Virgin Islands State Action Plan Table 2026 Application/2024 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Promote comprehensive women's health, from preconception through postpartum, to improve maternal and infant outcomes.	By September 2030, increase the proportion of women ages 18 through 44, who attend a preventive medical visit in the past year in the USVI from 82.4% to 87% (Baseline USVI-BRFSS 2022: 82.4%).	Promote USVI MCH Clinics preconceptive and preventive services through a comprehensive media campaign that utilizes radio, social media, community fairs, and other outreach venues to increase awareness, visibility, and access to quality maternal and child health care. Implement a standardized preconception and preventive health screening tool in MCH clinics to ensure early identification and referral for needed services. Strengthen the promotion of well-woman visits by conducting health education and outreach events, complemented by a comprehensive women's health media campaign that delivers key messages about health and wellness to the community. Provide preventive care services through mobile and pop-up MCH clinics, established in collaboration with community health partners to deliver accessible, high-quality care in underserved and high-demand areas with limited access to quality healthcare. Foster and strengthen partnerships with the DOH programs and community organizations to promote accessible preventive care for women through regular well-woman visits, while coordinating services and maximizing resources for comprehensive community caress to quality healthcare. Expand availability of preconception care services through specialized training programs for Maternal and Child Health providers serving this population. Include a Medicaid representative within MCH Clinics to assist women with health plan registration and provide training to clinic staff to support	ESM PPV.1 - Post-partum referrals	NPM - Postpartum Visit	**Linked NOMs:** Maternal Mortality Neonatal Abstinence Syndrome Women's Health Status Postpartum Depression Postpartum Anxiety

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		and streamline the enrollment process.			
Promote comprehensive women's health, from preconception through postpartum, to improve maternal and infant outcomes.	By September 2030, increase the proportion of pregnant women who began prenatal care during the first trimester in USVI from 75.6% to 83% (Baseline MCH-JS 2023_25: 75.6%).	Promote USVI MCH Clinics prenatal care services through a comprehensive media campaign that utilizes radio, social media, community fairs, and other outreach venues to increase awareness, visibility, and access to quality maternal and child health care. Provide comprehensive prenatal care at MCH clinics, including medical check-ups, risk screenings, health education, and referrals to support healthy pregnancies. Provide prenatal care services through mobile and pop-up MCH clinics, established in collaboration with community health partners to deliver accessible, high-quality care in underserved and high-demand areas with limited access to quality healthcare. Enhance maternal and infant health outcomes by facilitating access to quality prenatal care and improving the quality of prenatal visits through evidence-based education on reproductive health practices and promotion of healthy lifestyle choices throughout pregnancy.	SPM ESM 2.1 - Percentage of women who receive appropriate service referrals	SPM 2: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Promote comprehensive women's health, from preconception through postpartum, to improve maternal and infant outcomes.	By September 2030, increase the proportion of pregnant women who began prenatal care during the first trimester in USVI from 75.6% to 83% (Baseline MCH-JS 2023_25: 75.6%).	Promote USVI MCH Clinics prenatal care services through a comprehensive media campaign that utilizes radio, social media, community fairs, and other outreach venues to increase awareness, visibility, and access to quality maternal and child health care. Provide comprehensive prenatal care at MCH clinics, including medical check-ups, risk screenings, health education, and referrals to support healthy pregnancies. Provide prenatal care services through mobile and pop-up MCH clinics, established in collaboration with community health partners to deliver accessible, high-quality care in underserved and high-demand areas with limited access to quality healthcare. Enhance maternal and infant health outcomes by facilitating access to quality prenatal care and improving the quality of prenatal visits through evidence-based education on reproductive health practices and promotion of healthy lifestyle choices throughout pregnancy.	SPM ESM 1.1 - Prenatal care in the first trimester	SPM 1: Percent of pregnant women who receive prenatal care beginning in the first trimester	

