



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

PUERTO RICO

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 2016

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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

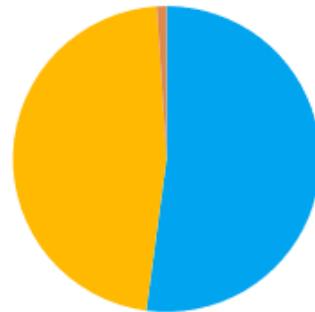
State Contacts

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Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$13,330,036
State MCH Funds	\$11,991,353
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$259,264

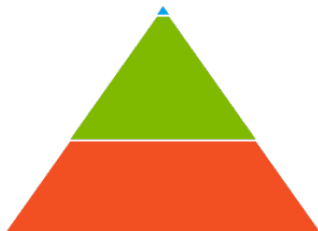
FY 2015 Expenditures



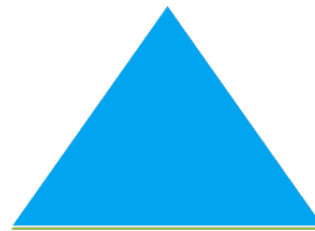
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$492,231	\$12,151,948
Enabling Services	\$7,393,458	\$96,295
Public Health Services and Systems	\$5,444,347	\$2,374

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



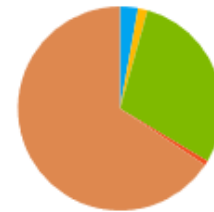
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	57,557	\$4,398,765	18.0%
Infants < 1 Year	31,233	\$4,398,763	18.0%
Children 1-22 Years	594,861	\$9,867,105	40.4%
CSHCN	15,062	\$5,771,955	23.6%
Others *	1,335,452	\$0	0.0%
Total	2,034,165	\$24,436,588	100%

FY 2015 Expenditures



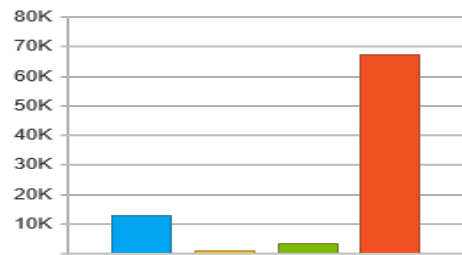
FY 2015 Individuals Served



*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	12,817
State Title V Social Media Hits:	779
State MCH Toll-Free Calls:	3,427
Other Toll-Free Calls:	67,141



Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	The Preventive Health Services Guidelines for women in reproductive age will be established as a Department of Health Public Policy in Puerto Rico by September 2018
NPM 1	Well-Woman Visit	ESM 1.2	Women of Reproductive Age (WRA) Preventive and Preconceptive Health Services Guidelines will be included in the educational curriculum of health care providers in training in Puerto Rico by September 2018
NPM 1	Well-Woman Visit	ESM 1.3	The number of participants reached with promotion activities through MCAH staff in community meetings regarding the preventive health services as required by Affordable Care Act by September 2017-2021 (ongoing)
NPM 1	Well-Woman Visit	ESM 1.4	The percent of uninsured women in reproductive age in Puerto Rico, by September 2017-2021 (ongoing)
NPM 1	Well-Woman Visit	ESM 1.5	The number of Health Professional Organizations that included the WRA Preventive and Preconceptive Health Services Guidelines in the continuous medical education activities of health care in training and experienced providers by September 2017
NPM 1	Well-Woman Visit	ESM 1.6	The number of the Puerto Rico Home Visiting Program participants reached with information regarding Zika signs and symptom, transmission, and prevention 2017-2021 (ongoing)
NPM 1	Well-Woman Visit	ESM 1.7	The bill to establish the PR Maternal Mortality Epidemiologic Surveillance System and the Maternal Mortality Review Committee will be re-submitted to Puerto Rico legislature by September 2018
NPM 1	Well-Woman Visit	ESM 1.8	The number of cases reviewed by the Maternal Mortality Review Committee by September 2018-2021 (ongoing)
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Adaptation of the maternal and perinatal care guidelines according to American College of Obstetrician Gynecology, and the American Academy of Pediatrics for Puerto Rico with the input of the Review Committee will be completed by September 2017
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.2	Evaluation and classification of the hospitals in Puerto Rico according to the maternal and perinatal care guidelines will be completed by September 2018
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.3	The annual report of the Puerto Rico Fetal and Infant Mortality Review Advisory Committee with findings and recommendations to improve maternal and infant

