



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

PUERTO RICO

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

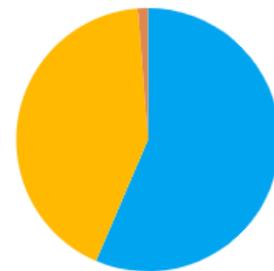
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Manuel I. Vargas Bernal MD, MPH mivargas@salud.pr.gov (787) 765-2929 x4550	Miguel Valencia Prado MD mvalencia@salud.pr.gov (787) 765-2929 x4572	Coralaidée Jimenez Burgos Family Representative coralaidee@salud.pr.gov (787) 765-2929 x4575

Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$15,613,262
State MCH Funds	\$11,709,947
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$332,632

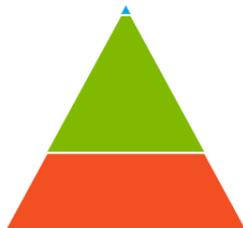
FY 2018 Expenditures



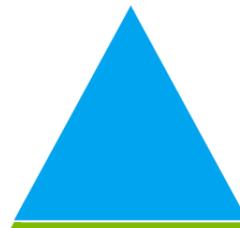
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$585,705	\$11,709,947
Enabling Services	\$9,597,903	\$332,632
Public Health Services and Systems	\$5,429,654	\$0

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



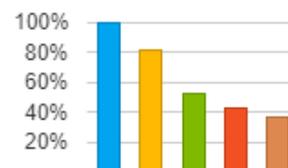
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
■ Pregnant Women	100.0%	\$4,456,232
■ Infants < 1 Year	81.0%	\$4,456,233
■ Children 1 through 21 Years	52.0%	\$11,475,318
■ CSHCN (Subset of all Children)	43.0%	\$6,669,909
■ Others *	36.0%	\$0

FY 2018 Expenditures
Total: \$27,057,692



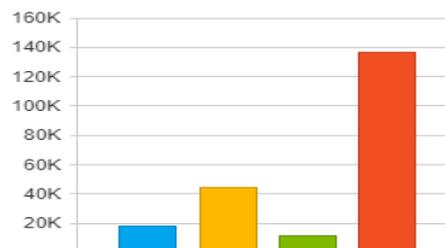
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
■ State Title V Website Hits:	18,267
■ State Title V Social Media Hits:	44,437
■ State MCH Toll-Free Calls:	11,276
■ Other Toll-Free Calls:	136,492



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant 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	Child Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.4	Reduce the percent of uninsured women in reproductive age in Puerto Rico, by September 2017-2021 (ongoing)
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.7	The use of LOCATe as an instrument to promote quality improvement in Neonatal and Maternal Care services by September 2020.
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 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 11	Medical Home	ESM 11.6	Percent of CSHCNP families that report they receive the information they need.
NPM 11	Medical Home	ESM 11.7	Percent of families that report they feel more confident managing child's condition thanks to the information and support received at the CSHCNP.
NPM 12	Transition	ESM 12.7	Percent of CSHCNP families with YSHCN who were successfully contacted to notify them about the importance of transition to an adult health care provider.
NPM 12	Transition	ESM 12.8	Percent of YSHCN at the CSHCNP who are given the Transition Readiness Assessment.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	The percent of infants of 6 months or more 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 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	The percent of infants of 6 months or more in the Home Visiting Program (HVP) at high risk for caries who received early oral preventive services in Puerto Rico by September 2020-2025 (ongoing)

State Performance Measures

SPM #	SPM Title	Reporting 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 6	Percent of EHR and tele-health system implementation phases completed.	Children with Special Health Care Needs

Executive Summary

Program Overview

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).

PR TITLE V PROGRAMS AND SERVICES

HOME VISITING PROGRAM (HVP) staffed by the *Home Visiting Nurses (HVNs)*, operates in 73 municipalities. The HVP offers holistic case management, care coordination, support and education services to pregnant and parenting women, their children up to age 2, and their families. A series of screening tools are used to identify participants' needs and strengths and services are tailored accordingly. The HVNs work in partnership with participants to devise the action plans that can be changed if new needs arise throughout the period of participation in the program.

COMMUNITY HEALTH PROMOTION is overseen by the *Health Educators (HEs)* – one in each of the 7 Health Regions – that offer education to communities and provide technical assistance to the *Community Health Workers (CHWs)*. The HEs and CHWs offer the following courses: a) Prenatal Course that provides pregnant women with tools to maintain a healthy pregnancy and prevent risk factors; b) Parenting Courses targeted at parents of children 0-5 years old and parents of children aged 6-11 years old on healthy eating, physical activity, preventive medical visits, violence prevention, home safety and positive childrearing. A key aspect of health promotion are media/internet campaigns, dissemination of educational materials and training to families and professionals.

PERINATAL SERVICES are provided by the *Perinatal Nurses (PNs)* that visit birthing hospitals across PR to offer pregnancy and breastfeeding support and post-partum and infant health education. They also promote the HVP and the Prenatal and Responsible Parenting Courses.

COMPREHENSIVE ADOLESCENT HEALTH PROGRAM (CAHP) promotes adolescence health based on the Positive Youth Development Model (PYDM). The *Comprehensive Adolescent Health Program Coordinators (CAHPCs)*, one in each of the 7 Health Regions, coordinate the Youth Health Promoters Project (YHPP) implemented in selected schools. The YHPPs are voluntary students that promote healthy lifestyles among their peers. There is also a Youth Advisory Council (YAC) that help identify and implement strategies to improve youth health and wellbeing.

PEDIATRIC AND AUTISM CENTERS. Provide comprehensive, quality and family-centered health, social and support services to CSHCN and their families. The seven Pediatric Centers (RPCs) and the two Autism Centers have a complete health workforce that comprises Pediatricians, Nurses, Physical and Occupational Therapists, Speech Pathologists, Speech Therapists, Psychologists, Social Workers, Service Coordinators and Specialized Physicians.

The greatest challenge Title V faces is Puerto Rico's economic crisis characterized by an outstanding public debt, public cutbacks, shrinking labor market, poverty, large migration to the US and a slow recovery from the devastation caused by Hurricane María in 2017 that caused billions in damages.

Based on the 2019 Interim Health Needs Assessment (HNA) and input from professional, family and youth stakeholders, we assessed the priority needs, strategies, resources and measures (NPMs, SPMs, ESMs) of the action plan. All 10 priorities identified in the 2015-5YR HNA remain unchanged.