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Perinatal/Infant Health					
Reduce infant mortality through timely preventive care and parental education on key protective factors.	By September 2030, increase the proportion of infants placed to sleep on their backs in USVI from 32.5% to 36% (Baseline MCH-JS 2023_25: 32.5%). By September 2030, increase the proportion of infants in the USVI who are placed to sleep on a separate, approved sleep surface (Establishment of the baseline will occur upon availability of Year 1 data). By September 2030, increase the proportion of infants in the USVI who are placed to sleep without soft objects or loose bedding (Establishment of the baseline will occur upon availability of Year 1 data). By September 2030, maintain the proportion of infants in the USVI who room-share with an adult during sleep (Establishment of the baseline will occur upon availability of Year 1 data).	Promote USVI MCH Clinics well-baby visit services through a comprehensive media campaign that utilizes radio, social media, community fairs, and other outreach venues to increase awareness, visibility, and access to quality maternal and child health care. Integrate the "From Hospital to Home" educational video and provide evidence-based safe sleep materials to new parents as part of the hospital discharge process to ensure a strong foundation for safe sleep practices. Reinforce safe sleep education by providing clear, evidence-based guidance at every well-baby visit during the first year of life, beginning with the postpartum visit at MCH Clinics. Strengthen partnerships with MIECHV programs, to systematically incorporate safe sleep education throughout home visitation services. Provide regular training and educational materials on safe sleep practices for healthcare and community providers, including FQHCs and home visiting staff, to ensure consistent messaging across all points of care. Work with the Immunization Program to educate on the importance of immunization and prevention of communicable diseases through culturally sensitive education and broad outreach via media campaigns, social media, community events, and hotlines. Administer the age-appropriate Ages and Stages Questionnaire (ASQ) during infant well-visits at MCH Clinics and provide timely referrals to support early developmental monitoring and intervention.	ESM SS.1 - Percent of infants placed to sleep in a safe environment.	NPM - Safe Sleep	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality
Reduce infant mortality through timely preventive care and parental education on key protective factors.	By September 2030, increase the proportion of infants ever breastfed in the USVI from 68.6% to 76% (Baseline MCH-JS 2023_25: 68.6%). By September 2030, maintain the proportion of infants exclusively	Enhance breastfeeding education capacity across hospitals, WIC programs, MCH clinics, and FQHCs to equip both healthcare providers and mothers with evidence-based breastfeeding techniques and comprehensive understanding of maternal-infant benefits. Provide comprehensive breastfeeding education to new mothers beginning at their first postpartum visit at MCH Clinics, while offering ongoing support to promote breastfeeding	ESM BF.1 - Percent of infants ever breastfed	NPM - Breastfeeding	**Linked NOMs:** Infant Mortality Postneonatal Mortality SUID Mortality

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	breastfed through 6 months in the USVI at 50% (Baseline not available).	Sustain hospital breastfeeding initiative partnerships through coordinated integration with EHDI program services. Maximize established MIECHV framework, to promote exclusive breastfeeding through six months of infant development.			
Child Health					
Improve child health by strengthening coordinated systems for timely preventive care and early interventions.	By September 2030, increase the proportion of children with and without special health care needs, ages 0 through 17, who have a medical home in the USVI from 34.6% to 38% (Baseline MCH-JS 2023_25: 34.6%).	Deliver targeted training to MCH Clinic staff on medical home principles, effective care coordination, and family-centered approaches to improve patient outcomes and engagement. Design and implement a multi-channel campaign to educate parents about the Medical Home model, its benefits, how it supports coordinated and family-centered care, and ways parents can partner with their child's care team for optimal health outcomes. Promote consistent well-child visits and the delivery of comprehensive preventive care at MCH Clinics. Deliver comprehensive care coordination within the MCH Clinic care team to proactively support patient navigation, ensure timely follow-up, and facilitate connections to both medical and community resources. Develop and administer a comprehensive Medical Home experience survey to parents of children ages 0 to 17, both with and without special health care needs, to assess satisfaction, identify gaps, and inform quality improvement efforts at MCH Clinics.	ESM MH.1 - Medical Home for children ages 0 through 17 with special health care needs	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Increase physical activity among children in USVI to prevent and reduce childhood obesity, thereby promoting	By September 2030, increase the proportion of children, ages 6 through 11, who are physically active at least 60 minutes per day in the USVI from 46.2% to 50% (Baseline MCH-JS 2023_2025: 46.2%).	Perform BMI screenings at MCH Clinics during annual well-child visits to assess children's weight status and identify potential health concerns. Promote physical activity among children through sustained partnerships with the Department of Education and the Department of Sports, Parks, and Recreation via community outreach. Encourage healthy eating habits by collaborating with WIC and the Department of Agriculture to provide nutrition-focused outreach for children and families.	ESM PA-Child.1 - Children 6-11 who are physically active for 60 minutes each day	NPM - Physical Activity - Child	**Linked NOMs:** Children's Health Status Child Obesity

