Registry performed analysis on registry data, and conducted a presentation during the Cancer Retreat. BRFSS provided current data on cancers. TPCP spearheaded the coordination of school presentations.

Facilitating Factors of Success: GCCCP enjoys great working relationship with the Guam Cancer Registry, TPCP and BRFSS. In addition, PIO worked with the Get Healthy Guam Coalition (GHGC) to incorporate the St. Jude Hospital's Cure4 Kids educational materials to its presentations; and utilizing GHGC educational tools to educate students about cancer prevention.

Barriers/Issues Encountered: Delay with the procurement process.

Plans to Overcome Barriers/Issues Encountered: To prepare the requisitions well in advance.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA1.3.1 - Routinely Use Cancer Data

Activity Description: Collaborate with the Guam Cancer Registry, BRFSS, State Epidemiological Workgroup, GCCC Coalition's Data and Research Action Team (DRAT), and the NCD DRAT on a plan to routinely use cancer, NCD, and other health surveillance data.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.3.2 - Cancer Plan Prioritization and Revision

Activity Description: Present the most recent surveillance data to the Guam CCC Coalition for use in planning Cancer Plan implementation activities, to include Reports on the Economic Cost of Cancer on Guam and Cancer Survival Rates for Guam. In addition, use the most recent surveillance data as a resource to update the Guam Cancer Plan or Action Team work plans as needed.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.3.3 - Community Presentations

Activity Description: Provide a report and/or presentation of the most recent surveillance data to island leaders and/or the community to increase awareness of the burden of cancer on Guam.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.3.4 - Economic Cost of Cancer on Guam and Cancer Survival Rates on Guam

Activity Description: GCCC DRAT will work with consultants to finalize the Economic Cost of Cancer and Cancer Survival Rates on Guam projects. The goal of these projects is to obtain significant cancer data that has never been captured on Guam. The report will help the GCCC Coalition and various partners work to develop and implement cancer strategic plans based on the results.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO1.4 - Maintain the percent of collaboration & coordination between jurisdiction and regional CCC/NPCR efforts from 100% to 100% by June 2014.

Describe the objective and how it will impact the problem: Improve the quality and quantity of cancer and NCD data to be used for CCC efforts

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: The University of Hawaii John A. Burns School of Medicine (UH JABSOM) continued to facilitate the sharing of regional information and data; and provided avenues to discuss jurisdiction data and surveillance on cancer and other NCDS such as the bi-annual Cancer Council of the Pacific Islands meetings.

Describe specific partner contributions including activities that supported this progress:
None to describe

Facilitating Factors of Success: None to describe

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA1.4.1 - Sharing of Cancer and NCD- related Surveillance

Activity Description: Facilitate sharing of cancer and NCD-related surveillance information and requested baseline demographic information with the Pacific Regional CCC and PRCCR programs so that accurate reports of cancer and chronic disease burden can be generated for jurisdictions and region.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.4.2 - Jurisdiction Discussions and Reporting Requirements

Activity Description: Facilitate processes so that jurisdiction cancer registrars can meet registry reporting requirements and participate in jurisdiction discussions regarding data and surveillance of cancer and other NCD.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO1.5 - Maintain the percent of Guam CCC Coalition activities supported by Guam CCC program staff from 100% to 100% by June 2014.

Describe the objective and how it will impact the problem: Actively participate in and support Guam CCC Coalition efforts to implement the Cancer Plan.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	100

Describe Progress: GCCCP staff continues to maintain its full support to all GCCC Coalition priority strategies and activities for the first six months of program year.

Administrative and Staffing Support:

Between June to December 2013, the GCCCP Program staff participated in 34 coalition meetings of which the Steering Committee (SC) had 3, Prevention Action Team (Prevention) had 12, Screening, Early Detection, and Treatment Action Team (SEDAT) had 4, Survivorship and Quality of Life Action Team (SQOL) had 3, Policy and Advocacy (PANDA) had 6, and Data and Research Action Team (DRAT) had 6 meetings. GCCCP supported the meetings by providing administrative support to include, but not limited to, securing meeting venues; preparing meeting minutes and agendas; and other needs as appropriate and necessary. Please see complete meeting schedule in products tabs.

Annual Cancer Retreat:

The GCCC Program and Coalition implemented the Annual Cancer Retreat at the Somnak Ballroom, Westin Resort Guam on December from 8:00am to 12:00pm. The purpose for the cancer retreat was to prioritize action plans for the coming year, and as needed, re- develop the goals, objectives, and activities indicated in the 2013-2017 Guam Cancer Control Plan.

Participants were presented with the latest cancer data compiled by the CCC Data and Research Action Team Leader. Data was used to help participants identify priorities, and develop/ re-develop strategies for the upcoming year. In addition, active members were recognized by the coalition by providing each a certificate of appreciation.

GCCCP was instrumental in coordinating the event to include securing the venue, developing and finalizing the agenda, registration and follow up, and various other logistics work.

The Annual Cancer Retreat was successful with an overall evaluation rating of 4.75 out of 5. In addition, a revised Guam Cancer Control Plan 2013- 2018 was drafted based on each of the action teams' revised strategic plans. Please see evaluation results in products tabs

The following information indicates activities to ensure the Retreat was successful:

- In November 2013, GCCCP collaborated with the CCC Coalition Steering Committee members to plan and coordinate the 2013 Cancer Retreat on December 13, 2013. Some of the work tasks include:
 - o Working to secure and obtain retreat venue
 - o drafting the retreat agenda for committee review and finalization

- o drafting presentations to include committee updates
- o conducting invitation phone calls to all coalition members
- o working to develop retreat tool to include evaluation forms

• GCCCP had a meeting with the CCC Coalition Planning Committee at the UOG Dean Circle House #7 on December 5, 2013 from 3:30pm to 4:30pm. Meeting discussion was to finalize plans in the implementation of the Cancer Retreat.

• GCCCP had a CCC Coalition facilitator's meeting on December 11, 2013 from 3:00pm to 4:00pm. Meeting discussion focused on the tasks and responsibilities of Team Facilitators and support staff.

GCCC Coalition Newsletter:

Between November to December 2013, through the CCC Coalition SC members' guidance, GCCCP collaborated with all action team leaders to prepare success stories, coalition updates, partner promotion, and a coalition calendar that will be included in Volume 3 Issue 2 of the GCCC Coalition Newsletter.

GCCCP is currently assisting team leaders in drafting and/or editing success stories to promote coalition activities. The program is targeting to finalize and distribute the newsletter in January 2014

Describe specific partner contributions including activities that supported this progress:

CCC Coalition Steering Committee, Prevention, SEDAT, SQOL, PANDA and DRAT Team leaders worked to conduct monthly meetings that ensured program activities move forward; and spearheaded the revision to the Cancer Control Plan.

Facilitating Factors of Success: GCCCP enjoys great partnerships with each Coalition Teams. In addition, program staff ensures that all team needs were provided such as preparation of agendas and minutes; providing hand outs and other logistical work.

Barriers/Issues Encountered: There are several meetings that did not have quorum due to members' conflict of schedule.

Plans to Overcome Barriers/Issues Encountered: GCCCP will continue to identify meeting dates that fits members' schedules.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA1.5.1 - Administrative and Staffing Support

Activity Description: Provide administrative and staffing support at all Steering Committee meetings and at most work group meetings, as feasible.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.5.2 - Annual Cancer Retreat

Activity Description: Facilitate an annual planning retreat to provide an opportunity for Coalition members to review efforts and accomplishments, reassess plans, and prioritize strategies for the next program year.

Timeframe: First Quarter 2013 - Second Quarter 2013

Annual Activity: AA1.5.3 - Survivorship Conference and GCCC Cancer Awards

Activity Description: Collaborate with the Survivorship Action Team and members of the Steering Committee to plan and implement a conference focusing on survivorship issues to include quality of life and care. In conjunction with the conference, the GCCC Coalition will be awarding the Remi H. Pangan Spirit of Life Award and the Spirit of Collaboration Awards to nominated community members who have contributed to the fight against cancer.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.5.4 - GCCC Coalition Newsletter

Activity Description: Collaborate with the GCCC Steering Committee and all CCC Action Teams in preparing, finalizing and publishing at least 2 GCCC Newsletters to promote GCCC Coalition and its activities.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO1.6 - Increase the percent of CCC Coalition members' awareness and knowledge on Policy, Systems and Environmental change strategies and best practices from 97% to 98% by June 2014.

Describe the objective and how it will impact the problem: The objective will help increase the capacity of Coalition members, NCD Consortium members, Tobacco Workgroup members, partners and leaders to address cancers, and various NCD common risk factors through policy, systems, and environmental change strategies.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: In December 2013, GCCCP began to develop a Scope of Work to hire a consultant to conduct work for GCCC Coalition, NCD Consortium and the Guam Tobacco Prevention and Control Program (TPCP). The work will involve implementing a PSE workshop, and providing consultation services to identify and implement PSE strategies based on the current Guam Cancer Control Plan and Guam NCD Plan.

Describe specific partner contributions including activities that supported this progress: TPCP will collaborate with GCCCP to implement the project by providing funding and staff support. In addition, TPCP will work to prepare and submit the requisitions for processing.

Facilitating Factors of Success: GCCCP and TPCP staff enjoys great working relationships.

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA1.6.1 - PSE Training for GCCC Coalition

Activity Description: Provide Policy, Systems, and Environmental Change training for all Coalition members, NCD Consortium members, and partners on evidence-based policy and environmental approaches and discuss community-clinical linkages strategies and best practices.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.6.2 - Develop PSE Education Survey Tool

Activity Description: Collaborate with consultant to develop a survey tool to assess Coalition members' knowledge and awareness in PSE strategies and best practice, and if there were any changes to baseline after the survey.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.6.3 - Action Planning and Implementation

Activity Description: Work with the PSE Consultant to assist in revising, implementing PSE action plans developed through the PSE Workshop. Consultant will provide consultation hours to action teams implementing PSE strategies to ensure sustained support for the action plans.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO1.7 - Increase the number of evaluations conducted to assess the Guam CCC Coalition membership from 0 to 1 by June 2014.

Describe the objective and how it will impact the problem: The objective will assess CCC Coalition membership satisfaction, effectiveness and other benchmarks to help improve the coalition.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	0

Describe Progress: Between June and November 2013, GCCCP, CCC Coalition SC and the UH JABSOM worked to finalize the Evaluation of Guam CCC Partnership, Program and Plan Tool. The tool includes questions that assess current membership such as communication, satisfaction, etc. The tool will be used to assess Year 4 and Year 5 of the previous project period.

GCCCP expects to utilize a slightly revised tool and plan to assess the Year 1 and Year 2 of the current project period by June 2013.

Describe specific partner contributions including activities that supported this progress: The CCC Steering Committee continued to provide recommendations for changes to the draft evaluation tool which lead to a finalized draft in November 2013. In addition, the University of Hawaii JABSOM prepared the web-based tool and implemented the survey.

Facilitating Factors of Success: The CCC Steering Committee is composed of members that are knowledgeable on evaluation. In addition, UH JABSOM has been very receptive and was expedient in responding to program needs.

Barriers/Issues Encountered: The survey was conducted in December 2013 to where coalition members may not have been available due to the Holiday season. As such, there were less than 50% active members that responded to the survey.

Plans to Overcome Barriers/Issues Encountered: Extend the survey to another two weeks.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: 1.7.1 - Coalition Membership Assessment

Activity Description: Through the yearly evaluation, include work to assess current Coalition membership focusing on composition and membership satisfaction.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO1.8 - Increase the number of media plans developed and implemented by GCCC from 0 to 1 by June 2014.

Describe the objective and how it will impact the problem: The objective will develop a media plan targeting cancers to ensure quality and targeted messaging to appropriate audiences.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	1

Describe Progress: In September 2013, GCCCP Public Information Officer joined the newly formed NCD Communications Team to help integrate media efforts conducted by the program and the NCD Consortium.

Between November to December 2013, a draft GCCCP Media Plan was developed by the PIO and is currently working with the NCD communication consultants to integrate the plan in the over-all NCD Communication Plan.

Please see draft plan in product tab.

Describe specific partner contributions including activities that supported this progress: The NCD Consortium Communication Team developed a draft NCD Communication Plan that served as a template for the GCCCP Media Plan. The GCCCP Media Plan should integrate smoothly with the NCD Communication Plan

Facilitating Factors of Success: The GCCCP PIO is a member of the NCD Communication Team, and works well with its two consultants.

Barriers/Issues Encountered: Lack of funding to implement the GCCCP Media Plan

Plans to Overcome Barriers/Issues Encountered: GCCCP will continue to work with BCHS Programs to identify possible funding sources.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA1.8.1 - Development of Media Plan

Activity Description: GCCCP Public Information Officer will collaborate with Program Coordinator IV and the NCD Consortium's Communication Team to develop an integrated media plan that includes cancer prevention and control messages in the overall NCD Communication Plan.

Timeframe: Second Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.8.2 - Implement Media Plan

Activity Description: Public Information Officer, in collaboration with the Program Coordinator IV and NCD Communication Team will implement the media plan. The plan will include messaging strategies and utilization of print, television and radio media to increase awareness and knowledge on cancer prevention and control goals objectives, as available.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO1.9 - Increase the number of local health care providers or clinics implementing evidenced- based cancer screening guidelines to 9 by June 2014.

Describe the objective and how it will impact the problem: The objective aims to increase the standards of care in Guam by utilizing evidenced based screening guidelines thereby improving the quality of health services provided to patients and the community

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	6

Describe Progress: Between November and December 2013, GCCCP, in collaboration with the CCC Coalition Screening, Early Detection & Treatment Action Team (SEDAT) and the CCC Policy & Advocacy Action Team (PANDA), began to implement a priority strategy identified in the draft Cancer Control Plan. SEDAT and PANDA is collaborating to increase awareness and promote the use of the 2012 USPSTF Guidelines to local health care providers as an evidenced-

based tool to increase standards and quality of care in Guam (focusing on breast, cervical, and colorectal cancer).

As requested, GCCCP developed and implemented a distribution plan that distributed more than 75 copies of The Guide to Clinical Preventive Services 2012 (USPSTF Guidelines) to 10 targeted local health care providers and organizations: The Doctors Clinic, PMC Isla Health System, Latte Stone Cancer Care, University of Guam (Student Health Services), American Medical Center, Seventh Day Adventist Clinic, Cancer Center of Guam, FHP Medical Clinic, Bureau of Primary Care Services (DPHSS), and IHP Medical Group Clinic.

Moreover, GCCCP, in collaboration with SEDAT, developed a Survey Tool to assess the types of guidelines local health care providers are utilizing in their organization. Copies of the survey tool were distributed to all 10 providers. As of December 2013, only 7 organizations returned completed surveys from about 30 doctors. GCCCP continues to follow up with providers to obtain the survey.

From initial analysis of surveys, results indicate that:

- 93.3% of doctors who responded to the survey indicated that their facility follow breast cancer screening guidelines as recommended by USPSTF
- 93.3% of doctors who responded to the survey indicated that their facility follow cervical cancer screening guidelines as recommended by USPSTF
- 89.6% of doctors who responded to the survey indicated that their facility follow colorectal cancer screening guidelines as recommended by USPSTF
- 96.4% of doctors who responded to the survey indicated that their facility screen for tobacco use
- 100% of doctors who responded to the survey indicated that their facility refer patients (smokers) to Tobacco Cessation Programs
- 83.3% doctors who responded to the survey indicated that their facility offer HPV Immunization to patients.

In addition, GCCCP collaborated with the Guam Tobacco and Prevention Control Program (TPCP) to promote the 1-800-QUIT-NOW program during the implementation of the distribution plan.

The following information describes the activities to support the objective:

- GCCCP assisted SEDAT in developing the USPSTF Awareness PowerPoint Presentation for use in all awareness campaign strategies.
- SEDAT chairperson conducted a presentation promoting the use of the USPTF guidelines to FHP Clinic personnel.
- SEDAT chairperson conducted a presentation promoting the use of the USPTF guidelines during the Guam Medical Society's membership meeting held at the Fiesta Resort Guam on November 7, 2013 at 6:00pm. More than 50 health care clinicians and staff were present during the meeting.
- SEDAT chairperson conducted a presentation promoting the use of the 2012 USPSTF Guidelines to the Bureau of Primary Care Services held at the Northern Regional Community Health Center on December 6, 2013 from 1:00pm to 2:00pm. More than 50 nurses and health care providers attended the presentation.

Please see Survey Form, Results and Distribution Plan Report attached in the products tab.

Describe specific partner contributions including activities that supported this progress: The CCC SEDAT Team Leader worked with GMS and FHP Clinic to secure dates for the presentation. The Team Leader also worked with GCCCP to identify the top clinics to target; and develop and finalize the SEDAT Screening Guidelines Survey. In addition, Guam Cancer Care provided various cancer prevention materials to the clinics, in conjunction with the implementation of activities.

Facilitating Factors of Success: GCCCP enjoys great working relationships with CCC SEDAT and Guam Cancer Care.

Barriers/Issues Encountered: GCCCP is finding it difficult to retrieve the survey forms from doctors of participating clinics. As of December 2013, 7 out of the 9 clinics returned the survey with about 30 doctors completing the survey. There were also several doctors who refused to complete the survey.

Plans to Overcome Barriers/Issues Encountered: GCCCP will continue to conduct follow up phone calls, and work with the respective clinic managers to obtain the surveys.

Unanticipated Outcomes Resulting from the Objective: TPCP was able to include tobacco-specific questions that assessed if the clinics conduct tobacco use screenings, and provide tobacco cessation programs.

Annual Activity: AA1.9.1 - Distribution and Awareness Plan

Activity Description: The GCCC Coalition's Screening, Early Detection and Treatment Action Team (SEDAT) will develop and implement a distribution and awareness plan to promote the use of the 2012 US Preventive Services Task Force Guidelines, particularly focusing on breast, cervical and colorectal cancer screenings. Copies of the guidelines will be provided to all applicable health care providers. In addition, presentations to appropriate health organizations will be conducted.

Timeframe: Second Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA1.9.2 - Guidelines Survey

Activity Description: SEDAT will conduct a survey to all applicable health care providers and organizations to find out current cancer guidelines being utilized in their particular clinics or organization, tobacco prevention strategies, and availability of HPV immunization services.

Timeframe: Second Quarter 2013 - Fourth Quarter 2013

Project Period Objective: PPO02 (RA5) - Decrease the percent of children and adolescents who self identify as slightly or very overweight from 27% to 22% by June 2017.

Describe the objective and how it will impact the problem: Decrease the percentage of overweight youth on Guam

Annual Objective: AO2.1 - Increase the number of collaborative activities that are linked to an existing chronic disease plan targeting youth from 2 to 3 by June 2014.

Describe the objective and how it will impact the problem: Collaborating with partners such as the NCD Consortium's Physical Activity Group to implement strategies targeting the youth to increase awareness of the importance of nutrition and physical activities for the prevention of cancer and other NCDs

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	3

Describe Progress: The CCC Prevention Action Team and NCD Consortium Physical Activity Group have integrated its work to target children by focusing on increasing physical activity to

prevent childhood obesity.

As the Guam NCD Plan 2011-2013 ended in June, an updated Guam NCD Plan 2014- 2018 was created and launched in December 2013. The Prevention Team and Physical Activity Group finalized the NCD Physical Activity Strategic Plan 2014- 2018. There are four main objectives in the plan targeting elementary school, middle school, and high school students; and government of Guam employees. Strategies are grouped into three priority areas and are called: 1) Let's Move Initiatives, 2) DOE Wellness Initiatives, and 3) Worksite Wellness.

The Prevention Team and the Physical Activity group will be integrating its efforts on the Let's Move Initiatives and DOE Wellness Initiatives, reflecting these collaborative efforts in the updated Guam Cancer Control Plan 2013- 2017.

The Let's Move Initiatives strategies and activities include, but not limited to, the Safe Paths to School project; Neighborhood Park Revitalization (including supporting built environment projects); and addressing bicycle initiatives (bicycle lanes, routes and paths).

The DOE Wellness Initiatives are composed of two main strategies: 1) targeting physical activity in high school students, and 2) targeting physical activity in elementary and middle school students. Activities that are planned to address these objectives include:

- Through policy revisions, work to improve physical education activities in schools such as ensuring that students meet the current recommendations found in the US Physical Activity Guidelines for Americans
- Revisit current policies on high school, elementary school and middle school PE requirements to ensure that students are getting recommended levels of physical activity; and are provided quality PE programs
- Develop, implement and sustain mechanisms that ensure DOE Schools are given incentives/ rewards for meeting physical activity standards and requirements based on federal guidelines; and the development of healthier school environments through the promotion of nutrition and physical activities (Healthier US School Challenge)
- Improve After School Program activities by working with various organizations from private, non for profit and public to develop, implement and evaluate health programs and activities
- Continue to support for the development of NCD Curriculums such as heart disease and stroke, diabetes and asthma; and continue to implement the Cancer Prevention Curriculum (Cure4Kids for Kids Program).