PUERTO RICO TITLE V PRIORITIES	
1.	Improve women in reproductive age health and wellbeing including emergent conditions
2.	Improve birth outcomes
3.	Decrease infant mortality
4.	Improve children health and wellbeing
5.	Improve adolescent health and wellbeing
6.	Increase the number of CSHCN who receive regular ongoing comprehensive health care within a medical home
7.	Increase the number of CSHCN aged 12 to 17 years who receive adequate support and services for their transition to adult health care
8.	Decrease the age when children at risk for Autism Spectrum Disorders (ASD) receive their first diagnostic evaluation
9.	Reduce the prevalence at birth of neural tube defects
10.	Implementation of health information technology (EHR and tele-health) to increase access to necessary health services, ensure consistent tracking and monitoring of CSHCN and improve CSHCN Program data

Before presenting the summary for each domain, it must be clarified that in 2017-2018 PR Title V focused attention on emergent storm-related needs joining recovery efforts. In the aftermath of the storm, life became a struggle for survival as people, especially those most vulnerable, lacked access to their most basic needs. Consequently, PR Title V adjusted its strategies and timelines across all domains.

Women/Maternal Health:

Despite personal losses due to the catastrophe, the MCAHP staff worked tirelessly to help the MCA populations, particularly those staying in shelters or in unsafe living conditions.

The HVNs reached 165 pregnant women, 624 postpartum women, 299 infants and 264 children (12-24 m/o), assessed their needs and endeavored to find the resources needed to supply them.

The staff developed and disseminated educational materials on emergent public health topics: leptospirosis, scabies, lice, clean drinking water, safe food storage, personal hygiene, hand washing, interpersonal violence, and unintentional injuries.

A needs inventory tool was developed for HVP participants to tend to their most pressing necessities, which may have differed from the pre-hurricane needs and plan.

HVP POST HURRICANE NEEDS INVENTORY

M009-Inv103437

Departamento de Salud
División Mañes, Niños y Adolescentes
Programa de Visitas al Hogar

ESTATUS DE PARTICIPANTES PVH EN SITUACIÓN DE EMERGENCIA

Nombre: _____ # expediente: _____ Fecha: ____/____/____

Este formulario se utilizará en situaciones de emergencia por instrucciones de su Supervisor/a o Director/a Regional.

Marque con X las contestaciones que apliquen.

Gestante (sem. ____)
 Inter
 Inter Gestante (sem. ____)
 Infante (edad ____)
 Pediátrico (edad ____)

Situación de vivienda	Servicios y recursos básicos disponibles	Alimentos	Estado de salud participante
<input type="checkbox"/> Sufrió inundación <input type="checkbox"/> Pérdida de mobiliario <input type="checkbox"/> Pérdida de ropa y artículos personales <input type="checkbox"/> Daños a la estructura Especifique: _____ <input type="checkbox"/> Vivienda no habitable Si la vivienda no es habitable, ¿dónde reside? <input type="checkbox"/> Familiar/amigo <input type="checkbox"/> Refugio _____ <input type="checkbox"/> Otro _____ <input type="checkbox"/> Solicitó ayudas disponibles (ej: FEMA, seguro de propiedad, municipio, etc., si aplica) La vivienda donde reside actualmente es segura <input type="checkbox"/> Sí <input type="checkbox"/> No Dónde duerme actualmente: <input type="checkbox"/> cama <input type="checkbox"/> catre <input type="checkbox"/> piso <input type="checkbox"/> otro _____ La comunidad donde reside es segura <input type="checkbox"/> Sí <input type="checkbox"/> No ¿Se le puede visitar donde está residiendo? <input type="checkbox"/> Sí <input type="checkbox"/> No Dirección: _____ Horario de visita: _____ <input type="checkbox"/> La participante se mudó o se mudará a: <input type="checkbox"/> Estados Unidos Estado: _____ <input type="checkbox"/> Otro país: _____	<input type="checkbox"/> Agua <input type="checkbox"/> AAA <input type="checkbox"/> Oasis <input type="checkbox"/> Agua de lluvia <input type="checkbox"/> Agua de río o pozo <input type="checkbox"/> Cisterna / tanque <input type="checkbox"/> Energía eléctrica (AEE) <input type="checkbox"/> Generador eléctrico <input type="checkbox"/> Propio <input type="checkbox"/> Vecino/familiar <input type="checkbox"/> Teléfono línea fija <input type="checkbox"/> Teléfono celular <input type="checkbox"/> Internet <input type="checkbox"/> WhatsApp Número de teléfono (si no es el usual) _____ Horario de preferencia para contacto _____ <input type="checkbox"/> Acceso a carreteras transitables Si no, explique: _____ <input type="checkbox"/> Transportación <input type="checkbox"/> auto propio <input type="checkbox"/> familiar/amigo <input type="checkbox"/> pública/taxi/Uber <input type="checkbox"/> otro: _____ <input type="checkbox"/> Acceso a artículos de higiene personal <input type="checkbox"/> gestante o inter <input type="checkbox"/> bebé En caso de emergencia o parto acudirá al siguiente hospital o centro de salud _____	<input type="checkbox"/> Acceso a alimentos Fuente de alimentos: <input type="checkbox"/> Comprados <input type="checkbox"/> Donados (organizaciones, gobierno, etc.) <input type="checkbox"/> Familiares/vecinos <input type="checkbox"/> Tiene alimentos suficientes: <input type="checkbox"/> todos los días <input type="checkbox"/> algunos días <input type="checkbox"/> no tiene seguridad de alimentos <input type="checkbox"/> Agua potable <input type="checkbox"/> todos los días <input type="checkbox"/> algunos días <input type="checkbox"/> no tiene seguridad <input type="checkbox"/> Acceso a hielo <input type="checkbox"/> Acceso a colmados o supermercados <input type="checkbox"/> Recibe PAN <input type="checkbox"/> puede utilizar la tarjeta <input type="checkbox"/> no puede utilizar la tarjeta <input type="checkbox"/> Recibe WIC <input type="checkbox"/> Pudo recoger sus cheques <input type="checkbox"/> Pudo comprar con sus cheques <div style="border: 1px solid black; padding: 2px; font-size: x-small;"> Alimentación infante/ped ¿Cómo alimenta a bebé? </div> <input type="checkbox"/> Tiene alimentos suficientes para bebé: <input type="checkbox"/> todos los días <input type="checkbox"/> algunos días <input type="checkbox"/> no tiene seguridad de alimentos	<input type="checkbox"/> Condiciones de salud en este momento: En tratamiento <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Acceso a servicios médicos <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Acceso a medicamentos <input type="checkbox"/> Sí <input type="checkbox"/> No <div style="border: 1px solid black; padding: 2px; font-size: x-small;"> Estado infante/ped </div> <input type="checkbox"/> Condiciones de salud en este momento: En tratamiento <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Acceso a servicios médicos <input type="checkbox"/> Sí <input type="checkbox"/> No <input type="checkbox"/> Acceso a medicamentos <input type="checkbox"/> Sí <input type="checkbox"/> No Dónde duerme actualmente: <input type="checkbox"/> cuna <input type="checkbox"/> corral ("pack & play") <input type="checkbox"/> cargador / coche <input type="checkbox"/> cama o catre <input type="checkbox"/> solo <input type="checkbox"/> con otra persona <input type="checkbox"/> piso <input type="checkbox"/> otro _____

