# PUERTO RICO HEALTH NEEDS ASSESSMENT UPDATE 2023

PR Maternal, Child and Adolescent Health Program
PR Children with Special Medical Needs Program
PR Department of Health
July 2023

DEPARTAMENTO DE SALUD

## PROCESS DESCRIPTION

The MCAHP and the CSHCNP continue to evaluate the 2020–25 State Action Plan (SAP) using the Plan–Do–Study–Act Cycle (PDSA) for this Health Needs Assessment Update (HNA) to facilitate constant monitoring and identification of recommendations, to enhance the strategies included in the SAP. The Title V evaluators conducted a text analysis of the data acquired during the PDSA, reporting their findings and suggestions to the HNA Steering Committee (HNASC) for the SAP's final modification.

Also, a chi-square trend analysis was carried out to evaluate the progress of the indicators by domain, including the Average Annual Percent Change (AAPC) to ascertain whether indicators had increased or decreased. For several indicators, there was not enough data for the observed years to conduct a trend analysis. Because of this, some indicators were excluded. Other data sources that monitored the same indicator were employed when it was practical to do so. Table 2 in the supporting documents lists the indicators and additional data sources that were not used in the analysis.

The HNA also includes a staff assessment addressing perception and readiness regarding family engagement (FE). The customized instrument was built on the Family Engagement Guide from the National Institute for Children's Health Quality (NICHQ) to assess readiness and the Family Voices FESAT to assess the degree of FE in the MCAHP and CSHCNP programs. Cronbach's Alpha (CA) was used to evaluate the consistency of the instrument's items (the closer the coefficient is to 1.0, the greater the internal consistency of the items on the tier).

Considering the results of this HNA and the comments made in the Public Input, the HNASC evaluated and amended the SAP (for more information, see section III.F. Public Input). The priority needs remained as proposed in 2020 HNA. The results of this HNA led to the examination, updating, or elimination of some SAP strategies.

## HEALTH STATUS BY DOMAIN: CHI-SQUARE FOR TRENDS ANALYSIS

Below are the main results of the trend analysis. The detailed analysis tables by domain can be found in the supporting document.

According to 2021 American Community Survey (ACS) the number of WRA was 822,004 (10 to 14 y/o: 10.7%; 15 to 19 y/o: 11.7%; 20 to 24 y/o: 13.2%, 25 to 34 y/o: 26.5%, and 35 to 49 y/o: 38%). 2022 Vital Statistics (VS) reports 19,151 live births (LB), a 1% decrease since 2021 (19,336 LB). Most births occur in women between 20 and 34 y/o (81.1%), followed by women 35 y/o or older (12.8%), and teens 10 to 19 y/o (6.14%). ACS 2021 reports that the total number of infants was 18,389, representing less than 1% of the total population. There were 233,247 children 1 to 9 y/o that represents 7% of the total population. The number of adolescents 10 to 21 y/o was 461,498 that represents 14% of the total population (10-14 y/o: 38.6%; 15-17 y/o: 25.2%; 18-19 y/o:17.2%; 20-21 y/o: 19%). About 91% of the WRA, 93% of infants, 97% of children, and 94.5% of adolescents 10 to 21 y/o were insured during 2021 (ACS). About 67% of LB are from mothers covered by the government health plan (VS 2022).

Preventive medical visits in the past year in women 18 to 44 y/o (NPM 1) significantly decreased by 4.1% between 2018 to 2021 (Table 3). Significant improvement was observed in the neonatal abstinence syndrome rate (AAPC: -18.9) and teen birth rate of

15 to 19 y/o (AAPC: -8.7%). However, a significant increase of 34% was observed in severe maternal morbidity rates. Preventive dental visits during pregnancy (NPM 13.1) significantly decreased (AAPC: -3%). However, the NOM related to this NPM, children 1 to 17 y/o who have decayed teeth or cavities in the past year, showed a significant increase (AAPC: 3.2%).

All three NPMs related to a safe sleep environment (NPM 5A, 5B, 5C) improved between 2018 to 2021 (Table 4), however, only the percentage of infants placed to sleep on their backs (AAPC: 8.3%) and without soft objects or loose bedding (AAPC: 7.4%) improved significantly. None of the NOMs related to these NPMs showed significant changes. Although SUIDs rates increased by 20%.

Form CMS-416 for the Annual EPSDT Participation Report showed a significant increase (Table 5) in oral preventive visits on children 1 to 17 y/o (AAPC:5.7%). However, children 1 to 17 y/o who have decayed teeth or cavities in the past year, showed a significant increase (AAPC: 3.2%).

YRBSS 2019 reported a 44% decrease of adolescents, ages 12 to 17 y/o, who are bullied or who bully others (NPM 9). However, since data is not available for three consecutive years, AAPC and significance could not be calculated. Despite this decrease, adolescents' suicides increased by 35.7% during the study period, although it was not significant. The EPSDT Form showed a significant decrease (Table 6) in preventive medical visits during the past year on adolescents 12 to 17 y/o (AAPC: -1.3%). Related NOMs showed an improvement, but only the teen birth rate was significant (AAPC: -8.7%).

According to the 2023 MCH-JS, approximately 117,607 (21.5%) children ages 0 to 17 years in PR have special health care needs. Results also show that the prevalence for ASD in children 3 to 17 years of age is 4.7% (1 in 21); that 53.1% of CSHCN ages 0 to 17 receive care under a medical home; and that 22.2% of YSHCN ages 12 to 17 receive the services they need for a successful health care transition. Because many indicators from the 2019 MCH-JS must be interpreted with caution, comparison between MCH-JS years 2019 and 2023 was not considered. Based on the PR-CSHCN survey (2015), 18.6% of children ages 0 to 17 had a special health care need; prevalence for ASD was 2.5% (1 in 40); 30.8% of CSHCN ages 0 to 17 received care under a medical home; and 24.7% of YSHCN ages 12 to 17 receive the services they need for a successful health care transition. According to the 2019 MCH-JS, 11.2% of children with ASD were diagnosed before their 36th month of age.

**PDSA SUMMARY:**

The PDSA findings are summarized and focused on the areas the HNASC felt needed additional SAP review. Refer to the tables in the supporting documents for more information.

**Women/Maternal Health**

The pandemic's constraints interrupted the HVP educational interventions and schedules, but HVNs offered education and risk assessment via telephone or chat. Additionally, 3 Regional Boards (RBs) were inactive.

Healthcare providers have already received the Preventive Care Guidelines, while the Prenatal Healthcare Services Guidelines need to be updated. All activities for promoting person-centered services among healthcare professionals and WRA are completed. As a result, the SAP will no longer include any strategies relevant to these subjects.

The committee identified activities for two strategies: outreach and referral of pregnant women to initiate prenatal care, and strengthening collaborations to develop strategies that promote preventive oral health care visits in pregnant women. These two strategies did not record activities during this PDSA.

Due to the lack of staff who could summarize data into reports and oversee case review sessions, the Maternal Mortality Surveillance System (SiVEMMa) and Committee-related activities were on hold. However, MCAHP applied for a CDC grant to address health inequities by creating and implementing data-informed strategies to prevent pregnancy-related deaths and reduce disparities. Training for PNs is in process for SiVEMMa data extraction.

**Perinatal/Infant Health**

Social media, short videos, and the prenatal care website "Encuentro de mi vida" (Encounter of My Life) were used to promote topics of interest due to the ongoing pandemic restrictions during the first half of the FY. Changes in the service delivery model during the pandemic required HVNs to provide education virtually, making it harder for the HVN to verify the safe sleep or safety measures the family has in place. Access to patients was limited in response to public health threats or other emergencies. Therefore, the PNs had a limited time window to visit the patients. A PNs Procedures Manual, which includes a section on strategies to improve communication with patients, is under development.

The decision not to renew the contract with the advertising agency was made because of internal PRDOH protocols impeding processes. The "Encuentro de mi vida" webpage, however, will be included in a section of the PRDOH's official website.

No activities were noted for two strategies. To promote successful breastfeeding initiation in hospitals, the 10 Baby Friendly Hospital Steps strategy was changed, and the committee suggested activities to work with MCAHP stakeholders to train hospital staff on infant safe sleep, combining these two strategies.

The community engagement team, HVNs, and PNs engage the community with relevant subjects linked to this domain. Four strategies were combined, focusing on educating the public about safe sleep practices, premature delivery signs and symptoms, unintentional injury, and breastfeeding.

**Child Health**

The lack of a Pediatric Consultant during the first half of this FY made it difficult to implement and follow up all strategies proposed in the SAP.

The pandemic-related restrictions limited the activities of CHWs, HEs, and HVNs in the community. After the restrictions were over, CHWs and HEs offered education to participants in parenting courses, and HVNs provided education about healthy lifestyles adopted by the family.

Two strategies that promote early identification of infants at higher risk for caries had no activities recorded in the PDSA. The HNA Committee kept the strategy that promotes the use of the screening tool adding a collaboration with the FQHCs for an early referral to a dental home.

MCAHP completed disseminating the Pediatric Preventive Health Care Guidelines among the public, academia, health professionals, and health insurance companies, eliminating this strategy from the SAP.

**Adolescent Health**

Pandemic-related restrictions and the impact of Hurricane Fiona caused changes in schools schedule and rescheduling of YHPP meetings. The updated YHPP profile includes questions about risk behaviors, exposure to violence, and emotional stability considered "flags" that call for school intervention. Three schools were apprehensive about cooperating with the CAHP regional coordinators to confirm these flags and make referrals.

The participation of youth in the Youth Advisory Council meetings, or other workgroups that address youth mental health and wellbeing is difficult due to the schedule and time constraints of school or employment.

The "Nivel máximo" website and campaign were part of the contract that was not continued with the advertising agency. The PRDOH will upload all campaign materials to its official website.

The Got Transition strategy in the second objective was modified to identify a guide to assist youth transition from pediatric to adult healthcare services since CAHP was not able to effectively communicate with CSHCND to continue collaboration with their committee.

**CSHCN**

The PR priorities for the CSHCN domain are medical home (NPM11), transition to adult health care (NPM12), early identification and diagnosis of ASD (SPM1) and reducing the prevalence at birth of folic acid preventable NTD (SPM2). Below is the progress report for the NPM11 and NPM 12 strategies and activities.

The SAP is revised annually and monitored every 3-4 months. The SAP for year 2020-2021 was comprised of eight (8) strategies to address the NPM 11 priority with a total of 21 activities. During the reporting year, some strategies were upgraded, others had their activities updated, and others were completed but activities continue to be ongoing. Strategies upgraded means that the strategy was accomplished and advanced to a higher level. Below is a description of strategies' progression.

The strategy "Develop an evidence-based interdisciplinary coordination system within the CSHCN Program" was upgraded to "Update and implement the programmatic care coordination activities recommended by the QIC for the program". The strategy "Develop a system at the RPCs to identify CSHCN families' needs and guide them to the proper services" was upgraded to "Implement the pilot-project initiative at the RPCs for the identification of CSHCN families' priority needs and support". For the strategy "Increase communication between CSHCN Program providers and referring pediatricians",

activities related to medical record audits and literature review for the identification of best communication models was completed. New activities were integrated to the strategy addressing staff capacity development. Likewise, for the strategy “Monitor tele-health services”, the initial monitoring activities were completed, however, due to the advance of telehealth processes at the CSHCN Program and the changes of the Covid-19 pandemic, updated monitoring activities were added. The strategy “Have the availability of a network of services for CSHCN and their families” was accomplished with the creation of the online resource directory. This activity has been excluded from the 2022-2023 SAP but continues as an ongoing activity. The strategy “Improve data collection on children served at the CSHCN Program” was accomplished with the creation of a REDCap platform and continues as an ongoing activity.

As for the year 2021-2022, the revised medical home plan resumed with seven (7) strategies and 24 activities. These strategies and activities are focused mostly on care coordination, family-centered care, and family support. Two new strategies were added: “the use of the Family-Centered Coordinated Care Model (CCCF) as a work frame in the program”, and “Promote families’ inclusion and participation”. As of March 2023, forty-two (41.6%) of these activities were completed, which increases to 54.2% if the ongoing activities are added. Two (2) activities had not been started (8.3%) and seven (7) were in progress (29.2%). All inactivated activities (10) were completed. The seven activities “in progress”, as well as the activities “not started”, were included in the 2022-2023 SAP. For details on strategies for 2021-2022, please refer to the supporting document provided.

The SAP for the year 2020-2021 to address HCT had three (3) strategies and 5 activities. During last year, one strategy had its activities updated (“Increase physicians’ awareness about transition processes”), one was completed and continues as an ongoing activity (“program’s providers to support YSHCN in the process of transition”), and one was completed (“Transition Survey to Physicians”). Information collected through the transition survey provides a basis to reach out to physicians about this topic.

For the year 2021-2022, the HCT revised plan was resumed with a total of four (4) strategies and 13 activities. Strategies are “Increase physicians’ awareness about transition processes”, “Expand the network of transition services and support for YSHCN”, “Strengthen protocols for transition processes at the CSHCN Program”, and “Have a formal educational plan for YSHCN in the transition process at the CSHCNP”. As of March 2023, four (30.8%) of the activities were completed, five (5) had not started (38.5%), and four (4) (30.8%) were in progress. Activities in progress or not started were included on the 2022-23 SAP. For details on strategies for the year 2021-2022, please refer to the supporting document provided.

**PDSA conclusion**

This second round of the PDSA allowed the HNASC to identify challenges and needs to improve or overcome in the SAP.

