



**United States Virgin Islands**  
**Five Year Needs Assessment**  
**For The**  
**Title V Block Grant Program**  
**Maternal and Child Health Services**

**July 15, 2010**

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## Table of Contents

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	<b>Page No.</b>
<b>A. <u>Introduction</u>.....</b>	<b>4</b>
<b>Background and Conceptual Framework.....</b>	<b>4</b>
Overview of the State.....	5
<b>B. <u>2010 Five Year Needs Assessment</u>.....</b>	<b>6</b>
<b>1. Process for Conducting the Needs Assessment.....</b>	<b>6</b>
Title V Needs Assessment Framework.....	8
Goals and Vision.....	10
Leadership.....	10
Methodology.....	10
Assessing the MCH Population.....	13
Assessing State Capacity.....	14
Data Gathering.....	15
Data Sources.....	16
Linkages.....	17
Dissemination.....	17
Strengths & Weaknesses of the Needs Assessment.....	17
<b>2. Partnership Building and Collaboration Efforts.....</b>	<b>19</b>
<b>3. Strengths and Needs of MCH Population and Desired Outcomes....</b>	<b>20</b>
Pregnant Women, Mothers, and Infants.....	21
Children .....	26
Adolescents .....	29
Children with Special Health Care Needs (CSHCN).....	35
<b>4. MCH Program Capacity by Pyramid levels.....</b>	<b>38</b>
Direct Health Care Services.....	38
Enabling Services.....	39
Population-Based Services.....	41
Infrastructure-Building Services.....	42
<b>5. Selection of State Priority Needs.....</b>	<b>44</b>
Methodology for Selecting Priorities.....	45
Priority Needs and Capacity.....	46
Priority Needs and State Performance Measures.....	47

**C. Annual Needs Assessment Summary..... 49**

**D. Supporting Documentation..... 51**

- Attachment 1: Needs Assessment Gant Chart
- Attachment 2: Needs Assessment Framework
- Attachment 3: Needs Assessment Flow Chart
- Attachment 4: MCH Prenatal Survey
- Attachment 5: MCH Block Grant Needs Assessment 2010
- Attachment 6: MCH Adolescent Health Survey
- Attachment 7: MCH Provider/Stakeholder Survey
- Attachment 8: MCH Self-Assessment Questionnaire
- Attachment 9: MCH Client Satisfaction Survey (English)
- Attachment 10: MCHPrenatal Focus Group
- Attachment 11: MCH Adolescent Health Focus Group
- Attachment 12: MCH Adolescent Health Focus Group
- Attachment 13: MCH Adolescent Health Survey Data Tables

## **II - Needs Assessment**

### **A. Introduction**

As a recipient of the federal Title V Maternal and Child Health Block Grant, the United States Virgin Islands (USVI) is required to complete a statewide needs assessment every five years to evaluate and assess the relevancy and adequacy of Maternal and Child Health (MCH) Services. The USVI Title V Five Year Needs Assessment is the first step in a cycle for continuous improvement of maternal, child and adolescent health.

The Maternal and Child Health & Children With Special Health Care Needs Program (MCH & CSHCN), VI Department of Public Health has prepared the following Needs Assessment that identifies the need for: preventive and primary care services for pregnant women, mothers and infants; preventive and primary care services for children; and services for children and adolescents with special health care needs that are consistent with health status goals and National health objectives and performance measures

The needs assessment for the 2010 to 2015 cycle has resulted in the identification of priorities for the maternal, child, and adolescent health population over the next five years. During this five year period, actions and strategies will be implemented, results will be monitored and evaluated to determine success of efforts to address these priorities, and adjustments made as necessary to continue to enhance the health of USVI women, children and adolescents.

### **Background and Conceptual Framework**

The USVI's 2011 Maternal and Child Health (MCH) Title V Block Grant application marks the beginning of a new five-year planning and implementation cycle. Our 2011 MCH needs assessment, priority setting, and identification of designated performance and outcome measures, as well as the annual plan, builds upon the work of previous years, and reflects new directions, emerging trends and responses to the current environment.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Based on recent research in the fields of neuroscience, education, and psychology, it is now recognized that the years from birth to age five are the most critically important for human development and are predictive of long term outcomes – academically, economically, and socially.<sup>1</sup> In order to more fully understand the needs of the USVI in developing a strategic plan to ensure that our children are safe healthy and ready to succeed in school, the following demographic information is provided.

**Overview of State**

The USVI, a Territory of the United States, consists of four islands with population centers: St. Croix, St. Thomas, St. John, and Water Island, with many small and mostly uninhabited cays. The population of the USVI is 114,744 including 27,903 children birth to eighteen years, or 24% of the total population. Regarding racial make-up of the USVI: black 76.2%, white 13.1%, Asian 1.1%, other 6.1%, mixed 3.5% (2000 census) and languages: English 74.7%, Spanish or Spanish Creole 16.8%, French or French Creole 6.6%, other 1.9% (2000 census).<sup>2</sup>

The charts that follow highlight the population changes seen from 2000 to 2007.

Population Characteristics	2000 Census		2007 VI Community Survey	
	Number	Percent	Number	Percent
<b>AGE</b>				
• Under 5 years	8,553	7.9	5,809	5.1
• 5-9	10,176	9.4	7,440	6.5
• 10-14	9,676	8.9	9,209	8.0
• 15-19	6,668	8.0	8,138	7.1
• 20-24	5,916	5.4	5,677	4.9
• 25-44	29,451	27	28,772	25.1
• 45 -64	27,035	25	34,443	30.0
• 65 and over	9,117	8.4	15,256	13.2

<sup>1</sup> Center on the Developing Child at Harvard University (2007).

<sup>2</sup> *World Fact Book* (2009).

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

Population Characteristics	2000 Census		2007 VI Community Survey	
	Number	Percent	Number	Percent
<b>RACE/ETHNICITY</b>				
• Black/African American	82,750	76.2	88,336	77.0
• White	14,218	13.1	10,183	8.9
• Some other race	7,852	7.2	16,225	14.1
• Two or more races	3,792	3.5	n/r	n/r
• Hispanic/Latino(of any race)	15,196	14.0	20,850	18.1
<b>NATIVITY/PLACE OF BIRTH</b>				
• Born in U.S. or U.S. territory	72,525	66.8	76,012	66.3
• Born other Caribbean	33,269	30.6	36,626	32.0
• Elsewhere/foreign born	2,818	2.6	2,106	1.7
•				
<b>LANGUAGE SPOKEN AT HOME ( pop. 5 years and over)</b>				
• English only	74,740	74.7	79,104	72.6
• Language other than English	25,319	25.3	29,832	27.4
<b>HOUSEHOLD TYPE</b>				
• Households with individuals under 18	16,732	41.2	27,903	
• Family households with own children under 18	14,107	34.7	27,742	
• Married couple family with own children under 18	5,905	14.5	9,264	33.2
• Female household, no husband present, with own children under 18	6,450	15.9	11,673	42.0
• Male household, no wife present, with own children under 18	n/r		3,905	14.1
• Grandparent responsible for grandchildren in households with grandparent living in household	2,444	50.9	2,018	

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

Population Characteristics	2000 Census		2007 VI Community Survey	
	Number	Percent	Number	Percent
<b>EDUCATIONAL ATTAINMENT (persons 25 years or over)</b>	65,603	100	78,471	100
• Less than 9 <sup>th</sup> grade	12,133	18.5	14,442	18.4
• 9 <sup>th</sup> to 12 grade, no diploma	13,743	20.9	13,794	17.5
• High school graduate	17,044	26.0	21,004	26.7
• Some college no degree	9,425	14.4	11,936	15.2
• Associate degree	2,269	3.5	4,880	6.2
• Bachelor's degree	6,841	10.4	8,716	11.2
• Graduate or professional degree	4,148	6.3	3,698	4.7
Percent high school graduate or higher	39,727	60.5	50,234	64.0
Percent Bachelor's degree or higher	10,989	16.7	12,414	15.8
<b>DISABILITY STATUS</b>				
• Age 5 to 20 with disability ( 24,787 )	1,402	4.7	991	3.9

## **B. 2010 Five Year Needs Assessment**

### **1. Process for Conducting Needs Assessment**

The Virgin Islands 2010-2014 Title V Needs Assessment Report documents the VI MCH & CSHCN Program’s needs assessment process and findings, identifies the 2010-2014 VI MCH & CSHCN Program priorities, defines indicators to measure progress towards those priorities, and establishes the foundation for the strategic planning process that will take place in 2010.

As the Virgin Islands continues to face the ongoing fiscal crisis, it is anticipated that there will be continual negative effects on both the MCH populations overall and on the MCH Program budgets at the state and local levels, this report provides an important evidence base upon which resources allocation decisions can be made.

The 10 MCH Essential Services were integrated into the local capacity assessment and served as a foundation for the goals and vision of the 5 year needs assessment process. As outlined in the Title V Block Grant Guidance, the ten steps of the Needs Assessment process were also followed to ultimately accomplish two goals: 1) improving outcomes for the MCH populations and 2) Strengthening partnerships, these steps involved:

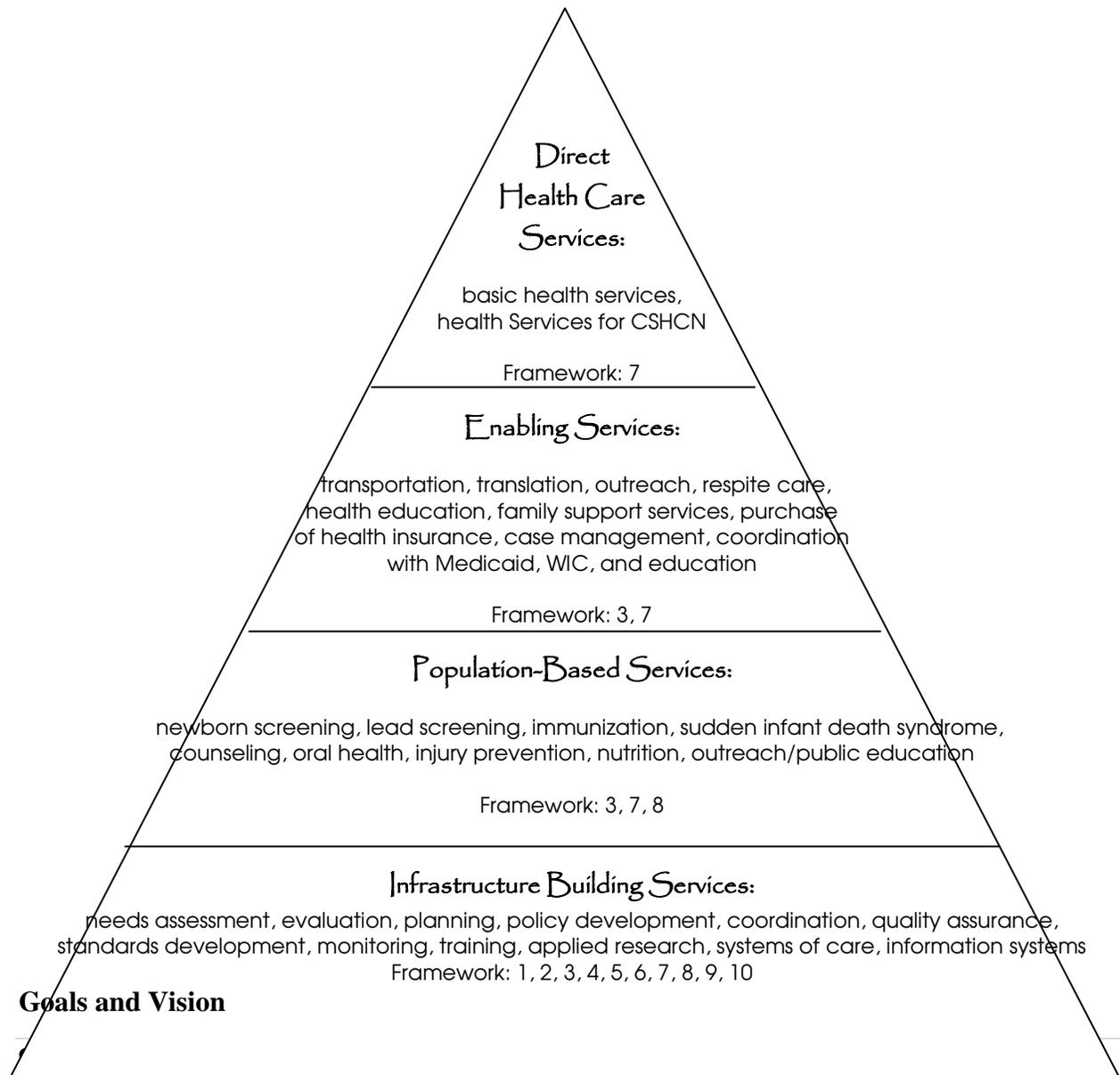
1. Engaging Stakeholders
2. Assessing Needs and Identify Desired Outcomes and Mandates
3. Examining Strengths and Capacity
4. Selecting Priorities
5. Seeking Resources
6. Setting Performance Objectives
7. Developing an Action Plan
8. Allocating Resources
9. Monitoring Progress for Impact on Outcomes
10. Reporting Back to Stakeholders

The VI MCH needs assessment has been a broad effort to describe and assess the large and diverse MCH population and the multi-faceted MCH system in place to ensure their health. Thus, the needs assessment has been guided by an emphasis on describing the diversity in populations, systems, and needs across the Territory through investment in an extensive local assessment process. In taking this approach, MCH has recognized the fundamental role played

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

by the local health jurisdictions; the expertise of local MCH partners, staff, and Directors; and the rich assessment of the MCH populations and system produced by this decentralized process.

**Title V Needs Assessment Framework:** The conceptual framework outlined by the Health Resources and Services Agency for the Maternal and Child Health Title V Block Grant to States is depicted in the MCH Pyramid of services. The levels include: infrastructure-building services that establish the foundation of the MCH system, population-based services universally available to MCH populations, enabling services targeting groups and individuals, particularly those experiencing barriers to services, and direct (gap-filling) services. This framework is used to organize the presentation of information throughout the report, particularly in the capacity assessment section.



VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

The Virgin Islands Department of Health (VIDOH) is dedicated to promoting and protecting the health of Virgin Islands community. The VIDOH's mission is to provide accessible, affordable, confidential and comprehensive, quality health care to all Virgin Islands residents and visitors, educate the community toward the development of positive lifestyles and protect the environment towards the improvement of health in the U.S. Virgin Islands. The USVI Maternal and Child Health (MCH) Title V Program contributes to the agency mission of promoting and protecting health through its goal of improving outcomes among MCH populations. The agency vision of achieving healthy people in healthy communities is supported through the strengthening of partnerships between the state Title V agency and stakeholders that include federal, state, and local MCH partners. The needs assessment process contributes to the achievement of these goals by identifying needs for preventive and primary care services for pregnant women, mothers, and infants, preventive and primary care services for children, and services for Children with Special Health Care Needs (CSHCN) and examining the capacity of the state to provide services by each level of the MCH pyramid.

### **Leadership**

A needs assessment team made up of MCH & CSHCN Program staff was formed to lead the assessment efforts. The MCH Administrative Unit- Director of MCH & CSHCN, Assistant Director, Program Administrator and Territorial Financial Manager along with the Program's Continuous Quality Improvement (CQI) Team consisting of twelve staff members representing clinical, allied health and administrative areas of the program all played instrumental roles in leading the Programs Need Assessment process. An advisory Committee consisting of community stakeholders also provided valuable input to this process. The role of the committee also included identification of issues to be addressed in the focus groups, gathering of existing data, input into to the final report and identification of priority issues.

### **Methodology**

***Overall needs assessment methodology:*** The Title V five-year needs assessment involved review of primary and secondary sources of data, in addition to information gathered in focus groups on all three major islands. The USVI's Title V Needs Assessment for FY2011 incorporated compilation, analysis, summary, and discussion of quantitative and qualitative data gathered throughout the past five years. A significant amount of quantitative data was amassed to help identify the needs of the population and gaps in capacity to meet those needs. Efforts were made to collect qualitative data from stakeholders using key informant interviews, focus groups,

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

and surveys. Efforts were also made to capture existing sources of qualitative data available other agencies serving the maternal child populations.

Prior needs assessments and initial planning meetings indicated that a collaborative approach was needed to capture all essential aspects of the assessment. The CQI Needs Assessment Team met throughout 2009 and 2010 to identify existing data sources and reports, plan and implement data collection, assemble lists of stakeholders, engage stakeholders in the process, discuss data findings, and plan the priority setting process. Concurrently, the MCH management team conducted a comprehensive review of progress on each of the USVI's 7 Title V Priorities to determine whether those priorities were still relevant for the needs assessment and priority-setting process in the year to come. As part of this review, the team came to a consensus that while the priorities reflected the current issues of the time, the priorities were somewhat vague and difficult to measure. This needs assessment process was implemented by design and differs from the previous needs assessment process and approach to priority-setting taken five years ago. Identified needs were used to develop priorities that were more focused and measurable for the current assessment.

***Needs Assessment and Title V Program Activities:*** The Five Year Needs Assessment of the Maternal and Child Health population involved participation of MCH staff, working at all levels of the pyramid in an on-going effort to serve the population of pregnant women, mothers and infants, all children and adolescents, including children with special health care needs. Under the leadership of the MCH Director, MCH staff monitored service utilization data in collaboration with other agencies within the Department of Health. Linkages with the local hospitals and other public health clinics also contribute to the data needed to effectively evaluate and assess services to the target population.

The MCH Program received technical assistance from People-to-People Enterprises, to assist in the development of a continuous quality improvement (CQI) process to facilitate the implementation of the five-year needs assessment for the MCH Block Grant (MCHBG). The Program staff in St. Thomas and St. Croix participated in two sessions in March and June 2008 to begin an initial assessment of the organization's current capacity and effectiveness in delivering quality MCH services.

Twelve staff members representing clinical, allied health and administrative areas of the program volunteered to lead the Divisions' CQI initiative. The purpose of this team was to:

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- Review the findings of the last needs assessment completed in 2005,
- Share information about key work of various entities and agencies,
- Identify top perceived needs, issues, and trends for MCH population,
- Discuss needs assessment structure and process,
- Identify key focus areas of assessment, and
- Identify additional partners and resources.

***The Needs Assessment Cycle:*** An initial analysis plan was designed to provide data for the needs assessment that would identify the needs for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children; and services for Children with Special Health Care Needs (CSHCN). Specifically, the goals were to strengthen the link between maternal and child health data and the assessment of MCH Program needs and capacity, provide data on the MCH populations through a variety of formats, facilitate the state priority setting process, and identify indicators that could be used to measure progress towards addressing the new Title V priorities.

The data analysis phase provided an evidence base to identify priority needs for MCH populations and assess capacity to address those needs. Analysis of quantitative and qualitative data was conducted throughout 2009 and 2010 to ensure that the CQI needs assessment and management teams had the most current information when assessing the needs of populations. Quantitative and qualitative data were analyzed, summarized, and disseminated to facilitate the identification of state MCH priority needs and aid in the setting of performance measures. The data was examined in light of national MCH operational components, including existing MCH priorities, MCH performance and outcome measures, MCH capacity measures, Health People 2010 and the Territory's existing Title V programs. From the data and capacity discussions, the CQI Needs Assessment and Management Team identified priority needs, crafting those needs into the USVI's MCH priorities for the next five years, and establishing state-negotiated performance measures to monitor progress on the priorities.

***Stakeholder involvement in the Needs Assessment.*** Stakeholders had an integral role in the needs assessment, particularly in assessment of whether providers and consumers perceived that VIDOH had the capacity to address the needs of MCH populations. Stakeholder input was invited through three main avenues 1) Focus Groups, 2) Key Informant Interviews, and 3)

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Stakeholder Input Meeting. All forms of stakeholder input were considered in the priority-setting process.

### **Methods for Assessing Three MCH Populations**

Both quantitative and qualitative methods were used to assess the strengths and needs of each of the MCH populations. Questions were generated using several approaches, including review of past survey instruments and instruments from other states which have successfully completed such surveys. Data gathering, review and analysis was completed using the advisory committee, bureau staff and a consultant. The CQI Team looked at the current state of maternal and child services by reviewing available secondary data from several reliable sources both national and local, and integrated specific information from data gathered about women, children and families in the VI. This was used to set priorities and develop directions. After discussion on how this impacts the MCH system of care, Team members identified the major priorities to focus the work over the next six-months to include:

- Secondary data collection and analysis
- Identifying and describing the capacity, needs and gaps in the current MCH infrastructure necessary to support and sustain a MCH system of care
- Conducting focus groups, interviews and surveys of the MCH population

Team members then reviewed the qualitative data collected during the March, June and October 2008 sessions and discussed how to incorporate the findings into the infrastructure development strategies to support capacity building training and activities. Ongoing data collection and analysis, program development, planning, evaluation and community outreach were also identified as capacity building needs.

A subsequent 2-day technical assistance session was held in October 2008 to engage the CQI Leadership Team in the development of a framework to facilitate the application of continuous quality improvement practices, principles and processes as a strategies for increasing the Program's capacity to create and sustain an effective maternal and child health system of care. The CQI Team also participated in activities focused on development of the Maternal & Child Health Block Grant (MCHBG) application's needs assessment process. During the sessions, Team members developed a vision, mission and philosophy framework to guide the planning and implementation; identified strengths, weaknesses and challenges for the Team and Program in implementing the process; developed strategies to address findings; and engaged in activities to enhance individual and team interactions and performance.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

The Adolescent Health survey used for the 2010-2015 USVI MCH Grant Needs Assessment was developed by USVI MCH representatives in partnership with the Rochester LEAH program. Because of the interest in having data that could be compared with other regions of the U.S., valid, reliable instruments such as CDC's Youth Risk Behavior Survey (YRBS) and the Child and Adolescent Health Measurement Instrument (CAHMI) were used, but also included specific items, such as diabetes, asthma, oral health and utilization of MCH services, as well as items from previous surveys. After several iterations, a final survey tool was administered anonymously to adolescents over a two-month period in a variety of settings, including an MCH clinic, private and public high schools, religious youth group, college preparatory classes, and 1<sup>st</sup> year students at the University of the Virgin Island (on St. Thomas and on St. Croix). Surveys were only identified by setting. The completed surveys were then returned to the University of Rochester, data were entered into a SPSS+ database, cleaned and compiled into tables to facilitate analysis. To meet submission timeframes for the MCH Block Grant application, key elements were analyzed; the dataset will continue to be analyzed and the results disseminated to appropriate individuals, agencies and groups to improve adolescent health by focusing on the dual strategies of increasing appropriate primary and preventive care services and increasing collaboration with other agencies to improve access to services as they become more available.

Other instruments used in this needs assessment process include the Prenatal survey, Well Child/Children with Special Health Care Needs survey and Stakeholder/Provider survey, were developed and then reviewed by the program's CQI team in conjunction with stakeholder and advisory member input. Surveys were distributed Territory wide through the use of the CQI and a Stakeholder assessment implementation team. Team members scouted, informed and assisted participants on the needs assessment process and also served as translators when issues of communication are needed.

### **Methods for Assessing State Capacity**

The MCH program then engaged People-to-People Enterprises to design and conduct follow-up sessions with the CQI Team to develop strategies and a six-month implementation action plan to complete the first phase of the five-year needs assessment required in the submission of the MCHBG on July 15, 2010. These sessions were held during the week of February 8-12, 2010 with the desired results achieved:

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- Increase understanding of the interrelationship between individual learning preferences and working in a team environment; identify styles that are complementary to tasks to be accomplished
- Review the strategies and desired outcomes for the needs assessment process from previous work sessions
- Assess the effectiveness of needs assessment process to date
- Increase understanding of the role of the needs assessment in sustaining a MCH system of care
- Refine data collection tools and techniques
- Increase skill sets in conducting focus group
- Develop six-month action plan

Team members spent the rest of the first day increasing their understanding and knowledge of the Block Grant requirements and the pyramid of services and functions of the MCH system of care as it relates to the five year needs assessment.

### **Data Gathering**

In order to identify the specific needs of the state MCH population, VI used Title V indicators and measures, state determined performance measures, and other quantitative and qualitative data gathered from across the territory. Collection of the quantitative data was the responsibility of the CQI Team. After a discussion on how the ability to collect and analyze accurate and reliable data impacts the MCH system of care, CQI team members identified the major priorities to focus the work over the next six-months:

- Secondary data collection and analysis
- Identifying and describing the capacity, needs and gaps in the current MCH infrastructure necessary to support and sustain a MCH system of care
- Conducting focus groups, interviews and surveys of the MCH population
- Team members then reviewed the qualitative data collected during the March, June and October 2008 sessions and discussed how to incorporate the findings into the infrastructure development strategies to support capacity building training and activities. Ongoing data collection and analysis, program development, planning, evaluation and community outreach were also identified as capacity building needs.
- Team members identified secondary data sources and who will be responsible for the data collection and analysis for each of the population groups. Team members discussed the next

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

steps in the process to achieve critical milestones toward meeting the deadlines in the timeline.

**Data Sources**

*Survey of MCH Staff, Stakeholders/Providers and Consumers.* Surveys for the MCH Staff, Stakeholders/ Providers and Consumers (to include parents of children with special needs, members of the Hispanic community, parent advocates, and adolescents/young adults) in the Territory were developed to identify needs and capacity issues in four domains: 1) the population's need for services and the capacity to meet those needs 2) the service capacity of the health district and other providers in the community for four types of services: prenatal, postpartum, well child, and sick child. 3) training, teaching, and technical assistance needs and capacity, and 4) partnerships and staff involvement with community organizations. More than 1000 surveys were distributed Territory-wide with over 800 submitted responses, for a total response rate close to 85%.

*Focus Groups.* Three focus groups were conducted from mid-March through the end of April 2010 by CQI staff. Focus groups were conducted using a standardized focus group protocol. Questions for the focus groups and key informant interviews were generated by the CQI needs assessment team. Suggestions for improvement and involvement by state/local/regional government, community, and private sector were offered by the three focus groups.

*Key Informant Interviews.* Individuals representing health providers, governmental entities and organizational stakeholders with knowledge of various aspects of maternal and child health were identified by the CQI needs assessment team. Each interview was conducted using a standardized interview protocol which was structured to gather responses regarding the overall environment as it relates to children and families, the needs of the specific populations served by Title V funding.

*Community Needs Assessments.* Various needs assessments were gathered and analyzed from several collaborative partners in this process. Assessments reviewed included those previously conducted and completed on issues of prenatal care, infants and children and children with special health care needs. Contributing agencies included the Early Childhood Advisory Council, Department of Human Services, Department of Education and Virgin Islands Perinatal, Inc. These community assessments touched on a variety of issues in the specific populations that

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

these respective agencies serve and expounded the process by adding a comprehensive look at services and health status data for the maternal and child populations.

**Linkages between Assessment, Capacity and Priorities**

Areas of need were identified through discussions with stakeholders included health system capacity issues, population health status issues, and public health approaches or strategies. Several areas of need were relevant to more than one of the population groups or were noted to be important across population groups, which highlighted the importance of a holistic approach to MCH that can efficiently address these cross-segmented issues. The final priorities were selected while taking into consideration: 1) progress that can be tracked and measured, 2) opportunities for collaboration, 3) redirection or leveraging of resources, 4) sustainable or longitudinal efforts, 5) goal-oriented efforts, 6) barriers to effectiveness, and 7) cost.

**Dissemination**

Before finalizing the 2010 assessment, the Needs Assessment document was distributed to internal stakeholders for comment, editing, and to ensure that the assessment captured all aspects of the work and findings of the needs assessment. The drafted assessment document was also reviewed by external stakeholders that attended the stakeholder input meeting and participants in the key informant process. The draft document was made available for a period of public comment, and input was addressed and incorporated into the Needs Assessment document when appropriate. Once the Needs Assessment document has been finalized and submitted, the complete version will be disseminated to stakeholders.

**Strengths and Weaknesses of Process**

*Data collection limitations:* Collection of data required to satisfy Title V reporting requirements continues to present a major challenge in this process. There is a lack of or limited availability of health status data for the identified population groups. Data collection of clinic utilization, health practices of the target population and related information needed for effective monitoring of the program productivity, is limited to manual methods. Improvements in data collection will allow the program to better measure critical MCH indicators to support better planning in the future.

A strength of the needs assessment process is the partnerships that are involved both in the current needs assessment process and on an ongoing basis to develop effective programs and policies that best address the needs of the MCH population. These partnerships put the MCH

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

program in a better position to maximize efficient use of resources and to compete for relevant funding opportunities from federal and foundation sources, including implementation of federal health care reform legislation. Another strength of the process was that the initiation of the development of the comprehensive system of care with MCH staff and community stakeholders.

The collaborative efforts of the Advisory Group were outstanding and resulted in several separate collaborative relationships developing outside of the needs assessment. Some difficulties arose around the scheduling aspects of focus groups, as transportation and childcare for consumers were often a challenge. In addition, MCH may consider an agreement with a contractor to schedule, perform, and summarize all interviews and focus groups as well as summarize and analyze all data findings to assist in the efficiency and effectiveness of future assessments.

