

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 FY 2022 Application / FY 2020 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

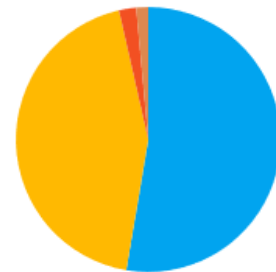
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Funding by Source

Source	FY 2020 Expenditures
Federal Allocation	\$14,922,501
State MCH Funds	\$12,410,969
Local MCH Funds	\$0
Other Funds	\$596,071
Program Income	\$410,692

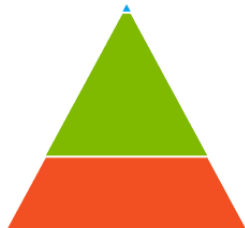
FY 2020 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$479,672	\$12,410,969
Enabling Services	\$9,544,370	\$410,692
Public Health Services and Systems	\$4,898,459	\$0

FY 2020 Expenditures Federal



FY 2020 Expenditures Non-Federal



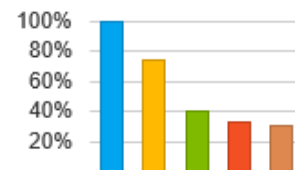
Percentage Served by Title V

Population Served	Percentage Served	FY 2020 Expenditures
■ Pregnant Women	99.9%	\$9,798,031
■ Infants < 1 Year	74.6%	\$2,287,605
■ Children 1 through 21 Years	39.8%	\$8,516,778
■ CSHCN (Subset of all infants and children)	33.1%	\$6,351,566
■ Others *	30.7%	\$0

FY 2020 Expenditures
Total: \$26,953,980



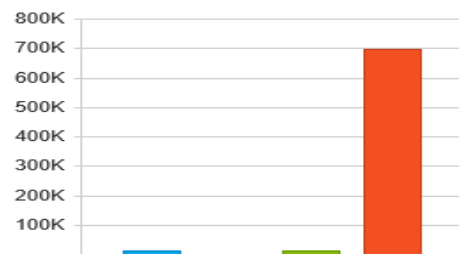
FY 2020 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	12,786
■ State Title V Social Media Hits:	751
■ State MCH Toll-Free Calls:	14,281
■ Other Toll-Free Calls:	695,034



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.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Priority Need Type	Reporting Domain(s)
<p>Promote health and wellbeing in women of reproductive age (WRA)</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year <ul style="list-style-type: none"> ○ ESM 1.1: 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 	Revised	Women/Maternal Health
<p>Improve birth outcomes</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 13.1: Percent of women who had a preventive dental visit during pregnancy <ul style="list-style-type: none"> ○ ESM 13.1.1: Percent of Title V Home Visiting Program (HVP) pregnant participants who received oral health services post referral in Puerto Rico by September 2021-2025 	Continued	Women/Maternal Health
<p>Decrease infant mortality</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding <ul style="list-style-type: none"> ○ ESM 5.1: 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 	Continued	Perinatal/Infant Health
<p>Improve preventive health in children</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year <ul style="list-style-type: none"> ○ ESM 13.2.1: 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 	New	Child Health

<p>Improve health and wellbeing of adolescents</p> <p>NPMs</p> <ul style="list-style-type: none"> ● NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others <ul style="list-style-type: none"> ○ ESM 9.1: Percent of Youth Health Promoters (YHP) who report not being bullied in Puerto Rico by September 2021-2025 ● NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. <ul style="list-style-type: none"> ○ ESM 10.1: 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>Continued</p>	<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"> ● NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home <ul style="list-style-type: none"> ○ ESM 11.1: Percent of families at the CSHCN Program who report that they "always" have a care coordinator assigned to help them find the services they need. ○ ESM 11.2: Percent of families at the CSHCN Program who agree that their child has a better health status thanks to the efforts of the care coordinator to help them access the needed services. 	<p>Revised</p>	<p>Children with Special Health Care Needs</p>
<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"> ● NPM 12: 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 <ul style="list-style-type: none"> ○ ESM 12.1: Percent of YSHCN who receive care at the RPCs and has completed a transition readiness assessment in Puerto Rico by September 2021-2025 ○ ESM 12.2: 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>Revised</p>	<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.	Continued	Children with Special Health Care Needs
<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.	Continued	Children with Special Health Care Needs

Executive Summary

Program Overview

The Puerto Rico Department of Health (PRDOH) administers Title V Block Grant through the Maternal, Child and Adolescent Health Division (MCAHD) that houses the Maternal, Child and Adolescent Health Program or **MCAHP**, and the Children with Special Medical Needs Division (CSMND) that houses the Children with Special Health Care Needs Program or **CSCHNP**. Based on the 5 Year Health Needs Assessment (2020-2025) the PR Title V selected nine priorities for the next five years.