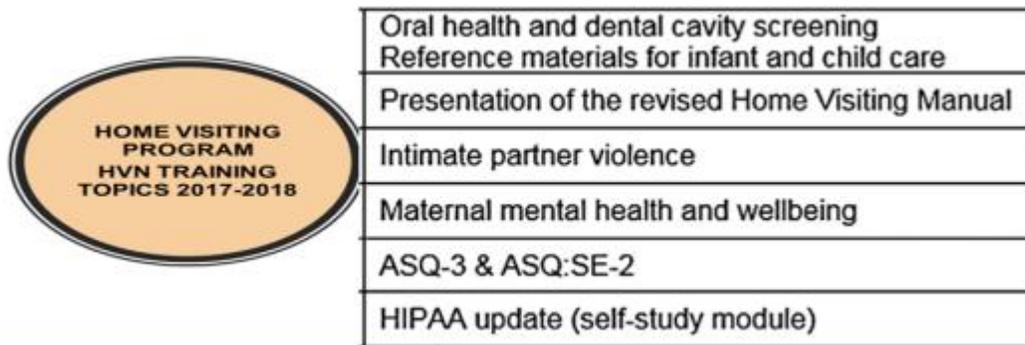
UTILICE ESTA INFORMACIÓN PARA COMPLETAR EL PLAN DE ACCIÓN EN EL REVERSO DEL FORMULARIO →

- **Housing situation:** damages to or loss of the home and personal possessions, current living arrangements, availability of a safe space for baby to sleep, plan to relocate, etc.
- **Status of utilities and basic services:** water, electric power (grids or generator), transportation, etc.
- **Drinking water and safe food for adults, infants and children:** access to supermarkets, availability of foodstuffs in stores, availability of baby food or formula if not breastfeeding, access to ice or refrigeration for safe storage of perishables, etc.
- **Health status of participant and family members:** access to physical and mental health care, adequate supply of medications and vaccines, if needed, etc.
- **For pregnant participants:** plans for delivery if their hospital or OB of choice was not available, plans for transportation to hospital, etc.

Health interventions and actions for 2017-2018 were gradually resumed. The HVNs provided services to 6,347 participants (e.g. pregnant and parenting women, infants and children 12-24 months), completed 26,111 home visits and carried out 54,097 interventions in the HVP.

The HVNs offer education to partners, relatives and friends of HVP participants so they can give support. They also offer education, support and care coordination to pregnant and parenting women unqualified for the HVP or who are unable to engage in the program. The HVNs made 7,414 interventions with non-participants in 2017-2018.

Each year, the HVNs receive skills building trainings. One such training was the **Family Inclusion in Title V** that focus on families as partners at all levels of actions.



The 8 Perinatal Nurses (PNs) offered education and referrals to pregnant and postpartum women and their companions in birthing hospitals across PR. The total population reached in 2017-2018 was 8,513 (unduplicated).

In 2017- 2018 the CHWs and HEs reached a total of 36,810 persons aged 10 and up in individual orientations and group activities in schools, communities and health care providers sites. In addition, 3,500 children ages 3-9 participated in CHWs/HEs activities.

They also offered the 4-Session Prenatal Courses targeted at pregnant women and companions to promote healthy pregnancy and prevent risk factors. The courses were a success as 92.6% (1,323 out of 1,429) of participants completed all sessions.

The prenatal education campaign "Encounter of my life" promotes 40 weeks gestation, healthy pregnancy, and prenatal care. Its dissemination will be continued in digital, broadcast and print media, with emphasis on social media and the web page www.encuentrodemivida.com.

En www.encuentrodemivida.com encontrarás información acerca de...

- Cuidado prenatal
- Bienestar emocional
- Preparación para el parto
- Señales de alerta de parto prematuro
- Cuidado posparto
- Cuidado del recién nacido y lactancia



Prepárate para ese primer encuentro... La más bella experiencia de tu vida.

VISITA www.encuentrodemivida.com
para informarte acerca del cuidado prenatal y
cuidado de tu bebé.

#EncuentroDeMiVida

División Madres, Niños y Adolescentes | Departamento de Salud | 787-765-2929 Ext. 4550