*Collaborative opportunities:* Given the increased attention to adolescent health issues in the MCH & CSHCN population in 2010, a large scale survey of adolescents living on all of islands constituting the USVI was conducted. This was done in partnership with the University of Rochester MCH Leadership Education in Adolescent Health (LEAH) interdisciplinary training program, one of only seven such HRSA/MCHB programs nationwide and the only such program in Public Health Service Region II. The Director of the Rochester LEAH, Dr. Richard Kreipe, is a past-president of the Society for Adolescent Health and Medicine. He has visited the USVI on two occasions, once when he was the keynote speaker for the 5<sup>th</sup> annual Youth Development Symposium in March 2004, and once when he was visiting Puerto Rico in the context of a 3-year Train-the-Trainer Continuing Education program in 2006. He also has met with USVI representatives on a regular basis at the annual AMCHP meeting in Washington, D.C. At the 2010 meeting, he met with a pediatrician-nurse a team from the USVI MCH clinics to discuss next steps to address the needs identified in the survey data.

## **2. Partnership Building and Collaboration Efforts**

MCH & CSHCN Program employs strategies to promote care coordination and collaboration among programs serving the special needs population. Outreach, education and case management activities for pregnant women were provided through the expanded V.I. Perinatal Inc., (Promoting Healthy Families-HCAP and Healthy Families, Healthy Babies Initiative). Collaboration is on-going with the Department of Human Services in the implementation of the Child-Care Guidelines, a V.I. Stepping Stone Manual, Rules and Regulations for Child Care in the Virgin Islands. MCH staff has also received training with child care health consultants.

Partners and collaborators who were actively engaged in the program to maximize sharing of resources included individuals from the Departments of Education, Labor, Justice, 330-funded Community Health Centers, Medical Assistance Program, WIC Program, Vital Statistics, Immunization, Dental Health, Family Planning, Nursing Services, Adolescent Health Abstinence Education Program, Social Services, STD/HIV/TB, Infants and Toddlers Program, Community Partners, and Parent Advocates. Parent and consumer participation and involvement via the V. I. Alliance for Primary Care and the MCH Advisory Council were strengthened.

Dedicated partners from our local hospitals, private doctors and other private sector providers of health services, other government agencies and community based organizations are integral to this process and will have specific role and input on CQI (Continuous Quality Improvement) process in support of this effort, with the goal of developing a system of care to bring to addressing major issues: 1) the need for focused adolescent healthcare services, 2) comprehensive support services for children and families of children with special health care needs, 3) healthy birth outcomes for all pregnant women, especially of low income, and 4) decreased health disparities in segments of the population.

The MCH/CSHN Advisory Board and Administrators continue 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. Specifically, providers are being asked to assess the individual adolescent's developmental readiness, and to assist youth in making the transition between pediatric and adult

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

care. 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.

Broader commitment is also being sought from local educational institutions and civic organizations serving youth and their families. These community supporters are needed to begin the dialogue with the young people and their caregivers on their perception of quality care, improved health options, well-being into adulthood for adolescents. Availability is another high point of concern as the need for age-appropriate services, access to location of services and hours of operation, and trained health care providers are all areas that are currently deficient in our community. Aligned with availability and access is the issue of flexibility and the appropriateness of services, providers, and delivery sites, as there must be consideration for the cultural, ethnic, and social diversity among adolescents. (*Source: Society for Adolescent Medicine. Access to Health Care for Adolescents and Young Adults. J Adolescent Health 2004; 35:342-344*).

### **3. Strengths and Needs of MCH Population Groups and Desired Outcomes**

In 2009, the 2005-2010 MCH Block Grant needs assessment was updated to reflect USVI Department of Health's debuted new theme "Wellness is our way of life". This overarching theme captures the need for continuous improvement in services and quality of care. Dedicated partners from local hospitals, private doctors and other private sector providers of health services, other government agencies and community based organizations are integral to this process and will have specific role and input on CQI (Continuous Quality Improvement) process in support of this effort, with the goal of developing a system of care to bring to addressing major issues: 1) the need for focused adolescent healthcare services, 2) comprehensive support services for children and families of children with special health care needs, 3) healthy birth outcomes for all pregnant women, especially of low income, and 4) decreased health disparities in segments of the population.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

### **Pregnancy Women, Mothers and Infants**

The VI Maternal Child Health Program conducts a needs assessment every five years to evaluate the prenatal care needs of pregnant women and infants in the target population. In reviewing the Title V performance indicators, the Virgin Islands has several areas that need improvement in the provision of prenatal care services.

The 2010 Prenatal Care Needs Assessment Survey provided the baseline data considered in the determination of priority areas of this prenatal health care plan. Targets to be attained during the 5-year period were determined to be most appropriate and feasible.

The VI Maternal Child Health Program will work to address the identified priority needs in the next 5 years. In the face of these challenges, it will strive to develop and implement appropriate interventions to address these concerns.

### **Framework for the Needs Assessment**

- The purpose of the needs assessment is to identify the need for prenatal care services for pregnant women, mothers and infants.
- The goal of the survey is to provide data by which appropriate planning and collaboration can be implemented to improve the health of women and newborns.
- Assess the availability and provision of prenatal care relative to:
  - a. adequacy of services,
  - b. access to services,
  - c. coordination of services; and
  - d. availability of health insurance.

Survey results were analyzed and priority areas were determined as points of focus for the 5-year planning period.

Several health indicators put our pregnant women, mothers and infant populations at risk. Access to health services is limited with 28.7% of USVI residents uninsured, with 24.3 % of children birth to five years uninsured. Individuals in the prime parenting age-group are uninsured at the rate of 53.4% of 18 to 24 year olds and 34.7% of 25 to 34 year olds.<sup>3</sup> Birth weight is an important indicator of infant health. Low birth weight babies account for more than half of all costs incurred to newborns. Low-birth weight babies surviving infancy have an increased likelihood of cognitive and developmental delays. They experience greater health risks and disabilities during their childhood and adolescence and face higher adult health risks.

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<sup>3</sup> Results from the 2009 Virgin Islands health Insurance Survey (January 2010).

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

The low birthrate for the USVI is 11.6% representing a rise over past years and higher than the national rate of 8.3%<sup>4</sup>. 86.5% of mothers had a normal birth weight, 13.5% had a birth outcome categorized as low birth weight. 44.4% had an educational level of 9-11 years, 80% had an income of less than \$10,000. 45% of the high risk pregnant clients were without insurance. Despite targeted outreach, 73.5% entered into prenatal care in the second or third trimester.

Teenage pregnancy and parenthood 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.<sup>5</sup> Children of teen parents are more likely to have health concerns, have behavior and learning problems, drop out 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 57.4 births per thousand births representing 13% of the total live births (compared to 42.5 per thousand in the nation).<sup>6</sup>

Based on information gathered in 2005-2006, over 12,000 adults (or 19%) in the USVI have experienced some type of intimate partner violence (IPV) in their lifetime. This violence occurred with a current or former intimate partner, such as a spouse, boyfriend, or girlfriend. Females are more likely to experience physical intimate partner violence and/or unwanted sex than males and younger adults are more likely to report any type of IPV in their lifetime than older adults. In 2007, 719 cases of domestic violence were reported in the territory.<sup>7</sup> IPV continues to be an area of great concern for the Territory and warrants further assessment and mitigation.

### **2010 Prenatal Care Needs Assessment Survey Profile**

The below table shows the survey profile of 364 women who completed the 2010 Prenatal Care Needs Assessment Survey. As expected, the sample comprised of a larger proportion of Blacks (77%) than other races. About 26% of the mothers surveyed were non-Hispanic or Latino. These figures compare favorably with the VI 2000 census.

Island	Percent
St. Croix	54
St. John	3
St. Thomas	43

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4 U. S. Virgin Islands Kids Count Data Book 2009.

5 US Department of Labor, Bureau of Labor Statistics (1998).

6 U. S. Virgin Islands Kids Count Data Book 2009.

7 Information received from Venetia Velazques, ESQ., Clerk of the Court, Superior Court of the Virgin Islands.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Race	
Black	77
White	4
Other	19
Age	
<18 years	4
18-20 years	18
21-30 years	50
>30 years	28
Hispanic or Latino	
Yes	26
No	74
Education	
< 8 <sup>th</sup> grade	5
Some high school, non-graduate	18
High school graduate	39
> than high school graduate	38
Income	
< \$10,000	41
\$10,000 - \$30,000	34
>\$30,000	9
Not sure	16

Survey Question	Survey Baseline (% Yes)	5-Year MCH Target
<b>Adequacy of Services</b>		
Did your health care worker tell you what your body mass index was at your first prenatal visit?	50.9%	60.0%
During your most recent pregnancy, were you educated about the signs and symptoms of preterm labor such as pelvic pressure, abdominal pain and spotting?	67.6%	90.0%
Do you feel you know what to do if you experience any signs of preterm labor?	68.8%	100.0%
<b>Access to Services</b>		
Get prenatal care as early in pregnancy as you wanted?	79.8%	90.0%
<b>Coordination of Services</b>		
Have you ever had your teeth cleaned by a dentist or dental hygienist?	70.5%	85.0%
Have you ever received treatment for use of alcohol or drugs?	1.0.0%	100.0%
<b>Availability of Health Insurance</b>		
Did you have a source of insurance, including Medicaid (Medical Assistance Program or MAP), at any time during calendar year 2009?	67.8%	80.0%

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Strategies and Interventions

Adequacy of Services

Strategy 1: Increase knowledge about body mass index (BMI)

All pregnant women should be counseled about their maternal height and weight measurements. An adequate level of prenatal care counseling received by mothers on appropriate levels of maternal height and weight should be used to classify women as either underweight or obese to determine their need for certain weight-related prenatal nutrition, counseling, exercise, and care. Maternal height and weight measurements should be made at the first prenatal care visit.

Intervention:

1. Provide 1000 educational information leaflets during the 5-year period.
2. Conduct at least one (1) class monthly to all women about weight gain lifestyles that may be detrimental to her and the developing fetus.
3. Provide assistance to at least 500 women to attend pregnancy education classes.

Strategy 2: Increase knowledge about the signs and symptoms of preterm labor and what to do. Preterm labor occurs when the pregnant woman goes into labor before 37 completed weeks of pregnancy. This is too early for the baby to be born. Babies born too soon can have lifelong or life-threatening health problems. Factors commonly associated with preterm labor can be divided into maternal factors and fetal factors.

Intervention A:

1. Provide 1000 educational information leaflets during the 5-year period on signs and symptoms of preterm labor.
2. Conduct at least one (1) class monthly to all women about preterm labor signs and symptoms.

Intervention B:

1. Establish a hotline on each island that provides a recording of what to do or where to go if you are experiencing signs of preterm labor.
2. Conduct at least one (1) class monthly to identify women at risk for premature delivery.
3. Provide preterm labor management services to at least 500 women.
4. Provide at least 500 external monitoring devices that a pregnant wears to monitor preterm labor signs.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Access to Services

Strategy 3: Ensure pregnant women receive early prenatal care.

Early and regular prenatal care, which includes education and counseling, is the best way to promote a healthy pregnancy. Early prenatal care can help keep the pregnant woman and her baby healthy. Early prenatal care can address many problems and prevent others from occurring.

Interventions:

1. Conduct outreach efforts to identify at least 1000 high-risk pregnancies each year during the 5-year period to assure the women receive consistent prenatal care.
2. Examine barriers and circumstances of at least 1000 women during the 5-year period that contribute to them not receiving first trimester prenatal care, and then make recommendations to make care more accessible.
3. Disseminate at least 1000 reproductive planning literature each year during the 5-year period to educate women regarding the value and availability of prenatal care.
4. Publicize in all news media (radio, television, newspaper) in the Virgin Islands during the 5-year period available documents that report the importance of prenatal care as a standard measure of quality healthcare services.

Coordination of Services

Strategy 4: Ensure that services to pregnant women are coordinated.

Evidence suggests a link between gum disease and premature, underweight births. Pregnant women who have gum disease may be more likely to have a baby that is born too early and too small.

Intervention A:

1. Make resources available for visits for at least 1000 pregnant women each year during the 5-year period to a dentist or dental hygienist during the first trimester of pregnancy for assessment of oral health problems and preventive counseling.
2. Make resources available to provide at least 1000 teeth cleaning visits for pregnant women during the 5-year period.

Prenatal care and alcohol/drug abuse treatment programs for pregnant women and teenagers can help ensure healthy babies and prevent the developmental and behavioral problems caused by alcohol and drugs.

Intervention B:

Provide resources for screening for alcohol and drug use in prenatal care clinics for at least 1000 pregnant women during the 5-year period.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Availability of Health Insurance

Strategy 5: Pregnant women who are not insured often result in inadequate prenatal care. Some insurance plans consider pregnancy a pre-existing condition. Medicaid, a federally funded program for low income persons, will accept women who are already pregnant. However if the woman is not eligible to receive Medicaid, it can still be a challenge to pay for all the prenatal visits and delivery.

**Intervention:**

1. Screen all women in prenatal care clinics for sources of their health insurance, including Medicaid during the 5-year period.
2. Assist all women in setting-up a payment plan for their prenatal care during the 5-year period.

**Children**

Findings of a 2009 study of a sampling of early childhood settings across the USVI, indicated that children’s basic needs in terms of health and safety are not being met adequately; most children do not have opportunities to engage in activities which promote their development across all domains; most programs do not have adequate materials to support stimulating and developmentally appropriate learning activities; most programs lack safe outdoor equipment; most children spend too much time in whole group activities and have few opportunities for play or self-directed learning; and, although most interactions between the children and teachers are positive, the environment in many programs is stressful because of developmentally inappropriate environments and expectations for children.<sup>8</sup>

34.1% of all USVI children, or 9,515, are living in poverty, compared to a national rate of 18%.<sup>9</sup> Although local and regional variations are not reflected in the federal poverty thresholds, it is recognized that the cost of living in the USVI is higher than in most jurisdictions. Federal workers living in the USVI receive a cost of living adjustment to their salaries of 22.5%, in recognition of the higher costs of living in the USVI. By implication, the actual poverty level in the USVI is likely significantly higher than reported.

Poverty affects a child’s chances for health, safety, and education from birth to adulthood, influencing an individual’s abilities to succeed economically and socially. Children from birth to five years are developmentally most vulnerable to poverty’s impacts. Research indicates that

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<sup>8</sup> Jaeger, E. & Hirsh, E. (December 2009).  
<sup>9</sup>U. S. *Virgin Islands Kids Count Data Book 2009*.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

young children raised in poverty experience more limited early care and education, enter school behind their more affluent peers, are more likely to experience health problems and abuse or neglect.<sup>10</sup> The impacts of child poverty extend into adulthood, affecting an individual's ability to succeed and to contribute in a community. Children raised in poverty are more likely to become substance abusers, experience depression, become teen parents, drop out of school, be unemployed as adults, and have a higher rate of arrest and incarceration.<sup>11</sup> This is played out in the number of detached youth in the USVI, youth ages 16 to 19 years not in school and not working, at 17%, over twice the national rate, and the recent rise in arrests for juvenile violent crime.<sup>12</sup>

Children's well-being is also significantly tied to family structure. Research indicates that children do best when raised by their biological mother and father in a low-conflict marriage. Even after controlling for family socioeconomic status, race/ethnicity, and other background characteristics, studies show that children in never-married, single-parent, or divorced families face higher risks of poor outcomes<sup>13</sup>. While many children in single-parent families grow up without problems, children of single mothers are generally more likely to be poor, have multiple living arrangements, have a negative relationship with a biological parent, receive lower levels of parental supervision, have lower educational attainment, and lower employment prospects.<sup>14 15</sup> One-third of the child population of the USVI (33.2%) lives with two married parents as compared with a national average of 68%.<sup>16</sup>

When considering child safety and overall physical and mental health issues, it is important to look at the data regarding child maltreatment. Child abuse and neglect have devastating consequences – physically, emotionally, educationally, and behaviorally. Youth compromised by early abuse or maltreatment are more likely than their peers to engage in high risk behaviors, including: inappropriate aggression, unsafe sex, drug use, alcoholism, and attempted suicide. An abused child is more likely to become an abusive parent, continuing the cycle. In 2007, 380 children were referred to the USVI Department of Human Services for physical abuse, sexual

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10 Children's Defense Fund, "*Child Poverty in America*" (2008).

11 Ibid.

12 *U. S. Virgin Islands Kids Count Data Book 2009*.

13 Moore, K., Jekielek, S. and Emig, C., (2002).

14 US Department of Health and Human Services (1999).

15 Amato, P.R. & Booth, A. (1997).

16 *U. S. Virgin Islands Kids Count Data Book 2009*.

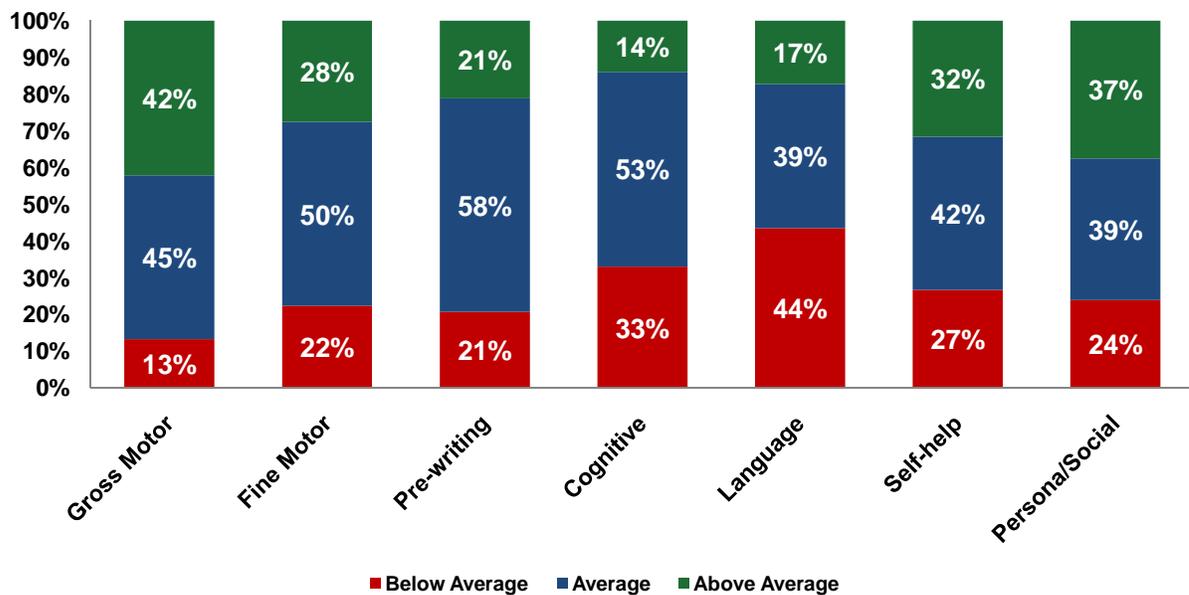
VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

abuse or neglect (up from 348 children in the previous year).<sup>17</sup> This represents a rate of 13.6 per 1,000 children as compared to the national rate of 10.6 per 1,000 children. Children ages birth to five years (not including kindergarteners) represent approximately 28% of the total number of children in foster care placements, or 30 children.<sup>18</sup>

Kindergarten entrance information gathered by the Department of Education indicates that many of our children lack the necessary skills for academic and social success. The following chart reflects those entering kindergarten in the 2009-10 school year. Children enrolled in private kindergartens are not included in the assessment.

## US Virgin Islands Skill Development of Kindergarteners

Source: Virgin Islands Department of Education, Learning Accomplishment Profile, Third Edition , Fall 2009



*Between 951 and 1038 US Virgin Islands kindergarteners were assessed, an average of 1004, depending on the domain being assessed.*

<sup>17</sup> Ibid. According to members of territorial not-for-profit and government agencies working in the field of child abuse and neglect, cases are routinely under-reported in the USVI.

<sup>18</sup> As reported by the USVI Department of Human Services. This number does not include children in kinship/relative care that DHS assists with paying for monthly due to abuse/neglect issues.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

### **Adolescents**

In 2009, there were 268 juvenile arrests throughout the territory with the majority on the island of St. Croix. According to testimony to the Legislature by the Commissioner of Human Services, “Poverty, drugs, school failure, lack of goals, absent parents, lack of direction and poor impulse control combined with easy access to weapons all play a role. Interviews with staff about children in the juvenile justice system reveal the following profile characteristics: a majority of families are in the very low income bracket, most are female-headed single parent families and in a significant number the mother works at a low wage job which keeps her away from home.... In many cases a lack of parental involvement or lack of parental supervision is a problem.”<sup>19</sup>

In April and May 2010 a total of 289 young people completed surveys on St Croix (68%) and on St. Thomas (27%) from 12 different settings. Such diversity is a strength of this survey, which include three times more individuals than previous surveys. However, close inspection of the data revealed the presence of some disparities that need to be addressed. A report of the results is as follows:

**Gender:** youth were divided 60% female and 40% male, which may reflect males being less likely to be in educational settings due to dropping-out. Also, 13% of respondents were from a church-based youth organization, which traditionally have more females than male participants.

**Age:** ranged from 13 to over 18, with one-fifth  $\leq 16$  and nearly three-fifths  $< 18$  years of age.

**Living arrangements:** varied widely, with living with mother and father together most common (40%), followed by living with mother alone (31%) and living with grandparents (6%). Including the smaller proportion of youth living with mother and father in separate places (4.2%) or with father alone (4.5%), more than 85% of respondents live with their immediate family, most commonly with both parents.

**Race:** 77.2% of youth self-identified as Black or African-American, far greater than the next highest group White (6.6%). Interestingly, the next most common racial group was American Indian or Alaska Native (2.4%). Also, only 1.4% self-identified as mixed race—although this may be higher given the non-response rate of 10.4%.

**Ethnicity:** Of the 18.7% of respondents who self-identified as Hispanic or Latino, 57% identified themselves as Puerto Rican.

**Language:** The most common language spoken at home is English (93.4%), followed by Spanish (4.5%) and French (0.7%), less than 1% reported any other language at home.

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<sup>19</sup> Testimony presented by Commissioner Christopher Finch before the Committee on Public Safety, Homeland Security and Justice, 28<sup>th</sup> Legislature of the U. S. Virgin Islands, Thursday, April 22, 2010.

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

**Health care:** Given the interest in improving primary care service with respect to availability, appropriateness and access, the survey included several questions on health care, from the CAHMI. A salient item asked if a doctor or other health provider had talked to them about one of the five topics in the Table below. For all topics, more than half reported never talking to a doctor or other health provider. The closest was talking about condom use, with 53.3% of respondents not experienced this.

**Has a doctor or other health provider talked to you about and of the following topics?  
 If yes, how helpful was it for you to talk about that topic..**

Topic	No	Yes Not Helpful	Yes Somewhat Helpful	Yes Helpful	Yes Very Helpful	Total Positive Helpful	No Response
Smoking	70.6%	14.6%	12.5%	25%	48%	73%	8.7%
Quit Smoking	74.0%	11.8%	14.7%	38%	35%	74%	9.7%
Alcohol	64.4%	9.2%	13%	44%	33%	77%	12.1%
Condom Use	53.3%	4.8%	9.6%	36%	49%	85%	9.7%
Seat Belts	60.9%	4.3%	16%	33%	46%	80%	9.0%

Although only 29.% of youth had a conversation about smoking, and only 35.6% talked about alcohol, the key point from in-depth analysis of those who DID have talk about any of these topics is very encouraging with respect to the proportion who found the conversation HELPFUL if it did occur, shown in the shaded columns. Almost half of youth whose doctor or other health provider talked to them about smoking, condom use or seatbelt use found the conversation *very helpful*. Combining positive helpful responses for those who talked about one or more topics demonstrates that three-quarters or more found talking about the topic helpful to very helpful. This clearly represents an opportunity for healthcare providers in the USVI to have an impact on young people’s behaviors by discussing important health topics with them. In another set of questions related to discussions with health providers only one topic had been discussed with more than half of the respondents: 51.2% reported that their weight was discussed. All others topics were talked less than half the time: exercise 49.1%; diet 47.8 % exercise 49.1%; STDs 45.3%; drug use 33.9%; drug use 33.9%; emotions/moods 30.1%; DWI 30.1%; sexual orientation 27.3%; suicide 17.3%; and helmet use 16.3%.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**Substance use/abuse:** Substance use patterns differed by age, with younger subjects more likely to use inhalants, while older subjects were more likely to use marijuana and alcohol. With respect to *inhalants*, the age at first use tended to be younger—one quarter of users began using by 13 years of age and 61% of users starting use before age 15. *Marijuana* was used at least once by 34% of the respondents, and of ever-users, 55% first tried it when they were 14 and under, while those who were 15 to 16 years old account for another 27%. This would indicate that interventions should begin in the 5<sup>th</sup> or 6<sup>th</sup> grade. Of users, 49% reported not using marijuana in the previous 30 days. *Alcohol* consumption is a more significant problem with 63% having had a least one drink in their life, with 14% of having had their first drink before age 9, and 56% by age 56%. Of ever-drinkers, 63% had had a drink in the previous 30 days.

Given the degree to which health care providers can make a difference with respect to talking to adolescents about health risks, there also appears to be an opportunity to make a difference with respect to parents. Data indicate that youth do not perceive their parents as setting rules or expectations with respect to drugs and alcohol, whereas schools do. Consistency across all settings in which a young person grows might reduce some high-risk behavior, especially in light of the fact that parental disapproval of behavior is associated with young people less likely to engage in them.

**Physical activity:** The youth in the USVI responding to this survey reported less than recommended levels of physical activity, especially with respect to school physical education and promoting and providing healthy eating. Nearly 61% of youth reported not having ANY physical education classes. Of those who did, 24% attended a private school, while only 13% of those attended a public school. Of note, the total number of private school respondents to the survey was 50% less than the number of public school students; 90% of youth in the private school had PE classes, while only one-third of the public school students had PE.

Among those who take PE classes, the time spent in physical activity varies greatly. The amount of physical activity outside of school is also lacking with over 50% not participating in team sports. With respect to engaging in  $\leq 20$  minutes and  $\leq 30$  minutes of physical activity causing them to sweat in the previous 7 days, 22% and 39%, respectively, did not engage in ANY activity. It is important to point out that the average temperature in the USVI is remarkably stable 80° (+/-5°) year round with moderating trade winds all the time, meaning that exercising outdoors to the point of sweating is fairly easy.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**TV/Video games:** Given the lack of physical activity, it is not surprising that a significant amount of time watching TV, playing video games or on the computer. Although a maximum of 2 hours of TV is recommended, only half meet this standard and 20% watching more >5 hr/day. The data for video and computer games is somewhat better, with 68% engaged  $\leq 2$  hr/day, but 15% are playing  $\geq 5$  hr/day. Combining the three kinds of inactivity, very few individuals reported being under a 2 hr daily limit.

**Nutrition:** the other side of the equation with respect to balancing activity, is also a concern, with nearly three quarters of respondents not eating fruits, vegetables, or salad at least once a day. *Fruit* consumption per week is low, with 64% eating fruit less than once a day and 11% not having had any fruit in the previous 7 days; a similar profile was reported for *vegetables*, as well. It deserves mention that there is an abundance of readily available fruits and vegetables available year-round because of its tropical weather. This lack of consumption of otherwise readily available nutritious, low calorie nutrition suggests that a significant proportion is fast food or snack food, and that school meals do not provide healthy choices on a daily basis. In addition, 40% of youth did not drink *any milk* in the previous 7 days and another 43% drank less than one glass of milk a day.

**Obesity:** Given the relative lack of activity, and low intake of fruits, vegetables and milk, it is not surprising that obesity is a problem for youth living in the USVI. What is most concerning is the lack of awareness of body weight. Overweight respondents tend not to perceive themselves as overweight, despite high BMIs. Although 16.3% of respondents self-identified as slightly to very underweight and 26.7% as slightly (22.5%) to very (4.2%) overweight, their BMI data suggest a very different reality. More than 12% of individuals had BMIs  $\geq 97^{\text{th}}$  %ile, 7% were between 95<sup>th</sup> to 97<sup>th</sup>%ile, and 13% between 85<sup>th</sup> to 95<sup>th</sup>%ile, meaning that 32% are overweight and 19% are obese. The most concerning are those 36 individuals who are clearly extremely overweight at  $\geq 95^{\text{th}}$ %ile, but of the entire group only 10 self-identify as very overweight. Interestingly, less than 1% of the 289 survey respondents did not define their weight category, but 12.8% of respondents did not give their weight or height. One could speculate that the many of those respondents were in the >95<sup>th</sup>%ile group, meaning the discordance between perception and reality is even greater than what was measured. A popular program on the U.S. mainland that could help families focus on healthy habits, is 5-2-1-0. This program encourages daily eating 5 fruits or vegetables, <2 hours of television or video games,  $\geq 1$  hour of active play, and 0 sugary drinks ([www.aap.org/obesity/whitehouse/FAQforFamily.pdf](http://www.aap.org/obesity/whitehouse/FAQforFamily.pdf))

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**In the last 12 months did a doctor or other health provider talk to you about your weight?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	148	51.2	51.2	51.2
	No	126	43.6	43.6	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**Chronic illness:** *Asthma*--the proportion of youth reporting asthma was 20.1%, nearly double the U.S. average. *Diabetes* was reported by 4.5%, 18-fold higher than the national average. In the literature there is a close link between obesity and both asthma and diabetes, in both directions. That is, as youth become obese, their asthma can become more difficult to control; their difficulty breathing makes exercise more difficult, leading youth with asthma to be more sedentary, which only exacerbates weight gain. In addition, the treatment of asthma may include corticosteroids, which leads to further weight gain, making the asthma more difficult to control in a vicious cycle. Also, an increasing proportion of youth have diabetes that is not insulin-dependent, but is related to obesity and inadequate physical activity (Type II). The poor eating/physical activity habits detailed in this survey suggest that the increased prevalence of diabetes may be due to a combination of factors in youth that deserve public health attention.

