



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

PUERTO RICO

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Puerto Rico

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

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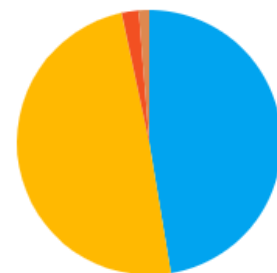
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Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$15,048,879
State MCH Funds	\$15,656,972
Local MCH Funds	\$0
Other Funds	\$658,356
Program Income	\$401,767

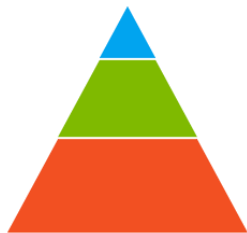
FY 2023 Expenditures



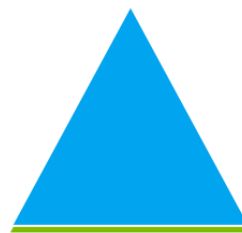
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$3,497,688	\$15,656,972
Enabling Services	\$5,208,960	\$401,767
Public Health Services and Systems	\$6,342,231	\$0

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



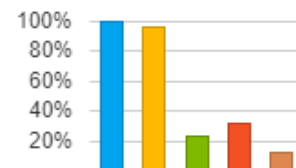
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$4,634,091
Infants < 1 Year	96.3%	\$4,243,315
Children 1 through 21 Years	23.4%	\$14,463,426
CSHCN (Subset of all infants and children)	32.3%	\$6,272,802
Others *	12.5%	\$0

FY 2023 Expenditures Total: \$29,613,634



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Promote health and wellbeing in women of reproductive age (WRA)</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year who reported using the "Women of Reproductive Age Preventive Care Pocket Guide" to schedule a preventive medical visit in Puerto Rico by September 2021-2025 ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<p>Improve birth outcomes</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy <ul style="list-style-type: none"> ○ ESM PDV-Pregnancy.1: Percent of Title V Home Visiting Program (HVP) pregnant participants who received oral health services post referral in Puerto Rico by September 2021-2025 ○ ESM PDV-Pregnancy.2: Percent of persons who recognize oral health as part of routine prenatal care after participating in the MCAHP prenatal course by September 2021-2025 	<p>Women/Maternal Health</p>
<p>Decrease infant mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Percent of infants of 4 months of age, in the Title V Home Visiting Program (HVP), placed to sleep in a safe environment after receiving safe sleep counseling in Puerto Rico by September 2021-2025 	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Improve preventive health in children</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of families at the CSHCN Program who report that they "always" have a care coordinator or another professional available to help them find the services they need. ○ ESM MH.2: Percent of families at the CSHCN Program who "totally agree" that their child has a better health status thanks to the efforts of the care coordination to help them access the needed services. ● Percent of children, ages 1 through 17, who had a preventive dental visit in the past year (Preventive Dental Visit - Child, Formerly NPM 13.2) - PDV-Child <ul style="list-style-type: none"> ○ ESM PDV-Child.1: Percent of infants of 6 months or more in the Title V Home Visiting Program at high risk for caries who received early oral preventive services in Puerto Rico by September 2021-2025 	<p>Child Health</p>
<p>Improve health and wellbeing of adolescents</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, with and without special health care needs, ages 12 through 17, who are bullied or who bully others (Bullying, Formerly NPM 9) - BLY <ul style="list-style-type: none"> ○ ESM BLY.1: Percent of Youth Health Promoters (YHP) that completed the first year who report not being bullied in Puerto Rico by September 2021-2025 ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW <ul style="list-style-type: none"> ○ ESM AWW.1: Percent of Youth Health Promoters (YHP) reached with the PR Youth Health Literacy Toolkit (PR-YHLT) that increase their awareness regarding how to use the health care system (pre-post survey) in Puerto Rico by September 2021-2025 	<p>Adolescent Health</p>
<p>Increase the number of CSHCN who receive regular ongoing comprehensive health care within a medical home</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of families at the CSHCN Program who report that they "always" have a care coordinator or another professional available to help them find the services they need. ○ ESM MH.2: Percent of families at the CSHCN Program who "totally agree" that their child has a better health status thanks to the efforts of the care coordination to help them access the needed services. 	<p>Children with Special Health Care Needs</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Increase the number of YSHCN who receive appropriate supports and services for their transition to adult health care.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percent of YSHCN who receive care at the RPCs and has completed a transition readiness assessment in Puerto Rico by September 2021-2025 ○ ESM TR.2: Percent of YSHCN at the CSHCN Program who has a transition action plan in place after completing a transition readiness assessment (4th core element of Got Transition). 	<p>Children with Special Health Care Needs</p>
<p>Decrease the age when children with Autism Spectrum Disorders (ASD) receive their first diagnostic evaluation.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Percentage of children with ASD that are diagnosed at 36 month of age or earlier. 	<p>Children with Special Health Care Needs</p>
<p>Decrease the prevalence of neural tube defects at birth.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Prevalence at birth of neural tube defects. 	<p>Children with Special Health Care Needs</p>

