



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **VIRGIN ISLANDS**

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

## Title V Federal-State Partnership - Virgin Islands

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

### State Contacts

MCH Director	CSHCN Director
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SSDI Project Director	State Family Leader
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### Funding by Source

Source	FY 2023 Expenditures
<span style="color: blue;">■</span> Federal Allocation	\$1,196,892
<span style="color: orange;">■</span> State MCH Funds	\$1,169,459
<span style="color: green;">■</span> Local MCH Funds	\$0
<span style="color: red;">■</span> Other Funds	\$0
<span style="color: brown;">■</span> Program Income	\$0

FY 2023 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$963,225	\$77,524
Enabling Services	\$134,000	\$22,050
Public Health Services and Systems	\$99,667	\$31,220

FY 2023 Expenditures  
Federal



FY 2023 Expenditures  
Non-Federal



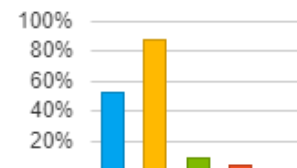
### Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	52.9%	\$430,000
Infants < 1 Year	87.7%	\$199,000
Children 1 through 21 Years	8.6%	\$181,863
CSHCN (Subset of all infants and children)	3.4%	\$342,000
Others *	0.0%	\$320,804

FY 2023 Expenditures  
Total: \$1,473,667



FY 2023 Percentage Served



\*Others— Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

## State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Increase the number of women that have well women visits</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> <li>ESM WWV.1: # of women who receive preconception services through referrals from Title V MCH clinics to Title X sites</li> </ul> </li> <li>A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 1: Increase the percentage of pregnant women who enroll in prenatal care through the MCH clinic in the first trimester during the calendar year</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>SOM 1: Percentage of pregnant women who receive prenatal care beginning in the first trimester</li> </ul>	Women/Maternal Health
<p>Increase the number of families educated on safe sleep practices</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> <li>ESM SS.1: Percent of families receiving safe sleep educational materials at District birthing hospitals.</li> </ul> </li> </ul>	Perinatal/Infant Health
<p>Decrease the number of children with BMI&gt;85%</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child <ul style="list-style-type: none"> <li>ESM PA-Child.1: Physical activity counseling during the well-child visit within the MCH population.</li> </ul> </li> </ul>	Child Health

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Increase the percent of developmental screenings done in the territory</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year (Developmental Screening, Formerly NPM 6) - DS <ul style="list-style-type: none"> <li>ESM DS.1: Children receiving a developmental screening using a parent-completed screening tool.</li> </ul> </li> <li>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> <li>ESM MH.1: # of children with special health care needs who receive care coordination through medical home model with PCPs in the territory for preventative service</li> </ul> </li> </ul>	<p>Perinatal/Infant Health, Child Health, Children with Special Health Care Needs</p>
<p>Increase access to comprehensive primary and preventative health care for adolescents and pre-adolescents</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> <li>ESM AWV.1: Percentage of adolescents, ages 10 through 19, receiving school-based preventive health services.</li> </ul> </li> </ul>	<p>Adolescent Health</p>
<p>Increase percentage of families that participate in transition planning</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> <li>ESM MH.1: # of children with special health care needs who receive care coordination through medical home model with PCPs in the territory for preventative service</li> </ul> </li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>SPM 2: The percent of CSHCN clients who access family support services.</li> </ul>	<p>Women/Maternal Health, Children with Special Health Care Needs</p>
<p>Increase access to oral health care for the Maternal Child health population</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child</li> </ul>	<p>Child Health, Cross-Cutting/Systems Building</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> <li>○ ESM PDV-Child.1: Percent of Children, ages 5-12 who received a fluoride varnish application in the territory</li> </ul> <p>SPMs</p> <ul style="list-style-type: none"> <li>● SPM 4: Increase access to oral health care services for the child and adolescent MCH populations.</li> </ul> <p>SOMs</p> <ul style="list-style-type: none"> <li>● SOM 4: Percentage of Children, ages 5 through 12, who have decayed teeth or cavities in the past year</li> </ul>	
<p>Increase the number of women breastfeeding up to six months</p> <p>NPMs</p> <ul style="list-style-type: none"> <li>● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> <li>○ ESM BF.1: Percent of infants ever breastfed</li> </ul> </li> </ul>	Perinatal/Infant Health

## Executive Summary

### Program Overview

The United States Virgin Islands Department of Health (VIDOH) is dedicated to reducing health risks, improving access to quality healthcare, and enforcing health standards. Our mission statement guides our programs and services, which focus on preventing illness and injury, providing resources for healthy choices, regular health screenings, and vaccinations, promoting healthy living and working environments, and ensuring preparedness for emergencies.