			care will be completed by September 2017-2021 (ongoing)
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.4	The Percent of PRMCAH Staff (Health educators and Home Visiting Nurses) trained on Cardio Pulmonary Resuscitation Anytime for infants by September 2018-2021 (ongoing)
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.5	The number of Puerto Rico Home Visiting Program (HVP) participants and participants in the communities trained on CPR Anytime for infants by September 2017-2021 (ongoing)
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.6	The percent of participants in Puerto Rico of the Prenatal Course that identify the campaign message by September 2017-2021 (ongoing)
NPM 4	Breastfeeding	ESM 4.1	The percent of Puerto Rico Home Visiting Program (HVP) participants who ever breastfed by September 2017-2021 (ongoing)
NPM 4	Breastfeeding	ESM 4.2	The percent of Puerto Rico Home Visiting Program (HVP) participants who practice breastfeeding exclusively at 6 months by September 2017-2021 (ongoing)
NPM 4	Breastfeeding	ESM 4.3	The percent of birthing hospitals implementing the 10 steps of Baby Friendly Hospitals in compliance with Administrative order #336 by September 2017-2021 (ongoing)
NPM 4	Breastfeeding	ESM 4.4	Develop an annual activity promoting breastfeeding for Puerto Rico and focused on a gap in support services identified by the Breastfeeding Promotion Coalition, with support from the PRMCAH staff by September 2017-2021 (ongoing)
NPM 4	Breastfeeding	ESM 4.5	The percent of hospitals in Puerto Rico using the directory of Community Based Organizations providing post-partum breastfeeding support by September 2017-2021 (ongoing).
NPM 4	Breastfeeding	ESM 4.6	Final Guidelines for the management of donated maternal milk in Puerto Rico will be completed by September 2017
NPM 4	Breastfeeding	ESM 4.7	The Bill for the Management of Donated Maternal Milk will be approved in the Puerto Rico Legislature by September 2019
NPM 8	Physical Activity	ESM 8.1	The percent of participants in Puerto Rico of the Responsible Parenting Courses (age 0 to 5) who demonstrate increase in knowledge regarding physical activity and healthy nutritional choices in children by September 2017-2021 (ongoing)

NPM 8	Physical Activity	ESM 8.2	The percent of participants in Puerto Rico of the Responsible Parenting Courses (age 6 to 11) who demonstrate increase in knowledge regarding physical activity and healthy nutritional choices in children by September 2018-2021 (ongoing)
NPM 8	Physical Activity	ESM 8.3	The PRMCAH staff will be trained on the interventional program on improving physical fitness and/or healthy eating habits by September 2017-2021 (ongoing)
NPM 8	Physical Activity	ESM 8.4	The development of a National Plan and a Public policy for the Prevention of Obesity in Puerto Rico will be completed by September 2017
NPM 10	Adolescent Well-Visit	ESM 10.1	The percent of youths participating in MCAH PYD Youth Health Promoters Project who express an enhancement in their capacities related to the PYD core assets in a survey at the end of each project year by September 2017-2021 (ongoing)
NPM 10	Adolescent Well-Visit	ESM 10.2	The percent of youths in schools and communities reached with the PR Youth Health Literacy Toolkit that increase their awareness regarding how to use the health care system (pre-post survey) by September 2017-2021 (ongoing)
NPM 10	Adolescent Well-Visit	ESM 10.3	The percent of youths participating in the YHPP that identify the importance of attending the annual health care visit as the main media campaign message in a survey by September 2017- 2021 (ongoing)
NPM 10	Adolescent Well-Visit	ESM 10.4	The percent of PR Federally Qualify Healthcare Centers (FQHC 330) that adopt PR Youth Friendly Healthcare Service Guidelines by September 2018-2021 (ongoing)
NPM 10	Adolescent Well-Visit	ESM 10.5	The PR Youth Guide for transitioning to adult centered healthcare services will be completed by September 2019
NPM 11	Medical Home	ESM 11.1	Percentage of CSHCN Program staff that attend the medical home meetings to be held.
NPM 11	Medical Home	ESM 11.2	Workshop on medical home components coordination services and family centered care services developed.
NPM 11	Medical Home	ESM 11.3	Percentage of CSHCN Program staff that attend the medical home service coordination and family centered care workshop.