Between November and December 2013, the Prevention Team and the Physical Activity group have started to implement the strategic plan. The following information indicates work that has been done:

- GCCCP had a meeting with the Department of Parks and Recreation (DPR) staff on November 6, 2013 from 10:00am to 11:00am. Meeting discussions include, but not limited to, the proposed 5-station exercise course that will be built at the Northern Sports Complex facility, in Harmon; and use of the riding mower to maintain parks and recreation facility.
- GCCCP attended the Guam Department of Education (DOE) Local School Wellness Policy Review meeting at the Okkudo High School on December 18, 2013 from 3:00pm to 5:00pm. The purpose of the meeting was to strategize on how to update DOE's Local School Wellness Policy to reflect current standards including improving physical activity and education in schools; and possible creation of work groups that could lead to the formation of an advisory council on physical activity and nutrition.

Tasks during the meeting included reviewing policies on nutrition and physical activity that existed in DOE schools but has not been enforced; school based activities to promote student wellness; and nutrition guidelines on school that are available.

- In December 2013, GCCCP collaborated with the Prevention Team and the Physical Activity Group leaders to develop prepare and finalize a Scope of Work that will contract a local non-profit organization to introduce softball/ baseball workshops in at least two public elementary schools. The objective of the workshop is 1) to improve activities implemented in Afterschool Programs, 2) provide school children with avenues to participate in structured fitness and wellness activities.

Moreover, the Tobacco Prevention and Control Program partnered with the team to enhance the implementation of the workshop.

- In December 2013, GCCCP worked with the i-Bike organization to obtain price quotations for the creation of bike signs that will be installed along identified bike routes in Guam. Documentations have been submitted and processed.

Describe specific partner contributions including activities that supported this progress: The CCC Prevention Action Team and NCD Physical Activity Group members worked to finalize the NCD Physical Activity Strategic Plan. Moreover, The Department of Education (DOE) has spearheaded efforts to establishing workgroups that would update the current School Wellness Policy; DOE and the Get Healthy Guam Coalition assisted in the development and finalization of the Baseball Workshop Afterschool Program Scope of Work; Department of Parks and Recreation worked to ensure the establishment of a 5 course exercise station in a local sports complex; and i-Bike worked to obtain price quotations to create bike signs that will be installed around Guam via identified biking routes.

The Coordinated Chronic Disease Prevention and Health Promotion Program and the Tobacco Prevention and Control Program provided funding to implement selected activities from the plan.

Is this objective related to a PSE Change? Yes

Status: Planning

Title: DOE School Wellness Policy and Healthier US School Challenge

Estimated number of people reached: 31593

Data Source: Guam Department of Education

Most recent data set year: 2013

Facilitating Factors of Success: GCCCP staff works excellently with members and leadership of the NCD Physical Activity Group and CCC Prevention Action Team.

Barriers/Issues Encountered: Lack of funding to implement all priority activities and strategies

Plans to Overcome Barriers/Issues Encountered: Work with BCHS and other funding agencies such as WHO to secure funding for the implementation of identified priority strategies and activities.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA2.1.1 - Let's Move Initiatives

Activity Description: GCCCP staff will provide support to the NCD Consortium's Physical Activity Group and GCCC Coalition's Prevention Action Team to develop, plan and implement the NCD Physical Activity Action Plan's Let's Move Initiatives to include Safe Paths to School; Disc Golf Clinics; Spay and Neuter Program; Neighborhood Park Revitalization; and the Bicycle Lanes, Routes and Paths initiatives. The Let's Move Initiatives is one of four major strategies under the Guam NCD Plan (2014- 2018): Physical Activity Action Plan.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA2.1.2 - DOE Wellness Initiatives: Afterschool Program

Activity Description: GCCCP staff will provide support to the NCD Consortium's Physical Activity Action Team and GCCC Coalition's Prevention Action Team to implement the DOE Wellness Initiatives to include, but not limited to, improving Department of Education (DOE) After School Program activities by working with various organizations from private, non for profit and public to develop, implement and evaluate health programs and activities. The DOE Wellness Initiative is one of four major strategies under the Guam NCD Plan (2014- 2018): Physical Activity Action Plan that is composed of several strategies targeting elementary, middle school, and high school students.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA2.1.3 - DOE Wellness Initiatives: DOE Wellness Policy

Activity Description: GCCCP staff will provide support to the NCD Consortium's Physical Activity Action Team and GCCC Coalition's Prevention Action Team to collaborate with DOE staff to help develop and finalize an updated DOE Wellness Policy on Nutrition Physical Activity, and Body Mass Index. Updates will include current evidenced- based policies and strategies such as requiring children to have at least 60 minutes of physical activity per day in the school settings

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Project Period Objective: PP003(RA5) - Increase the percent of women aged 18 and over who had their Pap Test within the past three years from 63.50% to 68.50% by June 2017.

Describe the objective and how it will impact the problem: Collaborate with the Guam Breast & Cervical Cancer Early Detection Program (GBCCEDP) on public awareness and education activities. Support the GBCCEDP in their efforts to promote and educate women who do not have access to healthcare regarding the importance of annual pap smears and pelvic exams.

Annual Objective: AO3.1 - Increase the percent of women who are aware of the benefits of pap tests to 50% by June 2014.

Describe the objective and how it will impact the problem: Decrease barriers for women to undergo pap test by increasing efforts to conduct education and awareness efforts regarding cervical cancers; enhance understanding on screening procedures; and prevention of HPV infection.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: Between June to December 2013, GCCCP collaborated with various partners to participate in 7 health outreach programs. These outreach and health fair activities provided an avenue for GCCCP to promote breast, cervical and colon cancer screenings to the community, including awareness on cancer prevention and control. More than 180 community members, and more than 800 materials were distributed during the activities.

The following information provides details of the outreach:

- GCCCP in collaboration with Guam Breast and Cervical Cancer participated in the Working Parents' Month Health Fair held at the Micronesia Mall on August 11, 2013 from 10:00am-3:00pm. A total of 27 participants were educated on cancers while distributing more than a hundred education materials on cancer prevention and control.
- GCCCP, in collaboration with the GBCCEDP and GTPCP, participated in the 2013 Healthy Lifestyles for Healthy Generations facilitated by Lifestyle Disease Prevention and Control Program at the Micronesia Mall on September 7, 2013 from 9:00am to 2:00pm. A total of 35 participants were educated on cancers while distributing more than 170 education materials on cancer prevention and control.
- GCCCP, in collaboration with the GBCCEDP and GTPCP, participated in the Yigo Extended Outreach Clinic at the Yigo Gym on September 7, 2013. A total of 38 participants were educated on cancers while distributing 170 education materials on cancer prevention and control.
- GCCCP participated in the 2013 Legislature Health and Wellness Fair at the Guam Legislature on September 19, 2013 from 9:00am to 12:00pm. A total of 31 participants were educated on cancers while distributing more than 111 education materials on cancer prevention.
- GCCCP had a table display at the Guam Medical Association's Health Care Innovations Conference at the Hyatt Regency Guam on October 4, 2013 from 7:00pm to 9:00pm. More than 55 education materials were distributed on cancer prevention and control.
- GCCCP participated in the United Family Medical Center Health and Wellness Fair at the United Airlines Office on October 22, 2013 from 9:00am to 1:00pm. The purpose of this health fair was to encourage employees to live healthy and increase awareness on the fitness programs available in local companies. A total of 25 participants were educated on cancers while distributing more than 110 education materials on cancer prevention and control.
- GCCCP participated in the Extended Outreach Clinic sponsored by the DPHSS' Bureau of Primary Care Services at the Astumbo Gym on November 9, 2013 from 9:00am to 11:00am. The purpose of the outreach clinic was to provide health care services to those people without medical insurance. A total of 23 participants were educated on cancers while distributing more than 88 education materials on cancer prevention and control.

Education Support:

GCCCP also provided education materials to support various partners in their education efforts in the community. Some of the efforts are described:

- GCCCP provided various cancer prevention materials to include 50 each of the Breast Cancer, Colon Cancer, HPV Vaccine, Pap Tests brochures, and Creating Personal Eating & Exercise Plans handbooks for the upcoming Be Smart, Be Fit 2/5k walk/run on September 28, 2013 at the Chamorro Village beginning at 6:00am. The event is hosted by the Guam Department of Education.
- GCCCP provided cancer prevention materials to include 50 each of the Mammography, Breast cancer, Colon brochures, and GCCCP Fact Sheets for 2013 Primera Wellness Fair sponsored by First Hawaiian Bank at the Agana Shopping Center on October 26, 2013. GBCCEDP provided educational materials on Pap Test and HPV Immunizations.

Cervical Cancer Experts Panel Meeting:

GCCCP collaborated with the GBCCEDP and UH JABSOM to develop and finalize the Guam Cervical Cancer Screening Presentation which was presented during the Cervical Cancer Experts Panel Meeting in Washington, DC on September 9- 11, 2013. GCCCP and GBCCEDP also worked to answer guide questions provided to assist in helping provide Guam's context. The experts panel meeting provided an opportunity for Guam to present on current populations; successes and challenges regarding cervical cancer screenings and treatment capacities; and needs of the territories and jurisdictions. Please see attached presentation in handout form at the products tab.

Describe specific partner contributions including activities that supported this progress:

Various community partners coordinated their particular outreach activities as indicated above. In addition, BCHS staff that coordinates participation of all bureau programs to outreaches and activities.

GBCCEDP and UH JABSOM researched and provided existing data to create a presentation describing and providing context to Guam's experience regarding cervical cancer.

Is this objective related to a PSE Change? No

Status:

Title:

Estimated number of people reached:

Data Source:

Most recent data set year:

Facilitating Factors of Success: Good working relationship with all the various partners that continue to invite the program in events and activities. Great working relationship between GBCCEDP and UH JABSOM.

Barriers/Issues Encountered: Due to conflict of schedule, BCHS Administrator was unable to participate in the Cervical Cancer Experts Panel meeting.

Plans to Overcome Barriers/Issues Encountered: GCCCP Coordinator was assigned to participate in the Cervical Cancer Experts Panel meeting, to include conducting the Guam presentation.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA3.1.1 - Targeted Recruitment for Cervical Cancer Screening Services

Activity Description: Collaborate with GBCCEDP on their efforts to conduct targeted recruitment of eligible women into their program.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA3.1.2 - Public Awareness and Education for Cervical Cancer

Activity Description: Collaborate and integrate with GBCCEDP and partners to conduct public education and awareness activities on the importance of cervical cancer screening.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA3.1.3 - Implement Pap Test Education Survey Tool

Activity Description: Implement a survey tool to assess knowledge and awareness of participants that are seeking information regarding Pap Smear testing, to determine levels before and after program education efforts.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA3.1.4 - HPV Awareness Activity

Activity Description: Implement at least one HPV awareness activity which may target youth, parents, women, health disparate populations, and/or the general public.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Project Period Objective: PPO04 (RA5) - Increase the percent of adults age 50+ who have ever had a sigmoidoscopy or colonoscopy from 42.60% to 47.60% by June 2017.

Describe the objective and how it will impact the problem: Increase colorectal cancer screening rates.

Annual Objective: AO4.1 - Increase the percent of adults who are aware of the benefits of sigmoidoscopy or colonoscopy to 50% by June 2014.

Describe the objective and how it will impact the problem: Conduct activities to increase the number of standardized screening guidelines implemented in healthcare institutions on Guam. (Advocate that all hospitals and clinics use standardized minimum screening guidelines)

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: Between June to December 2013, GCCCP collaborated with various partners to participate in 7 health outreach programs. These outreach and health fair activities provided an avenue for GCCCP to promote breast, cervical and colon cancer screenings to the community, including awareness on cancer prevention and control. More than 180 community members, and more than 800 materials were distributed during the activities.

The following information provides details of the outreach:

- GCCCP in collaboration with Guam Breast and Cervical Cancer participated in the Working Parents' Month Health Fair held at the Micronesia Mall on August 11, 2013 from 10:00am-3:00pm. A total of 27 participants were educated on cancers while distributing more than a hundred education materials on cancer prevention and control.
- GCCCP, in collaboration with the GBCCEDP and GTPCP, participated in the 2013 Healthy Lifestyles for Healthy Generations facilitated by Lifestyle Disease Prevention and Control Program at the Micronesia Mall on September 7, 2013 from 9:00am to 2:00pm. A total of 35 participants were educated on cancers while distributing more than 170 education materials on cancer prevention and control.
- GCCCP, in collaboration with the GBCCEDP and GTPCP, participated in the Yigo Extended Outreach Clinic at the Yigo Gym on September 7, 2013. A total of 38 participants were educated on cancers while distributing 170 education materials on cancer prevention and control.
- GCCCP participated in the 2013 Legislature Health and Wellness Fair at the Guam Legislature on September 19, 2013 from 9:00am to 12:00pm. A total of 31 participants were educated on cancers while distributing more than 111 education materials on cancer prevention.
- GCCCP had a table display at the Guam Medical Association's Health Care Innovations Conference at the Hyatt Regency Guam on October 4, 2013 from 7:00pm to 9:00pm. More than 55 education materials were distributed on cancer prevention and control.
- GCCCP participated in the United Family Medical Center Health and Wellness Fair at the United Airlines Office on October 22, 2013 from 9:00am to 1:00pm. The purpose of this health fair was to encourage employees to live healthy and increase awareness on the fitness programs available in local companies. A total of 25 participants were educated on cancers while distributing more than 110 education materials on cancer prevention and control.
- GCCCP participated in the Extended Outreach Clinic sponsored by the DPHSS' Bureau of Primary Care Services at the Astumbo Gym on November 9, 2013 from 9:00am to 11:00am. The purpose of the outreach clinic was to provide health care services to those people without medical insurance. A total of 23 participants were educated on cancers while distributing more than 88 education materials on cancer prevention and control.

Education Support:

GCCCCP also provided education materials to support various partners in their education efforts in the community.

- GCCCCP provided more than 50 educational materials on Colon Cancer (English and Tagalog versions) brochures to support the Guam Memorial Hospital's health screening event held on August 16, 2013,
- GCCCCP provided various cancer prevention materials to include 50 each of the Breast Cancer, Colon Cancer, HPV Vaccine, Pap Tests brochures, and Creating Personal Eating & Exercise Plans handbooks for the upcoming Be Smart, Be Fit 2/5k walk/run on September 28, 2013 at the Chamorro Village beginning at 6:00am. The event is hosted by the Guam Department of Education.
- GCCCCP provided more than 50 educational materials on Mammography, Breast Cancer, Colon Cancer brochures (English and Tagalog versions), GCCCCP Fact Sheets and Newsletter for the upcoming 2nd Let's Talk Medical Forum Focus on Dermatological Diseases at the Guam Plaza Hotel on October 5, 2013. GBCCEDP provided educational materials on Pap Test and HPV Immunizations.
- GCCCCP provided cancer prevention materials to include 50 each of the Mammography, Breast cancer, Colon brochures, and GCCCCP Fact Sheets for 2013 Primera Wellness Fair sponsored by First Hawaiian Bank at the Agana Shopping Center on October 26, 2013. GBCCEDP provided educational materials on Pap Test and HPV Immunizations.

Describe specific partner contributions including activities that supported this progress:

Various community partners coordinated their particular outreach activities as indicated above. In addition, BCHS staff that coordinates participation of all bureau programs to outreaches and activities.

Is this objective related to a PSE Change? No

Status:

Title:

Estimated number of people reached:

Data Source:

Most recent data set year:

Facilitating Factors of Success: Good working relationship with all the various partners that continue to invite the program in events and activities.

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA4.1.1 - Colon Cancer Awareness Activities

Activity Description: Collaborate with partners to provide public education and awareness activities during health fairs, extended community clinics, conferences, and other applicable activities.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA4.1.2 - Implement Colorectal Cancer Education Survey Tool

Activity Description: Implement a survey tool to assess knowledge and awareness of participants that are seeking information regarding Colonoscopy/ Sigmoidoscopy, to determine levels before and after program education efforts

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Project Period Objective: PPO05 (RA5) - Increase the percent of women who had their Mammogram done from 64.40% to 69.40% by June 2017.

Describe the objective and how it will impact the problem: Increase screening for breast cancer on Guam. Increase mammogram from 64% to 69% (5% increase).

Annual Objective: AOS.1 - Increase the percent of adult women who are aware of the benefits of mammogram to 50% by June 2014.

Describe the objective and how it will impact the problem: Collaborate with the Guam Breast & Cervical Cancer Early Detection Program (GBCCEDP) on public awareness and education activities. Support the GBCCEDP in their efforts to promote and educate women who do not have access to healthcare regarding the importance of mammography and having themselves checked for breast cancer.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: Between June to December 2013, GCCCP collaborated with various partners to participate in 7 health outreach programs. These outreach and health fair activities provided an avenue for GCCCP to promote breast, cervical and colon cancer screenings to the community. More than 180 people and more than 800 materials were distributed during the activities.

Breast Cancer Awareness Month Activities:

GCCCP collaborated with Coalition members and partners to celebrate Breast Cancer Awareness Month in October 2013. The information below indicates work that has been done to support the campaign:

BCAM Activities

- GCCCP provided more than 50 educational materials on Mammography, Breast Cancer, and Colon Cancer (English and Tagalog versions) during Breast Cancer Awareness Zumbathon "Save the Susu's" at the UOG Field House on October 4, 2013 from 6:00pm- 8:00pm. The event was part of a collaborative effort to celebrate BCAM.
- GCCCP participated in the island-wide Get Your Pink On and Join The Fight Wave, in partnership with the Guam Cancer Care at the ITC Intersection on October 4, 2013 from 4:00pm to 6:00pm. The wave was in celebration of the BCAM.
- GCCCP participated in the 12th Annual Strides for the Cure 2k/5k Run/Walk at the Outrigger Guam Resort on October 5, 2013 beginning 6:00am. The funds that were raised for this event will support the Kids for the Cure Program, a cancer prevention curriculum. This was also in celebration of the Breast and Cancer Awareness Month. In addition, the purpose of this run was to increase community awareness to people childhood obesity. Thousands of participants had joined the run/walk. It was spearheaded by the Strides for the Cure Inc. Various community partners supported this event to include the Guam Cancer Care, United Airlines, Docomo Pacific, and many more.
- GCCCP, in collaboration with the GBCCEDP, participated in the Get Your Pink On and Join The Fight Health Fair sponsored by the Guam Cancer Care at the Micronesia Mall on October 12, 2013 at 10:00am. The purpose of this event was to increase breast cancer awareness and address the importance of getting screened. A total of 67 participants were educated on cancers while distributing more than 264 education materials on cancer prevention and control. More than 65 GCCCP Newsletter were distributed.

Throughout the health fair, breast risk assessment and health screenings to include blood pressure and sugar screening were conducted by the IHP Clinic, FHP Clinic, and Department of Veterans Affairs. Guam Regional Medical City, in partnership with the GBCCEDP and GCCCP, promoted its special program for all qualified women. The program will provide \$25 gas coupons to women

who will have their initial mammogram screenings by December 2013. The program aims to encourage more women to get their breast cancer screenings.

- GCCCP attended A Healthy Start through Cooking Smart sponsored by the American Cancer Society at the University of Guam Agriculture Building on October 26, 2013 from 10:00am to 12:30pm. The cooking class was part of the Breast Cancer Awareness Month activities which is in collaboration with the University of Guam Cooperative Extension Service Expanded Food and Nutrition Program. Participants learned to prepare healthy recipes; the importance of portion control; eating local food, eating more fruits and vegetables, and whole grain products.
- GCCCP participated in the Nutrition Workshop at the Marianas Physicians Group education room on October 23, 2013 from 5:30pm to 7:00pm. The event was sponsored by the American Cancer Society in celebration of the Breast Cancer Awareness Month. Anna Ainbinder, Registered Nurse and Nutritionist at the Marianas Physicians Group facilitated the workshop. She discussed the importance of reading food labels and following the servings indicated in the label. Participants learned skills in preparing and eating the right kind of food, purchasing raw ingredients, and cooking at home are the best recipe to live a healthy lifestyle.

Describe specific partner contributions including activities that supported this progress:

GBCCEDP spearheaded the coordination of the BCAM Proclamation signing. Guam Cancer Care spearheaded the coordination of the Wave event and Breast Awareness Health Fair. The American Cancer Society spearheaded the coordination of nutrition classes/ cooking classes. Guam Cancer Care and Strides for the Cure spearheaded the 5K Run Event.

Is this objective related to a PSE Change? No

Status:

Title:

Estimated number of people reached:

Data Source:

Most recent data set year:

Facilitating Factors of Success: Celebrating Breast Cancer Awareness Month has grown in popularity over the years. The development, planning and implementation of activities to celebrate the month have been established annually with partners such as Guam Cancer Care, ACS and GBCCEDP.

Barriers/Issues Encountered: Lack of manpower to participate in all activities, including back to back and weekend activities.

Plans to Overcome Barriers/Issues Encountered: BCHS will continue to identify appropriate staff to participate in outreaches and various activities.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA5.1.1 - Targeted Recruitment for Services

Activity Description: Collaborate with the GBCCEDP on their efforts to conduct targeted recruitment of eligible women into their program.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA5.1.2 - Public Awareness and Education for Breast Cancer

Activity Description: Collaborate and integrate with the GBCCEDP to conduct public education and awareness activities on the importance of breast cancer screenings during activities such as the Breast Cancer Awareness Month Campaign, expanded community clinics, and health fairs.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA5.1.3 - Implement Breast Cancer Education Survey Tool

Activity Description: Implement a survey tool to assess knowledge and awareness of participants that are seeking information regarding Mammogram, to determine knowledge and awareness levels before and after program education efforts.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Project Period Objective: PPO06 (RA5) - Decrease the percent of adults who are current smokers from 30.50% to 25.50% by June 2017.