Executive Summary

Program Overview

The Puerto Rico Department of Health (PRDOH) administers Title V Block Grant through the Maternal, Child and Adolescent Health Section (MCAHS) and the Children with Special Medical Needs Section (CSMNS). The PR Title V plays a lead role in MCH related health policies, statewide partnerships, health promotion, and coordinated family-centered services.

PR Title V uses quantitative and qualitative data gathering methods and relies on a wide array of stakeholders, including families and youth, to assess population needs, strengths, and resources to determine priorities and develop strategies for the 5 YR Action Plan. Based on the 5 Year Health Needs Assessment (2020-2025) the PR Title V selected nine priorities that remain unchanged.

PR TITLE V PRIORITIES (2020-2025)

Priority	Health Domain
Promote Health and Wellbeing in Women of Reproductive Age	Women/Maternal
Improve Birth Outcomes	Women/Maternal
Decrease Infant Mortality	Perinatal/Infant
Improve Preventive Health in Children	Child
Improve Health and Wellbeing of Adolescents	Adolescent
Increase the number of CSHCN who receive regular ongoing comprehensive health care within a medical home	CSHCN
Increase the number of YSHCN who receive adequate support and services for their transition into adult health care	CSHCN
Decrease the age when children with Autism Spectrum Disorders (ASD) receive their first diagnostic evaluation	CSHCN
Decrease the prevalence of Neural Tube Defects (NTD) at Birth	CSHCN

The PR Title V addresses priorities by providing services and implementing initiatives and projects including community health education in the seven Health Regions of the PRDOH. A summary of progress in each domain for **FY 2022-2023** is presented below.

Women/Maternal Health: This domain addresses women and maternal health through individual and group interventions. At the individual level, the Home Visiting Program (HVP) – staffed by the Home Visiting Nurses (HVN) - offers case management and care coordination services, education, and support to women with medical and social risk factors linked to poor pregnancy outcomes. Participants are admitted during pregnancy and followed until the child is 2 years old. During 2022-2023, the HVNs served 5,232 participants including infants and children in 2,971 families. The HVNs also provided education and support to 3,736 persons (pregnant women, mothers, men, children, and infants) that did not participate in the HVP.

At the community level, the Community Health Workers (CHWs) and the Health Educators (HEs) reached 19,362 persons (pregnant, non-pregnant women, men) mainly through group educational activities. A major educational intervention is the Prenatal Course. The course topics include healthy lifestyles, prenatal care, risk behaviors, stages and changes in pregnancy, delivery planning, delivery process, signs and prevention of premature birth, caesarean birth, postpartum care, baby care, breastfeeding, birth spacing and family planning. During 2022-2023, the in-person 3-hour session prenatal course was offered to 378 participants (pregnant women and companions) that increased knowledge from 5.7 pretest to 6.8 posttest.

The Virtual Prenatal Course (VPC) in video format, which includes sign language is another modality that addresses the issues covered in the in-person prenatal course in an abbreviated manner. In the reporting period, the VPC webpage was visited 690 times, and the video was viewed by 213 persons.

The women’s health pocket guide (“My Health Planner”), a health promotion tool to encourage an annual preventive visit among women aged 10-49, was disseminated through health insurance companies, health care providers, MCAHS staff and collaborators. In 2022-2023, there were 11,656 visits to the Mi Agenda de Salud webpage (www.salud.pr.gov/agenda_salud) that contains supplemental information and a short video on the importance of the annual health visit and how to use the guide.