**Sexual behaviors:** More than half (55%) of youth reported having had *sexual intercourse*, with similar rates for males and females; one-fifth initiated <14 years of age, and 6% were <11 years of age. Of those who reported sexual activity, 28% had only 1 lifetime partner, but 56% had ≥3 partners and 26% had ≥6 partners lifetime. Although most of the respondents had not had intercourse in the previous three months, those who had generally reported only one partner (69%), but 3% had ≥6 partners in three months. Of sexually experienced youth, at the last episode of intercourse 15% reported drinking *alcohol or drugs* before and 69% reported using a *condom* during intercourse. This means that almost 1/3 of youth were possibly exposed to an STI, including HIV. With respect to AIDS/HIV and STIs, 86% had been taught about these infections, and over half had received counseling how to avoid them. Of sexually active youth, only 51% and 47% reported ever being tested for HIV/AIDS or STIs, respectively. Supporting data tables follow:

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**In the last 12 months did a doctor or other health provider talk to you about  
sexual or physical abuse?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	111	38.4	38.4	38.4
	No	164	56.7	56.7	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about how to use a  
condom to prevent HIV and STD's?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	154	53.3	53.3	53.3
	Yes but not helpful	4	1.4	1.4	54.7
	Yes and somewhat helpful	8	2.8	2.8	57.4
	Yes and helpful	30	10.4	10.4	67.8
	Yes very helpful	41	14.2	14.2	82.0
	Yes not sure if helpful	4	1.4	1.4	83.4
	Yes and no helpful response	20	6.9	6.9	90.3
	No response	28	9.7	9.7	100.0
	Total	289	100.0	100.0	

**School safety:** An equal proportion of youth (12%) reported *feeling unsafe going to school* and *feeling unsafe in school* in the prior 30 days. Of those who felt unsafe in school, 5.5% *stayed home*. Of those who did not attend, 38% missed  $\geq 6$  days in the previous 30 days, representing more than one-quarter of the school days. Interestingly, 10% of the youth gave no response to this item, raising the question if there are youth who might be so intimidated by feeling unsafe that they could not even respond to the item. *Bullying* at school was reported by 11%. Having at least one fight in the previous 12 months was equally likely to have occur on, as well as off, school property at 14% and 16%, respectively. A significant number (13%) reported having been *threatened with a weapon on school property* in the previous 12 months, with 35% of threatened individuals reporting this having occurred  $\geq 4$  times and 19% at least 12 times, an average of

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

once a month or more. In addition 6% report being *treated by a doctor for injuries* from a fight. *Dating violence* (having been hit and hurt by a partner) was reported by 4% and almost one-in-ten reported having been forced to have sex

**MCH Data:** There has been a significant improvement in the number of young people who are aware of MCH Services. In the July 2008 Five-Year Assessment Update Summary, 99% of respondents *did not know* about MCH or its services, but in this 2010 survey, 20% of respondents *were aware* of MCH services. In both the 2008 and 2010 survey, 50% of youth selected services they would like the MCH clinics to offer: 1) STD screening 26%, 2) pregnancy prevention counseling, 3) 23.5%, 4) dental screening 23.2%, 5) school driver education physicals 21.8%, 6) diet and nutrition counseling 19.4%, and 7) and vision screening 19%.

**Oral Health:** Over half (55%) of youth had visited a dentist in the prior 12 months, with the majority (53%) for routine check-up/cleaning with a dental hygienist. Almost one-tenth (9.7%) had *never* seen and dentist and 7.3% had not seen a dentist in the previous 5 years.

### **Children with Special Health Care Needs**

Formal statewide mechanisms in communities are in place for young children with special developmental needs for coordination and service integration among programs serving CSHCN. Engaging and assessing parental involvement and satisfaction is an important component in all aspects of developing a comprehensive system of care. In 2008, the VI Department of Education, State Office of Special Education, conducted a Parental Satisfaction survey of educational services for children with special health care needs. Of the respondents that participated in the survey, slightly more than half of the respondents in the survey were in the St Croix district—54 percent—while 46 percent were in the St Thomas/St John district. The median age of children receiving services was 14 years old. This indicates that half of all children served were older than 14 years and the other half were younger than 14 years. Nearly half—46 percent—of the children were in grades 7 through 10.

The 2008 Parental Satisfaction survey found that respondents overwhelmingly agreed that special education services have had a positive impact on the child’s progress in the areas of “Physical/movement”, “Health/medical”, and “Social Skills”. Similar to their 2007 survey, in 2008 the three statements that acquired the highest levels of satisfaction in regards to services that SOSE provided (ordered from highest to lowest) were: written information received from SOSE was understandable, teachers were knowledgeable about the children’s needs and teachers

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

were responsive to the children’s needs. Identical to 2007, in 2008 the three issues that were ranked the lowest in terms of satisfaction with special education services were: that the school or district held regular public meetings to gather input, the quality of SOSE services offered to children, and the availability of school support services. Out of all of the statements responded to in the survey the one that received the highest endorsement was with the level of respect accorded to the parent’s language and culture by teachers and administration.

The following tables represent the percentages of children identified with disabilities that are receiving services by Special Education during the 2008-2009 school year:

<b>2008- 2009</b>					
<b>DISCRETE AGE BY DISABILITY FOR CHILDREN AGES 3-5 RECEIVING SPECIAL EDUCATION</b>					
<b>Disability</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>3-5</b>	<b>3-5 (PERCENT)</b>
Mental Retardation	0	0	0	0	0%
Hearing impairments	0	0	0	0	0%
Speech or language impairments	12	18	19	49	32%
Visual impairments	1	0	1	2	1%
Emotional Disturbance	0	0	0	0	0%
Orthopedic Impairments	0	0	0	0	0%
Other Health Impairments	1	0	0	1	1%
Specific learning disabilities	0	0	0	0	0%
Deaf-Blindness	0	0	0	0	0%
Multiple disabilities	0	2	1	3	2%
Autism	3	3	1	7	5%
Traumatic Brain injury	0	0	0	0	0%
Developmental Delay	24	33	33	90	59%
<b>Total</b>	<b>41</b>	<b>56</b>	<b>55</b>	<b>152</b>	<b>100%</b>

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

<b>2008 -2009 DISCRETE AGE BY DISABILITY FOR CHILDREN AGES 6-21 RECEIVING SPECIAL EDUCATION SERVICES</b>						
<b>Disability</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>6- 21 (Actual Data)</b>	<b>6-21 (PERCENT)</b>
Mental Retardation	25	14	5	0	273	19%
Hearing impairments	2	0	0	0	16	1%
Speech or language impairments	0	0	0	0	148	10.5%
Visual impairments	0	0	0	0	8	1%
Emotional Disturbance	6	1	1	0	61	4%
Orthopedic Impairments	0	0	0	0	4	0.2%
Other Health Impairments	3	0	0	0	83	6%
Specific learning disabilities	62	14	1	0	704	50%
Deaf-Blindness	0	0	0	0	0	0%
Multiple disabilities	0	3	0	1	41	3%
Autism	0	0	1	0	34	2%
Traumatic Brain injury	0	1	0	0	5	0.3%
Developmental Delay					28	2%
<b>Total</b>	<b>98</b>	<b>33</b>	<b>8</b>	<b>1</b>	<b>1405</b>	<b>100</b>

In regards to transition planning, the 2008 Parental Satisfaction survey found that parents were most satisfied with the development of transition outcomes that were appropriate to the child’s needs. These outcomes included the move to live independently, to live in a group home, plans for getting a job, or attending college after high school. The most notable areas of increase in satisfaction with the services included: the convenience to the parents of IEP meetings, the considerations of the concerns of parents in planning the child’s IEP, and the discussion with the team at the IEP meeting of the accommodations that the child may need.

#### **4. MCH Program Capacity by Pyramid Levels**

*Direct Care:* The Title V MCH & CSHCN Program is administered as one integrated program within the Department of Health. This allows for better and more efficient coordination of services in MCH. The program provides health care services for mothers, infants, children, youth and adolescents and their families. The program also provides and coordinates a system of preventive and primary health care services for this population. These services include prenatal and high-risk prenatal care clinics, postpartum care, well child care, high risk infant and pediatric clinics, care coordination and access to pediatric sub-specialty care for children and adolescents with special health care needs.

The MCH & CSHCN program offers a system of family-centered, coordinated, community-based, culturally competent care, assuring access to child health services that includes medical care, therapeutic and rehabilitative services, care coordination, home visiting, periodic screening, referrals and access to a medical home for children ages birth-21 with disabilities and chronic conditions. Services are provided either directly through Title V or by referral to other agencies and programs that have the capability to provide medical, social, and support services to this population. Public Health Nurses provide assessments, anticipatory guidance, parental counseling and education regarding growth and developmental milestones, proper nutrition practices, immunizations, service / care coordination and home visiting services to high risk children and their families.

A key area to an effective system of MCH & CSHCN care is 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. Developing this system of care will also be addressed by the Program as it's interlinked to the stated priorities and Healthy People 2010 objectives.

The program strives to assure access to preventive and primary health services for infants, young children and adolescents, including allied health and other health related services. Specialty clinics provide pediatric specialty services that are generally unavailable or inaccessible to low-income, uninsured or underinsured families. Specialty services are offered to all children in the

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

territory regardless of ability or inability to pay. The perpetual shortage of pediatric specialties in the Virgin Islands is compounded by the fact that existing specialists on island primarily serve the adult population, therefore sub-specialty pediatricians have to be flown in to provide valuable services in the territory.

Staffing and activities supported by the Local Government have been significantly and adversely impacted by the elimination of State General Funds for MCH programs in the following manner:

- The Department has lost the ability to leverage Local General Funds to draw down Title V matching funds. The loss of \$750,000 resulted in an additional loss of approximately \$250,000 in federal Title V matching funds.
- Local Government staffing levels were reduced under the new policy of attrition – vacant positions have not been filled, creating added work burden for remaining staff.
- Reduced capacity at the local level to collect data has impacted the Territory’s ability to document positive program outcomes and identify and address needed changes.
- Reduced resources to coordinate services across the Territory’s local health jurisdictions and advocate for vulnerable at-risk MCH populations.
- Overall reduction in Territory-wide collaboration to assure statewide program equality, information sharing, training, and problem solving.
- Travel reduction for government staff to audit and monitor budgets and operations and provide crucial technical assistance.

***Enabling Services:*** *Virgin Islands Perinatal, Inc.* By partnering with many of the community based organizations such as VI Perinatal Inc., VI PUSH, and VI FIND – all organizations that provide support services, training information, and resources to parents, health care providers, and schools, the MCH Program has been able to enhance our outreach efforts to educate our clients as well as provide family support services. Virgin Islands Perinatal Inc.’s “*Promoting Healthy Families Initiative*” continues to improve access for low-income, uninsured, under-insured residents diagnosed with high risk pregnancy, diabetes and/or hypertension by addressing barriers to care through outreach, case management, education, system integration and community awareness. From October 2008 to December 2009, PHFI served 71 high risk pregnant clients.

By using an effective system of outreach, case management, social marketing, referral, follow up, basic health and Interconceptional care education, VIPI has significantly increased the number of clients receiving Interconceptional Care services. These services are offered at VIPI

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

and at the MCH and Family Planning Clinics and the federally funded 330 health center, St. Thomas East End Medical Center (STEEMC). VIPI outreach educators rotate through each site weekly to recruit, track, conduct missed appointment follow up and educate clients about the importance of ongoing well-woman care and reproductive planning. 255 clients have received Interconceptional care services through this system since its inception and an additional 12 were recruited for enrollment into VIPI's Healthy Babies...Healthy Families Program operating on St. Thomas.

*State Office of Special Education:* Developing an extensive range of collaborative partnerships helps underscore and promote the comprehensive systems of care for the MCH populations, especially when addressing and assessing children with special health care needs. In September 2009, the State Office of Special Education (SOSE) introduced a transition guide to be utilized for the creation of transition services in Individualized Evaluation Plans (IEPs) for students 13 years and older. The transition guide highlights the transition requirements, post school services and outcomes, and IEPs regulatory compliance that lead towards improved outcomes for children with IEPs who graduate with a regular diploma or leave school in any manner. SOSE has also sponsored Self Determination Forums targeting youth with IEPs in junior and senior high schools that reported a high level of disciplinary problems. The Youth Self Determination Forums have afforded youths receiving special services the opportunity to engage with other peers in a social group to receive and discuss input from community professionals on issues surrounding their rights and responsibilities, career development exploration, and post school outcomes. Since its inception, these youth forums have allowed approximately 200 youth thus far to experience their collective responsibilities in understanding their disabilities, learning how their disability will impact their post school ambitions, as well as, help build self confidence. SOSE also hopes to facilitate a drop-out prevention program that will specifically focus on improving academic success, self-determination, and vocational/career linkages that will improve post-school outcomes.

*Head Start:* It is estimated that there will be approximately 125 to 150 preschoolers with disabilities eligible for the program based on yearly tracking of the diagnosis through collaboration with DOH/ DOE/ Head Start. The Head Start Program has two (2) full-time Disabilities Coordinators (one for each district) and collaborates extensively with the DOE Special Education Program. Head Start implements a program of full inclusion made possible through a formal Inter-Agency Agreement with DOE: Special Education and through a formal "Transition Agreement" with DOH: Infant and Toddler Program (birth to three) and with the

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Early Head Start Program. Through this collaborative agreement with DOE, a total of five (5) Special Education Teachers and two (2) speech and vision therapists are provided to the Head Start Program. All have BA Degrees or above in special education degree. Their services include home and classroom visits, IEPs as well as two (2) full time classroom teachers for profoundly, severely disabled children and/or children transitioning into a regular classroom and who are mainstreamed in an adjacent Head Start classroom based on IEP goals.

***Population Based-Services:*** The MCH & CSHCN Program offers three population-based preventive services: immunization services; the newborn genetic / metabolic screening follow-up program; and the newborn hearing screening program. The program continues to offer Newborn hearing screening, and lead screening was initiated on all children receiving care at the MCH Clinics during fiscal year 2009. Metabolic/genetic screening for inheritable disorders is expanded to 48 conditions using mass spectrometry. Transition of newborn screening to both hospitals was completed in August 2009. Perkin Elmer Genetics Laboratory continued to provide screening. Follow-up of positive results remain the responsibility of DOH and MCH & CSHCN Program.

Collaboration continues with the VI Immunization Program. The goal of the Immunization Program is to ensure that 95 percent or more of all children living in the Virgin Islands up to age 6 are fully immunized in accordance with the Advisory Committee on Immunization Practices (ACIP) recommendations. There are three immunization clinics that administer shots and provide counseling activities on the various types of vaccines administered. The Vaccines for Children (VFC) Program provides vaccines at no cost to children from birth to 18 years who are American Indian or Alaskan natives; under-insured or have no insurance, and are covered by Medicaid.

As a result of challenges due to reduced staffing and program activity funds, program services to clients have been reduced, resulting in:

- Limited outreach;
- Reductions in case management and intake;
- Reduction in development of assessment;
- Reduction in availability of specialty clinics;
- Minimal intervention; and
- Elimination of advocacy for clients.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

The impacts of these reductions will likely result in increased teen birth rates, increased dependency on welfare by teen mothers and their children, and poor birth outcomes due to inadequate prenatal education and care. At an administrative level, cuts have been made to program planning, monitoring, and evaluation, thus the Program continues to facilitate services and leverage resources through collaborative partner agencies to ensure availability and continuity of services for the MCH populations.

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. Moreover, the V.I. Medical Society efforts is being sought to strengthen the concept of MCH/CSHCN as a "medical home." Also, CBOs, some with existing collaborative relationships, e.g., the VI Family Information Network on Disabilities (VIFIND) and the VI Perinatal, Inc. assists to increase services to infants, pregnant mothers, mothers and children in both districts.

***Infrastructure building services:*** The program continued activities directed at assuring the availability of the infrastructure necessary to delivery of services to the maternal/child population and to increase access to quality health care for families who lack sufficient financial resources to meet the costs of medical care. Access to staff development activities, training and technical assistance to assure continuous quality of care was provided. Improvement in data collection activities for monitoring and evaluation of services to this population was undertaken during this fiscal year. Challenges remain with a lack of adequate data linkages and child health information systems to support program activities including data collection and analysis. Program policy and procedures manual is revised to address the need for standards and guidelines for service provision, data collection, training and quality assurance / improvement.

Planning activities directed at addressing infrastructure and development of a comprehensive continuous quality improvement plan to assist in building organizational development and system capacity were initiated in FY 2007 and climaxed with the formation and development of a Continuous Quality Improvement (CQI) Team within the MCH Program structure. The CQI Team continues to assist with the development and implementation of strategic plans to improve coordination and integration of MCH services; assist MCH leadership and management in the development and implementation of a comprehensive CQI plan to ensure ongoing assessment,

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

program planning, evaluation processes and practice; and improve ability to develop and conduct 5-year needs assessment. Technical Assistance from MCHB was awarded for crucial CQI development activities.

The Early Childhood Advisory Committee (ECAC) was established through Executive Order #440-2008 by Governor John P. de Jongh, Jr. as a committee of the Children and Families Council and pursuant to the Improving Head Start Act of 2007, on June 2, 2008. Primary responsibilities of the ECAC are, but are not limited to, the following:

- Working under and in collaboration with the Children and Families Council;
- Advising the Children and Families Council on all matters regarding the welfare of children from birth through school entry;
- Conducting a periodic Territorial needs assessment concerning the quality and availability of early childhood education and development programs for children from birth to school entry;
- Identifying opportunities for and barriers to collaboration among Federally-funded and Territorially-funded child development, childcare, and early education programs and services;
- Providing recommendations for increasing the participation of children in childcare and early education programs;
- Providing recommendations for implementing a unified data collection system for kindergarten entry to track outcomes; determine needs, and measure success;
- Develop strategies and make recommendations to support optimal development and well-being in all domains of early childhood growth to include: physical development and motor development, social and emotional development, approaches to learning, language development, and cognitive and general knowledge;
- Providing recommendations for professional development and career advancement plans for early childhood educators;
- Assessing the capacity and effectiveness of programs at the University of the Virgin Islands toward supporting the development of early childhood educators, and their professional development and career advancement plans;
- Making recommendations for improvements in Territorial early learning standards and to undertake efforts to develop high quality comprehensive early learning standards, as appropriate;
- Submitting to the Governor a Territorial strategic report addressing the activities described;

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

As a member of the Early Childhood Education and Care Committee, MCH has partnered with numerous government, private, and non-profit agencies in this initiative of developing a comprehensive system of early childhood care. Through the guidance of their mission, the Committee hopes “to develop a high-quality, coordinated, sustainable system of supports and services for young children and their families so all children begin school safe, healthy, and ready to succeed”. In addition, under the guidance of the Committee, methods will be devised to incorporate education and awareness of Fetal Alcohol Syndrome (FAS) as a part of the early childhood workers’ training in order to increase early identification of children with FAS in the community.

With a specific focus on adolescent health care services, two continuing strategies from the 2005 Needs Assessment include: *Increase services to adolescents in all areas of primary and preventive care appropriate for this age group*, and *Collaborate with other agencies providing services to youth to increase the number of adolescents accessing the health care system*. The goal of this latter collaboration is to obtain supportive data for federal funding requests to institute comprehensive adolescent healthcare and healthy youth development programs in the Virgin Islands, and the program has made great effort this year to amass a wide range of contacts in the pursuit of establishing and maintaining collaborative efforts with other agencies that provide services to adolescents, including the Department of Human Services, the Department of Education, Department of Health HIV/AIDS Program, the Department of Justice, the Police Department and various non-profits.

## **5. Selection of State Priority Needs**

Development of statewide priorities for the USVI followed the completion of the local needs assessment, summarization of local priorities, analysis of statewide MCH health status, and the assessment of the MCH system capacity. The process was developed by MCH Administrative Unit and CQI staff, and included staff meetings, self-assessment survey, and workgroup. The staff meeting provided a needs assessment status update, an orientation to the importance of priorities for the MCH Program, an introduction to needs assessment findings, and guidance on completing the survey. In preparation for completing the web survey, staff was provided with an update on the needs assessment surveillance data, USVI Title V Needs Assessment summary, and the 2005-2009 Title V priorities. The survey facilitated staff assessment of the leading priorities for capacity needs for the 2010-2014 period, and provided an opportunity for staff to write and submit priority statements for consideration.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Following the summarization of the staff survey, a workgroup reviewed the multiple data sources to identify leading overall priorities and begin to frame priority statements. The workgroup was composed of approximately 20 staff from throughout the MCH Program, approximately half of whom have been involved in the ongoing needs assessment steering committee. Therefore, the workgroup included individuals familiar with the details of the process as well as others who brought a fresh perspective to the selection of priorities. The selection of priority topics was facilitated through a mapping process by identifying key themes and the many interconnections between potential priority topics identified by LHJs, through statewide surveillance data, and by staff. This process facilitated the next step of framing the priority statements based on the leading priorities and the interconnections between them. Additionally, priority statements submitted by staff through the web survey were referenced throughout this process. Draft priority statements were developed by workgroup members and reviewed by senior MCH Program management.

### **Methodologies for Ranking/Selecting Priorities**

In June 2010, MCH conducted a week long workshop and training session to determine different ways to create both a positive work environment and a healthier community. The focus was on:

- (1) Providing better leadership in the delivery of comprehensive health care for mothers and children in the territory.
- (2) Ways to incorporate evidence-based practices/intervention in the public health system.
- (3) Determining innovative ways to better provide comprehensive, family-oriented health care to the women and children in the community given our limited resources.
- (4) Creating a more positive work environment

As a result of this workshop, the following occurred:

- (1) A model of comprehensive, more preventative health care system was developed using the Bright Futures model with restructuring of patient flow was developed. This model of care is to be implemented within all the well child clinics as well as the clinics serving children with special health care needs. Once this model is implemented within these clinics, this model will be encouraged to be used by all health care workers providing services to mothers and children within the territory.
- (2) Creation of a youth ambassador program in which teenagers with certain chronic illnesses form a group/team and not only learn about their illnesses and are encouraged to take on the responsibility of caring for themselves, but are also empowered to become educators about their illness within their schools and their community. The model program at this

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

time is the “MCH Diabetes Youth Ambassador Program”. Other Ambassador programs to be developed will be for Sickle Cell, Asthma, and Obesity.

- (3) Development of a Children’s Reading Program within the clinics to encourage parents to read, educate and promote proper development of children from a young age. This program will be implemented through a collaborative effort between MCH and several community-based organizations.
- (4) Development of policies and procedures to enhance MCH infrastructure.
- (5) Development of priority needs for the MCH Program and
- (6) Enhancement efforts to improve data collection and collaboration.

### **Priority Needs and Capacity**

The following areas were identified as intrinsic and impeding factors in the current capacity of the MCH Program:

#### ***Lack of resources to address identified problems***

Capacity needs:

- Developing in-house capacity to write grants or identify consultants who can
- Building capacity of MCH staff to present data and demonstrate need for MCH services
- Building capacity of providers and stakeholders to present data and demonstrate need for MCH services
- Collaborating with local agencies or university to develop grant proposal for new funding
- Collaborating with local business community

#### ***Difficulty building or sustaining collaborative efforts***

Capacity needs:

- Building skills in group facilitation and group processes
- Building relationships with local stakeholders
- Working with stakeholders to identify what (i.e. more staff time, stipends for stakeholder organizations) is needed to sustain the collaborative

#### ***Limited data available on quality and effectiveness of local services for MCH population***

Capacity needs:

- Building capacity in department to conduct program evaluation
- Collaborating with local university to help evaluate programs
- Collaborating with local hospital, providers and other stakeholder to identify meaningful indicators of service quality
- Training department staff on accessing and using hospital discharge data and other data sources on with quality of care indicators

### **Priority Needs and State Performance Measures**

As a result of the discussion of the previous priorities identified in the 2005 needs assessment, the priorities identified by the stakeholders, and recommendations of areas to be considered when narrowing down the priorities, a consensus was reached that the new priorities needed to be more focused and measurable. It was agreed that the list of priorities identified by the stakeholders would provide guidance for ongoing MCH planning and implementation. Along these lines, ten new MCH priorities were set for the 2010- 2015 Need Assessment cycle 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:

- To increase services to adolescents and young adults in all areas of primary and preventive care appropriate using a positive healthy youth development model.
- To increase the percent of CSHCN families' participation in transition planning.
- To improve and strengthen linkage of special needs children with needed health and community-based support services.
- Provide technical assistance, education, training materials and programs for community-based family support organizations that serve the maternal and child population.
- To promote community partnerships.
- To improve access to prenatal care for medically underserved women and increase healthy birth outcomes; promote reproductive health services.
- To improve access to primary and preventive health care services for all segments of the MCH population.
- Ensure access to developmental screenings and evaluations for children that are identified as high-risk.
- Promote healthy lifestyle practices and reduce the rate of overweight children and adolescents through implementation of the CDC-WE CAN (Ways to Enhance Child Activity & Nutrition) Program.
- Enhance efforts to improve data collection and collaboration.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**State Performance Measures:**

Participants also identified seven State Performance Measures that will be used to track progress in addressing the identified priorities.

- 1) Increase the rate of pregnant women who enroll in prenatal care in the first trimester.
  - Reduce barriers and increase access to early and adequate prenatal care that ensures healthy birth outcomes.
- 2) Increase the percent of CSHCN families' participation in transition planning to at least 50%.
  - Assure the transition from pediatric to adult health care providers is planned, coordinated and facilitated
- 3) Increase the percent of CSHCN clients who access family support services.
  - To increase by 50% the number of families with CSHCN who are referred to and receive family support services.
- 4) The rate per 1000 of emergency department visits and hospital admissions due to asthma in children under 14 years of age.
  - To reduce the number of emergency department visits and hospital admissions due to asthma in children under 14 years of age.
- 5) Decrease the rate of hospitalizations for each child up to the age of 19 years with Type 1 diabetes.
  - Reduce the hemoglobin A1C for children with diabetes to 6-7.
- 6) Increase access to comprehensive primary and preventive health care for adolescents age 10-19 years.
  - To assure access to primary care services.
- 7) Decrease the percent of women who abstain from alcohol use during pregnancy.
  - To reduce the number of women drinking any alcohol during pregnancy.
  - Increase abstinence from alcohol use during pregnancy.

## C. Needs Assessment Summary

### Summary of 2010-2015 USVI MCH Block Grant Needs Assessment

Perhaps the most important implications of this needs assessment relates back to two strategies: 1) Increasing services to the MCH population in all areas of primary and preventive care, and 2) Collaborating with other agencies providing services to the MCH population to increase the access to the health care system. These strategies must be done in conjunction with *health care providers as critical partners*. Increasing availability and access to primary and specialty care, although important, will not improve health outcomes unless the services provided are also developmentally appropriate and are engaging in a way that is likely to lead to behavior change. Providers alone cannot accomplish this, but by partnering with other key stakeholders in improving adolescent health, they can leverage their influence in positive ways. The Institute of Medicine has focused on the need to prepare a MCH workforce better prepared to address the health needs of adolescents. Although resources are limited, the Rochester LEAH program that developed and analyzed the Adolescent Health survey is interested in addressing this very palpable need in the USVI, including developing an educational program for providers, possibly using advanced telemedicine technology available at the University of Rochester.