The pandemic restrictions presented the biggest challenge. The complexity of the PRDOH process, the transfer of all "Encuentro de mi vida" and "Nivel Máximo" content to the PRDOH website while maintaining the search information's appeal, simplicity, and usability, as well as a lack of personnel to fully address SiVEMMa activities, were other challenges noted in this PDSA.

Some areas for improvement or needs that will result in successful interventions include educational resources and continuous training or updates in breastfeeding, safe sleep, oral health, and unintentional injury prevention for the outreach team, HVNs, and PNs. There is also the need for educational materials, including incentives, for more effective interventions. Long-term relationships with stakeholders were evident in the PDSA; however, achieving better communication with key stakeholders was also noted.

The virtual prenatal care course was a functional tool to reach pregnant women during the pandemic restrictions. Pre and post-tests revealed an improvement in participant knowledge once the community outreach team resumed in-person interventions. The new "Mi agenda de salud" workshop has begun effectively. The HVP resumed their in-person interventions, including the educational and support component as well as the needed screens. The YHPP started this school year, allowing the administration of the new YHP profile survey for the first time. YAC has been very active in its activities, especially in the new group that is working on youth mental health under the model of Collective Impact. Long-term relationships with the right partners were the most outstanding success in the PDSA.

**TITLE V FAMILY ENGAGEMENT**

A survey was conducted to assess perception of FE among MCAHD and CSHCND staff. Two metrics were assessed: program readiness for FE (NICHQ) and FE at the system level (FESAT, Family Voices). Both questionnaires were translated to Spanish, pre-tested, validated, and tested for internal reliability.

310 staff members participated in a survey during October to December 2022, with a 70% response rate for the CSHCND and 88% for the MCAHD. The statistical significance could only be measured for the FESAT, as it was based on scores. For FE readiness, the cells were too small to allow for accurate confidence intervals or p-values.

The total of participants was 55.2% from MCHAD and 44.8% from CSHCND (Figure 1). When categorizing participants by job roles, 47% of the staff fell under the MCH-pyramid's enabling services, 34.5% under public health services and systems, and 18.4% under direct services (Figure 2). However, many of our staff members offer services across the pyramid levels. For that matter, results of inferential analyses under this group category were not considered. Most participants come from the regional level (MCAHP: 84.8%; CSHCNP: 84.2%), which is expected given that the staff members assigned at the central level are primarily administrative or in public health services and systems (Figure 3).

**Figure 1: Percentage of staff distribution between programs of Title V**

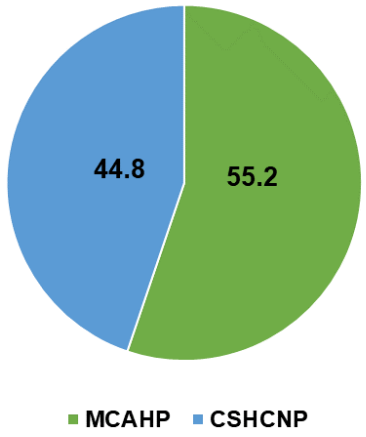



**Figure 2: Percentage of staff distribution by Title V Pyramid Levels**

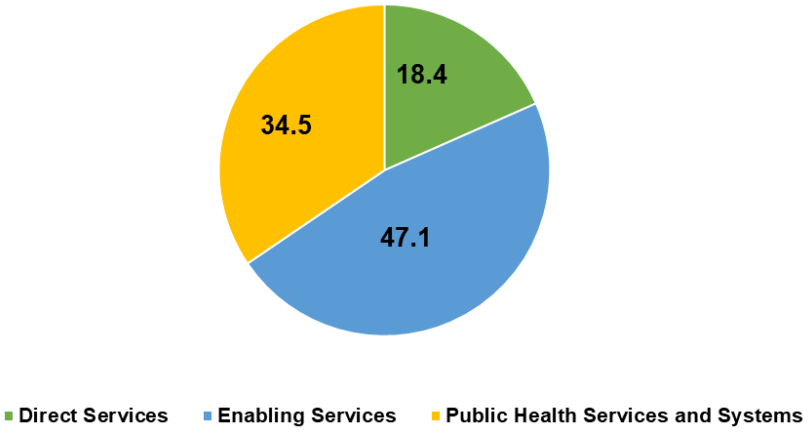
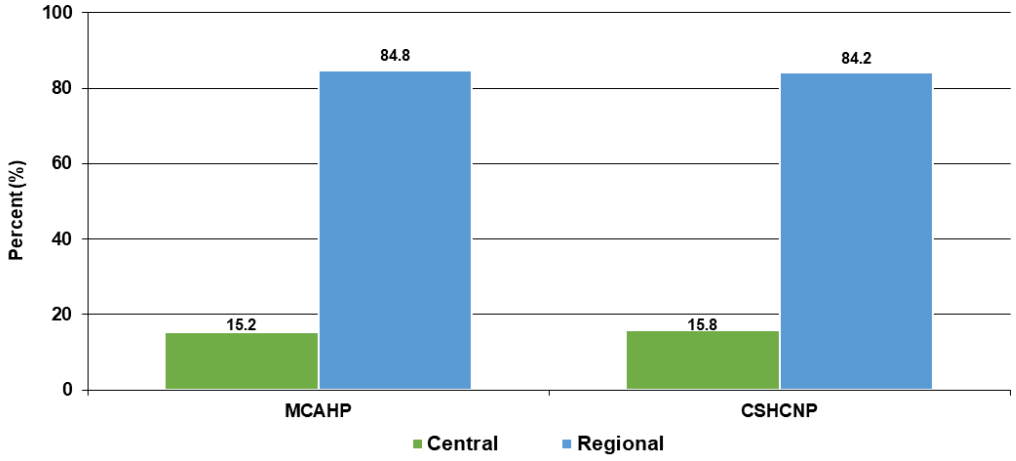


**Figure 3: Percentage of staff by programs location**




Most of the CSHCND (80%) and MCAHD (78.6%) staff reported that their programs have a written policy that requires the inclusion and participation of families in its initiatives and processes (Figure 4). About 82% of the CSHCND staff said that their program had at least one family representative, which doubles what MCAHD staff (40.9%) reported (Figure 5).

**Figure 4: Percentage of staff that reports that the program has a written policy that requires the inclusion and participation of families in its initiatives and processes**

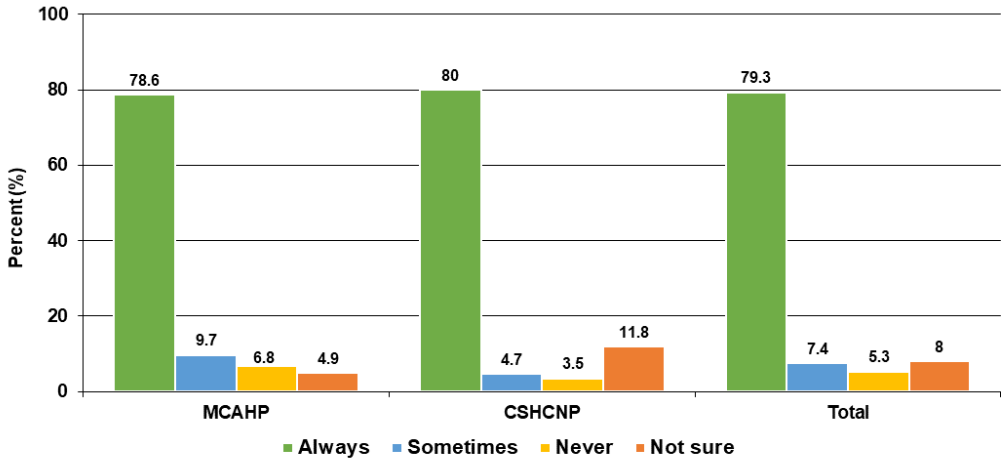
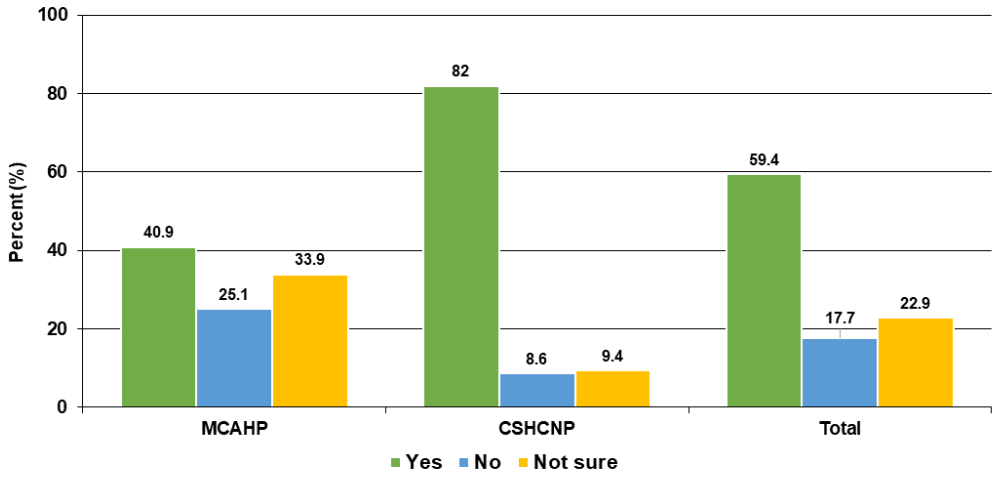


**Figure 5: Percentage of staff that reports that the program has at least one family representative**




## Family Engagement Readiness

FE readiness was measured by three tiers with CA internal reliability coefficients of 0.817 to 0.923:

1. Perspective on the contribution of families (4 items; CA=0.817).
2. Efforts for the inclusion of families (5 items, CA=0.923).
3. Knowledge about the role of family representatives (3 items; CA=0.894).

The assessment of FE readiness was based on the proportion of staff members who agreed with every item on a tier. Individuals who did not agree were examined independently, and those who responded that a situation did not apply to all items were not considered in the denominator.

About 97% of the staff members "strongly agree" or "somewhat agree" to each item in the first tier (Figure 6). This indicates that they concur that families offer knowledge and distinctive lived experiences and that their opinions are just as valuable as those of professionals. As a result, they value families' participation in the formulation of programs and public policy because they bring a crucial component to the work team that no one else can. When this tier was stratified into groups based on the MCAHP or CSHCNP or program location (regional or central), the differences were small (Figures 7 to 8). About 69% of the individuals who did not “Strongly agree” or “Somewhat agree” in all the items of this tier, did concur in at least 3 of the 4 items.

Concerning the efforts made by the staff to include the families, 97.3% reported "strongly agree" or "somewhat agree" to each item in this tier (Figure 6). To create an atmosphere where families feel supported, comfortable, and confident to speak freely, the staff convey to others how much they value the families' contribution and knowledge. In doing so, they create a respectful listening environment. The staff is willing to put the suggestions made by families into effect and feels comfortable giving them tasks. Differences were observed

when comparing central (88.9%) and regional levels (98.5%) (Figure 10), while differences by programs were small (Figures 9). About 74% of the individuals who did not “Strongly agree” or “Somewhat agree” in all the items of this tier, agreed in at least 4 of the 5 items.

In terms of the knowledge of the staff about the role of family representatives, 92.1% reported “strongly agree" or "somewhat agree" to each item in the third tier (Figure 6). This indicates that they are willing to put into action the ideas that the family representatives contribute, are clear about what is required and expected of family representatives and provide families with guidance on how to create goals for their work as representatives. There were differences between MCAHP (96.7%) when compared with CSHCNP (86.4%) and central level (79.2%) when compared with the regional level (93.7%) (Figures 11 to 12). About 53% of the individuals who did not “Strongly agree” or “Somewhat agree” in all the items of this tier, agreed in at least 2 of the 3 items.

