State Action Plan Table (Virgin Islands)						
Women/Maternal Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Increase the number of women that have well women visits	Decrease Infant Mortality rate and low birth rate Improve pregnancy and birth outcomes Decrease the number of teenagers that are pregnant by 5% Decrease maternal morbidity Improve overall women's health	Increase access to pre-conceptual care for this population by partnering with the FQHC's Educate on healthy sexual behavior and habits Support Family Planning efforts Continue to educate women and their partners about overall physical, emotional, psychological and sexual health and the need for women's health	Rate of severe maternal morbidity per 10,000 delivery hospitalizations Maternal mortality rate per 100,000 live births Percent of low birth weight deliveries (<2,500 grams) Percent of very low birth weight deliveries (<1,500 grams) Percent of moderately low birth weight deliveries (1,500-2,499 grams) Percent of preterm births (<37 weeks) Percent of early preterm births (<34 weeks) Percent of late preterm births (34-36 weeks) Percent of early term births (37, 38 weeks)	Percent of women with a past year preventive medical visit		

			Perinatal mortality rate per 1,000 live births plus fetal deaths Infant mortality rate per 1,000 live births Neonatal mortality rate per 1,000 live births Post neonatal mortality rate per 1,000 live births Preterm-related mortality rate per 100,000 live births			

State Action Plan Table (Virgin Islands)						
Perinatal/Infant Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Increase the number of families educated on safe sleep practices	Increase the number of families that receive educational information or counseling about safe sleep by 5% each year	Educate parents on safe sleep practices at every well-child visit for the first year of life beginning with the post partum visit Utilize the Kiosks located in the MCH clinics to promote education for families attending the clinic on safe sleep practices and the benefits of back to sleep position Provide educational material and training to other Healthcare Providers including the FQHCs and Home Visiting staff on safe sleep practices Provide training to Child care providers on safe sleep habits	Infant mortality rate per 1,000 live births Post neonatal mortality rate per 1,000 live births Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	Percent of infants placed to sleep on their backs		
Increase the number of	Increase the number of	Continue to support	Post neonatal mortality	A) Percent of infants		

women still breastfeeding until 6 months	women that still breastfeed at 6 months by 5%	WIC efforts to maintain breastfeeding until 6 months Continue to promote community awareness on the importance of breastfeeding and the protective factors provided by breastfeeding	rate per 1,000 live births Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months		

State Action Plan Table (Virgin Islands)						
Child Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Decrease the number of children with BMI > 85%	Decrease the % of children between the ages of 2yrs to 17 yrs with a BMI > 85% by 5% each year	Continue to partner and support WIC efforts in educating families on good nutrition Continue to promote education within the community utilizing the WE CAN (Ways to Enhance Childhood Activity and Nutrition) program Encourage discussions about proper nutrition and exercise with all MCH clients. Utilize the Kiosk, DVDs, Educational materials within the MCH clinics to promote widespread education about the importance of exercise and proper nutrition	Percent of children in excellent or very good health Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)	Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day		
Increase the percent of developmental screenings done in the	Increase the percent of children that receive developmental	Standardize the developmental screening that is done	Percent of children meeting the criteria developed for school	Percent of children, ages 10 through 71 months, receiving a		

territory	screenings during annual visit	in the territory - ASQ testing Ensure proper training of all staff Collaborate with Infants and Toddler's program to ensure Early Intervention Services are provided for those that are found to have developmental delays Continue to participate in DOH, DOE and Early Childhood outreaches to increase possibilities of screening	readiness (DEVELOPMENTAL) Percent of children in excellent or very good health	developmental screening using a parent-completed screening tool		

State Action Plan Table (Virgin Islands)						
Adolescent Health						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Increase access to comprehensive primary and preventative health care for adolescents and pre-adolescents.	Increase access to comprehensive primary and preventive health care for adolescents ages 10-19 years. Continue outreach activities to parents and schools that encourage annual physical exams for this population.	Continue to promote education on wellness in adolescents to the community through outreach Continue outreach activities to parents and schools that encourage annual physical exams for this population. Partner with the schools and FQHCs to provide increase access to students for well child exams Partner with the Family Planning Program to go into the schools and provide a comprehensive adolescent program Partner with other agencies and Stakeholders to increase Community awareness regarding	Adolescent mortality rate ages 10 through 19 per 100,000 Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000 Adolescent suicide rate, ages 15 through 19 per 100,000 Percent of children with a mental/behavioral condition who receive treatment or counseling Percent of children in excellent or very good health Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile) Percent of children 6 months through 17 years who are	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.		

		the needs of the adolescent population Develop a State Adolescent Health Care Plan	vaccinated annually against seasonal influenza Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine			
Decrease the number of teenage pregnancies	Increase access to comprehensive primary and preventive health care for adolescents ages 10-19 years. Continue outreach activities to parents and schools that encourage annual physical exams for this population.	Continue to educate adolescents, families and parents about adolescent sexual health and the need for women's health Educate on healthy sexual habits Increase access to preconceptual care for	Adolescent mortality rate ages 10 through 19 per 100,000 Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000 Adolescent suicide rate, ages 15 through 19 per 100,000	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.		

	Decrease low birth weight Decrease infant mortality Decrease teenagers that are pregnant by 5%	the adolescent population (male and female) by partnering with the FQHC's	Percent of children with a mental/behavioral condition who receive treatment or counseling Percent of children in excellent or very good health Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile) Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine Percent of adolescents, ages 13 through 17, who have received at			

			least one dose of the meningococcal conjugate vaccine			

State Action Plan Table (Virgin Islands)						
Children with Special Health Care Needs						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Increase the percentage of families that participate in transition planning	Increase the number of families for CSHCN that participate in the transition process by 5 %	Utilize the GOT Transition model to promote family involvement in a structured manner Educate families on the importance of beginning the transition process by the age of 10 years Educate Health Care providers on the significance of transitioning families Participate with other Departments / Divisions in the transitioning process - Voc Rehab, DOE Special Ed, DHS, Community Service Providers, UVI, DD Council	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system Percent of children in excellent or very good health	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care		

State Action Plan Table (Virgin Islands)						
Cross-Cutting/Life Course						
State Priority Needs	**Objectives**	**Strategies**	**National Outcome Measures**	**National Performance Measures**	**ESMs**	**SPMs**
Increase access to oral health care for the Maternal and Child population	Increase access to oral health care for pregnant mothers by 2% annually Increase access to oral health care for children by 5%	Develop strategies to increase the number of Dental Providers in the territory Increase community awareness regarding the health risks of poor oral health during pregnancy and childhood Partner with FQHCs to provide training and increase education for Pediatric and Prenatal Health Care Providers	Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months Percent of children in excellent or very good health	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year		