During this cycle of the 5-year Needs Assessment process, almost 300 teenagers were surveyed using reliable and valid tools designed to assess the health and health needs for a representative sampling of adolescents living in the USVI. Gathering information on this particular population was stressed as it is a segment that has historically been underrepresented in the assessment process. The key findings represent both challenges and opportunities. The *health challenges* 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. For example, children and adolescents with complicated diabetes are sometimes flown to Puerto Rico to see a pediatric endocrinologist, since none is available in the USVI. 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.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

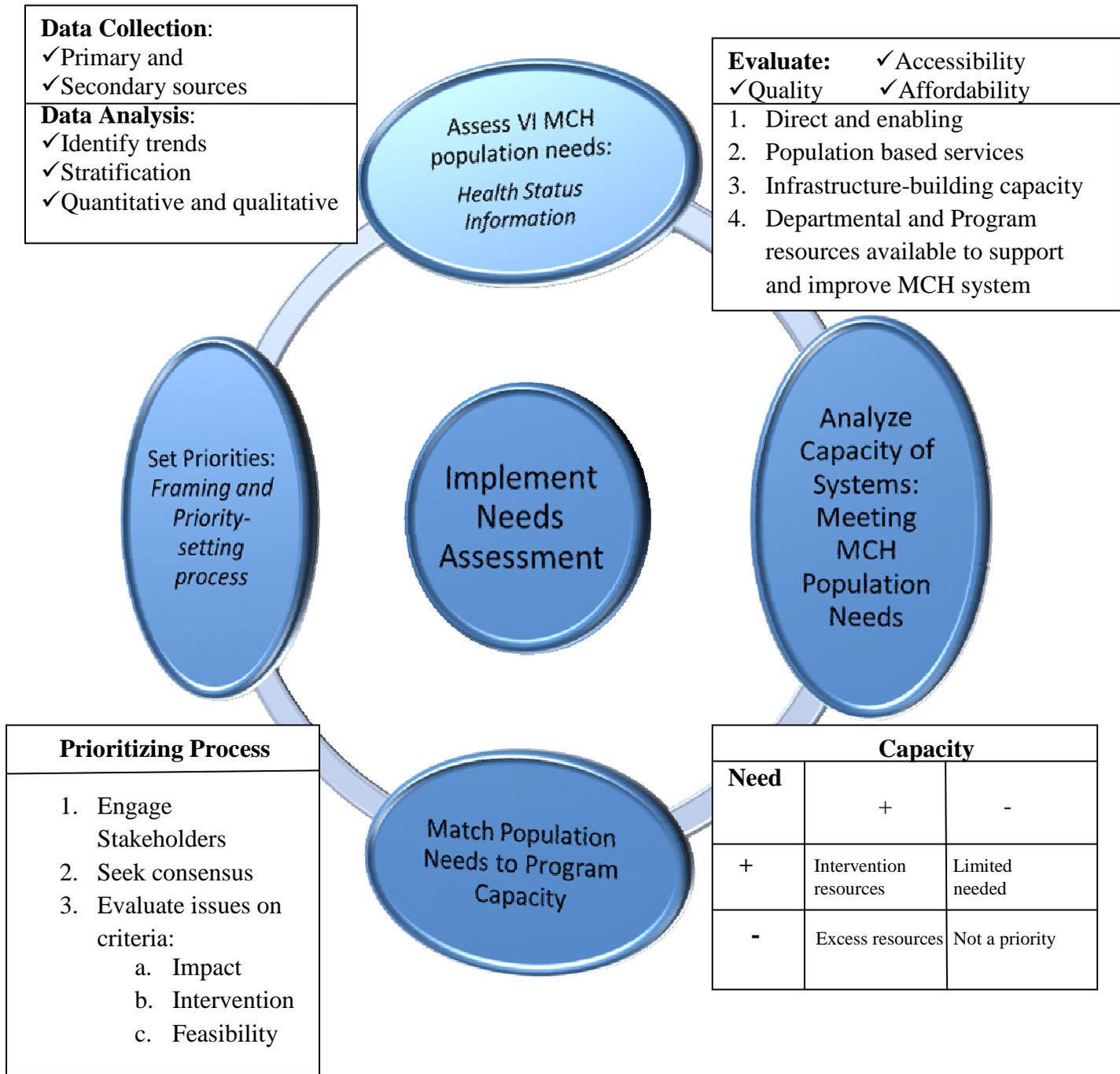
It is clear that for many youth health risk behaviors begin before their teenage years. Thus, preventive efforts need to begin earlier, in childhood or before. Also, the issue of *disparities* became evident insofar as youth at a private school had many more opportunities to engage in physical education in school than did some youth in public schools. This may be related to SES, which is known to confer some degree of protection in itself, but community-based, youth-development approaches that reach a broad array of youth may be more beneficial than school-based interventions. In addition, youth reported different levels of rules and rule enforcement at school and at home. Having consistent, pro-social messages across all of their environments about rules tends to be associated with youth having more protective factors and fewer risk behaviors. The MCH community can have an important role in this regard, because a majority of respondents found that having talked about topics with a health provider was helpful or very helpful. This is likely to apply to parents and parenting, as well. Primary and specialty care providers are influential providing consistent messages to youth and their parents, with specific, concrete suggestions to modify behavior using motivational interviewing techniques. Again, consistency responding to adolescent behaviors at home and in schools is likely to be helpful.

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. Then, there is public, proactive campaign to reduce the burden of illness due to obesity in children and adults on all islands and activities linked to this objective are the department's broad-base community education and outreach campaign; MCH providers counsel of clients on health behaviors linked to obesity; Public Health Week and year round activities; and the CBOs programs for children, youth and families to further reduce obesity among this population.

In reviewing the Title V performance indicators, the Virgin Islands has several areas that need improvement in the provision of prenatal care services. The 2010 Prenatal Care Needs Assessment Survey provided the baseline data considered in the determination of priority areas of this prenatal health care plan. Targets to be attained during the 5-year period were determined to be most appropriate and feasible. The VI Maternal Child Health Program will work to address the identified priority needs in the next 5 years. In the face of these challenges, it will strive to develop and implement appropriate interventions to address these concerns.



VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

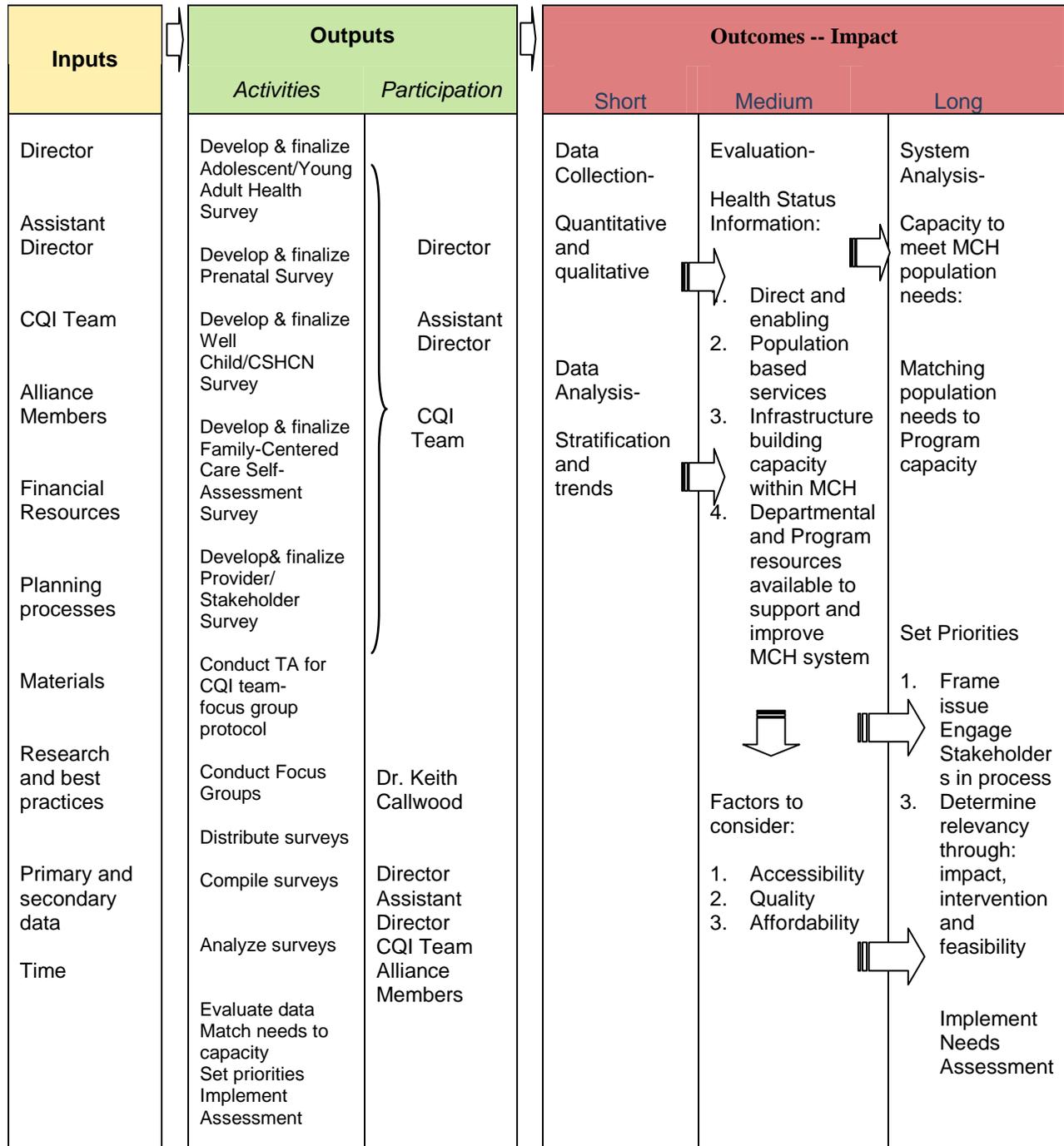


VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**Program:** Maternal Child Health and Children with Special Health Care Needs Program Logic Model

**Situation:** Assessing the current state of health of the maternal and child populations including children with special health care needs.

**Priorities:** To ensure improvement in the health of all mothers and children



## INTRODUCTION

The Virgin Islands Maternal Child Health and Children with Special Health Care Needs Program is conducting this survey to help improve our services to pregnant women. Your responses are confidential and privileged information. The results of this survey will not include your name and cannot be traced back to you. Participation in this survey is voluntary, and honest responses or refusal to participate will not have any impact on your care from our practice. Information provided through this survey is intended for the use of the MCH & CSHCN Program only. Thank you for your valuable feedback!

No one in household is pregnant.....

The pregnant woman is under 18 years old .....

The pregnant woman is expecting twins or more babies .....

### Prenatal Needs Assessment 2010 Identification

Id. No.: \_\_\_\_\_

Date: \_\_\_\_\_

I, [signature of interviewer]\_\_\_\_\_ certify that the information recorded on this survey is the actual response of the client interviewed and has not been altered in any manner.

## Section 1. DEMOGRAPHICS

### A. Where was your residence during calendar year 2009?

- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> St. Croix | <input type="checkbox"/> St. Thomas   |
| <input type="checkbox"/> St. John  | <input type="checkbox"/> Water Island |

### B. How long have you lived in the Virgin Islands?

- |                  |     |                  |     |
|------------------|-----|------------------|-----|
| Less than 1 year | [ ] | 10 to 14 years   | [ ] |
| 1 to 4 years     | [ ] | 15 to 19 years   | [ ] |
| 5 to 9 years     | [ ] | 20 years or more | [ ] |

### C. What is your race?

- |           |           |                     |     |
|-----------|-----------|---------------------|-----|
| Black [ ] | White [ ] | Other <sup>20</sup> | [ ] |
|-----------|-----------|---------------------|-----|

### D. What is your age?

- |                    |     |                  |     |
|--------------------|-----|------------------|-----|
| Less than 15 years | [ ] | 21- 30 years     | [ ] |
| 15- 17 years       | [ ] | 30- 39 years     | [ ] |
| 17- 20 years       | [ ] | 39 years or more | [ ] |

### E. Are you Hispanic or Latino? Yes [ ] No [ ]

If Yes, which Hispanic ethnic group are you?

- |                            |   |           |             |
|----------------------------|---|-----------|-------------|
| Puerto Rican [ ]           | Dominican Republican [ ]                  | Cuban [ ] | Mexican [ ] |
| Central/South American [ ] | Other Hispanic/Latino [ ] (Specify) _____ |           |             |

### F. What is your highest education completed?

- |   |     |
|---|-----|
| Less than 8 <sup>th</sup> grade                 | [ ] |
| Some high school, but didn't graduate           | [ ] |
| High school graduate                            | [ ] |
| Some college / technical school, without degree | [ ] |
| College / technical school graduate             | [ ] |
| More than 4 years college / technical school,   | [ ] |

### G. What was your estimated household income during calendar year 2009?

- |                     |     |                     |     |
|---------------------|-----|---------------------|-----|
| Less than \$5,000   | [ ] | \$25,000 - \$29,999 | [ ] |
| \$5,000 - \$9,999   | [ ] | \$30,000 - \$34,999 | [ ] |
| \$10,000 - \$14,999 | [ ] | \$35,000 - \$49,999 | [ ] |
| \$20,000 - \$24,999 | [ ] | \$50,000 or more    | [ ] |
|                     |     | Not sure            | [ ] |

---

20 Includes people of Middle Eastern, Arab, East Indian, Chinese and Asian / Pacific Islands descent.

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

H. During the 12 months before this pregnancy, how many people, *including yourself*, depended on this income? [    ]

## Section 2.    **PRENATAL CARE**

**The next questions are about the prenatal care you got during your pregnancy. Prenatal care included visits to a doctor, nurse, or other health care worker before your baby was born to get check-ups and advice about pregnancy.**

1. How many weeks / months pregnant when you were **sure** you were pregnant? (For example, you had a pregnancy test or a doctor or nurse said you were pregnant).  
1 – 13 weeks [    ]    2-6 months [    ]                      Not sure [    ]
  
2. How many weeks / months pregnant were you when you had your first prenatal visit?  
1 – 13 weeks [    ]    2-6 months [    ]    7-9 months [    ]                      Not sure [    ]  
I did not go for prenatal care [    ]
  
3. Did you get prenatal care as early in your pregnancy as you wanted?  
Yes [    ]    No [    ]
  
4. If yes, where did you go most of the time for prenatal care?  
Private doctor’s office [    ]    Health department clinic [    ]  
Community Health Center clinic [    ]    Other [    ] Specify \_\_\_\_\_  
\_\_\_\_\_
  
5. If no, did any of these things keep you from getting prenatal care as early as you wanted?  
I couldn’t get an appointment earlier [    ]  
I couldn’t afford to pay for my visits [    ]  
I didn’t know I was pregnant [    ]  
I had no way to get to the clinic or doctor’s office [    ]  
I had no one to take care of my children [    ]  
I had children before and wasn’t worried [    ]  
My husband (boyfriend) did not want me to see a doctor [    ]  
I had trouble communicating (speaking) due to language [    ]  
I didn’t know the services existed [    ]  
I had too many other things going on [    ]  
I didn’t want prenatal care [    ]

**This next section asks about different health topics that your doctor, nurse or other health care worker may have talked with you about during your office visits.**

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

6. Did your health care worker talk to you about healthy weight gain during your pregnancy? Yes [  ] No [  ]
7. Did your health care worker tell you what your body mass index, or BMI, was at your first prenatal visit? Yes [  ] No [  ]
8. Were you told about good nutrition and healthy eating during pregnancy? Yes [  ] No [  ]
9. Have you been able to stay within your targeted weight gain during this pregnancy? Yes [  ] No [  ]
10. Did you discuss breastfeeding your baby? Yes [  ] No [  ]
11. During this pregnancy, are you in the WIC Program? Yes [  ] No [  ]
12. Did you take prenatal vitamins and folic acid? Yes [  ] No [  ]
13. Did you visit a dentist or dental hygienist before or during pregnancy? Yes [  ] No [  ]
14. Have you ever had your teeth cleaned by a dentist or dental hygienist? Yes [  ] No [  ]
15. If yes, how long has it been since you had your teeth cleaned by a dentist or a dental hygienist?
- |  |                              |
|--|------------------------------|
| Within the past year (less than 12 months) | [ <input type="checkbox"/> ] |
| 1 to less than 2 years (12 to 23 months)   | [ <input type="checkbox"/> ] |
| 2 to less than 5 years                     | [ <input type="checkbox"/> ] |
| 5 or more years                            | [ <input type="checkbox"/> ] |
16. Getting your vaccines updated before pregnancy? Yes [  ] No [  ]

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

17. During the **last 3 months** of your most recent pregnancy, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?  
I did not take a multivitamin, prenatal vitamin or folic acid vitamin at all [ ]  
1 to 3 times a week [ ]  
4 to 6 times a week [ ]  
Every day of the week [ ]
18. During **the past month**, how many times a week did you take a multivitamin, a prenatal vitamin, or a folic acid vitamin?  
I did not take a multivitamin, prenatal vitamin or folic acid vitamin at all [ ]  
1 to 3 times a week [ ]  
4 to 6 times a week [ ]  
Every day of the week [ ]
19. Was a test for diabetes performed with an explanation? Yes [ ] No [ ]
20. Were the results of the diabetes test explained to you? Yes [ ] No [ ]
21. Did a doctor, nurse, or other health care worker tell you that you had prediabetes, borderline diabetes or high blood sugar ( Type 1 or Type 2 diabetes)?  
Yes [ ] No [ ]
22. During this pregnancy were you told you have gestational diabetes?  
Yes [ ] No [ ]
23. Are your blood sugar levels been in control throughout your pregnancy?  
Yes [ ] No [ ]
24. During your most recent pregnancy, did your health care worker tell you that you had a sexually transmitted disease (STD), a urinary tract (UTI) or any vaginal infection?  
Yes [ ] No [ ]
25. What infection were you told you had? Check all that apply.  
Genital warts (HPV) [ ]  
Herpes [ ]  
Chlamydia [ ]  
Gonorrhea [ ]  
Pelvic inflammatory disease (PID) [ ]  
Syphilis [ ]  
Group B Strep (Beta Strep) [ ]  
Bacterial vaginosis [ ]  
Trichomoniasis (Trich) [ ]  
Yeast infections [ ]  
Urinary tract infection (UTI) [ ]

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- HIV ( the virus that causes AIDS) [ ]
26. If yes, did you receive treatment? Yes [ ] No [ ]
27. If you had a history of infectious diseases, were you retested during this pregnancy?  
Yes [ ] No [ ]
28. Did you receive a PAP screen during this pregnancy? Yes [ ] No [ ]
29. Were you asked about smoking during your pregnancy? Yes [ ] No [ ]
30. Do you smoke cigarettes or use other tobacco products? Yes [ ] No [ ]
31. If yes, in the 3 months **before** you got pregnant how many cigarettes/packs you smoke a day?  
Less than 1 pack [ ] 1-2 packs [ ] 2 or more packs [ ]
32. In the 3 months **after** you got pregnant how many cigarettes/packs you smoke a day?  
Less than 1 pack [ ] 1-2 packs [ ] 2 or more packs [ ]
33. If you smoke, did you feel that your health care worker explained how smoking could affect your baby? Yes [ ] No [ ]
34. If you smoke, have you been able to decrease or stop smoking? Yes [ ] No [ ]
35. Did your health care worker tell you how drinking alcohol during your pregnancy could affect your baby? Yes [ ] No [ ]
36. Have you ever received treatment for use of alcohol or drugs? Yes [ ] No [ ]
37. During the 3 months **before** you got pregnant, how many alcoholic drinks did you have in  
1 week? ( A drink is 1 glass of wine; 1 wine cooler; 1 can or bottle of beer; 1 shot of liquor; 1 mixed drink).  
I didn't drink [ ]  
1-3 drinks a week [ ]  
4-6 drinks a week [ ]  
7-13 drinks a week [ ]  
14 or more drinks a week [ ]  
I don't know [ ]
38. During the 3 months **after** you got pregnant, how many alcoholic drinks did you have in  
1 week? ( A drink is 1 glass of wine; 1 wine cooler; 1 can or bottle of beer; 1 shot of liquor; 1 mixed drink).  
I didn't drink [ ]  
1-4 drinks a week [ ]

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

4-6 drinks a week	[ ]
7-13 drinks a week	[ ]
14 or more drinks a week	[ ]
I don't know	[ ]

39. Did your health care worker tell you how using illegal drugs ( marijuana, cocaine, crack, heroin) could affect your baby? Yes [ ] No [ ]
40. If needed, were you referred for treatment for use of alcohol or drugs?  
Yes [ ] No [ ]
41. If needed, are you in treatment now for use of alcohol or illegal drugs?  
Yes [ ] No [ ]
42. Were you asked about a past or present history of depression?  
Yes [ ] No [ ]
43. At any time during **your most recent** pregnancy, did you take prescription n medicine for your depression? Yes [ ] No [ ]
44. If needed, did you get counseling for your depression? Yes [ ] No [ ]
45. During this pregnancy, did your husband or partner threaten you or made you feel unsafe in some way? Yes [ ] No [ ]
46. During your most recent pregnancy were you frightened for the safety of yourself or your family because of the anger or threats of your husband or partner? Yes [ ] No [ ]
47. During your most recent pregnancy, did anyone physically hurt you in any way?  
Yes [ ] No [ ]
48. During your most pregnancy were you informed that support and assistance for domestic / physical violence is available? Yes [ ] No [ ]
49. During your most recent pregnancy, were you educated about the signs and symptoms of preterm labor such as pelvic pressure, abdominal pain, and spotting? Yes [ ] No [ ]
50. During this pregnancy have you experienced any signs or symptoms of preterm labor?  
Yes [ ] No [ ]
51. Do you feel you know what to do should you experience any signs of preterm labor?  
Yes [ ] No [ ]

### Section 3. SATISFACTION WITH CARE

Thinking about the care you've received during this or a previous pregnancy, please answer the following questions.

52. On average, how satisfied are you with the length of time spent waiting during each prenatal visit?

Very Satisfied [ ] Satisfied [ ] Neutral [ ] Dissatisfied [ ]

53. How would you rate the average length of time spent with the nurse at your prenatal visits?

Too long [ ] Just the right amount of time [ ] Too short [ ]

54. How would you rate the average length of time spent with the doctor/certified nurse midwife at your prenatal visits?

Excellent [ ] Very Good [ ] Good [ ] Fair [ ] Poor [ ]

55. How satisfied are you with the care you received during this pregnancy?

Very Satisfied [ ] Satisfied [ ] Neutral [ ] Dissatisfied [ ]

56. How satisfied are you with the attention given by the doctor, nurses or other health care workers to what you have to say?

Very Satisfied [ ] Satisfied [ ] Neutral [ ] Dissatisfied [ ]

### Section 4. HEALTH INSURANCE / ADEQUACY OF HEALTH CARE COVERAGE

A. Did you have a source of insurance, including Medicaid (Medical Assistance Program or MAP), at any time during calendar year 2009? Yes [ ] No [ ] Not sure [ ]

If Yes, what was the source of your insurance coverage?

Private health insurance [ ]

Health insurance through work or union [ ]

Health insurance from the job of your husband, partner, or parents [ ]

Prepaid group health plan [ ]

Military health care (TriCare, CHAMPUS) [ ]

Medicaid (MAP) [ ]

B. During the 3 months before you got pregnant, did you have health insurance? (Don't include Medicaid -MAP) Yes [ ] No [ ]

C. During the 3 months before you got pregnant, did you have Medicaid? Yes [ ] No [ ]

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**D.** How was your prenatal care paid for?

- |  |     |
|--|-----|
| Private / group health insurance             | [ ] |
| Medicaid (MAP)                               | [ ] |
| Military health care (TriCare, CHAMPUS)      | [ ] |
| Personal income (cash, check or credit card) | [ ] |

Other: Specify\_\_\_\_\_

***THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!***

Resources:

Pregnancy Risk Assessment Monitoring System (PRAMS) CDC - 2009

## Instructions

The Virgin Islands Maternal Child Health and Children with Special Health Care Needs Program ( MCH & CSHCN) is conducting this territory-wide survey to help improve our services to women, infants, and children including children with special health care needs. *Your responses are confidential and privileged information. The results of this survey will not include your name and cannot be traced back to you.*

Participation in this survey is voluntary, and honest responses or refusal to participate will not have any impact on your care from our program. Information provided through this survey is intended for the use of the MCH & CSHCN Program for planning and evaluation purposes.

Thank you for your valuable feedback!

## REMEMBER!

**DO NOT write your name on this survey.** The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really do.

**Completing the survey is voluntary.** If you are not comfortable answering a question, just leave it blank.

The questions that ask about your background will be used only to describe the types of individuals completing this survey. The information will not be used to find out your name. No names will ever be reported.

Make sure to read every question.

### How to answer the questions:

1. What is your favorite color? 2. Is your favorite color blue?
- Yes  No
- A. Pink  
B. Green  
C. Blue  
D. Orange  
E. Yellow



## 1. Demographics

- (1) What is your **relationship** to the child?
- |  |  |
|--|--|
| <input type="checkbox"/> Mother or Female Guardian<br>(Step, Foster, Adoptive) | <input type="checkbox"/> Father or Male Guardian<br>(Step, Foster, Adoptive) |
| <input type="checkbox"/> Grandparent   | <input type="checkbox"/> Sister or Brother                                   |
| <input type="checkbox"/> Aunt or Uncle   | <input type="checkbox"/> Other   |
- (2) What is the **highest level** of school that you have completed?
- |  |  |
|--|--|
| <input type="checkbox"/> 8 <sup>th</sup> grade or less | <input type="checkbox"/> Some College                    |
| <input type="checkbox"/> Some High School              | <input type="checkbox"/> College Graduate                |
| <input type="checkbox"/> High School Graduate or GED   | <input type="checkbox"/> Graduate or Professional Degree |
- (3) What is the child's age?
- Under 1 year     1- 4 years     5- 8 years     9- 12 years     13 years or older
- (4) Is the child male or female?
- Male                       Female
- (5) Is the child Hispanic or Latino?
- Yes                               No
- (6) Which group represents the child's **Hispanic or Latin ethnicity**?
- |   |  |
|---|--|
| <input type="checkbox"/> Puerto Rican     | <input type="checkbox"/> Spanish Caribbean   |
| <input type="checkbox"/> Cuban            | <input type="checkbox"/> Dominican           |
| <input type="checkbox"/> Mexican          | <input type="checkbox"/> Mexican American    |
| <input type="checkbox"/> Central American | <input type="checkbox"/> South American      |
| <input type="checkbox"/> Don't know       | <input type="checkbox"/> Other origin: _____ |
- (7) Which of these groups would you say best represent your **child's race**?
- |   |   |
|---|---|
| <input type="checkbox"/> White            | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Alaska Native          |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Native Hawaiian        |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> East Indian            |
| <input type="checkbox"/> Arabic           | <input type="checkbox"/> Other race: _____      |
| <input type="checkbox"/> Don't know       | <input type="checkbox"/> Refused                |
- (8) What is the primary language spoken in your home?
- [ ] English    [ ] Spanish    [ ] French / Creole  
[ ] Arabic    [ ] Other: specify \_\_\_\_\_

## 2. Health and Functional Status

- (9) In general, how would you describe your child's health?  
 Excellent  Very Good  Good  Fair  Poor  Don't Know
- (10) Does your child need or use more medical care, mental health or educational services than is usual for most children of the same age?  
 Yes  No  Don't know
- (11) Is your child limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?  
 Yes  No  Don't know
- (12) *During the past 12 months*, how often has your child's medical, behavioral or developmental problems affected their **ability** to do things that other children their age can do?  
 Never  Sometimes  Usually  Always
- (13) *During the past 12 months*, Has a doctor or health professional ever told you that your child has any of the following conditions? Check all that apply.
- [ ] Attention Deficit Disorder or Attention Deficit Hyperactive Disorder (ADD or ADHD)
- [ ] Behavior or conduct problems
- [ ] Autism, or other autism spectrum disorder
- [ ] Any developmental delay that affects [his/her] ability to learn
- [ ] Stuttering, stammering, or other speech problems
- [ ] Asthma
- [ ] Diabetes
- [ ] Epilepsy or seizure disorder
- [ ] Hearing problems
- [ ] Vision problems that cannot be corrected with glasses or contact lenses
- [ ] Bone, joint, or muscle problems
- [ ] Hay fever or any kind of respiratory allergy
- [ ] Any kind of food or digestive allergy
- [ ] Eczema or any kind of skin allergy
- [ ] Migraine headaches (*children ages 6-17 years only*)
- [ ] Three or more ear infections
- [ ] Decayed teeth or cavities
- [ ] Other, specify \_\_\_\_\_

If YES to any of the items above:

Does your child currently have the condition?  Yes  No   
Don't know

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Would you describe [his/her] condition as mild, moderate, or severe?

- (14) Which of the following statements *best describes* your child's **health care needs**?
- Not demanding     Somewhat demanding     Demanding     Very demanding
- Don't know
- (15) Does your child receive *services* from **Early Intervention Infant & Toddlers Program**? (Birth to 3 program)
- Yes                       No                               Don't know
- (16) Does your child receive *services* from **Special Educational Services**?
- Yes                       No                               Don't know
- (17) *During the past 12 months*, about how many days did your child **miss school** because of illness or injury?
- 0 days                       1-4 days                       5 or more days                       Don't know

### 3. Access to Care: Utilization and Unmet Needs

- (18) *Where do you go* when your child is **sick**?
- Doctor's Office                       Emergency Room                       School Nurse
- Clinic or Health Center                       Hospital Outpatient Department                       Other
- (19) *Where do you take your child* when you have **questions** about their *health*?
- Doctor's Office                       Emergency Room                       School Nurse
- Clinic or Health Center                       Hospital Outpatient Department                       Other
- (20) *Where do you go* for your child's **check-ups**?
- Doctor's Office                       Emergency Room                       School Nurse
- Clinic or Health Center                       Hospital Outpatient Department                       Other
- (21) A personal doctor or nurse is a health professional who knows your child well and is familiar with your child's health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or a physician's assistant. Do you have one or more persons you think of as your child's personal doctor or nurse?
- Yes, one person     Yes, more than one person     No     don't know

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

(22) *During the past 12 months, did you put off or miss a medical appointment for your child?*

- Yes             No             Don't know

a. If yes, why?

<input type="checkbox"/> Could not get appointment	<input type="checkbox"/> Clinic or Doctor's Office not open	<input type="checkbox"/> Cultural Differences
<input type="checkbox"/> Could not get transportation	<input type="checkbox"/> Care not covered by health plan	<input type="checkbox"/> Language Barrier
<input type="checkbox"/> Could not afford	<input type="checkbox"/> Care needed not available	<input type="checkbox"/> Religious factors
<input type="checkbox"/> Could not wait long on site	<input type="checkbox"/> Conflict with other responsibilities	

(23) *During the past 12 months, how many times did your child see a doctor, nurse, or other health care provider for preventive medical care such as a physical exam or well-child check-up?*

- 0 times             1-4 times             5 times or more             Don't know

(24) Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and others who practice in one area of health care. *During the past 12 months, did your child need a referral to see any doctors or receive any services?*

- Yes             No             Don't know

a. Did your child receive the services?