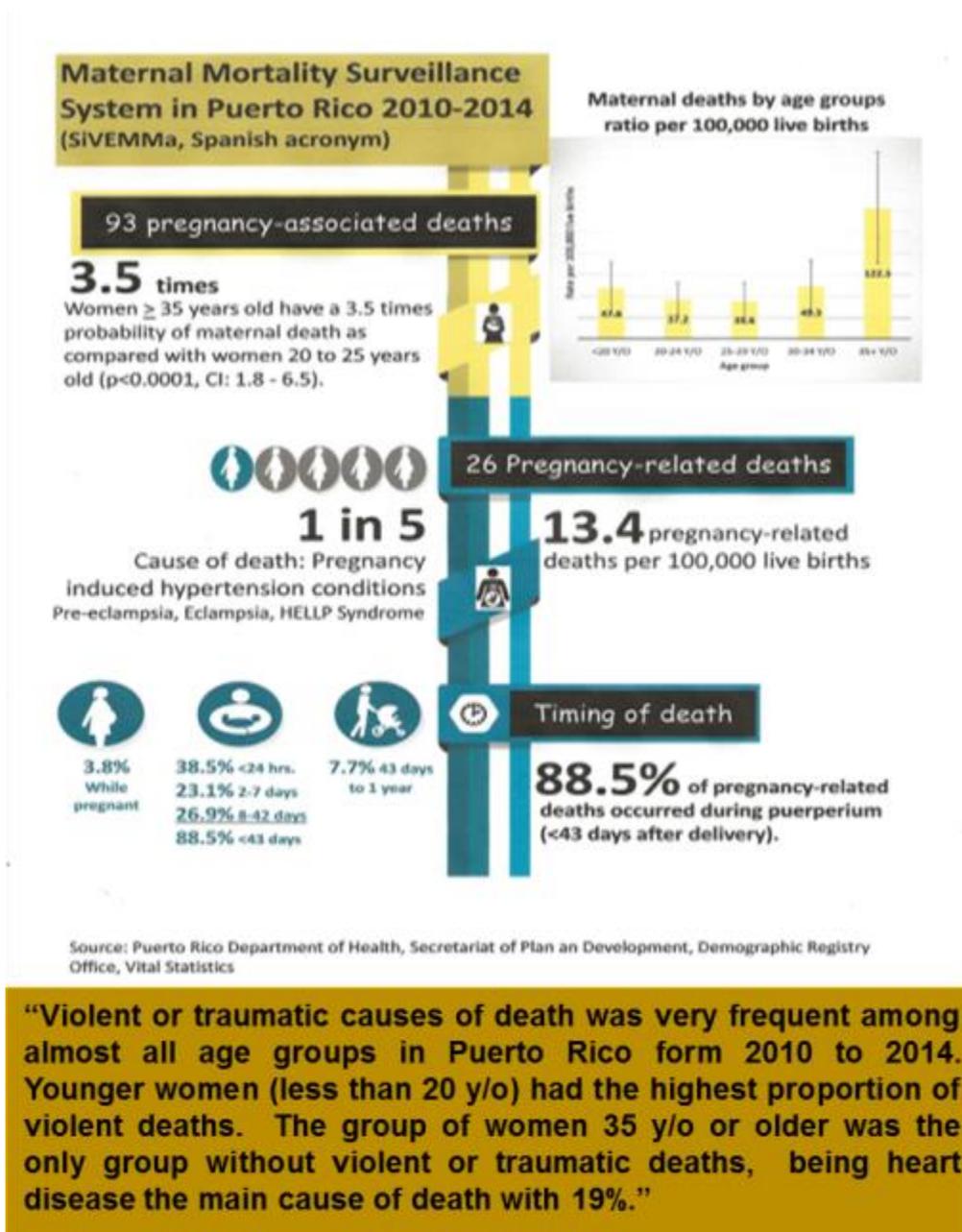


DIVISION MADRES,
NIÑOS y ADOLESCENTES

Apoyado por la Administración de Recursos y Servicios de Salud (HRSA, por sus siglas en inglés) del Departamento de Salud y Servicios Humanos de los Estados Unidos (HHS), MDH Block Grant #B04MC31514AB de la Propuesta de Título V del Acta de Seguridad Social. La información, contenido y conclusiones son las del autor y no deben ser interpretados como la posición oficial o endoso del HRSA, HHS o el Gobierno de los Estados Unidos.

Health promotion efforts described will be continued to enhance the progress made in this domain.

Maternal Mortality is a serious public health issue and an important priority in the MCAHP.



In 2017-2018, the agencies and entities required to be represented in the Maternal Mortality Review Committee (MMRC) as stipulated by Act 186 of 2016 were furnished with copies of the law, the MMRC protocol, and a request to submit the name of the representative.

MATERNAL MORTALITY REVIEW COMMITTEE PLAN FOR 2019-2020

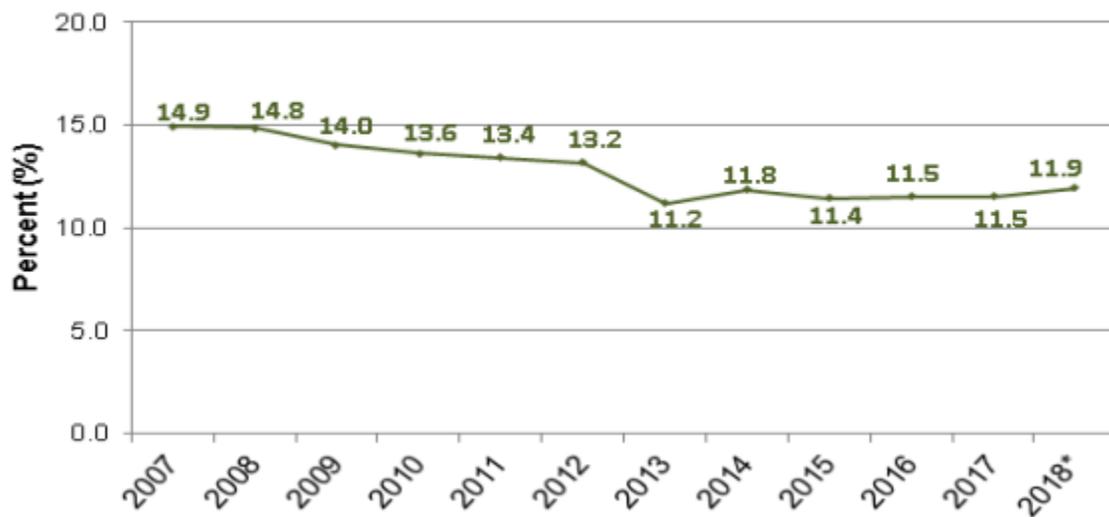
- Prepare a brochure regarding Law 186 of 2016, known as the *Puerto Rico Maternal Mortality Epidemiological Surveillance System Law* (SiVEMMa, Spanish acronym) for dissemination in hospitals and among health care service providers.
- Prepare a presentation on the requirements of Law 186 to be offered in hospitals.
- Garner collaboration of the Hospital Association, PR Health Insurance Administration (PRHIA), the Administration of Medical Services of Puerto Rico (ASEM) and other stakeholders.
- Visit hospitals (SiVEMMa coordinator and OB-GYN consultant) where a maternal death has occurred to train the Perinatal Nurses on data extraction from the hospital records, which will increase our capacity to present cases to the MMRC.
- Convene the MMRC members for review of cases.
- Sign the MOU with CDC to use the Maternal Mortality Review Information Application (MMRIA), which allows data to be compared nationally.
- Develop reports to be shared with stakeholders.
- Develop strategies to decrease Maternal Mortality

Perinatal/Infant Health:

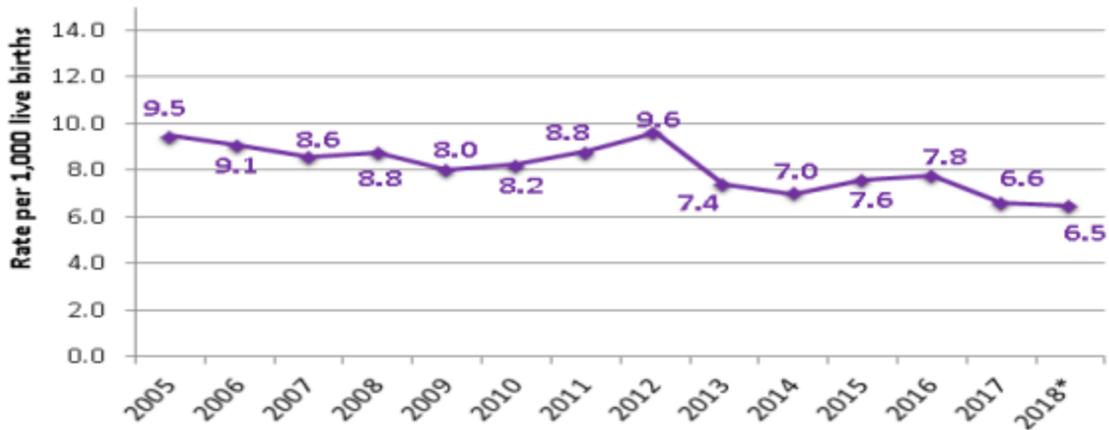
As described in the previous domain, the MCAHP staff reached families to address emergent post-storm issues affecting infants.

The promotion of healthy pregnancy leads to better birth outcomes and considerable progress has been made in reducing prematurity and Infant Mortality (IM) over the past 10 years. The 2018 VS preliminary data reported an 11.9% of premature births and an IM of 6.5 /1000 live births.

