

**ST. THOMAS
EAST END MEDICAL
CENTER
CORPORATION
STRATEGIC PLAN:
FY2023-FY2025**

**Stand Alone Appendices:
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STAND-ALONE APPENDICES

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APPENDIX III

STEEMCC SELF ASSESSMENT SUMMARY

Self-Assessment Summary

The self-assessment tool summarizes the most important insights regarding STEEMCC's capabilities, gleaned from information gathered during the self-assessment process. The Notes in this Self-Assessment Summary include information and insights from the STEEMCC 2020 Community Health Needs Assessment (CHNA), as well as the SWOT, vision and mission agreed on during the development of the STEEMCC 2021 Strategic Plan. Compiling the key "take-aways" of this process in one place allowed STEEMCC to quickly scan the most important findings during the development of organizational goals and action steps. Additionally, this summary was used in the identification and delineation of important influences to inform STEEMCC's impact inventory.

Core Values: Referring back to the Vision, Mission, and Values Review tool, *list the most important principles of your health center*. These are tenets that must be upheld during the planning process. Note if any area needs strengthening or improvement in order to allow the health center to reach its aspiration.

Core Value	Notes
Vision – institutional excellence	The Leadership Self-Assessment pointed to improvements needed in funding success and succession planning as two areas of concern that could be improved.
Mission – effective patient and community outreach	Based on the Leadership Self-Assessment there is opportunity to advance the effectiveness of communications and quality of services to an elevated level of performance.
Core Operating Values – support for accountability	There is opportunity to use the core values to move accountability to clients, donors and the USVI community to the highest levels through emphasis on the Core Values of Quality, Ethics and Integrity, Teamwork, Service and Compassion.
Core Operating Values – support for sustainability	The combination of the acknowledgement of the challenges generated by the changing physical and socio-economic environments in the SWOT analysis and Environmental Scan of the 2021 Strategic Plan and the stated commitment to valuing innovation provide support for the sustainability of the Center.

Appendix III: STEEMCC Self-Assessment Summary

Core Competencies: *List the skills and capabilities that are critical to your success. Note specific strengths that should be leveraged or limitations/weaknesses that must be overcome.*

Competency	Strength	Limitation or Weakness
Goal setting and accountability	Qualified staff increased in areas of need. Outputs and outcomes of institutionalized and periodic measurements of progress with strategic goals and other standards are used in evaluating achievement of STEEMCC mission and impact on the community.	Currently the staff has insufficient language capacity to optimize interactions with non-English speakers. As the Center grows, communicating the outcomes and impacts of these efforts consistently will need to be integrated into the internal communications strategies.
Initiative	In response to assessments, identified additional space needs are met, e.g., behavioral health and dental services, and additional ways to provide services are explored, e.g., telemedicine initiative.	Coordination of space acquisition, financial resources, and communications with stakeholders can create limitations on the pace of implementation
Quality of services	Efforts to obtain grants and additional funds are usually successful.	Limited fundraising decreases flexibility of Center to address growth and service expansion.
Communications	Investments in technology to facilitate internal communications and interactions with partners and collaborators, and support telemedicine are producing positive results and outcomes. Projects to support wellness include significant communications components.	Maintaining equipment and supporting staff are requiring additional financial and management resources that need to be addressed as a priority going forward.

Key Opportunities: *Identify the most important opportunities for further exploration.*



Opportunity	Notes
Development and use of expanded or new MOAs and collaborations.	In addition to supporting expansion of services, the agreements would be important to the Center's response to climate driven natural disasters and health challenges as well as the need for risk assessment.
Focused use of data and information from stakeholders to improve programs and service outcomes.	The Leadership Self-Assessment and STEEMCC's 2020 CHNA identify these areas of opportunity based on the changing functional environment of STEEMCC and the Territory.
Expansion of the physical space to address new or expanded programs.	Based on the Leadership Self-Assessment, embracing this opportunity will require special attention to funding success, an area of activity that could use strengthening, even as the Center's leadership and the Board depend on strengths in goal setting and accountability, input from a well-educated staff, and the use of effective communications.
Expansion of Center personnel training to include bilingual communications and additional cultural sensitivity communications modules.	The need and indications that staff see the benefit of this type of professional development initiative are noted in the Leadership Self-Assessment and STEEMCC's 2020 CHNA.
Expansion and increased focus on adolescent health initiatives and services.	The opportunity to address this growing need is noted as a weakness and linked to opportunity in responses from staff in the SWOT analysis of the 2021 Strategic Plan and in STEEMCC's 2020 CHNA. It is linked to the ongoing efforts to address the need for additional space to offer services and the discussions about how space and human resources will be focused in the future.

Key Threats: *Identify the most important threats that must be mitigated to achieve goals.*

Threat	Notes
<p>Quality of healthcare provided will be lowered by lack of attention to the impact of climate change effects on the living environment of the community.</p>	<p>The threat from climate change impacts on public health is linked to insufficient indicators by the USVI public health system and institutions involved in healthcare addressing climate impacts consistently or clearly at this time.</p>
<p>Insufficient assistance from programs like Medicaid will hasten and drive increases in untreated NCDs and general hesitancy to seek healthcare services by larger sections of the community.</p>	<p>STEEMCC leadership will need to identify ways to be a part of the Territorial conversations and efforts to increase the Medicaid cap assigned to the USVI and seek other ways to assist the poor and underserved to finance health care costs. The convergence of poverty, high NCD incidence in the Territory, lack of sufficient ways to support payment of healthcare costs and increasing environmental assaults from climate change make this threat one of consequence to the entire USVI.</p> <p>The 2020 CHNA reports an average of 98% of STEEMCC patients are at or below 200% of Federal Poverty Guideline. This translates to more than one-half of all clients relying on Medicaid or CHIP to provide insurance coverage for health care and one in three patients in 2018 having no insurance to cover health care costs.</p>
<p>Inability to meet special healthcare service needs of growing populations of seniors and non-English speakers in current and expanded catchment areas.</p>	<p>The efforts to meet the special healthcare needs of changing patient groups will require grounding in the understanding of the challenges, continued planning, a good communications system, and collaboration with other key stakeholders.</p>
<p>The increasing need for support of healthcare costs through Medicaid, due to higher poverty levels and demographic shifts in age in the Territory, and the unresolved issues associated with levels of local and Federal funding will combine to exacerbate the risk of underserved, poor individuals not being able to obtain healthcare when needed.</p>	<p>Monitoring the elements of this major challenge to predicting and optimizing healthcare costs and responses by STEEMCC in the future are critical to the planning and advocacy positions taken by the Center as it manages the outcomes of this ongoing situation.</p>

Resource Evaluation: Consider what resources the Center has available to employ and what resources may be limited.

Resource	Strength	Limitation or Weakness
Financial: Equity, net margin, cash reserves, credit lines	<p>The Center exceeds the national guideline for number of days of cash on hand and maintains a relatively low level of personnel related expenses as a percentage of operating revenue.</p> <p>The financial situation at STEEMCC reflects the need to function in a place with an elevated cost of living and meet the primary healthcare needs of a growing client base (7%).</p>	The Center has a challenge to maintain stability and advance its growth in an environment of increasing clients that are unable to pay for services. It is not a good situation to have receivables growing while the cost of operating is also increasing. This combination of negative elements contributes to the low operating margin and bottom line.
Operational: Productivity, patient satisfaction, employee satisfaction, staff capacity	<p>Patient satisfaction is high and management staff and Board score staff capacity as moderately high.</p> <p>Programs have ways to assess productivity and have indicated that they score above average.</p>	Changes in staff and new staff will require consistent assessment to monitor impacts of changes in Center and an indication of this approach could be clearer.
Physical: Facility space, space utilization, equipment, technology	<p>Current space is a suitable location for catchment area being served and in decent shape; some expansion has been done.</p> <p>Technology infrastructure meeting expanding needs and IT security compliance routinely monitored.</p>	Current space not sufficient for future demands and new facility sought. Space configuration not optimal for current and changing needs, re-configuration of space and utilization ongoing. Growth will require identification of additional spaces for offering service. Increased demands highlight the need for additional IT staff.
Human: Future skills needed; training needs; provider and skilled staff availability; leadership capacity	<p>Future skills needed have been identified in program areas and through the 2020 CHNA. The SWOT for the 2021 Strategic Plan highlight training needs for staff, especially in languages. The Board and leadership indicated in a Leadership Self-Assessment the leadership capacity of STEEMCC is moderate-high.</p>	The small pool of health professionals in the Territory creates a challenge for hiring the new staff needed. The areas of leadership capacity identified by the Board and Center leadership as having the least capacity require immediate attention.
Cultural: Capabilities to serve the cultural diversity of your service area	<p>The current staff, despite not reflecting all the cultural diversity in the groups served, is aware of the diversity and multiple requirements of the clients served.</p> <p>Translation technology and plans to implement training in needed languages are in place.</p>	Efforts to include written and verbal communication strategies that will help to improve the service experience of the growing population of non-English speakers will take a little time.
Competitiveness: Location, programs and services, advantages, sustainability	<p>Feedback received through the 2020 CHNA and the SWOT exercise indicates the current location of the Center is an asset in terms of accessibility for clients. Clients have responded positively to the expansion initiatives in areas of health services identified as needed in the 2016 CHNA. The Center has developed plans to address space needs through a new building and has undertaken the strategic planning process to define future goals.</p>	As need for healthcare services grow in the Territory, addressing specific requirements of more diverse populations and climate impact needs will require planning and responses in terms of additional services, facilities, and staff.

APPENDIX IV

ENVIRONMENTAL SCAN

APPENDIX IVA

ISSUES INVENTORY

Appendix IVA: Initial Issues Inventory
Environmental Scan
Initial Issues Inventory

CATEGORY	ORIGIN			
	FEDERAL	TERRITORIAL	ST. THOMAS-ST. JOHN	CATCHMENT AREA
Demographic trends (e.g. <i>aging baby boomers & their impact; changes to racial/ethnic composition</i>)	<p>Aging Baby Boomers need more special health programs and awareness campaigns</p> <p>Decrease in birth rate</p>	<p>Aging Virgin Islanders (over 41% over age of 50) need more age-appropriate health programs and customized awareness campaigns including language and cultural practices.</p> <ul style="list-style-type: none"> Growing non-English-speaking and undocumented populations Non-documentation and/or treatment of mental health needs Non-documentation of immigrants with mental health needs Decrease in birth rate across the Territory Growing diversity in non-English speaking populations. 	<p>Aging residents (over 41% over age of 50) need more age-appropriate health programs and customized awareness campaigns including language and cultural practices.</p> <ul style="list-style-type: none"> Growing number of adolescent residents needing behavioral and oral health care. Growing non-English-speaking and undocumented populations Non-documentation and/or treatment of mental health needs Non-documentation of immigrants with mental health needs Decrease in birth rate across the Territory <p>Growing diversity in non-English speaking populations, particularly Latinx/Hispanic and Haitian.</p>	<p>Aging residents (over 41% over age of 50) need more age-appropriate health programs and customized awareness campaigns including language and cultural practices.</p> <ul style="list-style-type: none"> Growing non-English-speaking and undocumented populations Non-documentation and/or treatment of mental health needs Non-documentation of immigrants with mental health needs Decrease in birth rate across the Territory <p>Growing diversity in non-English speaking populations, particularly Latinx/Hispanic and Haitian.</p>
Health care policy (e.g. <i>changes to Medicare & Medicaid</i>)	<ul style="list-style-type: none"> Inclusion in distribution of services to members of the LGBTQ+ community Overall status of the ACA – cases currently before the Supreme Court. Implications for provision of healthcare and healthcare coverage for USVI residents 	<p>Inclusion in distribution of services to members of the LGBTQ+ community</p> <p>Are there healthcare policies in the USVI that speak to the provision of services to the LGBTQ+ community?</p> <p>Gender-neutral restrooms</p> <p>Consideration of providing access to</p>	<p>Inclusion in distribution of services to members of the LGBTQ+ community</p> <p>Gender-neutral restrooms</p> <ul style="list-style-type: none"> Need for communications policy to address how clients navigate Medicaid system, to include addressing privacy considerations. 	<p>Inclusion in distribution of services to members of the LGBTQ+ community</p> <p>Gender-neutral restrooms</p> <ul style="list-style-type: none"> Need for communications policy to address how clients navigate Medicaid system, to include addressing privacy