**Figure 6: Distribution staff readiness for family engagement by tiers**

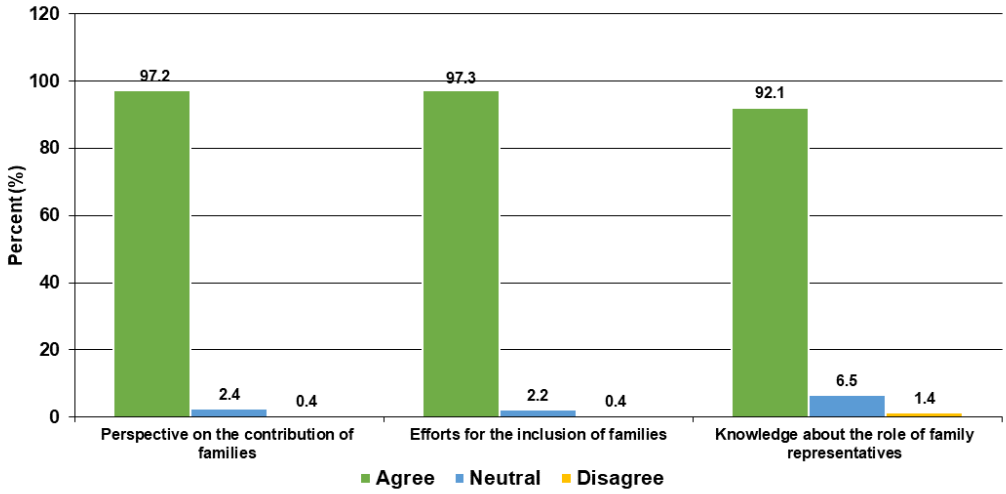


**Figure 7: Perspective on the contribution of families by programs**

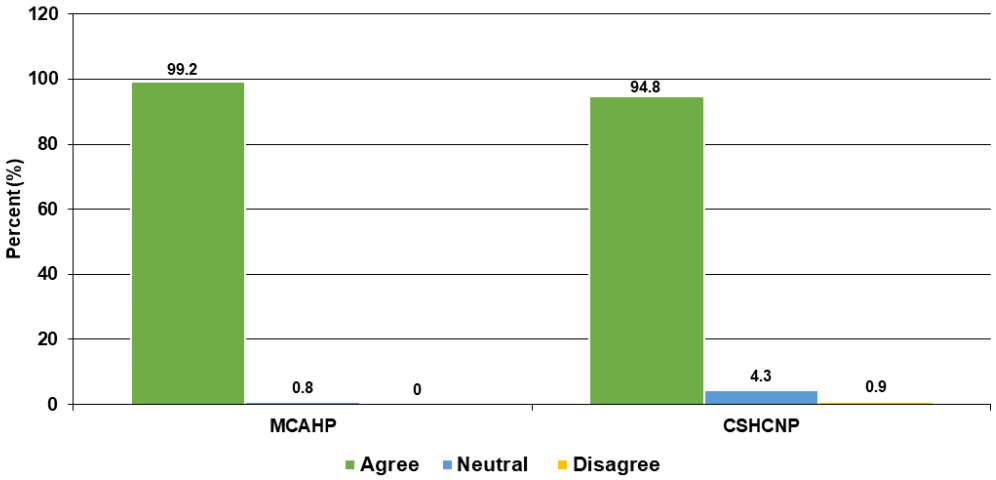



**Figure 8: Perspective on the contribution of families by location of staff**

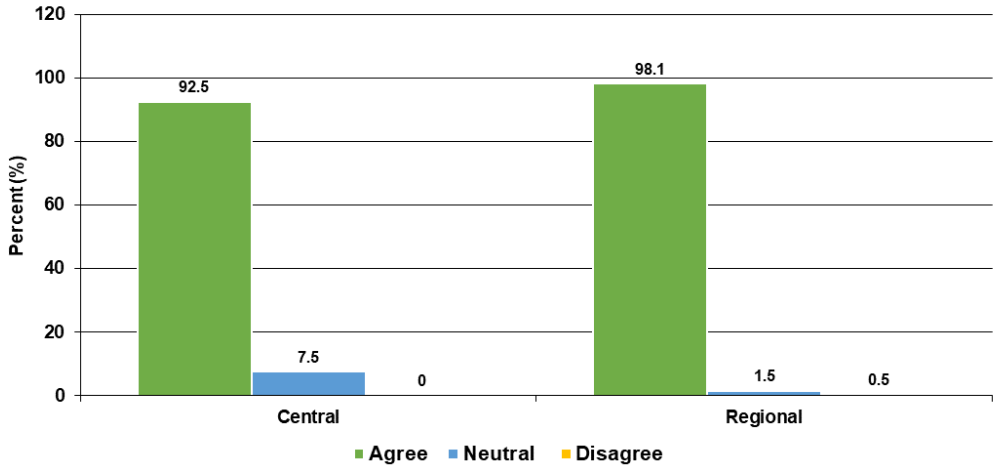


**Figure 9: Efforts for the inclusion of families by programs**

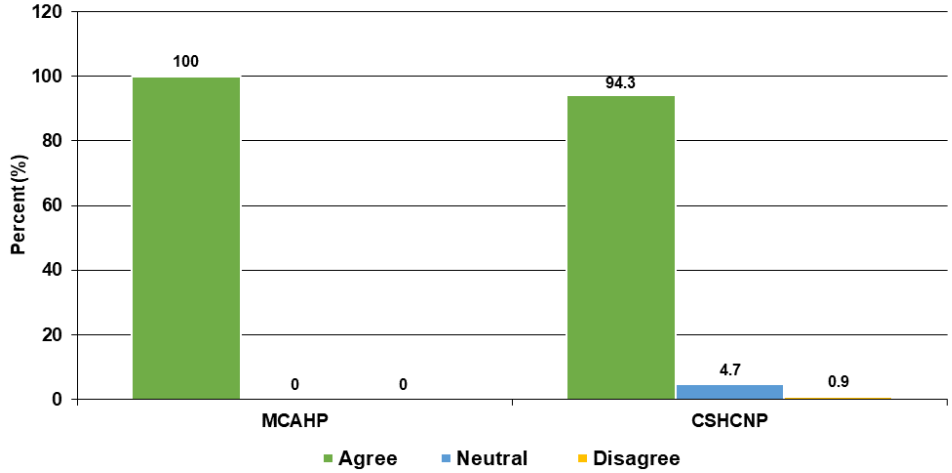



**Figure 10: Efforts for the inclusion of families by location of staff**

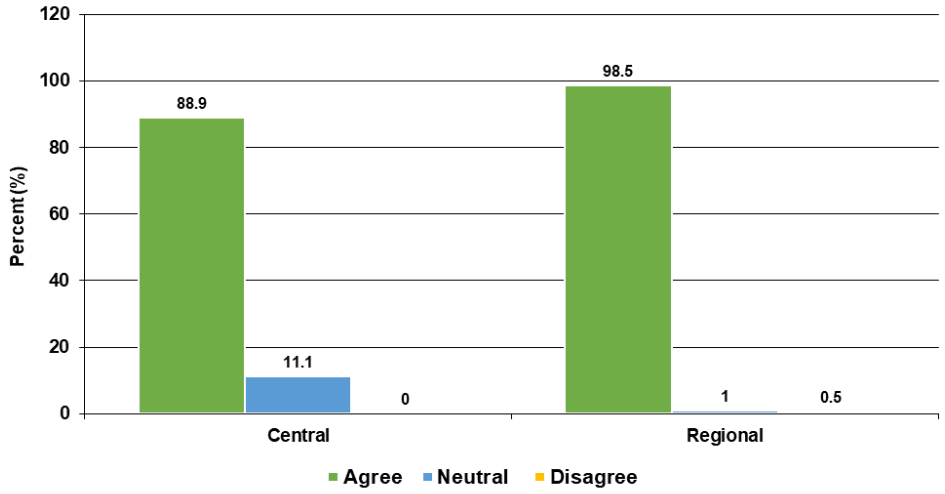


**Figure 11: Knowledge about the role of family representatives by programs**

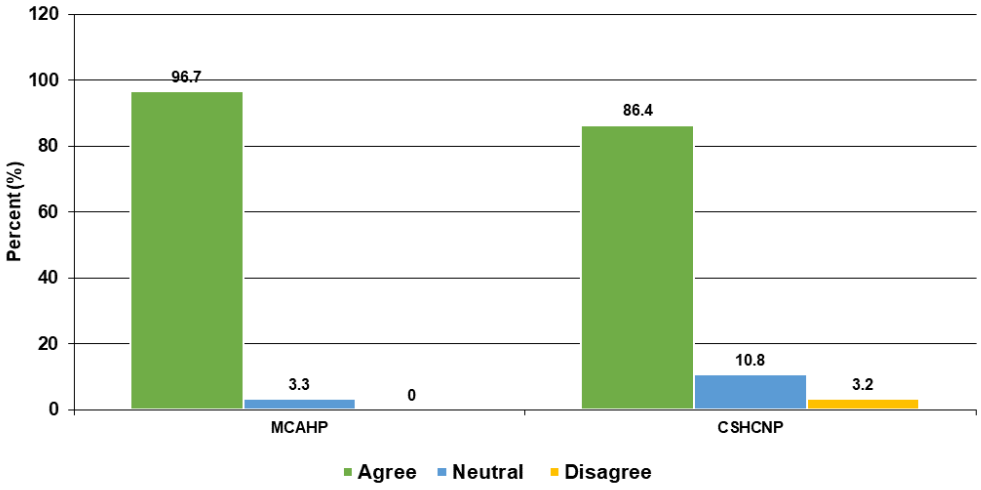
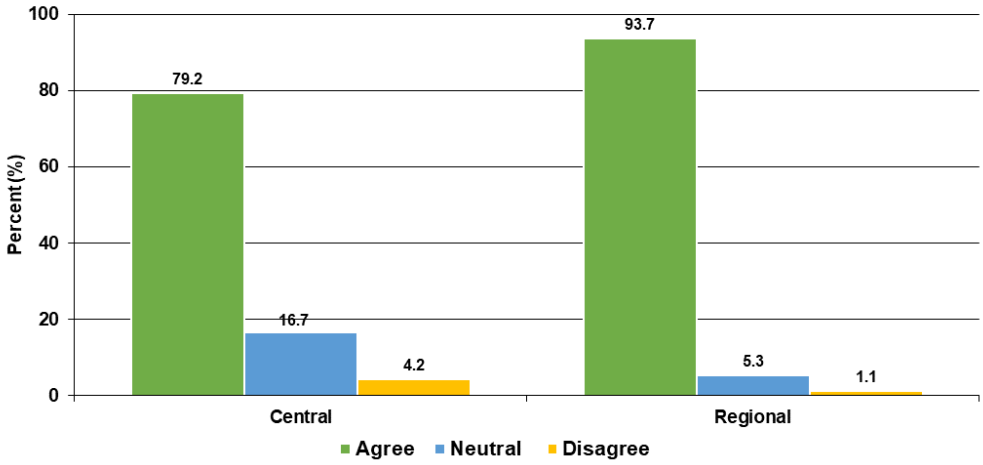



**Figure 12: Knowledge about the role of family representatives by staff location**




## Family Engagement in Systems Toolkit (FESAT)

The FESAT is designed to evaluate family involvement in policies, programs, and other system-level activities. It is based on a framework of four strategic domains, with each item given a score of "Never" = 0, "Rarely" = 1, "Sometimes" = 2, "Usually" = 3, and "Always" = 4. The total Family Engagement Score (FES) is the average of the domains, with the CA ranged from 0.611 to 0.955 between each item:

1. Commitment: Family engagement is a core value at the program (5 items; CA=0.611).
2. Transparency: Family access to relevant knowledge and support (5 items; CA=0.849).
3. Representation: Engaged families reflect the diversity of the community served (5 items; CA=0.864).
4. Impact: Initiative highlights on how the program has been transformed now that families are involved (6 items; CA=0.955).

The FES is 55%. The two domains with the highest scores were "Transparency" (60.7%) and "Impact" (58.5%), with "Representation" (50.5%) and "Commitment" (48.5%) coming in last (Figure 13).

When programs are considered (Figure 14), the FES in the CSHCNP (62.1%) is significantly higher ($p<0.05$) than the MCAHP score (47.1%). This is also evident in the individual areas (Commitment: 58.4% vs 31.2%; Transparency: 66.3% vs 56.2; Representation: 55.9% vs 46.1; Impact: 66.6% vs 52.6%), where the CSHCNP scores are significantly higher ($p<0.05$) than the MCAHP scores.

When compared to the central level (45.4%), the FES is significantly higher at the regional level (56.7%) (Figure 15). For Transparency (62.4% vs 51.3%), Representation (52.6% vs 39.2%), and Impact (61% vs 47.1%), the disparities are significantly higher for the regional level ($p<0.05$). Commitment is likewise higher at the regional level (49.3% vs 43.7%), although the difference is not statistically significant ($p>0.05$).