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healthier growth, development, and lifelong well-being.		Promote physical activity and healthy eating to parents and children using targeted social media and community outreach with engaging, culturally relevant content and interactive activities to support lasting healthy habits.			
Improve child health by strengthening coordinated systems for timely preventive care and early interventions.	By September 2030, increase the proportion of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year in the USVI from 9.8% to 11% (Baseline MCH-JS 2023_25: 9.8%).	Provide training MCH Clinic staff, childcare providers and home visitors on administering standardized developmental screenings, interpreting results, and facilitating appropriate referrals and follow-up. Promote the Ages and Stages developmental screening tool through social media and other outreach channels to encourage parents and healthcare professionals to administer the screening to children. Administer Ages and Stages developmental screenings through MIECHV Home Visiting Programs, Infants and Toddlers Program, Early Head Start, Head Start, and FQHC's. Conduct Ages and Stages developmental screenings for children during annual wellness visits at MCH Clinics to support early identification of developmental delays. Distribute books to families before hospital discharge, through MCH EHDI Family Care Coordinators, to support early childhood development in partnership with the Department of Education.	ESM DS.1 - Children receiving a developmental screening using a parent-completed screening tool.	NPM - Developmental Screening	**Linked NOMs:** School Readiness Children's Health Status
Improve child health by strengthening coordinated systems for timely preventive care and early interventions.	The baseline MCH-JS rate in 2023_2025 is 55.1%. The annual objectives for 2026_2030 target a 10% improvement over this baseline by the year 2030.	Promote the importance of early dental care by conducting outreach to children in schools across the territory, Develop and launch a community media campaign encouraging early dental prevention measures, Conduct a minimum of two (2) outreach events per island providing dental supplies and promoting the importance of preventive dental visit for children using the MCH mobile vans.	ESM PDV-Child.1 - Percent of Children, ages 1 through 17, who had a preventive dental visit	NPM - Preventive Dental Visit - Child	**Linked NOMs:** Tooth decay or cavities Children's Health Status CSHCN Systems of Care
Adolescent Health					
Promote comprehensive	By September 2030, increase the proportion of adolescents aged 12	Promote adolescent wellness through community outreach and education, targeting both adolescents and their families to encourage annual	ESM AWV.1 - Adolescents, ages 12	NPM - Adolescent Well-Visit	**Linked NOMs:** Teen Births

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primary and preventive healthcare services for adolescents to support their optimal health, development, and long-term well-being.	to 17 in the USVI who have had a preventive medical visit within the past year from 87.1% to 90% (Baseline: 87.1%, MCH-JS 2023_2025).	preventive exams and healthy behaviors. Engage adolescents in health-promoting activities by partnering with local and federal agencies and community organizations serving the MCH population Raise awareness during key health observances such as Nutrition Month, Mental Health Month, and Diabetes Awareness Month through targeted campaigns that encourage healthy eating, physical activity, and disease prevention. Provide preventive care services to adolescents in public, private, and parochial schools through pop-up clinics using mobile vans, in collaboration with FQHCs and the Family Planning Program. Activate the Adolescent Committee to enable youth aged 13 to 19 to voice their concerns and lead initiatives addressing emerging adolescent health issues.	through 17, with a preventive medical visit		Adolescent Mortality Adolescent Motor Vehicle Death Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Children's Health Status Child Obesity Adolescent Depression/Anxiety CSHCN Systems of Care Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Improve child health by strengthening coordinated systems for timely preventive care and early interventions.	By September 2030, increase the proportion of children, ages 1 through 17, who had a preventive dental visit in the past year in the USVI from 55.1% to 61% (Baseline MCH-JS 2023_2025: 55.1%).	Train MCH Clinic staff to provide preventive oral health screenings and ensure effective referrals of adolescents to dental professionals. Train community partners, including Department of Education school nurses, to provide preventive oral health screenings and ensure effective referrals of adolescents to dental professionals. Provide basic dental health screenings during adolescent-well visits at MCH Clinics and ensure timely referrals to dental health care providers when needed. Conduct oral health Pop-Up Dental Clinics with the American Dental Association during Oral Health Awareness Month. Develop and launch a comprehensive media campaign tailored for teens that utilizes social media, radio, community outreach, and other channels to emphasize the importance of preventive dental visits and maintaining good oral health.	ESM PDV-Child.1 - Percent of Children, ages 1 through 17, who had a preventive dental visit	NPM - Preventive Dental Visit - Child	**Linked NOMs:** Tooth decay or cavities Children's Health Status CSHCN Systems of Care
Promote comprehensive	By September 2030, decrease the proportion of adolescents with and	Identify anti-bullying interventions for youth ages 12-17.	ESM BLY.1 - Percent of children 12 through	NPM - Bullying	**Linked NOMs:** Adolescent Mortality

