



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

PUERTO RICO

State Snapshot

FY2024 Application / FY2022 Annual Report

November 2023

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 FY2024 Application / FY2022 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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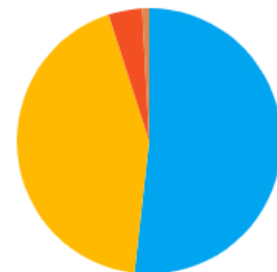
State Hotline

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Funding by Source

Source	FY 2022 Expenditures
■ Federal Allocation	\$14,109,864
■ State MCH Funds	\$11,786,553
■ Local MCH Funds	\$0
■ Other Funds	\$1,127,211
■ Program Income	\$229,892

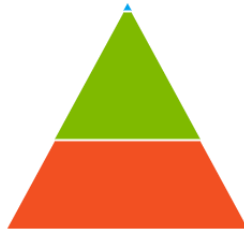
FY 2022 Expenditures



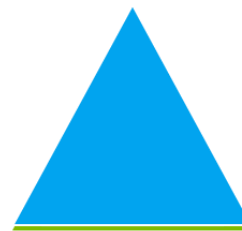
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$443,515	\$11,786,553
Enabling Services	\$8,081,495	\$229,892
Public Health Services and Systems	\$5,584,854	\$0

FY 2022 Expenditures Federal



FY 2022 Expenditures Non-Federal



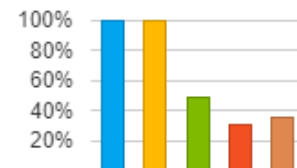
Percentage Served by Title V

Population Served	Percentage Served	FY 2022 Expenditures
Pregnant Women	100.0%	\$5,711,180
Infants < 1 Year	99.7%	\$3,616,446
Children 1 through 21 Years	48.9%	\$9,851,510
CSHCN (Subset of all infants and children)	30.8%	\$6,189,216
Others *	35.6%	\$0

FY 2022 Expenditures Total: \$25,368,352



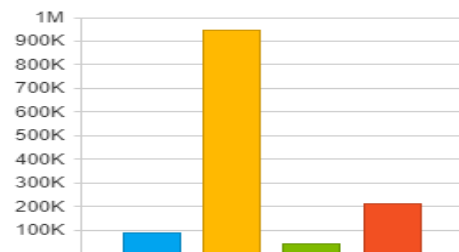
FY 2022 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	86,531
State Title V Social Media Hits:	945,462
State MCH Toll-Free Calls:	39,122
Other Toll-Free Calls:	211,571



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	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 	<p>Women/Maternal Health</p>
<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 ○ ESM 13.1.2: 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"> ● 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 	<p>Perinatal/Infant Health</p>
<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 	<p>Child Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<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) that completed the first year 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>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 or another professional available to help them find the services they need. ○ ESM 11.2: 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 coordinator to help them access the needed services. 	<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>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>

Priority Needs and Associated Measures	Reporting Domain(s)
<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 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**. 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 youths, 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. During this reporting year (2021-2022) the PR Title V staff returned to on-site office work and face-to-face provision of services. A summary of the key efforts and progress in each domain for **FY 2021-2022** is presented below.

Women/Maternal Health:

This domain addresses pre-conceptive, pregnancy 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 associated with poor pregnancy outcomes. Participants are admitted during pregnancy and followed until the child is 2 years old. During 2021-2022, the HVNs provided services to 3,044 pregnant and parenting women distributed in 70 of the 78 municipalities in PR. It is worth noting that the number of pregnant participants who reported they had a dental care provider increased significantly, from 67.4% in 2020-2021 to 86.9% in the reporting year (2021-2022). This can be attributed to the intervention of the HVNs in providing education on oral health during pregnancy and coordinating dental health services for the participants. The HVNs also provided education, support, and limited care coordination to 3,085 pregnant women and mothers who do not qualify for the HVP or who are not able to participate fully in the program.

At the community level, the Community Health Workers (CHW) and the Health Educators (HEs) reach women of reproductive age, pregnant and parenting women and their companions, and the general public mainly through group interventions in schools, health service provider sites, and communities. A major educational strategy is the Prenatal Course targeted at pregnant women and companions to promote healthy pregnancy and prevent risk factors. The course includes information and educational activities on the following topics: 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 2021-2022, the in-person course was offered in two modalities: four 1-hour sessions and a single 3-hour session. Another modality is the Virtual Prenatal Course (VPC) in video format that addresses the issues covered in the in-person prenatal course in an abbreviated manner. The VPC was successful in increasing participants' knowledge on the topics covered, described in the III. A.3. MCH Success Story narrative.

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, MCAHP staff and collaborators. A QR code printed on the guide leads users to the "Mi agenda de salud" webpage (www.salud.pr.gov/CMS/433) for supplemental information. It also has a link to download and print a copy of the guide.