In June 2023, The MCAHS held in collaboration with ProGYN, a local organization dedicated to education and sharing knowledge among providers of OBGYN services, the symposium “Healthy Women and Reproductive Years”. The symposium had an attendance of over 100 participants from the health field.

In response to the need to address perinatal mental health disorders and their effects, the MCAHS established the Puerto Rico Perinatal Mental Health Task Force (PMHTF). Its members include government, non-governmental, professional, academic, community organizations and people with lived experience. The PMHTF goals are to: a) identify barriers and facilitators to detection and diagnosis; b) develop a directory of accessible mental health treatment services; c) create a culturally appropriate education campaign. The PMHTF is led by a Steering Committee composed of the Title V Mental Health Consultant, HVP Evaluator and HVP Coordinator.

Perinatal/Infant Health: A major intervention under this domain is the Perinatal Services, staffed by the perinatal nurses (PNs) that offer education and support on maternal and infant health to pregnant and postpartum women and their companions in birthing hospitals. Topics include healthy pregnancy, newborn care, labor and childbirth, postpartum care, safe sleep, breastfeeding, pediatric preventive care, care of premature babies, safety, and family planning. The PNs also promote the HVP and the prenatal and parenting courses and make referrals as needed. During this reporting year, the PNs reached 5,773 pregnant and postpartum women and 2,505 male and female companions.

The HVP delivered services to 1,154 infants (<12 months). Services include developmental screenings, Early Childhood Caries Risk Screening at 6 and 12 months, education to mothers about infant care, breastfeeding, and importance of pediatric visits. Services also include referrals to appropriate services and follow-up.

Promoting safe sleep to decrease infant mortality continued to be a priority as Sudden Unexpected Deaths (SUIDS) were the first cause of infant deaths between the ages of 1 to 12 months in 2022. In this regard, by 4 months of age, slightly over half (52.2%) of HVP infant participants complied with **all** safe sleep criteria. This percentage is significantly higher than those reported by PR-PRAMS (6.5%), possibly as a result of the HVNs face-to-face education and follow up with families.

During 2022-2023, the educational webpage “Encounter of my life” (*Encuentro de mi vida*) continued to disseminate information on positive health behaviors, encouraging adequate prenatal care and avoidance of risks that can affect the fetus as a strategy to decrease infant prematurity, morbidity, and mortality. The “Encounter of my life” can be accessed through the PR DOH website at www.salud.pr.gov/encuentromivida. The information is organized into five sections: Prenatal Care, Labor, and Delivery, Postpartum, Breastfeeding, and Infant Care. Each section features fact sheets that can be viewed online, downloaded, or printed. They were developed by the MCAHS staff and are reviewed periodically for timeliness and accuracy. In addition, the Virtual Prenatal Course (described in the WRA domain) is also available through this webpage.

The Steering Committee of the Puerto Rico Fetal Infant Mortality Review (PR-FIMR) updated the Implementation Manual, and the data collection instruments (parental interview and clinical collection forms) to incorporate program changes and the latest recommendations and guidance of the National Center for Fatality Review and Prevention (NCFRP).

Child Health: Improving child health encompasses the promotion of preventive visits, immunizations, oral health, emotional health, nutrition, physical activity, safety, and child development.

The two in-person Responsible Parenting Courses (a four-sessions 0-5 y/o and one-session 6/11 y/o) are important sources of information for parents on child health topics mentioned above according to their age and developmental stage. In this reporting year, pre- and post-test results showed increased knowledge among participants. In each session of the **0 to 5 y/o parenting course** there was an improvement in knowledge (1- pre 70 vs 73 post; 2- pre 70 vs 81 post; 3- 69 pre 71 post; 4- 74 pre vs 83 post). In the **6-11 y/o parenting course**, completed by 601 participants, the average post test score was 97% compared to 81% pre-test.