Premature Birth Rate Trend Puerto Rico, 2007 – 2018*



Infant Mortality Puerto Rico, 2005 – 2018*

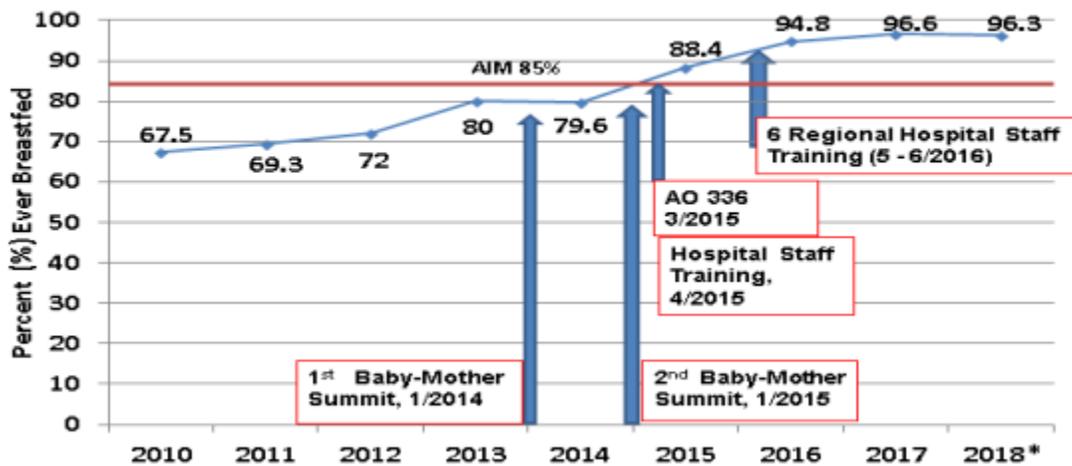


Source: Vital Statistics, Demographic Registry, PR Department of Health
* 2018 Preliminary Data

The FIMR evaluates IM and fetal deaths to identify priorities and gaps in perinatal services and recommend strategies to decrease IM. The FIMR was instrumental in identifying gaps and making recommendations to improve disaster preparedness in hospitals that deliver maternal infant services.

MCAH supports and promotes breastfeeding through advocacy and education. As the charts shows, 9 out of 10 infants are ever breastfed in PR.

Ever Breastfed , Puerto Rico 2005- 2018



Source: Vital Statistics and Demographic Registry, PR Department of Health,* Preliminary Data

	Among Infants Born in 2015*		PR PRAMS 2017-2018	Healthy People 2020
	US National average %	PR %	% born 2017	Healthy People 2020 %
Ever Breastfed	83.2	85.9*	93.5*	81.9
Breastfed up to 6 months	57.6	47	45	60.6
Breastfed up to 12 months	35.9	29.8	n/a	34.1
Exclusive BF up to 3 months	46.9	48.8*	n/a	46.2
Exclusive BF up to 6 months	24.9	26.5*	n/a	25.5
Fed formula first 2 days	17.2	19.6	n/a	14.2
Baby Friendly Hospitals	26.1	1.1	n/a	8.1

*Breastfeeding Report Card, National Immunization Survey, CDC, United States, 2018

* PR surpassed the HP 2020 goal

The MCAHP leadership in health promotion, partnerships and public policy has made possible the increase in BF. One key policy is DOH Administrative Order 336 requiring hospitals to promote the Baby friendly steps. The MCAHP led efforts for its implementation in hospitals through multiple workshops and forums in the last three years. As a result, the first USA Baby Friendly Hospital in PR was designated in 2017.

Through campaigns and educational materials, the staff promoted BF as a protective measure in general and as the safest way to feed infants after a disaster. They also informed women and the general public about the existing laws in PR that protect and support the right to BF.

Lactar es tu derecho

Orden administrativa 336, Departamento de Salud, requiere que todos los hospitales que bragan sala de parto tengan un Programa de Apoyo a la Lactancia y que cumplan con las siguientes leyes:

LEY NÚM. 79 DEL 13 DE MARZO DE 2004
Prohíbe el sustrato de succedáneos de la leche materna a las recién nacidas, a no ser por indicación médica o consentimiento informado de la madre, el padre o el tutor.

LEY NÚM. 200 DEL 27 DE DICIEMBRE DE 2016 (Enmienda a la Ley 159 del 2006)
Garantiza a la futura madre la compañía de la persona de su elección durante el trabajo de parto, nacimiento y postparto, y alojamiento en conjunto con su recién nacido.

Otras leyes que protegen tu derecho:

LEY NÚM. 4 DEL 26 DE ENERO DE 2017 (Enmienda a la Ley 427 del 2006)
Ocho a las empleadas a jornada parcial 30 minutos para lactancia o amamantar por cada periodo de 4 horas consecutivas de trabajo. Aplica también a pequeños negocios.

LEY NÚM. 239 DEL 4 DE NOVIEMBRE DE 2006 (Enmienda a la Ley 427 del 2006)
Regulamenta el periodo de lactancia o extracción de leche materna, protegiéndolo a las madres trabajadoras, lactar a su bebé durante una (1) hora dentro de cada jornada de tiempo completo, o tiempo parcial que trabaje en su día un total de 7-5 horas.

LEY NÚM. 178 DEL 13 DE AGOSTO DE 2004
Garantiza que los miembros oculares del Departamento de Educación designen el establecimiento de "zonas de lactancia" para estudiantes madres lactantes.

LEY FEDERAL (FLSA)
Establece que el patrono debe proveer espacio apropiado y privado. Además debe proveer tiempo para la extracción de leche.

Para mayor información puedes comunicarte con las Oficinas Regionales Madres, Niños y Adolescentes en:

787-765-2929

Arecibo: Ext. 4811, 6358, 6337
Bayamón: Ext. 4812, 5475, 5466
Fajardo: Ext. 4814, 5463, 5464
Ponce: Ext. 4817, 5675, 5676
Caguas: Ext. 4813, 5472, 5473
Metro: Ext. 4816, 4650, 4653
Mayagüez/
Aguadilla: Ext. 4815, 5467, 5471

Si necesitas ayuda o cualquier orientación llama a la línea informativa **787-764-5915**

División Madres, Niños y Adolescentes
Departamento de Salud
PO Box 70184
San Juan, PR 00936-8184
787-765-2929 Ext. 4550, 4581, 4560
(Rev. Agosto 2017)

www.asahf.pr.gov

Este material es aprobado por la Administración de Recensos y Censos de Salud (ASRS), que son regidos en nombre del Departamento de Salud y Servicios Humanos de los Estados Unidos bajo el número de estudio 8094720500 de la Propuesta de Título V de la Ley de Seguridad Social, NCH E0401 (San Juan). Esta información, cuando es combinada con los del usuario y sus datos de navegación, como información oficial, la política de privacidad por (HHS), HHS y el Gobierno de los Estados Unidos.

Mamá,

la leche materna es el mejor alimento para mí



Protege a tu bebé
¡Aliméntalo con leche materna!

División Madres, Niños y Adolescentes

DEPARTAMENTO DE SALUD
GOBIERNO DE PUERTO RICO

División Madres, Niños y Adolescentes
Departamento de Salud

Breastfeeding is your right

The MCAHP is participant in the CDC LOCATe evaluation of hospital collecting data comparable to other states. Results will help offer recommendations to optimize the system of care.