- Yes             No             Don't know

b. If no, why not?

<input type="checkbox"/> Could not get appointment	<input type="checkbox"/> Clinic or Doctor's Office not open	<input type="checkbox"/> Cultural Differences
<input type="checkbox"/> Could not get transportation	<input type="checkbox"/> Care not covered by health plan	<input type="checkbox"/> Language Barrier
<input type="checkbox"/> Could not afford	<input type="checkbox"/> Care needed not available	<input type="checkbox"/> Religious factors
<input type="checkbox"/> Could not wait long on site	<input type="checkbox"/> Conflict with other responsibilities	

(25) *During the past 12 months did you have any problems getting a referral to a specialist that your child needed to see?*

- Yes             No             Don't know

If yes, why?

<input type="checkbox"/> Could not get appointment	<input type="checkbox"/> Clinic or Doctor's Office not open	<input type="checkbox"/> Cultural Differences
<input type="checkbox"/> Could not get transportation	<input type="checkbox"/> Care not covered by health plan	<input type="checkbox"/> Language Barrier
<input type="checkbox"/> Could not afford	<input type="checkbox"/> Care needed not available	<input type="checkbox"/> Religious factors
<input type="checkbox"/> Could not wait long on site	<input type="checkbox"/> Conflict with other responsibilities	
Immunizations	Yes	No
	[ ]	[ ]
Newborn home visit(s)	[ ]	[ ]

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Diagnostic tests <i>e.g. blood tests, xrays</i>	[ ]	[ ]	[ ]
Nutrition counseling / WIC	[ ]	[ ]	[ ]
Dental care	[ ]	[ ]	[ ]
Physical or Occupational Therapy	[ ]	[ ]	[ ]
Speech & Language Therapy	[ ]	[ ]	[ ]
Audiology (hearing) care or screening <i>e.g. hearing aids</i>	[ ]	[ ]	[ ]
Vision screening / eyeglasses	[ ]	[ ]	[ ]
Communication aids <i>e.g. communications boards</i>	[ ]	[ ]	[ ]
Mental Health care or counseling	[ ]	[ ]	[ ]
Substance abuse treatment/counseling	[ ]	[ ]	[ ]
Home Health care	[ ]	[ ]	[ ]
Mobility aids or devices <i>e.g. wheelchair, crutches</i>	[ ]	[ ]	[ ]
Medical supplies <i>e.g. dressings</i>	[ ]	[ ]	[ ]
Other medical equipment <i>e.g. breathing equipment, monitor, special bed</i>	[ ]	[ ]	[ ]
Prescription medication <i>(other than vitamins)</i>	[ ]	[ ]	[ ]

Check the top 5 reasons why service was delayed or not received.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Could not get appointment    | <input type="checkbox"/> Clinic or Doctor's Office not open   | <input type="checkbox"/> Cultural Differences |
| <input type="checkbox"/> Could not get transportation | <input type="checkbox"/> Care not covered by health plan      | <input type="checkbox"/> Language Barrier     |
| <input type="checkbox"/> Could not afford             | <input type="checkbox"/> Care needed not available            | <input type="checkbox"/> Religious factors    |
| <input type="checkbox"/> Could not wait long on site  | <input type="checkbox"/> Conflict with other responsibilities |   |

(27) During the past 12 months, did you or your family child need respite care (*e.g. having someone care for your child*), so that you or your family could do other things?

- Yes       No       Don't know

a. Did you receive the respite care that was needed?

- Yes       No       Don't know

b. If no, why not?

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Could not get transportation         | <input type="checkbox"/> Care not covered by health plan | <input type="checkbox"/> Language Barrier  |
| <input type="checkbox"/> Could not afford                     | <input type="checkbox"/> Care needed not available       | <input type="checkbox"/> Religious factors |
| <input type="checkbox"/> Conflict with other responsibilities |  |  |
| <input type="checkbox"/> Cultural Differences                 |  |  |

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

(28) *During the past 12 months* did you or your family need genetic counseling or advice on inherited conditions for your child’s medical, behavioral, or other health conditions?

- Yes       No       Don’t know

Did you receive the genetic counseling that was needed?

- Yes       No       Don’t know

a. If no, why not?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Could not get appointment    | <input type="checkbox"/> Clinic or Doctor’s Office not open   | <input type="checkbox"/> Cultural Differences |
| <input type="checkbox"/> Could not get transportation | <input type="checkbox"/> Care not covered by health plan      | <input type="checkbox"/> Language Barrier     |
| <input type="checkbox"/> Could not afford             | <input type="checkbox"/> Care needed not available            | <input type="checkbox"/> Religious factors    |
| <input type="checkbox"/> Could not wait long on site  | <input type="checkbox"/> Conflict with other responsibilities |   |

(29) How often are the *services* that your child receives for their health care simple to use?

- Never       Sometimes       Usually       Always

(30) *During the past 12 months*, did you or your child need an interpreter to help speak with [his/her] doctors or other health care providers?

- Yes       No       Don’t know

a. *During the past 12 months*, if you or your child needed an interpreter, were you able to get someone other than a family member to help you speak with [his/her] doctors or other health care providers?

- Yes       No       Don’t know

#### 4. Child Health - Birth – 10 Years

(31) Do you have any concerns about your child's learning, development, or behavior?

- Yes       No       Don’t know

(32) Are you concerned about how [he/she] Don’t know

know

Yes    No

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

- a. Talks and makes speech sounds? (*ages 4 months- 5 years*) [ ] [ ]  
[ ]
- b. Understands what you say? (*ages 4 months- 5 years*) [ ] [ ]  
[ ]
- c. Uses [his/her] hands and fingers to do things? (*ages 4 months- 5 years*) [ ] [ ]  
[ ]
- d. Uses [his/her] arms and legs? (*ages 4 months- 5 years*) [ ] [ ]  
[ ]
- e. Behaves? (*ages 4 months- 5 years*) [ ] [ ]  
[ ]
- f. Gets along with others? (*ages 4 months- 5 years*) [ ] [ ]  
[ ]
- g. Is learning to do things for [himself/herself]? (*ages 10 months- 5 years*) [ ] [ ]  
[ ]
- h. Is learning pre-school or school skills? (*ages 18 months- 5 years*) [ ] [ ]  
[ ]

(33) During the past 12 months did your child’s doctors or other health care providers ask about specific concerns or observations you may have about your child’s development, communication, or social behaviors?

- Yes       No       Don’t know

(34) If YES, during the past 12 months, did your child’s doctors or other health care providers give you specific information to address your concerns about [his/her] learning, development, or behavior?

- Yes       No       Don’t know

(35) Does your child have any developmental problems for which [he/she] has a written intervention plan called an Individual Family Services Plan (IFSP) or Individualized Education Program (IEP)?

- Yes       No       Don’t know

(36) During the past 12 months, did your child receive care for at least 10 hours per week from someone not related to [him/her]? This could be a day care center, preschool, Head Start program, or any other non-relative.

- Yes       No       Don’t know

If YES, was this care provided: [ ] in your home [ ] in someone else’s home  
 [ ] in a center such as school or day care facility

(37) During the past 12 months, did your child receive care for at least 10 hours per week from someone related to other than [his/her] parents or guardians?

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Yes       No       Don't know

If YES, was this care provided: [ ] in your home [ ] somewhere else

(38) During the past 12 months, did your child's behavior or health limit your ability to find child care for [him, her]?

Yes       No       Don't know

(39) Did your health care provider ever talk with you about the importance of having a smoke detector in your home?

Yes       No       Don't know

(40) Did your health care provider ever give you the number for poison control?

Yes       No       Don't know

(41) Were you ever told by your health care provider about the importance of reading to your child between 1 – 5 years old?

Yes       No       Don't know

(42) How often do you read to your child who is between 1 – 5 years old?

Never       Daily       1–3 times a week       4-6 six times a week

(43) How many hours does your child spend watching TV a day?

None       2–4 hours       5–8 hours       more than 8 hours

(44) Did you ever receive information from your health care provider about healthy nutrition habits?

Yes       No       Don't know

(45) Did your health care provider ever tell you at what age to take your child to the dentist?

Yes       No       Don't know

(46) Did your health care provider ever advise or tell you to take your child to the dentist for a regular exam and screening?

Yes       No       Don't know

(47) Does your health care provider talk with you about the stages of your child growth and development at each visit?

Yes       No       Don't know

## 5. Care Coordination

- (48) *During the past 12 months* did you or your family need someone to assist you with coordinating or dealing with your child's health care services?
- Yes       No       Don't know

- (49) *During the past 12 months*, how often did the doctors or other health care providers help you arrange or coordinate your child's care with providers and services needed?
- 0 times       1- 4 times       5 or more times       Don't know

*Where* did you usually get this help?

- Doctor's Office       Emergency Room       School Nurse  
 Clinic or Health Center       Hospital Outpatient Department       Other

- (50) *During the past 12 months*, how often did you get the specific information you needed from your child's doctors and other health care providers?
- Never       Sometimes       Usually       Always

- (51) *During the past 12 months*, how often were you satisfied with the **help** you received in coordinating your child's care?
- Never       Sometimes       Usually       Always

- (52) *How often* do you think your child's doctors and other health care providers **speak** with each other about your child's care?
- Never       Sometimes       Usually       Always

- (53) *Are you satisfied with how* your child's doctors and other health care providers **speak** with [his,her]school, early intervention program, child care providers or vocational rehabilitation program?
- Never       Sometimes       Usually       Always

- (54) *Have you heard of the **Maternal Child Health Program** (MCH Clinic) in the Virgin Islands?*
- Yes       No       Don't know

- (55) *Does your child* get any **health care services**, care coordination, medications, equipment, or supplies through the MCH Clinic?
- Yes       No       Don't know

## 6. Satisfaction with Care

- (56) Has your child's doctor or other health care provider *talked* with you or your child about how their health care needs *might change* as they become an **adult**?
- Yes       No       Don't know       Not applicable
- (57) Has your child's doctor or other health care provider *developed* a plan to help **address** those needs?
- Yes       No       Don't know       Not applicable
- (58) Has your child's doctor or other health care provider *discussed* having your child eventually see a doctor who **treats adults**?
- Yes       No       Don't know       Not applicable
- (59) Has your child received any *vocational or career training* to help them prepare for a **job** when they become an adult?
- Yes       No       Don't know       Not applicable
- (60) *How often are you satisfied* with the **services** your child receives for their health care needs?
- Never       Sometimes       Usually       Always
- (61) *In the last 12 months*, how often did your child's doctors or other health care providers help you **feel like a partner** in your child's care?
- Never       Sometimes       Usually       Always

## 7. Health Insurance

- (62) *During the past 12 months*, what kind of **health insurance** or health care coverage did your child have?
- Medicaid (MAP)       Private Insurance       Medigap  
 Medicare       Military       Other  
 Title V (MCH)       Single Service Plan (Dental, Vision, Prescription, etc.)
- (63) *During the past 12 months* did the health insurance or health care coverage help **pay** for both doctor visits and hospital stays?
- Yes       No       Don't know
- (64) *Is your child currently covered* by

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- Medicaid ( Medical Assistance Program or MAP)?  Yes  No   
Don't know
- Military health care (TriCare, CHAMPUS or CHAMPVA)?  Yes  No   
Don't know
- Private or group insurance  Yes  No   
Don't know
- Self pay ( no insurance)  Yes  No
- (65) *Is your child currently* enrolled in the Maternal Child Health program (also called the “clinic”)?  
 Yes  No  Don't know
- (66) *During the past 12 months*, was your child ever without health insurance or coverage?  
 Yes  No  Don't know

## 8. Adequacy of Health Care Coverage

- (67) Does your child's health insurance offer benefits or cover services that meet their needs?  
 Yes  No  Don't know
- (68) Do you feel that the costs not covered by your child's health insurance are reasonable?  
 Yes  No  Don't know
- (69) Does your child's health insurance allow them to see the health care providers that they need?  
 Yes  No  Don't know
- (70) *During the past 12 months*, have you called or written to your child's health insurance provider with a complaint or problem?  
 Yes  No  Don't know
- (71) How satisfied are you with your child's current health insurance?  
 Very Satisfied  Somewhat Satisfied  Not Satisfied  Don't know
- (72) If you had the chance to change to a different health insurance provider would you?  
 Yes  No  Don't know

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- (73) Do you have enough information about how your child's health plan works?  
 Yes                       No                       Don't know
- (74) If your child has special health care needs, do you believe your child's health insurance covers these needs?  
 Yes                       No                       Don't know

## 9. Impact on the Family

- (75) *In the last 12 months*, how much have you **paid out of pocket** for your child's medical care?  
 \$0     \$1-500     \$500-1000     \$1001-5000     \$5001 or more     Don't know
- (76) Do you or other family members *provide health care* at home for your child? (For example: changing bandages, care of feeding or breathing equipment, giving medication and therapies, providing transportation to appointments)  
 Yes                       No                       Don't know
- a. *How many hours* per week do you or other family members spend providing this kind of care?  
 0 hours     1- 9 hours     10 or more hours     Don't know
- (77) *How many hours per week* do you or other family members spend planning or coordinating your child's care? (For example: making appointments, following up with doctors)  
 0 hours     1- 9 hours     10 or more hours     Don't know
- (78) Has your child's health condition caused financial problems for your family?  
 Yes                       No                       Don't know
- (79) Have you or other family members decreased the hours you work in order to care for your child?  
 Yes                       No                       Don't know
- (80) Have you needed additional income to cover your child's medical expenses?  
 Yes                       No                       Don't know
- (81) Have you or your family members stopped working because of your child's health conditions?  
 Yes                       No                       Don't know

## 10. Income

- (82) *How many people* live in your **household**? (Include all children even if they are temporarily away from the home)
- 1 - 5                       5 or more                       Don't know
- (83) What was the *total combined income* of your household in **2009**? (Including income from all sources such as wages, salaries, unemployment payments, public assistance, Social Security or retirement benefits, help from relatives, etc.)
- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$5,000   | <input type="checkbox"/> \$5,000 - \$9,999   |
| <input type="checkbox"/> \$10,000 - \$14,999 | <input type="checkbox"/> \$20,000 - \$24,999 |
| <input type="checkbox"/> \$25,000 - \$29,999 | <input type="checkbox"/> \$30,000 - \$34,999 |
| <input type="checkbox"/> \$35,000 - \$49,999 | <input type="checkbox"/> \$50,000 or more    |
| <input type="checkbox"/> Not sure            |  |
- (84) In the last 12 months did anyone in your household receive any cash assistance from a Virgin Islands welfare program, such as from the Department of Human Services, TANF, SNAP, Energy Assistance, etc.?
- Yes                                       No                                       Don't know

***THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!***

Resources:

USVI MCH & CSHCN Needs Assessments 2000 & 2005  
National SLAITS (State and Local Area Integrated Telephone Survey)  
NCHS - National Child Health Survey 2007



U.S Virgin Islands  
Department of Health

*Maternal Child Health  
&  
Children with Special Health Care Needs Program*

*Adolescent / Young Adult  
Health Care Survey*

2010



A partnership with the University of Rochester LEAH Interdisciplinary Training Program

## Instructions

This survey is about health behavior. It has been developed so you can tell us what you do that may affect your health. The information you give will be used to develop better health education and services for young people like yourself.



VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- D. Father alone
- E. Grandparent(s)
- F. Guardian
- G. Other (Please specify) \_\_\_\_\_

2. How **old** are you?

- A. 12 years old or younger
- B. 13 years old
- C. 14 years old
- D. 15 years old
- E. 16 years old
- F. 17 years old
- G. 18 years old or older

3. What is your **sex**?

- Female                       Male

4. In what **grade** are you?

- A. 9th grade
- B. 10th grade
- C. 11th grade
- D. 12th grade
- E. Ungraded or other grade

5. Are you **Hispanic** or **Latino**?

- Yes                       No

**If Yes**, which group best represents your origin:

- |   |   |
|---|---|
| <input type="checkbox"/> Puerto Rican     | <input type="checkbox"/> Spanish Caribbean    |
| <input type="checkbox"/> Cuban            | <input type="checkbox"/> Dominican Republican |
| <input type="checkbox"/> Mexican          | <input type="checkbox"/> Mexican American     |
| <input type="checkbox"/> Central American | <input type="checkbox"/> South American       |
|   | <input type="checkbox"/> Other origin: _____  |

6. What is your **race**? (Select one or more responses.)

- A. American Indian or Alaska Native
- B. Asian
- C. Black or African American
- D. Native Hawaiian or Other Pacific Islander
- E. White
- F. Arabic or Middle Eastern

7. What is the **Language** spoken most often at your home?

- A. English
- B. Spanish
- C. French
- D. Creole
- C. Other language (Please state) \_\_\_\_\_

8. How **tall** are you *without your shoes on*?

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

Feet \_\_\_\_\_

Inches \_\_\_\_\_

9. How much do you **weigh** *without your shoes on*?

Weight \_\_\_\_\_

**Safety questions**

10. When you rode a motorcycle, scooter, or bicycle, during the past 12 months, how often did you wear a helmet?		
	Motorcycle / Scooter	Bicycle
I did not ride any I have marked during the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>
Never wore a helmet	<input type="checkbox"/>	<input type="checkbox"/>
Rarely wore a helmet	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes wore a helmet	<input type="checkbox"/>	<input type="checkbox"/>
Most of the time wore a helmet	<input type="checkbox"/>	<input type="checkbox"/>
Always wore a helmet	<input type="checkbox"/>	<input type="checkbox"/>

11. How often do you **wear a seat belt** when riding in a car *driven by someone else*?

- A. Never
- B. Rarely
- C. Sometimes
- D. Most of the time
- E. Always

12. During the past 30 days, how many times did you <b>ride</b> in a car or other vehicle and the <b>driver had been drinking alcohol</b> ?		
	Someone else drove after drinking	I drove after drinking
0 times	<input type="checkbox"/>	<input type="checkbox"/>
1 time	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times	<input type="checkbox"/>	<input type="checkbox"/>
4 or 5 times	<input type="checkbox"/>	<input type="checkbox"/>
6 or more times	<input type="checkbox"/>	<input type="checkbox"/>

**Violence related behaviors**

13. During the past 30 days, on how many days did you <b>carry a weapon</b> (such as a <i>gun, knife, or club</i> ) outside or inside school?			
	Outside of school		In school
	Gun	Knife or club	Any weapon
0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

4 or 5 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 or more days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. During the past 30 days, on how many days did you <b>feel unsafe</b> going to school, or at school and did <b>not go to school</b> because you <b>felt unsafe</b> ?			
	Felt unsafe going to or from school	Felt unsafe in school	Did not go to school because I felt unsafe
0 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 or 5 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 or more days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. During the past 12 months, how many times has someone **threatened** or **injured** you with a *weapon* (such as a gun, knife, or club) *on school property*?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or 7 times
- F. 8 or 9 times
- G. 10 or 11 times
- H. 12 or more times

16. During the past 12 months, how many times and where ( <i>off</i> or <i>on</i> school property) were you in a <b>physical fight</b> ?	<b>Off</b> of school property	<b>On</b> school property
0 times	<input type="checkbox"/>	<input type="checkbox"/>
1 time	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times	<input type="checkbox"/>	<input type="checkbox"/>
4 or 5 times	<input type="checkbox"/>	<input type="checkbox"/>
6 or 7 times	<input type="checkbox"/>	<input type="checkbox"/>
8 or 9 times	<input type="checkbox"/>	<input type="checkbox"/>
10 or 11 times	<input type="checkbox"/>	<input type="checkbox"/>
12 or more times	<input type="checkbox"/>	<input type="checkbox"/>

17. During the past 12 months, how many times were you in a **physical fight** in which you were *injured* and *had to be treated by a doctor or nurse*?

- A. 0 times
- B. 1 time
- C. 2 or 3 times
- D. 4 or 5 times
- E. 6 or more times

18. During the past 12 months, did your boyfriend or girlfriend ever **hit, slap, or physically hurt you on purpose**?

- Yes                       No

19. Have you ever been **physically forced to have sex** when you did not want to?

- Yes                       No

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**Bullying**

20. During the past 12 months, have you ever been **bullied** on *school property*?

- Yes                       No

**Feelings**

21. During the past 12 months, did you ever **feel so sad or hopeless** almost every day *for two weeks* or more in a row that you *stopped doing some usual activities*?

- Yes                       No

22. During the past 12 months, did you ever <i>seriously consider or make a plan to attempt suicide</i> ?	Yes	No
<b>Seriously considered</b> attempting suicide	<input type="checkbox"/>	<input type="checkbox"/>
<b>Made a plan</b> to attempt suicide	<input type="checkbox"/>	<input type="checkbox"/>

23. During the past 12 months, how many times did you actually <b>attempt suicide</b> , and did you need to be <i>treated by a doctor or nurse</i> for it?	<b>Actually attempted suicide</b>	<b>Had to be treated by a doctor or nurse</b>
0 times	<input type="checkbox"/>	<input type="checkbox"/>
1 time	<input type="checkbox"/>	<input type="checkbox"/>
2 or 3 times	<input type="checkbox"/>	<input type="checkbox"/>
4 or 5 times	<input type="checkbox"/>	<input type="checkbox"/>
6 or more times	<input type="checkbox"/>	<input type="checkbox"/>

**Tobacco use**

24. How old were you when you **smoked a whole cigarette** for the first time?

- A. I have never smoked a whole cigarette **Go to Question**
  - B. 8 years old or younger
  - C. 9 or 10 years old
  - D. 11 or 12 years old
  - E. 13 or 14 years old
  - F. 15 or 16 years old
  - G. 17 years old or older
- 

**29**

25. During the past 30 days, on how many days did you **smoke cigarettes**?

- A. 1 or 2 days
- B. 3 to 5 days
- C. 6 to 9 days
- D. 10 to 19 days
- E. 20 to 29 days
- F. All 30 days

26. During the past 30 days, on the days you smoked, how many cigarettes did you **smoke per day**?

- A. Less than 1 cigarette per day
- B. 1 cigarette per day

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- C. 2 to 5 cigarettes per day
- D. 6 to 10 cigarettes per day
- E. 11 to 20 cigarettes per day
- F. More than 20 cigarettes per day

27. Have you ever **smoked cigarettes daily**, that is, at least one cigarette every day for 30 days?

- Yes                       No

28. During the past 12 months, did you ever **try to quit smoking cigarettes**?

- A. I did not smoke during the past 12 months
- B. Yes
- C. No

29. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, (such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen)?

- A. 0 days
- B. 1 or 2 days
- C. 3 to 5 days
- D. 6 to 9 days
- E. 10 to 19 days
- F. 20 to 29 days
- G. All 30 days

Drinking Alcohol

30. During your life, on how many days have you had **at least one drink of alcohol**?

- A. 0 days    **Go to Question**
- B. 1 or 2 days
- C. 3 to 9 days
- D. 10 to 19 days
- E. 20 to 39 days
- F. 40 to 99 days
- G. 100 or more days

31. How old were you when you had your **first drink of alcohol** other than a few sips?

- A. 8 years old or younger
- B. 9 or 10 years old
- C. 11 or 12 years old
- D. 13 or 14 years old
- E. 15 or 16 years old
- F. 17 years old or older

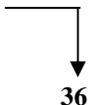
32. During the past 30 days, on how many days did you have at least <b>one drink of alcohol</b> , or <b>5 or more drinks in a row</b> within a couple of hours?	<b>At least one drink of alcohol</b>	<b>5 or more drinks of alcohol in a row</b>
0 days	<input type="checkbox"/>	<input type="checkbox"/>

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

1 day	<input type="checkbox"/>	<input type="checkbox"/>
2 days	<input type="checkbox"/>	<input type="checkbox"/>
3 to 5 days	<input type="checkbox"/>	<input type="checkbox"/>
6 to 9 days	<input type="checkbox"/>	<input type="checkbox"/>
10 to 19 days	<input type="checkbox"/>	<input type="checkbox"/>
20 to 29 days	<input type="checkbox"/>	<input type="checkbox"/>
All 30 days	<input type="checkbox"/>	<input type="checkbox"/>

**Marijuana use**

33. *During your life*, how many times have you **used marijuana**?

- A. 0 times **Go to Question** 
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 to 99 times
- G. 100 or more times

34. How old were you when you **tried marijuana for the first time**?

- A. 8 years old or younger
- B. 9 or 10 years old
- C. 11 or 12 years old
- D. 13 or 14 years old
- E. 15 or 16 years old
- F. 17 years old or older

35. *During the past 30 days*, how many times did you **use marijuana**?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

36. *During the past 30 days*, how many times did you **use funta**?

- A. 0 times
- B. 1 or 2 times
- C. 3 to 9 times
- D. 10 to 19 times
- E. 20 to 39 times
- F. 40 or more times

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

**Other drug use**

37. How many times have you used any form of <b>cocaine</b> , (including powder, crack or freebase)?	During your life	During the past 30 days
0 times	<input type="checkbox"/>	<input type="checkbox"/>
1 or 2 times	<input type="checkbox"/>	<input type="checkbox"/>
3 to 9 times	<input type="checkbox"/>	<input type="checkbox"/>
10 to 19 times	<input type="checkbox"/>	<input type="checkbox"/>
20 to 39 times	<input type="checkbox"/>	<input type="checkbox"/>
40 or more times	<input type="checkbox"/>	<input type="checkbox"/>

38. During your life, how many times have you used the following?						
Type of drugs	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times
Sniffed glue, breathed the contents of aerosol spray cans, or inhaled paints/sprays	<input type="checkbox"/>					
Heroin (smack, junk, or China White)	<input type="checkbox"/>					
Methamphetamines (speed, crystal, crank)	<input type="checkbox"/>					
Ecstasy (MDMA)	<input type="checkbox"/>					
Hallucinogenic drugs, (such as LSD, acid, PCP, angel dust, mescaline, or mushrooms)	<input type="checkbox"/>					
Steroid pills or shots without a doctor's prescription	<input type="checkbox"/>					
Prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription	<input type="checkbox"/>					

39. During your life, how many times have you **used a needle to inject any illegal drug** into your body?

- A. 0 times
- B. 1 time
- C. 2 or more times

40. During the past 12 months, has anyone **offered, sold, or given you an illegal drug on school property?**

- Yes                       No

**Sexual Behavior**

41. Have you ever had **sexual intercourse?**

- Yes                       No **Go to Question**

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

42. How old were you when you had **sexual intercourse for the first time**? 45

- A. 11 years old or younger
- B. 12 years old
- C. 13 years old
- D. 14 years old
- E. 15 years old
- F. 16 years old
- G. 17 years old or older

43. With <i>how many people</i> have you had <b>sexual intercourse</b> during your life and during the past 3 months?	During your life	During the past 3 months
1 person	<input type="checkbox"/>	<input type="checkbox"/>
2 people	<input type="checkbox"/>	<input type="checkbox"/>
3 people	<input type="checkbox"/>	<input type="checkbox"/>
4 people	<input type="checkbox"/>	<input type="checkbox"/>
5 people	<input type="checkbox"/>	<input type="checkbox"/>
6 or more people	<input type="checkbox"/>	<input type="checkbox"/>

44. The last time you had <b>sexual intercourse</b> did...	Yes	No
You <b>drink alcohol</b> or <b>use drugs</b> before having intercourse?	<input type="checkbox"/>	<input type="checkbox"/>
You or your partner <b>use a condom</b> during intercourse?	<input type="checkbox"/>	<input type="checkbox"/>

45. The *last time* you had sexual intercourse, what method did you or your partner use to **prevent pregnancy**?  
(Select all that apply.)

- A. No method was used to prevent pregnancy
- B. Birth control pills
- C. Condoms
- D. Depo-Provera (injectable birth control)
- E. Emergency Contraception
- F. Withdrawal
- G. Some other method
- H. Not sure

**Body weight and weight control**

46. How do you describe your **weight**?

- A. Very underweight
- B. Slightly underweight
- C. About the right weight
- D. Slightly overweight
- E. Very overweight

47. Which of the following are you **trying to do about your weight**?

- A. Lose weight

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- B. Gain weight
- C. Stay the same weight
- D. I am not trying to do anything about my weight

48. During the <i>past 30 days</i> did you do any of the following?	Yes	No
<b>Exercise</b> to lose weight or to keep from gaining weight?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eat less</b> food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Go without eating</b> for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?	<input type="checkbox"/>	<input type="checkbox"/>
Take any <b>diet pills, powders, or liquids</b> without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast?)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Vomit or take laxatives</b> to lose weight or to keep from gaining weight	<input type="checkbox"/>	<input type="checkbox"/>

**Food you eat and drink**

49. During the <i>past 7 days</i> , <b>how many times did you...</b>							
Type of food & drink	Did not eat or drink in the past 7 days	1 to 3 times in past 7 days	4 to 6 times in past 7 days	1 time per day	2 times per day	3 times per day	4 or more times per day
<b>Eat fruit?</b> (Do not count fruit juice)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eat green salad?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eat potatoes?</b> (Do <i>not</i> count french fries, fried potatoes, or potato chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eat carrots?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Eat other vegetables?</b> (Do <i>not</i> count green salad, potatoes, or carrots.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drink 100% fruit juices</b> such as orange juice, apple juice, or passion fruit juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drink a can, bottle, or glass of soda or pop</b> , such as Coke, Pepsi, or Sprite? (Do <i>not</i> include diet soda or diet pop.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drink a glass of milk</b> (How many times did you drink a glass of milk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Physical activity**

50. On <i>how many of the past 7 days</i> did you exercise or participate in <b>physical activity...</b>								
Amount of activity	0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
For <b>at least 20 minutes</b> that made you <b>sweat or breathe hard</b> , (such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities)?	<input type="checkbox"/>							
For <b>at least 30 minutes</b> that did <b>not make you sweat or breathe hard</b> , (such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors)?	<input type="checkbox"/>							

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

For a total of <b>at least 60 minutes</b> per day? (Add up <b>all</b> the time you spent in <b>any</b> kind of physical activity that <b>increased your heart rate and made you breathe hard</b> some of the time)	<input type="checkbox"/>							
--	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

51. On an average school day, how many hours do you spend doing the following:							
Type of activity	Do not do on average school day	Less than 1 hour per day	1 hour per day	2 hours per day	3 hours per day	4 hours per day	5 or more hours per day
Watching TV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Play video or computer games or use a computer for something that is <i>not school work</i> ? (Include activities such as Nintendo, Game Boy, PlayStation, Xbox, computer games, and Internet.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. In an average week when you are in school, on how many days do you go to **physical education (PE) classes**?