A key strategy to address child development, is the screening performed by the HVP – through the Ages and Stages Questionnaires (ASQ-3) and the Ages and Stages Social Emotional Questionnaire (SE-2) to identify developmental delays in the pediatric participants as early as possible. In 2022-2023, the HVP screened 1,107 toddlers (12 to 24 months). Besides screenings, the HVNs teach parenting skills to HVP participants that includes the CDC Learn the Sings, Act Early so that families can track and celebrate their children’s milestones. The Interconceptional Topics and Interventions Guide developed by the HVP specifies educational topics and screenings that the HVNs must administer to participants, according to the child’s age and needs. The interventions are complemented by culturally appropriate educational materials and items to stimulate developmental tasks.

The MCAHS partnered with United Way Puerto Rico to implement the Programa BienEstar® in day care centers. This program developed by United Way in 2014 promotes healthy eating and physical activity in early childhood providing information, strategies, and resources to the adults responsible for children’s upbringing.

Adolescent Health: The Comprehensive Adolescent Health Program (CAHP) addresses adolescent health through the Positive Youth Development (PYD) framework that empowers youth to give voice and engage in health-related actions. The CAHP has two distinct PR Title V sponsored PYD groups that are its closest youth partners:

1) **Youth Health Promoters Project (YHPP)** composed of voluntary students from 6th to 8th grades that promote healthy lifestyles among their peers. During the reporting year, 640 students participated as Youth Health Promoters (YHPs) in 46 public schools. Overall, they reached 6,002 students and 76 adults in activities about human rights, healthy eating, substance use and abuse, adolescence changes and human growth and development.

2) **Youth Advisory Council (YAC)**, composed of 20 youths ages 14 to 24 that advise on initiatives and public policies, conduct public educations, and represent de PRDOH in conferences within and outside PR. In this reporting year, the YAC continued to increase youth voices through their participation as advisors, reviewers and moderators in committees and conferences sponsored by CAHP, state agencies and non-government organizations addressing youth health and wellbeing including mental health. Very importantly, they participated in the Title V domains goals and objectives review and gave input to the initiatives, strategies, and activities of the PR TV State Action Plan.

During 2022-2023, the CAHP focused attention on the prevention of bullying and the promotion of youth mental health and wellbeing. Bullying and cyberbullying questions were incorporated into the profile of the participants of the YHPP to better assess their experiences related to bullying. The CAHP staff also updated and developed activities about emotions, gender identity and nondiscrimination related to bullying prevention & emotional wellbeing in the YHPP guide. Furthermore, the CAHP organized a youth mental health and wellbeing collaborative committee (YMHWC) that is composed of health professionals, youth serving organizations and agencies, MCAHS staff, and youth.

The new “**Vive al Máximo [saludable]**” social media campaign launched in 2022 included 9 original short videos (30 secs.) with accompanying messages, each one with a QRCode link to minivelmaximo.salud.gov.pr DOH webpage. The themes and messages

addressed to three different audiences - early adolescents, adolescents/youth adults and caregivers - on topics related to vaping prevention, physical activity, bullying prevention, annual health visit, mental health, and others.

CSCHN Health: The CSHCN Program addresses the health and wellbeing of CYSHCN through an integrated system of care characterized by quality care coordination, family engagement and support, and successful health care transitions (HCT). During the year 2022-2023, the CSHCN Program continued providing services based on four (4) standards of the NCQA Patient Centered Connected Care (PCCC) model which was adapted to the CSHCN population: 1- connect and share information with the child's primary care provider, 2- Identifying family needs, 3- provide family-centered and coordinated services, 4- measure and improve performance. Being active and visibly present in the seven PRDOH health regions, the CSHCN program positively impacts the CSHCN system of care and supports the development of medical home communities.

To increase awareness about the need to enhance HCT processes, the CSMNS shared the findings of the survey Physicians' Perspectives (PP-HCT) with the Combined Internal Medicine & Pediatrics (Med-Peds) Residency of the University of PR Medical Science School, the PR-State Council on Developmental Disabilities (PR-SCDD), the PR Family to Family Information Center, the Pediatric Hospital Foundation, and pediatricians. The sharing of findings proved to be fruitful as stakeholders are currently organizing a multi-agency committee to identify strategies to improve HCT in PR.