**Figure 13: Family Engagement in Systems Toolkit (FESAT) Final Scores**

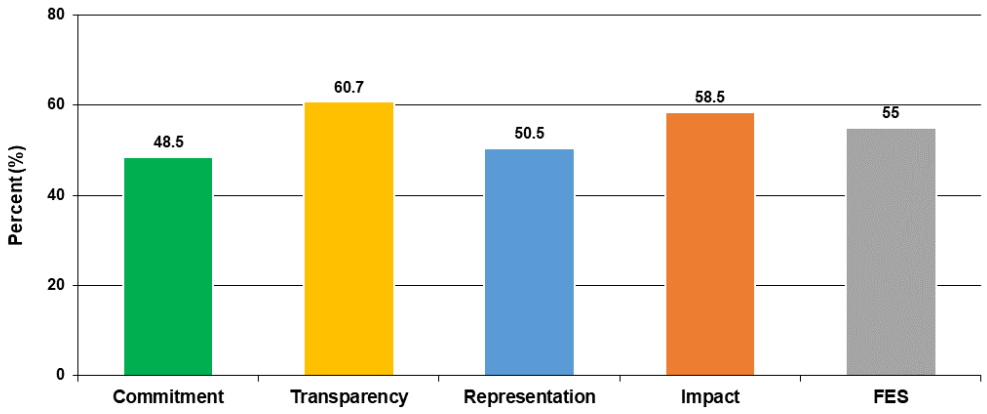


**Figure 14: Family Engagement in Systems Toolkit (FESAT) final scores by programs**

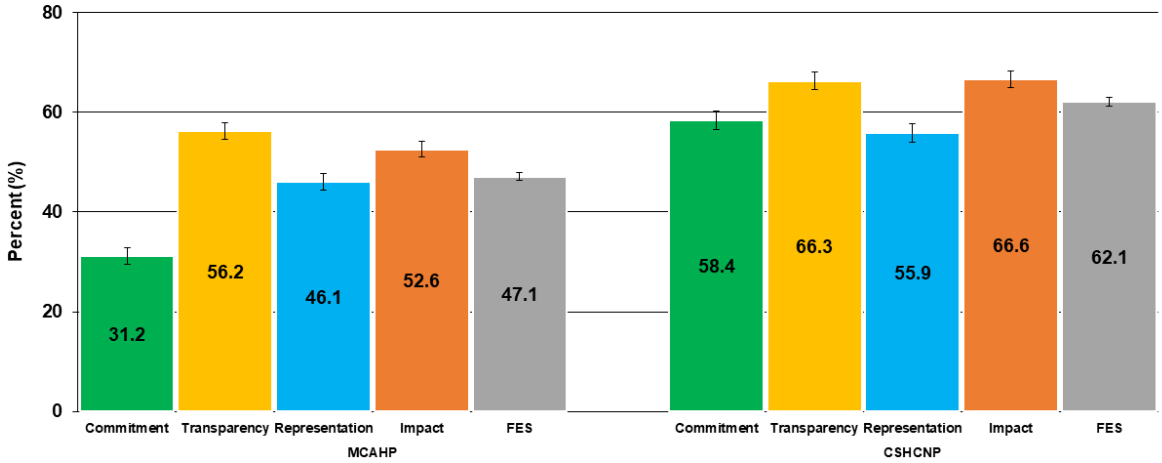
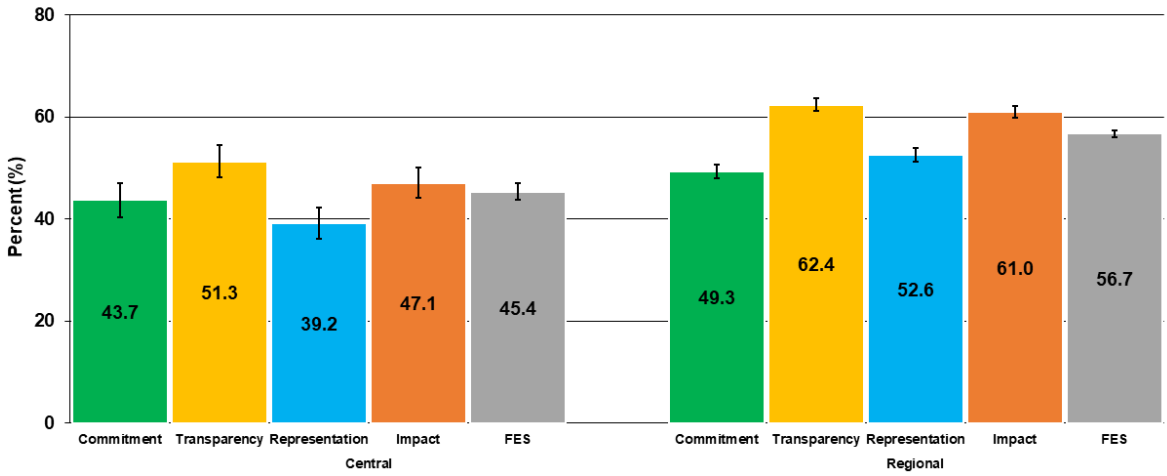



**Figure 15: Family Engagement in Systems Toolkit (FESAT) final scores by staff location**




## Levels of Family Inclusion or Participation in the Programs: Qualitative Analysis

The survey started with open-ended questions about participants' perceptions of family inclusion and participation. To determine if respondents' perceptions had changed, identical questions were repeated at the end of the survey. Qualitative analyses coded responses as passive participants (level 0), supporters of a family member (level 1), program participants who support other families but are not involved in the system's planning or decision-making (level 2) and involved in the system or program's planning

or decision-making (level 3). When a participant's perspective level increased at the end of the survey, a positive change was considered. Staff perspectives on family inclusion and participation in levels 1 to 3 increased when compared to the questions at the beginning of the survey.

Overall, 15% of the staff had a different opinion at the end of the survey (Figure 16). This positive change was higher for MCAHP staff (18.6%) when compared with CSHCNP staff (9.8%). As shown in Figure 17, staff at the central level were more likely to experience some positive change (20%) compared to the staff at regional levels (14.2%).

About 28% of the staff overall have shown a positive change in their perspective on what family participation in the programs entailed (Figure 18). There is almost no difference between programs (MCAHP: 28% and CSHCNP: 28.6%). When compared to the regional level (27.9%), the positive change was slightly higher (Figure 19) at the central level (30%).

**Figure 16: Levels of change of <u>INCLUSION</u>**

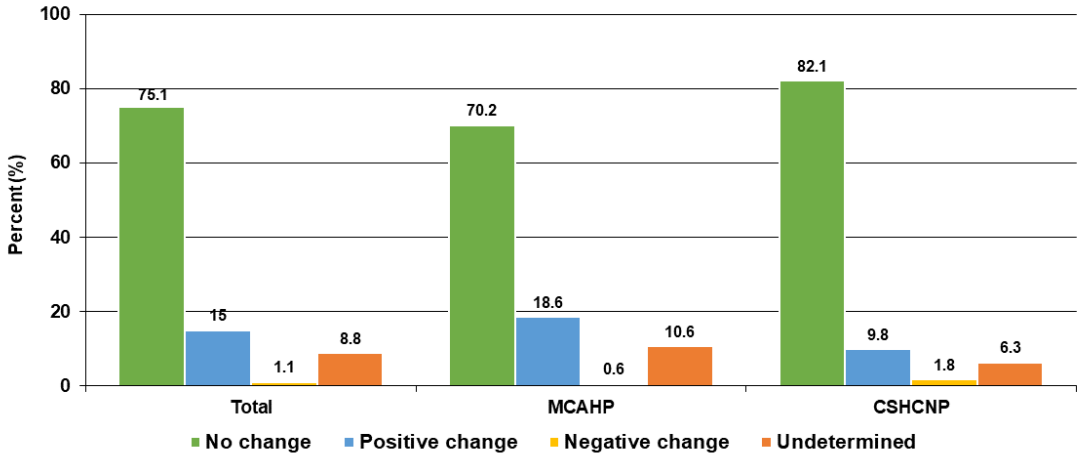


**Figure 17: Levels of change of INCLUSION by staff location**

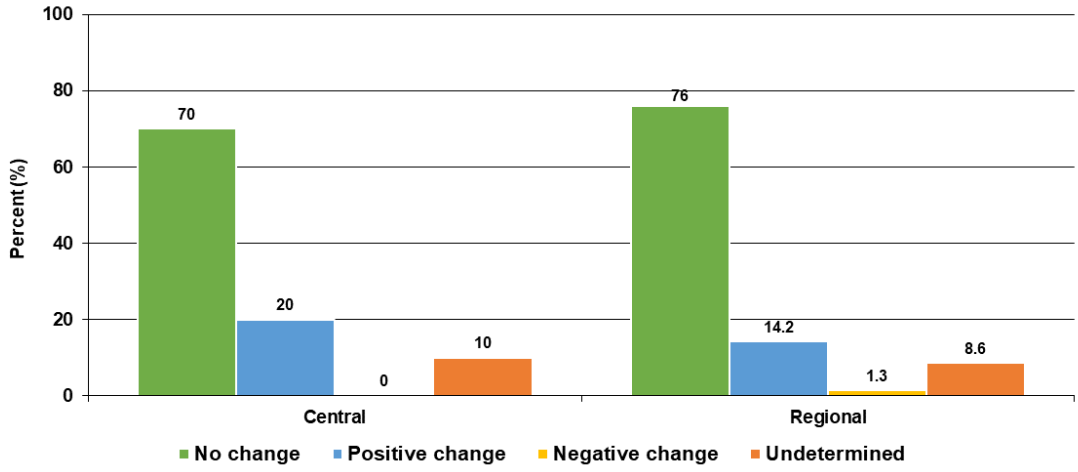



**Figure 18: Levels of change of PARTICIPATION**

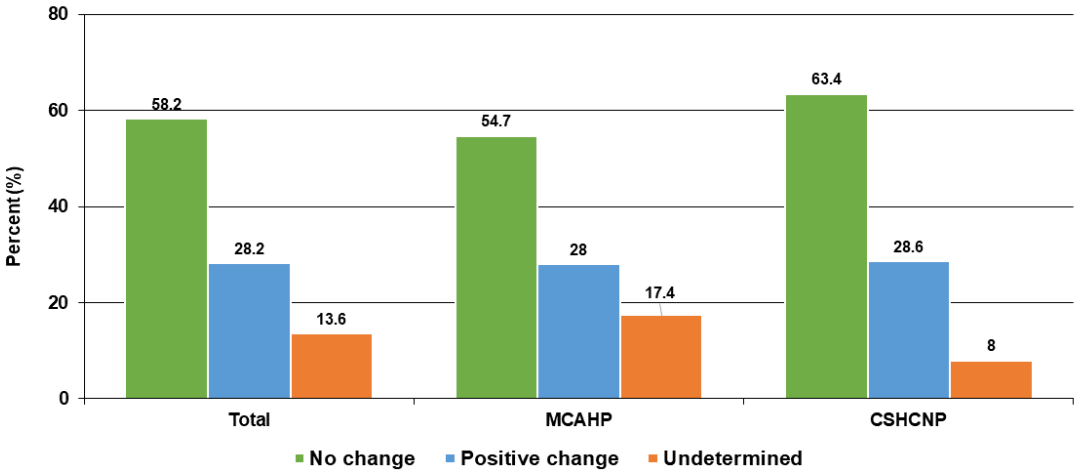
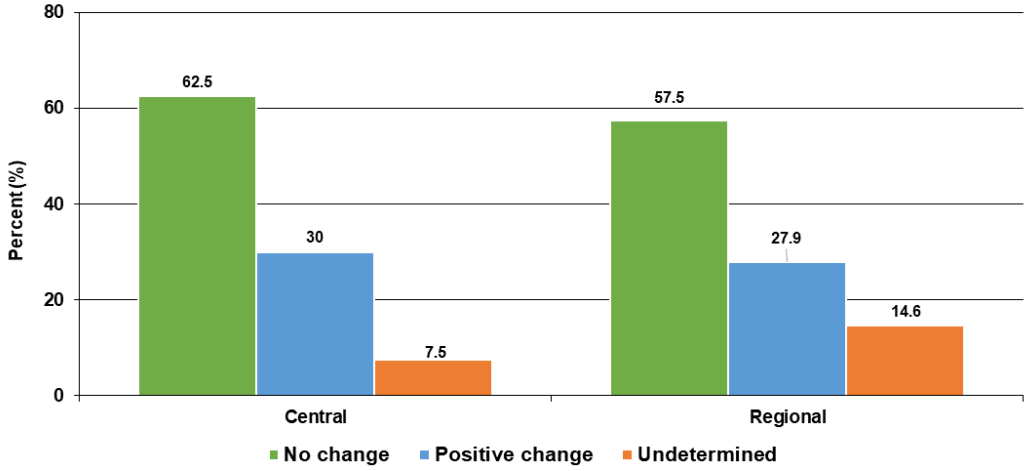


**Figure 19: Levels of change of PARTICIPATION by staff location**




## FE Conclusions

The YAC, CSHCN Family Representative, and FESAS have evidence that it is beneficial to consider the opinions and experiences of families during decision-making processes and developing initiatives that impact the population served. We aim to increase this awareness across all PR-Title V programs.

In terms of readiness, about 90% of the staff members reported being ready to include families as part of their processes. However, the FESAT demonstrated that there are areas in which changes are needed to fully implement FE.

The survey's implementation was an educational intervention that resulted in positive changes in employees' attitudes towards family inclusion and participation.

The PR Title V Community and Family Engagement Team (CFET) will use the survey findings to create interventions to impact staff regarding Family Education (FE). The CFET will assess the staff's levels of inclusion and participation regarding the FESAT results and FE readiness tiers. Tailored interventions will consider the differences found, allowing for examination of the needs of each area. The current FESAT will act as a baseline for tracking progress of FE within PR-Title V programs.

To discuss how FE can be achievable inside the programs, taking family buy-in into account as part of the interventions, the CFET will work on "Family Engagement Sessions" in the coming steps. As a long-term outcome, the interventions created with the input of staff members and families will make it possible to appoint a family liaison who will serve as the Family Network coordinator and lead staff members and families on how to work together.

**CHANGES IN ORGANIZATION STRUCTURE AND LEADERSHIP:**

The PRDOH and PR Title V Programs' organizational structure and leadership are undergoing changes, with final structural modifications expected in the last quarter of 2023. The framework remains unchanged.

## TITLE V PARTNERSHIPS, COLLABORATION, AND COORDINATION:

MCAHP/ CSHCNP enhance health promotion and leadership through formal agreements –committees, task forces, and alliances, coalitions, cross coordination, resource, and data sharing– with other federal, state, and local agencies.

A major focus of MCAHP/ CSHCNP is to strengthen family partnerships. For details see Section III.E.2.b.ii.