Describe the objective and how it will impact the problem: The objective aims to decrease incidence of lung cancers in Guam by targeting those that use tobacco products

Annual Objective: AO6.1 - Decrease the percent of adults who are current smokers from from 30.50% to 29.50% by June 2014.

Describe the objective and how it will impact the problem: The leading cause of lung cancer in the community is exposure to first and second had smoking. Discourgaing the use of tobacco products and decreasing smoking rates, lowers the risk for developing lung cancers.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	26

Describe Progress: Between June and December 2013, GCCCP and TPCP collaborated on several activities to support various tobacco prevention and control activities. The following collaborative activities are shown below:

- TPCPC worked with GCCCP to integrate two tobacco- related questions to the SEDAT Screening Guidelines Survey that was implemented in November 2013. Questions assessed whether their organization screens patients for tobacco use, and whether they refer patients to tobacco cessation programs.
- GCCCP worked with TPCP to implement 6 presentations to 5 local schools.
- TPCP is collaborating with GCCCP to implement the Policy, Systems, and Environment Workshop to strengthen work on tobacco polices, anti- cancer and NCD initiatives
- TPCPC is working with GCCCP to integrate tobacco prevention messages and education to its Afterschool softball/ baseball workshops, a strategy developed by the NCD Physical Activity Group/ CCC Prevention Action Team.

Letter of Support: Bill 206

In December 2013, as requested by the CCC SC and PANDA, GCCCP prepared and submitted the Coalition's Letter of Support to Bill 206 (An act to amend subsection (C) of §26603, of Article 6, Chapter 26, of Title 11, Guam Code Annotated, relative to establishing tax parity between cigarettes and chewing tobacco) that increases taxes of smokeless tobacco. The bill will establish tax parity between the two products by increasing the tax of smokeless tobacco from \$14 to \$40 per pound. The coalition believes that by supporting the bill, it will curtail the increasing use of these products and prevent new cancer cases in the future. Please see LOS: Bill 206 on products tab

The public hearing for the bill was held on December 13, 2013 at the Guam Legislature. Members of the coalition to include the CCC SC Chair, American Cancer Society and Health Partners LLC attended the hearing.

Tobacco Tax Information

Between June and August 2013, GCCCP worked to finalize and submit a Coalition letter addressed to the Director of the Department of Revenue and Taxation (DRT), Senator Benjamin Cruz, and Senator Dennis Rodriguez, requesting to obtain information regarding revenues generated from cigarette taxes from April 2008 to the present. The objective is to determine the effectiveness of PL30-80 (Tobacco Tax Increase) by looking at the data trends.

In November 2013, through several e-mail follow ups, the Coalition received the information from DRT. More refined data was later provided by Senator Cruz's office showing the effects of PL 30-80.

From the information obtained, cigarette taxes made up 92.75% of the total revenue generated while other tobacco products increased to 7.12% in 2012. This is in contrast to 2008 where cigarette taxes made up 96.25% and other tobacco products made up 1.62% of the total tax revenue. From this initial analysis, we can infer that there has been a significant decrease in people purchasing cigarettes. However, it is also clear that more people are purchasing other tobacco products other than cigarettes.

The Coalition aims to share this information once they have discussed the information and data in full. Please see information on products tab.

Describe specific partner contributions including activities that supported this progress:

CCC Steering Committee chair requested the program to prepare a letter of support for the coalition, and a "basic template" that can be used by all coalition members. Information sources were also provided.

PANDA Team Leader drafted and finalized a letter requesting for information regarding taxes that were collected. CCC Steering Committee chair followed up the request from DRT and Senator Cruz.

Is this objective related to a PSE Change? No

Status:

Title:

Estimated number of people reached:

Data Source:

Most recent data set year:

Facilitating Factors of Success: PANDA Team Leader is highly informed about current events in the Guam Legislature, and work well with several local senators.

Barriers/Issues Encountered: It took several weeks for DRT to respond to the request.

Plans to Overcome Barriers/Issues Encountered: CCC SC Chairperson continues to follow up to obtain the information.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA6.1.1 - Continue to Support TPCP Activities

Activity Description: GCCCP will continue to participate and support Tobacco Prevention and Control Program activities to include Kick Butt's Day; Great American Smoke Out; Brief Tobacco Intervention trainings and other activities to increase awareness tobacco prevention and control.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA6.1.2 - Letters of Support

Activity Description: Continue to work with the CCC Coalition to provide technical assistance in developing, finalizing and submitting Letters of Support and other support measures for legislative bills targeting tobacco use or other similar products.

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA6.1.3 - Tobacco Tax Information

Activity Description: The GCCC Policy and Advocacy Action Team, partners, and stakeholders will obtain information from appropriate authorities regarding tax collected related to the tobacco tax increase in 2009. The report will help strategize and prioritize appropriate GCCC action steps based on the data provided

Timeframe: First Quarter 2013 - Second Quarter 2013

Project Period Objective: PPO07 (RA5) - Increase the percent of cancer patients stating that their pain is currently under control to 70% by June 2017.

Describe the objective and how it will impact the problem: The objective will increase awareness and educate community members and leaders; health care providers and organizations; and others on the impacts of cancers on patients and their families, and possible steps to improve health care delivery and outcomes. In addition, the objective will educate the community, including care givers, and cancer patients or survivors about hospice and pain management

Annual Objective: AO7.1 - Increase the number of health care workers trained on the Palliative Care Curriculum that has been adapted for Guam from 0 to 10 by June 2014.

Describe the objective and how it will impact the problem: Identify holistic approaches for pain management (and hospice education) on Guam. Assess what, if any, alternative medicines (and hospice services) are available in Guam for pain management (and end-of-life care). Disseminate information regarding available holistic approaches for pain management available in Guam

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: The Coalition continues to support the Guam Community College in their efforts to formally incorporate the 8-module Palliative Care Curriculum into their Allied Health program. Additionally, Coalition members are working to develop a marketing strategy to offer the curriculum community-wide. While these efforts have been led by the Coalition's Survivorship and Quality of Life Action Team (SQOL) over the past few years, at the last planning retreat, action team members refrained from including it in their work plan. The action team believes that palliative care is much broader than just survivorship and quality of life and is a broad enough issue to deserve support of the entire Coalition. Coalition Steering Committee members have a special meeting scheduled to address this specific recommendation.

Describe specific partner contributions including activities that supported this progress: CCC SQOL members such as American Cancer Society has taken lead in moving this priority strategy forward by determining action steps for this activity

Is this objective related to a PSE Change? No

Status:

Title:

Estimated number of people reached:

Data Source:

Most recent data set year:

Facilitating Factors of Success: GCCCP continues to support SQOL and its identified strategies.

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA7.1.1 - Implementing the Palliative Care Curriculum

Activity Description: Collaborate with the Survivorship Action Team and partners to conduct the Palliative Care Curriculum to health care workers in at least 1 health care facility in Guam

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA7.1.2 - Implement an Evaluation Plan

Activity Description: Collaborate with the CCC Survivorship Action Team and partners to implement a plan to evaluate the Palliative Care Curriculum

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO7.2 - Increase the number of cancer advocacy tools utilized by the coalition from 0 to 1 by June 2014.

Describe the objective and how it will impact the problem: The objective of the project is to increase awareness and educate community members and leaders; health care providers and organizations; and others on the impacts of cancers on patients and their families, and possible steps to improve health care delivery and outcomes such as improving pain management.

Progress Period: First 6 Months	Objective's Target Met: Ongoing	Current Measurement: Unknown at this time
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Describe Progress: GCCCP committed program carryover funding to begin work for the Guam Hope project. CCC SQOL will begin to develop a plan to implement the Hope project and come up with three possible products: book, video, website. In addition, SQOL members have tapped funding commitments from a local business person who suggested including cancer screening messages and education to the project; balancing the messages with the struggles of cancer and having hope; and providing prevention messages and current data.

Describe specific partner contributions including activities that supported this progress: CCC SQOL members has taken lead in moving this priority strategy forward by determining action steps for this activity, and identifying local resources to help fund the project.

Is this objective related to a PSE Change? No

Status:

Title:

Estimated number of people reached:

Data Source:

Most recent data set year:

Facilitating Factors of Success: GCCCP continues to support SQOL and its identified strategies.

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA7.2.1 - Guam's Hope Project

Activity Description: The GCCC Coalition's Survivorship Action Team and partners will begin to develop a plan to implement Guam's Hope Project. The objective of the project is to increase awareness and educate community members and leaders; health care providers and organizations; and others on the impacts of cancers on patients and their families, and possible steps to improve health care delivery and outcomes such as improving pain management.

Timeframe: Second Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO7.3 - Increase the number of BRFSS cancer survivor- specific state added question from 0 to 2 by June 2014.

Describe the objective and how it will impact the problem: Establish a baseline to determine impact of activities addressing the PPO.

Progress Period: First 6 Months	Objective's Target Met: Ongoing	Current Measurement: Unknown at this time
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Describe Progress: GCCCP worked with the BRFSS Coordinator to identify BRFSS specific questions on cancer survivorship that assesses for pain management and/or control. The coordinator found two questions that could be included as a state added question: 1) Do you currently have physical pain caused by your cancer or cancer treatment?, and 2) Is your pain under control?

GCCCP plans to work with the BRFSS Coordinator to include state added questions in the 2015 BRFSS Survey to establish a baseline for the Project Period Objective.

Describe specific partner contributions including activities that supported this progress: BRFSS Coordinator assisted in identifying possible BRFSS state added questions.

Facilitating Factors of Success: GCCCP works well with the BRFSS Coordinator.

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA7.3.1 - BRFSS State-Added Question

Activity Description: GCCCP Program Coordinator will work with BRFSS Coordinator to identify cancer survivors' specific questions regarding palliative care measures

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Project Period Objective: PPO8 (RA5) - Maintain the percent of participation in regional efforts which serve to augment the jurisdiction CCC plans and/or capacity to implement and evaluate CCC and collaborative NCD plans from 100% to 100% by June 2017.

Describe the objective and how it will impact the problem: Support implementation of the 2012-2017 Pacific Regional CCC Plan (PRCCC), which is overseen by the Cancer Council of the Pacific Islands (CCPI) and administered by the Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii (UH).

Annual Objective: AO8.1 - Increase the number of completed USAPI regional assessment tools from 0 to 5 by June 2014.

Describe the objective and how it will impact the problem: Participate in the development and collaborative implementation of region-wide assessments of screening indicators, treatment options, palliative care and patient navigation curriculum and CCC evaluation; Work with Regional CCC program to design and complete assessments

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: Develop and Implement Assessments:

Draft completed during the October 2013 Cancer Council of the Pacific Islands (CCPI) meeting. The abbreviated version was completed in January 2014 for the Registry Cancer Facts and Figures.

On Island and In- Region Treatment:

Feedback was given at the October 2013 CCPI meeting. Additional discussions will be held at the March 2014 CCPI meeting which will be held in Guam.

Caregiver Curriculum:

Feedback on providers' curriculum were given at October 2013 CCPI meeting.

Patient Navigation System:

Participated in discussion on end-of-life policies at the October 2013 CCPI meeting.

Describe specific partner contributions including activities that supported this progress: UH JABSOM has coordinated the planning, development and implementation of jurisdiction/ regional efforts in cancer prevention and control

Is this objective related to a PSE Change? No

Status:

Title:

Estimated number of people reached:

Data Source:

Most recent data set year:

Facilitating Factors of Success: GCCCP has excellent working relationship with UH JABSOM leaders and staff

Barriers/Issues Encountered: The development of the caregiver curriculum was put on hold given resource constraints.

Plans to Overcome Barriers/Issues Encountered: Additional training opportunities for the caregiver curriculum opened up through Palau Community College.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA8.1.1 - Develop and Implement Assessments

Activity Description: Participate in the development and collaborative implementation of assessment(s) of screening standards, policies and guidelines which support cancer and NCD screening across the USAPI

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA8.1.2 - On Island and In- Region Treatment

Activity Description: Participate in the development and implementation of assessment(s) evaluating the capacity for on-island and in-region treatment capacity for common cancers and complications of NCD

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA8.1.3 - Caregiver Curriculum

Activity Description: Participate in adaptation and implementation of a Caregiver Curriculum for patients with cancer and end-stage complications of NCD

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA8.1.4 - Patient Navigation System

Activity Description: Participate in the development and implementation of a needs assessment for a patient navigation system

Timeframe: First Quarter 2013 - Fourth Quarter 2013

Project Period Objective: PPO9 - Increase the number of evaluation documents that demonstrate short term, intermediate and long term outcomes from 0 to 4 by June 2017.

Describe the objective and how it will impact the problem: Evaluate all Guam CCC Program, Coalition, and Cancer Plan Implementation efforts.

Annual Objective: AO9.1 - Maintain the number of evaluation plans developed and implemented for the GCCC from 1 to 1 by June 2014.

Describe the objective and how it will impact the problem: Ensure a comprehensive evaluation of GCCCP and Coalition efforts to implement the Cancer Plan is conducted to assess effectiveness and efficiency.

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	1

Describe Progress: Between June to November 2013, GCCCP worked with UH JABSOM and the CCC Coalition Steering Committee members (Evaluation Team) to finalize the GCCC Program, Plan and Coalition Evaluation Survey Tool for Year 4 (2010-2011) and Year 5 (2011-2012) of GCCCP's "DP703 era." Please see tool at the products tab section.

The evaluation was implemented on December 13, 2013 and had a closing date of December 27, 2013.

As of December 27, 2013, a total of 19 members participated in the survey. UH has recommended the extension of the survey until January 10, 2014 to help increase the number of coalition members who can participate in the survey. UH is targeting 50% (or higher) of the CCC Coalition's 55 active members.

Moreover, GCCCP plans to work with UH to utilize the evaluation plan and tool developed for this survey to conduct the Year 1 (2012- 2013) and Year 2 (2013-2014) Program, Plan and Coalition Evaluation of GCCCP's new project period.

Describe specific partner contributions including activities that supported this progress: The CCC Steering Committee continued to provide recommendations for changes to the draft evaluation tool which lead to a finalized draft in November 2013. In addition, the University of Hawaii JABSOM prepared the web-based tool and implemented the survey.

Facilitating Factors of Success: The CCC Steering Committee is composed of members that are knowledgeable on evaluation. In addition, UH JABSOM has been very receptive and was expedient in responding to program needs.

Barriers/Issues Encountered: The survey was conducted in December 2013 to where coalition members may not have been available due to the Holiday season. As such, there were less than 50% active members that responded to the survey.

Plans to Overcome Barriers/Issues Encountered: UH extended the survey to another two weeks.

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA9.1.1 - Recruit Evaluation Team

Activity Description: Recruit an evaluation planning team from the GCCC Coalition to work collaboratively with the University of Hawaii JABSOM to ensure a comprehensive evaluation is conducted for Year 1 and Year 2 of DP1205.

Timeframe: First Quarter 2013 - Second Quarter 2013

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA9.1.2 - Develop an Evaluation Plan

Activity Description: Collaborate with UH JABSOM and Evaluation Team to review evaluation plan developed for Year 4 and Year 5 of DP703. As necessary, revise the plan to reflect needs of Year 1 and Year 2 of DP1205. In addition, revise evaluation tool as necessary.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA9.1.3 - Implement and Report on Evaluation

Activity Description: In collaboration with UH JABSOM, implement the Guam CCC Program, Partnership and Plan Evaluation for Year 1 and Year 2; and finalize the evaluation report.

Timeframe: Third Quarter 2013 - Fourth Quarter 2013

Annual Activity: AA9.1.4 - Presentation of Results

Activity Description: Present evaluation results and report to GCCCP, Coalition, and other stakeholders.

Timeframe: Fourth Quarter 2013 - Fourth Quarter 2013

Annual Objective: AO9.2 - Increase the percent of staff awareness and knowledge on evaluation methodologies and processes to 100% by June 2014.

Describe the objective and how it will impact the problem: Providing staff with training on evaluation will increase their knowledge and understanding on the subject matter ensuring quality activities for the program

Progress Period:	Objective's Target Met:	Current Measurement:
First 6 Months	Ongoing	Unknown at this time

Describe Progress: Evaluation Summer Institute: The American Evaluation Association will be holding their 2014 Summer Evaluation Institute on June 1-4, 2014 in Atlanta Georgia. GCCCP will be working with CDC Project Officer to secure approval to attend this training in order for the staff to develop knowledge and skills in evaluation

Describe specific partner contributions including activities that supported this progress:
None to describe

Facilitating Factors of Success: None to describe

Barriers/Issues Encountered: None to describe

Plans to Overcome Barriers/Issues Encountered: None to describe

Unanticipated Outcomes Resulting from the Objective: None to describe

Annual Activity: AA9.2.1 - American Evaluation Association Summer Institute

Activity Description: Program Coordinator IV and Public Information Officer will participate in the 2014 AEA Summer Institute to help develop and increase knowledge on evaluation methodologies to include, but not limited to, qualitative and quantitative analyses; project management, logic modeling, reporting, theory to practice, cultural competence and other applicable topics.

Timeframe: Fourth Quarter 2013 - Fourth Quarter 2013

C. Proposed Action Plan: 06/30/2014 - 06/29/2015

Comprehensive Cancer Control (DP12-1205) Project Period Objective

Project Period Objective: PPO01 - Maintain the percent of program administration, fiscal management, use of cancer surveillance data, and support, collaborate & coordinate with cancer coalition from 100% to 100% by June 2017.

Describe the objective and how it will impact the problem: The objective addresses RA 1 through 4 of the FOA to ensure compliance. (RA 1 Program Administration, RA 2 Fiscal Management, RA 3 Routine Use of Cancer Surveillance Data, RA 4 Routinely Support, Collaborate, and Coordinate with Existing Cancer Coalition)

Annual Objective: AO1.1 - Maintain the number of GCCCP staff hired from 4 to 4 by June 2015.

Describe the objective and how it will impact the problem: Achieve 100% staffing for the Guam CCC Program.

Annual Activity: AA1.1.2 - Performance Evaluation

Activity Description: Complete all staff performance evaluations in accordance with the government of Guam Personnel Rules and Regulations.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.2 - Maintain the percent of fiscal compliance from 100% to 100% by June 2015.

Describe the objective and how it will impact the problem: Ensure all funds are spent in accordance with the approved program budget.

Annual Activity: AA1.2.1 - Process Documents

Activity Description: Process all documents necessary to establish Guam CCC Program account in the government of Guam financial system.

Timeframe: First Quarter 2014 - First Quarter 2014

Annual Activity: AA1.2.2 - Monthly Financial Report

Activity Description: Provide monthly financial status report for the monitoring of spend rates and compliance checks.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.2.3 - Accountability of Funds

Activity Description: Once each month, reconcile program ledgers with AS400 Financial Management System to ensure accountability of all funds.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.2.4 - Federal Financial Report

Activity Description: Complete and submit an accurate Federal Financial Report at the end of each Program Year, or as required.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.3 - Maintain the percent of registry and behavioral data usage to update the Guam Cancer Plan, inform islandwide stakeholder, and to guide GCCCP, GCCC Coalition and regional collaborative initiatives from 100% to 100% by June 2015.

Describe the objective and how it will impact the problem: Utilize Guam Cancer Registry, NCD, and other health data to support overall Cancer Plan implementation activities.

Annual Activity: AA1.3.1 - Routinely Use Cancer Data

Activity Description: Collaborate with the Guam Cancer Registry, BRFS, State Epidemiological Workgroup, GCCC Coalition's Data and Research Action Team (DRAT), and the NCD DRAT on a plan to routinely use cancer, NCD, and other health surveillance data.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.3.2 - Cancer Plan Prioritization and Revision

Activity Description: Present the most recent surveillance data to the Guam CCC Coalition for use in planning Cancer Plan implementation activities, to include Reports on the Economic Cost of Cancer on Guam and Cancer Survival Rates for Guam. In addition, use the most recent surveillance data as a resource to update the Guam Cancer Plan or Action Team work plans as needed.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.3.3 - Community Presentations

Activity Description: Provide a report and/or presentation of the most recent surveillance data to island leaders and/or the community to increase awareness of the burden of cancer on Guam.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.4 - Maintain the percent of collaboration & coordination between jurisdiction and regional CCC/NPCR efforts from 100% to 100% by June 2015.

Describe the objective and how it will impact the problem: Improve the quality and quantity of cancer and NCD data to be used for CCC efforts

Annual Activity: AA1.4.1 - Sharing of Cancer and NCD-related Surveillance

Activity Description: Facilitate sharing of cancer and NCD-related surveillance information and requested baseline demographic information with the Pacific Regional CCC and PRCCR programs so that accurate reports of cancer and chronic disease burden can be generated for jurisdictions and region.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.4.2 - Jurisdiction Discussions and Reporting Requirements

Activity Description: Facilitate processes so that jurisdiction cancer registrars can meet registry reporting requirements and participate in jurisdiction discussions regarding data and surveillance of cancer and other NCD.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.5 - Maintain the percent of Guam CCC Coalition activities supported by Guam CCC program staff from 100% to 100% by June 2015.

Describe the objective and how it will impact the problem: Actively participate in and support Guam CCC Coalition efforts to implement the Cancer Plan.