Appendix IVA: Initial Issues Inventory

CATEGORY	ORIGIN			
	FEDERAL	TERRITORIAL	ST. THOMAS-ST. JOHN	CATCHMENT AREA
	<p>(documented and non-documented).</p> <ul style="list-style-type: none"> • Status of marijuana legalization: for medical use and for recreational use: changes in legalization could have implications for delivery of services by STEEMCC vis-à-vis funding guidelines relative to use of medicinal marijuana and considerations of malpractice insurance based on influence of marijuana use by providers. 	<p>clients to their EHR and providing guidance on how do so.</p> <ul style="list-style-type: none"> • Status of marijuana legalization: for medical use and for recreational use: changes in legalization could have implications for delivery of services by STEEMCC vis-à-vis funding guidelines relative to use of medicinal marijuana and considerations of malpractice insurance based on influence of marijuana use by providers. 	<p>Need for policy that addresses healthcare utilizing a holistic/integrated approach and communicating policy to clients.</p>	<p>considerations.</p> <p>Need for policy that addresses healthcare utilizing a holistic/integrated approach and communicating policy to clients.</p>
Possible bureaucratic requirement modifications <i>(reimbursement process, performance and reporting requirements)</i>				<p>Timely, appropriate, and consistent addressing of HRSA compliance requirements by Board members.</p>
The economy		<ul style="list-style-type: none"> • Shrinking tax base due to multiple natural disasters and global COVID-19 pandemic. • Decrease in employer-sponsored healthcare coverage. • Fiscal uncertainties due to changes in tourism market and petroleum production sectors. 		
Local issues		<ul style="list-style-type: none"> • Need for long-term, strategic approaches to funding public healthcare across the Territory. • Limited ancillary services to 	<p>Hijacking of STEEMCC funding by local elected officials</p> <p>Limited home health services and no</p>	<p>Same issue</p> <p>Limited home health services and no CMS approved long-</p>

Appendix IVA: Initial Issues Inventory

CATEGORY	ORIGIN			
	FEDERAL	TERRITORIAL	ST. THOMAS-ST. JOHN	CATCHMENT AREA
		support primary healthcare across the Territory. <ul style="list-style-type: none"> Limited home health services and no CMS approved long-term care facility in the Territory. 	CMS approved long-term care facility in the St. Thomas-St. John District.	term care facility in STEEMCC's catchment area.
Workforce issues		<ul style="list-style-type: none"> Difficulty in recruitment and retention of high-demand providers, based on geography as well as post-COVID-19 and post-hurricane conditions. Limited pool of technicians to service computerized medical equipment. Limited pool of certified professionals to support billing and coding services. Workforce fatigue and burnout related to post-hurricanes Irma and Maria and the COVID-19 pandemic. 	<ul style="list-style-type: none"> Difficulty in recruitment and retention of high-demand providers, based on geography as well as post-COVID-19 and post-hurricane conditions. Limited pool of technicians to service computerized medical equipment. Limited pool of certified professionals to support billing and coding services. Workforce fatigue and burnout related to post-hurricanes Irma and Maria and the COVID-19 pandemic. 	<ul style="list-style-type: none"> Difficulty in recruitment and retention of high-demand providers, based on geography as well as post-COVID-19 and post-hurricane conditions. Limited pool of technicians to service computerized medical equipment. Limited pool of certified professionals to support billing and coding services. Workforce fatigue and burnout related to post-hurricanes Irma and Maria and the COVID-19 pandemic.
Physical Space Needs		<ul style="list-style-type: none"> Need for expansion of public health services across the district. Expansion of physical space needs align with the expansion of core healthcare services. Need to ensure alignment of space with HIPAA requirements for delivery of in-person healthcare services. 	<ul style="list-style-type: none"> Need for expansion of public health services across the district. Expansion of physical space needs align with the expansion of core healthcare services. Need to ensure alignment of space with HIPAA requirements for delivery of in-person healthcare services. 	<ul style="list-style-type: none"> Need for expansion of public health services across the district. Expansion of physical space needs align with the expansion of core healthcare services. Need to ensure alignment of space with HIPAA requirements for delivery of in-person healthcare services.

Appendix IVA: Initial Issues Inventory

CATEGORY	ORIGIN			
	FEDERAL	TERRITORIAL	ST. THOMAS-ST. JOHN	CATCHMENT AREA
				<ul style="list-style-type: none"> STEEMCC client-based heavily served through in-person services, thus as client-base expands, the need for physical space also increases
<p>Other (1): Impacts from increased temperatures linked to global warming on public health, with particular attention to the health of people with underlying health conditions and limited incomes.</p> <p>El Niño and La Niña weather conditions and implications for public health.</p>	Need for more policies and educational programs to target behavioral changes that facilitate decreasing impacts of global warming on health.	Customization of national policies and information campaigns to address local practices and conditions to target behavioral changes that facilitate decreasing impacts of global warming on health.	<p>Same issue</p> <ul style="list-style-type: none"> Lack of structured mechanism for gathering feedback from clients and other stakeholders regarding climate/environmental impacts on health and other health-related considerations. 	Same issue and response: includes inclusion of key stakeholders in developing approach.
Other (2):			Growing number of clients due to decrease of public health services by the VIDO and a high number of clients outside the catchment area are self-pay and there are implications fiscal risk (accts receivables).	
Other (3): Significant dependence on federally sourced funding for patient revenue.				

APPENDIX IVB

ISSUES RESEARCH: PART I

Consolidated Environmental Scan Research Output: Part I

Environment Scan: Issues Research

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how (e.g., vision, mission, services, systems, structure)
Demographic Trends	Aging residents (over 41% over age of 50) need more age-appropriate health programs and customized awareness campaigns including language and cultural practices.	The National Council on Aging lists the top six chronic conditions of older Americans as hypertension, high cholesterol, arthritis, heart disease, diabetes, and chronic kidney disease. The percent of VI residents aged 65 and older increased by 37.6% while residents under 20 decreased by 31.6% between 2005 – 2015. The VI population is above the US in the percentage of persons obese (32.2%) and with diabetes (16.8) (USVI_CHA 2020_Final_06.02.20) 30% of VI age 50 and older reported 30-day binge drinking (BRFSS 2011) change since 1/01/21, based on projections of the latest United Nations data, 7/24/21. 76% of the population of the U.S. Virgin Islands are Afro-Caribbean (black), while 15.6% are white, 1.4% are Asian and 2.1% are mixed or some other ethnicity. Hispanic or Latino of any race account for 17.4% of the population (10.3% Puerto Rican, 5.4% Dominican)	Increased awareness of conditions that impact the elderly and sensitivity to the health intervention needs for the elderly and the need to communicate in a culturally and linguistic appropriate manner.	Failure to provide culturally and linguistic appropriate care will compromise the quality of care for the older population	Opportunity to improve services to the elderly population	Mission and services are implicated.
	Growing diversity in non-English speaking populations, particularly Latinx/Hispanic and Haitian; Growing non-English speaking and undocumented populations	Hispanic or Latino of any race account for 17.4% of the Virgin Islands population (10.3% Puerto Rican, 5.4% Dominican) (United Nations data, 7/24/21.) No specific information identified for Haitians French Creole speakers in the Virgin Islands, nor specific information on undocumented persons in the US nor VI. The number of national apprehensions of persons from close foreign countries known to have immigrants in the VI provides some context for undocumented persons Aliens Apprehended by Country of Nationality: Fiscal Year 2019; https://www.dhs.gov/immigration-statistics/yearbook/2019/table34 ; (Dominican Republic 2,924 Haiti 2,830)	As VI borders are porous, illegal migration is likely to continue, as would the increase in persons with first languages other than English.	Insufficient providers proficient in clients' first language, with the increased risk of clients not understanding information and instructions given about their health issues. Undocumented clients are likely to be self-pay and increase unpaid accounts receivables.	Opportunity to seek to increase bi-lingual staff persons	Increase in the ability to service poor or non-English speaking clients will increase the accessibility and quality of care provided by the Center. The system will be negatively affected if there is an increase in persons who do not pay for care.

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how (e.g., vision, mission, services, systems, structure)
	Non-documentation and/or treatment of mental health needs; Non documentation of immigrants with mental health needs	There is no readily identified data on the overall VI mental health treatment needs of legal and illegal residents. The CERC and KC have provided some information regarding the mental health of children and the negative impact of disasters. The Governor of the Virgin Islands has identified mental health services as an area needing attention as evidenced by his signing an Executive Order declaring a mental healthcare emergency in the U.S. Virgin Islands due to a shortage of psychiatric physicians and behavioral health providers (9 psychiatrists, 19 psychologists - USVI_CHA 2020_Final_06.02.20). The STEEMCC has seen an increase in MH clients within the past year.	STEEMCC expansion of MH treatment capability	Insufficient means of identifying persons in need of MH interventions	Increased availability of MH services	Mission supported; increased and improved MH services
	Decrease in birth rate across the Territory	United States Virgin Islands Population 2021 est.104,202 population growth negative at -0.5% per year with a -205 Birth rates in the VI decreased from 2.51/1000 in 2007 to 2.05/1000 in 2019. https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=VI	The Territory and St. Thomas may continue to experience a decline in population	Reduced number of qualified health providers and skilled support staff.	None noted	Services, system, structure
	Growing number of adolescent residents needing behavioral and oral health care.	According to Stough, Ducey and Kang (2017), studies find children more physically and psychologically vulnerable in emergency situations; “children with disabilities may need additional assistance to evacuate and take shelter, as well as experience compromised physical or mental health following disaster”. In addition, following disasters or conflict, it was indicated that typically children with disabilities are less likely to receive appropriate psychological, medical, and rehabilitative services. Finally, school emergency plans often do not incorporate the needs of students with disabilities during disaster. (Stough, L.M., Ducey, E.M. & Kang, D. Curr Psychiatry Rep (2017) 19: 24. (KC, 2019) https://doi-org.ezproxy.neu.edu/10.1007/s11920-017-0776-8	Confirmation of the value of STEEMCC expansion of MH and dental services	Services may not be adequate to meet the growing need	Mental Health and Dental services available to the adolescent population at STEEMCC	Mission and services by the provision of needed care

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how <i>(e.g., vision, mission, services, systems, structure)</i>
Health Care Policy	Inclusion/services to the LGBTQ+ community	The health center offers a welcoming and inclusive environment for LGBT patients/clients and their families.	Proactive efforts by the board and executive leadership to build an LGBT-inclusive environment essential to achieve goals and commitment to equitable care for all.	Lack of non-discrimination policy that includes sexual orientation, gender identity and gender expression.	<p>The health center has written policies that prohibit discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sex, sexual orientation, and gender identity or expression.</p> <p>Clinical care to incorporate services that address LGBT health care needs to lower barriers to care; increase access to comprehensive medical and mental / behavioral health care.</p> <p>The center policy includes inclusive environment for LGBT employees.</p> <p>Physical environment includes single occupancy or gender-neutral restrooms.</p>	All center staff should receive training on respectful communication and quality care on diverse LGBT identities, terminology, and health disparities.
Possible Bureaucratic Requirement Modifications	BOD's timely/appropriate/consistent approach to addressing HRSA requirements	<p>Increased federal compliance oversight as describe below in HRSA 2018-2022 Strategic Plan</p> <p>HRSA Health Resources & Services Administration - 2019-2022 Strategic Plan</p>	Increased administrative and operational costs associated with financial, quality and service delivery compliance with federal funding.	Increased requirement and cost associated with administrative, operational, and clinical compliance support staff and systems.	Enhanced quality and administrative outcomes which potentially support receipt of future federal and non-federal grant funding.	Mission/Services/Systems – These areas will be impacted positively by the potential to maintain high standard of care and operations.