PR TITLE V PRIORITIES (2020-2025)

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

It must be noted that PR Title V faced two major critical events in 2020: 1) In January, earthquakes struck the southwest region with tremors lasting all year round; 2) From Mid-March onwards, the strict lockdown to handle the COVID-19 pandemic led to disruptions and modifications in services. Within this context, a summary of each domain for the reporting **FY 2019- 2020** is presented.

Women/Maternal Health:

Pre-Pandemic. The MCAHP continued offering education and support to women - on oral health, prenatal care, pregnancy health, preconceptive health, mental health, and preventive medical visits - including home visits to pregnant and parenting women participants of the Title V Home Visiting Program (HVP). The 4-session **Prenatal Course** improved knowledge among participants in all sessions as shown by the pre- and post-test scores. For example, the average test scores of pregnant women in session one was 98% post-test vs 70% pre-test. The MCAHP staff also tended to the needs of women and families living in areas struck by the earthquakes: visited shelters and communities, coordinated services, and helped them face the disaster and mental health effects like constant fear, insecurity, and sense of loss. Likewise, the Home Visiting Nurses (HVN) assessed the needs of HVP participants providing support, referrals, and psychological first aid techniques.

Pandemic. Since all in-person services were stopped including the prenatal course, actions were adjusted to continue providing services albeit limited. The HVP rapidly developed a COVID-19 protocol to guide HVNs virtual interventions via texting or calls. A challenge the HVNs faced was the inability to observe the home environment and have visual clues of infants' development which they creatively handled by using the WHATSAPP or by asking mothers to send videos or describe infants' motor movements that enabled them to make referrals as needed. They also responded to emergent needs of families like support to access online critical services (WIC, Demographic Registry, Medicaid). The Community Health Workers (CHWs) contacted government agencies and private providers to verify what services were being offered and how they could be access and assisted in service coordination. The Health Educators (HEs) offered virtual education to families, professionals and the HVP staff. The MCAHP began the process of designing a virtual prenatal course to fill the void left by the paralysis of the in-person prenatal course.

Perinatal/Infant Health:

Pre-Pandemic. The MCAHP implemented strategies and collaborated with stakeholders to decrease infant mortality (i.e., safe sleep practices, promotion of healthy pregnancy, prenatal care and breastfeeding, infant care, unintentional injury prevention, and parenting skills) through the HVP, the Perinatal Services (PS), Health Promotion and Community Outreach (HPCO) and the Pediatric Consultant (PC). The PC and collaborators also addressed the delivery of high-risk infants at facilities that fulfill the requirements for the recommended level of care. The staff rapidly responded to the earthquake event to protect MCA populations health in shelters and

communities. For instance, displaced pregnant women in shelters received support and orientation on pregnancy health and prenatal care. Displaced families with infants received support in breastfeeding, safe infant feeding and safe sleep practices.

Pandemic. Many hospitals adopted strict protocols ceasing non-emergency services such as elective surgeries and non-clinical services that led to the disruption of the PS in birthing hospitals. The Perinatal Nurses (PNs) maintained communication with each hospital they serve to make inquiries about COVID-19 birthing protocols as well as protocols and dates for resuming the PS. The information on birthing protocols was shared with the HVNs to inform HVP participants, thus easing fears and concerns. Most PNs resumed hospital visits in late 2020 summer. The PC participated in a Task Force that developed recommendations for the management of postpartum women, newborns, and breastfeeding in hospitals. These recommendations were adopted as public policy by the PR COVID-19 Medical Task Force and the PRDOH. Short educational videos were created and published via social media – in collaboration with leaders from pediatric medical organizations - to encourage parents to continue with pediatric preventive care, scheduled immunizations, newborn well care, breastfeeding, and protective measures to prevent contagion. Webinars on pediatric health care, newborn care and feeding during the pandemic were presented with the collaboration of academic and primary care pediatricians.

Child Health:

Pre-Pandemic. The staff continued efforts in promoting child health (i.e., physical activity, nutrition, responsible parenting, immunization, unintentional injury prevention, child maltreatment prevention and preventive care). The parenting courses offered to parents of 0-5 y/o and 6-11 y/o successfully improved knowledge on child health topics. The staff promptly responded to the earthquake crisis by identifying the needs of families with children in shelters and making referrals to services. The PC and collaborators visited families in shelters and provided orientation on management and health preventive measures in overcrowded conditions. Dislocated families received flu vaccinations, basic hygiene kits, mosquito repellents, sunscreen and health educational materials including safe sleep and oral care. The staff also collaborated with stakeholders in initiatives geared to mitigate emotional distress among affected children and promote their health and wellbeing. Their efforts included the dissemination of the book *Trinka and Juan, when the earth moved* – created by Dr. Chandra Ghosh Ippen- a tool to help families handle children's stress caused by the earthquakes.