Following an updated list of MCAH/CSHCN Programs partners:

**Other MCH Investments:**

1. MIECHV
2. SSDI

**Other federal investments:**

1. CDC (PRAMS, HIV/STDs Prevention Division, PR-SET-NET, EHDI-IS)
2. Centers for Medicare and Medicaid Services
3. Early Intervention Program
4. Immunization Program
5. Personal Responsibility Education Program
6. Sexual Risk Avoidance Education Program
7. WIC Program

**Other HRSA programs:**

1. HRSA Funded Health Centers
2. Ryan White HIV/STD Program
3. Early Hearing Detection and Intervention Program

**State and local MCH programs:**

1. Autism centers
2. MCAHP regional offices
3. Regional pediatric centers

**Other programs within the State Department of Health:**

1. Administration of Mental Health and Anti-Addiction Services
2. Chronic Disease and Health Prevention Programs
3. Demographic Registry Office
4. Emergency Medical Services for Children
5. Office of Informatics and Advanced Technology
6. Office of Public Health Preparedness and Response
7. Office of Regulation and Certification of Health Professionals

**Other governmental agencies:**

1. Education Department
2. Family Department
3. Head Start and Early Head Start Programs
4. Insurance Commissioner Office
5. PR Health Insurance Administration
6. PR Institute of Statistics

**Tribes, Tribal Organizations, and/or Urban Indian Organizations:**

Not applicable for PR.

**Public health and health professional educational programs and universities:**

1. Health and Justice Center, San Juan Bautista School of Medicine
2. Institute on Developmental Disabilities, UPR Medical Science Campus
3. Medical Science Campus, University of PR
4. PR Family to Family Health Information Center
5. PR-Neonatal Screening Laboratory
6. UPR University – Agricultural Extension

**Other state and local public and private organizations that serve the state's MCH population:**

1. AAP Puerto Rico Chapter
2. APNI
3. ASI
4. Association of Primary Health Care of PR
5. Highway Safety Commission
6. Hospital Association
7. Institute for Youth Development
8. La Leche League PR
9. March of Dimes
10. Maternal Fetal Medicine Specialist
11. MAVI
12. Oral Health Alliance
13. PR Boys and Girls Club
14. PR Breastfeeding Coalition
15. PR Pediatric Society
16. PR Society of Pediatric Dentistry
17. PR-ACOG
18. Pro Familia (Planned Parenthood)
19. Promani
20. Proyecto Lacta
21. Proyecto Nacer
22. Quality Office of La Fortaleza
23. SER de PR
24. United Way
25. Women and Patient Procurator

# PR 2023 Health Needs Assessment Supporting Document

DEPARTAMENTO DE SALUD

## Table 1: Plan-Do-Study-Act Cycle for PR 2020-2025 State Action Plan (Example)

**DOMAIN:**
**PRIORITY NEED:**
**STRATEGY:**

**PLAN**

| *ACTIVITY #__* | *RESPONSIBLE PERSONS* | *DATE TO BEGIN* | *DUE DATE* | *FOLLOW UP FREQ* |
|---|---|---|---|---|
| | | | | ☐ Daily<br>☐ Weekly<br>☐ Biweekly<br>☐ Monthly<br>☐ Bimonthly<br>☐ Semiannually<br>☐ Annually<br>☐ Other:<br>_____ |

**DO: STATUS**

| Not started | In progress | Completed | Date of Update |
|---|---|---|---|
| | | | |

**STUDY**

| PROCESS DOCUMENTATION | SUMMARY |
|---|---|
| What went well?<br><br>What did not go well?<br><br>What can be improved?<br><br>How can it be improved?<br><br>Identified needs: | Success list:<br><br>Challenges (what we can work with):<br><br>Barriers (what is beyond our control):<br><br>Comments/Observations: |

**ACT: DECISION MAKING**

| Keep active | Inactivate |
|---|---|
| | |

**Table 2: NOMs and NPMs with no data available for chi-square for trend analysis**

| Indicator | Proxy source available to be included in trend analysis | Comments |
|---|---|---|
| NPM 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year | Yes | BRFSS 2017 and 2021 is available. Once 2023 data is available a trend analysis can be performed. Proxy will be Form CMS-416. |
| NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others | No | Available YRBSS statistics for 2017 and 2019. The 2021 YRBSS was expected by Spring of 2023, however, was not available by the time of the analysis. No proxy. |
| NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year | Yes | BRFSS 2017 and 2021 is available. Once 2023 data is available a trend analysis can be performed. Proxy will be Form CMS-416. |
| NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year | Yes | Baseline data 2019 MCH-JS. 2023 MCH-JS data is expected sometime during 2023. Proxy will be Form CMS-416. |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health | No | Baseline data 2019 MCH-JS. 2023 MCH-JS data is expected sometime during 2023. Proxy will be Form CMS-416. |
| NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system | No | MCH-JS data is available for two years. Trend analysis is not possible. No proxy. |
| NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling | No | MCH-JS data is available for two years. Trend analysis is not possible. No proxy. |
| NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health | No | MCH-JS data is available for two years. Trend analysis is not possible. No proxy. |
| NOM 20 - Percent of adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) | No | NIS data is available for two years. Trend analysis is not possible. No proxy. |
| NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza | No | NIS data is available for two years. Trend analysis is not possible. No proxy. |
| NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine | No | NIS data is available for two years. Trend analysis is not possible. No proxy. |
| NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine | No | NIS data is available for two years. Trend analysis is not possible. No proxy. |

| Indicator | Proxy source available to be included in trend analysis | Comments |
|---|---|---|
| NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine | No | NIS data is available for two years. Trend analysis is not possible. No proxy. |

**Table 3: Maternal and Women Health Indicators**
**Chi-Square for Trend Analysis**

| Indicator | Year 1 Rate/Percent (95% CI) | Year 2 Rate/Percent (95% CI) | Year 3 Rate/Percent (95% CI) | Year 4 Rate/Percent (95% CI | $X^2$ for trend | AAPC |
|---|---|---|---|---|---|---|
| ***Percent of women, ages 18 through 44, with a preventive medical visit in the past year[1]*** | 78.7 (78.6 - 78.8) | 78.5 (78.4 - 78.6) | 72.1 (72.0 - 72.2) | 69.2 (64.9 – 73.1) | <0.05 | -4.1% |
| Severe maternal morbidity per 10,000 delivery hospitalizations[2] | 325.1 (301.3 - 348.9) | 360.8 (335.2 – 386.4) | 878.9 (838.6 – 919.2) | 418.0 (389.8 – 446.2) | <0.05 | 34.0% |
| Maternal mortality rate per 100,000 live births[3] | 42.3 (14.7 - 69.9) | 63.9 (29.2 - 98.6) | 21.1 (0.4 - 41.8) | 68 (31.0 – 105.0) | ≥0.05 | 50.3% |
| Percent of low-birthweight deliveries (<2,500 grams) [3] | 10.3 (9.9 - 10.7) | 10.1 (9.7 - 10.5) | 10.2 (9.8 - 10.6) | 10.5 (10.1 – 10.9) | ≥0.05 | 0.7% |
| Percent of preterm births (<37 weeks) [3] | 11.9 (11.5 - 12.3) | 11.8 (11.3 - 12.2) | 11.6 (11.1 - 12.0) | 12.0 (11.5 – 12.5) | ≥0.05 | 0.4% |
| Percent of early term births (37, 38 weeks) [3] | 35.1 (34.5 -35.8) | 34.3 (33.7 - 35.0) | 33.8 (33.1 - 34.4) | 34.6 (33.9 – 35.3) | ≥0.05 | -0.5% |
| Perinatal mortality rate per 1,000 live births plus fetal deaths[4] | 6.8 (5.8 - 8.0) | 6.7 (5.6 - 7.9) | 7.0 (5.9 - 8.3) | N/A | ≥0.05 | 1.5% |
| Infant mortality rate per 1,000 live births[3] | 6.6 (5.6 - 7.8) | 6.6 (5.6 - 7.8) | 7.0 (5.9 - 8.3) | 7.6 (6.4 – 8.8) | ≥0.05 | 5.4% |
| Neonatal mortality rate per 1,000 live births[4] | 4.2 (3.4 - 5.1) | 3.9 (3.2 - 4.9) | 5.4 (4.4 -6.5) | N/A | ≥0.05 | 15.7% |
| Post neonatal mortality rate per 1,000 live births[4] | 2.4 (1.9 - 3.2) | 2.7 (2.1 - 3.5) | 1.7 (1.2 - 2.4) | N/A | ≥0.05 | -12.3% |
| Preterm-related mortality rate per 100,000 live births[3] | 191.4 (141.0 – 260.0) | 172.0 (123.5 – 239.4) | 210.2 (154.2 – 286.4) | 277.3 (202.8 – 351.8) | ≥0.05 | 6.3% |
| Percent of women who drink alcohol in the last 3 months of pregnancy[3] | 0.05 (0.03 - 0.09) | 0.02 (0.01 - 0.05) | 0.02 (0.01 - 0.05) | 0.04 (0.01 – 0.07) | ≥0.05 | 22.7% |

| Indicator | Year 1 Rate/Percent (95% CI) | Year 2 Rate/Percent (95% CI) | Year 3 Rate/Percent (95% CI) | Year 4 Rate/Percent (95% CI | $X^2$ for trend | AAPC |
|---|---|---|---|---|---|---|
| Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations[2] | 1.3 (0.8 - 1.8) | 1.7 (1.1 - 2.3) | 0.7 (0.3 - 1.1) | 0.5 (0.4 – 0.6) | <0.05 | -18.9% |
| Teen birth rate, ages 15 through 19, per 1,000 females[3] | 18.6 (18.4 – 18.8)) | 18.8 (18.6 – 19.0) | 15.7 (15.5 – 15.9) | 14.0 (13.2 – 14.8) | <0.05 | -8.7% |
| Percent of women who experience postpartum depressive symptoms following a recent live birth[5] | 10.8 (8.5 - 13.5) | 11.6 (9.3 - 14.3) | 11.3 (9.1 - 14.0) | 13.6 (13.1 – 14.1) | ≥0.05 | 8.3% |
| ***Percent of women who had a preventive dental visit during pregnancy***[5] | 48.7 (44.7 - 52.7) | 53.3 (49.5 - 57.1) | 38.3 (34.6 - 42.2) | 42.0 (41.3 – 42.7) | <0.05 | -3.0% |
| Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year[6] | 15.6 (15.5 – 15.7) | 15.6 (15.5 – 15.7) | 15.7 (15.5 – 15.7) | 17.1 (17.0 – 17.2) | <0.05 | 3.2% |

*1 Behavioral Risk Factor Surveillance System (BRFSS) 2018 to 2021*
*2 PR Health Insurance Administration & Health Insurance Commissioner FY 2017-18 to FY 2020-2021*
*3 Vital Statistics Data 2018 to 2021*
*4 Vital Statistics Data 2018 to 2020*
*5 PRAMS 2018 to 2021*
*6 Form CMS-416: Annual EPSDT Participation Report FY 2017-18 to FY 2020-2021*

**Table 4: Perinatal and Infant Health Indicators**
**Chi-Square for Trend Analysis**

| Indicator | Year 1 *Rate/Percent (95% CI)* | Year 2 *Rate/Percent (95% CI)* | Year 3 *Rate/Percent (95% CI)* | Year 4 *Rate/Percent (95% CI* | $X^2$ for trend | AAPC |
|---|---|---|---|---|---|---|
| ***Percent of infants placed to sleep on their backs[1]*** | 43.6 (39.6 - 47.6) | 44 (40.2 - 47.8) | 49.6 (45.7 - 53.5) | 55.2 (54.5 – 55.9) | <0.05 | 8.3% |
| ***Percent of infants placed to sleep on a separate approved sleep surface[1]*** | 29.1 (25.6 – 33.0) | 23.1 (20.0 -26.5) | 25.2 (22.0 – 28.8) | 23.6 (23.0 – 24.2) | ≥0.05 | -6.0% |
| ***Percent of infants placed to sleep without soft objects or loose bedding[1]*** | 24.3 (21.0 – 28.0) | 24.2 (21.0 – 27.5) | 26.8 (23.5 – 30.4) | 30.0 (29.3 – 30.7) | <0.05 | 7.4% |
| Infant mortality rate per 1,000 live births[2] | 6.6 (5.6 - 7.8) | 6.6 (5.6 - 7.8) | 7.0 (5.9 - 8.3) | 7.6 (6.4 – 8.8) | ≥0.05 | 5.4% |
| Post neonatal mortality rate per 1,000 live births[3] | 2.4 (1.9 - 3.2) | 2.7 (2.1 - 3.5) | 1.7 (1.2 - 2.4) | N/A | ≥0.05 | -12.3% |
| Sudden Unexpected Infant Death (SUID) rate per 100,000 live births[2] | 79.4 (49.3 – 127.6) | 103.2 (67.3 – 158.2) | 47.3 (24.6 – 90.9) | 83.7 (42.7 – 124.7) | ≥0.05 | 20.3% |

*1 PRAMS 2018 to 2021*
*2 Vital Statistics Data 2018 to 2021*
*3 Vital Statistics Data 2018 to 2020*

**Table 5: Child Health Indicators**
**Chi-Square for Trend Analysis**

| Indicator | Year 1 *Rate/Percent (95% CI)* | Year 2 *Rate/Percent (95% CI)* | Year 3 *Rate/Percent (95% CI)* | Year 4 *Rate/Percent (95% CI* | $X^2$ for trend | AAPC |
|---|---|---|---|---|---|---|
| ***Percent of children, ages 1 through 17, who had a preventive dental visit in the past year[1]*** | 41.9 (41.7 – 42.1) | 37.5 (37.3 – 37.7) | 37.5 (37.3 – 37.7) | 47.8 (47.6 – 48.0) | <0.05 | 5.7% |
| Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year[1] | 15.6 (15.5 – 15.7) | 15.6 (15.5 – 15.7) | 15.7 (15.5 – 15.7) | 17.1 (17.0 – 17.2) | <0.05 | 3.2% |