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how (e.g., vision, mission, services, systems, structure)
		<p>Objective 4.3: Enhance program oversight and integrity</p> <p>Sub-objectives:</p> <p>4.3.1 Promote program compliance and integrity through technical assistance and training for HRSA staff and funding recipients.</p> <p>4.3.2 Implement performance management processes that identify and use meaningful program outcome measures to optimize resource allocation and improve health outcomes</p> <p>4.3.3 Identify and assess internal and external risks to program performance and activity to proactively address and mitigate vulnerabilities and integrate HRSA-wide enterprise risk management techniques as an integral part of program oversight to drive strategic decision making.</p> <p>4.3.4 Promote the submission of and fund high-quality grant applications to better meet the needs of the populations HRSA serves.</p> <p>4.3.5 Extend the reach of HRSA programs through clear communication of priorities and desired outcomes to partner and stakeholder organizations.</p>				
The Economy	Shrinking tax base due to multiple natural disasters & COVID-19 pandemic	<p><u>Report - GAO-21-508 U.S. Territories – Public Debt Outlook – 2021 Update</u></p> <p>Currently, the U.S. Virgin Islands continues to cope with significant fiscal challenges including pension liabilities. Several factors, as reported, that may affect the USVI's capability to repay public debt include the following:</p> <ol style="list-style-type: none"> 1. Ability to create sustainable economic growth 2. Integrity regarding lockbox requirements for repaying debt 	Reduced revenues for the Government of the U.S. Virgin Islands could result in vacancies in various government agencies not being filled; level of services to residents and visitors being reduced; possible infrastructure issues not being addressed timely; challenges for the GVI to meet matching obligations associated with Medicaid services provided by private providers across the Territory.	<ul style="list-style-type: none"> • Support services that may be needed from GVI agencies for STEEMCC clients may be limited or not available. • STEEMCC may lose some general fund support. • STEEMCC may not receive full amount of Medicaid match from local funds. 	<p>STEEMCC client base may increase if some residents cannot receive needed services from public health clinics.</p> <p>Opportunity for stakeholder collaboration to leverage federal and local funding to meet community needs.</p>	Services could be affected – both negatively (strain on the system, based on number of health care providers available and the level of increase in clients as well as clients' ability to pay) or positively – more residents, who may have otherwise deferred care, seek care earlier and are able to take advantage of STEEMCC's sliding fee scale.

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how (e.g., vision, mission, services, systems, structure)
		<p>3. Access capital markets in the future at preferred interest rates</p> <p>4. Address pension liabilities.</p> <p>The pandemic may have negatively affected the territory's ability create sustained economic growth. Tourism has accounted for 30% of GDP and provided on average 8,000 direct jobs, it remains the primary industry for the territory. After Hurricanes Irma and Maria, the tourism industry begun to recover but the ensuing pandemic only further impacted it. A decrease in arrivals from tourists and their expenditures occurred leading to a decline in government revenue. In April 2020, a government report stated that from 2010 to 2018, the territory annually received an average of 2.5 million visitors. The mass reduction of tourism spending poses the threat of a recession since the economy relies heavily on revenue from that industry. According to Moody's Analytics, "The territory's economy will witness a steady growth once the COVID-19 pandemic subsides." It will take 5 years before the hospitality field of employment can return to 2019 levels. The pandemic has taken a toll on the USVI's tourism industry, but it will likely recover faster than other US counterparts throughout the Caribbean. The pandemic has undermined the need to provide a diverse economy past leisure-based tourism.</p>	Reduction in available local revenue to support GVI Local health care coverage and reduction in local funding for GVI health clinics.	<ul style="list-style-type: none"> Increase in uncompensated care cost at STEEMCC. 		The impact of this issue on the mission and services of STEEMCC are (1) increases fiscal stress on the organization to maintain appropriate financial accessibility for patients is not abated, and (2) places financial stress on the organization related to expanding services.
	Decrease in employer-sponsored healthcare coverage	Employer-sponsored healthcare coverage has decreased with the shrinking of jobs in all sectors, and, in some instances, increases in part-time or temporary employment, which frequently have no benefits (health insurance; accumulation of sick or annual leave)	<p>-Increase in number of uninsured and underinsured persons across the Territory.</p> <p>-Increase in number of residents across the Territory with reduced access to healthcare.</p> <p>-Increase in the number of residents who defer healthcare.</p>	<p>-Sicker residents.</p> <p>-Children not performing optimally at school.</p> <p>-Residents focus less on primary care.</p> <p>-Health care costs increase due to deferred care and persons being sicker when they seek care.</p>	<p>-Opportunity for STEEMCC to seek additional funds to address increasing demand for services from a larger client base.</p> <p>-Opportunity for STEEMCC to collaborate with</p>	<p>Services – increase in the number of uninsured/underinsured residents seeking healthcare from STEEMCC</p> <p>Systems – depending on the increase, the Center's systems may be strained; collaborations</p>

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how <i>(e.g., vision, mission, services, systems, structure)</i>
			<ul style="list-style-type: none"> -Increase in the number of vulnerable children and families in the Territory. -Increase in lost productivity to illness. -Increased need for government subsidies. 	<ul style="list-style-type: none"> -STEEMCC accounts receivable increases, negatively impacting its financials. -More persons (adults and children) needing Medicaid insurance, but, due to the cap, may not be able to be enrolled. 	VIDOH, VIDHS, CBOs, and faith-based organizations to provide targeted health literacy programs in neighborhoods/community settings.	
	Fiscal uncertainties – changes in tourism market & petroleum production sectors	<p><u>Recovery in the U.S. Virgin Islands: Progress, Challenges, and Options for the Future – Rand Corporation Report: COVID-19 and the Tourism Economy</u></p> <p>From November 2019 to February 2020, interviews and analysis were conducted to assess factors faced in tourism. They were conducted prior to the pandemic so it does not reflect the significant ways in which it impacted tourism in the USVI. Physical distancing, a mandated preventive measure, impacted tourism the hardest. Royal Caribbean International suspended all operations on March 14, 2020 (Royal Caribbean International, 2020). On March 27, 2020, the Department of Tourism said that vacationers were to remain at home and that all air passengers would be screened (USVI Department of Tourism, 2020). The retail industry suffered negatively as tourism and retail collectively made up for more than 25% of the workforce in 2019, nearly 13% of gross territory product (GTP) came from tourism. Upon the initial lift of most restrictions, tourists will be hesitant to leisure travel as they used to, especially older Americans traveling via cruise ships. The risk of traveling via cruise ships including prominent outbreaks and quarantining on ships could further deter younger individuals from traveling on cruise ships in the next several</p>	<p>Increased unemployment in the hospitality and manufacturing sectors.</p> <p>Increase in number of residents needing government subsidies (SNAP; TANF; WIC; Medicaid).</p> <p>Potential to diversify local economy and reinvest in health sector.</p>	<p>With loss of jobs generally comes loss of health insurance (though in the hospitality industry, many persons are part-time employees, so usually do not have adequate or any health insurance).</p> <p>For programs such as TANF, with a 60-month maximum subsidy, some unemployed persons may no longer be eligible for this subsidy.</p> <p>Potential decrease in local tax base resulting in decrease in gross local revenue.</p>	<p>A stabilization of the tourism market could mean employment opportunities for some unemployed persons.</p> <p>Potential to diversify by enhancing investments local health sector.</p>	<p>Persons seeking services from STEEMCC could increase. Additionally, financial systems may be strained if these persons are uninsured or underinsured. This could in turn result in increased accounts receivables, that may have to be written off (based on GAAP).</p> <p>Downward stress on the USVI cruise tourism market will negatively impact total GDP; consequently, GVI's ability to meet financial obligations related uncompensated health care cost may also be negatively affected.</p>

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how <i>(e.g., vision, mission, services, systems, structure)</i>
		years (Allen, 2020; Rodriguez, 2020). According to USVIBER data, “About 70% of the total visitor arrivals come by cruise ship”. People with health issues may be deterred from travelling to the territory since it lacks sufficient hospital services. It will be more important to consider how the territory can diversify tourism towards a broader demographic while expanding its economy to reduce dependency. The recommendations presented here, focusing on the ease for businesses to set up and operate, and enhancing promotion of the USVI as a destination, could be useful as part of this longer-term strategy and diversification effort.				
Local Issues	Need for long-term, strategic approach to funding public healthcare across USVI/hijacking of STEEMCC funding	Funding of healthcare in the Territory has historically been through general fund support for the V.I. Department of Health, the two public hospitals, the two federally qualified health centers (FQHCs), and funds to supplement federal Medicaid support. There has not been a strategic approach that has focused on primary or preventive care, as an over-arching approach to healthcare in the Territory.	-A more cohesive, integrated healthcare system across the Territory. -Increased collaboration across public and private providers, thereby maximizing limited resources, and reducing duplication of services. -Possible establishment of wraparound healthcare services for residents across the Territory.	-Continued gaps primary, secondary, and tertiary healthcare access for vulnerable children and families. -Disjointed approach to overall healthcare in the Territory. -Increased disease burden without a unified messaging and resource allocation to primary and preventive healthcare across the Territory.	An opportunity for community leaders, policymakers, and healthcare providers to join forces to address this issue and making a healthy USVI a part of the Territory's 2040 vision.	STEEMCC systems and services, as well as its mission as all can be strained due to gaps in the overall USVI public health approach and support.
	Limited ancillary services to support primary healthcare across USVI. Limited home health services and no CMS-approved long term care facility in USVI.	Categories of ancillary services: diagnostic (examples: radiology; laboratory services); therapeutic (examples: physical therapy; speech therapy); custodial (examples: home health; nursing home; hospice; assisted living). Ancillary services are generally provided at hospitals, medical offices, or free-standing sites. Ancillary service providers extend and facilitate services given by primary healthcare providers such as doctors, dentists, and nurses.	-STEEMCC clients do not receive follow up care recommended. -Deferred care results in increased disease burden across catchment area and district. -Residents seek ancillary services outside of Territory. -Quality of life compromised for residents in the Territory.	-Deferred care could result in poorer health outcomes. -Lack of diagnostic ancillary services could result in premature death. -Lack of custodial ancillary services could result in potential elder abuse in situations where elders in need of custodial ancillary services are being cared for by family members who may	-Opportunities to expand ancillary services in the catchment area, district, and Territory. -Expansion of collaboration and partnerships between STEEMCC and current ancillary service providers.	Mission and services could be affected. If expansions, collaborations, and partnerships are realized, STEEMCC could better meet its mission. Effectiveness of services could be compromised with continued lack of needed ancillary services.

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how <i>(e.g., vision, mission, services, systems, structure)</i>
				be experiencing stress, resulting in elder abuse.		
Workforce Issues	Bilingual diversity is a great issue in the workforce of the Healthcare Center in the St. Thomas, the Virgin Islands, Caribbean, and the U.S. Mainland.		STEEMCC's constant development in capacity building, recruiting specialist physicians, education, language communication training, having advance hi-tech equipment, and a high compensation system that will encourages an advance Healthcare operation.	Difficulty in communication; a language barrier if there is no translator available.	STEEMCC's ability to render comprehensive services to all citizens despite origin and their bilingual status.	Language barriers pose challenges in terms of achieving high levels of satisfaction among medical professionals and patients, providing high- quality healthcare and maintaining patient safety. To address these challenges, many larger healthcare institutions offer interpreter services to improve healthcare access, patient satisfaction, and communication. However, these services increase the cost and duration of treatment.
	Workforce Planning		An advance hi-tech workforce with specialized providers. Meeting the future workforce needs.	Talent shortage: Disruptive technologies that replace traditional healthcare approach and treatment methods	To evaluate and prevent talent shortage, organizations must focus on strategic workforce planning and activities like diversity recruitment and workforce upskilling.	The key issues in the healthcare industry concern the aging population, increasing demand for certain medical professions, and digitalization of administrative processes and patient diagnosis. That's why, to prepare for the future of work and improve patient outcomes, HR in the health

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how (e.g., vision, mission, services, systems, structure)
						sector must step in with innovative approaches.
	COVID-19 pandemic and other infectious diseases in the health workforce.		Best practices for health care providers to improve vaccination rates, workforce related policies and guidelines, including furloughs and redeployments, that have been implemented by health care organizations in response to COVID-19.	The elderly is at high risk for COVID-19 infection and death and often reside in long term care settings.	impact of the COVID-19 pandemic on access to health care services, including workforce shortages and surge capacity issues.	The COVID-19 pandemic has had a profound impact on the health care delivery system and its workforce. As cases surged across the country, many states responded with efforts aimed at building workforce surge capacity and developing new ways for patients to access services. Regulatory and policy changes aimed at expanding workforce capacity and supporting telehealth in service delivery were put in place by many states. These policy changes included expanding scope of practice for some health professions, relaxing state health professional licensing rules and supporting the provision of telehealth services. Federal guidelines for use of and reimbursement for telehealth services have also been modified to support broader use. In addition, many health care organizations and providers have developed strategies aimed at keeping their workers safe and supporting their well-being.