Pandemic. The MCAHP efforts to address child health under COVID-19 pandemic were led by the PC. In collaboration with the PR AAP Chapter, she held a virtual meeting with the staff of day care centers, Head Start (HS), Early Head Start (EHS) and parents on the spread of COVID-19 and infection control measures in public settings to promote the adoption of personal protective behaviors. The content was based on the most recent recommendations by the CDC, AAP, and the PR DOH. A chat with the participation of multiple stakeholders was created by the PC to share updated information on COVID-19 and initiatives to support the MCA population. Among chat participants were representatives of United Way of PR, ACOG, Breastfeeding support groups, psychologist, pediatricians, MCAH advocates, Voces (vaccine advocate NPO), PR AAP leaders, presidents of all the Pediatric Organization on the Island and the pediatric representative of the PR COVID Task Force. Very importantly, webinars and videos related to Title V objectives and strategies were produced and/or disseminated through the PR AAP virtual platform. Short video clips were also created with messages for parents encouraging preventive pediatric care, immunization, and measures to prevent infection and transmission of COVID-19.

Adolescent Health:

Pre-Pandemic. The school-based Youth Health Promoters Project (YHPP) - housed in the Comprehensive Adolescent Health Program or CAHP- was comprised by 949 Youth Health Promoters (YHPs) that reached 2,135 peers and 252 adults on a variety of youth health topics including the annual health visit. The YHPs like their school peers were impacted by the January earthquakes as all public schools in PR closed until government-hired engineers certified they were safe to use. Given the effects on youth lives, the CAHP staff moved quickly and created the *Hope After Earthquakes* intervention (adapted from YHPP's Hope after Hurricanes) to address youth experiences and emotions. The intervention with the YHPs was done once schools opened in February.

The Youth Advisory Council (YAC) contributed to the health and wellbeing of youth in PR through a variety of actions of which several stand out. They oversaw and designed contents of Nivel Maximo's (multimedia campaign to promote health among youth) website educational materials that can be reached at www.minivelmaximo.com. The YAC members actively participated in the 5YR Health Needs Assessment (2020-2025) processes. They also assisted the PR Children and Youth Task Force design a plan to develop a youth advisory group using YAC as a model to be replicated. The YAC adopted internal measures to address global climate change such as the use of reusable utensils, cloth grocery bags and non-paper digital forms for agenda, presentations, and evaluations. These measures were posted in social media to motivate other youth to take similar actions.

Pandemic. The YHPP was severely impacted by the pandemic crisis as it was forced to temporarily halt activities due to school closings. The CAHP staff stayed in contact – via telephone calls or text messages – with liaisons from participating schools and provided COVID-19 information and stress management support to these. School liaisons passed the information on to the students, the YHPs and/or their parents. At the same time, the YHPs were sent letters of gratitude and a participation certificate by mail to let them know that the CAHP staff care about them. The CAHP staff began the process of adapting the 3-yr (45 sessions) YHPP curriculum's in-person sessions to digital ones to be able to meet virtually with the YHPs in the immediate future, if needed.

YAC members continued meeting and working together through the virtual modality but in reduced hours compared to the in-person meetings that normally lasted all day. The YAC created educational COVID-related videos to share with peers through social networks (washing hands, how they have handled physical distancing or what they did as young people during the pandemic). The videos can be seen at <https://fb.watch/4H9F1qb3rz/>. In 2020, the members were due to end their 2-year participation in the YAC but decided to continue participating until new advisors are selected in 2021. This can be seen as a sign of duty and commitment to the YAC, the MCAHP, and the promotion of youth health.

CSHCN Health:

Pre-Pandemic. The MCH-JS (2019) placed PR's CSHCN prevalence in 27.3% (screener database). The 2020 HNA showed that there is still the need for accessibility to pediatric specialists and ASD resources. Priorities selected are overarching from the past five-year cycle. To strengthen the 2021-2026 SAP, efforts to identify stronger ESMs for NPM 11 and 12 has been carried out, as well as increasing staff participation in evaluative activities for all priorities selected.

It is important to point out that the four (4) emergent public health issues during last five-year cycle impacted the CSHCN Title V operational framework along the way. The previous ZAPSS is now the PR-SET-NET, monitoring emergent threats to pregnant women and babies. Meanwhile the PR BDSPS, EHDI-IS and TDC Registry continued the surveillance of children and families, while the Title V CSHCN Program assured that identified CSHCN and families would receive the comprehensive/coordinated care they need. During the south-west earthquakes, the program collaborated with an initiative known as "Coordinated Response" to identify and contact families in displaced shelters with CSHCN. Displaced shelters were tents prepared by families afraid of living under their roof because of the continuous tremor sequences. RPCs also contacted families of children with PKU to assure they had sufficient supplies of nutritional formula during that time. Follow-up was provided to 255 children registered in the TDC Registry, including those dependent on dialysis. The six core elements of Got Transition continued at the RPCs, as well as educational activities for communities in general and for health care professionals on early signs of ASD, the importance of timely developmental and ASD screenings and the consumption of folic acid for the prevention of NTD births.