Annual Activity: AA1.5.1 - Administrative and Staffing Support

Activity Description: Provide administrative and staffing support at all Steering Committee meetings and at most work group meetings, as feasible.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.5.2 - Annual Cancer Retreat

Activity Description: Facilitate an annual planning retreat to provide an opportunity for Coalition members to review efforts and accomplishments, reassess plans, and prioritize strategies for the next program year.

Timeframe: First Quarter 2014 - Second Quarter 2014

Annual Activity: AA1.5.4 - GCCC Coalition Newsletter

Activity Description: Collaborate with the GCCC Steering Committee and all CCC Action Teams in preparing, finalizing and publishing at least 2 GCCC Newsletters to promote GCCC Coalition and its activities.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.6 - Increase the percent of CCC Coalition members' awareness and knowledge on Policy, Systems and Environmental change strategies and best practices from 97% to 98% by June 2015.

Describe the objective and how it will impact the problem: The objective will help increase the capacity of Coalition members, NCD Consortium members, Tobacco Workgroup members, partners and leaders to address cancers, and various NCD common risk factors through policy, systems, and environmental change strategies.

Annual Activity: AA1.6.1 - PSE Training for GCCC Coalition

Activity Description: Provide Policy, Systems, and Environmental Change training for all Coalition members, NCD Consortium members, and partners on evidence-based policy and environmental approaches and discuss community-clinical linkages strategies and best practices.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.6.2 - Develop PSE Education Survey Tool

Activity Description: Collaborate with consultant to develop a survey tool to assess Coalition members' knowledge and awareness in PSE strategies and best practice, and if there were any changes to baseline after the survey.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.6.3 - Action Planning and Implementation

Activity Description: Work with the PSE Consultant to assist in revising, implementing PSE action plans developed through the PSE Workshop. Consultant will provide consultation hours to action teams implementing PSE strategies to ensure sustained support for the action plans.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.7 - Increase the number of evaluations conducted to assess the Guam CCC Coalition membership from 0 to 1 by June 2015.

Describe the objective and how it will impact the problem: The objective will assess CCC Coalition membership satisfaction, effectiveness and other benchmarks to help improve the coalition.

Annual Activity: 1.7.1 - Coalition Membership Assessment

Activity Description: Through the yearly evaluation, include work to assess current Coalition membership focusing on composition and membership satisfaction.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.8 - Increase the number of media plans developed and implemented by GCCC from 0 to 1 by June 2015.

Describe the objective and how it will impact the problem: The objective will develop a media plan targeting cancers to ensure quality and targeted messaging to appropriate audiences.

Annual Activity: AA1.8.2 - Implement Media Plan

Activity Description: Public Information Officer, in collaboration with the Program Coordinator IV and NCD Communication Team will implement the media plan. The plan will include messaging strategies and utilization of print, television and radio media to increase awareness and knowledge on cancer prevention and control goals objectives, as available.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO1.9 - Increase the number of local health care providers or clinics implementing evidenced- based cancer screening guidelines to 9 by June 2015.

Describe the objective and how it will impact the problem: The objective aims to increase the standards of care in Guam by utilizing evidenced based screening guidelines thereby improving the quality of health services provided to patients and the community

Annual Activity: AA1.9.1 - Distribution and Awareness Plan

Activity Description: The GCCC Coalition's Screening, Early Detection and Treatment Action Team (SEDAT) will develop and implement a distribution and awareness plan to promote the use of the 2012 US Preventive Services Task Force Guidelines, particularly focusing on breast, cervical and colorectal cancer screenings. Copies of the guidelines will be provided to all applicable health care providers. In addition, presentations to appropriate health organizations will be conducted.

Timeframe: Second Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA1.9.2 - Guidelines Survey

Activity Description: SEDAT will conduct a survey to all applicable health care providers and organizations to find out current cancer guidelines being utilized in their particular clinics or organization, tobacco prevention strategies, and availability of HPV immunization services.

Timeframe: Second Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PPO02 (RA5) - Decrease the percent of children and adolescents who self identify as slightly or very overweight from 27% to 22% by June 2017.

Describe the objective and how it will impact the problem: Decrease the percentage of overweight youth on Guam

Annual Objective: AO2.1 - Increase the number of collaborative activities that are linked to an existing chronic disease plan targeting youth from 2 to 3 by June 2015.

Describe the objective and how it will impact the problem: Collaborating with partners such as the NCD Consortium's Physical Activity Group to implement strategies targeting the youth to increase awareness of the importance of nutrition and physical activities for the prevention of cancer and other NCDs

Annual Activity: AA2.1.1 - Let's Move Initiatives

Activity Description: GCCCP staff will provide support to the NCD Consortium's Physical Activity Group and GCCC Coalition's Prevention Action Team to develop, plan and implement the NCD Physical Activity Action Plan's Let's Move Initiatives to include Safe Paths to School; Disc Golf Clinics; Spay and Neuter Program; Neighborhood Park Revitalization; and the Bicycle Lanes, Routes and Paths initiatives. The Let's Move Initiatives is one of four major strategies under the Guam NCD Plan (2014- 2018): Physical Activity Action Plan.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA2.1.2 - DOE Wellness Initiatives: Afterschool Program

Activity Description: GCCCP staff will provide support to the NCD Consortium's Physical Activity Action Team and GCCC Coalition's Prevention Action Team to implement the DOE Wellness Initiatives to include, but not limited to, improving Department of Education (DOE) After School Program activities by working with various organizations from private, non for profit and public to develop, implement and evaluate health programs and activities. The DOE Wellness Initiative is one of four major strategies under the Guam NCD Plan (2014- 2018): Physical Activity Action Plan that is composed of several strategies targeting elementary, middle school, and high school students.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA2.1.3 - DOE Wellness Initiatives: DOE Wellness Policy

Activity Description: GCCCP staff will provide support to the NCD Consortium's Physical Activity Action Team and GCCC Coalition's Prevention Action Team to collaborate with DOE staff to help develop and finalize an updated DOE Wellness Policy on Nutrition Physical Activity, and Body Mass Index. Updates will include current evidenced- based policies and strategies such as requiring children to have at least 60 minutes of physical activity per day in the school settings

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PP003(RA5) - Increase the percent of women aged 18 and over who had their Pap Test within the past three years from 63.50% to 68.50% by June 2017.

Describe the objective and how it will impact the problem: Collaborate with the Guam Breast & Cervical Cancer Early Detection Program (GBCCEDP) on public awareness and education activities. Support the GBCCEDP in their efforts to promote and educate women who do not have access to healthcare regarding the importance of annual pap smears and pelvic exams.

Annual Objective: AO3.1 - Increase the percent of women who are aware of the benefits of pap tests to 50% by June 2015.

Describe the objective and how it will impact the problem: Decrease barriers for women to undergo pap test by increasing efforts to conduct education and awareness efforts regarding cervical cancers; enhance understanding on screening procedures; and prevention of HPV infection.

Annual Activity: AA3.1.1 - Targeted Recruitment for Cervical Cancer Screening Services

Activity Description: Collaborate with GBCCEDP on their efforts to conduct targeted recruitment of eligible women into their program.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA3.1.2 - Public Awareness and Education for Cervical Cancer

Activity Description: Collaborate and integrate with GBCCEDP and partners to conduct public education and awareness activities on the importance of cervical cancer screening.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA3.1.3 - Implement Pap Test Education Survey Tool

Activity Description: Implement a survey tool to assess knowledge and awareness of participants that are seeking information regarding Pap Smear testing, to determine levels before and after program education efforts.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA3.1.4 - HPV Awareness Activity

Activity Description: Implement at least one HPV awareness activity which may target youth, parents, women, health disparate populations, and/or the general public.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PPO04 (RA5) - Increase the percent of adults age 50+ who have ever had a sigmoidoscopy or colonoscopy from 42.60% to 47.60% by June 2017.

Describe the objective and how it will impact the problem: Increase colorectal cancer screening rates.

Annual Objective: AO4.1 - Increase the percent of adults who are aware of the benefits of sigmoidoscopy or colonoscopy to 50% by June 2015.

Describe the objective and how it will impact the problem: Conduct activities to increase the number of standardized screening guidelines implemented in healthcare institutions on Guam. (Advocate that all hospitals and clinics use standardized minimum screening guidelines)

Annual Activity: AA4.1.1 - Colon Cancer Awareness Activities

Activity Description: Collaborate with partners to provide public education and awareness activities during health fairs, extended community clinics, conferences, and other applicable activities.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA4.1.2 - Implement Colorectal Cancer Education Survey Tool

Activity Description: Implement a survey tool to assess knowledge and awareness of participants that are seeking information regarding Colonoscopy/ Sigmoidoscopy, to determine levels before and after program education efforts

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PPO05 (RA5) - Increase the percent of women who had their Mammogram done from 64.40% to 69.40% by June 2017.

Describe the objective and how it will impact the problem: Increase screening for breast cancer on Guam. Increase mammogram from 64% to 69% (5% increase).

Annual Objective: AO5.1 - Increase the percent of adult women who are aware of the benefits of mammogram to 50% by June 2015.

Describe the objective and how it will impact the problem: Collaborate with the Guam Breast & Cervical Cancer Early Detection Program (GBCCEDP) on public awareness and education activities. Support the GBCCEDP in their efforts to promote and educate women who do not have access to healthcare regarding the importance of mammography and having themselves checked for breast cancer.

Annual Activity: AA5.1.1 - Targeted Recruitment for Services

Activity Description: Collaborate with the GBCCEDP on their efforts to conduct targeted recruitment of eligible women into their program.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA5.1.2 - Public Awareness and Education for Breast Cancer

Activity Description: Collaborate and integrate with the GBCCEDP to conduct public education and awareness activities on the importance of breast cancer screenings during activities such as the Breast Cancer Awareness Month Campaign, expanded community clinics, and health fairs.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA5.1.3 - Implement Breast Cancer Education Survey Tool

Activity Description: Implement a survey tool to assess knowledge and awareness of participants that are seeking information regarding Mammogram, to determine knowledge and awareness levels before and after program education efforts.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PPO06 (RA5) - Decrease the percent of adults who are current smokers from 30.50% to 25.50% by June 2017.

Describe the objective and how it will impact the problem: The objective aims to decrease incidence of lung cancers in Guam by targeting those that use tobacco products

Annual Objective: AO6.1 - Decrease the percent of adults who are current smokers from from 30.50% to 29.50% by June 2015.

Describe the objective and how it will impact the problem: The leading cause of lung cancer in the community is exposure to first and second hand smoking. Discouraging the use of tobacco products and decreasing smoking rates, lowers the risk for developing lung cancers.

Annual Activity: AA6.1.1 - Continue to Support TPCP Activities

Activity Description: GCCCP will continue to participate and support Tobacco Prevention and Control Program activities to include Kick Butt's Day; Great American Smoke Out; Brief Tobacco Intervention trainings and other activities to increase awareness tobacco prevention and control.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA6.1.2 - Letters of Support

Activity Description: Continue to work with the CCC Coalition to provide technical assistance in developing, finalizing and submitting Letters of Support and other support measures for legislative bills targeting tobacco use or other similar products.

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PPO7 (RA5) - Increase the percent of cancer patients stating that their pain is currently under control to 70% by June 2017.

Describe the objective and how it will impact the problem: The objective will increase awareness and educate community members and leaders; health care providers and organizations; and others on the impacts of cancers on patients and their families, and possible steps to improve health care delivery and outcomes. In addition, the objective will educate the community, including care givers, and cancer patients or survivors about hospice and pain management

Annual Objective: AO7.1 - Increase the number of health care workers trained on the Palliative Care Curriculum that has been adapted for Guam from 0 to 10 by June 2015.

Describe the objective and how it will impact the problem: Identify holistic approaches for pain management (and hospice education) on Guam. Assess what, if any, alternative medicines (and hospice services) are available in Guam for pain management (and end-of-life care). Disseminate information regarding available holistic approaches for pain management available in Guam

Annual Activity: AA7.1.1 - Implementing the Palliative Care Curriculum

Activity Description: Collaborate with the Survivorship Action Team and partners to conduct the Palliative Care Curriculum to health care workers in at least 1 health care facility in Guam

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA7.1.2 - Implement an Evaluation Plan

Activity Description: Collaborate with the CCC Survivorship Action Team and partners to implement a plan to evaluate the Palliative Care Curriculum

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO7.2 - Increase the number of cancer advocacy tools utilized by the coalition from 0 to 1 by June 2015.

Describe the objective and how it will impact the problem: The objective of the project is to increase awareness and educate community members and leaders; health care providers and organizations; and others on the impacts of cancers on patients and their families, and possible steps to improve health care delivery and outcomes such as improving pain management.

Annual Activity: AA7.2.1 - Guam's Hope Project

Activity Description: The GCCC Coalition's Survivorship Action Team and partners will begin to develop a plan to implement Guam's Hope Project. The objective of the project is to increase awareness and educate community members and leaders; health care providers and organizations; and others on the impacts of cancers on patients and their families, and possible steps to improve health care delivery and outcomes such as improving pain management.

Timeframe: Second Quarter 2014 - Fourth Quarter 2014

Annual Objective: AO7.3 - Increase the number of BRFSS cancer survivor- specific state added question from 0 to 2 by June 2015.

Describe the objective and how it will impact the problem: Establish a baseline to determine impact of activities addressing the PPO.

Annual Activity: AA7.3.1 - BRFSS State Added Question

Activity Description: GCCCP Program Coordinator will work with BRFSS Coordinator to identify cancer survivors' specific questions regarding palliative care measures

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PPO08 (RA5) - Maintain the percent of participation in regional efforts which serve to augment the jurisdiction CCC plans and/or capacity to implement and evaluate CCC and collaborative NCD plans from 100% to 100% by June 2017.

Describe the objective and how it will impact the problem: Support implementation of the 2012-2017 Pacific Regional CCC Plan (PRCCC), which is overseen by the Cancer Council of the Pacific Islands (CCPI) and administered by the Department of Family Medicine and Community Health, John A. Burns School of Medicine, University of Hawaii (UH).

Annual Objective: AO8.1 - Increase the number of completed USAPI regional assessment tools from 0 to 5 by June 2015.

Describe the objective and how it will impact the problem: Participate in the development and collaborative implementation of region-wide assessments of screening indicators, treatment options, palliative care and patient navigation curriculum and CCC evaluation; Work with Regional CCC program to design and complete assessments

Annual Activity: AA8.1.1 - Develop and Implement Assessments

Activity Description: Participate in the development and collaborative implementation of assessment(s) of screening standards, policies and guidelines which support cancer and NCD screening across the USAPI

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA8.1.2 - On Island and In-Region Treatment

Activity Description: Participate in the development and implementation of assessment(s) evaluating the capacity for on-island and in-region treatment capacity for common cancers and complications of NCD

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA8.1.3 - Caregiver Curriculum

Activity Description: Participate in adaptation and implementation of a Caregiver Curriculum for patients with cancer and end-stage complications of NCD

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA8.1.4 - Patient Navigation System

Activity Description: Participate in the development and implementation of a needs assessment for a patient navigation system

Timeframe: First Quarter 2014 - Fourth Quarter 2014

Project Period Objective: PPO09 - Increase the number of evaluation documents that demonstrate short term, intermediate and long term outcomes from 0 to 4 by June 2017.

Describe the objective and how it will impact the problem: Evaluate all Guam CCC Program, Coalition, and Cancer Plan Implementation efforts.

Annual Objective: AO9.1 - Maintain the number of evaluation plans developed and implemented for the GCCC from 1 to 1 by June 2015.

Describe the objective and how it will impact the problem: Ensure a comprehensive evaluation of GCCCP and Coalition efforts to implement the Cancer Plan is conducted to assess effectiveness and efficiency.

Annual Activity: AA9.1.1 - Recruit Evaluation Team

Activity Description: Recruit an evaluation planning team from the GCCC Coalition to work collaboratively with the University of Hawaii JABSOM to ensure a comprehensive evaluation is conducted for Year 1 and Year 2 of DP1205.

Timeframe: First Quarter 2013 - Second Quarter 2013

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA9.1.2 - Develop an Evaluation Plan

Activity Description: Collaborate with UH JABSOM and Evaluation Team to review evaluation plan developed for Year 4 and Year 5 of DP703. As necessary, revise the plan to reflect needs of Year 1 and Year 2 of DP1205. In addition, revise evaluation tool as necessary.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA9.1.3 - Implement and Report on Evaluation

Activity Description: In collaboration with UH JABSOM, implement the Guam CCC Program, Partnership and Plan Evaluation for Year 1 and Year 2; and finalize the evaluation report.

Timeframe: Third Quarter 2014 - Fourth Quarter 2014

Annual Activity: AA9.1.4 - Presentation of Results

Activity Description: Present evaluation results and report to GCCCP, Coalition, and other stakeholders.

Timeframe: Fourth Quarter 2014 - Fourth Quarter 2014

Budget Justification and Narrative
Guam Comprehensive Cancer Control Program
June 30, 2014 to June 29, 2015

A. PERSONNEL SALARIES

\$127,950

<u>Position Title and Name</u>	<u>Salary</u>	<u>% of time</u>	<u>Months</u>	<u>Amount</u>
Program Coordinator IV Lawrence Alam	\$ 51,787	100%	12	\$51,787
Primary responsibilities of the PC IV will include planning administering, managing, and implementing the Guam CCC Program; collaborating with stakeholders; supporting the Guam CCC Coalition; serving as liaison with regional/national programs; preparing and submitting grant applications/reports; overseeing program finances; supervising staff.				
Public Information Officer Vivian Pareja	\$ 43,910	100%	12	\$43,910
Primary responsibilities for the PIO will include collaborating with the PC IV to develop comprehensive public media campaigns; oversee program marketing/advertising and social media efforts; preparing and disseminating press releases; and developing education material (e.g. presentations, brochures, print/radio/television messages).				
Administrative Assistant	\$ 32,253	100%	12	\$32,253

Primary responsibilities for the AA will include providing administrative and financial support for the Program; assisting in budget preparation; maintaining ledgers; conducting procurement activities; establishing and maintaining files; recording meeting minutes.

B. FRINGE BENEFITS

\$52,265

Position Title and Name

Program Coordinator IV- Lawrence Alam (100%)

Retirement (Base Salary x 29.67%)	29.67%	\$	15,365
Retirement (DDI) (\$19.02 x 26 pay periods)		\$	495
Medicare Insurance (Base Salary x 1.45%)	1.45%	\$	751
Life Insurance (\$153 per year)		\$	153
Medical Insurance TC (up to \$6510 per year)		\$	6,510
Dental Insurance TC (up to \$403 per year)		\$	403
Total		\$	23,677

Public Information Officer- Vivian Pareja (100%)

Retirement (Base Salary x 29.67%)	29.67%	\$	13,028
Retirement (DDI) (\$19.02 x 26 pay periods)		\$	495
Medicare Insurance (Base Salary x 1.45%)	1.45%	\$	637
Life Insurance (\$153 per year)		\$	153
Medical Insurance CS (up to \$6510 per year)		\$	1,572
Dental Insurance CS (up to \$403 per year)		\$	223
Total		\$	16,108

Administrative Assistant (100%)

Retirement (Base Salary x 29.67%)	29.67%	\$	9,569
Retirement (DDI) (\$19.02 x 26 pay periods)		\$	495
Medicare Insurance (Base Salary x 1.45%)	1.45%	\$	468
Life Insurance (\$153 per year)		\$	153
Medical Insurance (up to \$6517per year)		\$	1,572
Dental Insurance (up to \$403 per year)		\$	223
Total		\$	12,480

C. CONSULTANTS

\$26,000

1. Regional CCC Implementation

\$20,000

Funds are requested to contract the services of the University of Hawaii, (DFMCH), John A. Burns School of Medicine to coordinate the implementation of the Regional Comprehensive Cancer Control Plan, to provide technical assistance to Guam CCC in implementing the Guam Cancer Plan, and to conduct an evaluation of Guam CCC's efforts (Plan, Program, Coalition)

- **Name of Consultant/Organization:** *University of Hawaii, Division of Family Medicine and Community Health, John A. Burns School of Medicine*
- **Nature of Services To Be Rendered:** *Coordinate the implementation of the USAPI Regional Comprehensive Cancer Control plan, which includes leveraging and coordination of resources between the Pacific Regional Central Cancer Registry and building and maintaining Regional partnerships to assist with implementation of portions of the Regional CCC plan. 2. Serve as the Secretariat of the CCPI, coordinates and provides logistical support for CCPI meetings and other CCPI or Regional CCC-related activities. Provide technical assistance with implementation of the jurisdiction's CCC plans. 8. Assist Guam as needed in developing appropriate CCC evaluation measures, providing TA on project reporting and designing or adapting instruments to better quantify baseline data (for various portions of the CCC plan). 10. Conduct and submit evaluation reports of the Guam CCC Program the Guam CCC Coalition. At a minimum, the substantive content of the evaluation report should encompass both process and outcomes and shall incorporate grant-specific CCC performance measures for the assessment of accountability, efficiency and effectiveness of all CCC segments, and shall build upon prior year evaluation report / results.*
- **Relevance of Service to the Project:** *Through the leadership of Dr. Neal Palafox, UH has been instrumental in guiding the development of cancer control efforts in the region since 1992. The UH was designated the bonafide agent for the National CCC Planning grant for six U.S. Affiliated Pacific Island Jurisdictions (including Guam), and is intimately familiar with the goals, strategies and objectives put forth in each jurisdiction's CCC plans and the Regional CCC plan. UH will assist the Program in meeting the CDG-required objective of completing an evaluation of Guam CCC, which will provide evidence of Guam CCC's effectiveness and efficiency, and will complete a report on the Economic Cost of Cancer on Guam which will be instrumental in future planning and policy efforts.*
- **Number of Days of Consultation:** *Approximately 365 (June 30, 2014 - June 29, 2015)*
- **Method of Accountability:** *The Memorandum of Understanding will stipulate that payment will only be certified upon submission of an official invoice for payment with supporting documentation, including evaluation deliverables, a revised regional work plan or updates to the work plan, and a brief report on activities accomplished and/or planned.*
- **Basis of Selection:** *Sole Source Procurement*

2. Policy, System and Environmental (PSE) Consultant

\$6,000

Funds are requested to contract the services of a consultant to provide subject matter expertise on policy, systems and environmental change strategies. A Request for Quotation will be issued for a yearly contract. Services will be attained through the government of Guam competitive procurement process and awarded to the best Offeror, as per the Guam Procurement Law.

