

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
<p>Promote health and wellbeing in women of reproductive age (WRA)</p>	<p>Disseminate the Women of Reproductive Age Preventive Care Pocket Guide.</p> <p>Establish collaborations with entities that promote and provide mental and preventive health services to the target population.</p> <p>Provide continuing education to HVNs to improve their knowledge and skills in identifying, managing, and referring participants who report mental health issues.</p> <p>Continue the current Maternal Mortality Review Surveillance System in Puerto Rico.</p> <p>Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, prevention of premature birth, among others.</p>	<p>By 2025, increase to 82% the percentage of women who receive an annual preventive medical visit (Baseline PR-BRFSS 2019: 78.5%).</p>	<p>NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year</p>	<p>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>	<p>NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>NOM 3: Maternal mortality rate per 100,000 live births</p> <p>NOM 4: Percent of low birth weight deliveries (<2,500 grams)</p> <p>NOM 5: Percent of preterm births (<37 weeks)</p> <p>NOM 6: Percent of early term births (37, 38 weeks)</p> <p>NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.2: Neonatal mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.4: Preterm-related mortality rate per 100,000 live births</p>

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					<p>NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy</p> <p>NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations</p> <p>NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females</p> <p>NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth</p>
Improve birth outcomes	<p>Strengthen collaborations to develop strategies that promote preventive oral health care visits in pregnant women.</p> <p>Provide information to the target population on the benefits of preventive oral visits during pregnancy via social media and educational activities in the community.</p> <p>Promote preventive dental visits among Title V Home Visiting Program pregnant participants.</p> <p>Continue to provide educational activities regarding prenatal care through workshops (Spanish title: “Curso Prenatal”).</p> <p>Continue outreach and referral of pregnant women to initiate prenatal health care.</p> <p>Disseminate and promote the Prenatal Health Care Services Guidelines to the target population and health care providers.</p> <p>Promote healthy lifestyles during pregnancy via social media and educational activities in the community.</p>	By 2025, increase to 56% the percentage of pregnant women who had a preventive dental visit (Baseline PR-PRAMS 2019: 53.3%).	NPM 13.1: Percent of women who had a preventive dental visit during pregnancy	<p><i>Inactive - 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</i></p> <p>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>	<p>NOM 14: Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year</p> <p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p>

Perinatal/Infant Health

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Decrease infant mortality	<p>Collaborate with the Puerto Rico Hospitals Association to train hospital staff on infant safe sleep practices and promote successful breastfeeding initiation.</p> <p>Through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media, and other communication outlets, provide information and promote infant safe sleep practices, signs and symptoms of premature birth, unintentional injury prevention, and recommendations proven to help achieve successful breastfeeding initiation and exclusively breastfeeding until six months.</p> <p>Promote the implementation of Hard Stop Policy in hospitals.</p> <p>Develop policies and strategies based on results of the CDC state and jurisdictional analysis of LoCATE to increase the percent of very low birth weight and/or premature infants delivered at facilities that provide the specialty level required for the care of high-risk neonates.</p> <p>Maintain the current Fetal and Infant Mortality Review Advisory Committee in Puerto Rico with the purpose of identifying gaps and improving maternal and infant care.</p> <p>Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of infants, including safe infant feeding, safe sleep practices, among others.</p>	<p>By 2025, increase to 7% the percentage of infants up to 6 months of age placed to sleep in a safe environment (Baseline PR-PRAMS 2019: 4.5%)</p> <p>By 2025, increase to 57% the percentage of infants up to 6 months of age placed to sleep on their backs (Baseline PRAMS 2021: 55.2%)</p> <p>By 2025, increase to 27% the percentage of infants up to 6 months of age placed to sleep on a separate approved sleep surface (Baseline PRAMS 2019: 23.1%)</p> <p>By 2025, increase to 31% the percentage of infants up to 6 months of age placed to sleep without soft objects or loose bedding (Baseline PRAMS 2021: 30%)</p>	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	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>NOM 9.1: Infant mortality rate per 1,000 live births</p> <p>NOM 9.3: Post neonatal mortality rate per 1,000 live births</p> <p>NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>

Child Health

Improve preventive health in children	<p>Promote the use of the infant at high risk for caries screening tool among primary care providers, particularly FQHC, for an early referral to establish a dental home.</p> <p>Promote the preventive dental visits among Parenting Course participants.</p> <p>Promote healthy lifestyles to families through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate.</p>	By 2025, increase to 83% the percentage of children with a preventive dental visit in the past year, participants of the Government Health Insurance Plan. (PR-BRFSS 2021: 78.7%)	NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	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>NOM 14: Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year</p> <p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</p>
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	Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of children.				NOM 19: Percent of children, ages 0 through 17, in excellent or very good health
Adolescent Health					
Improve health and wellbeing of adolescents	<p>Review the Youth Health Promoters Project (YHPP) curriculum to incorporate additional strategies/activities related to bullying prevention and mental health/wellbeing.</p> <p>Increase awareness about mental health/wellbeing and bullying prevention in youth and adults, including parents/caregivers and health care providers.</p> <p>Develop a comprehensive project that incorporate youth, parents, and school communities that promote school connectedness, respect, healthy relationships and equity to eradicate bullying to be implemented in a youth health promoters YHPP in collaboration with Department of Education.</p> <p>Develop Youth Intervention Guides to promote resilience and reduce youth trauma after stressful events.</p> <p>Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of adolescents and young adults.</p>	By 2025, reduce to 6.5% the percentage of adolescents who report being bullied in school (Baseline PR-YRBSS 2021: 6.7%).	NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others	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	<p>NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000</p> <p>NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000</p>
Improve health and wellbeing of adolescents	<p>Empower youth to adopt healthy behaviors through positive youth development initiatives.</p> <p>Establish collaboration with MCAH stakeholders to implement PR Youth Health Literacy Toolkit (YHLT) to provide knowledge about how to use the health care system.</p> <p>Increase awareness of youth health and wellbeing issues including the annual healthcare visit through educational activities and multi media campaigns.</p> <p>Implement the Puerto Rico Youth Friendly Healthcare Services Guidelines in a pilot project in FHQC.</p> <p>Identify a Got Transition Guide to assist youth to transition from pediatric to adult healthcare services.</p>	By 2025, increase to 92% the percentage of adolescents with a preventive medical visit in the past year (Baseline PR-BRFSS 2021: 87.8%)	NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.	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>NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000</p> <p>NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000</p> <p>NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000</p> <p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning</p>