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primary and preventive healthcare services for adolescents to support their optimal health, development, and long-term well-being.	without special health care needs, ages 12 through 17, who are bullied or bullied others in the USVI from 25.6% to 20% (Baseline MCH-JS 2023_2025: 25.6%).	Work with public, private and parochial schools to implement anti-bullying programs in the schools. Train peer-counselors to deliver some of the anti-bullying interventions in the schools. Activate the Adolescent Committee to give adolescents a voice and help them develop self-advocacy skills for anti-bullying. Collaborate with youth-serving community based organizations to implement anti-bullying programs in the territory.	17 who are bullied or bully others		Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Adolescent Depression/Anxiety Adverse Childhood Experiences
Promote comprehensive primary and preventive healthcare services for adolescents to support their optimal health, development, and long-term well-being.	Increase the percentage of adolescents (ages 12-17) with special health care needs served at MCH Clinics who have a documented, individualized transition plan developed collaboratively with the family and healthcare team within the past 12 months by 2030 (Baseline not available).	MCH clinic establish clear guidlines and procedures for assessing and documenting individualized transition plan for adolescents with special health care needs. Case Management Planner follow-up with youth to monitor progress on transition plan for adolescent ages 12-17, Adolescents attend annual preventive visit at MCH clinic no less than 6 months after transition plan initiation.	ESM TAHC.1 - Transition to Adult Health Care	NPM - Transition To Adult Health Care	**Linked NOMs:** CSHCN Systems of Care
Children with Special Health Care Needs					
Promote access to comprehensive and coordinated healthcare services for CSHCN to support their overall health and well-being.	By September 2030, increase the proportion of children with and without special health care needs, ages 0 through 17, who have a medical home in the USVI from 25.9% to 30% (Baseline MCH-JS 2023_2025: 25.9%).	Deliver targeted training to MCH Clinic staff on medical home principles, effective care coordination, and family-centered approaches to improve patient outcomes and engagement. Design and implement a multi-channel campaign to educate parents about the Medical Home model, its benefits, how it supports coordinated and family-centered care, and ways parents can partner with their child's care team for optimal health outcomes. Ensure that CSHCN receive comprehensive, coordinated, family-centered preventive health services through effective care coordination within the medical home model at MCH clinics.	ESM MH.1 - Medical Home for children ages 0 through 17 with special health care needs	NPM - Medical Home	**Linked NOMs:** Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All

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		Establish regular MOUs with specialty organizations to provide periodic, on-site specialty care, improving access and coordinated services for children. Deliver chronic disease management and monitoring (e.g., sickle cell, asthma, diabetes, obesity) through specialized clinics and evidence-based programs like WE CAN. Facilitate referrals and coordinate care for specialties not available locally, utilizing support from Title V and Medical Assistance. Partner with regional and mainland genetics network to provide genetics education and community outreach. Provide community-based health services and screenings through mobile clinics and Head Start programs, while partnering with Infant and Toddlers Program to ensure early identification and coordinated care for young children. Educate and support children and families through specialty clinics and community programs to promote self-management and advocacy. Collaborate with WIC, Chronic Disease, Infants and Toddlers programs, and other partners to enhance outreach and health education efforts. Develop and administer a comprehensive Medical Home experience survey to parents of children ages 0 to 17, both with and without special health care needs, to assess satisfaction, identify gaps, and inform quality improvement efforts at MCH Clinics.			
Strengthen the transition to adult health care for CSHCN in the USVI by implementing structured, family-	By September 2030, increase the proportion adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care in the USVI from 29.1% to 31% (Baseline MCH-JS 2023_2025: 29.1%).	Train staff in the Got Transition model to increase family involvement and support structured transition planning for CSHCN. Implement the Got Transition model to actively engage families in the transition planning process, ensuring their meaningful involvement and support throughout. Collaborate with other programs within DOH, Infant and Toddlers Program, FQHCs, and community agencies to ensure smooth transitions	ESM TAHC.1 - Transition to Adult Health Care	NPM - Transition To Adult Health Care	**Linked NOMs:** CSHCN Systems of Care

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centered early transition planning in MCH Clinics to ensure coordinated, individualized support		from pediatric to adult healthcare. Activate the Adolescent Committee to give adolescents a voice and help them develop self-advocacy skills for adult care.			
Promote access to comprehensive and coordinated healthcare services for CSHCN to support their overall health and well-being.	Reduce the percentage of children with special health care needs ages 12 -17 who are bullied or who bullied others from 53.98% to 50% by 2030 (MCH_JS 2025: 58.95%)	Identify anti-bullying interventions for children with special health care needs. Implement anti-bullying interventions targeting children with special health care needs and their families. Train a cadre of adolescent peer counselors who have disabilities to deliver some content to their peers. Activate the Adolescent Committee to give voice to children with special health care needs and advocate for their safety.	ESM BLY.1 - Percent of children 12 through 17 who are bullied or bully others	NPM - Bullying	**Linked NOMs:** Adolescent Mortality Adolescent Suicide Adolescent Firearm Death Adolescent Injury Hospitalization Adolescent Depression/Anxiety Adverse Childhood Experiences