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Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how <i>(e.g., vision, mission, services, systems, structure)</i>
	Compensation		By tracking trends in employment and earnings, understanding the changing industry and occupational mix in today's labor markets, and evaluating workforce development initiatives,	Rising inequality, low economic mobility, and the persistence of poverty	Aspects of job quality also potentially affect worker economic mobility such as by providing wages, benefits, or conditions that allow workers to become more productive, or opportunities to build human capital. We build on this body of evidence to describe key mechanisms that may link job quality and economic mobility, conduct an illustrative empirical analysis to explore relationships between elements of job quality and economic mobility,	A growing body of research identifies the importance of different aspects of job quality for a range of worker well-being outcomes. Whether jobs offer decent wages, provide adequate hours on predictable schedules, deliver retirement and health benefits, foster safe and respectful working conditions, and so on, matters for the financial and economic well-being, physical and mental health, and general happiness and satisfaction of worker.
Other Issues	Impacts on public health from increased temperatures linked to global warming, with particular attention to the health of people with underlying health conditions and limited incomes.	The World Health Organization (WHO), the Pan American Health Organization (PAHO) the component of WHO most responsible for oversight of Latin America and the Caribbean health issues, and the US Center for Disease Control (CDC), have based their information, warnings and policies on information and reports from efforts undertaken by the UN International Panels on Climate Change (IPCC) and the US National Climate Assessments among others. All of the studies and reports noted the multidimensional impacts of extreme weather events, including consistent and extreme increases in air and water temperatures on the health and lives of humans and other organisms. Consistent and extreme increases in temperatures are associated with increased	The USVI population will have increased health challenges and possible increases in deaths that will force more attention to the public health system's role and support demands for more information on managing living in the changed environment. The light of the most vulnerable will become more apparent, but so will the vulnerability of everyone. The health provider community will need to learn to identify the connection between the health challenges they are seeing and the impacts of increased	The impact of extreme weather, including heatwaves and generally consistent increases in environmental temperatures will likely have negative impacts on tourism and require significant changes in the timing of outdoor activities. In addition, the plight of the most vulnerable will show up in poorer health and lower productivity due to working and living conditions impacted by heat.	The changes in the environment and the negative impacts on people may bring weaknesses of the public health and supporting systems for vulnerable people to the place of high attention by the community, and appropriate action is taken. The FQHCs and the Department of Health may find they have more avenues to reach out to their	The vision and mission are appropriate for the impact of the changes in the environment, but the way the Center provides services, the structure of the system and the level of outreach are likely to be different in order to address the significant challenge of climate induced health issues in their target population.

Appendix IVB: Issues Research Part I

Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how (e.g., vision, mission, services, systems, structure)
		levels of pollutants and allergens in the environment, exacerbating respiratory and allergic reactions; increases in incidences of diseases by biological vectors through impacts on the vector's biology, e.g., Dengue Fever, Zika and Chikungunya; mental-health and stress-related disorders; and increases in morbidity and death linked to heatwaves. The studies across the world emphasize the higher level of the negative impact of increased temperatures on the health and lives of the poor and those with underlying health conditions such as diabetes, cardiovascular disease, cancer, and obesity. The USVI population is generally vulnerable to the negative impacts of climate induced by extreme weather, partially because of the high levels of underlying health conditions.	environmental temperatures on their patients.		partners and clients because of the great need.	
	El Niño and La Niña weather conditions and implications for public health.	NOAA scientists (www.climate.gov and the NOAA Climate Prediction Center at www.cpc.ncep.noaa.gov/) describe El Niño and La Niña as opposite phases of a natural climate pattern across the tropical Pacific Ocean that swings back and forth every 3-7 years on average. "Together, they are called ENSO, which is short for El Niño-Southern Oscillation. During an El Niño period the warmer tropical Pacific waters cause changes to the global atmospheric circulation, resulting in a wide range of changes to global weather. El Niño and La Niña can both have global impacts on weather, wildfires, ecosystems, and economies". (NOAA Climate Prediction Center at www.cpc.ncep.noaa.gov/) A study conducted by the NOAA National Weather Service study on the US Caribbean concluded that air and water temperatures in the dry season (December to April) increased more during El Niño periods than during La Niña or neutral periods. In addition, across the Caribbean, although	Increase in awareness of health challenges associated with hurricane experiences and recovery, especially for the individuals with NCDs and in need of financial and other support. Also, possible to have a better understanding of the information and policies needed to ensure good public health outcomes during ENSO events.	A lack of understanding of the linkages between impacts of ENSO events on a population with health challenges and insufficient information on the types of health services and self - help actions that are available will exacerbate negative health outcomes in the community.	Development of policies and programs to support health challenged Virgin Islanders to have good health outcomes are prioritized and implemented by government departments serving all sectors of the community.	Addressing this issue will not demand a change in the vision or mission STEEMCC, but partnerships, approaches to service of clients, expanded uses of technology, and the layout of facilities will require review and adjustment as appropriate.

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Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how (e.g., vision, mission, services, systems, structure)
		droughts have been exacerbated during El Niño periods, the dry seasons are also wetter than normal, with some areas experiencing unusual flooding. During an El Niño period there is an increased likelihood of stronger hurricane activity in the central and eastern Pacific basins and a suppression of hurricane conditions in the Atlantic. On the other hand, La Niña weather conditions suppress hurricane activity in the central Pacific basins and enhance it in the Atlantic basin. The impacts on health are related to increased opportunities for injury and death during more frequent and more intense hurricanes in La Niña years and increased food insecurity during times of severe drought or intense flooding. Higher temperatures negatively impact health as well during dry seasons of El Niño years and during the wet season (June-November) in La Niña years.				
	Growing number of clients due to decrease of public health services by the VIDOH compounded by a high number of clients outside the catchment area addressing costs through self-pay highlights the implications for fiscal risk (accounts receivables)	Insufficient capacity and or space to address clients have resulted in MOAs between the VIDOH and FQHCs in the Territory over time. A current example is the support given with immunizations for children in the Territory. One of the consequences of this agreement is contributions to the increase in the patient load of the FQHCs with patients from outside of the catchment area. Other factors that may contribute to the increases in the client base of STEEMCC (2020 CHNA) include the growing population of USVI residents that live below the poverty level or have incomes that are too high to qualify them for assistance, but insufficient to meet cost-of-living needs (CHNA 2020, VICS 2015). The STEEMCC's open-door policy and the range of services offered make the Center a prominent source of affordable health care for VI residents, especially for residents in lower income brackets. The CHNA 2020 reports that in	Because of demand, STEEMCC formally partners with VIDOH for selected services in support of more accessible and holistic public health for low-income clients. The shared client-base leads to data sharing and better communication between VIDOH and STEEMCC.	The number of low-income and non-English speaking patients may overwhelm the STEEMCC and VIDOH systems because protocols to utilize resources in a synergistic manner were not considered in deliberations. One consequence could be the loss of more lives because the systems in place do not help citizens to gain access to services easily.	STEEMCC will be able to address the needs of a low-income, multilingual, and multiethnic client-base with a qualified staff that brings appropriate communication, rational financial protocols, and caring to a growing, evolving patient/client base.	Most affected are likely to be the types of services, the design and use of specific types of systems to give service, and the general structure of the teams to include more non-medical support personnel.

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Issue Category	Origin: F; T; D; CA	Expanded issue statement (if any)	Possible Outcomes	Possible Negative Implications	Possible Positive Implications	What will be affected and how <i>(e.g., vision, mission, services, systems, structure)</i>
		2016 eligible families and children were beginning to benefit from the increase in the Medicaid Cap in the USVI, allowing many that were previously uninsured to seek medical services on a more regular basis and reducing the level of uninsured in St. Thomas-St. John from 25% to 20%. STEEMCC has the challenge of fulfilling its mission and maintaining fiscal policies that reduce losses even when some clients are unable to pay for services.				
	Significant dependence on federally sourced funding for patient revenue	The 2020 STEEMCC CHNA reported that more than half of VI residents accessing health care at the Center rely on Medicaid or CHIP to provide insurance for their healthcare. Almost the entire pool (~98%) of clients that become patients are at or below 200% of Federal Poverty Guidelines. The reality is that the pool of residents served by STEEMCC are a very close reflection of the majority of the St. Thomas-St. John population – multiracial, multiethnic, aging, managing NCDs, and low to moderate income.	The programs and services developed and offered by STEEMCC will be influenced by the needs and challenges of the client-pool that they support, and the changes in the community's needs will be reflected in the future services and structure of the Center.	If STEEMCC does not manage the requirements and protocols of Federal programs effectively the Center may become less useful and less important to the community because it will not be able to meet the needs of clients.	The physical area, programs and services, and reputation will meet the needs and aspirations of a community seeking wellness on a District level as both the Center and the community grow.	The largest impact will be on the services, systems, and the structure of the Center as all of these elements will be required to meet evolving Federal standards and satisfy the clients and people of the St. Thomas-St. John communities.

APPENDIX IVC

ISSUES RESEARCH: PART II

Environmental Scan: Issues Research – Web Search Results

Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
Demographic Trends	Aging residents (over 41% over age of 50) need more age-appropriate health programs and customized awareness campaigns including language and cultural practices.	<p>The National Council on Aging lists the top six chronic conditions of older Americans as hypertension, high cholesterol, arthritis, heart disease, diabetes, and chronic kidney disease.</p> <p>The percent of VI residents aged 65 and older increased by 37.6% while residents under 20 decreased by 31.6% between 2005 – 2015. The VI population is above the US in the percentage of persons obese (32.2%) and with diabetes (16.8) (USVI_CHA 2020_Final_06.02.20) 30% of VI age 50 and older reported 30-day binge drinking (BRFSS 2011)</p>	<p>Increased awareness of conditions that impact the elderly and sensitivity to the health intervention needs for the elderly and the need to communicate in a culturally and linguistic appropriate manner.</p> <p>Failure to provide culturally and linguistic appropriate care will compromise the quality of care for the older population.</p> <p>Opportunity to improve services to the elderly population.</p>
	Growing diversity in non-English speaking populations, particularly Latinx/Hispanic and Haitian; Growing non-English speaking and undocumented populations.	<p>Hispanic or Latino of any race account for 17.4% of the Virgin Islands population (10.3% Puerto Rican, 5.4% Dominican) (United Nations data, 7/24/21.) No specific information identified for Haitians French Creole speakers in the Virgin Islands, nor specific information on undocumented persons in the US nor VI. The number of national apprehensions of persons from close foreign countries known to have immigrants in the VI provides some context for undocumented persons.</p> <p>Aliens Apprehended by Country of Nationality: Fiscal Year 2019 https://www.dhs.gov/immigration-statistics/yearbook/2019/table34 Dominican Republic 2,924 Haiti 2,830</p>	<p>As VI borders are porous, illegal migration is likely to continue, as would the increase in persons with first languages other than English.</p> <p>Insufficient providers proficient in clients' first language, with the increased risk of clients not understanding information and instructions given about their health issues.</p> <p>Undocumented clients are likely to be self-pay and increase unpaid accounts receivables.</p> <p>Opportunity to seek to increase bi-lingual staff persons.</p> <p>Increase in ability to service poor or non-English speaking clients will increase the accessibility and quality of care provided by the Center. The system will be negatively affected if there is an increase in persons who do not pay for care.</p>
	Non-documentation and/or treatment of mental health needs; Non documentation	There is no readily identified data on the overall VI mental health treatment needs of legal and illegal residents. The CERC and KC have provided some information regarding the mental health of children and the negative impact of disasters. The Governor of the Virgin Islands has identified mental health services as an area	STEEMCC expansion of MH treatment capability with increased availability of MH services