The number of children who received their first autism spectrum disorder (ASD) diagnosis before three years of age (SPM 1) increased from 11.3 in 2019 to 15.6 in 2023 (MCH Jurisdictional Survey). In this regard, the PR-CSHCN program's Autism and Pediatric centers perform high quality ASD evaluations through multidisciplinary health care teams. We also have a strong collaborative relationship with the Puerto Rico Autism and Developmental Disabilities Monitoring (PRADDM) network whose coordinator is the PR ACT Early Ambassador Liaison to the CDC's "Learn the Signs. Act Early."

Since the consumption of folic acid is an evidence-based practice, the Puerto Rico Birth Defects Surveillance and Prevention System (PRBDPS) continued its promotion through public health education. In early 2023, the PRBDPS launched a digital campaign on the importance of folic acid intake using digital social media (Twitter, Instagram, and Facebook) with 45,091 views.

Closing Remark

The commitment of the PR Title V workforce, partners and collaborators made possible the promotion of health and wellbeing in the PR social context characterized by adverse socioeconomic conditions, health care crisis and the long-term effects of natural disasters.

How Federal Title V Funds Complement State-Supported MCH Efforts

Medical and clinical care for the MCA population is mainly directed through the Government Health Plan (GHP) but does not cover service coordination, health promotion and disease prevention. Title V funds are used to support these activities carried out by the MCAHP staff: Home Visiting Nurses (HVNs), Perinatal Nurses (PNs), Health Educators (HEs), Community Health Workers (CHWs), and Comprehensive Adolescent Health Program Coordinators (CAHPCs). At the community level, staff offer education, outreach, prenatal and parenting courses, referrals, and youth peer-to-peer training and support. The PNs provide education and support on maternal and infant health to women in birthing hospitals. At the individual level, the HVNs of the Home Visiting Program identify participant's needs, develop plans, educate, and make referrals as needed.

Title V funds are also used to strengthen the PR system of care for CYSHCN and their families by increasing access to enabling and direct services and providing coordinated and family centered care through the CSHCN Program at the regional and community level. At the central level the program oversees surveillance, data collection, evaluation, and assessment activities to have the necessary information for decision making. The program plays a critical role in emergency planning and preparedness to respond to emerging public health threats and disasters that could potentially impact CYSHCN and their families.

MCH Success Story

This is the story of Lydianeth Sáez, Melanie Falcón, Mildred Rosario, and Magaly Santiago that proudly shared their experiences as paid staff that once were participants of the PR Title V Home Visiting program (HVP). One is a Perinatal Nurse that visits women in birthing hospitals while the others are Home Visiting Nurses of the HVP.



They named their story “**METAMORPHOSIS**”, which symbolizes the transformation they experienced from having received to providing services in Maternal and Child Health (MCH). As they said, the new role led them to “*break out of the shell*” which meant overcoming uneasiness as they - as registered nurses - had never before promoted maternal and infant health. Once trained in MCH issues, they tapped into their lived experience as former participants of the HVP that helped them gain self-confidence to serve families. Participating in the HVP was a learning experience to the point that as staff they “*act like my visiting nurse*” in their interactions with women and families. By this they mean being a non-judgmental and caring provider that listens, answers questions, and motivates women and families served be in a hospital or home visit. Their lived expertise also brings to the service they provide a higher level of empathy, sensitivity, and understanding of the expectations and feelings of participants because they “*have been there*”. Each one of them regard herself as a “*tool*” that informs, educates, cares, motivates, and engages women and families in maternal health processes. Indeed, they promote “*family teamwork*” to include husbands, partners, grandmothers, siblings, and other family members as participants in pregnancy, motherhood, and infant care.

Lydianeth, Melanie, Mildred and Magaly are deeply grateful for the guidance, support, and care they received as participants of the HVP that have lasting effects on their working lives. Their lived experience message is: “*We think the HVP functions as a means unification, validation, and inclusion of families. Through our own experiences as former participants and now as nurses we can attest to the impact on each family. Bravo!! For us being a key piece in each family*”.

For a full version of this story you may contact Dr. Norma Boujouen, PR Title V Cultural Anthropologist at nboujouen@salud.pr.gov

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Puerto Rico

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.