In May 2022, the first Perinatal Mental Health Awareness Day was observed in Puerto Rico. The Title V Mental Health Consultant was instrumental in writing and presenting the measure, which was passed by both the House and Senate as Act 6 of 2022. Its aim is to educate and increase awareness about the issues surrounding emotional and mental health during pregnancy, delivery, and the postpartum period. In this regard, the MCAHP and collaborators are responding to the need – stated by women and professionals alike- to address maternal mental health.

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. The topics covered by the PNs include healthy pregnancy, newborn care, labor and childbirth, postpartum care, safe sleep, breastfeeding, pediatric preventive care, care of premature babies, safety, and family planning. They also promote the HVP and the prenatal and parenting courses and make referrals as needed. During this reporting year, the PNs reached 3,267 pregnant and postpartum women and 1,062 male and female companions.

The HVP, besides providing services to pregnant women and mothers (described in the WRA/maternal domain) delivered services to 1,090 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 their completion.

The MCAHP continued promoting safe sleep practices through community education, professional trainings, and the prenatal and parenting courses. An important educational tool to promote safe sleep is the 3-minute video clip that is disseminated through social media and is available in the Facebook and webpage of the PR Department of Health. At the individual level, the HVNs offer education on safe sleep and record the baby's sleeping environment at each visit and provide guidance if the appropriate conditions are not met.

During 2021-2022, the multimedia campaign "Encuentro de mi vida" (Encounter of My Life) continued to spread the message to pregnant women and the community that pregnancy lasts 40 weeks, importance of prenatal adequate care and avoidance of risk behaviors as a strategy to decrease infant prematurity, morbidity, and mortality. The information can be accessed through (www.salud.pr.gov/encuentro_mi_vida). 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.

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. Pre- and post-test results showed increased knowledge among participants. For example, in each session of the 0 to 5 y/o parenting course there was an improvement in knowledge (1- pre 82 vs 93 post; 2- pre 79 vs 94 post; 3- 81 pre 90 post; 4- 71 pre vs 90 post). In the 6-11 y/o course completed by 340 participants the average post test score was 94% compared to 82% pre-test.

Besides the parenting courses, the MCAHP staff delivered public orientations and presentations on preventing unintentional injuries, oral health, preventive visits, immunizations, obesity and physical activity to individuals, professionals, and community groups including Head/Early Head Start parents and staff. During this reporting period, one PRDOH region (Bayamón) held the Oral Health Summit attended by 200 participants including nurses of the Department of Education and HS/EHS, representatives of WIC, Oral Health, CSHCN and MCAH Programs of the Bayamón Region.

The MCAHP also promoted child health through the "Encounter of My Life" webpage and the HVP. It must be noted that 86.6% of HVP child participants (24-month-old) had the complete vaccination series upon discharge from the program compared to 48% of children of the same age group in PR. This shows the effectiveness of the HVP's education and care coordination efforts with participant families.

A key strategy to address child development, is the screening performed by the Title V HVP – through the Ages and Stages Questionnaires (ASQ-3) and the Stages Social Emotional Questionnaire (SE-2) to identify developmental delays in the pediatric participants as early as possible. In FY 2021-2022, the HVP screened 1,211 toddlers (12 to 24 months). Most screenings with a high-risk result (31) were in the social emotional test, not commonly used in primary pediatric medical care. This highlights the importance of the screenings done in the HVP, which identifies children requiring further assessment and specialized intervention to ensure they reach their full potential socially and emotionally. The screenings done in the HVP are not billed and do not appear in the GHP data.

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.

Adolescent preventive medical visits are a major focus in this domain. Strategies involve the promotion of the adoption of healthy behaviors and increasing awareness among youth and families of the importance of an annual healthcare visit. This is done through the school-based Youth Health Promoters Project (YHPP) composed of voluntary students from 6th to 8th grades that promote healthy lifestyles among their peers. The Youth Health Promoters (YHPs) participate in the program for three consecutive years and receive support, education, and training on youth health. During the reporting year, 649 students participated as YHPs in 50 public schools.

Preventive medical visits are also promoted through community educational activities and the "Nivel Máximo" (*Maximum Level*) *Multimedia Campaign*. On February 15, 2022, the new "**Vive al Máximo [saludable]**" social media campaign was launched which included 9 short videos (30 secs.) with accompanying messages and, two longer videos (45 secs) each one with a QRCode link to

minivelmaximo.salud.gov.pr DOH webpage. The themes and messages were conceptualized and addressed to three different audiences: early adolescents, adolescents/youth adults and caregivers.

During 2021-2022, the CAHP emphasized the promotion of the prevention of bullying and increase 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 adolescent multimedia campaign included bullying prevention and mental health promotion.