VIDOH is responsible for administering the Title V Maternal and Child Health Block (MCHB) Grant, within the Maternal Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Division. The MCH Division is a part of the Bureau of Health Promotion and Disease Prevention and includes several other programs such as Early Hearing Detection and Intervention (EHDI), Maternal, Infant, Early Child Home Visiting (MIECHV), State System Development Initiative (SSDI), Virgin Islands Child Psychiatry Access Program (VICPAP), and the State Newborn Screening Priorities (NBS) program.

Over the years, the MCH & CSHCN Division has provided quality healthcare to women, infants, children, adolescents, and children with special health care needs in the territory. The vision of the Maternal Child Health Division is to ensure "optimal health and quality of life for all children and youth with special health care needs and their families." This approach emphasizes the importance of creating an efficient and effective health care system that addresses not only the needs of the child but also those of their family and the entire community.

The Title V program serves a diverse population on the four main islands of the USVI: St. Thomas, St. Croix, St. John, and Water Island. The official language is English, and the 2020 Census reported a population of 87,146, with 17,086 children representing 19.6% of the total population. The USVI population is multi-ethnic and multiracial, with people from various backgrounds, particularly from Caribbean countries and other independent nations. According to the 2020 census, 77% of the population identify as black, 10.5% white, 12.5% other races, and 17% self-identify as Hispanic.

The racial, ethnic, and cultural diversity of the USVI population presents both opportunities and challenges. Priorities to meet the needs of the Title V population include promoting safe sleep behaviors; promoting breastfeeding; providing a medical home for CSHCN; encouraging physical activity among children; improving access to healthcare for women; and enhancing dental care access for children and women.

The five-year needs assessment, supported by ongoing assessment during interim years, drive the work of the USVI DOH Title V program. State priorities are identified through this assessment process, encompassing all five health domains, and addressing disparities. National Performance Measures (NPMs) selected are based on these priorities and guide programmatic focus.

For CSHCN, priorities involve ensuring access to medical homes/primary care, some specialty care, either directly or through referrals, and improving access to mental health services. Strategies and activities intentionally promote health equity, family partnership, transition, and essential public health services.

To address priority needs and selected performance measures, various strategies are employed through direct services, health initiatives and outreach. The USVI Title V program plays a crucial role in providing comprehensive, coordinated, and family-centered services. Recognizing that health outcomes are influenced by factors beyond the healthcare system, the VIDOH MCH program takes a broader approach to improve health and achieve health equity grounded in the need to impact social determinants of health impacting the target population. Data-driven decision making is prioritized, and partnerships with other MCH programs, other DOH programs and government agencies as well as community-based private and non-profit entities that serve the MCH population ensure a holistic approach to serving the MCH population.

Through National Performance Measures (NPMs), VI MCH focuses on specific areas such as well-women visit, safe sleep practices, developmental screening, preventative medical visits, medical homes for children with special health care needs, and oral health care for the children's population. State Performance Measures (SPMs) address prenatal care and access to family support services. While the performance measures remain unchanged from the previous five-year cycle, the strategies, activities, and programming have evolved and will continue to be enhanced. Health education, family partnerships, and addressing health disparities and inequities remain central to all aspects of the Title V programming, forming the foundation of efforts to improve the health outcomes for the USVI MCH population.

While the VIDOH MCH program continues efforts to build workforce capacity in program evaluation and MCH epidemiology, a partnership with the local university has been established and will continue during the upcoming year. This relationship provides support for program data collection and analysis, support for the annual Title V Block Grant application data tables, as well as having a pivotal role in the USVI Jurisdictional Surveys conducted in 2019 and 2023.

### FY2025 Program Measures by MCH Domain

Based on the 2020 Needs Assessment findings, and informed by annual updates, VI MCH selected the following National Performance Measures (NPMs) and developed the State Performance Measures (SPMs) and Evidence-based Strategy Measures (ESMs) for the domains identified in the FY21-FY25 Title V MCH Block Grant Cycle:

#### Domain: Women/Maternal Health

State Priority: Increase the number of women who have well visits.

SPM: Increase the percentage of pregnant women who enroll in prenatal care through the MCH clinic in the first trimester.

NPM 1: Percent of women ages 18 through 44 with a preventative medical visit in the past year.

Significance: A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies.

**Domain: Perinatal/Infant Health**

State Priority: Increase the number of families educated on safe sleep practices.