Efforts will be continued to decrease prematurity and infant mortality, promote BF and improve infant health through education, policy and partnerships.

Child Health:

The MCAHP staff played a key role in identifying the emergent storm-related needs of children becoming the main liaison for the mitigation and recovery efforts directed to families due to their knowledge and established relationships in communities.

The staff collaborated in the development of a “train the trainer” initiative to enable community leaders to effectively help sustain the health and wellbeing of children after a catastrophe. The trainings included the identification of common conditions that arise in children after a disaster and how to manage them, prevention of unintentional injury, and a strategy to mitigate the effects of storm-related stress. They also served as a bridge between local/mainland organizations and communities to provide basic life needs support and recovery.

TRAINING SESSIONS: ON A MITIGATION STRATEGY TO PROVIDE FAMILIES WITH THE TOOLS TO HELP THEIR CHILDREN OVERCOME THE TRAUMA OF THE STORM
Train the trainer for leaders of not for Profit Day Care Centers <ul style="list-style-type: none">▪ Trinka and Juan a tool to help families and their children overcome the trauma of a hurricane▪ Participation of 340 representatives of 105 day care centers▪ Participation of 173 leaders from 96 community non for profit organizations
Recovery and Mitigation Efforts after Hurricanes Irma and María, Collaboration with United Ways of PR and PR AAP Chapter

Health promotion initiatives for 2017-2018 were gradually resumed. The MCAHP completed the feeding guidelines for children between 0 and 24 months of age and updated the preventive pediatric care guidelines (PRPPHCSG).

The staff promoted preventive visits, nutrition, physical activity, on schedule immunization, oral health care since early childhood and healthy lifestyles. The HEs and HCWs delivered the parental courses (0 to 5 y/o and 6 to 11 y/o) and a total of 3,082 persons completed them.

The staff also collaborated in unintentional injury prevention, safe water campaigns, prevention of shaking baby syndrome and policy development of Head Start and Early Head Start. The MCAHP is participant in the Children Justice Act Committee which aims at improving the system that evaluates and manages child maltreatment in PR.



In the 2017 Behavioral Risk Factor Surveillance System (BRFSS) survey, 71% of parents with children between the ages of 1 and 11 y/o stated that their child was in excellent or good health and 86% reported their child had a preventive visit.

Notwithstanding the progress made, the promotion of children’s health, well-visits and healthy lifestyles will be continued.

Adolescent Health:

The CAHPCs were deeply involved in aiding the most vulnerable, particularly youth and their families in shelters and communities. They reached over 700 families, and as social workers, gave people emotional support and information about available crisis intervention counseling services.

A major action was the translation and adaptation of the Hope after Hurricanes (HAH) session of Our Climate Curriculum of the Alliance for Climate Education’s (ACE), adding a new question on the positive (resiliency), a mindfulness initial activity and a closing activity. This intervention was first done with CAHPCs and afterwards with participants of the Youth Health Promoters Program (YHPP). A total of 742 YHPP participants in 53 schools received the HAH sessions. The PR-adapted HAH included:

 <p>1. Introduction</p>	<p>Introductions and brief facts about the hurricane’s path through PR for youth to have a sense of scale of impact</p>
 <p>2. Mindfulness</p>	<p>Sitting in a circle, the group does a grounding exercise (toes to head) to individually have the experience of a quiet moment of reflection and to connect within</p>
 <p>3. Think</p>	<p>A one page handout is distributed to be answered individually in words or drawings about:</p> <ul style="list-style-type: none"> a. Experience: What did you experience? b. Impressions: What were your first thoughts? What did you do? What did you see, hear, smell, and touch? c. Emotion: What were you feeling? How did you feel? d. Experiences after the event: What did you feel afterwards? What positive things do you remember?
 <p>4. Talk</p>	<p>Ask volunteers to share his/her story and normalize the reactions</p>
 <p>5. Inspire "Message of Hope"</p>	<p>Tell them other youths have being through this event and ask what message of hope they could give them. Ask each to write down the ideas and how to deliver them on the other side of the handout. Discuss the ideas and plan together an activity to share the messages of hope</p>
 <p>6. Closure "Stones"</p>	<p>Ask each to select one small stone from a pile in the center of the circle, place it close to her/his heart to connect with it and write a word on it that conveys a message to share or keep as a symbol of connectedness, stability, strength & endurance</p>

The HAH allowed youths to better understand and respond to their own emotions, increased feeling of personal control and solidarity with others. Youth needing additional professional support were referred to the schools’ health professionals for evaluation and follow up.

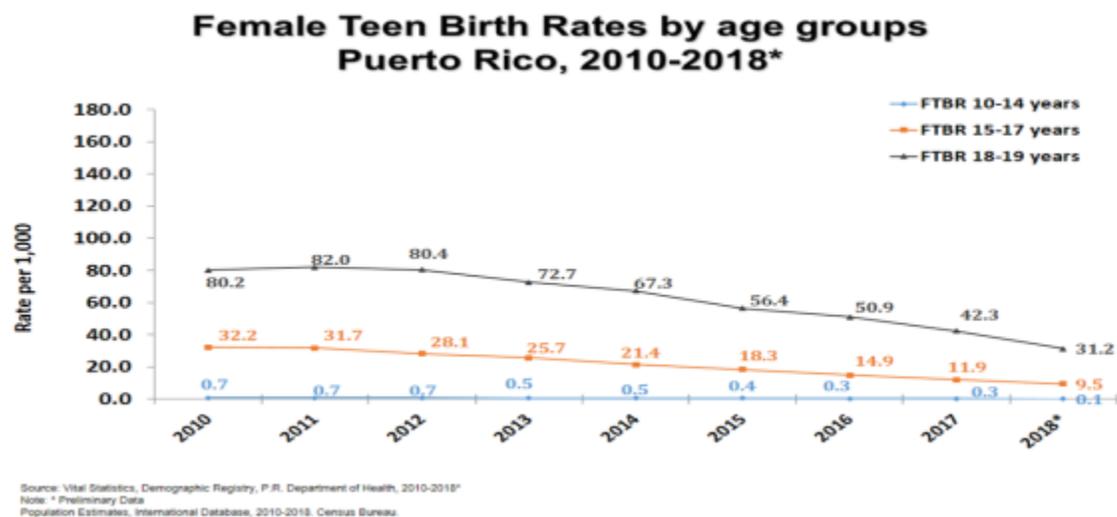
Health interventions and actions for 2017-2018 were gradually resumed. A main challenge was limited school hours. The CAHPCs rearranged the theme schedule of the “Healthy Youth in Action” curriculum used in the YHPP, a peer-to-peer school-based initiative of the Comprehensive Adolescent Health Program (CAHP) in collaboration with the PR Department of Education. Yet, they trained and gave support to 1,159 YHPP participants in 67 schools distributed in 60 municipalities.