- A. 0 days
- B. 1 day
- C. 2 days
- D. 3 days
- E. 4 days
- F. 5 days

53. During an average **physical education (PE) class**, how many minutes do you *spend actually exercising or playing sports*?

- A. I do not take PE
- B. Less than 10 minutes
- C. 10 to 20 minutes
- D. 21 to 30 minutes
- E. 31 to 40 minutes
- F. 41 to 50 minutes
- G. 51 to 60 minutes
- H. More than 60 minutes

54. During the past 12 months, on **how many sports teams** did you play? (Include any teams run by your school or community groups.)

- A. 0 teams
- B. 1 team
- C. 2 teams
- D. 3 or more teams

<b>Personal Health</b>
------------------------

55. Have you ever been...			
	Yes	No	Not Sure
<b>Taught about</b> AIDS or HIV infection in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Taught about</b> other sexually transmitted diseases (such as Chlamydia, gonorrhea, herpes, trichomonas or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

syphilis)?			
<b>Tested for AIDS or HIV?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Tested for other sexually transmitted diseases (such as Chlamydia, gonorrhea, herpes, trichomonas or syphilis)?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Received counseling about how to avoid AIDS or HIV?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Received counseling about how to avoid other sexually transmitted diseases , such as Chlamydia, gonorrhea, herpes, trichomonas or syphilis?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. This question is about <b>asthma</b> .			
	Yes	No	Not Sure
Has a doctor or nurse ever told you <b>that you have asthma?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you <b>still have asthma?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any <b>medicines to control your asthma</b> , including using an inhaler?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a doctor or nurse ever explain <b>how to avoid things that make your asthma worse?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a doctor or nurse ever explain <b>early signs of an asthma attack and tell you what you should do?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. This question is about <b>diabetes</b> .			
	Yes	No	Not Sure
Has a doctor or nurse ever told you <b>that you have diabetes?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you <b>still have diabetes?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you take any <b>medicines to control your diabetes?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a doctor or nurse ever explain <b>how to avoid things that make your diabetes worse?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did a doctor or nurse ever explain <b>signs of low and high blood sugar and tell you what you should do?</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58. *On an average school night*, how many hours of **sleep** do you get?

- A. 4 or less hours
- B. 5 hours
- C. 6 hours
- D. 7 hours
- E. 8 hours
- F. 9 hours
- G. 10 or more hours

59. During the past 12 months, how would you **describe your grades** in school?

- A. Mostly A's
- B. Mostly B's
- C. Mostly C's
- D. Mostly D's
- E. Mostly F's
- F. None of these grades
- G. Not sure

<b>Rules and expectations</b>
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60. Do your school and parents set clear rules for...
---

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

	School		Home	
	Yes	No	Yes	No
bringing a weapon to school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
drinking alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
using illegal drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
bullying (physical & internet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
attending school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
doing homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Health and safety discussions between you and your health care provider**

61. In the <b>last 12 months</b> , did a doctor or other health provider talk with you about any of the following?	Yes	No
<b>Health</b>		
Weight	<input type="checkbox"/>	<input type="checkbox"/>
Healthy eating or diet	<input type="checkbox"/>	<input type="checkbox"/>
Physical activity or exercise	<input type="checkbox"/>	<input type="checkbox"/>
<b>Social and Emotional</b>		
Your friends	<input type="checkbox"/>	<input type="checkbox"/>
Your school performance	<input type="checkbox"/>	<input type="checkbox"/>
Your emotions or moods	<input type="checkbox"/>	<input type="checkbox"/>
Suicide	<input type="checkbox"/>	<input type="checkbox"/>
<b>Safety</b>		
Using a helmet when riding a bicycle, roller-blading, or skateboarding	<input type="checkbox"/>	<input type="checkbox"/>
Riding in, or driving, a motor vehicle with a driver who has been drinking or using drugs	<input type="checkbox"/>	<input type="checkbox"/>
Violence prevention	<input type="checkbox"/>	<input type="checkbox"/>
Guns and other weapons	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drugs</b>		
Chewing tobacco or snuff	<input type="checkbox"/>	<input type="checkbox"/>
Drug use (including marijuana, cocaine, crack, heroin, acid, speed, ecstasy, roofies, or other)	<input type="checkbox"/>	<input type="checkbox"/>
Use of steroid pills or shots without a doctor's prescription	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual Health</b>		
Sexual orientation (that is, being gay or straight)	<input type="checkbox"/>	<input type="checkbox"/>
Sexually transmitted diseases, or STD's (such as gonorrhea or Chlamydia)	<input type="checkbox"/>	<input type="checkbox"/>
Sexual or physical abuse	<input type="checkbox"/>	<input type="checkbox"/>

62. In the <i>last 12 months</i> , did you and a doctor or other health provider <b>talk about</b> the following:			If you answered <b>Yes</b> , how helpful was the discussion?				
	No	Yes	Not Helpful	Somewhat Helpful	Helpful	Very Helpful	Not Sure
the risks of cigarettes or smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
about how and why to quit smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the risks of alcohol use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how to use condoms to prevent HIV and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

STD's							
the importance of wearing a seat belt	<input type="checkbox"/>						

**Dental visits**

63. How long has it been since you last visited a dentist, dental hygienist or orthodontist?

- A. Have never visited
- B. Less than 6 months ago
- C. 6 months up to 1 year ago
- D. 1 year up to 2 years ago
- E. 2 years up to 5 years ago
- F. 5 years ago or more

64. Did you go for a routine check-up or cleaning or was it for a specific problem?

- A. Routine check-up or cleaning
- B. Had a dental problem
- C. Both a routine check-up and dental problem

**Rate your experience with your health care provider**

65. In the <b>last 12 months</b> ,...				
	Never	Sometimes	Usually	Always
How often were the staff at a doctor's office or clinic as <b>helpful</b> as you thought they should be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did doctors or other health providers <b>listen</b> carefully to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did you have a hard time <b>speaking with</b> or <b>understanding</b> a doctor or other health provider?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did doctors or other health providers <b>explain things</b> in a way that you could understand?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did doctors or other health providers <b>show respect</b> for what you had to say?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often did doctors or other health providers <b>spend enough time</b> with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

66. In the *last 12 months*, how much of a problem was it for you to get the necessary healthcare?

- A. A big problem
- B. Somewhat of a problem
- C. A small problem
- D. Not a problem

67. In the *last 12 months*, have you ever had a **serious health problem that went untreated**?

- Yes                       N

**About (Maternal and Child Health) MCH**

68. *Before today*, have you **ever heard of the MCH Program**?

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

- Yes                       No

**If yes**, have you ever been to an MCH clinic for services?

Which clinic?    Please list location(s):

---

69. What service(s) did you receive? (Please list below)

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70. How satisfied were you with the services?

- Very satisfied               Not satisfied

71. What services would you like MCH to offer?

- Periodic health assessments
- Evaluation/treatment by school nurse
- Vision screening
- Mental health assessment
- Dental screening
- Adolescent outreach
- School/Driver Ed physicals
- Diet/Nutrition counseling
- STD screening
- Behavioral risk assessment
- Pregnancy prevention counseling
- Other \_\_\_\_\_

72. Which Island do you live on?

- St. Croix
- St. Thomas
- St. John
- Water Island

**This is the end of the survey.**

**Thank you for your time.**

VI Department of Health –  
Maternal & Child Health/Children w/ Special Health Care Needs  
Title V Block Grant Needs Assessment - 2010

## **We Need Your Input!**

Dear Maternal and Child Health Provider / Stakeholder:

The Department of Health / Maternal Child Health & Children Special Health Care Needs Program is conducting a Needs Assessment to begin a new five-year planning cycle for The Virgin Islands' Title V Maternal and Child Health Block Grant. We are in the process of determining priority areas for maternal and child health and value your insight on the issues. This survey covers the following areas:

- The most important **health care needs** of the population including specific disease conditions, issues of access and availability, support services for health care, screenings and diagnoses etc;
- **Gaps in health care services** including issues related to specific sub populations of the maternal and child group, coordination of services, issues of cultural sensitivity, support services and services for specific conditions etc.;
- **Challenges faced in providing services** including lack of funding, coordination, research, evidence of best practice, support mechanisms, referral services etc.;
- Examples of **Efficient** systems, services, programs and models for the maternal and child health system;
- **Emerging trends** related to disease conditions, specific populations, impact of socio-political environment on health services that are relevant issues in the near future.

**Thank you for participating in this survey and sharing your ideas.**

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

**1. Which Maternal and Child Health target population do you or your agency / organization serve? (Please check all that apply)**

- |  |              |     |                           |               |     |
|--|--------------|-----|---------------------------|---------------|-----|
| Women:                                   | 13-19        | [ ] |                           | 20+           | [ ] |
| Pregnant Women:                          | 13-19        | [ ] |                           | 20+           | [ ] |
| Well infants:                            | 0 -12 months | [ ] | High risk infants:        | 0 – 12 months | [ ] |
| Children:                                | 1-9          | [ ] | Adolescents/young adults: | 10-21         | [ ] |
| Children with special health care needs: |              |     |                           | 1 – 22        | [ ] |

**2. What type of organization do you work/associate with?**

- |  |     |
|--|-----|
| 1. Individual office-based physician       | [ ] |
| 2. Group practice physician                | [ ] |
| 3. Private clinic                          | [ ] |
| 4. Department of Health clinic             | [ ] |
| 5. Non-profit health agency                | [ ] |
| 6. Hospital                                | [ ] |
| 7. Community based organization            | [ ] |
| 8. Advocacy/support group                  | [ ] |
| 9. Other Department of Health agency _____ |     |
| 10. Other government agency _____          |     |
| 11. Other private entity _____             |     |
| 12. Other (please specify) _____           |     |

**3. Please check the services your organization provides for the maternal and child population.**

- |  |     |                          |     |
|--|-----|--------------------------|-----|
| 1. Adaptive equipment/orthopedic       | [ ] | 20. Emotional support    | [ ] |
| 2. Behavior management                 | [ ] | 21. Parenting skills     | [ ] |
| 3. Classes for parents/children        | [ ] | 22. Counseling           | [ ] |
| 4. Day care                            | [ ] | 23. Dental care          | [ ] |
| 5. General medical                     | [ ] | 24. Drug prescriptions   | [ ] |
| 6. Diagnostic/educational services     | [ ] | 25. Advocacy             | [ ] |
| 7. Ear/hearing services                | [ ] | 26. Legal Services       | [ ] |
| 8. Eye/vision services                 | [ ] | 27. Parent training      | [ ] |
| 9. Genetic counseling                  | [ ] | 28. Home care            | [ ] |
| 10. Home-based instruction             | [ ] | 29. Physical Therapy     | [ ] |
| 11. Individual educational plans       | [ ] | 30. Respite Care         | [ ] |
| 12. Individual care plans              | [ ] | 31. Transportation       | [ ] |
| 13. Nutritional counseling             | [ ] | 32. Parent Counseling    | [ ] |
| 14. Occupational therapy               | [ ] | 33. Prosthetic devises   | [ ] |
| 15. Physical examination               | [ ] | 34. Case Management      | [ ] |
| 16. Parent support group               | [ ] | 35. Surgical corrections | [ ] |
| 17. Speech/language therapy            | [ ] | 36. Well baby clinic     | [ ] |
| 18. Technical assistance               | [ ] | 37. Other                | [ ] |
| 19. Prenatal care/counseling/screening | [ ] |                          |     |

(Specify) \_\_\_\_\_

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

**4. Services provided to target populations.**

Please *check the five most important health care needs of the population you serve.*

**A. Preventive and primary care services provided to pregnant mothers**

- |    |                                      |     |     |                                |     |
|----|--------------------------------------|-----|-----|--------------------------------|-----|
| 1. | pregnancy testing                    | [ ] | 9.  | complete medical history       | [ ] |
| 2. | prenatal care visits                 | [ ] | 10. | breast self-exam instructions  | [ ] |
| 3. | risk assessment/follow-up/counseling | [ ] | 11. | oral health screening/referral | [ ] |
| 4. | lab and diagnostic services          | [ ] | 12. | breast feeding instruction     | [ ] |
| 5. | HIV pre- and post-test counseling    | [ ] | 13. | Chlamydia/STD testing          | [ ] |
| 6. | hospital delivery coordination       | [ ] | 14. | post-partum follow-up          | [ ] |
| 7. | nutrition counseling                 | [ ] | 145 | Other_____                     |     |
| 8. | WIC referral                         | [ ] |     |                                |     |

**B. Preventive and primary care services provided to children aged Birth - 9**

- |    |                                |     |     |                         |     |
|----|--------------------------------|-----|-----|-------------------------|-----|
| 1. | new-born genetic screening     | [ ] | 9.  | newborn physicals       | [ ] |
| 2. | new born high-risk assessment  | [ ] | 10. | immunization            | [ ] |
| 3. | newborn public health referral | [ ] | 11. | vision screening        | [ ] |
| 4. | periodic health assessment     | [ ] | 12. | hearing testing         | [ ] |
| 5. | dental screening               | [ ] | 13. | home visits             | [ ] |
| 6. | nutrition counseling           | [ ] | 14. | developmental screening | [ ] |
| 7. | EPSDT/Head Start screening     | [ ] | 15. | Other_____              |     |
| 8. | WIC referral                   | [ ] |     |                         |     |

**C. Preventive and primary care services to adolescents 10-19**

- |    |                                      |     |     |                            |     |
|----|--------------------------------------|-----|-----|----------------------------|-----|
| 1. | periodic health assessments          | [ ] | 10. | vision screening           | [ ] |
| 2. | dental screening                     | [ ] | 11. | School/Driver Ed physicals | [ ] |
| 3. | pregnancy prevention counseling      | [ ] | 12. | STD screening              | [ ] |
| 4. | HIV screening                        | [ ] | 13. | TB screening               | [ ] |
| 5. | mental health assessment             | [ ] | 14. | adolescent outreach        | [ ] |
| 6. | diet/nutrition counseling            | [ ] | 15. | Other_____                 |     |
| 7. | WIC referral                         | [ ] |     |                            |     |
| 8. | evaluation/treatment by school nurse | [ ] |     |                            |     |
| 9. | behavioral risk assessment           | [ ] |     |                            |     |

**D. Preventive and primary care services to children with special health care needs:**

- |    |                             |     |     |                         |     |
|----|-----------------------------|-----|-----|-------------------------|-----|
| 1. | periodic health assessment  | [ ] | 9.  | vision screening        | [ ] |
| 2. | audiology/hearing testing   | [ ] | 10. | dental screening        | [ ] |
| 3. | EPSDT/Head Start screening  | [ ] | 11. | home visits             | [ ] |
| 4. | nutrition counseling        | [ ] | 12. | developmental screening | [ ] |
| 5. | WIC referral                | [ ] | 13. | diagnostic procedures   | [ ] |
| 6. | speech and language therapy | [ ] | 14. | occupational therapy    | [ ] |

VI Department of Health –  
 Maternal & Child Health/Children w/ Special Health Care Needs  
 Title V Block Grant Needs Assessment - 2010

- |                                    |     |                      |     |
|------------------------------------|-----|----------------------|-----|
| 7. orthopedic/orthodontic services | [ ] | 15. physical therapy | [ ] |
| 8. assistive devices               | [ ] | 16. other_____       |     |

**5. Insurance accepted**

	Yes	No
Private health insurance	[ ]	[ ]
Health insurance through work or union	[ ]	[ ]
Prepaid group health plan	[ ]	[ ]
Military health care (TriCare, CHAMPUS)	[ ]	[ ]
Medicaid (MAP)	[ ]	[ ]
Not applicable	[ ]	

**6. Please list up to five challenges that you or your organization have encountered in either delivering services to the MCH population or assuring that they receive services.**

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**7. Please list up to five gaps in service that you consider the most important for the MCH population.**

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8. ***Briefly***, please describe what programs, services models etc., are working well for the MCH population.

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9. ***Briefly***, please describe what emerging trends you believe could/will have an impact on MCH population or MCH services during the next five years.

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**Thank you for your participation in this assessment.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_





GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES  
DEPARTMENT OF HEALTH  
MCH & CSHCN Program

## *Family-Centered Care Self-Assessment Questionnaire*

**Directions:** Please answer each question by choosing only **one** answer. **There are no right or wrong answers.**

**Note:** In each question the word “provider” refers to the Doctor and other staff within your health care setting.

### **The Decision-Making Team**

#### **1. Does your provider ask about:**

A. The family’s well-being (adults and other children) and their needs for support?

Never                       Some of the Time                       Most of the Time                       Always

B. Depression, domestic violence, substance abuse, housing or lack of food in the family?

Never                       Some of the Time                       Most of the Time                       Always

#### **2. Does your provider offer the family:**

A. Information about health and wellness appropriate to the child/youth’s developmental stage? (This includes information about child development, mental health, healthy weight and nutrition, physical activity, sexual development and sexuality, safety/injury prevention, and oral health.)

Never                       Some of the Time                       Most of the Time                       Always

B. Opportunities to become more knowledgeable about promoting a child’s healthy development, such as written information, classes, or connect the family with other opportunities in your community?

Never                       Some of the Time                       Most of the Time                       Always

### **Supporting Transition to Adulthood**

#### **3. In preparation for transition, does your provider:**

A. Work with the family to assure that the youth know about any diagnoses, current treatments and can discuss those with the care provider?

Never                       Some of the Time                       Most of the Time                       Always                       Does Not Apply

B. Work with the adult provider so that both are involved in the youth’s care during transition?

Never       Some of the Time       Most of the Time       Always       Does Not Apply

### Giving a Diagnosis

#### 4. Does your provider:

A. Fully inform the family about all test results, positive and negative?

Never       Some of the Time       Most of the Time       Always

B. Fully inform the family about any diagnosis in a way that they can understand?

Never       Some of the Time       Most of the Time       Always

### Ongoing Care and Support

#### 5. Does your provider:

A. Ask the family and child to share information, such as changes in daily routine or new stresses that may provide insight into the interpretation of test results or diagnostic procedures?

Never       Some of the Time       Most of the Time       Always

B. Fully inform the family about diagnostic and treatment options in a way they can understand?

Never       Some of the Time       Most of the Time       Always

#### 6. If the family has difficulty traveling to specialty care settings outside of their community, does the provider work with the child's specialists to help minimize travel?

Never       Some of the Time       Most of the Time       Always       Does Not Apply

### Addressing Child/Youth Development

#### 7. Does your provider:

A. Assess and document the developmental status of the child/youth?

Never       Some of the Time       Most of the Time       Always

B. Reassess care approaches at key developmental milestones and transitions? (For example, when the child begins to walk, talk, begins school, enters puberty, and begins middle or high school.)

Never       Some of the Time       Most of the Time       Always

### Access to Records

#### 8. Does your provider:

A. Explain the family's rights and responsibilities under HIPAA (laws about the privacy and sharing of medical information) in a way they can understand?

Never       Some of the Time       Most of the Time       Always

B. Have a process to assist the family in understanding and interpreting their child's medical record? (For example, provides explanation of medical terms and answers questions about content.)

Never  Some of the Time  Most of the Time  Always

### Appointment Schedules

#### 9. Does your provider:

Schedule appointments tailored to the needs of the family, and child? (For example, have "no wait" appointments for patients who may have immune system problems or developmental /behavioral issues that make it difficult to sit in the waiting room.)

Never  Some of the Time  Most of the Time  Always

### Addressing Culture and Language in Care

#### 10. Does your provider:

A. Offer trained interpretation (foreign language or sign)?

Never  Some of the Time  Most of the Time  Always

B. Let other providers know about the need for interpretation services when making referrals?

Never  Some of the Time  Most of the Time  Always

### Information and Referral and Community-based Services

#### 11. Does your provider:

A. Work with the family to identify needed community-based services?

Never  Some of the Time  Most of the Time  Always

B. Follow up to see if the family/child/youth has successfully connected with the service?

Never  Some of the Time  Most of the Time  Always

### Community Systems Integration and Care Coordination

#### 12. Does your provider:

A. Include any community-based services the family uses in the medical record? (Examples include early intervention, Head Start, childcare, community recreation programs, vocational rehab, faith-based activities.)

Never  Some of the Time  Most of the Time  Always

B. Have a staff person that helps the family connect with needed services?

Never  Some of the Time  Most of the Time  Always

Thank you for taking the time to complete this self-assessment tool.

We welcome your feedback. **Developed by Family Voices** "...keeping families at the center of children's health care"

**Maternal Child Health & Children with Special Health Care Needs Program**

**Dear Parent / Guardian:**

**Please tell us about your experience with the services you and your family / children received from the MCH & CHSCN Program at your visit today. Your comments or suggestions will be helpful to us in our efforts to improve the services provided to you and your family. ***Your name is not needed.*****

Were you greeted when you entered the clinic? Yes \_\_\_ No \_\_\_  
Was the staff courteous and helpful? Yes \_\_\_ No \_\_\_  
Were your questions answered and needs met? Yes \_\_\_ No \_\_\_  
Were you attended to in a timely and efficient manner? Yes \_\_\_ No \_\_\_  
Were you treated in a respectful manner? Yes \_\_\_ No \_\_\_  
Please rate your overall experience: Excellent \_\_\_ Good \_\_\_ Fair \_\_\_ Poor \_\_\_

Date of visit: \_\_\_\_\_

(Continue on back for comments).

Please write ideas, comments, suggestions or recommendations to help us improve our services for you and your family.

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**Focus Group –Prenatal Patients**  
**February 9, 2010**

1. Where do you and your family go when you need a doctor or have a problem with your health?
  - FHC and Charles Harwood Clinic
2. How easy is it to get to the doctor or clinic or hospital? What makes it hard? What would help?
  - VIPI provides transportation a plus, made it easy.
  - Public transportation an inconvenience.
  - Clinics to provides transportation
  - Getting appointment is easy both at FHC and CHMC.
  - Clinic call to remind you of your appointment (FHC) not at CHMC.
  - Nurses and Doctors provide information both FHC & CHMC.
  - Dr. Sprauve too busy not much time spent with patients.
  - Dr. Benn at FHC spends much more time explaining information better.
3. Do you miss or cancel appointments? If so, why?
  - No
  - Usually are called

**Suggestions:**

- Dental at FHC
- CHMC – What is needed not offered in dental.
- More broader range dental services
- Charge too much for things used in delivery and for too many things.
- Sliding fee scale needed for delivery costs.
- WIC – attitude stinks ( Ms. King)
- Long wait
- Additional items needed on list of goods
- Ask too many questions
- Non-citizens – need ID, show residency date, passport; child’s father paystub.
- MAP-\$128 pay down monthly
- Cap too low ”no one can live on that amount” needs to be raised.
- Lab at CHMC-one stop
- Reduce wait time –still quality care shouldn’t have to back out after intake.

4. Does your doctor or nurse spend time answering your questions?
  - Yes
  - Very nice nurses
  - Doctor okay – asks questions
  - Nurses spend time and talk with you
  - Feel like a good experience
  - Dr. Benn-very nice – had nurse teach breast feeding, very helpful, Nurses followed up, felt very good.
  - Dr. Sprauve-busy
5. Has your doctor or nurse ever given you advice about your weight? What foods you should eat? What kind of exercise you should get?
  - No
  - Sit ups
  - Sitting with stomach in
  - What shouldn't be eaten as –high blood pressure

Suggestion:

- Appointment system needs to be changed.
  - Set up specific times for appointment rather than all @8:00 a.m.
  - One stop shop
  - Wait long for lab results
  - Private labs-take a while to go
  - Wait for money first – need lab in CHMC.
  - Delayed care due to lack of finances.
  - Went to FHC instead -more affordable payment plan.
6. Do you have any health insurance? If not, do you know how to get it? If you have health insurance what needs improvement?
    - No
    - Medicaid
    - Don't qualify for MAP due to lack of residency
    - Sliding fee scale helps with cost of visits
    - Don't like yearly renewal/registering yearly, information is the same but it is required to see doctor.
    - Maybe period should be two (2) years.
    - Satisfied with Medicaid coverage.

7. Do you feel you and /or others in your community are being treated with respect by your doctor/nurse?

- Yes
- They're okay
- Some voice dislike of Dr. Sprauve.
- Connection not made-feel rushed.
- More explanation needed.
- Didn't feel examined "the way you should be"
- Not friendly
- Doctor's personality makes a difference.
- Won't ask questions –not comfortable.
- Rather ask nurse.

A. Does your doctor or nurse take the cultural, ethnic or special needs of your community into consideration during your visits?

- Believe so
- Think so –see many cultures in clinic
- Seem to treat all the same
- Help everyone the same

8. What would you recommend to make it better?

- Someone else for St. Croix
- Doesn't have to travel to someone on island for high-risk patients.
- Spend more time with patients
- Feel comfortable
- Speak more
- Doctor can observe-prevent problems with patients
- Nurse James-very nice, offered personal advice, very thorough.
- More Doctor's-pediatricians
- Universal health insurance-more affordable
- Long wait-more staff
- Doctor's sometimes late-sometimes go to lunch; have to wait-boring-cold-hard chairs.
- Wait time 1-2 hours
- Payment plan
- Same info from all providers-continuity.

**FOCUS GROUP –UVI Students**  
**March 17, 2010**

1. *Does your family (or you) have any type of health insurance? (e.g. Medical Assistance, CIGNA, Military).*
    - CIGNA (5) – Parents.
    - Tri-Care (1) – up to age 21, as long as the child in School.
    - Include Medical and Dental Etc.
    - One (1) individual has no insurance.
    - UVI Insurance
  2. *Do you feel comfortable or confident that your medical records are not shared with others? (parents, guardians, friends, etc).*
    - Yes
    - One (1 ) not comfortable , because this is St. Croix and Individuals who work in Health Care do no t keep things to themselves.
    - Confident that healthcare is not shared with parents.
    - Confidentiality is important, so if I have a conversation with you, it should stay in the office.
    - The way in which information is discarded should be taken more serious.
    - Limited access.
    - Monitor access of all employees.
- Suggestions:**
- It's hard to penalize the individual who spill-out information.
  - Electronic will still not help.
  - Penalties and repercussions need to be stiffer.
3. *Is it easy or difficult for you to get to an appointment? If it's difficult does that keep you from going?*
    - Difficult
    - Some Physicians have office outside of clinic.
    - Limited Physicians. Have to wait two (2) months for GYN appointment.
  4. *Would you go for health services if they were in your school?*
    - UVI-Physician is not always available.
    - Students do not trust UVI Physicians.
    - Students stops going because of bills
    - Nurses give the pills, etc and wait till the Doctor come in.
    - Nurse is a waste of time.
    - Process in Residential hall – call Resident Assistant – Security-Nurses.
    - Sometimes RA's are not working.

- Waiting time is ridiculous.
- RS's are not allowed to bring student to hospital.
- If your (student) call paramedics, it comes out of your pocket.
- Student has a medical bill, when she brought it to her doctor, He/she said they do not accept it.
- When student gets drop off to the emergency room, they are responsible for the bill.
- Students are not aware of UVI insurance policy.
- Johns Hopkins students examined the Medical Policies at UVI and they claimed it is not "up to par". E.g. Medical exam (Nurse etc should be in room).
- No – we would like it to be improved!
- Hand sanitizer had to be proposed by students.
- Guys (Male) do not go because they got sick from vaccine H1N1 – sick for over a month.
- No pamphlet with information when treated.

*A. What types of services do you think should be in your school (other than the school nurse)?*

Dentist – (toothache etc.)

Eye specialist

Full-time Physician

Physical therapy – St. Thomas campus currently have one.

Psychologist only here once a week

Student: If I want things better, that require me spending/paying more money.

Services: UVI cover you to go doctor's private office when he is not on duty.

Partnership with other medical services: Charles Harwood Clinic, etc.

Inquire about F'sted health center having insurance specifically for college students.

*5. Is peer education available at your school? Do you feel it works? In what instances would you use it?*

Yes – Student peer Educator.

More presentations

not identifiable

Enlighten freshmen

Classrooms

SPE- as a mentor

RA's (most are SPE's)

**Other Concerns:**

Cafeteria Food:

- Need a nutritionist
- Flies all over food and eating areas.
- Actual salad bar only on Wednesday s.

