

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
<p>Promote health and wellbeing in women of reproductive age (WRA)</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>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 Maternal Mortality Review Surveillance System in Puerto Rico.</p> <p>Disseminate an Emergency Preparedness and Response guide that considers the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, and prevention of premature birth, among others.</p>	<p>ESM WWW.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>NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWW</p>	<p>NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM</p> <p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p> <p>NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB</p> <p>NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB</p> <p>NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM</p> <p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p>

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					<p>NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related</p> <p>NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP</p> <p>NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p> <p>NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,</p>

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					Formerly NOM 24) - PPD
Improve birth outcomes	By 2025, increase to 56% the percentage of pregnant women who had a preventive dental visit (Baseline PR-PRAMS 2019: 53.3%).	<p>Strengthen collaborations with key stakeholders 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>Promote healthy lifestyles during pregnancy via social media and educational activities in the community.</p>	<p><i>Inactive - 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</i></p> <p>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>	NPM - Percent of women who had a dental visit during pregnancy (Preventive Dental Visit - Pregnancy, Formerly NPM 13.1) - PDV-Pregnancy	<p>NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC</p> <p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p>
Promote health and wellbeing in women of reproductive age (WRA)	By 2025, increase to 85% the percentage of women who attend a postpartum checkup within 12 weeks after giving birth (Baseline PR-PRAMS 2022: 82.7%).	Develop a Postpartum Care Pocket Guide that will educate women on the importance of attending a postpartum checkup within 12 weeks after giving birth and what to expect in the visit.	No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.	NPM - 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	This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.
Perinatal/Infant Health					
Decrease infant mortality	By 2025, increase to 7% the percentage of infants up to 6 months of age placed to sleep in a	Collaborate with the Puerto Rico Hospital Association to train hospital staff on infant safe sleep practices and successful breastfeeding initiation.	ESM SS.1 - Percent of infants of 4 months of age, in the Title V	NPM - A) Percent of infants placed to sleep on their backs (Safe Sleep,	NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

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	<p>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>	<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 the Hard Stop Policy in hospitals.</p> <p>Maintain the Fetal and Infant Mortality Review in Puerto to identify gaps and improve maternal and infant care.</p> <p>Disseminate an Emergency Preparedness and Response guide that considers the needs of infants, including safe infant feeding, safe sleep practices, among others.</p>	<p>Home Visiting Program (HVP), placed to sleep in a safe environment after receiving safe sleep counseling in Puerto Rico by September 2021-2025</p>	<p>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</p>	<p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>

Child Health

<p>Improve preventive health in children</p>	<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%)</p>	<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>Through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media, and other communication outlets promote healthy lifestyles among families.</p> <p>Disseminate an Emergency Preparedness and Response guide that considers the needs of children.</p>	<p>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>	<p>NPM - 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</p>	<p>NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC</p> <p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very</p>
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					good health (Children's Health Status, Formerly NOM 19) - CHS
Improve preventive health in children	By 2025, increase to 52% the percent of all children that have a medical home. (Baseline: MCH-JS 2023: 50.1%)	Promote the medical home comprehensive primary care approach through the PR Title V Home Visiting Program, Prenatal and Parenting courses, and PRDOH social media.	<p>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.</p> <p>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>	NPM - 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	<p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>
Adolescent Health					
Improve health and wellbeing of adolescents	By 2025, reduce to 6.5% the percentage of adolescents who report being bullied in school (Baseline PR-YRBSS 2021: 6.7%).	<p>Review 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 Youth Intervention Guides to promote resilience and reduce youth trauma after stressful events.</p>	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	NPM - 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	<p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p>

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<p>Improve health and wellbeing of adolescents</p>	<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%)</p>	<p>Empower youth to adopt healthy behaviors through positive youth development initiatives.</p> <p>Establish collaboration with MCAH stakeholders to implement the PR Youth Health Literacy Toolkit (YHLT) to provide knowledge regarding 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 through a pilot project in a FHQC.</p>	<p>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>	<p>NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW</p>	<p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p> <p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI</p>

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					<p>at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS</p> <p>NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p>

Children with Special Health Care Needs

Increase the number of CSHCN who	By 2025 increase to 54.1% the percent of CSHCN that have a medical home. (Baseline: MCH-	Increase the capacity of the CSHCN Program’s staff, including FESAs, in family engagement and health equity.	ESM MH.1 - Percent of families at the CSHCN Program	NPM - Percent of children with and without special health care needs, ages 0	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who
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receive regular ongoing comprehensive health care within a medical home	JS 2023: 53.1%)	<p>Continue offering quality care coordination and enabling services at the RPCs and Autism Centers.</p> <p>Continue enhancing communication between community PCPs, especially pediatricians, and the PR-CSHCN Program’s health care providers.</p> <p>Enhance care coordination within RPCs and Autism centers.</p>	<p>who report that they “always” have a care coordinator or another professional available to help them find the services they need.</p> <p>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>	<p>through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH</p>	<p>receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>
Increase the number of YSHCN who receive appropriate supports and services for their transition to adult health care.	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>Increase awareness regarding HCT and HCT processes among physicians.</p> <p>Promote HCT among YSHCN and their families.</p> <p>Engage key stakeholders to identify strategies to promote evidence-based transition practices.</p> <p>Promote the use of PACMA and other HCT tools among PR-CSHCN staff to facilitate resource sharing with YSHCN and their families.</p>	<p>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</p> <p>ESM TR.2 - Percent of YSHCN at the CSHCN Program who has a transition action plan in place after completing a transition readiness</p>	<p>NPM - 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</p>	<p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p>

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			assessment (4th core element of Got Transition).		
Decrease the age when children with Autism Spectrum Disorders (ASD) receive their first diagnostic evaluation.	By 2025 increase by 5% the proportion of children with ASD diagnosed at age 3 or earlier (Baseline: MCH-JS: 11.2%).	<p>Continue implementing strategies to reduce waiting lists for ASD evaluation at the CSHCN autism centers.</p> <p>Continue the distribution of the Passport to Health (Pasaporte a la Salud) to parents of newborns at the Office of Vital Statistics (Demographic Registry).</p> <p>Promote among parents the monitoring of their children’s developmental milestones, to recognize the early signs of ASD at the CSHCN Program.</p> <p>Promote ASD screening at 18 and 24 months of age among health care providers, as mandated in the PR-EPSTD.</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 health care professionals.</p>		SPM 1: Percentage of children with ASD that are diagnosed at 36 month of age or earlier.	
Decrease the prevalence of neural tube defects at birth.	By 2025 decrease by at least 1% the prevalence of NTD births.	<p>Provide orientation to families affected by NTDs about prevention of NTD recurrence and link them with the services they need.</p> <p>Collaborate with the PR Department of Education to continue promoting the use of folic acid among students.</p> <p>Continue working on an educational campaign of folic acid intake using the PR Department of Health webpage and social media.</p>		SPM 2: Prevalence at birth of neural tube defects.	