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Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
	of immigrants with mental health needs.	needing attention as evidenced by his signing an Executive Order declaring a mental healthcare emergency in the U.S. Virgin Islands due to a shortage of psychiatric physicians and behavioral health providers (9 psychiatrists, 19 psychologists - USVI_CHA 2020_Final_06.02.20). The STEEMCC has seen an increase in MH clients within the past year	Insufficient means of identifying persons in need of MH interventions
	Decrease in birth rate across the Territory.	United States Virgin Islands Population 2021 est.104,202 population growth negative at 0.5% per year with a -205 reduction. Birth rates in the VI decreased from 2.51/1000 in 2007 to 2.05/1000 in 2019 (https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=VI)	The Territory and St. Thomas may continue to experience a decline in population. Possible reduced number of qualified health providers and skilled support staff
	Growing number of adolescent residents needing behavioral and oral health care.	Children are more physically and psychologically vulnerable in emergency situations; children with disabilities are less likely to receive appropriate psychological, medical, and rehabilitation services after a disaster. (Stough, L.M., Ducey, E.M. & Kang, D. <i>Curr Psychiatry Rep</i> (2017) 19: 24. https://doi-org.ezproxy.neu.edu/10.1007/s11920-017-0776-8 (KC, 2019) <i>There is no information identified on VI adolescent dental needs.</i>	Confirmation of the value of STEEMCC expansion of MH and dental services that are available to the adolescent population. Services may not be adequate to meet the growing need.
Health Care Policy	Inclusion/services to the LGBTQ+ community.	<i>Resource information / data on provision of services to the LGBTQ+ community is not readily available in the territory. The following federal agencies have numerous resources that may be adapted to meet the Center's requirement for providing services to this population.</i> https://hhs.gov ; https://hrsa.gov https://www.hhs.gov/programs/topic-sites/lgbtq/index.htm https://bphc.hrsa.gov https://health.gov/healthypeople https://www.cdc.gov/nchs/healthy_people/hp2030/hp2030.htm https://www.cdc.gov/lgbthealth/ https://www.lgbtqiathededucation.org ; The National LGBT Health Education Center: Creating Inclusive Health Care Environments for LGBT People. The Fenway Institute. https://npin.cdc.gov/publication/guidelines-care-lesbian-gay-bisexual-and-transgender-patients https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2975689/ - Guidelines for the Primary Care of Lesbian, Gay and Bisexual People: A Systematic Review. https://www.jointcommission.org : Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care for the LGBT Community: A Field Guide	STEEMCC offers a welcoming and inclusive environment for LGBTQ patients/clients and their families. Existing and potential clients / patients and all community residents are aware that services at STEEMCC are available to them. Proactive efforts by the BOD and executive leadership to build an LGBTQ-inclusive environment essential to achieve goals and commitment to equitable care for all. STEEMCC has written policies that prohibit discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socio-economic status, sex, sexual orientation, and gender identity or expression.
	Overall status of ACA; client access to EHR;	https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6146333/	The Territory's Medicaid expansion as a result of the ACA may not be

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Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
	holistic/integrated approach to healthcare.	<p>https://www.commonwealthfund.org/publications/journal-article/2020/feb/aca-at-10-years-effect-health-care-coverage-access#:~:text=The%20ACA%20has%20reduced%20the,people%20and%20people%20of%20color. [David Blumenthal, Sara R. Collins, and Elizabeth J. Fowler, "The Affordable Care Act at 10 Years — Its Coverage and Access Provisions," <i>New England Journal of Medicine</i>, published online Feb. 26, 2020. https://doi.org/10.26099/5d64-x278]</p> <p>https://pubmed.ncbi.nlm.nih.gov/28574234/</p> <p>The overall findings from the research on the passage of the ACA notes two significant findings: a decrease in the number of uninsured Americans and an improvement in access to healthcare for persons who gained healthcare coverage as a result of the passage of the ACA. Further, with the implementation of the ACA, nationally, there has been a 20.9 to 25% decrease in the probability of not receiving medical care. Conversely, the passage of the ACA has increased the probability of persons having a medical home (usual place to receive healthcare by between 47.1 and 86.5%). Given that increasing access to healthcare and having a usual source of healthcare are two priorities for Healthy People 2020 and 2030, this is significant information.</p> <p>For the USVI, the ACA resulted in the expansion of Medicaid in the Territory, which, based on the references reviewed, at the national level, was not a significant factor in the expansion of healthcare coverage across the nation.</p> <p><i>{Note: It should be noted that the sources referenced speak directly to the ACA and implications for access to EHR in the U.S. rather than in the USVI, specifically. Additional information will be sought from the Territory's MAP director to determine whether additional light can be shed on this issue, at a local level.}</i></p>	sufficient to address the health insurance coverage issues for the uninsured and underinsured in the Territory.
	<p>Status of marijuana legalization.</p> <p>Changes in legalization could have implications for delivery of services by STEEMCC vis-à-vis funding guidelines relative to use of medicinal marijuana and considerations of malpractice insurance based on influence of marijuana use by providers.</p>	<p>https://www.marijuanamoment.net/u-s-virgin-islands-governor-unveils-revised-marijuana-legalization-bill/</p> <p>https://www.vi.gov/wp-content/uploads/2020/05/2020-05.13-VI-Cannabis-Act-FINAL.pdf</p> <p>https://www.leafly.com/learn/legalization/us-virgin-islands [Bill No. 32-0135: The Virgin Islands Medical Cannabis Patient Care Act]</p> <p>Bill No. 32-0135 legalizes medical marijuana use for both USVI resident and visitors, based on eligibility as delineated in the legislation. Guidelines regarding the amount of marijuana that an individual can have in her/his possession is delineated.</p> <p>The law also specifies the qualifying medical conditions for medical marijuana use. The conditions fall into two categories:</p> <ol style="list-style-type: none"> 1) Qualifying conditions are physician-diagnosed ailments that can be treated by medical cannabis; and 	<p>Medical cannabis could be prescribed by STEEMCC physicians for patients who meet the criteria set forth in The Virgin Islands Medical Cannabis Patient Care Act.</p> <p>Visitors who meet requirements for medical cannabis treatment could also get such a prescription from STEEMCC if they are on the island and need such refills.</p>

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Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
		2) A chronic or debilitating disease or medical condition or its treatment that produces certain (delineated) conditions.	
Possible Bureaucratic Requirement Modifications	BOD's timely, appropriate, or consistent approach to addressing HRSA requirements.	<u>HRSA Health Resources & Services Administration - 2019-2022 Strategic Plan</u>	
The Economy	Shrinking tax base due to multiple natural disasters & COVID-19 pandemic.	<u>Report - GAO-21-508 U.S. Territories – Public Debt Outlook – 2021 Update</u>	
	Decrease in employer-sponsored healthcare coverage.	<p>https://pubmed.ncbi.nlm.nih.gov/24397230/ [International Journal of Health Services: Planning, Administration, Evaluation (2013), 43(3), 603-638. DOI: 10.2190/HS.43.4.b.]</p> <p>Key findings: From 2001 through 2011, employer-sponsored health insurance (ESI) has declined annually, which has resulted in only 58.3% of Americans under the age of 65 being covered by ESI, compared to 58.6% in 2010. Further, this ESI decline has resulted in an overall decline of health insurance coverage for Americans. Specifically, there has been an increase in the number of uninsured Americans, using 2000 data as the baseline: With 47.9 million Americans uninsured in 2011, this reflects an increase of 11.7 million more uninsured Americans than in 2000. Researchers noted that if the level of ESI had remained at 2000 levels, 29 million more Americans (under age 65) would have had ESI coverage. The overall decrease is less than 29 M because of public insurance coverage for children.</p> <p><i>{Note: Specific data for the USVI was not available and extrapolation will have to be used to project the impact of the reduction in ESI in the Territory.}</i></p> <p>https://www.commonwealthfund.org/blog/2017/decline-employer-sponsored-health-insurance</p> <p>A 2017 Commonwealth Fund study found that about 25% of working adults with ESI could be classified as “underinsured” based on the amount of out-of-pocket costs and deductibles, when their overall income is considered.</p>	<p>While the research reviewed did not include USVI data, given the trends of the national data and the unemployment information for the USVI – Hovensa closure and impending closure of Limetree, as well as employment impacts from Hurricanes Irma and Maria and most recently, the COVID-19 global pandemic that has also impacted the Territory, possible consequences of the decreasing trend in ESI, STEEMCC is likely to have a larger proportion of clients that need to take advantage of the sliding fee scale in place.</p> <p>Additionally, the information on an increase in the proportion of adults who could be classified as “underinsured” could mean additional accounts receivable for STEEMCC, if clients are unable to pay balances due to financial constraints.</p>
	Fiscal uncertainties – changes in tourism market & petroleum production sectors.	<p><u>Report - GAO-21-508 U.S. Territories – Public Debt Outlook – 2021 Update</u></p> <p><u>Recovery in the U.S. Virgin Islands: Progress, Challenges, and Options for the Future – Rand Corporation Report</u></p>	
Local Issues	Need for long-term, strategic approach to funding public healthcare across	No specific sources identified on the Web for this topic.	

Appendix IVC: Issues Research Part II

Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
	<p>USVI/hijacking of STEEMCC funding.</p> <p>Limited ancillary services to support primary healthcare across USVI.</p> <p>Limited home health services and no CMS-approved long term care facility in USVI.</p>	<p>https://stthomassource.com/content/2018/07/19/srmc-execs-say-hospital-at-full-service-despite-staffing-shortage/</p> <p>SRMC documents a reduction of ancillary services, due in large part to the passage of Hurricanes Irma and Maria – which resulted in both significant damage to physical facilities as well as relocation of key healthcare providers who supported the provision of ancillary services. The hospital notes that clients have had to seek ancillary services outside the Territory.</p> <p>Ancillary services supported by the Charlotte Kimmelman Cancer Center were also disrupted by Hurricanes Irma and Maria, resulting in clients having to seek cancer-related ancillary services off-island. A ripple effect was the departure of oncology staff, based on the loss of demand for in-house, oncology-related ancillary services.</p> <p>A range of ancillary services are available in the USVI, primarily through private practices, the hospitals, and the VIDOH. Ancillary services range from speech services and sleep laboratory services to radiology/diagnostic imaging, cardiac monitoring, dialysis services, hospice care services and numerous others.</p> <p>https://doh.vi.gov/programs/virgin-islands-primary-care</p> <p>https://www.horizonblue.com/sqs/tools-services/find-doctor/what-are-ancillary-services</p> <p>https://states.aarp.org/virgin-islands/caregiver-resources</p> <p>https://www.carepathways.com/vi/home-health-care-charlotte-amalie/</p> <p>https://www.dnb.com/business-directory/company-profiles.tropical_health_llc.aa0423429009da7c94ac9946186656f4.html</p> <p>https://lssvi.org/what-we-do/care-for-adults-seniors</p> <p>Home health care in the Territory generally falls into two categories: non-medical (home care) or Medicare certified (home health). While home health services include skilled nursing and rehabilitation, home care involves assistance with personal care and other everyday activities.</p> <p>Some home health and/or hospice service providers in the USVI:</p> <ol style="list-style-type: none"> 1. Continuum Care, Inc (CCI) – operates Territory-wide and is the first Medicare-certified hospice in the Territory. 2. Hands On Care – operates in the STT/STJ District – provides a range of services 3. Premier Health Care Services – Medicare certified provider on STT 	

Appendix IVC: Issues Research Part II

Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
		<p>4. Tropical Health LLC – based on STT; provides medical social services; counseling services; and medical supplies services; About – Tropical Health LLC (tropicalhealthllc.com)</p> <p>5. LSS-VI provides support for adults with disabilities at three residential locations on STX and assisted living for adults on both STT and STX.</p>	
Workforce Issues	<p>Bilingual diversity is a great issue in the workforce of the Healthcare Center in the St. Thomas, the Virgin Islands, Caribbean, and the U.S. Mainland.</p>	<p>https://www.amnhealthcare.com/2021-healthcare-world-language-index/ https://www.languagemagazine.com/2021/09/06/increased-linguistic-diversity-needed-in-u-s-health-care/ https://www.ameritech.edu/blog/bilingual-healthcare-worker-advantages/ https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3573759/ Health and Health Care in the U.S. Virgin Islands: Challenges and Perceptions https://pubmed.ncbi.nlm.nih.gov/10185692/ Towards culturally competent health care: language use of bilingual staff https://www.vinow.com/general_usvi/culture/virgin-islands-language/</p>	<p>The research indicates the extensive use of multiple languages by patients and challenges with healthcare providers' ability to communicate with clients in their native languages.</p> <p>A possible consequence of this reality for STEEMCC is a lack of optimal communication between providers and clients/patients. Therefore, STEEMCC needs to pay particular attention, in its hiring practices and decisions, to ensuring its capacity to adequately and appropriately communicate with clients whose first language is not English.</p>
	<p>Workforce Planning</p> <p>Limited pool of technicians to service computerized medical equipment. Limited pool of certified professionals to support billing and coding services.</p>	<p>https://apps.who.int/iris/bitstream/handle/10665/255261/9789241565479-eng.pdf https://www.indiatoday.in/education-today/jobs-and-careers/story/why-you-should-learn-medical-coding-in-2021-and-build-a-career-in-it-1770733-2021-02-18 https://www.outsourcestrategies.com/medical-coding/medical-coding-outsourcing.htm https://www.nydailynews.com/opinion/ny-oped-let-techs-fix-medical-devices-20200813-doiiblytyf7knl25cdb3xsm-story.html https://www.healthit.gov/sites/default/files/usvi-hie-sop_12-15-11.pdf</p>	<p>Most of the research reviewed focused on technicians and issues around repairing of medical devices. Little research was found around challenges associated with hiring medical coders. However, these persons were noted to play a critical role in the healthcare delivery system.</p> <p>Currently, STEEMCC does not have issues with respect to securing coding and billing services. Thus, existing practices in hiring in this area could continue with no negative impacts to the Center's operations.</p>
	<p>COVID-19 pandemic and other infectious diseases impacts on the health workforce.</p>	<p>https://repositorio.cepal.org/bitstream/handle/11362/46502/3/S2000751_en.pdf https://www.oecd-ilibrary.org/sites/5a700c4b-en/1/3/1/index.html?itemId=/content/publication/5a700c4b-en&csp=d31326a7706c58707d6aad05ad9dc5ab&itemGO=oecd&itemContentType=book</p>	<p>The literature reviewed pointed to worker burnout after natural disasters such as hurricanes as well as recent research in the U.S. and Europe that examined burnout of healthcare</p>