- Spring break
- Snack bar food – fries and pizza
- No choices for residence and other students
- Gain weight
- Workout and still gain weight
- Got sick from cafeteria food
- No variety
- Does not meet vegetables needs
- No fresh foods/fruits and vegetables
- Tasteless
- High in fat and sodium
- (6) diabetes
- (8) High blood pressure

**FOCUS GROUP –Upward Bound Students**  
**March 20, 2010**

- 1) DOES YOUR FAMILY (OR YOU) HAVE ANY TYPE OF INSUREANCE? (E.G. MEDICAL ASSISTANCE, CIGNA, MILITARY).**
  - a. 22 Students have insurance
  - b. 3 don't know if they have
  
- 2) DO YOU FEEL COMFORTABLE OR CONFIDENT THAT YOUR MEDICAL RECORDS ARE NOT SHARED WITH OTHERS? (PARENTS, GUARDINAS, FRIENDS, ETC.)**
  - a. TWENTY-SIX don't mind it being shared with parents.
  - b. It depends on what it is for.
  
- 3) IS IT EASY OR DIFFICULT FOR YOU TO GET TO AN APPOINTMENT? (A) IF IT'S DIFFICULT DOES THAT KEEP OU FROM GOING?**
  - a. It is easy getting an appointment
  
- 4) WOULD YOU GO FOR HEALTH SERVICES IF THEY WERE IN YOUR SCHOOL? (A)WHAT TYPES OF SERVICES DO YOU THINK SHOULD BE IN YOUR SCHOOL) OTHER THAN THE SCHOOL NURSE)?**
  - a. Three (3) students will go
    - i. Dental
    - ii. More than one nurse on different shift. All day Nurse
    - iii. Psychologist
    - iv. Physical Check-up
    - v. Doctor goes in the classroom-complex
  
- 5) IS PEER EDUCATION AVAILBLE AT YOUR SCHOOL? (A) DO YOU FEEL IT WORKS? (B) IN WHAT INSTANCES WOULD YOU USE IT?**
  - a. Its Available but students don't go
  - b. They need more information
  - c. If failing a class.
  - d. Have to be willing to attend

## Data Tables from Adolescent Health Survey

### Frequency Table

Who do you live with?					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mother and Father together	106	36.7	36.7	36.7
	Brother	1	.3	.3	37.0
	Mother and Father in separate places	12	4.2	4.2	41.2
	Mother alone	87	30.1	30.1	71.3
	Father alone	13	4.5	4.5	75.8
	Grandparents	13	4.5	4.5	80.3
	Guardian	8	2.8	2.8	83.0
	Other (Please specify)	3	1.0	1.0	84.1
	Mother & Step Father	8	2.8	2.8	86.9
	Myself & Kids	1	.3	.3	87.2
	None	2	.7	.7	87.9
	Loved one	1	.3	.3	88.2
	At College with roommate	1	.3	.3	88.6
	Family living with another family	1	.3	.3	88.9
	Fiance	1	.3	.3	89.3
	No response	3	1.0	1.0	90.3
	On Campus or Residence Hall	6	2.1	2.1	92.4
	Mother & Brother	1	.3	.3	92.7
	Alone	7	2.4	2.4	95.2
	Spouse	2	.7	.7	95.8
Aunt	1	.3	.3	96.2	
Wife & Kids	2	.7	.7	96.9	
Parent	1	.3	.3	97.2	

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

Son	1	.3	.3	97.6
Husband & Kids	1	.3	.3	97.9
Mother & Grandparents	4	1.4	1.4	99.3
Head of Household	1	.3	.3	99.7
Mother & Sister	1	.3	.3	100.0
Total	289	100.0	100.0	

Below is what we converted the top information to.

**Who do you live with?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Mother and Father together	115	39.8	39.8	39.8
Mother and Father in separate places	12	4.2	4.2	43.9
Mother alone	89	30.8	30.8	74.7
Father alone	13	4.5	4.5	79.2
Grandparents	17	5.9	5.9	85.1
Guardian	8	2.8	2.8	87.9
Other (Please specify)	32	11.1	11.1	99.0
No response	3	1.0	1.0	100.0
Total	289	100.0	100.0	

**How old are you?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 13 years old	8	2.8	2.8	2.8
14 years old	14	4.8	4.8	7.6
15 years old	34	11.8	11.8	19.4
16 years old	46	15.9	15.9	35.3
17 years old	58	20.1	20.1	55.4
18 years old or older	128	44.3	44.3	99.7
No response	1	.3	.3	100.0
Total	289	100.0	100.0	

**How old are you?**

	Frequency	Percent	Valid Percent	Cumulative Percent
13 years old	8	2.8	2.8	2.8
14 years old	14	4.8	4.8	7.6
15 years old	34	11.8	11.8	19.4
16 years old	46	15.9	15.9	35.3
17 years old	58	20.1	20.1	55.4
18 years old or older	128	44.3	44.3	99.7
No response	1	.3	.3	100.0

**What is your sex?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Female	173	59.9	59.9	59.9
Male	114	39.4	39.4	99.3
No response	2	.7	.7	100.0
Total	289	100.0	100.0	

**In what grade are you?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 9th grade	19	6.6	6.6	6.6
10th grade	51	17.6	17.6	24.2
11th grade	65	22.5	22.5	46.7
12th grade	53	18.3	18.3	65.1
Ungraded or other grade	97	33.6	33.6	98.6
No response	4	1.4	1.4	100.0
Total	289	100.0	100.0	

**Are you Hispanic or Latino?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	226	78.2	78.2	78.2
	No response	9	3.1	3.1	81.3
	Yes	54	18.7	18.7	100.0
	Total	289	100.0	100.0	

**If Yes, which group best represents your origin?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Puerto Rican	31	10.7	10.7	10.7
	West Indian	1	.3	.3	11.1
	African American	1	.3	.3	11.4
	Black Hispanic	1	.3	.3	11.8
	Cruzan	1	.3	.3	12.1
	Mixed	1	.3	.3	12.5
	Cuban	2	.7	.7	13.1
	Mexican	3	1.0	1.0	14.2
	Central American	4	1.4	1.4	15.6
	Spanish Caribbean	5	1.7	1.7	17.3
	Dominican	10	3.5	3.5	20.8
	Mexican American	1	.3	.3	21.1
	South American	2	.7	.7	21.8
	Other origin	1	.3	.3	22.1
	Does not apply	221	76.5	76.5	98.6
	No response	4	1.4	1.4	100.0
	Total	289	100.0	100.0	

**What is your race?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid American Indian or Alaska Native	7	2.4	2.4	2.4
Asian	2	.7	.7	3.1
Black or African American	223	77.2	77.2	80.3
Native Hawaiian or Other Pacific Islander	3	1.0	1.0	81.3
White	19	6.6	6.6	87.9
A and C	2	.7	.7	88.6
Middle Eastern	1	.3	.3	88.9
B & C	1	.3	.3	89.3
C & E	1	.3	.3	89.6
No response	30	10.4	10.4	100.0
Total	289	100.0	100.0	

**What is the Language spoken most often at your home?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid English	263	91.0	91.0	91.0
Spanish	13	4.5	4.5	95.5
French	2	.7	.7	96.2
Other language (Please state)	1	.3	.3	96.5
English & Spanish	1	.3	.3	96.9
Arabic	2	.7	.7	97.6
A & D	2	.7	.7	98.3
A & B	4	1.4	1.4	99.7
No response	1	.3	.3	100.0
Total	289	100.0	100.0	

**How often did you wear a helmet when on a motorcycle/Scooter?**

	Frequency	Percent	Valid Percent	Cumulative Percent
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 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

Valid	Did not ride a motorcycle/scooter	150	51.9	51.9	51.9
	Never wore a helmet	29	10.0	10.0	61.9
	Rarely wore a helmet	6	2.1	2.1	64.0
	Sometimes wore a helmet	3	1.0	1.0	65.1
	Most of the time wore a helmet	5	1.7	1.7	66.8
	Always wore a helmet	14	4.8	4.8	71.6
	No response	82	28.4	28.4	100.0
	Total	289	100.0	100.0	

**How often did you wear a helmet when on a bike?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not ride a bicycle	129	44.6	44.6	44.6
	Never wore a helmet	85	29.4	29.4	74.0
	Rarely wore a helmet	6	2.1	2.1	76.1
	Sometimes wore a helmet	5	1.7	1.7	77.9
	Most of the time wore a helmet	2	.7	.7	78.5
	Always wore a helmet	12	4.2	4.2	82.7
	Multiple selections	5	1.7	1.7	84.4
	No response	45	15.6	15.6	100.0
	Total	289	100.0	100.0	

**How often do you wear a seat belt when riding in a car?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never	6	2.1	2.1	2.1
	Rarely	11	3.8	3.8	5.9
	Sometimes	46	15.9	15.9	21.8
	Most of the time	74	25.6	25.6	47.4
	Always	147	50.9	50.9	98.3

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

No response	5	1.7	1.7	100.0
Total	289	100.0	100.0	

**How often did you ride with someone who was drinking in past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	211	73.0	73.0	73.0
	1 time	24	8.3	8.3	81.3
	2 or 3 times	19	6.6	6.6	87.9
	4 or 5 times	8	2.8	2.8	90.7
	6 or more times	10	3.5	3.5	94.1
	No response	17	5.9	5.9	100.0
	Total	289	100.0	100.0	

**How often did you drive after drinking in past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	197	68.2	68.2	68.2
	1 time	11	3.8	3.8	72.0
	2 or 3 times	12	4.2	4.2	76.1
	4 or 5 times	2	.7	.7	76.8
	6 or more times	8	2.8	2.8	79.6
	No response	59	20.4	20.4	100.0
	Total	289	100.0	100.0	

**How often did you carry a gun outside of school in past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	250	86.5	86.5	86.5
	1 day	1	.3	.3	86.9
	2 or 3 days	2	.7	.7	87.5
	4 or 5 days	1	.3	.3	87.9

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

6 or more days	9	3.1	3.1	91.0
No response	26	9.0	9.0	100.0
Total	289	100.0	100.0	

**How often did you carry a knife or club outside of school in past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 days	230	79.6	79.6	79.6
1 day	11	3.8	3.8	83.4
2 or 3 days	9	3.1	3.1	86.5
4 or 5 days	5	1.7	1.7	88.2
6 or more days	16	5.5	5.5	93.8
No response	18	6.2	6.2	100.0
Total	289	100.0	100.0	

**How often did you carry any weapon IN school in past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 days	240	83.0	83.0	83.0
1 day	8	2.8	2.8	85.8
2 or 3 days	2	.7	.7	86.5
4 or 5 days	4	1.4	1.4	87.9
6 or more days	14	4.8	4.8	92.7
No response	21	7.3	7.3	100.0
Total	289	100.0	100.0	

**How many days did you feel unsafe going to school in past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 days	239	82.7	82.7	82.7
1 day	6	2.1	2.1	84.8
2 or 3 days	11	3.8	3.8	88.6
4 or 5 days	3	1.0	1.0	89.6

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

6 or more days	14	4.8	4.8	94.5
No response	16	5.5	5.5	100.0
Total	289	100.0	100.0	

**How many days did you feel unsafe in school in past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 days	232	80.3	80.3	80.3
1 day	11	3.8	3.8	84.1
2 or 3 days	12	4.2	4.2	88.2
4 or 5 days	3	1.0	1.0	89.3
6 or more days	10	3.5	3.5	92.7
No response	21	7.3	7.3	100.0
Total	289	100.0	100.0	

**How many days did you not go to school because you felt unsafe in past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.3	.3	.3
0 days	244	84.4	84.4	84.8
1 day	4	1.4	1.4	86.2
2 or 3 days	5	1.7	1.7	87.9
4 or 5 days	1	.3	.3	88.2
6 or more days	6	2.1	2.1	90.3
No response	28	9.7	9.7	100.0
Total	289	100.0	100.0	

**How many times has someone threatened or injured you with a weapon in past 12 months on school property?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	245	84.8	84.8	84.8
1 time	12	4.2	4.2	88.9
2 or 3 times	12	4.2	4.2	93.1

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

4 or 5 times	3	1.0	1.0	94.1
6 or 7 times	1	.3	.3	94.5
8 or 9 times	1	.3	.3	94.8
10 or 11 times	1	.3	.3	95.2
12 or more times	7	2.4	2.4	97.6
No response	7	2.4	2.4	100.0
Total	289	100.0	100.0	

**How many times were you in a physical fight OFF school property in past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	219	75.8	75.8	75.8
1 time	15	5.2	5.2	81.0
2 or 3 times	14	4.8	4.8	85.8
4 or 5 times	11	3.8	3.8	89.6
6 or 7 times	1	.3	.3	90.0
10 or 11 times	1	.3	.3	90.3
12 or more times	5	1.7	1.7	92.0
No response	23	8.0	8.0	100.0
Total	289	100.0	100.0	

**How many times were you in a physical fight ON school property in past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	230	79.6	79.6	79.6
1 time	19	6.6	6.6	86.2
2 or 3 times	12	4.2	4.2	90.3
4 or 5 times	4	1.4	1.4	91.7
8 or 9 times	2	.7	.7	92.4
12 or more times	3	1.0	1.0	93.4

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

No response	19	6.6	6.6	100.0
Total	289	100.0	100.0	

**How many times were you injured in a physical fight and were treated by a doctor in past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	267	92.4	92.4	92.4
1 time	12	4.2	4.2	96.5
2 or 3 times	1	.3	.3	96.9
4 or 5 times	3	1.0	1.0	97.9
6 or more times	2	.7	.7	98.6
No response	4	1.4	1.4	100.0
Total	289	100.0	100.0	

**Did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose in past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	255	88.2	88.2	88.2
No response	1	.3	.3	88.6
Yes	33	11.4	11.4	100.0
Total	289	100.0	100.0	

**Have you ever been physically forced to have sex when you didn't want to?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	261	90.3	90.3	90.3
No response	2	.7	.7	91.0
Yes	26	9.0	9.0	100.0
Total	289	100.0	100.0	

**Have you ever been bullied on school property in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	254	87.9	87.9	87.9
	No response	3	1.0	1.0	88.9
	Yes	32	11.1	11.1	100.0
	Total	289	100.0	100.0	

**Did you ever feel so sad or hopeless almost every day for two weeks in past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	184	63.7	63.7	63.7
	No response	3	1.0	1.0	64.7
	Yes	102	35.3	35.3	100.0
	Total	289	100.0	100.0	

**Did you ever seriously consider attempting suicide in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	252	87.2	87.2	87.2
	No response	8	2.8	2.8	90.0
	Yes	29	10.0	10.0	100.0
	Total	289	100.0	100.0	

**Did you ever seriously make a plan to attempt suicide in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	253	87.5	87.5	87.5
	No response	16	5.5	5.5	93.1
	Yes	20	6.9	6.9	100.0
	Total	289	100.0	100.0	

**How many times did you actually attempt suicide in the past 12 months?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	261	90.3	90.3	90.3
	1 time	10	3.5	3.5	93.8
	2 or 3 times	2	.7	.7	94.5
	4 or 5 times	2	.7	.7	95.2
	6 or more times	1	.3	.3	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**How many times did you have to be treated by a doctor after attempting suicide in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	266	92.0	92.0	92.0
	1 time	1	.3	.3	92.4
	2 or 3 times	2	.7	.7	93.1
	4 or 5 times	1	.3	.3	93.4
	6 or more times	1	.3	.3	93.8
	No response	18	6.2	6.2	100.0
	Total	289	100.0	100.0	

**How old were you when you smoked a whole cigarette for the first time?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Never smoked a whole cigarette	239	82.7	82.7	82.7
	8 years old or younger	2	.7	.7	83.4
	9 or 10 years old	4	1.4	1.4	84.8
	11 or 12 years old	4	1.4	1.4	86.2

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

13 or 14 years old	8	2.8	2.8	88.9
15 or 16 years old	8	2.8	2.8	91.7
17 years old or older	9	3.1	3.1	94.8
No response	15	5.2	5.2	100.0
Total	289	100.0	100.0	

**How many days did you smoke cigarettes in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 1 or 2 days	17	5.9	5.9	5.9
3 to 5 days	4	1.4	1.4	7.3
6 to 9 days	5	1.7	1.7	9.0
10 to 19 days	2	.7	.7	9.7
20 to 29 days	3	1.0	1.0	10.7
All 30 days	2	.7	.7	11.4
Does not apply	237	82.0	82.0	93.4
No response	19	6.6	6.6	100.0
Total	289	100.0	100.0	

**On the days you smoked how many cigarettes did you smoke per day in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Less than 1 cigarette per day	15	5.2	5.2	5.2
1 cigarette per day	4	1.4	1.4	6.6
2 to 5 cigarettes per day	9	3.1	3.1	9.7
6 to 10 cigarettes per day	3	1.0	1.0	10.7
More than 20 cigarettes per day	1	.3	.3	11.1
Does not apply	236	81.7	81.7	92.7
No response	21	7.3	7.3	100.0

**On the days you smoked how many cigarettes did you smoke per day in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Less than 1 cigarette per day	15	5.2	5.2	5.2
1 cigarette per day	4	1.4	1.4	6.6
2 to 5 cigarettes per day	9	3.1	3.1	9.7
6 to 10 cigarettes per day	3	1.0	1.0	10.7
More than 20 cigarettes per day	1	.3	.3	11.1
Does not apply	236	81.7	81.7	92.7
No response	21	7.3	7.3	100.0
Total	289	100.0	100.0	

**Have you ever smoked cigarettes daily, that is, at least one cigarette every day for 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	36	12.5	12.5	12.5
Does not apply	230	79.6	79.6	92.0
No response	11	3.8	3.8	95.8
Yes	12	4.2	4.2	100.0
Total	289	100.0	100.0	

**Did you ever try to quit smoking cigarettes in the past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid I did not smoke during the past 12 months	15	5.2	5.2	5.2
Yes	17	5.9	5.9	11.1
No	12	4.2	4.2	15.2
Does not apply	232	80.3	80.3	95.5
No response	13	4.5	4.5	100.0
Total	289	100.0	100.0	

**On how many days did you use chewing tobacco, snuff, or dip in the past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	276	95.5	95.5	95.5
	1 or 2 days	1	.3	.3	95.8
	3 to 5 days	1	.3	.3	96.2
	6 to 9 days	2	.7	.7	96.9
	No response	9	3.1	3.1	100.0
	Total	289	100.0	100.0	

**On how many days have you had at least one drink of alcohol in your life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	101	34.9	34.9	34.9
	1 or 2 days	59	20.4	20.4	55.4
	3 to 9 days	43	14.9	14.9	70.2
	10 to 19 days	22	7.6	7.6	77.9
	20 to 39 days	15	5.2	5.2	83.0
	40 to 99 days	21	7.3	7.3	90.3
	100 or more days	23	8.0	8.0	98.3
	No response	5	1.7	1.7	100.0
	Total	289	100.0	100.0	

**How old were you when you had your first drink of alcohol other than a few sips?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	8 years old or younger	26	9.0	9.0	9.0
	9 or 10 years old	15	5.2	5.2	14.2
	11 or 12 years old	29	10.0	10.0	24.2

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

13 or 14 years old	35	12.1	12.1	36.3
15 or 16 years old	41	14.2	14.2	50.5
17 years old or older	42	14.5	14.5	65.1
Does not Apply	94	32.5	32.5	97.6
No response	7	2.4	2.4	100.0
Total	289	100.0	100.0	

**On how many days have you had at least one drink of alcohol in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 days	71	24.6	24.6	24.6
1 day	37	12.8	12.8	37.4
2 days	15	5.2	5.2	42.6
3 to 5 days	27	9.3	9.3	51.9
6 to 9 days	12	4.2	4.2	56.1
10 to 19 days	4	1.4	1.4	57.4
20 to 29 days	6	2.1	2.1	59.5
All 30 days	2	.7	.7	60.2
Does not apply	95	32.9	32.9	93.1
No response	20	6.9	6.9	100.0
Total	289	100.0	100.0	

**On how many days have you had 5 or more drinks of alcohol in a row in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 days	105	36.3	36.3	36.3
1 day	19	6.6	6.6	42.9
2 days	12	4.2	4.2	47.1
3 to 5 days	13	4.5	4.5	51.6
6 to 9 days	5	1.7	1.7	53.3
10 to 19 days	3	1.0	1.0	54.3

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

20 to 29 days	1	.3	.3	54.7
All 30 days	1	.3	.3	55.0
Does not apply	96	33.2	33.2	88.2
No response	34	11.8	11.8	100.0
Total	289	100.0	100.0	

**How many times have you used marijuana in your life?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	191	66.1	66.1	66.1
1 or 2 times	23	8.0	8.0	74.0
3 to 9 times	19	6.6	6.6	80.6
10 to 19 times	14	4.8	4.8	85.5
20 to 39 times	10	3.5	3.5	88.9
40 to 99 times	11	3.8	3.8	92.7
100 or more times	14	4.8	4.8	97.6
No response	7	2.4	2.4	100.0
Total	289	100.0	100.0	

**How old were you when you tried marijuana for the first time?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 8 years old or younger	4	1.4	1.4	1.4
9 or 10 years old	6	2.1	2.1	3.5
11 or 12 years old	16	5.5	5.5	9.0
13 or 14 years old	25	8.7	8.7	17.6
15 or 16 years old	25	8.7	8.7	26.3
17 years old or older	16	5.5	5.5	31.8
Does not apply	188	65.1	65.1	96.9
No response	9	3.1	3.1	100.0
Total	289	100.0	100.0	

**How many times did you use marijuana in the past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	47	16.3	16.3	16.3
	1 or 2 times	16	5.5	5.5	21.8
	3 to 9 times	16	5.5	5.5	27.3
	10 to 19 times	6	2.1	2.1	29.4
	20 to 39 times	7	2.4	2.4	31.8
	40 or more time	5	1.7	1.7	33.6
	Does not apply	183	63.3	63.3	96.9
	No response	9	3.1	3.1	100.0
	Total	289	100.0	100.0	

**How many times did you use funta in the past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	245	84.8	84.8	84.8
	1 or 2 times	12	4.2	4.2	88.9
	3 to 9 times	8	2.8	2.8	91.7
	10 to 19 times	3	1.0	1.0	92.7
	20 to 39 times	3	1.0	1.0	93.8
	40 or more time	4	1.4	1.4	95.2
	Does not apply	2	.7	.7	95.8
	No response	12	4.2	4.2	100.0
	Total	289	100.0	100.0	

**How many times have you used cocaine in your life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	270	93.4	93.4	93.4

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

1 or 2 times	2	.7	.7	94.1
3 to 9 times	2	.7	.7	94.8
10 to 19 times	2	.7	.7	95.5
20 to 39 times	1	.3	.3	95.8
No response	12	4.2	4.2	100.0
Total	289	100.0	100.0	

**How many times have you used cocaine in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	267	92.4	92.4	92.4
1 or 2 times	3	1.0	1.0	93.4
3 to 9 times	1	.3	.3	93.8
No response	18	6.2	6.2	100.0
Total	289	100.0	100.0	

**How many times have you sniffed glue, breathed contents of aerosol cans, or inhaled paints in your life?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	242	83.7	83.7	83.7
1 or 2 times	19	6.6	6.6	90.3
3 to 9 times	12	4.2	4.2	94.5
10 to 19 times	2	.7	.7	95.2
20 to 39 times	3	1.0	1.0	96.2
40 or more time	1	.3	.3	96.5
No response	10	3.5	3.5	100.0
Total	289	100.0	100.0	

**How many times have you used heroin (smack, junk, or China White) in your life?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	270	93.4	93.4	93.4
	1 or 2 times	3	1.0	1.0	94.5
	3 to 9 times	1	.3	.3	94.8
	40 or more time	1	.3	.3	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**How many times have you used methamphetamines (speed, crystal, crank) in your life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	267	92.4	92.4	92.4
	1 or 2 times	2	.7	.7	93.1
	3 to 9 times	2	.7	.7	93.8
	10 to 19 times	3	1.0	1.0	94.8
	20 to 39 times	1	.3	.3	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**How many times have you used ecstasy (MDMA) in your life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	265	91.7	91.7	91.7
	1 or 2 times	5	1.7	1.7	93.4
	3 to 9 times	3	1.0	1.0	94.5
	10 to 19 times	1	.3	.3	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**How many times have you hallucinogenic drugs (LSD, acid, PCP, angel dust, mescaline, or mushrooms) in your life?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	266	92.0	92.0	92.0
	1 or 2 times	6	2.1	2.1	94.1
	3 to 9 times	2	.7	.7	94.8
	40 or more time	1	.3	.3	95.2
	Multiple responses	1	.3	.3	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**How many times have you talked steroid pills or shots without a doctor's prescription in your life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	271	93.8	93.8	93.8
	1 or 2 times	1	.3	.3	94.1
	10 to 19 times	2	.7	.7	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**How many times have you used prescription drugs (OxyContin, Percocet, Vicodin etc.) without a doctor's prescription in your life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 times	256	88.6	88.6	88.6
	1 or 2 times	9	3.1	3.1	91.7
	3 to 9 times	2	.7	.7	92.4
	10 to 19 times	1	.3	.3	92.7
	20 to 39 times	2	.7	.7	93.4
	40 or more time	6	2.1	2.1	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**How many times have you used prescription drugs (OxyContin, Percocet, Vicodin etc.) without a doctor's prescription in your life?**

	Frequency	Percent	Valid Percent	Cumulative Percent
0 times	256	88.6	88.6	88.6
1 or 2 times	9	3.1	3.1	91.7
3 to 9 times	2	.7	.7	92.4
10 to 19 times	1	.3	.3	92.7
20 to 39 times	2	.7	.7	93.4
40 or more time	6	2.1	2.1	95.5
No response	13	4.5	4.5	100.0

**How many times have you used a needle to inject any illegal drug into your body in your life?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 0 times	280	96.9	96.9	96.9
1 time	4	1.4	1.4	98.3
No response	5	1.7	1.7	100.0
Total	289	100.0	100.0	

**Has anyone offered, sold, or given you an illegal drug on school property in the past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	245	84.8	84.8	84.8
No response	6	2.1	2.1	86.9
Yes	38	13.1	13.1	100.0
Total	289	100.0	100.0	

**Have you ever had sexual intercourse?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	125	43.3	43.3	43.3

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

No response	5	1.7	1.7	45.0
Yes	159	55.0	55.0	100.0
Total	289	100.0	100.0	

**How old were you at first sexual intercourse?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	11 years old or younger	17	5.9	5.9	5.9
	12 years old	11	3.8	3.8	9.7
	13 years old	18	6.2	6.2	15.9
	14 years old	15	5.2	5.2	21.1
	15 years old	33	11.4	11.4	32.5
	16 years old	33	11.4	11.4	43.9
	17 years old or older	34	11.8	11.8	55.7
	Does not apply	120	41.5	41.5	97.2
	No response	8	2.8	2.8	100.0
	Total	289	100.0	100.0	

**How many people have you had sexual intercourse with in your life?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	43	14.9	14.9	14.9
	2 people	22	7.6	7.6	22.5
	3 people	22	7.6	7.6	30.1
	4 people	12	4.2	4.2	34.3
	5 people	15	5.2	5.2	39.4
	6 or more people	41	14.2	14.2	53.6
	Does not apply	118	40.8	40.8	94.5
	No response	16	5.5	5.5	100.0
	Total	289	100.0	100.0	

**How many people have you had sexual intercourse with in past 3 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 person	83	28.7	28.7	28.7

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

2 people	14	4.8	4.8	33.6
3 people	12	4.2	4.2	37.7
4 people	7	2.4	2.4	40.1
5 people	1	.3	.3	40.5
6 or more people	4	1.4	1.4	41.9
Does not apply	121	41.9	41.9	83.7
No response	47	16.3	16.3	100.0
Total	289	100.0	100.0	

**Did you drink alcohol or use drugs before last intercourse?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	132	45.7	45.7	45.7
	Does not apply	120	41.5	41.5	87.2
	No response	15	5.2	5.2	92.4
	Yes	22	7.6	7.6	100.0
	Total	289	100.0	100.0	

**Did you or your partner use a condom during last intercourse?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	47	16.3	16.3	16.3
	Does not apply	120	41.5	41.5	57.8
	No response	15	5.2	5.2	63.0
	Yes	107	37.0	37.0	100.0
	Total	289	100.0	100.0	

**What method did you or your partner use to prevent pregnancy at last intercourse?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No method was used to prevent pregnancy	28	9.7	9.7	9.7
	Birth control pills	8	2.8	2.8	12.5
	Condoms	82	28.4	28.4	40.8

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

Depo-Provera (injectable birth control)	1	.3	.3	41.2
Emergency Contraception	1	.3	.3	41.5
Withdrawal	12	4.2	4.2	45.7
Some other method	5	1.7	1.7	47.4
Not sure	2	.7	.7	48.1
Condom & Withdrawal	5	1.7	1.7	49.8
Birth Control & Condom	17	5.9	5.9	55.7
Birth Control, Condom & Withdrawal	4	1.4	1.4	57.1
EC & Withdrawal	2	.7	.7	57.8
Condoms & Some other method	1	.3	.3	58.1
Does not apply	115	39.8	39.8	97.9
No response	6	2.1	2.1	100.0
Total	289	100.0	100.0	

**How do you describe your weight?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very underweight	10	3.5	3.5	3.5
Slightly underweight	37	12.8	12.8	16.3
About the right weight	163	56.4	56.4	72.7
Slightly overweight	65	22.5	22.5	95.2
Very overweight	12	4.2	4.2	99.3
No response	2	.7	.7	100.0
Total	289	100.0	100.0	