NPM 11	Medical Home	ESM 11.4	Evidence based Services Coordination Protocol Guide created.
NPM 11	Medical Home	ESM 11.5	Services coordination and family centered care indicators developed and implemented at the CSHCN Program to measure progress.
NPM 12	Transition	ESM 12.1	Percentage of CSHCN Program staff that participate at transition to adulthood meetings to be held.
NPM 12	Transition	ESM 12.2	Workshop on transition to adulthood starting at age 14 developed
NPM 12	Transition	ESM 12.3	Percentage of CSHCN Program staff who participate of the transition to adulthood life workshop
NPM 12	Transition	ESM 12.4	Evidence based Protocol Guide created for Transition to Adulthood Services starting at age 14.
NPM 12	Transition	ESM 12.5	Number of Transition to Adulthood community based organization identified to enhance networking development.
NPM 12	Transition	ESM 12.6	Transition to adulthood indicators developed and implemented at the CSHCN Program to measure progress
NPM 13	Preventive Dental Visit	ESM 13.1	Percent of pregnant women receiving oral health evaluation service in Puerto Rico by September 2017-2021 (ongoing)
NPM 13	Preventive Dental Visit	ESM 13.2	MOU with the Puerto Rico dental school to reinforce the importance of preventive oral health care of pregnant women in the educational curriculum of dental care providers in training in Puerto Rico by September 2018
NPM 13	Preventive Dental Visit	ESM 13.3	The inclusion of the topic of preventive oral health care for pregnant women in continuous medical education activities in Puerto Rico will be achieved by September 2019
NPM 13	Preventive Dental Visit	ESM 13.4	Percent of Home Visiting Program staff trained on oral health of pregnant women in Puerto Rico by September 2017-2021 (ongoing)
NPM 13	Preventive Dental Visit	ESM 13.5	The percent of infants and children in Early Head Start and Head Start referred for dental evaluation identified at high risk for caries using the caries risk assessment in Puerto Rico by September 2017-2021 (ongoing)
NPM 13	Preventive Dental Visit	ESM 13.6	The percent of infants in the Home Visiting Program (HVP) screened for high risk for caries and referred

			for early oral preventive services in Puerto Rico by September 2017-2021 (ongoing)
NPM 13	Preventive Dental Visit	ESM 13.7	The percent of children with a preventive oral visit in Puerto Rico by September 2017-2021 (ongoing)
NPM 13	Preventive Dental Visit	ESM 13.8	MOU with the Puerto Rico dental school to reinforce the importance of preventive oral health care in early infancy to childhood in the educational curriculum of dental care providers in training by September by 2018
NPM 13	Preventive Dental Visit	ESM 13.9	The inclusion of the topic of preventive oral health care for children in continuous medical education activities of dental care providers in Puerto Rico will be achieved by September 2019
NPM 13	Preventive Dental Visit	ESM 13.10	The number of participants reached with promotion activities regarding preventive oral health evaluation in children in Puerto Rico by September 2017-2021 (ongoing)
NPM 13	Preventive Dental Visit	ESM 13.11	The creation of the Pediatric Dentist Directory (schedules, medical insurance, and age limits) of Puerto Rico by September 2017
NPM 13	Preventive Dental Visit	ESM 13.12	The approval by health insurance plans to reimburse the application of fluoride varnish in children at high risk for caries for prevention to dentist in Puerto Rico by September 2017
NPM 13	Preventive Dental Visit	ESM 13.13	The number of participants reached with promotion activities regarding healthy habits that protect adolescent oral health in Puerto Rico by September 2017-2021 (ongoing)
NPM 13	Preventive Dental Visit	ESM 13.14	The percent of participants who demonstrate increase in knowledge regarding preventive oral health evaluation in the prenatal course in Puerto Rico by September 2017-2021 (ongoing)