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					<p>system</p> <p>NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p> <p>NOM 20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)</p> <p>NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza</p> <p>NOM 22.3: Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p> <p>NOM 22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine</p> <p>NOM 22.5: Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</p> <p>NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females</p>

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Children with Special Health Care Needs					
<p>Increase the number of CSHCN who receive regular ongoing comprehensive health care within a medical home</p>	<p>CSHCN Program’s staff capacity development in family engagement and health equity.</p> <p>FESAs capacity development in family-professional partnerships, shared plan of care, and registration of families impacted by their educational activities and interventions.</p> <p>Explore the possibility of collaboration with entities that offer mental health care services.</p> <p>Continue with care coordination quality improvement strategies at the PR-CSHCN Program.</p> <p>Continue with activities to enhance the communication between community PCPs, especially pediatricians, and the PR-CSHCN Program’s health care providers</p> <p>Enhance the care coordination system within RPCs and Autism centers to guarantee that children receive the services they need.</p>	<p>By 2025 increase to 54.1% the percent of CSHCN that have a medical home. (Baseline: MCH-JS 2023: 53.1%)</p>	<p>NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home</p>	<p>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.</p> <p>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>	<p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</p> <p>NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling</p> <p>NOM 19: Percent of children, ages 0 through 17, in excellent or very good health</p> <p>NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year</p>
<p>Increase the number of YSHCN who receive appropriate supports and services for their transition to adult health care.</p>	<p>Increase awareness in physicians about HCT and HCT processes.</p> <p>Promote HCT among YSHCN and their families.</p> <p>Share transition survey findings with CSHCN Program pediatricians and collect their inputs.</p> <p>Evaluate HCT at the PR-CSHCNP and identify/implement quality improvement strategies.</p> <p>Continue identifying and registering physicians who serve the adult population and are willing to treat YSHCN.</p> <p>Promote PACMA among the PR-CSHCN staff so that they share it with their families with YSHCN.</p>	<p>By 2025, increase to 22.6% the percent of YSHCN who receive the necessary services to transition to adult health care. (Baseline: MCH-JS 2023: 22.2%)</p>	<p>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</p>	<p>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</p> <p>ESM 12.2: Percent of YSHCN at the CSHCN Program who has a transition action plan in place after completing a transition readiness</p>	<p>NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system</p>

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				assessment (4th core element of Got Transition).	
<p>Decrease the age when children with Autism Spectrum Disorders (ASD) receive their first diagnostic evaluation.</p>	<p>Create an ASD inter-agency committee to address the increase of ASD prevalence in PR.</p> <p>Identify strategies to reduce the waiting lists for ASD evaluation at the CSHCN autism centers.</p> <p>Continue the distribution of the Passport to Health (Pasaporte a la Salud) at the Office of Vital Statistics (Demographic Registry) to parents of newborns.</p> <p>Promote among parents the monitoring of their children’s developmental milestones, and that they recognized the early signs of ASD, through the distribution of CDC educational materials to centers and providers that serve families with infants and toddlers.</p> <p>Promote ASD screening at 18 and 24 months of age among health care providers, as mandated in the PR-EDSPT.</p> <p>Continue encouraging the use of the Autism Registry among health care professionals.</p> <p>Provide information about the early signs of ASD to pediatricians, PCPs, childcare centers, Early Head Start, Federally Qualified Health Centers, WIC clinics, APNI’s web page and the early intervention program.</p> <p>Identify funds to increase the contracting of professionals at the autism and regional pediatric centers that can carry out diagnostic evaluations to children under 36 months of age.</p>	<p>By 2025 increase by 5% the proportion of children with ASD diagnosed at age 3 or earlier (Baseline: MCH-JS: 11.2%).</p>	<p>SPM 1: Percentage of children with ASD that are diagnosed at 36 month of age or earlier.</p>		
<p>Decrease the prevalence of neural tube defects at birth.</p>	<p>Provide orientation to families affected by NTDs about prevention of NTD recurrence and link them with the services they need.</p> <p>Update and publish the BDSPTS Period 2016-2020 report in the PR-DOH webpage.</p> <p>Update educational material on folic acid intake, birth defects prevention</p>	<p>By 2025 decrease by at least 1% the prevalence of NTD births.</p>	<p>SPM 2: Prevalence at birth of neural tube defects.</p>		

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	<p>and NTDs.</p> <p>Update the educational campaign of folic acid intake using the PR Department of Health webpage. Other social media may be used such as: Instagram, Facebook, and Twitter.</p>				