*1 Form CMS-416: Annual EPSDT Participation Report FY 2017-18 to FY 2020-2021*

**Table 6: Adolescent Health Indicators**
**Chi-Square for Trend Analysis**

| Indicator | Year 1 *Rate/Percent (95% CI)* | Year 2 *Rate/Percent (95% CI)* | Year 3 *Rate/Percent (95% CI)* | Year 4 *Rate/Percent (95% CI)* | $X^2$ for trend | AAPC |
|---|---|---|---|---|---|---|
| ***Percent of adolescents, ages 12 through 17, who are bullied or who bully others[1]*** | 21.8 (21.5 – 22.1) | 12.0 (11.8 – 12.0) | N/A | N/A | N/A | N/A |
| Adolescent mortality rate ages 10 through 19, per 100,000[2] | 27.4 (27.3 – 27.5) | 23.6 (23.5 – 23.7) | 26.9 (26.8 – 27.0) | 26.3 (21.2 – 31.4) | ≥0.05 | -0.7% |
| Adolescent suicide rate, ages 15 through 19, per 100,000[2] | 1.4 (1.4 – 1.4) | 1.5 (1.4 – 1.6) | 1.5 (1.4 – 1.6) | 3.0 (0.6 – 5.4) | ≥0.05 | 35.7% |
| ***Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year[3]*** | 34.9 (34.7 – 35.1) | 24.8 (24.6 – 25.0) | 24.9 (24.6 – 25.1) | 31.0 (30.8 – 31.2) | <0.05 | -1.3% |
| Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000[2] | 7.5 (7.4 – 7.6) | 5.9 (5.8 – 6.0) | 5.1 (5.0 – 5.2) | 8.4 (4.4 – 12.4) | ≥0.05 | 9.9% |
| Teen birth rate, ages 15 through 19, per 1,000 females[2] | 18.6 (17.8 – 19.4) | 18.8 (18.0 – 19.6) | 15.7 (14.9 – 16.5) | *14.0 (13.2 – 14.8)* | *<0.05* | -8.7% |

*1 Youth Risk Behavior Surveillance System (YRBSS) 2017 to 2019*
*2 Vital Statistics Data 2018 to 2020*
*3 Form CMS-416: Annual EPSDT Participation Report FY 2017-18 to FY 2019-2020*

**Table 7: Children with Special Health Care Needs**
**3-year Chi-Square for Trend Analysis**

| Indicator | Year 1[1] *Rate/Percent (95% CI)* | Year 2[1] *Rate/Percent (95% CI)* | Year 3[2] *Rate/Percent (95% CI)* | Year 4[2] *Rate/Percent (95% CI)* | $X^2$ for trend | AAPC |
|---|---|---|---|---|---|---|
| ***Percent of CSHCN that receive accessible and comprehensive care in a medical home.*** | 22.4 (22.2 – 22.6) | 30.8 (30.6 – 31.0) | 57.1 (56.9 – 57.3) | 53.1 (52.8 – 53.4) | N/A | N/A |
| ***Percent of YSHCN who has a successful transition to adulthood*** | 24.5 (24.2 – 24.8) | 24.7 (24.0 – 25.4) | 6.4 (6.2 – 6.6) | 22.2 (21.8 – 22.6) | N/A | N/A |

*1 CSHCN Survey 2010 and 2015 (PRDOH with Estudios Técnicos Inc.)*
*2 MCH-JS 2019 and 2023 (NORC)*
** Trend analyses were not carried out because data for the years 2010 and 2015 is not comparable with data of the years 2019 and 2023 due to different methodologies. In addition, indicators for year 2019 must be interpret with caution due to due to a small sample (unweight denominators < 100).*

# 2023 Plan-Do-Study-Act Full Report by Domain

**DOMAIN**: Women/Maternal Health

**DETAILED SUMMARY FOR WOMEN/MATERNAL HEALTH DOMAIN**

- The Women and Maternal Health Domain has two priority needs: promoting the health and wellbeing of WRA (associated to NPM 1) and improving birth outcomes (associated with NPM 13.1).
- **Priority need 1: promoting the health and wellbeing of WRA**
    - To address this area of need, the team established 7 strategies of which 6 have been initiated and are being implemented through 31 activities.
    - A range of 1 to 15 activities per strategy was registered (see table with distribution of activities by strategy for NPM 1).
    - The status analysis shows that 12 activities (38.7%) have not been started, 13 (41.9%) are in progress and 6 (19.4%) were completed.
    - Of the 31 activities that were originally planned, 26 (83.9%) remain active, while 5 (16.1%) were inactivated.
    - Of the 5 inactivated activities, 4 (80.0%) were completed and 1 (20.0%) were eliminated before being initiated.
- **Priority need 2: improving birth outcomes**
    - To address this area of need, the team established 7 strategies of which 4 have been initiated and are being implemented through 7 activities.
    - A range of 1 to 2 activities per strategy was registered (see table with distribution of activities by strategy for NPM 13.1).
    - The status analysis shows that 1 activity (14.3%) has not been started, 5 (71.4%) are in progress and 1 (14.3%) was completed.
    - Of the 7 activities that were originally planned, 6 (85.7%) remain active, while 1 (14.3%) was inactivated.
    - The inactivated activity 1 (100.0%) was completed.

**PRIORITY NEED**: Promote health and wellbeing of WRA.

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 1 | 7 | 31 |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR WOMEN/MATERNAL HEALTH DOMAIN (NPM 1)**

| NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 1. Disseminate the updated Preventive Care Guidelines for women of reproductive age to the target | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| population and health care providers. | | | | | | | | |
| 2. Disseminate the Women of Reproductive Age Preventive Care Pocket Guide. | 7 | 1 | 6 | 0 | 7 | 0 | 0 | 0 |
| 3. Establish collaborations with entities that promote and provide mental and preventive health services to the target population. | 3 | 0 | 2 | 1 | 2 | 1 | 0 | 0 |
| 4. Provide continuing education to HVNs to improve their knowledge and skills in identifying, managing, and referring participants who report mental health issues. | 3 | 0 | 0 | 3 | 2 | 1 | 0 | 0 |
| 5. Promote person-centered services among health care providers and women of reproductive age. | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 |
| 6. Continue the current Maternal Mortality Review Surveillance System in Puerto Rico. | 15 | 11 | 4 | 0 | 14 | 0 | 1 | 0 |
| 7. Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, prevention of premature birth, among others. | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |
| **Total activities** | **31** | **12** | **13** | **6** | **26** | **4** | **1** | **0** |

**DESCRIPTION OF PDSA PROCESS FOR WOMEN/MATERNAL HEALTH DOMAIN (NPM 1) BY ACTIVITY**
**DOMAIN:** Women/Maternal Health

**STRATEGY 1:** Disseminate the updated Preventive Care Guidelines for women of reproductive age to the target population and health care providers.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| None | None | Inactivate/Replace or identify staff. |

**STRATEGY 2:** Disseminate the Women of Reproductive Age Preventive Care Pocket Guide.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Develop educational modules promoting the pocket guide for:<br>a. Women 10 to 19 y/o.<br>b. Women 20 to 49 y/o<br>(In progress) | • The virtual and onsite trainings were able to increase the understanding of facilitators of the workshop that will be offered to students.<br>• The PRMCAHD decided to work on a 30-minute video for women 20 to 29 y/o. Having the Curriculum Consultant and working on a Prenatal Care Course video previously helped to work faster on this one.<br>• Some challenges are changing some facilitators attitudes regarding the workshop, pocket guide availability in regions, the video to be submitted as part of the Government Ethics Office is conditioned to be approved. It will depend on whether it meets the requirements to be added as part of the resources. Hence, we are working on a video that we are not certain to be accepted as part of their resources. | Keep active. |
| 2. Submit educational module for women 20 to 49 y/o to the Office of Communication of Department of Health.<br>(In progress) | • The storyline was completed and approved by the Government Ethics Office with minimal changes. Once the video is completed will be submitted to the Office Communication for approval. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • Having a previous workshop for schools helped to create a storyline targeting women 20 to 49 y/o. | |
| 3. Submit educational modules for approval to the Government Ethics Office.<br>(In progress) | • The storyline was approved with minimum changes.<br>• Finding visuals that are inclusive and representative was a challenge. | Keep active. |
| 4. Dissemination of educational modules:<br>a. Women 10 to 19 y/o to students in public and private schools through Title V community outreach component and CAHP Coordinators.<br>b. Women 20 to 49 y/o in government agencies through the Government Ethics Office.<br>(In progress) | • Finding visuals that are inclusive and representative. | Keep active. |
| 5. Dissemination of the pocket guide promotional videos on the PR Department of Health social media.<br>(In progress) | • The Office of Communications within the Department of Health continues to disseminate the availability of the pocket guide in Facebook.<br>• However, follow-up this office is challenging. | Keep active. |
| 6. Dissemination of the pocket guide within:<br>a. Title V participant<br>b. Youth Health Promoters<br>c. Stakeholders target population.<br>(In progress) | • Some successes are having a target population identified to disseminate the tool, the tool itself (is very attractive), and having material available at the Central and Regional levels.<br>• A challenge may be making sure that new participants receive the pocket guide. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 7. Media campaign of the pocket guide during the month of women preventive health (May).<br>(In progress) | • Is positive to have the PRDOH official social media, such as Facebook and Instagram, to present and disseminate the pocket guide. However, follow-up up for dissemination is challenging. | Keep active. |

**STRATEGY 3:** Establish collaborations with entities that promote and provide mental and preventive health services to the target population.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Complete MOU with the Administration of Mental Health and Anti-Addiction Services (ASSMCA).<br>(Completed) | • This was possible because of the good partnership with ASSMCA since before because of other collaborations with CAHP. | Inactivate. |
| 2. Include staff of the Administration of Mental Health and Anti-Addiction Services (ASSMCA) as part of the Regional Board meetings.<br>(In progress) | • Having a signed MOU with ASSMCA that stipulates that they should be part of each of the Regional Board meetings is an asset.<br>• Currently, because of COVID many regional boards are inactive, and they need to start with new members. Therefore, the identification of new members for those inactive Regional Boards is a challenge. | Keep active.<br><br>Include a new activity regarding Perinatal Mental Health Taskforce that will start in May 2023. |
| 3. Create a Perinatal Mental Health Task Force that aims to identify, evaluate and work collectively to improve mental health services for the perinatal population.<br><br>(In progress) | • A team including the Mental Health Consultant, HVP Coordinator and HVP Evaluator have begun meeting to organize the first meeting of the Perinatal Mental Health Task Force to be held on May 3, 2023.<br>• Representatives from government agencies and community organizations have been invited to join the task force.<br>• The first meeting is scheduled to be held on May 3, 2023 | Keep active. |

**STRATEGY 4:** Provide continuing education to HVNs to improve their knowledge and skills in identifying, managing, and referring participants who report mental health issues.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Design, develop and offer a one-day conference on mental health issues entitled "Respond to the call of protecting the mental health of children, youths and their families" for all MCAHD staff, including HVNs. (Completed) | • The planning committee developed a comprehensive, varied program for the conference that combined factual presentations with motivational sessions.<br>• This type of continuing education activity for all staff is well received and helps not only to increase knowledge, but also to foster a sense of belonging and commitment among the many employees of diverse educational and professional backgrounds that comprise the MCAHD. | None reported. |
| 2. Design, develop and offer a training session focusing on mental health, screening and intervention to all new HVNs. (Completed) | • This presentation has been offered to HVNs for several years and has been edited according to previous evaluations. It focuses on explaining various manifestations of maternal mental disorders, the screening tools used in the HVP, appropriate interventions according to risk level and resources for referral. In addition, the session includes motivational interviewing as a tool to increase HVN's effectiveness. | Keep active. |
| 3. Offer updated information to HVNs and PNs on perinatal loss through a virtual training session. (Completed) | None reported. | None reported. |

**STRATEGY 5:** Establish collaborations with entities that promote and provide mental and preventive health services to the target population.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Offer the March of Dimes "Implicit Bias" brief training to | None reported. | Validate if this is an annual activity. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| HVP supervisors, HVNs and Perinatal Nurses. The purpose of this training is to increase awareness of how implicit biases held by health care providers affect communication with the families they serve, and to provide strategies to identify and mitigate these biases so that a more equitable and fair level of care is achieved. (In progress) | | Keep active. |