- **Name of Consultant:** *To be determined.*
- **Organizational Affiliation:** *To be determined.*
- **Nature of Services To Be Rendered:** *The consultant will be responsible for providing technical assistance and guidance on evidence-based policy, systems and environmental (PSE) practices, strategies and interventions. Deliverables may include providing direct technical assistance to build the capacity of CCC Program staff and Coalition members in utilizing PSE approaches; regular attendance at Guam CCC Coalition meetings; and guide coalition members in implementing PSE strategies as appropriate.*
- **Relevance of Service to the Project:** *The consultant will provide subject matter expertise to guide Guam CCC in PSE approaches, will help build capacity of staff and Coalition members, and will assist the Program in meeting CDC expectations in PSE efforts.*
- **Number of Days of Consultation:** *Approximately 120 (6 months)*

• **Method of Accountability:** The PSE Consultant will be compensated for services provided, upon submission of a required invoice, signed timesheet certifying the hours worked for the period and approved/signed by authorized DPHSS official.

• **Basis of Selection:** GSA competitive bid processes.

D. SUPPLIES **\$900**

1. General office supplies (pens, pencils, paper, folders, etc.) to support the Guam CCC Coalition's efforts to implement the revised Guam Cancer Control Plan (\$150.00 per year x 6 workgroups) \$900

E. EQUIPMENT **\$0**

<u>Item Requested</u>	<u>Unit Cost</u>	<u>Total Cost</u>
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F. TRAVEL **\$ 22,191**

1. NCCCP Business Meeting of Program Directors in Atlanta, Georgia to be attended by Program Director, Program Coordinator, and Public Information Officer

# Participants	Airfare	# of Days	Per Diem	Others (ie Registration)
3	\$3,256.00	3	\$189.00	
			Total Airfare	\$9,768
			Total Per Diem	\$1,701
			Total Others	
Amount Requested				\$11,469

2. Two Regional CCC Meetings in Honolulu, Hawaii, to be attended by Program Director, Program Coordinator and/or Public Information Officer on October 2014 and March 2015.

# Participants	Airfare	# of Days	Per Diem	Others (ie Registration)
1	\$2,313.00	5	\$291.00	
			Total Airfare	\$4,626
			Total Per Diem	\$2,910
			Total Others	
# of Meetings		2		
Amount Requested				\$7,536

3. NCD Regional Meeting in Honolulu, Hawaii to be attended by Program Coordinator.

# Participants	Airfare	# of Days	Per Diem	Others (ie Registration)
1	\$2,313.00	3	\$291.00	
			Total Airfare	\$2,313
			Total Per Diem	\$873
			Total Others	
Amount Requested				\$3,186

G. OTHER	\$18,194.00
1. BRFSS state added questions on cancer survivorship (1 question at \$750x 2 questions)	\$1,500.00
2. Venue for planned meetings/training: 2014 Guam Comprehensive Cancer Control Retreat (1 venue x 8 hrs x 70 participants=\$2,500)	\$2,500.00
2. Venue for planned meetings/training: 2015 PSE Workshop (1 venue x 8 hrs x 70 participants= \$2,500)	\$2,500.00
3. Printing and graphics for CCC Coalition's Guam Cancer Facts and Figures 2007-2012	\$3,500.00
4. Printing for GCCCP/ Coalition Quarterly Newsletters (500pc newsletter x \$0.75 <glossy high quality, full color bleed> x 3 issues)	\$1,125.00
5. Program monthly planner: To provide Cancer Retreat participants and program partners with monthly planners to provide reminders for cancer activities, increase participation in CCC events and activities such as Retreats and provide an incentive for completing and returning program surveys (500 participants, partners, CCC members x \$2.90 per calendar)	\$1,450.00
6. Promotional writing notebooks to be given out to an estimated 500 participants of program activities such as health fairs, conferences, meetings and other collaborative activities to increase participation, promote physical activities and exercise by utilizing notebooks as exercise/ physical activity logbooks; utilize to take down notes during trainings and conferences and provide an incentive for completing and returning program survey (500pcs x \$2.14= \$1,069)	\$1,069.00
6. Cancer Awards Trophies: To provide trophies to CCC Coalition Awards winners for the Spirit of Life and Spirit of Collaboration Awardees. The event is conducted to highlight work done by an individual and organizations working to prevent and control cancers in the community. (\$150 per trophy including engraving x 6 trophies)	\$750.00
7. Monthly service fees for three telephone lines (\$50/month x 12 months x 3 lines).	\$1,800.00
8. Cost allocation for annual copier lease.	\$2,000.00
TOTAL DIRECT COSTS:	\$247,500
INDIRECT COST: No Negotiated Rate	\$0
TOTAL COST:	\$247,500

<u>BUDGET SUMMARY</u>	
Personnel	\$ 127,950
Fringe Benefits	\$ 52,265
Contractual	\$ 26,000
Supplies	\$ 900
Equipment	\$ -
Travel	\$ 22,191
Other	\$ 18,194
TOTAL DIRECT COST	\$ 247,500
INDIRECT COST	\$ -
GRAND TOTAL	\$ 247,500

Guam Comprehensive Cancer Control Program
COST SHARING FOR JUNE 30, 2014 TO JUNE 29, 2015

As noted in Funding Opportunity Number CDC-RFA-DP12-1205, the Omnibus Territories Act requires the U.S. Department of Health and Human Services to waive matching funds for Guam and select U.S. affiliated Pacific Island Jurisdictions; however, the Guam Department of Public Health and Social Services and CCC Coalition provide In-kind personnel and administrative support to the Guam CCC Program, as follows:

Description	Amount
Two percent (2%) of the total costs of salary and benefits for Mr. James Gillan, Principle Investigator and Department of Public Health and Social Services Director.	\$1,481.92
Two percent (2%) of the total costs of salary and benefits for Dr. Suzanne Kaneshiro, Chief Public Health Officer, who oversees the Bureau of Community Health Services.	\$2,206.77
Two percent (2%) of the total costs of salary and benefits for Mr. Tommy Taitague, Administrative Services/Certifying Officer, who is the Chief Financial Officer for the Department.	\$998.30
Fifteen percent (15%) of the total costs of salary and benefits for Ms. Roselie Zabala, Administrator of the Bureau of Community Health Services, which administers the Guam CCC Program.	\$9,514.20
Salary and benefits for nine Guam CCC Coalition Steering Committee members, calculated for attendance at seven two-hour meetings per year.	\$ 6,318.00
Office space, calculated at \$1.50 per square foot (fair market value for office building) x 375 square feet x 12 months.	\$6,750.00
One percent (1%) of the total costs of power for the Department, which houses the Guam CCC Program.	\$4,174.00
Total In-kind Costs:	\$ 31,443.19

**Government of Guam
Fiscal Year 2015
Guam Comprehensive Cancer Control Program
Staffing Pattern**

FUNCTIONAL AREA: Health
DEPARTMENT/AGENCY: PUBLIC HEALTH & SOCIAL SERVICES / Division of Public Health
 Bureau of Community Health Services (BCHS)
PROGRAM: Comprehensive Cancer Control Program
FUND: 100% Federally Funded 5101HI41712SE118
 Grant Period: 06/29/2013-06/30/2017

No.	(A) Position Number	(B) Position Title	(C) Name of Incumbent	(D) Grade/ Step	(E) Salary	(F) Overtime	(G) Special*	(H) Increment		(J) (E+F+G+I) Subtotal	(K) Retirement (J * 29.67%) / (\$19,027,26PP) 2/ \$495.00	(L) Retire (DDI) (\$19,027,26PP) 2/ \$495.00	(M) Social Security (6.2% * J) \$0.00	(N) Benefits Medicare (1.45% * J) \$467.67
								Date	Amnt.					
1	6382	Program Coordinator IV	Alam, Lawrence	O2	\$51,787	\$0	\$0	1/21/2015	\$0.00	\$51,787.00	\$15,365.00	\$495.00	\$0.00	\$750.91
2	6102	Administrative Assistant	Vacant (Blas, Barbara)(06/30/13)	J2	32,253	0	0		\$0.00	\$32,253.00	\$9,569.00	\$495.00	\$0.00	\$467.67
3	6307	Public Information Officer	Pareja, Vivian	M3	43,910	0	0	3/28/2015	\$0.00	\$43,910.00	\$13,028.00	\$495.00	\$0.00	\$636.70
4					0	0	0		0	0	0	0	0	0
5					0	0	0		0	0	0	0	0	0
6					0	0	0		0	0	0	0	0	0
7					0	0	0		0	0	0	0	0	0
8					0	0	0		0	0	0	0	0	0
9					0	0	0		0	0	0	0	0	0
10					0	0	0		0	0	0	0	0	0
11					0	0	0		0	0	0	0	0	0
12					0	0	0		0	0	0	0	0	0
13					0	0	0		0	0	0	0	0	0
14					0	0	0		0	0	0	0	0	0
15					0	0	0		0	0	0	0	0	0
16					0	0	0		0	0	0	0	0	0
17					0	0	0		0	0	0	0	0	0
18					0	0	0		0	0	0	0	0	0
19					0	0	0		0	0	0	0	0	0
20					0	0	0		0	0	0	0	0	0
21					0	0	0		0	0	0	0	0	0
22					0	0	0		0	0	0	0	0	0
23					0	0	0		0	0	0	0	0	0
24					0	0	0		0	0	0	0	0	0
25					0	0	0		0	0	0	0	0	0
Grand Total:										\$127,950	\$37,962	\$1,485	\$0	\$1,855

* Night Differential / Hazardous / Worker's Compensation / etc.
 1/ FY 2014 (Proposed) GovGuam contribution rate of 29.67% for the Government of Guam Retirement is subject to change.
 2/ FY 2013 (Proposed) GovGuam contribution rate of \$19.02 (bi-weekly) for DDI is subject to change.
 3/ FY 2013 (Proposed) GovGuam contribution rate of \$153 (per annum) for Life Insurance is subject to change.

EXECUTIVE SUMMARY

In spite of the countless challenges encountered during this grant period, the Guam Breast and Cervical Cancer Early Detection Program (GBCCEDP) has maintained the provision of quality breast and cervical cancer screening and diagnostic services to qualified women. The following are the major accomplishments:

1. Renewal of the five Provider Agreements with an option to renew for another year for the next three years.
2. Adopted the ASCCP Guidelines for the Management of Abnormal Cervical Cancer Screening Test and CIN/AIS and the GBCCEDP Policies and Procedures with the approval of members of the Medical Advisory Body (MAB). This document was distributed to all GBCCEDP health providers. Additionally, the GCCC Screening and Treatment Action Team adopted the 2012 US Preventive Services Task Force Clinical Guidelines for Screening which was distributed to both private and public health providers
3. Increase the percentage of mammogram by 1.4% provided to the priority population (women between 50 to 64 years of age). According to the October 15, 2013 MDE report, mammogram data showed that from January 1, 2013 to June 30, 2013, 225 out of 262 or 85.9 % of NBCCEDP funded mammograms were provided to the priority population as compared to 258 out of 306 or 84.3% provided to the same age group from January 1, 2012 to December 31, 2012.
4. Successful in promoting "October 2013 as Breast Cancer Awareness Month and "January 2014 as Cervical Cancer Awareness Month, through collaboration and partnership with various community partners,
5. Successful in building new partnership with the Non-Communicable Disease Consortium, the Guam Regional Medical City and the Guam Cancer Care to develop a population-based approach to enroll qualified women into the Program.

The major challenges encountered during this grant period include the following:

1. Assessment incomplete remains high.
2. Reaching out to target and disparate population subsequent to the implementation of the Affordable Care Act.
3. Extensive and complex procurement process.
4. Implementation of the Government of Guam Competitive Wage Act of 2014 which will reduce the funding for program operations.

The GBCCEDP remains optimistic to overcome the aforementioned challenges to be able to achieve the program goals and objectives for the next grant period.

V. **GBCCEDP WORK PLAN 2013-14 (Revised 8-13-13) – Progress Report**

Objectives	Activities	Measures of Effectiveness	Status
Program Component: Management			
Five Year Goal: Sustain program infrastructure and capacity to increase evidence-based screening promotion services at the population level and to provide screening provision services to priority population(s) over the length of the project period.			
1. By June 2014, the program will retain 100% of key project staff to effectively implement program activities and requirements.	1a. Ensure that key staff positions remain filled with qualified and technically diverse staff. b. Cross-train newly hired staff of the various Program components. 1c. Cost Allocate the salary of HE II by 75% (25% GCCCP) and 40% for SW III to provide patient navigation and case management and tracking and follow-up of patients.	Key staff positions remain filled Number of data entered in Cast; Number of chart review performed HE II=75% SW III= 40%	Met On-going Not Met
Progress: The GBCCEDP staffing pattern was revised to reflect the deletion of the Social Worker III position in the staffing pattern due to difficulty in finding local funds to match the salary for this position. Additionally, the salary of the Health Educator II is now being funded 100% by the GBCCEDP.			
2. By October 1, 2013, Program Management would have updated the work plans for each program component.	2a. Periodic review and update of existing work plans, based on current guidelines, as needed. 2b. Submit required progress reports on a timely basis and in accordance with federal guidelines. 2c. Update internal policies and procedures manual for BCCEDP management and administration including implementation of the U.S. Preventive Services Task Force (USPSTF) Guide to Preventive Clinical Services 2012on Breast and Cervical Cancer Screening.	Updated work plan Timely submission of required progress reports Updated policies and procedures Copy of USPSTF guidelines	Met Met Met
Progress: Updated the cervical cancer screening guidelines reflecting the 2012 ASCCP Consensus and GBCCEDP Policies and			

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Health Systems Change and Quality Clinical Preventive Services in the NBCCEDP

Procedures in consultation and approval of the GBCCEDP Medical Advisory Body. Updated guidelines were distributed to the GBCCEDP Health Providers.			
3. By June 29, 2014, the Program would have maintained an operational and efficient fiscal system that tracks and monitors program expenditures and ensure accurate and timely reimbursement of services provided by the program.	3a. Establish GBCCEDP account and ledger 3b. Update internal policies and procedure manual for fiscal management and administration	Copy of EOA Updated fiscal management policies and procedures	Met Met
<p>Progress: The GBCCEDP account and ledger was established one month upon receipt of the Notice of Grant Award (NOA). Additionally, internal policies and procedural manual for fiscal and administration were updated accordingly. The GBCCEDP providers are provided with the current Medicare Reimbursement Rates.</p>			
4. By December 2013, the program will complete a program assessment to determine gaps in services and increased capacity across all program components with emphasis on improving the quality of services provided.	4a. Conduct charts review to assess screening, re-screening, & diagnostic data to determine completeness, accuracy, and timeliness of such data. 4b. Conduct meetings with providers to discuss identified gaps in services and other issues and concerns related to provision of services.	Timely provision of screening, diagnostic follow-up and treatment Timely and efficient provision of needed services	On-going On-going
<p>Progress: Chart review is regularly conducted to assess screening, re-screening and diagnostic data to determine completeness, accuracy, and timeliness of such data. Identified gaps of services and other issues and concerns related to provision of services are conveyed immediately to Service Providers to resolve these gaps.</p>			
5. By June 29, 2014, the Program would have updated the clinical screening guidelines, allowable schedule of fees and charges base on 2013 Medicare Reimbursement rate, and all existing contracts, MOUs, and MOAs with health care partners.	5a. Convene meetings with the Medical Advisory Board (MAB) to oversee the quality of screening promotion and provision of services delivered throughout the five-year funding period. 5b. Maintain and update as necessary recommended clinical guidelines/protocols by CDC and USPSTF for breast and cervical cancer screening, follow-up and referral to treatment. 5c. Renew and monitor contracts with medical	MAB Meetings Updated Clinical Guidelines Renewed	On-going Met Met

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 Health Systems Change and Quality Clinical Preventive Services in the NBCCEDP

	providers to provide screening, diagnostic and treatment referral services.	Contracts/MOUs; invoices and payments issued.	
<p>Progress: Updated the cervical cancer screening guidelines reflecting the 2012 ASCCP Consensus and GBCCEDP Policies and Procedures in consultation and with the approval of the GBCCEDP Medical Advisory Body. Updated guidelines were distributed to the GBCCEDP Health Providers. Five (5) Service Provider Agreements have been renewed and distributed to the GBCCEDP Providers through the assistance and guidance of the Office of Attorney General. Likewise, Purchase Orders were renewed for GBCCEDP Health Providers providing diagnostic services such as surgical and gynecological consultations.</p>	<p>6. By June 29, 2014, the program will monitor and comply with administrative and programmatic functions to meet CDC requirements for program monitoring</p>	<p>Submitted reports on due date</p>	<p>On-going Met Met</p>
<p>Progress: The Minimum Data Elements (MDE) was submitted on October 15, 2013 and will be submitted on April 15, 2014 as required. Likewise, the Year-end Report and the Financial Status Report have been submitted on September 29, 2013.</p>			
<p>Program Component: Partnerships, Coordination, and Collaboration</p>			
<p>Five Year Goal: Coordinate and collaborate across cancer and other chronic disease programs including the CCC coalition, NPCR, and with key external organizations, such as the Guam Office of Minority Health, various ethnic groups, Public Welfare Programs (MIP), etc. that reach large population groups to extend the scope and impact of breast and cervical cancer screening activities and to increase population level screening.</p>			
<p>1. By June 29, 2014, the Program would have maintained and enhanced collaboration with other programs within the bureau, organizations in the community and clinical providers in conducting community outreach to targeted and disparate populations.</p>	<p>1a. Maintain and enhance collaboration and actively engage with the GCCCP, Cancer Control coalition, NCD Consortium and other community partners to develop and implement strategies to conduct cancer screening activities to targeted population. 1b. Update/maintain MOU/A with MIP and Community Health Centers to reach the underserved population for breast and cervical cancer screening.</p>	<p>Increase awareness of policy, systems and environmental (PSE) approaches that support cancer screening activities. Updated MOU/A</p>	<p>On-going On-going</p>

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Health Systems Change and Quality Clinical Preventive Services in the NBCCEDP

<p>Progress: The GBCCEDP maintains and continue to enhance collaboration and partnership with local and regional organizations such as the Non-Communicable Disease (NCD) Consortium, American Cancer Society (ACS) Guam Chapter, the Guam Medical Association, the Guam Medical Society, the Guam Comprehensive Cancer Control Program and Cancer Coalition, the Guam Cancer Care, the Guam Immunization Program, the Guam Office of Minority Health, the National Association of Chronic Disease Directors, Cancer Council of the Pacific Island Jurisdictions, and many more. Recently, the GBCCEDP re-established its partnership with the Guam Memorial Hospital Authority and established partnership with the new Guam Regional Medical City Hospital. MOU/MOA with the Bureau of Primary Care Services, the Health Care Financing Administration (MIP/MAP) will also be renewed and updated. These partnerships have strengthened our ability to help prevent and provide early detection of breast and cervical cancer among women in the community.</p>	
<p>2. By August 1, 2013, the program will renew its partnership with the Guam Cancer Registry to share data for program planning, implementation, and evaluation.</p>	<p>2a. Provide data of new cancer cases to the Guam Cancer Registry (GCR). 2b. Collect clinical information on the newly diagnosed cancer cases from the GCR. 2c. Conduct periodic meetings or communicate with the GCR to discuss ways to improve sharing of data on newly diagnosed breast and cervical cancer cases.</p>
	<p>All newly diagnosed breast and cervical cancer screened through the Program are reported to the GCR. All of clinical information obtained from GCR</p>
	<p>On-going</p>
	<p>Number of clinical data shared. Meeting minutes/number of communications made</p>
	<p>On-going On-going</p>
<p>Progress: From June 30, 2013 to the present, three (3) breast invasive cancers were diagnosed. Listing of these cases along with their pathology reports were forwarded to the Guam Cancer Registry. Likewise, the GCR are reminded to provide clinical data needed to complete the patient's cycle to the GBCCEDP as soon as these information become available.</p>	
<p>Program Component: Public Education and Targeted Outreach</p>	
<p>Five Year Goal: Design and deliver clear and consistent messages about breast and cervical cancer screening. Develop culturally appropriate messages and strategies to targeted population designed to address health disparity among women from priority and disparate populations into clinical screening services. Conduct in-reach activities to recall women to return for their annual re-screens.</p>	
<p>1. By June 29, 2014, the Program would have engaged partners, in particular, the GCCCP and the GOMH, including community partners and representatives from the various ethnic organizations in</p>	<p>1a. Collaborate with appropriate community partners in observing October 2013 as Breast Cancer Awareness Month and January 2014 as Cervical Cancer Awareness Month by coordinating Proclamation Signing, conduct</p>
	<p>Increase in the number of women who are enrolling and returning for their annual re-screening.</p>
	<p>Met</p>