Appendix IVC: Issues Research Part II

Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
	Difficulty in recruitment and retention of high-demand providers, based on geography as well as post-COVID-19 and post-hurricane conditions. Workforce fatigue and burnout related to post-hurricanes Irma and Maria and the COVID-19 pandemic.	https://hazards.colorado.edu/public-health-disaster-research/frontline-government-workers-assessing-post-disaster-burnout-and-quality-of-life https://www.researchgate.net/publication/351185468_Burnout_Status_of_Italian_Healthcare_Workers_during_the_First_COVID-19_Pandemic_Peak_Period https://www.bls.gov/opub/mlr/2021/article/estimating-state-and-local-employment-in-recent-disasters-from-hurricane-harvey-to-the-covid-19-pandemic.htm https://www.vichealth.vic.gov.au/-/media/VHIndicators/VicHealth-Indicators-2015-report.pdf?la=en&hash=9A303CC624C431FF5321649495E773DEA9C5A69F https://www.epi.ufl.edu/articles/usvi-2017-hurricane-effect-on-healthcare.html https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6836793/ <p style="text-align: center;">Health Impact of Hurricanes Irma and Maria on St Thomas and St John, US Virgin Islands, 2017–2018</p> https://first.bloomberglp.com/documents/USVI/257521_USVI_HRTR_Health.pdf	workers in the face of the COVID-19 global pandemic. Given that the USVI has been designated as a Health Professional Shortage Area (HPSA) by the U.S. Health Resources and Services Administration (HRSA), some possible consequences of this issue for STEEMCC may be greater difficulty in attracting and retaining health professionals, recognizing the realities of global warming and projected increased impacts on climate in the Caribbean, leading to increased disruptions that could further exacerbate STEEMCC's health workforce.
	Compensation Issues (Linked to the high cost of living in the USVI)	https://sgp.fas.org/crs/row/R45235.pdf https://resilientvi.org/casual-factors-of-health-resilience https://borgenproject.org/top-10-facts-about-living-conditions-in-virgin-islands/ https://www.drcvi.org/shadow-citizens	
Other Issues	Impacts on public health from <u>increased temperatures linked to global warming</u> , with particular attention to the health of people with underlying health conditions and limited incomes.	Climate and Health Program CDC <p>The Fourth National Climate Assessment, http://nca2018.globalchange.gov. Schwartz, J.D., Lee, M., Kinney, P.L. <i>et al.</i> Projections of temperature-attributable premature deaths in 209 U.S. cities using a cluster-based Poisson approach. <i>Environ Health</i>, 14, 85 (2015). https://doi.org/10.1186/s12940-015-0071-2</p> <p>USGCRP, 2016: <i>The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment</i>. Crimmins, A., J. Balbus, J.L. Gamble, C.B. Beard, J.E. Bell, D. Dodgen, R.J. Eisen, N. Fann, M.D. Hawkins, S.C. Herring, L. Jantarasami, D.M. Mills, S. Saha, M.C. Sarofim, J. Trtanj, and L. Ziska, Eds. U.S. Global Change Research Program, Washington, DC, 312 pp. http://dx.doi.org/10.7930/JOR49N</p> <p>CDC's Climate-Ready States and Cities Initiative is now helping 18 grantees around the nation use the five-step Building Resilience Against Climate Effects (BRACE) framework to identify likely climate impacts in their communities, potential health</p>	<p>Because of the points below, the role of useful information on linkages between climate and health and the engagement of professionals that can translate science and data to meaningful messages will be increasingly critical.</p> <ul style="list-style-type: none"> • The USVI population will have increased health challenges and possible increases in deaths that will force more attention to the public health system's role and support demands for more information on managing living in the changed environment. • The plight of the most vulnerable will become more apparent, but so will the vulnerability of everyone.

Appendix IVC: Issues Research Part II

Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
		<p>effects associated with these impacts, and their most at-risk populations and locations.</p> <p>The Association of States and Territorial Health Officials. https://www.astho.org</p> <p>ASTHO's Climate-Ready Territories project provides technical assistance and training opportunities to support insular area health agencies prepare for and respond to the health effects that climate change may bring to their communities.</p> <p>Michael, N., Valmond, J. M., Ragster, L. E., Brown, D. E., & Callwood, G. B. (2019). Community needs assessment: Understanding the needs of vulnerable children and families in the US Virgin Islands Post Hurricanes Irma and Maria. St. Thomas, USVI: CERC, SON, UVI. https://www.uvi.edu/academics/nursing/cerc/CFVI-CERC%20Community%20Needs%20Assessment%20E-Report_February%202019.pdf</p> <p>Consistent and extreme increases in temperatures are associated with increased levels of pollutants and allergens in the environment, exacerbating respiratory and allergic reactions; increases in incidences of diseases by biological vectors through impacts on the vector's biology, e.g., Dengue Fever, Zika and Chikungunya; mental-health and stress-related disorders; and increases in morbidity and death linked to heatwaves. Studies across the world emphasize evidence of greater negative impacts of increased temperatures on the health and lives of the poor and those with underlying health conditions such as diabetes, cardiovascular disease, cancer, and obesity.</p> <p>Documented levels of poverty and non-communicable diseases in the USVI place the Territory in a vulnerable place under changing environmental conditions that challenge community health and systems.</p>	<ul style="list-style-type: none"> The health provider community will need to learn to identify the connection between the health challenges they are seeing and the impacts of increased environmental temperatures on their patients. <p>The extent to which the US Virgin Islands and other US Territories can adapt and adopt policies and procedures that meet the increasing challenges of climate change impacts under local conditions will determine the level of public health and impact the quality of life for their communities going forward.</p>
	El Niño and La Niña weather conditions and implications for public health.	<p>NOAA scientists (www.climate.gov, and the NOAA Climate Prediction Center at www.cpc.ncep.noaa.gov/) describe El Niño and La Niña as opposite phases of a natural climate pattern across the tropical Pacific Ocean that swings back and forth every 3-7 years on average. Together, they are called ENSO, which is short for El Niño-Southern Oscillation. During an El Niño period the warmer tropical Pacific waters cause changes to the global atmospheric circulation, resulting in a wide range of changes to global weather.</p> <p>The Fourth National Climate Assessment, http://nca2018.globalchange.gov.</p> <p>Schwartz, J.D., Lee, M., Kinney, P. E. <i>et al.</i> Projections of temperature attributable premature deaths in 2009 U.S. cities using a cluster-based Poisson approach. <i>Environ Health</i>, 14, 85 (2015). https://doi.org/10.1186/s12940-015-0071-2</p>	Formal and informal efforts are needed to increase awareness of health challenges associated with hurricane experiences and recovery, especially for the individuals with NCDs and in need of financial and other support. In addition, a better understanding of the information and policies needed to ensure good public health outcomes during ENSO events must be actively sought and utilized in public health systems and community outreach efforts. The consequences for not

Appendix IVC: Issues Research Part II

Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
		<p>El Niño and La Niña can both have global impacts on weather, wildfires, ecosystems, and economies. A study conducted by the NOAA National Weather Service study on the US Caribbean concluded that air and water temperatures in the dry season (December to April) increased more during El Niño periods than during La Niña or neutral periods. In addition, across the Caribbean, although droughts have been exacerbated during El Niño periods, the dry seasons are also wetter than normal, with some areas experiencing unusual flooding.</p> <p>The impacts on health are related to increased opportunities for injury and death during more frequent and more intense hurricanes in La Niña years and increased food insecurity during times severe drought or intense flooding. Higher temperatures negatively impact health as well during dry seasons of El Niño years and during the wet season (June-November) in La Niña years.</p>	<p>integrating or considering the impacts of either side of the ENSO manifestation in community outreach, policy, or awareness campaigns are likely to be visible via increased damages to infrastructure and higher levels of injuries and morbidity during extreme weather events.</p>
	<p>Growing number of clients due to decrease of public health services by the VIDOH and a high number of clients outside the catchment area are self-pay and there are implications for fiscal risk (accounts receivables).</p>	<p>National Association of Community Health Centers: Federal Grant Funding - NACHC; Federally Qualified Health Centers Association: Funding Opportunities for Federally Qualified Health Centers (FQHCs) — FQHC.org; Double the Donation, Inc.: 5 Healthcare Fundraising Strategies to Skyrocket Donations (doublethedonation.com)</p> <p>An increase in demand for healthcare services at STEEMCC, for whatever reason, will require efforts to match revenues and support to the cost of needs and services. In addition to the major sources of funding, Federal grants, and Congressional appropriations, FQHCs have access to funding from grants and programs sponsored by corporations and foundations that specifically support healthcare (e.g., RWJ Foundation, Pfizer, Inc., and the Hearst Foundation). In addition, groups like Double the Donation, Inc. assist FQHCs with the development and implementation of fundraising campaigns and efforts that target possible donors.</p>	<p>Additional and more focused attention may be necessary to effectively address the challenges associated with threats to financial solvency, ability to serve an increase in unfunded clients.</p>
	<p>Funding for public health care through community health centers includes significant Federal support that is distributed differently between states and territories, despite being critical to all similar underserved groups across the nation.</p>	<p>The Kaiser Family Foundation; https://www.kff.org/medicaid/issue-brief/community-health-centers-recent-growth-and-the-role-of-the-aca</p> <p>Community Health Centers have been shown by studies and reports to be the core of primary health care in the US, especially for Medicaid beneficiaries and the uninsured. This funding allows health centers to finance care for uninsured patients, subsidize insured patients unable to afford their deductibles and copays, and finance services not covered by insurance. Decreases in Medicaid are associated with increased health risks and higher health costs to the State/Territory. The positive impact of the expansion of Medicaid funding to US States and Territories was documented in over two hundred studies reviewed by the Kaiser Family Foundation. The studies reported the positive effects of the Medicaid Expansion started in 2015 under the Affordable Care Act on services supporting treatment of</p>	<p>The extent to which the leadership of VI Government and the STEEMCC can maintain or expand Medicaid funding in the Territory will significantly drive the public health conditions and outcomes in the Territory.</p>

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Issue Category	Issue	Source(s) and Summary Findings	Possible Consequences
		cancer, chronic diseases, and disabilities; economic impacts on states and providers; disparities; behavioral health; sexual reproductive health; mortality; and social determinants of health. In the US Virgin Islands, the current expansion of Medicaid benefits and the reduction in the required match to a level closer to states has had a significant, positive effect on healthcare affordability and access for the overwhelming portion of the STEEMC catchment area. Maintaining or improving this level of support is an urgent objective of the VI Government.	
	Challenges to implementing new and changing policies or guidelines on addressing impacts of climate change as a public health issue, in the US Territories.	<p>Climate and Health Program CDC</p> <p>The Fourth National Climate Assessment, http://nca2018.globalchange.gov.</p> <p>Schwartz, J.D., Lee, M., Kinney, P.L., <i>et al.</i> Projections of temperature-attributable premature deaths in 209 U.S. cities using a cluster-based Poisson approach. <i>Environ Health</i>, 14, 85 (2015). https://doi.org/10.1186/s12940-015-0071-2</p> <p>USGCRP, 2016: <i>The Impacts of Climate Change on Human Health in the United States: A Scientific Assessment</i>. Crimmins, A., J. Balbus, J.L. Gamble, C.B. Beard, J.E. Bell, D. Dodgen, R.J. Eisen, N. Fann, M.D. Hawkins, S.C. Herring, L. Jantarasami, D.M. Mills, S. Saha, M.C. Sarofim, J. Trtanj, and L. Ziska, Eds. U.S. Global Change Research Program, Washington, DC, 312 pp. http://dx.doi.org/10.7930/JOR49N</p> <p>CDC's Climate-Ready States and Cities Initiative is now helping 18 grantees around the nation use the five-step Building Resilience Against Climate Effects (BRACE) framework to identify likely climate impacts in their communities, potential health effects associated with these impacts, and their most at-risk populations and locations. The Association of States and Territorial Health Officials (ASTHO) https://www.astho.org</p> <p>ASTHO's Climate-Ready Territories project provides technical assistance and training opportunities to support insular area health agencies prepare for and respond to the health effects that climate change may bring to their communities.</p> <p>The need for locally appropriate data and information and revision (or development) of policies in support of the GVI and public health system's efforts to prepare and protect the Territory's communities from negative impacts of increased temperature on people with NCDs and respiratory conditions, epidemics fueled by biological vectors, droughts, and mental health challenges and physical injuries from hurricanes and storms is becoming increasingly urgent. Assistance from Federal agencies and other sources require leadership focus and support; investment in policy revision/development, and assistance to the VIDOH and partners like UVI.</p>	The extent to which the US Virgin Islands and other US Territories can adapt and adopt policies and procedures that meet the increasing challenges of climate change impacts under local conditions will determine the level of public health and impact the quality of life for their communities going forward.