YHPP CURRICULUM THEMES		
Year 1	Year 2	Year 3 (in process)
-YHPP Pre Survey -Team work -What is health -Youth Health Promotion -Human rights -Effective Communication -Interpersonal relationships -Growth and development -My body is changing (physical, mental, social, emotional and brain changes in adolescence)	-Sexual Health: pregnancy, STIs -Communication / non discrimination -Plan, do and assess a health promotion activity -Annual health visit: 6 areas of health, wheel of health, HEADSS model, what to do before, during and after a health visit, design a youth friendly health services clinic -Assess adolescent health campaign video	-My body is changing (changes in adolescence continuation) -Plan, do and assess a health promotion activity -My whole day: nutrition, physical activity, sleep, relationships, use of time -Brain development -Our steps as YHPs -YHPP Post Survey

In 2017-2018, the CAHPCs offered 46 educational activities on a variety of youth health topics to 1,252 10-19 y/o (Not YHPs) in schools and other settings. As described in the Women/Maternal Health domain, the HEs also provided education to teens.

The CAHPCs offered 13 adult educational activities on youth health reaching 287 adults. They also offered 9 Understanding Adolescence workshops to 121 parents/caregivers, school personnel and professionals.

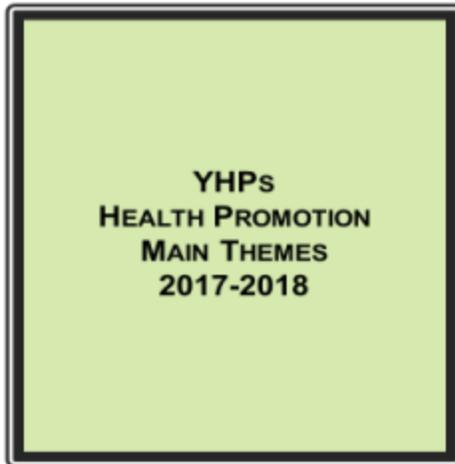
Risk-behavior prevention among youth leads to better health outcomes. In PR great strides have been made in reducing teen birth rates in all age groups as shown below.



The CAHP promotion efforts will be continued to maintain and enhance youth health and wellbeing in PR.

It is worth noting that CAHP has two distinct MCAHP sponsored youth groups that are its closest partners:

YOUTH HEALTH PROMOTERS (YHPs), are voluntary teens that participate in the YHPP to promote health and wellbeing among their peers in schools. They participate in the program for three consecutive years and receive support and training on different aspects of youth health. In 2017-2018, the YHPs reached 2,599 peers and 110 adults.



Personal Hygiene
Sexuality
Teen Pregnancy
Physical Activity
Annual Health Visit
Bullying Prevention
Healthy Relationships
Substance Abuse Effects in the Brain
Dating Violence Prevention
Changes during Adolescence
Human Rights
Pet Abuse Prevention
Wheel of Health
Six Areas of Health
Suicide Prevention



A group of YHPs carrying out activity "Wheel of Health"

YOUTH ADVISORY COUNCIL (YAC), established by DOH Administrative Order 359 (2016), is composed of 20 youths ages 14 to 24 that advise on initiatives and public policies regarding adolescent health, carry out public educations, and represent the DOH in conferences within and outside PR.

**YAC
MAIN ACTIVITIES
2017-2018**

Review of the Adolescent Health Domain and Plan
Messages of Hope after the Hurricane María
Presentations in AMCHP Conference 2018
Evaluation of Youth Depression Tools for PRAAP
Presentation of "Screening Youth for Depression with Carlos Tool" in PRAAP assembly
Co-trainers of the "Family Inclusion in Title V" staff trainings
Participation in the PR Free Tobacco Summit
Review of YAC selection process for 2018-2020
Aid to communities after Hurricane María
Video production: Hope After Hurricane intervention
Participation in LGBTTQ health and Services workshop
Participant of the HAH intervention in YAC



AMCHP 2018: AMCHP's CEO congratulates PR YAC representatives for HAH video

Children with Special Health Care Needs:

As a response to the 2017 Hurricanes aftermath, a CSMND team was activated to address the needs of Technology Dependent Children and Youth (TDCY) and their families, who were confronting huge challenges and even possible death. The team immediately worked on the identification of TDCY population through Pediatric Home Cares, Pulmonologists and Pediatric Centers, and detected needs such a water, food, catheters, O2 concentrators and generators. A collection center was established at the CSMND's and donations were made by community entities. Supplies were delivered to 45 families by the CSHCNP central and regional level staff. In time, a Service Coordinator was recruited to make sure each new family identified have access to their specific needs and an emergency plan. A virtual map with pin locations of the TDCY residence was developed. The Office for the Preparation and Coordination of Public Response of the PR Department of Health is collaborating in updating the information.



Aiding TDCY families with supplies and equipment in the aftermath of Hurricane María

A family received a generator

Registry of TDCY

This experience motivated the creation of a Registry of TDCY as well as the virtual map with each TDCY's location in case of emergencies. As of May, 2019, there were 170 TDCY identified. The purpose of the RTDCY is to:

- 1- Identify the TDCY population under 22 years of age (prevalence)
- 2- Obtain demographic information that will support the establishment of public policies to meet the needs of the TDCY population
- 3- Document strengths and needs of families and establish response to catastrophic events
- 4- Provide T/A to families in the preparation of an Emergency Response Plan.

The Service Coordinator coordinates with local and municipal agencies such as police, first responders, Red Cross, and FEMA and gives follow-up to families.



Registro de Niños y Jóvenes Dependientes de Tecnología

¿QUIÉNES DEBEN SER REGISTRADOS?

Niños y Jóvenes menores de 22 años que dependen de los siguientes equipos o servicios.

- Ventilador mecánico
- Oxígeno (BiPap, CPAP)
- Succión
- Monitor cardiorespiratorio (APNEA)
- Concentrador de Oxígeno
- Tubos de Traqueotomía
- Tubos de Gastrostomía
- Diálisis

COMUNÍQUESE CON:
Serafín Soto Cabán,
Coordinador
787-765-2929 exts. 3363/4587



**DIVISIÓN NIÑOS CON NECESIDADES MÉDICAS ESPECIALES
FACILITANDO ACCESO A SERVICIOS ESPECIALIZADOS DE SALUD (FASES)**

The CSMND continues with its efforts on the 2016 Zika Outbreak response. The HRSA- Developmental Surveillance and Service Coordination Program (DSSCP) has now a complete staff of 34 Service Coordinators and 13 Family Engagement and Support Advocates (FESAs), and is extending its services to children up to five years of age. As of June 2019, more than 1,300 infants and children have received services from the Program. A major asset are the FESAs, mothers of a CSHCN or who had a lab result of possible ZIKA infection during pregnancy. FESAs inform and support families, participate in quality improvement and coordinate educational activities.