NPM 5A: percent of infants placed to sleep on their backs B) Percentage of infants placed to sleep on a separate approved.

ESM 5.1: Percent of families receiving safe sleep educational materials at District Birthing Hospital

Significance: Sleep-related infant deaths, also called Sudden Unexpected Infant Deaths (SUID), are the leading cause of infant death after the first month of life and the third leading cause of infant death overall. Sleep-related SUIDs include sudden infant death syndrome (SIDS), unknown cause, and accidental suffocation and strangulation in bed.

State Priority: Increase the number of women breastfeeding up to six months.

NPM 4 A: Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months.

ESM 4.1: Percent of infants ever breastfed.

Significance: Breastfeeding strengthens the immune system, reduces respiratory infections, gastrointestinal illness, and SIDS, and promotes neurodevelopment. Breastfed children may also be less likely to develop diabetes, childhood obesity, and asthma.

**Domain: Child Health**

State Priority: Decrease the number of children with BMI >85%.

NPM 8.1.1: Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day.

Significance: Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Physical activity in children and adolescents reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis. In addition to aerobic and muscle-strengthening activities, bone-strengthening activities are especially important for children and young adolescents because most of the peak bone mass is obtained by the end of adolescence.

State Priority: Increase the percentage of developmental screenings done in the territory.

NPM 6: Percent of children ages 0-8 who received a developmental screening using a parent-completed screening tool in the past year.

Significance: Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percentage of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics (AAP) recommends screening tests begin at the nine-month visit. The developmental screening measure is endorsed by the National Quality Forum and is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

State Priority: Increase access to oral health care for the Maternal Child Health population

NPM 13.2.1 Percentage of children ages 5 to 12, who had a preventative visit in the past year.

ESM: Percent of children ages 5-12, who have had a preventative dental health visit in the past year.

Significance: Oral health is vitally important to overall health and well-being. Good oral health habits and access to routine dental care should be established early in life. Poor oral health can affect school attendance and a child's ability to learn.

**Domain: Adolescent Health**

State Priority: Increase access to comprehensive primary and preventative health care for adolescents and pre- adolescents.

NPM 10: Percent of adolescents, ages 12-17 with a preventative medical visit in the past year.

ESM 10.1: The percentage of adolescents, ages 10 through 19, receiving school-based preventative health services.

Significance: Adolescence is a period of major physical, psychological, and social development. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Initiation of risky behaviors is a critical health issue during adolescence, as adolescents



try on adult roles and behaviors. Risky behaviors often initiated in adolescence that may track into adulthood include unsafe sexual activity, unsafe driving, and use of substances, including tobacco, alcohol, and illegal drugs.

Receiving health care services, including annual adolescent preventive well visits, helps adolescents adopt or maintain healthy habits and behaviors, avoid health-damaging behaviors, manage chronic conditions, and prevent disease. Receipt of services can help prepare adolescents to manage their health and health care as adults.

#### **Domain: Children and Youth with Special Health Care Needs**

State Priority: Increase percentage of families that participate in transition planning.

NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

ESM 11.1 Percentage of children with and without special health care needs ages 0 through 17, who have a medical home.

SPM 2: The percent of CSHCN clients who access family support services.

Significance: A patient-centered medical home (PCMH) provides accessible, continuous, comprehensive, family centered, coordinated, compassionate, and culturally effective medical care. It is especially advantageous for CSHCN as they require coordination of care between providers.

State Priority: Improve the percentage of developmental screenings done in the territory.

NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home.

Significance: Early identification of developmental disorders is critical to the well-being of children and their families. It is an integral function of the primary care medical home. The percentage of children with a developmental disorder has been increasing, yet overall screening rates have remained low. The American Academy of Pediatrics (AAP) recommends screening tests begin at the nine-month visit. The developmental screening measure is endorsed by the National Quality Forum and is part of the Core Set of Children's Health Care Quality Measures for Medicaid and CHIP.

#### **Domain: Cross-Cutting/Systems Building**

State Priority: Increase access to oral health care services for the Maternal Child Health population.

SPM 4: Increase access to oral health care services for the child and adolescent MCH populations.

SPM 4: Percentage of Children, ages 5 through 12, who have decayed teeth or cavities in the past year.

Significance: Taking care of your child's teeth from an early age is essential. Children's teeth are susceptible to cavities, and that can affect their overall health. Preventive dental care refers to the routine dental visits you have with your dentist. It includes a variety of procedures and treatments that help you avoid dental issues.