Pandemic. Telework was the main strategy implemented by the CSHCN Program during the pandemic lockdown, including tele-health services from the health care provider's home to the CSHCN's home. The EHR team was temporarily reassigned to offer technical assistance and support to staff providing tele-health. Trainings offered included HIPAA Law; Protected Health Information (PHI); safe practices during remote work; and online applications. An approximate total of 1,025 children and families were served remotely during this period. Partial reopening of RPCs started on August 2020 providing face to face services on a controlled basis. Since March 2020 the PR-SET-NET initiated monitoring pregnant women with evidence of positive COVID-19 results. The team also developed protocols to identify and de-duplicate individuals with multiple positive COVID-19 test results, increasing the accuracy of the reported number of cases. Education on the early signs of ASD and ASD capacity building to professionals continued, face to face and virtually. Currently, support is being provided to the Department of Education, private schools and childcare/preschool programs for the development of COVID-19 protocols for the re-opening of public and private schools. Schools and childcare programs have been closed since March 2020.

Closing Remark:

On Sunday March 15, 2020, PR imposed a strict (24/7) lockdown effective the same day. This meant the sudden closings of all government offices and stopping in-person services which caused great concern about program and service continuity among the Title V staff. The words of this staff best express the first reactions to the sudden lockdown "*The first days [of the lockdown] there was uncertainty, I would rather say fear; we were disoriented because we didn't know what we would be doing*".

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 (HVN), Perinatal Nurses (PNs), Health Educators (HEs), Community Health Workers (CHWs), and Comprehensive Adolescent Health Program Coordinators (CAHPCCs). At the community level, staff offers 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.

The Federal Title V CSHCN Program funds provides a foundation for community-based, family centered services to improve PR systems of care for children and youth with special health care needs and their families, by increasing access to health care services through enabling and direct services, developing and leveraging key partnerships and collaborations, and planning and implementing program components that reach the CSHCN population and their families in collaboration with community-level partners. The program oversees surveillance, data collection, evaluation and assessment activities that inform the CSMN Division programs and public policy decisions. It also plays a critical role in emergency planning and preparedness efforts to assess capacity to respond to emerging public health threats and disasters (examples: hurricanes, earthquakes, Zika and COVID-19), that could potentially impact CSHCN and their families.

MCH Success Story

The COVID-19 pandemic brought about drastic changes to the ways the PR Title V staff worked, communicated, and provided services. These two success stories show how the staff with resolve continued helping families amid the havoc caused by the pandemic in our society.

Story one. The **Title V- HVP** made a quick adaptation from home visits to virtual services via texting or phone calls having retained families and recruited new ones in 2020. Despite stressful challenges (e.g., inability to observe the home environment, limitations to perform screenings, and technological issues), the HVNs provided continuity of services by being available - on their own accord - beyond work hours and by being creative. For example, they were able to identify infants' motor difficulties by asking mothers to send videos or describe infants' movements that led to referrals to appropriate services. The HVNs responded to the emergent need of participants to access online services (WIC, Demographic Registry, Medicaid) by first learning how to use these platforms to help families navigate the virtual system. The HVNs gave emotional support related to participants' worries and anxieties about COVID-19 infection. The HVN of Adjuntas, a highland municipality, deserves special mentioning. This HVN used ingenuity to educate and

support families. For instance, she took photos of online forms (provided by her collaborators), HVP educational materials and screening forms sending them over to participants to facilitate understanding during the interventions. The Adjuntas HVN had highly complex cases that required constant communication to offer support about pregnancy and infant daily care. She also had cases whose needs required several referrals (in one case about eight referrals) which she completed successfully due to her demeanor and a strong local collaborative network. In her words, "...using the telephone was the bridge to communicate with my participants...it was the most useful tool that I had all the time...we were able to do much more than it was expected."

Story two. Einstein used to say, "it is in time of crisis where inventiveness, discoveries and great strategies are born". During this uncertain and challenging year, we recognize the CSHCN Program's administrators, directors, health care providers and enabling providers, who in the middle of the COVID-19 pandemic lockdown and amid the fears, uncertainties, and lack of experience in services from providers' homes to families' homes, had the courage to urgently implement and carry out a telework system of care for CSHCN and their families. The care and commitment for the wellbeing of families demonstrated by the Program's staff during this unprecedented time was laudable. We also recognize the EHR team that provided constant technological support to staff and families. These information technology experts were always available to solve technological issues so that families and providers could maintain their communication and offer/receive the needed services. The lessons learned are of added value for the CSHCN, families and providers. As the saying goes: "Every cloud has a silver lining".

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 2020.

[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.