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assessing needs and developing plans, and in selecting and implementing evidence-based strategies for public education, outreach, and in-reach appropriate for the priority and disparate population.	Radio and TV appearances and develop print media campaigns		Met
<p><u>Progress:</u> In collaboration and partnership with the American Cancer Society (ACS), the Guam Cancer Care (GCC), the Guam Regional Medical City, the Guam Cancer Comprehensive Cancer (GCCC) Program and Coalition, the Guam Immunization Program, the Ladies of Harley, the Guam Cancer Support Groups, the Non-Communicable Disease (NCD) Consortium and the other community partners conducted several activities to promote the Breast Cancer Awareness Month during the month of October 1, 2013 and Cervical Cancer Awareness Month during the Month of January 2014 Activities conducted include the following:</p> <p><u>Breast Cancer Awareness Month Activities:</u> On Oct. 2 – Hon. Governor Calve proclaimed October 2013 as Breast Cancer Awareness Month, over 80 community partners and breast cancer advocates attended the event; Oct. 4 - “Get Your Pink On and Join the Fight Wave” at the ITC intersection was held to raise awareness about the importance of prevention and early detection of breast cancer. more than 1,000 breast cancer advocates participated in this event; “Strides for the Cure2k/5k Marathon” was held on same date; Oct. 12 – Table Top Display at “Get Your Pink On and Join the Fight Health Fair” was held at the Micronesian Mall to promote Breast Cancer Awareness; A “Nutrition Class” was conducted by the ACS; About 500 various educational materials and more than 300 promotional materials were distributed during the various community outreaches conducted by the GBCCEDP.</p> <p><u>Cervical Cancer Awareness Month Activities:</u> On Jan. 15 – “Cervical Cancer Awareness Month (CCAM) Proclamation signing was held at the Governor’s Office attended by approximately 50 community partners and cancer survivors; Collaborated with ACS, FHP Health Center, PMC Isla Health System and Marianas Physicians Group (Dr. Ellen Bez) in implementing the “\$25 Gas Coupon Incentive Program in support of the Cervical Cancer Screening Project” for women receiving Pap Tests for the first time. This Project is sponsored by the Guam Regional Medical City Hospital. This Project is currently on-going until March 31, 2014; On January 28 - GBCCEDP appeared at K57 Travis Radio Talk Show, along with a GBCCEDP Provider and partners to promote January as Cervical Cancer Awareness Month.</p>	<p>2a. Conduct meetings with identified community partners to enhance partnerships and collaboration in developing comprehensive, culturally appropriate and consistent breast and cervical cancer screening and cancer control messages and to plan strategies to effectively reach out to the target,</p>	<p>Community partnerships strengthened; MOAs established; Plans of actions developed</p>	<p>On-going</p>
<p>2. By June 29, 2014, the Program would have leveraged and enhanced the public education and outreach efforts with community partners to develop comprehensive, culturally appropriate and consistent messages and to minimize duplication.</p>			

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<p>3. By June 29, 2014, the Program would have successfully engaged community partners in conducting community <i>Outreach</i> activities to target, priority and disparate population and would have enhanced its <i>In-reach</i> efforts to be able to provide services and meet the projected number of women served.</p>	<p>priority and disparate population. 3a. Collaborate with identified community partners in conducting outreach clinics and activities in isolated and hard-to-reach areas.</p>	<p>Increase number of women enrolled in the Program and number of women returning for their annual re-screening</p>	<p>On-going</p>
<p>Progress: The GBCCEDP continues to participate in the Extended Outreach Clinics conducted by the DPHSS, Bureau of Primary Care Services as part of their community outreach activities for the isolated and disparate populations. Furthermore, in collaboration with community partners provided incentives of \$25 gas coupons to women ages 40 to 64 who received their first mammogram between October 1, 2013 to December 31, 2013. Over 200 women benefited from this Project sponsored by the GRMCH. Additionally, the GBCCEDP will be partnering with the Guam Cancer Care, a non-profit organization in promoting the “JOIN THE FIGHT” Movement which encourages organizations to take pledges: To promote, encourage and allow employees to get screened for cancer in line with the approved cancer screening guidelines; To disseminate information to employees, customers, and members in reference to cancer, screening and early detection programs; and to encourage employees to eat healthy and to exercise regularly to promote a healthier work and family environment. Employees who meet the eligibility requirements will be referred to the GBCCEDP.</p>			
<p>4. By, December 31, 2013 the Program would have partnered with the Guam Office of Minority Health and other B&C programs in the Pacific Island Jurisdiction (PIJ) in sharing, developing and disseminating culturally and linguistically appropriate educational materials and video commercials.</p>	<p>4a. Contact the B&C Programs in the PIJ to request sharing of information and copies of available materials translated in various ethnic languages; explore possibility of replicating these materials</p>	<p>Availability of culturally and linguistically appropriate materials related to cancer and obesity</p>	<p>On-going</p>
<p>Progress: The GBCCEDP continues to provide support to counterparts in the USAPIJ B&C programs by sharing informational materials and providing technical assistance upon request. The GBCCEDP provided support to Palau B&C Program in finding providers for laboratory and pathology services for their clients. Likewise, the notification to complete the NBCCEDP Implementation Survey was forwarded to CNMI B&C as requested.</p>			
<p>Program Component: Screening, Diagnostic and Patient Navigation Services Five Year Goal: To provide breast and cervical cancer screening and diagnostic services as a preventive health measure, as well as referral to treatment for women diagnosed with cancer or precancerous lesions; and, to the extent practicable, provide appropriate identification of barriers and follow-up services</p>			

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<p>1. By December 31, 2013, the program will revise in-reach policies to increase the number of women returning to their annual re-screening from 10% to 15%.</p>	<p>1a. Generate listing of women due for their annual re screening 1b. Implement the re-call system by sending reminder letters one month prior to their due dates, follow up by phone calls or home visits will be conducted when needed 1c. Provide incentives to women returning for their annual re-screening</p>	<p>Listing of women due for annual re-screening Reminder letters sent</p> <p>Number of promotional materials issued</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p>
<p>2. By June 29, 2014, the Program would have provided timely and appropriate breast and cervical cancer screening services to 500 women (projected number) from the identified priority, target and disparate population(s).</p>	<p>2a. Implement the established screening and re-screening guidelines to women enrolled into the program.</p>	<p>95% of all clients will receive appropriate screening and diagnostic procedures in timely manner.</p>	<p>On-going</p>
<p>3. By June 29, 2014, the Program would have effectively and routinely utilized data management systems to assure that women with abnormal screening results receive recommended diagnostic services and referral to treatment as needed and according to CDC performance standards.</p>	<p>3a. Implement the established data management system to collect, edit, and manage data needed to track a client's receipt of appropriate and timely services. 3b. Weekly collection of clinical data from health providers and data entry 3c. To conduct weekly edits to ensure proper data entry and to correct errors 3d. Print data reports to assess completeness and appropriateness of data entry and to determine the timely provision of services 4d. Engage the Social Worker to do Patient Navigation to women found with abnormal results.</p>	<p>95% of all clients will receive appropriate, timely screening and diagnostic tests Number of clinical data Accurate data entry Accurate data entry Timely provision of services Timely follow up of cases</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p> <p>On-going</p>

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<p>4. By June 29, 2014, the Program would have coordinated the screening and diagnostic follow-up services with existing clinical service programs and/or other chronic disease programs and partners, such as the Tobacco Quitline and to improve the effectiveness and efficiency of public health programs and services.</p>	<p>3a. Strictly implement the established screening, tracking and follow-up system to refer patients for screening and diagnostic follow-up.</p> <p>3b. Identify women who are at risk of the ill-effect of tobacco use during intake and refer them to the Tobacco control Program for appropriate interventions.</p>	<p>Implementation of written screening, tracking and follow-up guidelines</p> <p>Number of women referred for appropriate intervention</p>	<p>On-going</p> <p>On-going</p>
<p>Progress: To date, 49 abnormal breast cancer screenings and 3 abnormal Pap tests with pending final diagnosis are being followed up for cycle completion. Proper entry of the recommended follow-up procedures will ensure that the Patient Reminder listings are correctly extracted from the CaST Patients Reminder Report. Furthermore, regular feedback is provided to providers regarding the data collected, discussed concerns and implement corrective measures as needed.</p>			
<p>5. By June 29, 2014, the Program would have maintained meeting the CDC requirement of providing 75% mammogram to women (50 to 64 years) and would have continued providing 20% of Pap tests to women age 40 to 64 who are rarely and never been screened.</p>	<p>5a. Strictly implement policy of providing mammogram to women of this age group and women who are rarely and never been screened for the last five years as PRIORITY.</p> <p>5b. Strictly implement policy of providing mammogram to women below 50 years old who have two or more consecutive negative results will be provided mammogram every two years.</p> <p>5c. Recall priority populations who have been inactivated from the program due to failure to respond to reminder calls. .</p> <p>5d. Request a listing of women currently enrolled under MIP, aged 50 to 64 years old along with their primary care provider</p>	<p>Not less than 75% of mammograms are provided to women 50-64 years of age and provide 20% Pap tests to women who are rarely and never been screened</p> <p>Number mammogram provided to women less than 50 year old who have two or more consecutive negative results.</p> <p>Number of women recalled</p> <p>Listing of MIP women</p>	<p>On-going</p> <p>On-going</p> <p>On-going</p> <p>Met</p>

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<p>6. By June 29, 2014, the Program would have utilized and enhanced patient navigation services to facilitate access to diagnostic and treatment referrals for patients with abnormal findings, as well as referral to additional resources and services.</p>	<p>6a. Utilize queries from the CaST of listing of women with abnormal results. 6b. Referrals and listing provided to the PC I for proper management.</p>	<p>95% of women with abnormal result will receive case management services 95% of women with abnormal result will receive case management services</p>	<p>On-going On-going</p>
<p>Progress: To date, 133 women have returned for their annual re-screening and 56 cases were inactivated. 28 or 50% of the women who were inactivated have insurance coverage and the other 50% were non-responsive to reminder letters and phone calls. As of January 31, 2014, the program has enrolled 112 new women (75% of the projected 150 new enrollees). The GBCCEDP had provided 162 mammograms (58% of the projected mammograms 280 and 133 Pap test (83% of the projected Pap test 160). 111 mammograms or sixty five (65%) were provided to women 55 to 64 years of age. The 100% goal will be met before the grant period ends in June 29, 2014. Of the 162 mammograms performed, 56 or 34% of the mammogram results have Assessment Incomplete. A meeting with the mammography providers and the Medical Advisory Body will be scheduled to discuss and find ways to address this issue.</p> <p style="text-align: center;">Program Component: Quality Assurance and Quality Improvement</p>			
<p>Five Year Goal: Provide mechanisms that monitor and ensure continuous quality assurance and quality improvement for all breast and cervical cancer screening activities.</p>			
<p>1. By June 29, 2014, the Program would have promoted, implemented and evaluated the adoption of and adherence to screening guidelines and quality standards for breast and cervical cancer screening among NBCCEDP and non-NBCCEDP providers and health systems.</p>	<p>1a. Conduct periodic chart reviews and MDE checks to determine provider and program adherence to screening guidelines. 1b. Identify gaps of screening and diagnostic services and determine ways to improve program tracking and follow-up services. 1c. Collaborate with GCC Coalition's Screening and Treatment Action Team in ensuring the distribution, adoption, implementation and evaluation of the Guide to Clinical Preventive Services 2012 by the USPS Task force to all health providers in Guam.</p>	<p>95% of all clients will receive appropriate screening and diagnostic procedures in timely manner. Timely provision of diagnostic follow-up Listing of health providers receiving and implementing the Guide to Clinical Preventive Services 2012</p>	<p>On-going On-going On-going</p>

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<p>Progress: To date, 49 abnormal breast cancer screening and 3 abnormal Pap test with pending final diagnosis are being followed up for cycle completion. Proper entry of the recommended follow-up procedures will ensure that patient reminder listings are correctly extracted from the patient reminder report. Furthermore, regular feedback is provided with providers regarding the data collected, discussed concerns and implement corrective measures.</p>	
<p>2. By June 29, 2014, the Program would have conducted consistent monitoring of screening, diagnostic and patient navigation services to identify and resolve potential quality problems and document best practices.</p>	<p>2a. Conduct regular meetings with providers for feedback of the data collected and to discuss concerns and corrective measures when needed.</p>
<p>Progress: Of the 162 mammograms performed, 56 or 34% of the mammogram results have Assessment Incomplete. A meeting with the mammography providers and the Medical Advisory Body will be scheduled to discuss and find ways to address this issue. Regular communications with health providers are conducted to verify patient appointment status, missing screening and diagnostic results and other issues or concerns raised by the patients.</p>	
<p>Program Component: Professional Development</p>	
<p>Five Year Goal: Improve the education and skills of health care providers, including allied health professionals and partner organizations, in the promotion and provision of high-quality breast and cervical cancer screening and diagnostic services.</p>	
<p>1. By June 29, 2014, the Program collaborated with GCC Coalition's Screening and Treatment and Policy and Advocacy Action Teams in ensuring the distribution, adoption, implementation and evaluation of the Guide to Clinical Preventive Services 2012 by the USPS Task force to all health providers in Guam.</p>	<p>1b. Conduct meetings with the MAB/GCC Coalition's Screening and Treatment and Policy and Advocacy Action Teams to review the Breast and Cervical Cancer Clinical Guidelines. 1c. Printing of Standardized Breast and Cervical Cancer Clinical Guidelines. 1d. Dissemination of Standardized Breast and Cervical Cancer Clinical Guidelines.</p>
	<p>Implementation of a Standardized Breast and Cervical Cancer Clinical Guidelines. Standardized Breast and Cervical Cancer Clinical Guidelines. Standardized Breast and Cervical Cancer Clinical Guidelines.</p>
	<p>On-going</p>
	<p>Met</p>
	<p>Met</p>

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Progress: In collaboration with GCCCP and GCCC, during the period of November and December 2013, a total of 100 USPSTF pocket guides were distributed to the following health care organizations: FHP Health Center, The Doctors Clinic, American Medical Center, PMC Isla Health System, Cancer Center of Guam, Latte Stone Cancer Care Center, Seventh Day Adventist Guam Clinic, IHP Medical Group, DPHSS North & South, UOG Student Health Services. This will serve as a tool for the providers to conduct breast, cervical and colorectal cancer screenings. In addition, a Health Care Provider Survey was conducted to assess the current screening guidelines they are using. Presentations were made to the Guam Medical Society, the Northern, Central and Southern Health Centers to promote this guidance. More presentations will be conducted to other health organizations to promote the adoption of the guidelines to include the Guam Nurses Association and the Guam Medical Association

Program Component: Data Management and Utilization

Five Year Goal: In collaboration with appropriate community partners, efficiently collect and utilize data to track women who were screened, determine quality and appropriateness of services and most importantly to inform the community and the policy makers of the extent of the breast and cervical cancer cases on Guam thereby utilize these data to develop policies that will support the Program's prevention efforts.

<p>1. By June 29, 2014, the Program would have strengthened its data collection and surveillance thereby increased the quality of breast and cervical cancer screening and diagnostic services to priority and disparate population.</p>	<p>1a. To collaborate with the Medically Indigent Program (MIP) and the Community Health Centers (CHCs) to collect data on the number of new women enrolled in the MIP ages 50 to 64 years old. 1b. Conduct patient chart review and extract breast and cervical cancer screening history of MIP enrolled women ages 50-64. 1c. Review and transcribe breast and cervical cancer history of MIP enrolled women aged 50-64 seen at the two CHCs to data forms. 1d. Conduct Patient Navigation to women who have been lost to follow up and have not received appropriate and timely services.</p>	<p>Listing of new MIP enrolled women who are receiving services at the CHCs</p> <p>Review of appropriateness of services received</p> <p>Screening history collected for all women</p> <p>Provision of quality services to disparate and target population</p>	<p>Met</p> <p>Not met</p> <p>Not met</p> <p>On-going</p>
<p>Progress: Due to difficulty in finding local funds to match the salary of the Social Worker III position, this objective was suspended indefinitely. However, with the hiring of the Data Control Clerk II this objective will be pursued in the next budget period.</p>			
<p>2. By December 2013, the program will update the data collection system to include</p>	<p>2a. Conduct CaST training to all Program staff to implement the established data management system to collect, edit and manage data needed to track the</p>	<p>95% of all clients will receive appropriate screening and diagnostic</p>	<p>On-going</p>

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<p>implementation and evaluation of services measures</p>	<p>provision of appropriate and timely services. 2b. Weekly collection of clinical data from health providers and enter data in CaST. 2c. To conduct weekly edits to ensure proper data entry and to correct errors. 2d. Print data reports to assess completeness and appropriateness of data entry and to determine the timely provision of services</p>	<p>procedures in timely manner. Number of clinical data collected and posted in CaST Number of edits made 95% of all clients will receive appropriate screening and diagnostic procedures in timely manner</p>	<p>On-going On-going On-going</p>
<p>Progress: CaST training updates are regularly conducted to the staff to ensure efficient and proper data entry particularly in the proper entry of the recommended follow-up procedures and CPT codes of the procedures performed. Furthermore, the newly hired Data Control Clerk II will be trained as well.</p>			
<p>3. By June 29, 2014, the Program would have utilized existing surveillance and other data to identify disparate and other population in need of services.</p>	<p>3a. Collaborate with the BRFSS, Coordinated Chronic Disease Program, the GOMH and the Tobacco Prevention Program to identify women who are at risk of chronic diseases and the ill-effect of tobacco use during intake and refer them for appropriate interventions.</p>	<p>At-risk women are referred for appropriate intervention</p>	<p>On-going</p>
<p>Progress: Of the 204 patients who were screened from June 30, 2013 to January 31, 2014, 27 or 13% stated that they are tobacco users. Nine (9) or 33% chew, 17 or 63% smoke and one used tobacco in other form. As to ethnicity, 9 or 33% are Chamorro, 14 or 52% are Pacific Islanders, 2 (7%) are Filipino, 2 or 2% are Asians. As to age, 6 or 22% are less than 40 years of age, 10 or 37% are aged 40 to 49 and 11 or 41% are over 49 years old. All patients were referred to the Tobacco Control Program for tobacco cessation services and were provided information regarding the 1-800 QUIT NOW Quitline.</p>			

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<p>4. By June 29, 2014, the Program would have utilized the CDC patient tracking system [(Minimum Data Elements (MDEs)] to collect and analyze information to track provision of appropriate screening/rescreening, diagnostic and treatment referral services.</p>	<p>4a. Implement the established data management system to collect, edit, and manage data needed to track a client's receipt of appropriate and timely services. 4b. Weekly collection of clinical data from health providers and enter data in CaST. 4c. To conduct weekly edits to ensure proper data entry and to correct errors. 4d. Print data reports to assess completeness and appropriateness of data entry and to determine the timely provision of services.</p>	<p>95% of all clients will receive appropriate screening and diagnostic procedures in timely manner. Number of clinical data collected and posted in CaST Number of edits made 95% of all clients will receive appropriate screening and diagnostic procedures in timely manner</p>	<p>On-going On-going On-going On-going</p>
<p>Progress: Weekly MDE edits is being conducted to ensure proper data entry and to correct entry errors. Latest MDE (October 15, 2013) feedback showed that MDE were in compliance with CDC standards.</p>			
<p>5. By June 29, 2014, the Program would have consistently collaborated with the Guam Cancer Registry for the timely and accurate submission of data.</p>	<p>5a. Provide data of new cancer cases to the Guam Cancer Registry (GCR). 5b. Collect clinical information on the newly diagnosed cancer cases from the GCR. 5c. conduct periodic meetings with the GCR to discuss ways to improve sharing data on newly diagnosed breast and cervical cancer cases.</p>	<p>100% of newly diagnosed breast and cervical cancer screened through the Program are reported to the GCR. 100% of clinical information obtained from GCR Number of clinical data shared</p>	<p>On-going On-going On-going</p>
<p>Progress: From June 30, 2013 to January 31, 2014, three (3) breast invasive cancers were identified. Listing of these cases along with their pathology reports were forwarded to the Guam Cancer Registry.</p>			
<p>By June 29, 2014, the Program would have utilized data for programmatic decisions and routinely generate reports for</p>	<p>6a. Generate monthly report to: (1) monitor that screening services are provided to target population; (2) and to monitor the appropriateness and timeliness of services provided.</p>	<p>75% of mammogram are provided to women 50-64 years of age and provide 20% Pap tests to women who are</p>	<p>On-going</p>