Thus, the VIDO H MCH program, through a range of innovative, culturally appropriate health outreach and educational programs; provision of high-quality specialty, primary and preventive care services on all three major islands; and expansion of services in pediatric mental health, newborn screening and preventive oral care, has earned a solid reputation as a significant component of the public health system in the territory. Title V funds augment local resources allocated to address goals and objectives outlined in the USVI community health improvement plan, *Healthy Virgin Islands 2030*, with the long-term goal to achieve health equity and improve health outcomes for the USVI population, with specific focus on women, adolescents, children and children with special health care needs.

### **How Federal Title V Funds Complement State-Supported MCH Efforts**

The Virgin Islands Department of Health (VIDOH) serves as both the state and local public health agency for the USVI, with a particular focus on improving the well-being of women, children, and children with special needs, within a broader prevention and health equity framework. The flexibility of Title V funds enables VIDO H MCH program to shape the best approach to address the unique needs of the territory. Strategic utilization of Title V funds remains a priority in addressing maternal and child health (MCH) needs.

Title V initiatives are driven by State and National Performance Measures, guided by state priority needs identified during the statewide needs assessment. Ongoing evaluations provide programming flexibility and responsiveness to emerging issues. Title V's core objectives include identifying MCH needs, supporting families, and adapting programs and operations as required. Stakeholder and community engagement are highly valued, and efforts are made to foster strong partnerships to enhance MCH programming across the territory and improve overall MCH health outcomes. Providing high-quality primary care services such as prenatal care, childhood vaccinations and well-child visits, as well as specialty care for children with special health care needs is a hallmark of the MCH services in the territory.

Organizationally, Title V is placed within the MCH Division and under the Health Promotion and Disease Prevention unit, aligned with other MCH-focused sections, such as Women, Infants and Children, Infants and Toddlers, Family Planning, and Chronic Disease. By partnering with these programs in community outreach and education initiatives, Title V program staff join other departmental and community resources towards a common goal of improving access to health care for the MCH population.

Title V funds serve to expand the local workforce dedicated to the health care of women, adolescents, children and children with special health care needs who, due to various socio-economic and related factors, are at the highest need for these services provided by the local public health system. The MCH team comprises approximately 30 employees who provide essential services, identify local community needs, and develop solutions for improvement.

Title V funds continue to support various health promoting campaigns aimed at educating and serving the MCH population. Media campaigns promoting outreach activities, such as the oral health initiative, the youth mental health summit and the children's diabetes awareness walk have contributed to increased awareness and education for the VI MCH population. Block Grant funds have also been utilized to support initiatives like the Early Hearing Detection and Intervention (EHDI) school-based hearing screening, the Breast Cancer awareness walk, the children's diabetes awareness walk and behavioral health screening.

Overall, Title V funds play a crucial role in assuring access to care towards improving the maternal and child health outcomes in the U.S. Virgin Islands. These funds play a critical role in augmenting local efforts to achieve health equity and improve health outcomes for all as outlined in the USVI community health improvement plan, *Healthy Virgin Islands 2030*, and beyond.

## MCH Success Story

On July 10th, 2021, 3 years ago a beautiful baby girl was born at the Schnieder Regional Medical Center, SRMC the only hospital on the Island of St. Thomas USVI. Soon After birth the health care team noted that something was dreadfully wrong with the baby. All necessary medical treatments and diagnostic tests were initiated and the baby was later diagnosed with a life threatening condition known as Tetralogy of Fallot(ToF). This condition requires a complete repair of the heart or what is commonly referred to as open heart surgery within the first year of her life. This surgery is necessary to improve the heart's blood flow.

This baby now known as S.L was discharged to her parents and referred to the MCH/CSHCN hi risk clinic. The MCH/CSHCN health care team which includes 2 pediatricians, 3 RNs and 3 CNAs all participated in her health care to provide the supportive care necessary during the wait for her heart surgery. A multidisciplinary team, which included the special services map team, the MCH health care team and the Nicklaus Children Hospital global team member collaborated to get little SL to the Nicklaus Children Hospital for the complete repair of her heart she urgently needed.

The surgery was a success and today little SL now three years old, is an active, vibrant toddler who continues to be monitored by the MCH/CSHCN Special Pediatrics clinic, which is held every Monday. This clinic provides close monitoring of children like SL to ensure their healthcare needs are met.

It is a joy to watch little Ms. SL run around in the clinic lobby. Only the scar on her chest is an indicator that the first year of her life was a difficult one.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Virgin Islands

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

### [List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.