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of cesarean deliveries among low-risk first births	Women/Maternal Health
SPM 2	Percent of children with a preventive services visit in the last year	Child Health
SPM 3	Percentage of children with ASD that are diagnosed at age 3 years or earlier.	Children with Special Health Care Needs
SPM 4	Prevalence at birth of neural tube defects.	Children with Special Health Care Needs
SPM 5	Percent of RPCs with an Electronic Health Record System	Children with Special Health Care Needs

Executive Summary

I.E. Application/Annual Report Executive Summary

The Title V Program in Puerto Rico operates within the Department of Health (DOH) and is housed in the Maternal, Child and Adolescent Health Division (Component A & B or MCAH Program) and the Children with Special Medical Needs Division (Component C or CSHCN Program). The MCAH Program addresses issues related to the women/maternal, perinatal/infant, child, adolescent, and cross-cutting domains. The CSHCN Program concentrates on all issues pertaining to the CSHCN domain.

The PR Title V Program continuously assess – through quantitative and qualitative methods – population needs, strengths and resources available to enhance their health status. This information is obtained from a wide array of stakeholders that include health, human service and education professionals, community groups, adolescents, MCH/CHSCN families, and members of MCAH Regional Boards. Their input has been critical for setting priorities, devising strategies, and generating the action plan. While the PR State priorities remain unchanged this reporting year, new strategies to address the emergent Zika epidemic have been incorporated into the 2016 work plan.

In this first year Title V accomplishments and challenges as measured by the Performance Measures and the Outcome Measures by population domain are:

Women/Maternal Health: 2015 VS preliminary data for PR reveal that 92.3% women who had a live birth received PNC at any time during their gestation. Of these, 88.1% began PNC during their first trimester of pregnancy (NPM 18), a 3% increase when compared to 2014 births (85.4%). The 10 year Average Annual Percent Change (AAPC) shows an increase of 0.8% since 2005 (81.5%).

A major accomplishment has been the prompt response to the Zika threat with Island wide campaign for the prevention of the transmission of Zika, especially during pregnancy. In this regard, MCAH received funds from the CDC to conduct the Puerto Rico Pregnancy Risk Assessment Monitoring System (PR-ZPER), a rapid population-based assessment of Zika-related behaviors and experiences of recently pregnant women who deliver a live-born infant in PR. Another success is the establishment of the Hard Stop Policy for elective inductions in birthing hospitals in collaboration with the Hospital Association.

The multimedia campaign The Encounter of My Life was launched in 2015. This campaign used television, newspapers, radio, digital media (Facebook and Google), digital billboards, train station billboards and movie theaters to promote early prenatal care, healthy pregnancy, 40 weeks gestation and breastfeeding. Included is a mobile application that informs mothers to be, week by week on the baby's development and healthy birth outcomes. A total of 3,531 app were reported installed in smartphones.

The prenatal course “A Baby on its Way” consisting of four educational sessions on healthy pregnancy, healthy delivery and appropriate care for the baby was implemented. A total of 70 prenatal courses attended by 829 persons were offered in communities.

A challenge within this domain is to continue the prevention of the Zika epidemic. Another challenge is to increase the promotion of the Preventive Health visits among reproductive age women to enhance their health status. Improving preconceptive and interconceptive health, lessens the incidence of chronic disease that complicate pregnancy and adversely affect birth outcomes and maternal health and morbidity.

Perinatal/Infant Health: The 2015 VS data presents 11.6% premature birth and a decrease in the percent of late term births (34 to 36 weeks gestation) from 12.7% in 2011 to 8.4%. From 2008 to 2012 there has been a 35.9% increase in subspecialized perinatal care services (34.3% IIIA and 2.9% IIIB) and during 2015 (VS) 73.2% of all VLBW were born at facilities adequately prepared to manage high-risk deliveries and neonates.

Since 2005, infant mortality (IM) has shown a marked reduction of 23.7% (9.3/1,000 live births vs. 7.1/1,000 live births in 2015). This decrease is also observed in neonatal and post-neonatal mortalities, with a reduction of 29.9% for neonatal mortality (6.7/1,000 live births vs. 4.7/1,000 live births) and a reduction of 7.7% for post-neonatal mortality (2.6/1,000 live births vs. 2.4/1,000 live births).