APPENDIX IVD

STEEMCC MARKET ASSESSMENT

STEEMCC Market Assessment

Market Service Area

STEEMCC's market service area comprises three census sub districts on the island of St. Thomas – specifically, East End (7,502), Southside (4,112), and Tutu (5,129) – and all census sub districts on the island of St. John – specifically, Central (470), Coral Bay (724), Cruz Bay (2,652), and East End (35), which puts STEEMCC's current market area population at **20,624** [**16,743** on St. Thomas and **3,881** on St. John] (USVI 2020 Census). This total reflects **44.7%** of the St. Thomas-St. John District population (**39.6%** of the population of St. Thomas and **100%** of the population of St. John).

Based on the USVI 2010 Census data, while STEEMCC's direct market service area (based on STEEMCC's Catchment Area) of **24,851** residents -- **20,681** on St. Thomas and **4,170** on St. John (USVI 2010 Census) – reflected 44.5% of the St. Thomas-St. John population, STEEMCC's current market population reflects a slight increase in the overall market area population – **44.7%** based on the 2020 Census data – up from 44.5% (USVI 2010 Census). While the overall population for the St. Thomas-St. John District declined by 17.3% (2010 to 2020), the population in STEEMCC's catchment area declined by 17% (slightly less than the overall district decline). It should also be noted that the Tutu census subdistrict lost a significant number of residents as a major public housing community was destroyed due to damage from Hurricane Irma (September 2017). That public housing community is currently being rebuilt, which will likely result in an increase in the population in STEEMCC's market area during the period in which the FY2023-FY2025 Strategic Plan will be implemented. STEEMCC will need to be prepared to absorb the additional prospective clients who will seek services from the health center.

While 2020 Census data were available to provide current data on STEEMCC's market service area, data from the 2015 VICS is used to provide more detailed sociodemographic data, as these detailed 2020 Census tables are not yet available for the USVI. The 2015 Virgin Islands Community Survey (2015 VICS) describes the general USVI population as aging (41% over age 50 and 5% under age 5), multiethnic, multiracial, and over 50% female. The USVI is characterized as predominantly (80%) African American or African Caribbean with almost 20% of residents identifying as Hispanic. The 2015 VICS reports one in four households speak a language other than English at home, with Spanish and French Patois or Creole being the two most prevalent non-English languages spoken by individuals over 5 years old in the USVI. In addition, single-head households are reported as the predominant configuration of family in the Territory, and 58% of single-head households were reported as having females as the head of the family.

The 2015 VICS as well as needs assessments completed following the 2017 hurricanes reveal that 20% of USVI families are living below the national poverty line and 49.5% of these families have single female householders. Of equal importance for understanding the role of FQHCs in the Territory is the information in the 2015 VICS that 49.8% of households in the Territory earned at or below the median income level of \$33,964,

which would disqualify some households from receiving assistance despite the reality of not earning enough to fully address the costs of living with their income.

Health Needs

Data and information compiled by the VI Department of Health, the Federally Qualified Health Centers (STEEMCC and FHC), national surveys like the BRFSS or Healthy People 2020, and assessments generated by UVI Caribbean Exploratory Research Center (UVI CERC) are generally the sources of reports on the status of the health of USVI populations. The most positive health data indicate that levels of tobacco smoking was lower (5.6% of USVI residents) in the Territory than the Healthy People target of 12%.

The Healthy People 2020 Leading Indicators of Health also indicate that the trends associated with increasing levels of non-communicable diseases in Virgin Islands populations continue. Long-term trends of obesity (32%) and diabetes (16.8%) are reported in USVI residents, both above the target levels of 30% and 16.2% respectively. Similar trends in community health are also seen in STEEMCC UDS data documenting the Center's client base. For example, between 2016 and 2019, STEEMCC reported a 36% increase in HIV patients as well as a 64% increase in clients with hypertension and a 47% increase with clients presenting with diabetes. The BRFSS 2016 noted that 17% of their respondents reported they had been told they have pre-diabetes, around the same time, the top leading causes of death in 2016 stated in the 2020 Community Health Assessment were heart disease and cancer, along with homicide and unintentional injuries.

The Healthy People 2020 Leading Indicators of Health offers data that report a range of underlying conditions faced by USVI residents which do not support a healthy population. One in six USVI adults (16.4%) reported that they delayed seeking or implementing health care actions because of cost as compared to 12.1% of adults on the U.S. Mainland. It was reported that underlying factors included income, especially for the 35% of individuals earning less than \$15,000 annually, and educational attainment, in particular the 25.3% of persons reporting they did not graduate from high school. Virgin Islands residents reported that their ethnicity (24% identifying as Hispanic) and age (32.7% of ages 25-34 and 29.6% of ages 35-44) were contributing reasons to why they had to delay health care actions because of costs. The Healthy People 2020 report also identified young adults ages 18 to 24 and persons earning less than \$15,000 annually as being the subgroups with the lowest insurance coverage at 62.75% and 65.4%, respectively.

Despite the challenges often associated with communities that have high levels of poverty, 79% of USVI residents reported their health as "good" or "excellent", 62% reported a usual source of healthcare, and 74% indicated having a routine checkup in the past year (BRFSS 2016). The level of interaction with the healthcare system is supported by documentation of 81% of USVI residents reporting access to insurance coverage and 51% indicated receiving insurance coverage from Medicare. The STEEMCC 2020 Health Needs Assessment confirms the increases in non-communicable diseases as well as the increase in insured residents and the larger numbers of citizens on Medicare.

STEEMCC has used information and data collected from surveys of patients and assessments between 2016 and 2020 to determine health care and wellness needs of the catchment area they serve. Demographic changes partially driven by disruptions from hurricanes and the COVID19 pandemic have highlighted the needs of seniors, adults, adolescents, and children that may not have been met sufficiently. Additional dental services, behavioral/mental health services, programs for adolescents, case management to support seniors and other patients with wellness and compliance are among the initiatives identified for implementation. The STEEMCC 2020 CHA reported a 64% increase from 2016 to 2019 in dental health services provided and 1147% increase from 2016 to 2019 in behavioral/mental health services.

Population Size and Payer Mix in STEEMCC Catchment Area

Based on data from STEEMCC for the past three and a half fiscal years, clients' sources of payment fall into four broad categories: commercial, Medicaid, Medicare, and self-pay, with Medicaid being the predominant mode of payment, followed by self-pay.

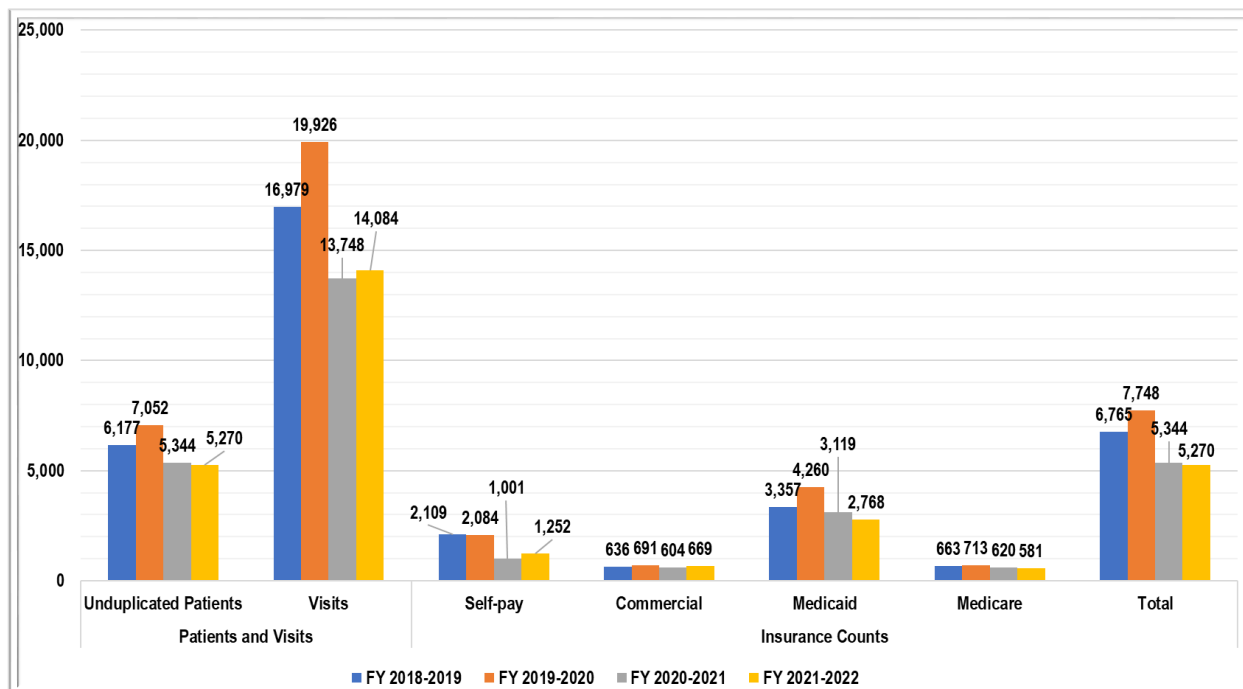


Figure 1. STEEMCC Patients and Patient Visits by Payment Method: FY2019 - FY2022*

As can be observed from Figure 1, given that the total insurance counts exceed the number of unduplicated clients, it can be surmised that some clients use more than one form of payment to settle their medical bills. While approximately 50% of clients are covered under Medicaid, approximately one-third are self-pay.

Estimate Market Share

With respect to market share for clients covered by Medicaid, though STEEMCC's catchment area covers only three census sub districts on St. Thomas, the Center market size, when considering Medicaid payers, over the past three fiscal years, represents an opportunity to expand its market share within this payer group.

Based on information received from the Virgin Islands Department of Human Services, the agency that administers the Medicaid program in the USVI, enrollment numbers in the St. Thomas-St. John District during the most recent fiscal years for which data are available for the entire fiscal year are noted in Table 1, below. Market shares of the total Medicaid population for the St. Thomas-St. John District are noted in parentheses, with market shares ranging from approximately 31% to a high of 44%. Numbers in blue under “Total Medicaid Clients” represent the eligible Medicaid clients who sought and received health care services for the fiscal years in question, or 67%, 63%, and 62%, for FY2019, FY2020, and FY2021, respectively.

Fiscal Year	TOTAL Medicaid Clients	Age Group			STEEMCC Clients
		0-21	22-64	65+	
FY2019	14099/ 9503	5866	6525	1708	3357 (35.3%)
FY2020	15310/ 9629	6400	7098	1812	4260 (44.2%)
FY2021	16277/ 10045	6689	7704	1884	3119 (31.1%)

Table 1. STEEMCC Market Share of Medicaid Clients: FY2019 - FY2021

The moderate market shares as it relates to Medicaid clients in the St. Thomas-St. John District represents an opportunity for STEEMCC to expand its market share within this payer group, thus expanding its market share and increasing revenues. Of note is that STEEMCC’s market share for Medicaid patients fell by approximately 30% between FY2020 and FY2021, based on figures to date. Table 1 also reveals that STEEMCC increased its market share of Medicaid patients by 25% between FY2019 and FY2020, suggesting that with targeted marketing and expansion of services and service hours, it can again see gains in market share of Medicaid clients. STEEMCC should also consider expanding its market share of Medicaid patients over the life of its new strategic plan to 50% of market share, given the limited number of providers/facilities in the district that accept Medicaid clients.