**STRATEGY 6:** Continue the current Maternal Mortality Review Surveillance System in Puerto Rico.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Request copies of death, birth, and stillbirth certificates to the Demographic Registry. (In progress) | • SiVEMMa has been inactive for the last semester.<br>• 2021 death events data from Demographic Registry have not been released. | Keep active. |
| 2. Develop synopsis of one case that will be reviewed by the Committee. (In progress) | • Synopses production has been suspended.<br>• Train regional MCAH staff.<br>• Shortage of obstetricians make recruitment difficult.<br>• Recruit regional MCHAD obstetricians and perinatal nurses as data analyst. | Keep active. |
| 3. 2020 matches once the Vital Statistics data is available. (Completed) | • 2021 data is not available yet. | Keep active. |
| 4. Include year 2020 to statistical inference 2015 to 2019 data analysis. (Not started) | • 2020 Vital Statistics death data is successfully aggregated to 2015-2019 data. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 5. Share statistical findings with the Maternal Mortality Review Committee.<br>(Not started) | • The process of data gathering, and analysis is stopped.<br>• An identified need is staff for abstraction and analysis.<br>• External factors affect data analysis and synopsis production. | Keep active. |
| 6. Maternal Mortality Review Committee meetings: April 6, August 3 and December 7, 2022.<br>(In progress) | • No meeting scheduled. | Keep active. |
| 7. Train the regional staff of the Division of Mothers, Children and Adolescents designated to collect data from relevant sources of information: hospital records and prenatal care providers.<br>(Not started) | • The director of MCH-PR designated perinatal nurses to be trained.<br>• A training is being developed by Central Level staff. | Keep active. |
| 8. Determine the cases of the year 2020 that will be reviewed by the Committee.<br>(Not started) | • No Committee meetings were held.<br>• A challenge is to select cases for Committee review. | Inactive. |
| 9. Identify the hospitals where the 2019-2020 birth and 2020 maternal death events of the selected cases occurred.<br>(Not started) | • Data already available.<br>• Hospital list can be produced promptly. | Keep active. |
| 10. Request the hospital and prenatal care providers' records in electronic format of the birth and death events of the selected cases.<br>(Not started) | • Hospitals have already been identified.<br>• Standardization of items (variables) is in progress. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 11. Collect information from hospitals and prenatal care providers' records. (Not started) | None reported. | Keep active. |
| 12. Request records from prenatal care providers. (Not started) | None reported. | Keep active. |
| 13. Request the autopsy reports of the cases that apply to the Forensic Science Bureau. (Not started) | • Achieve timely access to autopsy reports. | Keep active. |
| 14. Enter the data produced by the review into the MMRIA/CDC system. (Not started) | • Access to MMRIA/CDC data system already granted.<br>• A challenge is to keep access to MMRIA/CDC data system. | Keep active. |
| 15. Periodically activate the Review Committee to review all the selected cases. (Not started) | None reported. | Keep active. |

**STRATEGY 7:** Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, prevention of premature birth, among others.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Participate in Mental and Behavioral Health & Persons with Access and Functional Needs committees of the DOH Office for Public Health Preparedness and Response Coordination (OPHRPC). (In progress) | None reported. | Keep active. |
| 2. Establish a plan to develop the proposed EPR Guide. (In progress) | None reported. | Keep active. |

**PRIORITY NEED**: Improve birth outcomes.

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 13.1 | 7 | 7 |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR WOMEN/MATERNAL HEALTH DOMAIN (NPM 13.1)**

| NPM 13.1: Percent of women who had a preventive dental visit during pregnancy | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 1. Strengthen collaborations to develop strategies that promote preventive oral health care visits in pregnant women. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2. Provide information to the target population on the benefits of preventive oral visits during pregnancy. | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 |
| 3. Promote preventive dental visits among Title V Home Visiting Program pregnant participants. | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 0 |
| 4. Continue to provide educational activities regarding prenatal care through workshops (Spanish title: “Curso Prenatal”). | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 0 |
| 5. Continue outreach and referral of pregnant women to initiate prenatal health care. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6. Disseminate and promote the Prenatal Health Care Services Guidelines to the target population and health care providers. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| NPM 13.1: Percent of women who had a preventive dental visit during pregnancy | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 7. Promote healthy lifestyles during pregnancy via social media and educational activities in the community. | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |
| **Total activities** | **7** | **1** | **5** | **1** | **6** | **1** | **0** | **0** |

**DESCRIPTION OF PDSA PROCESS FOR WOMEN/MATERNAL HEALTH DOMAIN (NPM 1) BY ACTIVITY**
**DOMAIN:** Women/Maternal Health

**STRATEGY 1:** Strengthen collaborations to develop strategies that promote preventive oral health care visits in pregnant women.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Strengthen collaborations to develop strategies that promote preventive oral health care visits in pregnant women. | None reported. | Inactivate/Replace or identify staff. |

**STRATEGY 2:** Strengthen collaborations to develop strategies that promote preventive oral health care visits in pregnant women.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Provide information to the target population on the benefits of preventive oral visits during pregnancy.<br>(In progress) | • It is not a subject that is worked on beyond the course. The course only has one slide, Health Educators can provide more details regarding the topic because of their background, but in the case of CHWs it is limited to the script or training.<br>• Identified needs are incentives related to oral health to share with participants, attention-grabbing educational materials | None reported. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | that they want to read, and staff skill-buildings regarding oral health, particularly to CHWs. | |

**STRATEGY 3:** Promote preventive dental visits among Title V Home Visiting Program pregnant participants.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Provide HVNs and Perinatal Nurses the most current information regarding oral health in pregnancy through an annual training session. (In progress) | None reported. | Validate if this activity will continue for the next FY.<br><br>Keep active. |
| 2. HVNs provide participants accurate information regarding oral health in pregnancy. (In progress) | • HVNs provide women with accurate information regarding oral health as part of their schedule of education interventions.<br>• For the past 2 years the restrictions imposed by the COVID-19 pandemic have interfered with the educational interventions and schedule.<br>• HVNs can offer education and risk assessment via telephone or chat if home visits are interrupted. | Keep active. |

**STRATEGY 4:** Continue to provide educational activities regarding prenatal care through workshops (Spanish title: "Curso Prenatal").

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Reach of the Virtual Prenatal Course to the community. (In progress) | • The number of participants who completed the virtual course before the expiration was impressive.<br>• Before the expiration of the system the participants expressed short phrases praising the course, such as: "Excellent", "It is a success", "Very informative", "I really loved it". | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • Before the expiration of the system the increase in knowledge about prenatal care, childbirth, postpartum and breastfeeding was significant.<br>• Before the expiration of the system the duration of the course and system to complete it virtually proved to be effective.<br>• Due to the end of the contract with the advertising agency, to include renewal of the platform and membership of database, the Virtual Prenatal Course expired.<br>• A challenge is to transfer the Virtual Prenatal Course to the Department of Health web page. | |
| 2. Transfer the Virtual Prenatal Course to the Department of Health web page.<br>(In progress) | • Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years.<br>• Identified challenges are training newly recruited Health Educators and Health Promoters, order printing of the manual and educative materials in color for the benefit of the facilitators and continue promoting the face-to-face course. | Keep active. |

**STRATEGY 5:** Continue outreach and referral of pregnant women to initiate prenatal health care.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| None | • When asked to the HEs regarding this strategy they were not able to give any information of whether women were identified and referred to prenatal care or not. No one can update; however, this is something that MUST be happening. | Identify staff who implements this activity.<br><br>Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • Identification of responsible staff for this strategy. | |

**STRATEGY 6:** Disseminate and promote the Prenatal Health Care Services Guidelines to the target population and health care providers.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| None reported. | None reported. | Create a new strategy regarding creating guidelines.<br><br>Inactivate. |

**STRATEGY 6:** Promote healthy lifestyles during pregnancy via social media and educational activities in the community.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Outreach to the community through the "Encuentro de mi vida" webpage promoting healthy lifestyles during pregnancy.<br>(In progress) | • Since the launch and publication of the new web page in April 2022, the scope of the web page and the virtual course was monitored, which showed a significant increase.<br>• The processes required by the Communications Office of the Department of Health limited the efforts to maintain the website.<br>• A challenge is to Transfer all the encuentrodemivida content to the Department of Health official website keeping the attractive, simple, and friendly search of the information. | Keep active. |

**DOMAIN**: Perinatal/Infant Health

**DETAILED SUMMARY FOR PERINATAL/INFANT HEALTH DOMAIN**

- The Perinatal and Infant Health Domain has one priority need: decrease infant mortality (associated with NPM 5).
    - To address this area of need, the team established 10 strategies of which 10 have been initiated and are being implemented through 58 activities.
    - A range of 1 to 11 activities per strategy was registered (see table with distribution of activities by strategy for NPM 5).
    - The status analysis shows that 15 (25.9%) activities have not been started, 31 (53.4%) are in progress and 12 (20.7%) were completed.
    - Of the 58 activities that were originally planned, 49 (84.5%) remain active, while 8 (13.8%) were inactivated.
    - Of the 8 inactivated activities, 8 (100.0%) were completed and 0 (0.0%) were eliminated after being initiated, but before they were completed.

**PRIORITY NEED**: Decrease infant mortality.

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 5 | 10 | 58 |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR PERINATAL/INFANTIL HEALTH DOMAIN (NPMs 5A, 5B, 5B)**

| NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 1. Collaborate with MCAH Program stakeholders to train hospital staff on infant safe sleep practices. | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| 2. Promote infant safe sleep practices through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate. | 11 | 3 | 7 | 1 | 10 | 1 | 0 | 0 |

| NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 3. Provide information regarding signs and symptoms of premature birth through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal Course, community outreach educational activities, social media and other communication outlets, as appropriate. | 6 | 1 | 5 | 0 | 6 | 0 | 0 | 0 |
| 4. Promote the implementation of Hard Stop Policy in hospitals. | 4 | 1 | 3 | 0 | 4 | 0 | 0 | 0 |
| 5. Promote unintentional injury prevention through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate. | 9 | 2 | 5 | 2 | 8 | 1 | 0 | 0 |
| 6. Develop policies and strategies based on results of the CDC state and jurisdictional analysis of LoCATE to increase the percent of very low birth weight and/or premature infants delivered at facilities that provide the specialty level required for the care of high-risk neonates. | 7 | 6 | 1 | 0 | 7 | 0 | 0 | 0 |
| 7. Maintain the current Fetal and Infant Mortality Review Advisory Committee in Puerto Rico with the purpose of identifying gaps and improve maternal and infant care. | 7 | 0 | 1 | 6 | 2 | 4 | 0 | 0 |
| 8. Disseminate recommendations proven to help achieve successful breastfeeding | 10 | 0 | 8 | 2 | 9 | 1 | 0 | 0 |

| NPM 5: A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| initiation and exclusively breastfeeding until 6 months through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate. | | | | | | | | |
| 9. Collaborate with the Puerto Rico Hospitals Association to promote the 10 Baby Friendly Hospitals steps, to increase successful breastfeeding initiation. | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| 10. Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of infants, including safe infant feeding, safe sleep practices, among others. | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |
| **Total activities** | **58** | **15** | **31** | **12** | **49** | **8** | **0** | **0** |

**DESCRIPTION OF PDSA PROCESS FOR PERINATAL/INFANT HEALTH (NPM 5) BY ACTIVITY**
**DOMAIN:** Perinatal/Infant Health

**STRATEGY 1:** Collaborate with MCAH Program stakeholders to train hospital staff on infant safe sleep practices.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Revise all the list of hospitals that have delivery rooms and nurseries in order to offer them an updated training in "Safe Sleep Practices" to its nursery personnel. (Not started) | None reported. | Consider Inactivating. There is no staff available to implement the strategy. |

**STRATEGY 2:** Promote infant safe sleep practices through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Revision of 2022 Updated guidelines for Sleep Related Infant Deaths Prevention of the American Academy of Pediatrics. (Completed) | • Pending to provide an Updated Re-Training for HVP Nurses in SIDS Prevention | Updated Re-Training for HVP Nurses in SIDS Prevention should be a new activity.<br><br>Keep active. |
| 2. With the assistance of the communications office of DH, we will incorporate in the area of the FIMR in the PR Title V Homepage of the PR Department of Health website, al ink to the "Seguro al Dormir" campaign (in spanish) of the NIH and the link of the "Encuentro de Mi Vida" in order to the information be available in the areas which are most frequently consulted by our | None reported. | None reported. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| maternal and child health population.<br>(Not started) | | |
| 3. To prepare a video with a compendium of the most important recommendations for newborn health care and safety from the already available material of "El encuentro de mi Vida" campaign in order to offer it to hospitals and present it to parents before discharging newborn baby to home with parents.<br>(Not started) | None reported. | None reported. |
| 4. HVNs offer education to HVP participants on safe sleep practices according to the current schedule of interventions.<br>(In progress) | • HVNs follow the recommended schedule of interventions to offer education on this topic to every participant family. The topic is introduced in the third trimester of pregnancy and reinforced periodically after the baby is born. The HVNs use printed materials to reinforce the education and refer participants to the "Encuentro de mi vida" webpage for further information.<br>• Changes in service delivery model during the pandemic required HVNs to provide this education virtually, which made it harder for the HVN to verify the safe sleep measures the family has in place.<br>• Cultural practices still encourage the use of bumpers and blankets in the crib. HVNs strive to promote safe sleep practices and counteract the influences of relatives and advertisers. | Assess if this activity will continue next FY.<br><br>Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 5. Perinatal nurses offer safe sleep information during pregnancy or in the immediate postpartum period to patients they encounter in birthing hospitals. (In progress) | • Perinatal Nurses (PN) have been able to resume hospital visits, which had been restricted by hospital administrations due to COVID-19. The PNs identify patients hospitalized during pregnancy or after delivery and offer information, educational materials, and referrals, as needed, to them and their accompanying persons.<br>• Access to patients can be limited by hospitals in response to public health threats or other emergencies. PNs and regional supervisors maintain contact with hospitals to coordinate their return to services. | Keep active. |
| 6. Offer updated information to HVNs and PNs on safe sleep practices through an annual virtual training session. (Not started) | • When the training sessions for HVNs and PNs moved to a virtual platform due to COVID-19 restrictions, many of them had limited data plans or connectivity issues. However, since 2021 most of the HVP staff have been assigned official cell phones with adequate data plans to improve their communications with participants and connection to virtual trainings and meetings. Those who might have problems connecting can relocate to the regional office or other location that has adequate signal strength. | Keep active. |
| 7. Implementation of Responsible Parenting Course (0 to 5 y/o). (In progress) | • The course has been offered by Health Educators and Health Promoters in most regions. The information collection system has worked, although with some limitations. The response and reception by the participants (mothers, fathers, and caregivers) was good, although as it is a 4- | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | session course, not all the participants complete it.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years.<br>• Identified challenges are train newly recruited HEs and CHWs, continue promoting the course in the communities, monitor the possibility of reviewing and updating the content, and coding process to match the data of the participants in the 4 sessions has been a challenge. | |
| 8. Promote infant safe sleep practices in the Virtual Prenatal Course to the community.<br>(In progress) | • From the publication and promotion on social networks of the Virtual Prenatal Course by the contracted advertising agency in April 2022, the reach of the virtual course was successful. We got many people who accessed and completed the course. Participants include pregnant women, non-pregnant women of reproductive age, men, and adolescents. It was demonstrated through the analysis of the information an increase in knowledge regarding prenatal care, childbirth, postpartum and breastfeeding. In turn, a high degree of satisfaction from the participants.<br>• Due to the end of the contract with the advertising agency, to include renewal of the platform and membership of database, the Virtual Prenatal Course expired.<br>• The logistic system of the Virtual Prenatal Course is complicated. We need the advisory and support of an OAIT | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | programmer to keep the same friendly system. | |
| 9. Reach of the face-to-face Prenatal Course to the community.<br>(In progress) | • The course has been successfully offered by Health Educators and Health Promoters in most regions. The information collection system has been effective. The response and reception by pregnant women and companions have been excellent.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years.<br>• The number of Health Promoters in the regions has decreased compared to previous years, translated as an impact on the number of courses offered.<br>• Challenges are Train newly recruited Health Educators and Health Promoters, order printing of the manual and educative material in color for the benefit of the facilitators and continue promoting the face-to-face course. | Keep active. |
| 10. Outreach to the community through the "Encuentro de mi vida" webpage promoting infant safe sleep practices.<br>(In progress) | • Since the launch and publication of the new web page in April 2022, the scope of the web page and the virtual course was monitored, which showed a significant increase.<br>• The processes required by the Communications Office of the Department of Health limited the efforts to maintain the website.<br>• The website and the Virtual Prenatal Course proved to be effective and successful before the end of the contract with the advertising agency. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • A challenge is to transfer all the encuentrodemivida content to the Department of Health official website keeping the attractive, simple, and friendly search of the information. | |
| 11. Promote safe sleep practices through community outreach educational activities. (In progress) | • There is a separate educational intervention to promote the SUIDs prevention. Safe sleep practices are discussed during the entire session with a lot of details of not only what the safe sleep practices entailed but why they are so important. Many HE uses visual aids like dolls, cribs and other material that allow participants to better understand the material.<br>• There is a need of greater reproduction of the educational material that they have already developed, a lot is requested of this topic and there is not enough to disseminate. | Keep active. |