The ESMIPR (PRAMS like survey) 2012 data for breast feeding (BF) at 6 months after birth showed that the rate rose 40% (32.9%) compared to 2010 results (23.5%). VS data obtained from the birth certificate showed that in 2015, 88.4% of mothers were practicing BF at the moment of registering their babies, a 27.6% increase compared to 69.3% in 2011. The MCAH Program will continue to follow up and encourage birthing hospitals to comply with the requirements for the implementation of BF support and the steps toward a Baby Friendly Hospital Breastfeeding Program. The implementation of the Administrative Order 336 that requires hospital to adopt the ten steps of a Baby Friendly Hospital and the support provided by the Breastfeeding Promotion Coalition led by the MCAH program will have a positive impact in supporting the successful initiation of breastfeeding in the post-partum period. In FY 2015, 4,358 participants of the MCAH Home Visiting Program (HPV) - staffed by registered nurses - received BF information and support.

Child Health: The MCAH Program updated and disseminated the Puerto Rico Pediatric Preventive Health Care Services Guidelines (PR PPHCSG) as public policy of the DOH whose use complies with the EPSDT requirements of CMS. Compliance with the guidelines is a challenge requiring awareness of families to follow the preventive visit schedule. Puerto Rico has had a decrease in the rate of emergency room visits due to all unintentional injuries among children aged 1 to 14 years from 13,819.7 in 2014 to 10,003/100,000 in 2015, a decrease of 27.6%. Decreased rate of deaths to children 14 years and younger caused by MV crashes from 2.1/100,000 in 2011 to 0.9 in 2015 has also occurred. There was also a decrease in the percent of children, ages 2 to 5, receiving WIC services with a BMI above the 85%, from 36.3% in 2011 to 16.3% in 2015. The Insurance Commissioner reported 90,506 minors between the ages 0-14 visited an emergency room due to an injury during CY 2014, and 63,770 during 2015. This represents a rate of 10,003 per 100,000; a decrease of 27.6%.

Physical activity and nutrition are key aspects of child health. As no data is available on children's physical activity in Puerto Rico, the MCAH Program will obtain the data via questions to parents in the BRFSS survey. To increase physical activity in children entails stronger sectorial collaboration including the Education and Recreation departments. The 2014 National Immunization Survey (NIS) for Puerto Rico reported 66.5% of children aged 19-35 months old as having received the recommended immunizations. Overcoming all the barriers for parents to immunize their children on schedule prior to completing 24 months requires strengthening collaboration with the PR Immunization program and continued educational interventions in the HVP and communities.

The Positive Responsible Parenting Curriculum – that addresses developmental stages, nurturing, healthy food habits and prevention of unintentional injuries - is offered to parents of children aged 0-5 years. For FY 2014-2015, 36 educational activities were held reaching 425 people.

Adolescent Health: Positive Youth Development (PYD) is MCAH leading strategy to provide the support and opportunities to empower PR youths to adopt healthy behaviors and reach their full potential. The PYD Youth Health Promoters Project (YHPP) had 482 youth's 10-13 y/o middle scholars that led 60 educational health activities to 5,149 peers that included Zika prevention in 2016. The 1st DOH Youth Advisory Council, was created in 2015-16 with 25 youths (14-21 y/o) from diverse sectors, health capabilities, orientations and municipalities to advise DOH on youth health initiatives and policies.

Adolescents, parents and adults are reached with Understanding Adolescence (UA) workshop to address adolescent development and youth-adult engagement. A total of 354 youths, parents, and professionals (educators, district attorneys, health and social) participated in 25 workshops in 2014-15.

The MCAH will continue focusing on PYD to increase PR youth's health visits while adding socio-ecologic view towards youth health equity. Youths and adults will work to develop culturally competent Youth Health Literacy Toolkit, Youth Friendly Health Services Guide and Youth Guide for Transitioning Healthcare. Also, the 1st step of a multimedia campaign was launched through digital media and movie theaters to raise awareness about the importance of youth health visits.