The Youth Advisory Council (YAC)- composed of youths - is an important asset to the PR Title V. During 2021-2022, the YAC was granted a space in the DOH webpage to educate other youths as well as adults on adolescent health issues. During this period, the YAC created publications about youth health, preventive visits, and their role as advisors to the PRDOH. The YAC also provided feedback on a youth suicide prevention video created by the PRDOH Suicide Prevention Commission. Likewise, the YAC collaborated in the development of a Youth Wellbeing Congress of Sexual Risk Avoidance Grant. Furthermore, the YAC members received trainings on bullying, mental health, and WRA "My Health Planner" to enhance their knowledge to promote youth health. An interactive virtual activity was held with YAC new members on the priorities, objectives, strategies, and activities of each domain to enable them to understand how Title V is organized in PR and the importance of their engagement.

CSHCN Health:

The CSHCN Program is addressing 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 year 2021-2022 and under the standards of the NCQA Patient Centered Connected Care (PCCC) model, the program revised and updated its protocols and procedures related to care coordination and communication with community PCPs. Workforce capacity development was carried out around these topics. Being active and visibly present in the seven health regions of the island, the CSHCN program can positively impact the CSHCN system of care and support the development of medical home communities. The program also began to share the findings of the HCT Survey addressed to physicians, encouraging conversations of potential collaborations to reach out to physicians providing them with HCT tools that will support them during the HCT processes.

ASD prevalence continues to increase in PR (4.7% or 1 in 21, based on the 2023 MCH-JS). The increase of referrals for ASD evaluations together with the lack of specialized ASD professionals and the previous pandemic lockdown is causing the rapid incrementation of children in waiting lists for ASD evaluation. This is a barrier to comply with SPM 1: the early diagnosis and intervention of children with ASD. During reporting year, measures were implemented to help reduce ASD evaluation waiting lists at the Autism Centers. However, this is not enough, and additional strategies must be identified during application year. On the other hand, the PR-BDSPS continues to reach out to families and communities about the importance of folic acid intake to prevent NTD births.

Closing Remark

Transitioning back to pre-pandemic operations involved both on-site and virtual health promotion to reach out to individuals and families that may not be able to attend in-person educational activities.

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 (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.

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 family centered care through the CSHCN Program at the regional and community level. The program also plans and implements strategies to reach CYSHCN and their families in collaboration with community-level partners. At the central level the program oversees surveillance, data collection, evaluation, and assessment activities to have the necessary information for decision making and 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

The following stories illustrate PR Title V successes during the pandemic recovery period.

Genetics and Family Engagement. During reporting year our Family Representative, Coral Jimenez, was selected as one of the two co-leaders of the New York-Mid-Atlantic Regional Genetics Network (NYMAC) Project in PR together with pediatrician Dr. Norma Arciniegas. This project aims to address unique needs of families in PR due to the lack of genetic services, including genetic counseling. Various genetic educational activities with the participation of geneticists, genetic counselors, Family Voices, and our Family Representative, were provided to families, health care providers and medicine students. The activities addressed the importance of genetic services as well as genetic conditions that are particular of PR, such as the Hermansky Pudlack Syndrome. Families had the opportunity to talk individually with NYMAC's genetic counselors.

Our family representative also participated in the adaptation of videos in Spanish which provide information about genetic services to diverse Hispanic families in the states and territories. These videos are a collaboration between NYMAC and the Heartland Regional Genetics Network. Link to access videos is below.

<https://youtube.com/playlist?list=PLB-nW5NfLt1BAIV1N7aFrHN175nixa7mg>

A Virtual Prenatal Course. To face COVID-19 pandemic constraints, the MCAHP created the Virtual Prenatal Course (VPC) in video format that covers all topics of the in-person prenatal course “A Baby on its Way” in an abbreviated form. Launched in April 2022, the VPC – that includes sign language - is an innovative way to reach pregnant women and others in a concise, clear, visually attractive, and culturally competent manner that can be accessed through computers, tablets, or cell phones at any time and at any place. Evaluation results (April-August 2022) from 867 participants - of whom 683 were adult and adolescent pregnant women – show gains. The salient ones are: 1) Increased levels of knowledge from 6.0 pre-test to 6.6 post-test score; 2) High satisfaction (over 80%) with content and delivery; 3) Self-confidence about pregnancy health, labor process and newborn care. Participants’ comments shown below exemplify some of these gains:

“...I did not know that you can make a plan [labor] and consult the physician, that draw my attention and I will put it into practice.”

“I feel confident and safe with you all, I saw many things in the video that my gynecologist had not explained.”

“I am very grateful of this course because it is educational and clarifies many doubts to us first time mothers.”

“The course was great; I am 38 years of age, and this is my third pregnancy but still I feel doubts and fear of labor. Thank you very much for your help through this course.”

Following is the link for the virtual prenatal course:

<https://www.salud.pr.gov/CMS/587>

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 2022.

[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.