**What are you trying to do about your weight?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Lose weight	118	40.8	40.8	40.8
Gain weight	61	21.1	21.1	61.9

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

Stay the same weight	60	20.8	20.8	82.7
I am not trying to do anything about my weight	46	15.9	15.9	98.6
No response	4	1.4	1.4	100.0
Total	289	100.0	100.0	

**Did you exercise to lose weight or keep from gaining weight in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	134	46.4	46.4	46.4
No response	9	3.1	3.1	49.5
Yes	146	50.5	50.5	100.0
Total	289	100.0	100.0	

**Did you eat less to lose weight or keep from gaining weight in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	169	58.5	58.5	58.5
No response	13	4.5	4.5	63.0
Yes	107	37.0	37.0	100.0
Total	289	100.0	100.0	

**Did you go without food for 24 hours or more to lose weight or keep from gaining weight in the past 30 days?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	244	84.4	84.4	84.4
No response	11	3.8	3.8	88.2
Yes	34	11.8	11.8	100.0
Total	289	100.0	100.0	

**Did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or keep from gaining weight in the past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	267	92.4	92.4	92.4
	No response	11	3.8	3.8	96.2
	Yes	11	3.8	3.8	100.0
	Total	289	100.0	100.0	

**Did you vomit or take laxatives to lose weight or keep from gaining weight in the past 30 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	267	92.4	92.4	92.4
	No response	12	4.2	4.2	96.5
	Yes	10	3.5	3.5	100.0
	Total	289	100.0	100.0	

**How many times did you eat fruit in the past 7 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	31	10.7	10.7	10.7
	1 to 3 times in past 7 days	106	36.7	36.7	47.4
	4 to 6 times in past 7 days	49	17.0	17.0	64.4
	1 time per day	31	10.7	10.7	75.1
	2 times per day	28	9.7	9.7	84.8
	3 times per day	16	5.5	5.5	90.3
	4 or more times per day	15	5.2	5.2	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**How many times did you eat green salad in the past 7 days?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	87	30.1	30.1	30.1
	1 to 3 times in past 7 days	104	36.0	36.0	66.1
	4 to 6 times in past 7 days	22	7.6	7.6	73.7
	1 time per day	33	11.4	11.4	85.1
	2 times per day	10	3.5	3.5	88.6
	3 times per day	5	1.7	1.7	90.3
	4 or more times per day	9	3.1	3.1	93.4
	No response	19	6.6	6.6	100.0
	Total	289	100.0	100.0	

**How many times did you eat potatoes in the past 7 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	88	30.4	30.4	30.4
	1 to 3 times in past 7 days	100	34.6	34.6	65.1
	4 to 6 times in past 7 days	27	9.3	9.3	74.4
	1 time per day	32	11.1	11.1	85.5
	2 times per day	11	3.8	3.8	89.3
	3 times per day	3	1.0	1.0	90.3
	4 or more times per day	9	3.1	3.1	93.4
	No response	19	6.6	6.6	100.0
	Total	289	100.0	100.0	

**How many times did you eat carrots in the past 7 days?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	89	30.8	30.8	30.8
	1 to 3 times in past 7 days	107	37.0	37.0	67.8
	4 to 6 times in past 7 days	24	8.3	8.3	76.1
	1 time per day	22	7.6	7.6	83.7
	2 times per day	9	3.1	3.1	86.9
	3 times per day	6	2.1	2.1	88.9
	4 or more times per day	8	2.8	2.8	91.7
	No response	24	8.3	8.3	100.0
	Total	289	100.0	100.0	

**How many times did you eat other vegetables in the past 7 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	38	13.1	13.1	13.1
	1 to 3 times in past 7 days	102	35.3	35.3	48.4
	4 to 6 times in past 7 days	43	14.9	14.9	63.3
	1 time per day	39	13.5	13.5	76.8
	2 times per day	10	3.5	3.5	80.3
	3 times per day	16	5.5	5.5	85.8
	4 or more times per day	20	6.9	6.9	92.7
	No response	21	7.3	7.3	100.0
	Total	289	100.0	100.0	

**How many times did you drink 100% fruit juices in the past 7 days?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	43	14.9	14.9	14.9
	1 to 3 times in past 7 days	59	20.4	20.4	35.3
	4 to 6 times in past 7 days	58	20.1	20.1	55.4
	1 time per day	39	13.5	13.5	68.9
	2 times per day	27	9.3	9.3	78.2
	3 times per day	13	4.5	4.5	82.7
	4 or more times per day	40	13.8	13.8	96.5
	No response	10	3.5	3.5	100.0
	Total	289	100.0	100.0	

**How many times did you drink a can, bottle, glass of soda or pop in the past 7 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	55	19.0	19.0	19.0
	1 to 3 times in past 7 days	79	27.3	27.3	46.4
	4 to 6 times in past 7 days	51	17.6	17.6	64.0
	1 time per day	41	14.2	14.2	78.2
	2 times per day	13	4.5	4.5	82.7
	3 times per day	10	3.5	3.5	86.2
	4 or more times per day	26	9.0	9.0	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**How many times did you drink a glass of milk in the past 7 days?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Did not eat or drink in the past 7 days	106	36.7	36.7	36.7
	1 to 3 times in past 7 days	60	20.8	20.8	57.4
	4 to 6 times in past 7 days	32	11.1	11.1	68.5
	1 time per day	36	12.5	12.5	81.0
	2 times per day	16	5.5	5.5	86.5
	3 times per day	10	3.5	3.5	90.0
	4 or more times per day	11	3.8	3.8	93.8
	No response	18	6.2	6.2	100.0
	Total	289	100.0	100.0	

**On how many days did you exercise or participate in physical activity for at least  
 20 minutes to make you sweat on the past 7 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	64	22.1	22.1	22.1
	1 day	51	17.6	17.6	39.8
	2 days	33	11.4	11.4	51.2
	3 days	31	10.7	10.7	61.9
	4 days	27	9.3	9.3	71.3
	5 days	32	11.1	11.1	82.4
	6 days	8	2.8	2.8	85.1
	7 days	27	9.3	9.3	94.5
	No response	16	5.5	5.5	100.0
	Total	289	100.0	100.0	

**On how many days did you exercise or participate in physical activity for at least  
 30 minutes to make you sweat on the past 7 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	113	39.1	39.1	39.1
	1 day	41	14.2	14.2	53.3
	2 days	41	14.2	14.2	67.5
	3 days	25	8.7	8.7	76.1
	4 days	15	5.2	5.2	81.3
	5 days	12	4.2	4.2	85.5
	6 days	5	1.7	1.7	87.2
	7 days	17	5.9	5.9	93.1
	No response	20	6.9	6.9	100.0
	Total	289	100.0	100.0	

**On how many days did you exercise or participate in physical activity for at least  
 60 minutes to make you sweat on the past 7 days?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	84	29.1	29.1	29.1
	1 day	39	13.5	13.5	42.6
	2 days	35	12.1	12.1	54.7
	3 days	28	9.7	9.7	64.4
	4 days	21	7.3	7.3	71.6
	5 days	31	10.7	10.7	82.4
	6 days	9	3.1	3.1	85.5
	7 days	24	8.3	8.3	93.8
	No response	18	6.2	6.2	100.0
	Total	289	100.0	100.0	

**On an average school day, how many hours do you spend watching TV?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Do not do on average school day	32	11.1	11.1	11.1
	Less than 1 hour per day	43	14.9	14.9	26.0
	1 hour per day	30	10.4	10.4	36.3
	2 hours per day	45	15.6	15.6	51.9
	3 hours per day	48	16.6	16.6	68.5
	4 hours per day	18	6.2	6.2	74.7
	5 or more hours per day	58	20.1	20.1	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**On an average school day, how many hours do you spend playing video or computer games?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Do not do on average school day	93	32.2	32.2	32.2
	Less than 1 hour per day	36	12.5	12.5	44.6
	1 hour per day	33	11.4	11.4	56.1
	2 hours per day	33	11.4	11.4	67.5
	3 hours per day	27	9.3	9.3	76.8
	4 hours per day	11	3.8	3.8	80.6
	5 or more hours per day	43	14.9	14.9	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**On how many days do you go to physical education classes per week?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 days	175	60.6	60.6	60.6
	1 day	13	4.5	4.5	65.1
	2 days	22	7.6	7.6	72.7
	3 days	15	5.2	5.2	77.9
	4 days	7	2.4	2.4	80.3
	5 days	51	17.6	17.6	97.9
	No response	6	2.1	2.1	100.0
	Total	289	100.0	100.0	

**During an average physical education class, how many minutes do you spend actually  
 exercising or playing sports?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	I do not take PE	157	54.3	54.3	54.3
	Less than 10 minutes	7	2.4	2.4	56.7
	10 to 20 minutes	12	4.2	4.2	60.9
	21 to 30 minutes	21	7.3	7.3	68.2
	31 to 40 minutes	38	13.1	13.1	81.3
	41 to 50 minutes	13	4.5	4.5	85.8
	51 to 60 minutes	9	3.1	3.1	88.9
	More than 60 minutes	23	8.0	8.0	96.9
	No response	9	3.1	3.1	100.0
	Total	289	100.0	100.0	

**On how many sports teams did you play in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0 teams	157	54.3	54.3	54.3
	1 team	50	17.3	17.3	71.6
	2 teams	39	13.5	13.5	85.1
	3 or more teams	29	10.0	10.0	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**Have you ever been taught about AIDS or HIV infection in school?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	249	86.2	86.2	86.2
	No	21	7.3	7.3	93.4
	Not Sure	7	2.4	2.4	95.8
	No response	12	4.2	4.2	100.0
	Total	289	100.0	100.0	

**Have you ever been taught about other sexually transmitted diseases?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	247	85.5	85.5	85.5
	No	19	6.6	6.6	92.0
	Not Sure	8	2.8	2.8	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**Have you ever been tested for AIDS or HIV?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	99	34.3	34.3	34.3
	No	174	60.2	60.2	94.5
	Not Sure	6	2.1	2.1	96.5

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

No response	10	3.5	3.5	100.0
Total	289	100.0	100.0	

**Have you ever been tested for other sexually transmitted diseases?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	83	28.7	28.7	28.7
	No	179	61.9	61.9	90.7
	Not Sure	12	4.2	4.2	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**Have you ever received counseling about how to avoid AIDS or HIV?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	161	55.7	55.7	55.7
	No	103	35.6	35.6	91.3
	Not Sure	12	4.2	4.2	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**Have you ever received counseling about how to avoid other sexually transmitted diseases?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	169	58.5	58.5	58.5
	No	94	32.5	32.5	91.0
	Not Sure	15	5.2	5.2	96.2
	c	1	.3	.3	96.5
	No response	10	3.5	3.5	100.0
	Total	289	100.0	100.0	

**Has a doctor or nurse ever told you that you have asthma?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	58	20.1	20.1	20.1
	No	216	74.7	74.7	94.8
	Not Sure	4	1.4	1.4	96.2
	No response	11	3.8	3.8	100.0
	Total	289	100.0	100.0	

**Do you still have asthma?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	33	11.4	11.4	11.4
	No	216	74.7	74.7	86.2
	Not Sure	14	4.8	4.8	91.0
	No response	26	9.0	9.0	100.0
	Total	289	100.0	100.0	

**Do you take any medicines to control your asthma, including using an inhaler?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	27	9.3	9.3	9.3
	No	232	80.3	80.3	89.6
	Not Sure	2	.7	.7	90.3
	No response	28	9.7	9.7	100.0
	Total	289	100.0	100.0	

**Did a doctor or nurse ever explain how to avoid things that make your asthma worse?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	37	12.8	12.8	12.8
	No	213	73.7	73.7	86.5
	Not Sure	10	3.5	3.5	90.0
	No response	29	10.0	10.0	100.0
	Total	289	100.0	100.0	

**Did a doctor or nurse ever explain early signs of an asthma attack and tell you  
 what you should do?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	40	13.8	13.8	13.8
	No	210	72.7	72.7	86.5
	Not Sure	12	4.2	4.2	90.7
	No response	27	9.3	9.3	100.0
	Total	289	100.0	100.0	

**Has a doctor or nurse ever told you that you have diabetes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	13	4.5	4.5	4.5
	No	259	89.6	89.6	94.1
	Not Sure	4	1.4	1.4	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**Do you still have diabetes?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	8	2.8	2.8	2.8
	No	244	84.4	84.4	87.2
	Not Sure	6	2.1	2.1	89.3
	No response	31	10.7	10.7	100.0
	Total	289	100.0	100.0	

**Do you take any medicines to control your diabetes?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	6	2.1	2.1	2.1
	No	246	85.1	85.1	87.2
	Not Sure	5	1.7	1.7	88.9
	No response	32	11.1	11.1	100.0
	Total	289	100.0	100.0	

**Did a doctor or nurse ever explain how to avoid things that make your diabetes worse?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	22	7.6	7.6	7.6
	No	228	78.9	78.9	86.5
	Not Sure	6	2.1	2.1	88.6
	No response	33	11.4	11.4	100.0
	Total	289	100.0	100.0	

**Did a doctor or nurse ever explain signs of low and high blood sugar and tell you what you should do?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	25	8.7	8.7	8.7
	No	221	76.5	76.5	85.1
	Not Sure	9	3.1	3.1	88.2
	No response	34	11.8	11.8	100.0
	Total	289	100.0	100.0	

**How many hours of sleep do you get on an average school night?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	4 hours or less	21	7.3	7.3	7.3
	5 hours	49	17.0	17.0	24.2
	6 hours	68	23.5	23.5	47.8
	7 hours	60	20.8	20.8	68.5
	8 hours	62	21.5	21.5	90.0
	9 hours	13	4.5	4.5	94.5
	10 or more hours	4	1.4	1.4	95.8
	No response	12	4.2	4.2	100.0
	Total	289	100.0	100.0	

**How would you describe your grades in school in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Mostly A's	53	18.3	18.3	18.3
	Mostly B's	145	50.2	50.2	68.5
	Mostly C's	54	18.7	18.7	87.2

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

Mostly D's	9	3.1	3.1	90.3
None of these grades	1	.3	.3	90.7
Not sure	17	5.9	5.9	96.5
C's & D's	1	.3	.3	96.9
As & Bs	1	.3	.3	97.2
No response	8	2.8	2.8	100.0
Total	289	100.0	100.0	

**Does your school set clear rules for bringing a weapon to school?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	221	76.5	76.5	76.5
No	51	17.6	17.6	94.1
No response	17	5.9	5.9	100.0
Total	289	100.0	100.0	

**Do your parents set clear rules for bringing a weapon to school?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	162	56.1	56.1	56.1
No	52	18.0	18.0	74.0
No response	75	26.0	26.0	100.0
Total	289	100.0	100.0	

**Does your school set clear rules for smoking cigarettes in school?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	208	72.0	72.0	72.0
No	62	21.5	21.5	93.4
No response	19	6.6	6.6	100.0
Total	289	100.0	100.0	

**Do your parents set clear rules for smoking cigarettes?**

	Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Yes	166	57.4	57.4	57.4
	No	48	16.6	16.6	74.0
	No response	75	26.0	26.0	100.0
	Total	289	100.0	100.0	

**Does your school set clear rules for drinking alcohol in school?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	210	72.7	72.7	72.7
	No	57	19.7	19.7	92.4
	No response	22	7.6	7.6	100.0
	Total	289	100.0	100.0	

**Do your parents set clear rules for drinking alcohol?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	158	54.7	54.7	54.7
	No	59	20.4	20.4	75.1
	No response	72	24.9	24.9	100.0
	Total	289	100.0	100.0	

**Does your school set clear rules for using illegal drugs in school?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	213	73.7	73.7	73.7
	No	55	19.0	19.0	92.7
	No response	21	7.3	7.3	100.0
	Total	289	100.0	100.0	

**Do your parents set clear rules for using illegal drugs?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	165	57.1	57.1	57.1
	No	47	16.3	16.3	73.4
	No response	77	26.6	26.6	100.0
	Total	289	100.0	100.0	

**Does your school set clear rules for bullying school?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	179	61.9	61.9	61.9
	No	83	28.7	28.7	90.7
	No response	27	9.3	9.3	100.0
	Total	289	100.0	100.0	

**Do your parents set clear rules for bullying?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	143	49.5	49.5	49.5
	No	70	24.2	24.2	73.7
	No response	76	26.3	26.3	100.0
	Total	289	100.0	100.0	

**Does your school set clear rules for attending school?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	237	82.0	82.0	82.0
	No	33	11.4	11.4	93.4
	No response	19	6.6	6.6	100.0
	Total	289	100.0	100.0	

**Do your parents set clear rules for attending school?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	192	66.4	66.4	66.4
	No	24	8.3	8.3	74.7
	No response	73	25.3	25.3	100.0
	Total	289	100.0	100.0	

**Does your school set clear rules for doing homework?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	228	78.9	78.9	78.9
	No	39	13.5	13.5	92.4
	No response	22	7.6	7.6	100.0
	Total	289	100.0	100.0	

**Do your parents set clear rules for doing homework?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	187	64.7	64.7	64.7
	No	32	11.1	11.1	75.8
	No response	70	24.2	24.2	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your weight?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	148	51.2	51.2	51.2
	No	126	43.6	43.6	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your healthy eating or diet?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	138	47.8	47.8	47.8
	No	137	47.4	47.4	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your physical activity or exercise?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	142	49.1	49.1	49.1
	No	132	45.7	45.7	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your friends?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	91	31.5	31.5	31.5
	No	184	63.7	63.7	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your school performance?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	92	31.8	31.8	31.8
	No	183	63.3	63.3	95.2
	No response	14	4.8	4.8	100.0

**In the last 12 months did a doctor or other health provider talk to you about your school performance?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	92	31.8	31.8	31.8
No	183	63.3	63.3	95.2
No response	14	4.8	4.8	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your emotions or moods?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	87	30.1	30.1	30.1
No	188	65.1	65.1	95.2
No response	14	4.8	4.8	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your suicide?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	50	17.3	17.3	17.3
No	220	76.1	76.1	93.4
No response	19	6.6	6.6	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about using a helmet?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	47	16.3	16.3	16.3
No	228	78.9	78.9	95.2
No response	14	4.8	4.8	100.0

**In the last 12 months did a doctor or other health provider talk to you about using a helmet?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Yes	47	16.3	16.3	16.3
No	228	78.9	78.9	95.2
No response	14	4.8	4.8	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about you riding in or driving a motor vehicle with a driver who had been drinking or using drugs?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	87	30.1	30.1	30.1
No	187	64.7	64.7	94.8
No response	15	5.2	5.2	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about violence prevention ?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	104	36.0	36.0	36.0
No	171	59.2	59.2	95.2
No response	14	4.8	4.8	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about guns and other weapons?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	87	30.1	30.1	30.1
No	188	65.1	65.1	95.2

No response	14	4.8	4.8	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about  
 chewing tobacco or snuff?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	71	24.6	24.6	24.6
No	202	69.9	69.9	94.5
No response	16	5.5	5.5	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about drug  
 use?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	98	33.9	33.9	33.9
No	176	60.9	60.9	94.8
No response	15	5.2	5.2	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about use of  
 steroid pills or shots without a doctor's prescription?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	65	22.5	22.5	22.5
No	209	72.3	72.3	94.8
No response	15	5.2	5.2	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about your  
 sexual orientation?**

	Frequency	Percent	Valid Percent	Cumulative Percent
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Valid	Yes	79	27.3	27.3	27.3
	No	197	68.2	68.2	95.5
	No response	13	4.5	4.5	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about sexually transmitted diseases or STDs?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	131	45.3	45.3	45.3
	No	143	49.5	49.5	94.8
	No response	15	5.2	5.2	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about sexual or physical abuse?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	111	38.4	38.4	38.4
	No	164	56.7	56.7	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about the risks of cigarettes or smoking?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	204	70.6	70.6	70.6
	Yes but not helpful	7	2.4	2.4	73.0
	Yes and somewhat helpful	6	2.1	2.1	75.1
	Yes and helpful	12	4.2	4.2	79.2
	Yes very helpful	23	8.0	8.0	87.2
	Yes not sure if helpful	2	.7	.7	87.9

Yes and no helpful response	10	3.5	3.5	91.3
No response	25	8.7	8.7	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about how and why to quit smoking?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	214	74.0	74.0	74.0
Yes but not helpful	4	1.4	1.4	75.4
Yes and somewhat helpful	5	1.7	1.7	77.2
Yes and helpful	13	4.5	4.5	81.7
Yes very helpful	12	4.2	4.2	85.8
Yes not sure if helpful	1	.3	.3	86.2
Yes and no helpful response	12	4.2	4.2	90.3
No response	28	9.7	9.7	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about the risks of alcohol use?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid No	186	64.4	64.4	64.4
Yes but not helpful	5	1.7	1.7	66.1
Yes and somewhat helpful	7	2.4	2.4	68.5
Yes and helpful	24	8.3	8.3	76.8
Yes very helpful	18	6.2	6.2	83.0
Yes not sure if helpful	2	.7	.7	83.7
Yes and no helpful response	12	4.2	4.2	87.9
No response	35	12.1	12.1	100.0
Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about how to use a condom to prevent HIV and STD's?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	154	53.3	53.3	53.3
	Yes but not helpful	4	1.4	1.4	54.7
	Yes and somewhat helpful	8	2.8	2.8	57.4
	Yes and helpful	30	10.4	10.4	67.8
	Yes very helpful	41	14.2	14.2	82.0
	Yes not sure if helpful	4	1.4	1.4	83.4
	Yes and no helpful response	20	6.9	6.9	90.3
	No response	28	9.7	9.7	100.0
	Total	289	100.0	100.0	

**In the last 12 months did a doctor or other health provider talk to you about the importance of wearing a seat belt?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	176	60.9	60.9	60.9
	Yes but not helpful	3	1.0	1.0	61.9
	Yes and somewhat helpful	11	3.8	3.8	65.7
	Yes and helpful	23	8.0	8.0	73.7
	Yes very helpful	32	11.1	11.1	84.8
	Yes not sure if helpful	1	.3	.3	85.1
	Yes and no helpful response	17	5.9	5.9	91.0
	No response	26	9.0	9.0	100.0
	Total	289	100.0	100.0	

**How long has it been since you last visited a dentist, dental hygienist or orthodontist?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Have never visited	28	9.7	9.7	9.7
	Less than 6 months ago	95	32.9	32.9	42.6
	6 months up to 1 year ago	65	22.5	22.5	65.1

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

1 year up to 2 years ago	29	10.0	10.0	75.1
2 years up to 5 years ago	32	11.1	11.1	86.2
5 years ago or more	21	7.3	7.3	93.4
No response	19	6.6	6.6	100.0
Total	289	100.0	100.0	

**Did you go for a routine check-up or cleaning or was it for a specific problem?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Routine check-up or cleaning	154	53.3	53.3	53.3
Had a dental problem	44	15.2	15.2	68.5
Both a routine check-up and dental problem	38	13.1	13.1	81.7
Does not apply	16	5.5	5.5	87.2
No Response	37	12.8	12.8	100.0
Total	289	100.0	100.0	

**How often were the staff at a doctor's office or clinic as helpful as you thought they should be in the past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.3	.3	.3
Never	33	11.4	11.4	11.8
Sometimes	78	27.0	27.0	38.8
Usually	90	31.1	31.1	69.9
Always	59	20.4	20.4	90.3
No response	28	9.7	9.7	100.0
Total	289	100.0	100.0	

**How often did doctors or other health providers listen carefully to you in the past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

Valid	1	.3	.3	.3
Never	27	9.3	9.3	9.7
Sometimes	49	17.0	17.0	26.6
Usually	75	26.0	26.0	52.6
Always	105	36.3	36.3	88.9
No response	32	11.1	11.1	100.0
Total	289	100.0	100.0	

**How often did you have a hard timespeaking with or understanding a doctor or other health provider in the past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.3	.3	.3
Never	126	43.6	43.6	43.9
Sometimes	72	24.9	24.9	68.9
Usually	41	14.2	14.2	83.0
Always	20	6.9	6.9	90.0
No response	29	10.0	10.0	100.0
Total	289	100.0	100.0	

**How often did doctors or other health providers show explain things in a way that you could understand in the past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.3	.3	.3
Never	33	11.4	11.4	11.8
Sometimes	59	20.4	20.4	32.2
Usually	83	28.7	28.7	60.9
Always	80	27.7	27.7	88.6
No response	33	11.4	11.4	100.0
Total	289	100.0	100.0	

**How often did doctors or other health providers show respect for what you had to say in the past 12 months?**

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.3	.3	.3
Never	20	6.9	6.9	7.3
Sometimes	43	14.9	14.9	22.1
Usually	85	29.4	29.4	51.6
Always	111	38.4	38.4	90.0
No response	29	10.0	10.0	100.0
Total	289	100.0	100.0	

**How often did doctors or other health providers spend enough time with you in  
 the past 12 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	.3	.3	.3
Never	33	11.4	11.4	11.8
Sometimes	56	19.4	19.4	31.1
Usually	91	31.5	31.5	62.6
Always	79	27.3	27.3	90.0
No response	29	10.0	10.0	100.0
Total	289	100.0	100.0	

**How much of a problem was it for you to get the necessary healthcare in the past 12  
 months?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid A big problem	21	7.3	7.3	7.3
Somewhat of a problem	37	12.8	12.8	20.1
A small problem	39	13.5	13.5	33.6
Not a problem	167	57.8	57.8	91.3
No response	25	8.7	8.7	100.0
Total	289	100.0	100.0	

**Have you ever had a serious problem that went untreated in the past 12 months?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	240	83.0	83.0	83.0
	No response	22	7.6	7.6	90.7
	Yes	27	9.3	9.3	100.0
	Total	289	100.0	100.0	

**Have you ever heard of the MCH program before today?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	233	80.6	80.6	80.6
	No response	14	4.8	4.8	85.5
	Yes	42	14.5	14.5	100.0
	Total	289	100.0	100.0	

**Have you ever been to an MCH clinic for services - which clinic?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Charles Harwood Clinic - East by Richmond	4	1.4	1.4	1.4
	Tutu Park Mall	1	.3	.3	1.7
	Island Center	1	.3	.3	2.1
	Richmond	1	.3	.3	2.4
	Christiansted	1	.3	.3	2.8
	Did not use a clinic	15	5.2	5.2	8.0
	Charles Harwood & Fredricksted Health Clinic	1	.3	.3	8.3
	Family Planning & MCH	2	.7	.7	9.0
	Nisky Center				
	MCH Sub base	1	.3	.3	9.3

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

Nisky Center	5	1.7	1.7	11.1
MCH St. Thomas	2	.7	.7	11.8
Does not apply	232	80.3	80.3	92.0
No Response	23	8.0	8.0	100.0
Total	289	100.0	100.0	

**How satisfied were you with the services?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Very satisfied	62	21.5	21.5	21.5
Not satisfied	27	9.3	9.3	30.8
Does not apply	181	62.6	62.6	93.4
No response	19	6.6	6.6	100.0
Total	289	100.0	100.0	

**What services would you like MCH to offer?**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Periodic health assessments	3	1.0	1.0	1.0
Pregnancy prevention counseling	4	1.4	1.4	2.4
Other	3	1.0	1.0	3.5
Most of the list	27	9.3	9.3	12.8
Several on the list	85	29.4	29.4	42.2
Immunization	1	.3	.3	42.6
Don't know what MCH is	1	.3	.3	42.9
Vision screening	1	.3	.3	43.3
Mental health assessment	1	.3	.3	43.6
Dental screening	4	1.4	1.4	45.0
Adolescent outreach	2	.7	.7	45.7

U. S. Virgin Islands Department of Health  
 Maternal Child Health & Children With Special  
 Health Care Needs Program  
 Title V Five Year Needs Assessment  
 July 15, 2010

School/Driver Ed physicals	7	2.4	2.4	48.1
Diet/Nutrition counseling	1	.3	.3	48.4
STD screening	4	1.4	1.4	49.8
Dental & Physicals	1	.3	.3	50.2
Mental, Behavioral,Pregnancy	1	.3	.3	50.5
No Response	142	49.1	49.1	99.7
Vision & School Driver Ed Physicals	1	.3	.3	100.0
Total	289	100.0	100.0	

**Which Island do you live on?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	St Croix	195	67.5	67.5	67.5
	St Thomas	78	27.0	27.0	94.5
	Water Island	2	.7	.7	95.2
	No response	14	4.8	4.8	100.0
	Total	289	100.0	100.0	

**Which survey group is this from?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	UVI Freshman St Croix	44	15.2	15.2	15.2
	Manor School	21	7.3	7.3	22.5
	Country Day High School	29	10.0	10.0	32.5
	St. Croix Central High	42	14.5	14.5	47.1
	Upward Bound	30	10.4	10.4	57.4
	Heritage Institute	13	4.5	4.5	61.9
	St. Andrews Youth Organization	38	13.1	13.1	75.1
	UVI St. Thomas	6	2.1	2.1	77.2
	MCH Clinic St Thomas	7	2.4	2.4	79.6
	Upward Bound - St. Thomas	35	12.1	12.1	91.7

U. S. Virgin Islands Department of Health  
Maternal Child Health & Children With Special  
Health Care Needs Program  
Title V Five Year Needs Assessment  
July 15, 2010

Last batch mixed - 10PS	17	5.9	5.9	97.6
Kingshill School	7	2.4	2.4	100.0
Total	289	100.0	100.0	