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<p>program management, providers, and contractors to monitor the number of women screened, population demographics, and adherence to performance standards.</p>	<p>6b. Share information to health providers, i.e. percentage of assessment incomplete and make corrective measures as needed.</p> <p>6c. Collaborate with the BRFSS program in disseminating data results related to breast and cervical cancer.</p>	<p>rarely and never been screened Improvement of percentage of assessment incomplete results</p> <p>High risk population and risk factors identified</p>	<p>On-going</p> <p>On-going</p>
<p>Progress: GBCCEDP will continue to collaborate with BRFSS and the Cancer Registry to monitor the burden of cancer on Guam and to collaborate with the CCCP in developing strategic plans to address the problem.</p>			
<p>Program Component: Program Monitoring and Evaluation</p>			
<p>Five Year Goal: To design and conduct program evaluation to assess the effectiveness and compliance of the program with the federal requirements and guidelines.</p>			
<p>1. By September 2013, the Program staff will get familiarized with the Work Plans, Policies and Procedures and other SOPs.</p>	<p>1a. Orientation and review of Work Plans during monthly meetings, Discussion of policies and procedures and other SOPs.</p>	<p>Well-informed staff</p>	<p>On-going</p>
<p>Progress: Periodic review and update of existing work plans are conducted during staff meetings to monitor the program activities and to adjust courses of action based on priorities. Monthly reports are submitted to the bureau administrator to provide update on the program work plan. Staff meetings are regularly conducted to discuss programmatic issues and concerns.</p>			
<p>2. By June 2014, the program will submit a final evaluation plan to CDC to meet the requirements.</p>	<p>2a. Through RFP Process will hire a Consultant to implement Program Evaluation to assess the effectiveness of the Program as well as compliance with the federal requirements and guidelines.</p>	<p>Completed evaluation report and presentation of findings to partners and stakeholders</p>	<p>On-going</p>
<p>Progress: Scope of Work for the Consultant is currently being prepared. The hiring of the Consultant will be made through an RFP process. The Evaluation Plan aims to assess the effectiveness of the Program as well as compliance with the federal requirements and guidelines.</p>			

V. GBCCEDP WORK PLAN 2014-15

Objectives	Activities	Measures of Effectiveness	Data	Time-frame in Assessing Progress	Staff Responsible
Program Component: Management					
Five Year Goal: Sustain program infrastructure and capacity to increase evidence-based screening promotion services at the population level and to provide screening provision services to priority population(s) over the length of the project period.					
1. By June 2015, the program would have retained 100% of key project staff to effectively implement program activities and requirements.	1a. Ensure that key staff positions remain filled with qualified and technically diverse staff. b. Cost Allocate the salary of Data Control Clerk II (DC II) by 78% (22% by NPHII).	Key staff positions remain filled DC II=78%	Staffing pattern Internal financial processing	Bi-annual 2 months upon Establishment of Account	PC IV PC II
2. By June 2015, the Program would have maintained an operational and efficient fiscal system that tracks and monitor program expenditures and ensures accurate and timely reimbursement of services provided by the program.	3a. Establish GBCCEDP account and ledger 3b. Update internal policies and procedure manual for fiscal management and administration	Copy of EOA Updated fiscal management policies and procedures	Copy of EOA Updated fiscal management policies and procedures	July 2014 As needed	PC II PC IV, PC II
3. By December 2014, the program would have completed a program assessment to determine gaps in services and increased capacity across all program components with emphasis on improving the quality of services provided.	3a. Conduct charts review to assess screening, re-screening, & diagnostic data to determine completeness, accuracy, and timeliness of such data. 3b. Conduct meetings with providers to discuss identified gaps in services and other issues and concerns related to provision of services.	Timely provision of screening, diagnostic follow-up and treatment Timely and efficient provision of needed services	Schedule of case reviews Minutes of meetings	Monthly Quarterly or as needed	Program staff Program staff Providers

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	3c. Analyze and disseminate results of the Patients Satisfaction Survey to Providers, funder, partners and patients served.	Timely survey analysis	Survey results	December 2014	Staff, Providers, clients, grantor
<p>4. By June 2015, the Program would have maintained clinical guidelines/protocols by CDC and USPSTF for breast and cervical cancer screening, updated the allowable schedule of fees and charges base on 2014 Medicare Reimbursement rate, and all existing contracts, MOUs, and MOAs with health care partners.</p>	<p>4a. Maintain and update as necessary recommended clinical guidelines/protocols by CDC and USPSTF for breast and cervical cancer screening, follow-up and referral to treatment.</p> <p>4b. Renew and monitor contracts with medical providers to provide screening, diagnostic and treatment referral services.</p>	<p>Updated allowable fee schedule</p> <p>Renewed Contracts/MOUs/MOAs; invoices and payments issued.</p>	<p>Updated allowable fee schedule</p> <p>Renewed Contracts/MOUs/MOAs; invoices and payments issued...</p>	<p>Quarterly or as needed</p> <p>October 2014</p>	<p>MAB and Program staff</p> <p>PC IV, PC II</p>
<p>6. By June 2015, the program will monitor and comply with administrative and programmatic functions to meet CDC requirements for program monitoring</p>	<p>6a. Submit required progress reports on or before deadlines:</p> <ul style="list-style-type: none"> • MDE submissions - Oct. 15, 2014 and April 15, 2015 • Year I Annual Report – September 29, 2014 • Federal Financial Report Year I (FFR) – September 29, 2014 	<p>Submitted reports on due date</p>	<p>Submitted reports</p>	<p>Oct. 15, 2014 and April 15, 2015</p> <p>September 29, 2014</p> <p>September 29, 2014</p>	<p>PC IV and Data Manager</p>
<p>Program Component: Partnerships, Coordination, and Collaboration</p>					
<p>Five Year Goal: Coordinate and collaborate across cancer and other chronic disease programs including the Non-Communicable Disease (NCD) Consortium, CCC coalition, NPCR, and with key external organizations, such as the Guam Office of Minority Health, various ethnic groups, Public Welfare Programs (MIP), etc. that reach large population groups to extend the scope and impact of breast and cervical cancer screening activities and to increase population level screening.</p>					

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<p>1. By June 2015, the Program would have maintained and enhanced collaboration with other programs within the bureau, organizations in the community and clinical providers in conducting community outreach to targeted and disparate populations.</p>	<p>1a. Maintain and enhance collaboration and actively engage with the GCCCP and Coalition, NCD Consortium, American Cancer Society, Guam Cancer Care, Guam Regional Medical City and other community partners to develop and implement strategies to conduct cancer screening activities to targeted population. 1b. Update/maintain MOU/MOA with MIP/Medicaid and Community Health Centers to reach the underserved population for breast and cervical cancer screening.</p>	<p>Increase awareness of policy, systems and environmental (PSE) approaches that support cancer screening activities. Updated MOU/MOA</p>	<p>Attendance to meetings, Minutes of meeting minutes MOU/MOA</p>	<p>Monthly As needed</p>	<p>PC IV and Health Educator PC IV, PC II</p>
<p>2. By August 1, 2014, the program will maintain its partnership with the Guam Cancer Registry to share data for program planning, implementation, and evaluation.</p>	<p>2a. Provide data of new cancer cases to the Guam Cancer Registry (GCR). 2b. Collect clinical information on the newly diagnosed cancer cases from the GCR. 2c. Conduct periodic meetings or communicate with the GCR to discuss ways to improve sharing of data on newly diagnosed breast and cervical cancer cases.</p>	<p>All newly diagnosed breast and cervical cancer screened through the Program are reported to the GCR. All of clinical information obtained from GCR Number of clinical data shared</p>	<p>New cancer cases Clinical data Attendance to meetings, Minutes of meeting minutes</p>	<p>On-going Quarterly or as needed</p>	<p>Data manager, Program Staff and Guam Cancer Registry Data manager, Program Staff and Guam Cancer Registry</p>

Program Component: Public Education and Targeted Outreach

<p>Five Year Goal: Design and deliver clear and consistent messages about breast and cervical cancer screening. Develop culturally appropriate messages and strategies to targeted population designed to address health disparity among women from priority and disparate populations into clinical screening services. Conduct in-reach activities to recall women to return for their annual re-screens.</p>					
<p>1. By June 2015, the Program would have partnership, in particular, the NCD Consortium, the GCCCP and the GOMH, including community partners and representatives from the various ethnic organizations in implementing evidence-based strategies for public education, outreach, and in-reach appropriate for the priority and disparate population.</p>	<p>1a. Collaborate with appropriate community partners in observing October 2014 as Breast Cancer Awareness Month and January 2015 as Cervical Cancer Awareness Month by coordinating Proclamation Signing, conduct Radio and TV appearances and develop print media campaigns.</p> <p>1b. Collaborate with the NCD Consortium Physical Activity Action Team, the Website Wellness Program Steering Committee and community partners to conduct cancer screenings during the health screenings for the Government of Guam employees.</p>	<p>Increase in the number of women who are enrolling and returning for their annual re-screening.</p>	<p>Print and Media messages</p>	<p>October 2014 January 2015 Quarterly</p>	<p>HE II, Program staff and community partners HE II, Program Staff, NCD Consortium, WWP Steering Committee</p>
<p>2. By June 2015, the Program would have successfully engaged community partners in conducting community <i>Outreach</i> activities to target, priority and disparate population and would have enhanced its <i>In-reach</i> efforts to be able to provide services and meet the projected number of women served.</p>	<p>3a. Collaborate with Guam Cancer Care, Community Health Centers Extended Outreach Projects and other community partners in conducting outreach clinics and activities in isolated and hard-to-reached areas.</p>	<p>Increase number of women enrolled in the Program and number of women returning for their annual re-screening</p>	<p>Schedule of community outreach clinic and activities; Number of women enrolled to the GBCCEDP;</p>	<p>Monthly</p>	<p>PC IV, Program Staff and community partners</p>

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<p>3. By June 2015 maintained partnership with the Guam Office of Minority Health and other B&C programs in the Pacific Island Jurisdiction (PIJ) in sharing, developing and disseminating culturally and linguistically appropriate educational materials and video commercials and providing technical assistance as requested by PIJ B&C Programs.</p>	<p>4a. Contact the PIJ B&C Programs to request sharing of information and resources to include copies of available materials translated in various ethnic languages; explore possibility of replicating these materials.</p>	<p>Availability of culturally and linguistically appropriate materials related to cancer and obesity</p> <p>Copy of information requested</p>	<p>Inventory of materials (print and media) translated in various ethnic languages</p> <p>Copy of information requested</p>	<p>Quarterly</p> <p>As requested</p>	<p>HE II, Guam Office of Minority Health, B&C Coordinators from PIJ</p> <p>Program Staff, Coordinators from PIJ</p>
<p align="center">Program Component: Screening, Diagnostic and Patient Navigation Services</p>					
<p>Five Year Goal: To provide breast and cervical cancer screening and diagnostic services as a preventive health measure, as well as referral to treatment for women diagnosed with cancer or precancerous lesions; and, to the extent practicable, provide appropriate identification of barriers and follow-up services</p>					
<p>1. By June 2015, the program will continue to implement the revised in-reach policies to maintain at least 60% of women are returning to their annual re-screening.</p>	<p>1a. Generate listing of women due for their annual re screening.</p> <p>1b. Implement the re-call system by sending reminder letters one month prior to their due dates, follow up by phone calls or home visits will be conducted when needed.</p> <p>1c. Provide incentives to women returning for their annual re-screening</p>	<p>Listing of women due for annual re-screening</p> <p>Reminder letters sent</p> <p>Number of promotional materials issued</p>	<p>CaST.</p> <p>Number of women re-screened</p> <p>Promotional materials provided</p>	<p>Quarterly</p> <p>Monthly</p> <p>Monthly</p>	<p>Data Manager</p> <p>Program staff</p> <p>Program staff</p>

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<p>2. By June 2015, the Program would have provided timely and appropriate breast and cervical cancer screening services to 400 women. (projected number) from the identified priority, target and disparate population(s).</p>	<p>2a. Implement the established screening and re-screening guidelines to women enrolled into the program.</p>	<p>95% of all clients will receive appropriate screening and diagnostic procedures in timely manner.</p>	<p>List of women receiving appropriate services</p>	<p>Weekly</p>	<p>Program staff</p>
<p>3. By 29, 2014, the Program would have effectively and routinely utilized data management systems to assure that women with abnormal screening results receive recommended diagnostic services and referral to treatment as needed and according to CDC performance standards.</p>	<p>3a. Implement the established data management system to collect, edit, and manage data needed to track a client's receipt of appropriate and timely services. 3b. Weekly collection of clinical data from health providers and data entry. 3c. To conduct weekly edits to ensure proper data entry and to correct errors. 3d. Print data reports to assess completeness and appropriateness of data entry and to determine the timely provision of services. 4d. Engage the PC II to do Patient Navigation to women found with abnormal results.</p>	<p>95% of all clients will receive appropriate and diagnostic tests Number of clinical data Accurate data entry Timely provision of services Timely follow up of cases</p>	<p>Written data management system Number of clinical data CaST data Printout of data reports Number of referrals made Documentation of contacts</p>	<p>Weekly Weekly Weekly Weekly Weekly Bi-weekly or as needed</p>	<p>Program staff Program staff Data Manager Data Manager and Program staff PC II</p>

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<p>4. By June 2015, the Program would have coordinated the screening and diagnostic follow-up services with existing clinical service programs and/or other chronic disease programs and partners, such as the Tobacco Quitline and to improve the effectiveness and efficiency of public health programs and services.</p>	<p>3a. Strictly implement the established screening, tracking and follow-up system to refer patients for screening and diagnostic follow-up. 3b. Identify women who are at risk of the ill-effect of tobacco use during intake and refer them to the Tobacco control Program for appropriate interventions.</p>	<p>Implementation of written screening, tracking and follow-up guidelines Number of women referred for appropriate intervention.</p>	<p>Written screening, tracking and follow-up guidelines Number of women identified at risk of the ill-effects of tobacco use</p>	<p>Daily Daily</p>	<p>Program staff Program staff</p>
<p>5. By June 2015, the Program would have maintained meeting the CDC requirement of providing 75% mammogram to women (50 to 64 years) and would have continued providing 20% of Pap tests to women age 40 to 64 who are rarely and never been screened.</p>	<p>5a. Strictly implement policy of providing mammogram to women of this age group and women who are rarely and never been screened for the last five years as PRIORITY. 5b. Strictly implement policy of providing mammogram to women below 50 years old who have two or more consecutive negative results will be provided mammogram every two years. 5c. Recall priority populations who have been inactivated from the program due to failure</p>	<p>Not less than 75% of mammograms are provided to women 50-64 years of age and provide 20% Pap tests to women who are rarely and never been screened Number mammogram provided to women less than 50 year old who have two or more consecutive negative results. Number of women recalled</p>	<p>Number of mammogram and Pap test Number of women provided services Number of women recalled</p>	<p>Monthly Monthly Weekly</p>	<p>Program Staff Program Staff Program Staff</p>

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<p>to respond to reminder calls. 5d. Request a listing of women currently enrolled under MIP, aged 50 to 64 years old along with their primary care provider</p> <p>6a. Utilize queries from the CaST of listing of women with abnormal results.</p> <p>6b. Referrals and listing provided to the PC II for proper management.</p> <p>6. By June 2015, the Program will continue to utilized patient navigation services system to facilitate access to diagnostic and treatment referrals for patients with abnormal findings, as well as referral to additional resources and services.</p>	<p>Listing of MIP women</p> <p>95% of women with abnormal result will receive case management services 95% of women with abnormal result will receive case management services</p>	<p>Listing of MIP women</p> <p>95% of women with abnormal result will receive case management services 95% of women with abnormal result will receive case management services</p>	<p>Listing of MIP women</p> <p>List of women with abnormal results List of women with abnormal results referred to the PC II</p>	<p>Quarterly</p> <p>Weekly Weekly</p>	<p>Program Staff</p> <p>PC II PC II</p>
<p>Program Component: Quality Assurance and Quality Improvement</p>					
<p>Five Year Goal: Provide mechanisms that monitor and ensure continuous quality assurance and quality improvement for all breast and cervical cancer screening activities.</p>					
<p>1. By June 2015, the Program would have evaluated the adoption of and adherence to screening guidelines and quality standards for breast and cervical cancer screening among NBCCEDP and non-NBCCEDP providers and health systems.</p>	<p>1a. Conduct periodic chart reviews and MDE checks to determine provider and program adherence to screening guidelines.</p> <p>2. Identify gaps of screening and diagnostic services and determine ways to improve program tracking and follow-up services.</p>	<p>95% of all clients will receive appropriate screening and diagnostic procedures in timely manner. Timely provision of diagnostic follow-up</p>	<p>Chart review findings; MDE summaries/reports Identified gaps of screening and diagnostic services</p>	<p>Weekly Monthly</p>	<p>Data Manager, PC II and Program Staff PC IV, PC II</p>

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<p>2. By June 2015, the Program would have conducted consistent monitoring of screening, diagnostic and patient navigation services to identify and resolve potential quality problems and document best practices.</p>	<p>3. Collaborate with GCC Coalition's Screening and Treatment Action Team in ensuring implementation and evaluation of the Guide to Clinical Preventive Services 2012 by the USPS Task force to all health providers in Guam.</p> <p>2a. Conduct regular meetings with providers for feedback of the data collected and to discuss concerns and corrective measures when needed.</p>	<p>Listing of health providers implementing the Guide to Clinical Preventive Services 2012</p> <p>Improved screening and follow-up services</p>	<p>Number of health providers implementing the Guide to Clinical Preventive Services 2012</p> <p>Data reports & Minutes of Meetings</p>	<p>Bi-annually</p> <p>Quarterly</p>	<p>PC IV, GBCCEDP staff</p> <p>PC IV and Program staff</p>
<p>Program Component: Professional Development</p>					
<p>Five Year Goal: Improve the education and skills of health care providers, including allied health professionals and partner organizations, in the promotion and provision of high-quality breast and cervical cancer screening and diagnostic services.</p>					
<p>1. By June 2015, the Program will continue to collaborate with GCC Coalition's Screening and Treatment (SEDAT) and Policy and Advocacy Action Teams (PANDA) in ensuring the adoption, implementation and evaluation of the Guide to Clinical Preventive Services 2012 by the USPS Task force to all health providers in Guam.</p> <p>2. By June 2015, the staff will have increase their knowledge, understanding, and skills in assess the risk factors associated</p>	<p>1a. Collaborate with GCC Coalition's Screening and Treatment and Policy and Advocacy Action Teams to analyze the Guide to Clinical Preventive Services 2012 Survey to assess screening guidelines used by providers.</p> <p>2a. Participate in training such as the PEN (Packages of Essential NCD Services) and Brief</p>	<p>Implementation of a Standardized Breast and Cervical Cancer Clinical Guidelines.</p> <p>Attendance to PEN and BTI trainings</p>	<p>Schedule of meetings; Copy of Breast and Cervical Cancer Clinical Guidelines.</p> <p>Results of pre and post tests</p> <p>Inclusion of risk</p>	<p>Quarterly or as needed</p> <p>December 2014</p> <p>March</p>	<p>GCC Coalition's SEDAT and PANDA and Program Staff</p> <p>NCD Consortium, WHO, staff</p>

with cancer and other chronic diseases.	Tobacco Intervention Trainings (BTI)		factor assessment during intake process.	2015	
Program Component: Data Management and Utilization					
<p>Five Year Goal: In collaboration with appropriate community partners, efficiently collect and utilize data to track women who were screened, determine quality and appropriateness of services and most importantly to inform the community and the policy makers of the extent of the breast and cervical cancer cases on Guam thereby utilize these data to develop policies that will support the Program's prevention efforts.</p>					
<p>1. By June 2015, the Program would have strengthened its data collection and surveillance thereby increased the quality of breast and cervical cancer screening and diagnostic services to priority and disparate population.</p>	<p>1a. To collaborate with the Medically Indigent Program (MIP) and the Community Health Centers (CHCs) to collect data on the number of new women enrolled in the MIP ages 50 to 64 years old. 1b. Conduct patient chart review and extract breast and cervical cancer screening history of MIP enrolled women ages 50-64. 1c. Review and transcribe breast and cervical cancer history of MIP enrolled women aged 50-64 seen at the two CHCs to data forms.</p>	<p>Listing of new MIP enrolled women who are receiving services at the CHCs</p> <p>Review of appropriateness of services received</p> <p>Screening history collected for all women</p> <p>Provision of quality services to disparate and target population</p>	<p>Listing of MIP enrolled women</p> <p>Screening history collected for all women</p> <p>Screening history collected for all women</p> <p>Clinic appointment and Authorization to receive services thru the GBCCEDP are issued to qualified</p>	<p>October 2014</p> <p>December 2014</p> <p>December 2014</p> <p>January 2015</p>	<p>Data Manager and PC II</p> <p>Data Manager and PC II</p> <p>Data Manager and PC II</p> <p>DC II and Healthcare providers</p>