Review Competition/Similar Providers

Understanding the market environment in which STEEMCC operates as a health center includes an analysis of similar providers. For the U.S. states, the UDS Mapper (www.udsmapper.org) provides detailed market data on the federally funded health centers and Look-Alikes providing care down to the zip code level. In the Territory, understanding the market environment for healthcare can begin with a review of the table below, which lists other providers in the St. Thomas-St. John District who are accepting Medicaid and the uninsured.

As noted in Table 2, below, there are 16 public and private healthcare facilities in St. Thomas-St. John District that offer a range of healthcare services, ranging from primary care and family medicine to specialty care such as orthopedics and physical therapy and accept Medicaid or Medicare as forms of payment. Of note is that all 16 facilities accept Medicare as a form of payment. However, only six – three on St. John – Cruz Bay Family Practice, Morris De Castro Clinic, and Myrah Keating Smith Community Health Center – and three on St. Thomas – Schneider Regional Medical Center, St. Thomas Community Based Outpatient Clinic-VA, St. Thomas East End Medical Center Corporation – accept Medicaid patients. Table 2 also reveals that only three of the 16 facilities note Saturday hours and only two are open beyond

Appendix IVD: STEEMCC Market Assessment

5:00pm (through 6:00pm). Further, while STEEMCC focuses on primary care services, five of the 16 health care facilities listed in Table 2 do not provide such services. With the passage of the two Category 5 Hurricanes in 2017 and the COVID-19 Pandemic, which began impacting the Territory in March 2020, STEEMCC suspended its Saturday clinic hours, which had been instituted and held half-day, two Saturdays a month. With Myrah Keating providing family medicine services 24 hours a day, and the Ambulatory Care Clinic, a primary care provider, offering Saturday hours from 9:00 am to 3:00 pm, STEEMCC may want to consider resuming staggered Saturday hours to be competitive within the family medicine and primary care markets in the St. Thomas-St. John District.

Name of Healthcare Provider/Facility	Ages Served	Payment Options	Hours	Specialty Care
Ambulatory Care Clinic	All Ages	▲	M-F: 8 AM-5 PM S: 9 AM-3 PM	Family Medicine
COG Restore	All Ages	▲	M-F: 7 AM- 6PM	Physical Therapy
Community Health Clinic	All Ages	▲	M-F: 8:30 AM-11:30 AM M-F: 1 PM- 4 PM T: 1 PM – 5PM	Primary Care
Cruz Bay Family Practice	All Ages	▲ ■	M-F: 9 AM- 4 PM	Family Medicine Internal Medicine
Morris F. deCastro Clinic	All Ages	▲ ■	M-F: 9 AM- 4 PM	Primary Care
Myrah Keating Smith Community Health Center	All Ages	▲ ■	Open 24 Hours	Emergency Medicine Family Medicine
Partners 4 Kids	0- 18 Years	▲	M-F: 8 AM- 5 PM	Pediatrics
Red Hook Family Practice	All Ages	▲	M-F: 8 AM- 5PM	Family Medicine Internal Medicine
Schneider Regional Medical Center	All Ages	▲ ■	Open 24 hours	Clinical Services
St. Thomas Community Based Outpatient Clinic- VA	18 Years and Older Veterans	▲ ■	M-F: 7:30 AM- 4:30 PM	Primary Care
St. Thomas East End Medical Center Corporation	All Ages	▲ ■	M-F: 8 AM- 5 PM	Family Medicine
Therapy Works LLC	All Ages	▲	M, W, F, S: 8 AM- 5 PM T, T: 9 AM- 6 PM	Physical Therapy
Virgin Islands Orthopedics and Sports Medicine P C Clinic	Children, Adults, Seniors	▲	M-F: 7 AM- 5 PM	Orthopedics
Virgin Islands Ear, Nose & Throat	All Ages	▲	M-F: 9 AM-5 PM	Otolaryngology
Vision Center	6 Months-Seniors	▲	M-F: 9 AM- 4:30 PM	Ophthalmology
Yacht Haven Family Practice	All Ages	▲	M-F: 8 AM- 4 PM	Family Medicine Internal Medicine

Table 2. Healthcare Providers/Facilities in the St. Thomas-St. John District: Ages served, Operating hours, & Specialty

Legend: ▲ Medicare ■ Medicaid

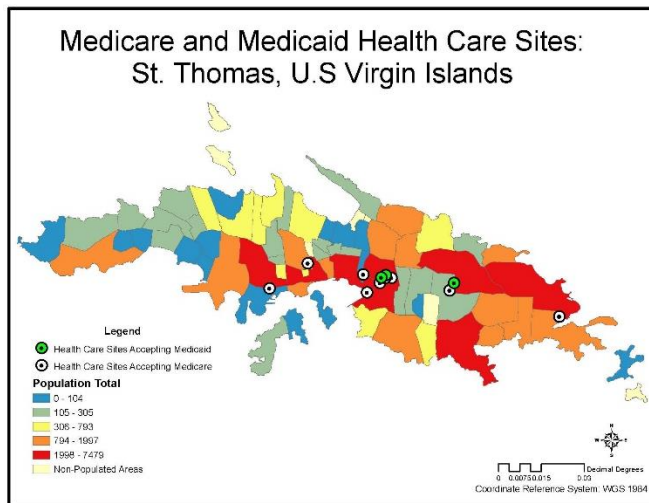


Figure 2. Medicare and Medicaid Health Care Sites: St. Thomas, USVI

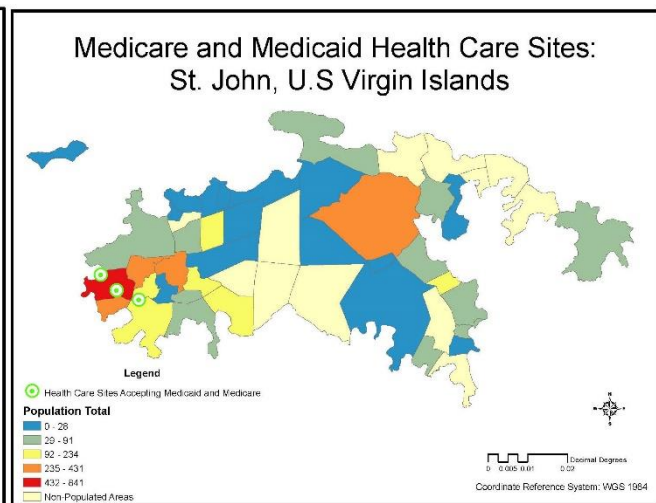


Figure 3. Medicare Health Care Site: St. John, USVI

Figure 2 highlight the clustering of health care facilities around the town of Charlotte Amalie in the center sections of St. Thomas. There are also some health care facilities on the western and eastern end of St. Thomas. Figure 2 also reveals that STEEMCC is the only health care facility on the eastern end of St. Thomas that accepts Medicaid as a payment form. Figure 3 reflects the limited number of health care facilities on St. John that accept either Medicare or Medicaid as forms of payment. While theoretically St. John is a part of the STEEMCC catchment area, currently, STEEMCC has no itinerant or scheduled services provided directly on the island of St. John. With the limitation in the number of health care facilities/providers on St. John who accept Medicaid and/or Medicare as forms of payment, this may be an opportunity for STEEMCC to extend community-based services to St. John in the future.

Finally, issues of access and transportation for clients are ones that stand out as presenting possible challenges and opportunities for STEEMCC going forward. A focus on taking health care services and programs to communities in STEEMCC's catchment area should be seriously considered and incorporated in the Center's community outreach efforts over the life of its new strategic plan.

Estimation of Unmet Need/Strategic Program Opportunities

The planners at STEEMCC will need to be flexible, adaptable, and prepared to embrace planning in an environment that will be characterized by increasing levels of uncertainty associated with climate change impacts and economic changes that are not controlled by the Territory and its people. There should be more recent data available to support decisions when the US Census 2020 information for the USVI are released in full, but it will be trying to capture the Territory's status during a time of recovery from two Category 5 Hurricanes, the COVID-19 pandemic, and the economic impacts of these events. Nevertheless, the information provided regarding the continuing trends in aging of the target population, the increased need to address possible language barriers to effective health care, the needs generated by pervasive poverty and low income levels in the community and in the catchment area, the not always predictable support from the local or Federal Government for healthcare, and the persistent

high levels of NCDs and behavioral health incidence will be critical factors that direct and support how STEEMCC should and could serve the St. Thomas-St. John District.

Based on the information that is currently available, it appears that STEEMCC's vision and mission align with the *unmet needs* by:

- Providing services to the *Medicaid eligible residents not utilizing their support for healthcare*;
- Addressing the growing issues associated with *meeting specific wellness and health care for seniors* through focused programs;
- Ensuring that *language is not a barrier to effective health care and wellness* for residents with inadequate English skills at this time;
- Developing programs with partners that *help single-head families and residents with low incomes to access services that support wellness*;
- Developing a strategy to address the challenges of accessing services from other sites linked to STEEMCC and thereby *decreasing transportation and childcare challenges*.
- Establishing outreach efforts that identify *successful strategies for decreasing noncommunicable diseases* in the St. Thomas-St. John district.
- Addressing the unmet needs identified will require planning, outreach to partners and the community, effective communication with internal and external stakeholders, clarity and buy-in from STEEMCC staff and Board, and contingency plans to support success.

References

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APPENDIX V

IMPACT EVALUATION

Impact Catalog

HIGH PRIORITY POSSIBILITY <i>(from Impact Assessment)</i>	PROGRAM IMPACTS	STRUCTURE AND SYSTEMS IMPACT	POTENTIAL ACTION STEP
Intentional recruitment of bilingual administrative and clinical staff to increase the potential to treat more of the evolving VI population at a high level of quality service improves with a bilingual staff or Center capacity.	STEEMCC's ability to render comprehensive services to all residents despite origin and bilingual status. Improvement in customer service to non-English speaking clients when communication is available through an employee who speaks their language.	STEEMCC addresses the needs of a low-income, multilingual, and multiethnic client-base through the availability of qualified staff with appropriate communication skills for patient interactions. Provide access to training for bilingual staff to improve ability in medical interpretation/translation, minimize barriers, and ensure accuracy of communications with providers.	Provide access to interpreter services to improve healthcare access, patient satisfaction, and communication.
	Primary care and support services for clients' whose first language is not English.	STEEMCC leadership and Human resources.	More aggressive recruitment targeting bi-lingual staff
Continued expansion of the Behavioral Health Unit with addition of MH professionals.	STEEMCC has a fully staffed Behavioral Health Unit consisting of licensed/certified behavioral health professionals, including a board-certified Psychiatrist.	STEEMCC has increased capability to respond to unmet mental / behavioral health needs in the community. Patients/residents have access to a coordinated and integrated system of health care delivery that includes primary, mental/behavioral health and oral/dental health care.	Ongoing periodic program monitoring and evaluation to determine effectiveness and implementation of evidence-based practice and quality of care.
	Behavioral health services for the elderly and adolescents	STEEMCC clinical services	Targeted recruitment of mental health professionals

Appendix V: Impact Evaluation Summary -- Impact Catalog

HIGH PRIORITY POSSIBILITY <i>(from Impact Assessment)</i>	PROGRAM IMPACTS	STRUCTURE AND SYSTEMS IMPACT	POTENTIAL ACTION STEP
Identification of alternate sources of revenue, to include federal and foundation funding as well as increased revenues from expansion of client base.	Federal grant funding assists in financing programs and services including access to enabling services and case management.	Health financing via grant funding and program income provides the resources required for STEEMCC's operations of health systems, programs and services. Availability of funding is key to availability and sustainability to performance in terms of equity, efficiency, and health outcomes.	Identify and submit grant funding applications that are applicable and relevant to address the needs of the population served by STEEMCC.
	All aspects of clinical and administrative operations	Sustainability of services	Aggressively seeking to identify appropriate sources of funds
Expansion of collaboration with providers of ancillary services to more timely support STEEMCC clients as well as the expansion of home health services to support.	Clinical care delivery, case management	Leadership initiation of appropriate MOAs	STEEMCC formally partners with VIDOH for selected services in support of more accessible and holistic public health for low-income clients.
The development of a future-focused, strategy addressing formalized education and training tracks, mentoring, professional development, technology usage, and succession planning would support organizational and Territorial success in the future	Clinical and administrative services	Recruitment efforts to assure optimal level of clinical and non-clinical staff	Collaborative effort with stakeholders to initiate training and mentoring efforts.