Medical Home

The CSHCNP Quality Improvement Committee (QIC) continues identifying strategies to improve medical home elements. Since access to quality health care is CSHCNP keystone, a sound service coordination is in place that assures families, especially those whose child has recently been diagnosed with a chronic condition, gain access to health care services island wide. Main QIC achievements are the enrichment of inter-disciplinary health care providers/service coordinators work teams at the CSHCNP, and family support. In PR the prevalence of CSHCN from birth to 18 years old is 18.6%.

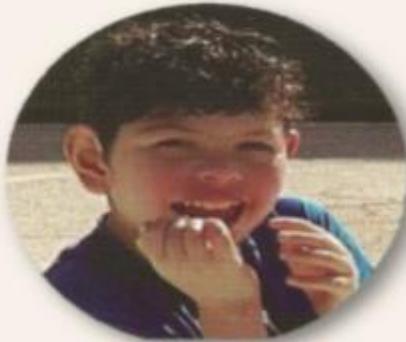
Transition to Adult Health Care

During 2017-2018, the CSHCNP implemented the Got Transition Model. The Transition to Adult Health Care Procedures Manual was created and presented to RPCs staff (116 health care providers, social workers and service coordinators). The transition to adult health care brochure is disseminated among YSHCN and families. Added collaborators for transition to adult health care are: "*Movimiento para el Alcance de Vida Independiente*" and SER de Puerto Rico

The QIC Transition to Adult Health Care Sub-Committee identifies CSHCN youth issues to be addressed, devises strategies and develops educational materials to facilitate and enhance the transition process from pediatric to adult health care.



Transition to Adult Health Care Sub-Committee Meeting



The brochure on CSHCN youth transition explains:

- What is meant by transition to adult health care
- Who participates in the transition process
- Steps for a transition plan



Transición a la Vida Adulta en el Cuidado Médico de Jóvenes con Necesidades Médicas



**FASES – Facilitando Acceso a
Servicios Especializados de Salud**
División Niños con Necesidades
Médicas Especiales
Departamento de Salud

¿Qué es la transición?

Es el proceso de facilitar al joven participante de FASES, el Programa Niños con Necesidades Especiales de Salud y a su familia, la transferencia a servicios médicos de adulto. Requiere coordinación entre los servicios de los profesionales de la salud para que, en la medida posible, el joven logre una transición sin interrupciones en los servicios médicos y relacionados a la salud.



¿Quiénes participan en la transición?

- El joven desde los 14 años de edad (de ser apropiado) y sus padres o tutores legales
- Proveedores de salud pediátrica (enfermeros, médicos)
- Psicólogo
- Trabajador Social
- Terapeutas
- Coordinadores de Servicios
- Personal escolar, entre otros

También pueden participar otros familiares y amigos.

¿Qué es la transición?

Antes de cumplir los 22 años los jóvenes participantes del Programa Niños con Necesidades Especiales de Salud, FASES deben tener un nuevo médico primario identificado.

A cada adolescente se le prepara un Plan de Transición que debe incluir los siguientes aspectos:

- Presupuesto para el cuidado médico
- Cuidado de salud primario/especializado
- Hábitos de salud
- Apoyo familiar
- Socialización
- Transportación
- Auto manejo
- Coordinación de cuidado
- Toma de decisiones
- Educación/empleo
- Vida independiente
- Cuidado de salud mental
- Servicios de rehabilitación

Además se debe llevar a cabo lo siguiente:

- Identificar un médico que conozca las condiciones del joven y visitarlo con anterioridad.
- Identificar hospital, laboratorios, farmacias y centros radiográficos para el joven.
- Solicitar copia del expediente del joven.
- Verificar hasta qué edad está cubierto el joven en el plan de salud propio de la familia.
- Verificar los costos, deducibles y tipos de coberturas de salud disponibles.

Early TEA Identification and Diagnosis

The CSMND continues the promotion of early identification and diagnosis of Autism Spectrum Disorders (ASD). As of December 2018, approximately 45,000 booklets of *"Pasaporte a la Salud"* has been distributed to families registering a newborn at each local Demographic Registry Office. The booklet informs about children's growth and physical, socio-emotional, communication, and cognitive development, and about warning signs for developmental delays of children ages 0-5. It is a tool for parents to register their child's health information, monitor development and keep track of screenings and immunizations.

The Autism Registry continues to be promoted among health professionals.

The promotion of folic acid consumption to prevent neural tube defects (NTD) included presentations to students at universities and schools where women at reproductive age frequent, and dissemination of educational materials in health fairs. In total, 2,773 persons were reached and over 5,000 of educational materials were distributed.

The implementation of the Health Electronic Record and Tele-Medicine continues advancing at the RPCs and Autism Centers. It is expected that all the clinical and financial modules will be running "live" by 2020.

CSHCNP efforts will be continued to better serve CSHCN families through service coordination, community education, public policy, partnerships and quality improvement.

How Federal Title V Funds Support State MCH Efforts

Title V funds are essential for the implementation of strategies of the CSHCN domain. Coordination with other federal funds has also helped support MCH essential services for CSHCN and their families. Addressing unmet workforce needs and needed equipment and supplies for the RPCs have been possible through the HRSA-Zika MCH Program, including the current in-process implementation of EHR system and Tele-health. Other services that HRSA and CMS funding provide are educational activities, technical assistance and family support. The Program's surveillance capacity to successfully track and monitor target populations has been possible with CDC funds.

Medical and clinical care for the MCA population is mainly directed through the Government Health Plan (GHP). Since the GHP does not include service coordination, health promotion and disease prevention, Title V funds are used to support these activities carried out by the MCAHP staff: HVNs, PNs, CHWs, HEs and CAHPCs. The HVNs of the Home Visiting Program identify participants' needs, develop plans and offer education, support and referrals. The CHWs and HEs use education and outreach strategies to inform the population and link them with needed services through referrals. The prenatal and parenting courses educate pregnant women and families to make the best decisions about health and wellbeing. The CAHPCs train and support the Youth Health Promoters peer-to-peer health efforts in schools.

MCH Success Story

The MCAHP has an important story to tell. We call this story "From Beneficiary to MCAHP Staff". The story is about how our efforts to include families as paid staff have proven to have a positive effect on the Program and the work we do in communities. At the present time, there are six full-time employees that once were participants of the Home Visiting Program (HVP): five Home Visiting Nurses and one Community Health Worker. What these paid staff have in common is the support they received while participating in the HVP, the skills they developed and their zest to help other families. They have direct expertise about the experiences, needs and challenges pregnant women, children and families go through in communities and the service system. As HVNs and CHW they are at the forefront of health promotion through direct contact with families at the individual and group levels. Their "lived" expertise makes them to be very understanding and sensitive to the needs and concerns of the families they now serve. These family professionals are an important part of our workforce that as former recipients bring the unique experience of having been at the receiving end of our services, and thus help other staff broaden their understanding, sensitivity and capacity to serve families. This direct expertise is highly valued and considered in the work we do in communities and homes to enhance the physical, mental and social health of the populations served by the MCAHP.

Please refer to supporting document 4 for CSHCN success story.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.