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			women			
23. By June 2015, the Program would have utilized existing surveillance and other data to identify disparate and other population in need of services.	2a. Collaborate with the BRFSS, Coordinated Chronic Disease Program, the GOMH and the Tobacco Prevention Program to identify women who are at risk of chronic diseases and the ill-effect of tobacco use during intake and refer them for appropriate interventions.	At-risk women are referred for appropriate intervention	Number of women identified at risk of the ill-tobacco use and chronic diseases	On-going	Program Staff, Program Coordinators, HE	
3. By June 2015, the Program would have utilized the CDC patient tracking system [(Minimum Data Elements (MDEs))] to collect and analyze information to track provision of appropriate screening/rescreening, diagnostic and treatment referral services.	3a. Implement the established data management system to collect, edit, and manage data needed to track a client's receipt of appropriate and timely services. 3b. Weekly collection of clinical data from health providers and enter data in CaST. 3b. To conduct weekly edits to ensure proper data entry and to correct errors. 3d. Print data reports to assess completeness and appropriateness of data entry and to determine the timely provision of services. 3c. Conduct CaST training to all Program staff to implement the established data management system to collect, edit and manage data needed to track the provision	95% of all clients will receive appropriate screening and diagnostic procedures in timely manner. Number of clinical data collected and posted in CaST Number of edits made 95% of all clients will receive appropriate screening and diagnostic procedures in timely manner All staff trained	Written data management system Number of clinical data collected and posted in CaST Print data reports Number of training performed	Weekly Weekly Weekly Weekly Quarterly	Data Manager and Program Staff Data Manager and Program staff Data Manager and Program Staff Data Manager and Program Staff PV IV	

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<p>5. By June 2015, the Program will maintain collaboration with the Guam Cancer Registry for the timely and accurate submission of data.</p>	<p>of appropriate and timely services</p> <p>5a. Provide data of new cancer cases to the Guam Cancer Registry (GCR).</p> <p>5b. Collect clinical information on the newly diagnosed cancer cases from the GCR.</p> <p>5c. conduct periodic meetings with the GCR to discuss ways to improve sharing data on newly diagnosed breast and cervical cancer cases.</p>	<p>100% of newly diagnosed breast and cervical cancer screened through the Program are reported to the GCR.</p> <p>100% of clinical information obtained from GCR</p> <p>Number of clinical data shared</p>	<p>New cancer cases</p> <p>Clinical data</p> <p>Clinical data, Attendance to meetings, Minutes of meeting minutes</p> <p>Monthly report</p>	<p>Quarterly or as needed</p> <p>Quarterly or as needed</p> <p>Quarterly or as needed</p> <p>Monthly</p> <p>Quarterly</p>	<p>Program Staff and Guam Cancer Registry</p> <p>Program Staff and Guam Cancer Registry</p> <p>Program Staff and Guam Cancer Registry</p> <p>Data Manager</p> <p>Data Manager and PC IV</p>		
<p>5. By June 2015, the Program will continue and improve the utilization of data for programmatic decisions and routinely generate reports for program management, providers, and contractors to monitor the number of women screened, population demographics, and adherence to performance standards.</p>	<p>5a. Generate monthly report to: (1) monitor that screening services are provided to target population; (2) and to monitor the appropriateness and timeliness of services provided.</p> <p>5b. Share information to health providers, i.e. percentage of assessment incomplete and make corrective measures as needed.</p>	<p>75% of mammogram are provided to women 50-64 years of age and provide 20% Pap tests to women who are rarely and never been screened</p> <p>Improvement of percentage of assessment incomplete results</p>	<p>Monthly report</p> <p>Data shared with MAB and providers</p>	<p>Monthly</p> <p>Quarterly</p>	<p>Data Manager</p> <p>Data Manager and PC IV</p>		

	6c. Collaborate with the BRFSS program in disseminating data results related to breast and cervical cancer.	High risk population and risk factors identified	Data Reports	March 2012	Data Manager and BRFSS Coordinator
Program Component: Program Monitoring and Evaluation					
Five Year Goal: To design and conduct program evaluation to assess the effectiveness and compliance of the program with the federal requirements and guidelines.					
1. By September 2014, the Program staff will get familiarized with the Work Plans, Policies and Procedures and other SOPs.	1a. Orientation and review of Work Plans during monthly meetings, Discussion of policies and procedures and other SOPs.	Well-informed staff	Staff assignments and schedule	September 2014	PCIV and GCCCP Staff
2. By June 2015, the program will have reviewed and adopted recommendations made by the Evaluation Consultant as well as the results of the Patients Satisfaction Survey.	2a. Review and implement recommendations made by the consultants and the results of the Patients Satisfaction Survey.	Updated work plan	Updated work plan	June 2015	PCIV Staff

VI. BUDGET AND JUSTIFICATION (12 Months Budget)

A. PERSONNEL COSTS: \$228,141

SALARIES \$163,242

1. Program Coordinator IV: \$66,392

FTE x 12 mos: Full-time position that will coordinate assigned project activities that include the preparation and implementation of strategic plan, annual work plan, coalition activities, evaluation, case management referral, tracking, and follow-up activities, advocacy plans, surveillance activities, quality assurance and improvement activities, plans for screening outreach activities that include weekend and extended clinic hours, the generation of periodic program reports and statistical data as required. The PC IV will also supervise the GBCCEDP staff.

2. Program Coordinator II: \$41,119

FTE x 12 mos: Provides administrative support for maintaining accounts, contracts, procurements, billing/reimbursements, accounts payable, reconciliation, and records upkeep. Prepares weekly/monthly, and financial reports. Assist in the preparation of annual work plan, year-end report and coalition activities. Assist patients receiving screening and diagnostic services in making initial appointments for breast and cervical cancer screening with contracted providers, ensure that patients needing follow-up appointments are scheduled and receive appointment reminders, and refer patients to appropriate community support services. The PC II will also assist recruitment, intake, and eligibility assessment, referral assistance for individual patients, and attending cancer support group function and conferences.

3. Data Control Clerk II: \$18,114

0.78 FTE x 12 mos: Responsible for collecting clinical data from contacted health providers, and will be responsible for ensuring timely, appropriate and accuracy of data entry including submission of MDE Reports and other reporting requirements. Conduct regular MDE edits. Generate monthly listing of patients who are due for their annual re-screening. This position is allocated by the National Public Health Initiative. Improvement. (0.22 FTE x 12 mos.)

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4. Health Educator II **\$37,587**

FTE x 12 mos: For public education, outreach, intake and eligibility screening, and collaborates in appropriate public and professional educations, coalitions and advocacies. Furthermore, this position will also assist in case management referral, tracking and follow-up activities, outreach and surveillance, intake, eligibility assessment and attending cancer support group function and conferences.

5. Chief Public Health Officer **\$0**

Funding for the salary and fringe benefits of the Chief Public Health Officer position is requested in lieu of the Indirect Cost (10% of Salary and Wages = \$16,324)

FRINGE BENEFITS: **\$65,270**

Fringe Benefits	PC IV	HE II	PC II	DC II
Retirement (30.09% of salaries):	\$19,699	\$11,310	\$12,372	\$ 5,459
Retirement (DDI)	\$ 495	\$ 495	\$ 495	\$ 495
Medicare (1.45% of salaries)	\$ 963	\$ 545	\$ 596	\$ 545
Life Insurance	\$ 153	\$ 153	\$ 153	\$ 153
Health Insurance:	\$ 1,572	\$ 0	\$ 1,923	\$ 6,510
Dental Insurance:	\$ 223	\$ 0	\$ 237	\$ 404
Subtotal	\$23,104	\$12,345	\$15607	\$13,208

B. TRAVEL:

- Off-Island Travel **\$8,790**

Program Director/Coordinator Business Meeting (Atlanta, GA):

1 trip x 1 persons x \$3,450 r/t airfare \$3,450
 5 days per Diem of \$189 \$ 945
 Subtotal: \$4,395

Program implementation progress ("reverse site visit") HI:

1 trip x 1 persons x \$3,450 r/t airfare \$2,940
 5 days per Diem of \$291 \$ 1,455
 Subtotal: \$4,395

C. EQUIPMENT: **\$0**

D. SUPPLIES: **\$2,000**

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General office supplies (Xerox paper, pens, pencils, printer ink, computer supplies, paper pads, thumb drives, paper shredder etc.) to be used by staff to carry out daily transactions and activities of the program.

E. CONTRACTUAL: \$136,592
 • Provider Screening Services \$136,292

Contracts will be needed for the services of multiple contractors to who will provide breast and cervical screening services (clinical breast exams, pelvic exams, Pap smear); mammography and ultrasound services; laboratory services (Pap smear processing and interpretation/reading, and other breast and cervical cytopathology services), surgical (breast evaluation and biopsies) and gynecological (colposcopy, biopsies, curettages) consultation services and diagnosis. Please refer to the attached 2014-2015 Screening goals/Projection (Attachment 2), Clinical Costs Worksheet (Attachment 3) and "Description of 60/40 Distribution Requirement" for additional information (See attachment 4).

New Non-Screening Contracts/Agreements: \$300

- Maintenance of Copier machine = \$300

F. OTHER \$1,471

- Vehicle Maintenance (safety inspection, car registration, oil change, car wash, gasoline, tires, etc.) \$571
- Promotional/Educational Materials \$400
 Printing of educational materials, etc.
- Postage and Mail Courier Services: \$500
 For mailing of reminder notices to program participants (\$400) and Courier (FedEx, UPS or other) handling of grants and documents to CDC (\$100)

G. TOTAL DIRECT CHARGES: \$376,359

H. TOTAL ADMINISTRATIVE COSTS: \$ 16,324

*(10% of Salary and Wages) - Funding for the salary and fringe benefits of the Chief Public Health Officer position is requested in lieu of the Indirect Cost.

I. GRAND TOTAL: \$392,683

Matching Requirement and Maintenance of Effort (See Attachment)

**Attachment 1
GBCCEDP Proposed Staffing Pattern - HAY STUDY
2013-14**

FUNCTIONAL AREA: Health
DEPARTMENT/AGENCY: PUBLIC HEALTH & SOCIAL SERVICES / Division of Public Health
 Bureau of Community Health Services (BCHS)
PROGRAM: Breast & Cervical Cancer Early Detection Program (Proposed)
FUND: Federal Funds 100%
 Grant period 6/30/2014 thru 6/29/2015

No.	Position Number	(A) Position Title	(B) Grade	(C) Name of incumbent	(D) Salary	(E) Overload	(F) Special	(G) Incumbent Date	(H) Incumbent Term	Report by Department									
										(J) Subtotal	(K) Retirement (1/26.67%)	(L) Retiree (DDI) (\$19,012.8772)	(M) Social Security (6.2%)	(N) Medicare (1.45% * J)	(O) Life Insurance	(P) Medical Premiums	(Q) Total Benefits (K, L, M, N, O, P)	(R) Total (J+R)	
1	6575	Program Coordinator IV	GS-12	Jensell Jr. Vasquez R	\$64,372	0	0	06/20/15	0	\$64,372	\$7,609	\$4,995	\$3,963	\$153	\$1,572	\$323	\$83,164		
2	6764	Health Educator II	GS-09	Ramirez, Rachael L.	24,248	0	0	02/10/15	0	\$24,248	\$1,153	\$495	\$548	153	0	0	\$26,504		
3	6761	Program Coordinator II	GS-09	Vera	21,255	0	0	04/07/15	0	\$21,255	\$1,119	\$495	\$596	153	1,923	239	\$25,667		
4	6565	Data Control Clerk II	GS-06	Annie Rodriguez	9,496	0	0	2/10/2014	0	9,496	\$433	\$495	263	153	6,510	404	\$15,201		
5		CPHO**			0	0	0	0	0	0	0	0	0	0	0	0	0		
Grand Total:					\$131,501	\$0	\$0	\$31,740	\$163,241	\$48,334	\$1,290	\$5,267	\$612	\$10,002	\$866	\$64,264	\$237,505		

* Night Differential / Hazardous / Worker's Compensation / etc.
 1/ FY 2013 (Proposed) GovGuam contribution rate of 30.09% for the Government of Guam Retirement is subject to change.
 2/ FY 2013 (Proposed) GovGuam contribution rate of \$19.02 (bi-weekly) for DDI is subject to change.
 3/ FY 2013 (Proposed) GovGuam contribution rate of \$153 (per annum) for Life Insurance is subject to change.

* current PC 1 will be upgraded to PC II
 ** Funding for the salary and fringe benefits of the Chief Public Health Officer position is requested in lieu of the Indirect Cost (10% of Salary and Wages)

Note:
 Personnel costs have been increased in anticipation of a government of Guam-wide salary increase, based on a salary analysis conducted by the Hay Group, a global management consultant hired by the government of Guam.

Attachment 2: DESCRIPTION OF 60/40 DISTRIBUTION REQUIREMENT - Hay
 June 30, 2014 to June 29, 2015

SOURCE	12 Mos. Funding	% Distribution (Clinical Services)	% Distribution (Administrative Services)
Salary and Wages			
Program Coordinator IV	\$66,392	\$19,918	\$46,474
Health Educator II	\$37,587	\$30,070	\$7,517
Program Coordinator II	\$41,119	\$20,560	\$20,560
Data Control Clerk II (0.78 FTE)	\$18,144	\$1,814	\$16,330
Chief Public Health Officer*		\$0	\$0
Total	\$163,242	\$72,361	\$90,881
Fringe Benefit			
Program Coordinator IV	\$23,104	\$9,242	\$13,862
Health Educator II	\$12,345	\$9,876	\$2,469
Program Coordinator II	\$15,607	\$6,243	\$9,364
Data Control Clerk II (0.78 FTE)	\$13,208	\$1,321	\$11,887
Chief Public Health Officer*			
Total	\$64,264	\$26,681	\$37,583
Personnel (Total)	\$227,506	\$99,042	\$128,464
Travel	\$8,790	\$0	\$8,790
Equipment	\$0	\$0	\$0
Supplies	\$2,000	\$0	\$2,000
Contracts			
New Screening Contracts	\$136,292	\$136,292	\$0
New Non-Screening Contracts	\$300	\$0	\$300
Contracts (Total)	\$136,592	\$136,292	\$300
Other	\$1,471	\$0	\$1,471
Total Direct Cost	\$376,359	\$235,334	\$141,025
Indirect Cost (Admin Cost 10%)*	\$16,324	\$0	\$16,324
GRAND TOTAL	\$392,683	\$235,334	\$157,349
Percent Distribution*		60% (Clinical Services)	40% (Administrative Services)
		60%	40%

Note:

60/40 percent distribution requirement specifies that no less than 60% of federal funds must be spent on clinical services and 40% for administrative services.

Attachment 3 Clinical Costs Worksheet

**2014-2015
QUESTIONNAIRE**

Guam

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SCREENING & SELECTED DIAGNOSTIC PROCEDURES		Forecast:
How many screening CBEs?		400
How many new screening mammograms?	Conventional	30
	Digital	60
How many re-screening mammograms?	Conventional	62
	Digital	125
How many Pap tests?	Conventional	0
	Liquid-Based	250
How many HPV Tests?		21
How many anesthesia units/charges?		14
How many facility fees?		14
How many loop electrode excision procedures?		1
How many diagnostic conization procedures?		1
How many endocervical curettage procedures?		1
How many office visits?:	New Patient	150
	Established Patient	250
	Problem Focused	93
How many women referred in for breast diagnostics?		10
How many women referred in for cervical diagnostics?		5
CLINICAL PROCEDURES:	CPT Code(s):	Reimbursement Rate:
Screening Mammogram: Conventional	77057	\$89.79
Screening Mammogram: Digital	G0202	\$155.75
Pap Test: Conventional		
Pap Test: Liquid Based	88142	\$27.85
HPV Test	87621	\$48.24
Anesthesia	400	\$150.00
Facility Fees	19125	\$1,093.22
Loop Electrode Excision Procedure (LEEP)	57522	\$282.00
Diagnostic Conization	57520	\$327.61
Endocervical Curettage	57505	\$111.60
Office Visit: New Patient	99201, 99202, 99203	\$110.80
Office Visit: Established Patient	99212, 99213	\$70.64
Office Visit: Problem Focused	99203, 99204, 99212, 99213,	\$91.82
Diagnostic Mammogram: Conventional	77056, 77055	\$106.54
Diagnostic Mammogram: Digital	G0204, G0206	\$175.39
Ultrasound	76645	\$101.62
FNA	19000	\$115.25
Non-Excisional Biopsy	19100, 19102	\$219.95
Excisional Biopsy	19290, 19120, 19125	\$515.30
Surgical Consult	99203, 99204, 99212, 99213,	\$91.82
Breast Pathology	88305, 88307	\$138.34
Colpo-directed Biopsy	57455	\$152.91
Colposcopy alone	57452	\$116.43
Cervical Pathology	88305	\$76.64
Case Management Cost Unit:	Number of Units:	Reimbursement Rate:
FTE	255	\$193.86

An MSWord document [CCW-Support-2014.doc] accompanies this worksheet that more fully explains the intent of this sheet, and provides "definitions" of procedure terms, etc.

2014-2015 CLINICAL COSTS WORKSHEET:

Guam

INPUT FROM QUESTIONNAIRE

SCREENING			CPT CODE	COST PER
Mammograms: New Screenings	Conventional	30	77057	\$89.79
	Digital	60	G0202	\$155.75
Mammograms: Re-Screenings	Conventional	62	77057	\$89.79
	Digital	125	G0202	\$155.75
Of All Screening Mammograms	% Conventional	33.2%		
	% Digital	66.8%		
Screening CBEs		400		
Pap Tests:	Conventional	0	0	\$0.00
	Liquid Based	250	88142	\$27.85
Office Visits	New Patients	150	99201, 99202, 99203	\$110.80
	Established Patients	250	99212, 99213	\$70.64
	Problem-Focused	93	99203, 99204, 99212, 99213	\$91.82
Referred In for Breast Diagnostics		10		
Referred In for Cervical Diagnostics		5		
			PROGRAM:	
			GU	

ABNORMALITY RATES BASED ON PROGRAM-SPECIFIC MDE EXPERIENCE

Rate of abnormal mammograms new screenings	41.6%	
Rate of abnormal mammograms rescreenings	23.0%	
Rate of abnormal CBEs (with normal mammogram)	2.4%	
	% Conventional	% Liquid-Based
Rate of ASCUS	4.0%	2.1%
Rate of LSIL	1.5%	1.0%
Rate of ASC-H/AGCUS/HGSIL/SqCa	0.9%	0.5%

MDE Data Extraction Period:
Screening: Jul 11 to Dec 12
Diagnostics: Jul 11 to Jun 12
MDE Submission: April 2013

DIAGNOSTIC CASCADE BASED ON PROGRAM-SPECIFIC MDE EXPERIENCE

RATE OF EACH PROCEDURE FOLLOWING: ABNORMAL MAMMOGRAM			CPT CODE	COST PER
Diagnostic Mammogram	Conventional	22.1%	77056, 77055	\$106.54
	Digital	44.5%	G0204, G0206	\$175.39
Ultrasound		60.2%	76645	\$101.62
FNA		1.9%	19000	\$115.25
Non-Excisional Biopsy		6.2%	19100, 19102	\$219.95
Excisional biopsy		12.3%	19290, 19120, 19125	\$515.30
Surgical Consult		13.0%	99203, 99204, 99212, 99213	\$91.82
Pathology		20.4%	88305, 88307	\$138.34
RATE OF EACH PROCEDURE FOLLOWING: ABNORMAL CBE			CPT CODE	COST PER
Diagnostic Mammogram	Conventional	2.0%	77056, 77055	\$106.54
	Digital	4.0%	G0204, G0206	\$175.39
Ultrasound		40.0%	76645	\$101.62
FNA		2.2%	19000	\$115.25
Non-Excisional Biopsy		1.8%	19100, 19102	\$219.95
Excisional biopsy		3.6%	19290, 19120, 19125	\$515.30
Surgical Consult		60.0%	99203, 99204, 99212, 99213	\$91.82
Pathology		7.6%	88305, 88307	\$138.34
RATE OF EACH PROCEDURE FOLLOWING: ASCUS PAP TEST			CPT CODE	COST PER
Colpo-directed Biopsy		40.0%	57455	\$152.91
Colposcopy alone		3.1%	57452	\$116.43
Pathology		40.0%	88305	\$76.64
RATE OF EACH PROCEDURE FOLLOWING: LSIL PAP TEST			CPT CODE	COST PER
Colpo-directed Biopsy		50.0%	57455	\$152.91
Colposcopy alone		6.8%	57452	\$116.43
Pathology		50.0%	88305	\$76.64
RATE OF EACH PROCEDURE FOLLOWING: ASC-H / AGCUS / HGSIL / SQCA PAP TEST			CPT CODE	COST PER
Colpo-directed Biopsy		100.0%	57455	\$152.91
Colposcopy alone		3.9%	57452	\$116.43
Pathology		100.0%	88305	\$76.64

Attachment 4

MATCHING REQUIREMENT AND MAINTENANCE OF EFFORT

Matching Requirement. Title 48 of the U.S. Code 1469a (d) waives the matching fund requirement for Guam up to \$200,000.

Maintenance of Effort. The following table contains general (latest) information on MIP and MAP expenditures for health care on Guam.

Maintenance of Effort (MOE)		
Currently Funded Programs	\$ 323,253 (FY 2008 BCCEDP)	
Calculation of MOE for Non-Federal Funded Programs		
Non-BCCEDP Funds spent for breast and cervical program activities in:	FY 2010	FY 2011
Medically Indigent Program	\$ 209,502	\$ 520,909
Medicaid Program	\$ 1,401,814	2,462,509
Sub-total	\$ 1,611,316	\$ 2,983,417
Calculated MOE (Total of FY 2010 & FY 2011, divided by 2):	\$2,297,366.50	