HRSA
Health Resources & Services Administration

Title V MCH Block Grant Program

VIRGIN ISLANDS

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

Title V Federal-State Partnership - Virgin Islands

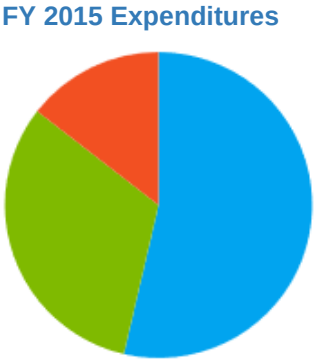
The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2017 Application / FY 2015 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	State Family or Youth Leader
Kimberly Jones Acting Director, MCH & CSHCN kimberly.jones@doh.vi.gov (340) 713-1311	Kimberly Jones Acting Director, MCH & CSHCN kimberly.jones@doh.vi.gov (340) 713-1311	No Contact Information Provided

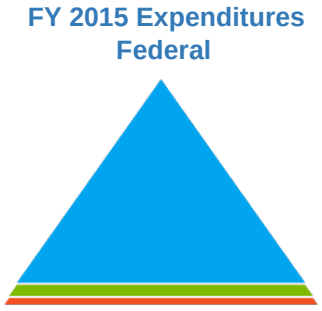
Funding by Source

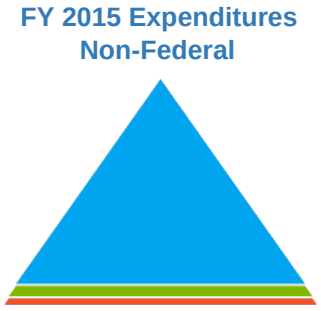
Source	FY 2015 Expenditures
Federal Allocation	$1,376,042
State MCH Funds	$0
Local MCH Funds	$817,793
Other Funds	$371,666
Program Income	$0



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	$1,265,958	$1,172,668
Enabling Services	$68,802	$59,473
Public Health Services and Systems	$41,282	$35,682





Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	1,535	$324,797	13.4%
Infants < 1 Year	1,309	$311,037	12.8%
Children 1-22 Years	9,023	$832,854	34.3%
CSHCN	1,122	$874,136	36.0%
Others *	669	$85,074	3.5%
Total	13,658	$2,427,898	100%

*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

FY 2015 Expenditures

FY 2015 Individuals Served

Communication Reach

Communication Method	Amount
State Title V Website Hits:	0
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	80
Other Toll-Free Calls:	0

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Increase enabling services to facilitate access to preventive medical visits.
NPM 4	Breastfeeding	ESM 4.1	Increase training and support for home visitors in breastfeeding best practices.
NPM 5	Safe Sleep	ESM 5.1	Increase safe sleep education and counseling for WIC and home visiting programs.
NPM 6	Developmental Screening	ESM 6.1	Facilitate communication on developmental screening through Inter-agency committee support.
NPM 8	Physical Activity	ESM 8.1	Establish partnership with the Department of Education to design and implement school-based physical activity programs.
NPM 10	Adolescent Well-Visit	ESM 10.1	Establish partnerships with school-based health centers to promote adolescent health services.
NPM 12	Transition	ESM 12.1	Increase use of evidenced-based health care transition tools in public health and FQHC facilities.
NPM 13	Preventive Dental Visit	ESM 13.1	Improve coordination between dental and health services through inter-agency partnerships.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Increase the rate of pregnant women who enroll in prenatal care in the first trimester.	Women/Maternal Health
SPM 2	The percent of CSHCN clients who access family support services.	Children with Special Health Care Needs
SPM 3	Increase access to comprehensive primary and preventive health care for adolescents and pre-adolescents ages 10-19 years.	Adolescent Health

Executive Summary

The MCH & CSHCN Program focuses on the well being of the MCH populations of women and infants, children and adolescents, and children with Special Health Care needs (CSHCN) and their families. The program places an emphasis on developing core public health functions and responding to changes in the health care delivery system. As a territory with significant shortages of pediatric medical services and limited existing services, the Virgin Islands faces many challenges to development of systematic approaches to population based direct care services. In the past few years, program activities addressed improvement of access to services low-income, underserved or uninsured families, identification of the needs of culturally diverse groups, especially non-English speaking and other immigrant groups, and recognition of changes brought about by lack of access to adequate health insurance coverage, public or private, for a significant percentage of the population. In addition, activities for children and youth with special health care needs focused on assuring pediatric specialty and sub-specialty services to children and families, integrating data systems, continuing collaborations with private and public partnerships, and integrating community based services. Partners and collaborators include the Departments of Education, 330-funded Community Health Centers, Medical Assistance Program, WIC Program, Vital Statistics, Immunization, Family Planning, Nursing Services, Social Services, Infants and Toddlers Program, Community Partners, and Parent Advocates. Parent and consumer participation and involvement via the MCH Advisory Council is being strengthened.

The Virgin Islands MCH & CSHCN has identified the following top 9 priority needs for primary and preventive care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for children with special health care needs.