Cross-cutting or Life Course: Preventive oral health was included in the PRPPHCSG and the information has been disseminated to the HVP participants. MCAH community health education puts emphasis on oral care. The oral health services are covered by the GHP, but a gap in services to pregnant women and young children is a challenge to attain MCAH goals. It will require continue advocating for the inclusion of preventive oral health care of pregnant women and early childhood in the continuous education activities of dental health care providers.

CSHCN:

The CSHCN Program in collaboration with other PRDOH programs has expanded its reach-out activities to reach not only CSHCN and families, but also the public health workforce. The emergent issue related to the Zika virus outbreak has boosted the development of new strategies in order to identify and monitor the most vulnerable population: pregnant women, women at reproductive age, and infants born to Zika infected mothers. Among these strategies are the implementation of the Zika Active Pregnancy Surveillance System (ZAPSS), the development of protocols for the screening of pregnant women, for blood samples management, and for the identification and follow-up of infants and children prenatally exposed or affected by the virus. Efforts to enhance workforce capacity on Zika management has been carried out, reaching out, up to now, a total of 140 health professional at 14 birthing hospitals, including NICU, Nursery and Maternity Ward Nurses, Nurse Supervisors, Pediatricians, OB/GYNs, Care Coordinators among others. The CSHCN Program staff is also participating in this capacity development, and the Program is promoting referrals of exposed infants in order to provide developmental screening, care coordination and follow-up. These infants and children will be monitored until they reach the age of three.

The culmination of the 2015 Puerto Rico CSHCN Survey was a great achievement for Puerto Rico, not only because of the accessibility to valid and reliable data to better understand our CSHCN population needs, but also because it has been critical for decision-making about PR priorities and strategies development. The survey results are also being disseminated to the CSHCN Program staff, increasing their knowledge on the population's needs and the importance of their participation in implementing strategies to satisfy these needs. The NPM's #2 to #6 Survey results are as follow: 80.4% of families reported partnership in decision making, 30.8% referred their children to receive care within a medical home, 50% stated that their CSHCN has an adequate public and/or private insurance, 70% reported the community-based service system can be used easily, and 24.7% reported that their YSHCN received the necessary services to make a successful transition to adult life.

Another major achievement was the implementation of the Autism Registry. This registry was established under Public Law 220, September 4, 2012, the Welfare, Integration and Development of People with Autism. The purpose of the Autism Registry is to obtain prevalence and data pertaining to the diagnosis of Autism Spectrum Disorders (ASD). The Registry was implemented in December 2015 with the collaboration of the Office of Informatics and Technological Advances, and has a platform, which enables health professionals to register children diagnosed with ASD. One of the State Priorities is to increase the percent of children that are diagnosed with ASD at or before the age of three. The Autism Registry will help monitor and follow-up this priority.

A Work Plan for Quality Improvement of the CSHCN Program, developed by a Program's staff work team, will be implemented at the Regional levels to increase service quality. It is expected that its implementation will impact national and state priorities; care coordination, transition to adulthood and data capacity. It is also expected to increase sustainability of the Program. The strength of this plan is that it's grounded on the CSHCN Survey results, was developed in collaboration with Program Staff, and its implementation compromises all Program staff. The weakness is that only three families participated in its development. Family participation has been a challenge and will be strongly addressed during the next year.

The CSHCN Program Family Representative and the MCAH Program Social Worker worked in conjunction with the Statewide Parent Advocacy Network (SPAN) on a Technical Assistance addressing families and CSHCN Program staff. The purpose of the TA was to increase family empowerment, and raise awareness of the requirement, necessity and importance of family participation; not only for families but also for Program staff. On February 25 and 26, 2016, a total of 28 staff and seven families participated of two workshops carried out through this TA, which worked as a first phase to reach out to families. A second phase of the TA is being designed and will be implemented during early 2017.

Closing Thought

The greatest challenge across domains is Puerto Rico's economic crisis characterized by an outstanding public debt, retrenchment in public resources, shrinking employment opportunities, deepening poverty and large outmigration to the US. This crisis affects health care adversely as it has prompted longer waits for procedures and visits, overcrowded emergency rooms, lay-offs and service reduction in hospitals, and the migration of physicians from PR to the US.

In view of this scenario, the Title V Program must balance the needs of MCH/CSHCN populations with existing internal and external resources and expertise to maximize protective factors in families and communities.