National Performance Measure #	National Performance Priority Areas	MCH Population Domains
1	Well-woman visit	Women/Maternal Health
4	Breastfeeding	Perinatal/Infant Health
5	Safe sleep	Perinatal/Infant Health
6	Developmental Screening	Child Health
8	Physical activity	Child Health and/or Adolescent Health
8 8	Adolescent well-visit Teenage Pregnancy	Adolescent Health
10	Transition	Children with Special Health Care Needs
12	Oral Health	Cross-cutting/ Life Course

Emergent Needs

The USVI DOH Emergency Operations Center (EOC) was activated on 2/10/16 in response to Zika. The EOC is coordinating all Zika response efforts for the Virgin Islands and fielding all media requests/public inquires. It is headquartered in the St. Croix District at the Charles Harwood Medical Center. The CDC Epi Lead is currently training the new Epi assigned to DOH on the US Zika Pregnancy Registry activities, development of the Epi Surveillance Report, data collection via registry forms, quality assurance measures for Arbonet data, laboratory interpretations and data analysis, and physician follow-up.

As of 9/19/16 there are now a total of 346 (+46) confirmed and probable (339 & 7 respectively) Zika cases in the USVI. Since the last weekly report, forty-six new cases of Zika virus disease were identified in the U.S. Virgin Islands. Cases have been distributed with 11 (+4) cases in St. John (11 confirmed), 51 (+4) cases in St. Croix (46 confirmed & 5 probable), and 284 (+39) on St. Thomas (282 confirmed & 2 probable). USVI is continuing to collect data for the US Zika Pregnancy Registry (USZPR) by following up with providers whose patients have laboratory evidence of Zika.MCH & CSHCN serves as a center for pregnant moms to receive Zika Prevention Kits and has participated in numerous local outreach activities to promote community awareness on the effects of the Zika virus.

MCH & CSHCN remains committed to building an effective system of care through the continuance of improved access to Direct Health Services.

This occurs at multiple levels of performance such as extending hours and increasing number of service delivery sites in both health service districts; extend hours for prenatal clinics to accommodate working mothers, particularly in the private sector; increase services to adolescents in all areas of primary and preventive care appropriate for this age group; and, continue to provide primary and preventive care services to mothers.

Both Enabling Services and Population Based Services require systematic, concurrent enhancement of the department's visibility and conceptual position of local citizens. Therefore, comprehensive awareness campaigns are being instituted for all Department of Health providers, collaborative government agencies, and community based organizations on the concept of the "medical home" for clients, within MCH. Existing collaborative relationships, e.g., the Federally Qualified Health Centers and the VI Partners for Healthy Communities assist to increase services to infants, pregnant mothers, mothers and children in both districts. Reaching our populace with the requisite services is a collaborative effort with programs such as Immunization Program who through their mandate welcome improved immunization of all children against vaccine preventable diseases. In addition, linkages with agencies providing

services to adolescents are an ongoing activity, e.g., administering comprehensive health behavior survey as many are cooperative and committed to improved health habits for the adolescent population.

Public campaigns are being ensued to improve outcomes through home visiting initiatives, safe sleep practices and heighten the awareness of reducing the burden of illness due to obesity in children and adults on all three islands. MCH Program Priorities are inter-linked in the department's community education and outreach campaign; and, they include client counseling on health behaviors linked to obesity and other chronic diseases, exhibitions at Public Health Week and other year round activities on the benefits of a healthy lifestyle geared toward children, youth and families – all intended to further reduce obesity among this population.

Mental Health

Mental health undoubtedly remains an area of concern in the VI. MCH works closely with the Division of Mental Health (MH) and SAMHSA to develop and implement appropriate initiatives to address concerns and inadequacies in service and access for this population. June 2014 the MCH Program partnered with MH, Alcoholism and Drug Dependency Services to convene a Learning Community (LC) for trauma informed care in collaboration with the Complex Trauma Treatment Network (CTTN).

Women/Maternal Health

Results of the 2015 MCH & CHSCN survey indicated that overall, 76% of the women surveyed reported knowing they were pregnant at between one and 13 weeks. About 64% reported having a prenatal visit during the first 13 weeks, and an additional 32% had a visit when they were two to six months pregnant. The majority (93%) also reported receiving prenatal care as early in the pregnancy as they had wanted. More than half received their prenatal care from a health department clinic (54%), 39 percent from a community health center clinic, and eight percent from a doctor's office.

Perinatal/Infant Health

The low birthrate for the USVI is 11.6% representing a rise over past years and higher than the national rate of 8.3%[1]. The high overall rate for the USVI may be impacted by the high number of uninsured for the childbearing age-range. In response to the lack of access to care and to improve healthy birth outcomes for infants, the ECAC, with support from the Community Foundation of the Virgin Islands, promotes "text4baby" - a free text messaging service designed to provide pregnant women and mothers of newborns with information about taking care of themselves and their babies. As of July 24, 2014, 831 women were enrolled in the VI. Additionally, the USVI is ranked #1 among all states and territories for the number of women per 1000 estimated pregnancies and births with 86. *(ECAC Strategic Report, 2014).*

Child Health

Three-quarters of parents surveyed in 2015 reported that their children were in excellent or very good health. However, one in three reported at least one medical condition, and more than half had additional medical needs. Both the number reporting a condition and the number that had additional needs increased between 2010 and 2015, but this may be because the children were older in the 2015 sample. Satisfaction with care and care coordination increased between 2010 and 2015. This was true for almost every question that addressed satisfaction with care. Respondents also reported that doctors were providing more of the recommended information.

In general, parents reported their children's general health status was "excellent" or "very good" (77%), and about 53% felt their child's health care needs were not demanding, while 37% felt they were "somewhat" demanding. About one in 6 (17%) indicated that their child used more medical care than other children their age (14 missing), and 17 percent indicated that their child was limited in doing things. More than a third of parents indicated that their child had one or more conditions (37%). The most commonly indicated child health conditions were asthma (12%), eczema or skin allergies (10%), muscle or bone problems (8%), and speech problems (5%)[2]. Overall, 55 percent of respondents indicated that their child had a medical need.[3] Among parents for children older than 4 years, 18 percent had missed five or more days due to illness in the past month.

MCH & CSHCN continues to partner with community based organizations such as Early Head Start-Lutheran Social Services and PreSchool Education Program-Department of Education to develop and distribute information cards on health, early intervention and relevant services for the early childhood population. These cards list available services and contact numbers and are available at all Head Start and child care centers, clinic sites and various community partners offices throughout the territory.

Children with Special Health Care Needs

Between 2010 and 2015, services increased. More people reported receiving services from the Early Intervention Infants and Toddler Program and Special Educational Services. There was also an increase in the proportion of children who had an IEP. Overall, one in six respondents reported missing or putting off an appointment, primarily because they were unable to get one. However, four out of five children had received a check-up in the past 12 months, and the proportion who had a primary care physician increased.

The program continues to provide medical homes for children with special health care needs. Public health nurses continued to provide care coordination. Interventions included advocacy, education, case management, counseling, and nursing procedures. Services were provided in a variety of locations including in the home, by phone and in other locations such as hospital, clinics or school or child care setting. Program nurses, physicians and allied health staff continued to work with families to make decisions about care and services for children. Meetings and case conferences attended during this period focused on transition from early intervention programs to school; children with special needs in the foster care system; and collaborations between public health nurses and families.

Adolescent Health

Health challenges continue to include obesity due to the combination of poor nutrition with low intake of readily available fruits and vegetables and low level of physical activity, even in many school settings. A large burden of asthma and diabetes are probably related to obesity, but deserve attention because on their own they can cause serious, and expensive, health risks. With respect to health risk behaviors, marijuana and alcohol use are much more concerning than tobacco. Sexual health risks for both STI and

pregnancy are a concern because of the reported behaviors and were also recognized as topics that need to be addressed by youth themselves.

Teenage pregnancy and parenthood also continue to be major concerns threatening the development of teens and their children. Teen parents are more likely to lack sufficient developmental maturity and skills to consistently and adequately care for their children. Teen mothers are more likely to be unemployed. Children of teen parents are more likely to have health concerns, have behavior and learning problems, drop out of school before graduating, and become teen parents themselves – in a cycle that repeats the early childbirth risk. The rate of babies born to teens, ages 15 to 19, in the USVI is 43.1 births per thousand births, down from 51.3 births the previous year, representing a total of 164 births and representing 10% of the total live births and compared to 34 per thousand in the nation *(ECAC Strategic Report, 2014).*

The MCH & CSHCN Program continues to advocate for Adolescents access to a basic level of health care. The discussions and strategic planning are focused on how and where to provide confidential, appropriate care for their adolescents. Our contribution to this process is to engage Providers through surveys on the best practices to address the concerns of their adolescent patients and ways to guide their development as independent agents with regard to their health. Service providers will play an integral role in the coordination of the comprehensive services that influence the health behaviors of adolescents. Moreover, providers will understand and facilitate entry to specialized services for those adolescents who require them. For those services that are specialized, mechanisms will exist to assist adolescents to pay for and obtain necessary care from multiple sites and providers.

Cross-cutting/Life course

Oral Health

Dental services that were available at clinics administered by the Department of Health were suspended in 2011 and have not resumed. The Federally Qualified Health Centers have been filling the gaps in Dental services and provide examinations, fluoride applications, fillings and extractions to the children and families who have Medicaid and who are underinsured or uninsured. The School Based Preventive Program was discontinued due to the resignation of the dentist at the start of 2010 and the position has not been filled to date.

[1] *U. S. Virgin Islands Kids Count Data Book 2009.*

[2] Children could have multiple conditions and as a result total may be higher than 100%

[3] A medical need was defined as any current condition; fair or poor health; the use of more medical care; a condition that sometimes, usually, or always effects their ability to do things; or a limit on their ability to do things.

[4]*Results from the 2009 Virgin Islands health Insurance Survey* (January 2010).