**STRATEGY 3:** Provide information regarding signs and symptoms of premature birth through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal Course, community outreach educational activities, social media and other communication outlets, as appropriate.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Disseminate information regarding signs and symptom of premature births through Virtual Prenatal Course to the community. (In progress) | • From the publication and promotion on social networks of the Virtual Prenatal Course by the contracted advertising agency in April 2022, the reach of the virtual course was successful. We got many people who accessed and completed the course. Participants include pregnant women, non-pregnant women of reproductive age, men, and adolescents. It was demonstrated through the analysis of the information an increase in knowledge | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | regarding prenatal care, childbirth, postpartum and breastfeeding. In turn, a high degree of satisfaction from the participants.<br>• Due to the end of the contract with the advertising agency, to include renewal of the platform and membership of database, the Virtual Prenatal Course expired. The logistic system of the Virtual Prenatal Course is complicated. We need the advisory and support of an OAIT programmer to keep the same friendly system.<br>• Due to the end of the contract with the advertising agency, to include renewal of the platform and membership of database, the Virtual Prenatal Course expired.<br>• It is recommended to continue expanding the offering of virtual courses with other educational topics.<br>• It is necessary to carry out the necessary steps with OIAT to give continuity to the platform of the virtual course system. We are working on this. | |
| 2. Reach of the face-to-face Prenatal Course to the community.<br>(In progress) | • The course has been successfully offered by Health Educators and Health Promoters in most regions. The information collection system has been effective. The response and reception by pregnant women and companions have been excellent.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • The number of Health Promoters in the regions has decreased compared to previous years, translated as an impact on the number of courses offered.<br>• Challenges are Train newly recruited Health Educators and Health Promoters, order printing of the manual and educative material in color for the benefit of the facilitators and continue promoting the face-to-face course. | |
| 3. Outreach to the community through the "Encuentro de mi vida" webpage promoting infant safe sleep practices providing information regarding signs and symptoms of premature birth.<br>(In progress) | • Since the launch and publication of the new web page in April 2022, the scope of the web page and the virtual course was monitored, which showed a significant increase.<br>• The processes required by the Communications Office of the Department of Health limited the efforts to maintain the website.<br>• A challenge is to Transfer all the encuentrodemivida content to the Department of Health official website keeping the attractive, simple, and friendly search of the information. | Keep active. |
| 4. HVNs offer education to HVP participants on signs and symptoms of premature births and what to do if they occur, according to the current schedule of interventions.<br>(In progress) | None reported. | Assess if this activity will continue next FY.<br><br>Keep active. |
| 5. Perinatal Nurses<br>(In progress) | None reported. | Assess if this activity will continue next FY.<br><br>Keep active. |
| 6. Training for PNs and HVNs | None reported. | Assess if this activity will continue next FY. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| (In progress) | | Keep active. |

**STRATEGY 4:** Promote the implementation of Hard Stop Policy in hospitals.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Offer webinar to hospitals to review the Hard Stop Policy Administrative Order. (In progress) | • PR March of Dimes will prepare a type of panel to discuss the Hard Stop Policy. The fact that the committee haves the support of an array of professionals makes it easier to have resources to be part of the panel.<br>• Funds are limited; therefore, the activity should expend as little as possible. Contracting videographer is the most expensive part, however PR March of Dimes will try request volunteers. | Keep active. |
| 2. Offer educational activity aimed at health professionals emphasizing the risk of non-indicated c-sections before 39 weeks of gestation. (In progress) | • During the last years, the National March of Dimes had an unusual management of funds and because of the current economic situation the funds decreased significantly. This had a negative impact on the activities focused on the Hard Stop Policy.<br>• The biggest challenge is that health professionals need to refresh this topic and understand it is important. Because of the recent obstetric violence events, health professionals perceived this type of conference as an attack to them as health care providers. March of Dimes hopes to change their perception and see this activity to give them support in what they do. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 3. Quality measure of early elective deliveries in Puerto Rico. (In progress) | • The Hospital Association ran similar projects before (HEN and HIN). Many hospitals are familiarized with the Hard Stop Policy and the platform where early elective deliveries are reported.<br>• Because of the pandemic and lack of funding measuring the early elective deliveries in hospitals completely stopped. Hospitals need to be reeducated in the protocols to follow the Hard Stop Policy. | Keep active. |
| 4. Banner recognition to hospitals that comply with the early elective quality metrics. (Not started) | • It was expected that March of Dimes, Chapter of PR would be the main organizers of the event, while PRMCAH would provide the funds. However, this will not be possible because of lack of findings in March of Dimes (national level). They are not able to pay in advance for any of the services required for this event, and the contract with the PRMCAH works with pay bills, funding is not given in advance.<br>• Finding another organizer for the event that does not have funding challenges. PRMCAH is negotiating with the Hospital Association the possibility of them being the organizers of this event. | Keep active. |

**STRATEGY 5:** Promote unintentional injury prevention through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Implementation of Responsible Parenting Course (0 to 5 y/o). (In progress) | • The course has been offered by Health Educators and Health Promoters in most regions. The information collection system has worked, although with some limitations. The response and reception by | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | the participants (mothers, fathers, and caregivers) has been good, although as it is a 4-session course, not all the participants complete it.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years.<br>• Challenges are train newly recruited HEs and CHWs, continue promoting the course in the communities, monitor the possibility of reviewing and updating the content, and coding process to match the data of the participants in the 4 sessions has been a challenge. | |
| 2. Outreach to the community through the "Encuentro de mi vida" webpage promoting unintentional injury prevention.<br>(In progress) | • Since the launch and publication of the new web page in April 2022, the scope of the web page and the virtual course was monitored, which showed a significant increase.<br>• The processes required by the Communications Office of the Department of Health limited the efforts to maintain the website.<br>• A challenge is to Transfer all the encuentrodemivida content to the Department of Health official website keeping the attractive, simple, and friendly search of the information. | Keep active. |
| 3. Offer updated information to HVNs on unintentional injury prevention through an annual training session.<br>(Not started) | • The training session could not be scheduled for the first half of FY 2022-2023, pending the appointment of the new MCAHD Pediatric Consultant (PC). Arrangements have been made with the new PC to offer the training in the first trimester of 2023. | |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 4. HVNs offer education to HVP participants on unintentional injury prevention according to the current schedule of interventions. (In progress) | • Changes in service delivery model during the pandemic required HVNs to provide this education virtually, which made it harder for the HVN to assess the safety features of the home.<br>• Needs are Offer HVNs periodic updates to ensure they have the most up-to-date, accurate information, and ensure HVNs have current, attractive, easy-to-read educational materials on this topic to distribute to participants. | Keep active. |
| 5. PNs offer education to participants reached in hospital settings regarding unintentional injury prevention. (In progress) | • Access to patients can be limited by hospitals in response to public health threats or other emergencies. PNs and regional supervisors maintain contact with hospitals to coordinate their return to services.<br>• The PNs have a limited time window to visit the patients and have a number of topics to cover. They are also competing for attention with the baby, visitors, and other distractions.<br>• A Perinatal Nurse Procedures Manual is under development. It includes a section on strategies to improve communication with patients | Keep active. |
| 6. Collaboration with EMS, Pediatric Hospitals, IPA's and 330 Primary Care Center, promote the unintentional injury prevention campaign, especially in Christmas's season. (Not started) | None reported. | |
| 7. Develop training on unintentional injury prevention in | None reported. | |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| collaboration with EMS and AAP PR Chapter.<br>(Not started) | | |
| 8. Promote unintentional injury prevention through community outreach educational activities.<br>(In progress) | • It is a very complete subject, there is a guide developed by the HEs. It is liked very much. It is dynamic, updated to the local reality. It leads participants to consider possible emergencies and accidents to prevent these injuries.<br>• Needs are educational material related to the topic already developed, being able to have a directory of resources for staff training, updated data. | Keep active. |
| 9. Develop a protocol for Shaken Baby Simulator.<br>(Completed) | None reported. | Inactivate. |

**STRATEGY 6:** Develop policies and strategies based on results of the CDC state and jurisdictional analysis of LoCATE to increase the percent of very low birth weight and/or premature infants delivered at facilities that provide the specialty level required for the care of high-risk neonates.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Send invitation and link to complete survey to participating hospitals.<br>(In progress) | • Despite the continuous follow-up, three hospitals have not completed the survey, therefore the activity could not be completed on the estimated date.<br>• Some hospitals think they submitted the survey but was not received. When contacted to follow-up they realized the mistake.<br>• Other hospitals complete the survey in hard copy, not understanding that an electronic version is available. When | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | completing the hard copy, they got confused because all the questions were visible whether it applied to them or not. The PR MCAH contact explained to these hospitals how to complete the hard copy. | |
| 2. Analyze and classify hospitals by maternal and perinatal care. (Not started) | None reported. | Keep active. |
| 3. Create reports of findings by participating hospitals. (Not started) | None reported. | Keep active. |
| 4. Share individual reports to participating hospitals. (Not started) | None reported. | Keep active. |
| 5. Meet with hospitals to discuss the findings when necessary. (Not started) | None reported. | Keep active. |
| 6. Complete a full report of findings and conclusions. (Not started) | None reported. | Keep active. |
| 7. Explore where and with whom (pediatricians, neonatologists, general physicians, or family physicians) premature babies receive follow up and specialize pediatric health care in ambulatory offices or in pediatric High Risk Hospital Clinics during the first 2 months after birth. (Not started) | None reported. | Keep active. |

**STRATEGY 7:** Maintain the current Fetal and Infant Mortality Review Advisory Committee in Puerto Rico with the purpose of identifying gaps and improve maternal and infant care.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Reading and Evaluation of the National Center for Fatality Review and Prevention (National Center), FIMR manual. (Complete) | • Multiple resources were identified to be used in the reconstruction and implementation of the PR FIMR.<br>• The variety of available resources offered by the National Center gives the FIRM Committee and programs flexibility to work with the available resources and the needs they are experiencing.<br>• The development of the case review team and especially the community action team in the way that it is recommended are some of the challenges. | Keep active. |
| 2. Meeting with HVP coordinator and Pediatric epidemiologist for exploring trajectory, resources, and actual status of FIMR Project after its last activity in 2019. (Complete) | • All the Planning tools were discussed to identify our available communities' resources for FIMR reactivation.<br>• Various meetings should be scheduled for FIMR reactivation project.<br>• Evaluation of the progress and impact of FIMR in the community may be a challenge. | Inactivate. |
| 3. First FIMR Staff Meeting with MCH Division director after revision of the Center for Fatality Review and Prevention Manual and related documents to present an action plan for FIMR reactivation. (Complete) | • The focus of the process of the FIMR reactivation was clarified.<br>• Come challenges may be data collection and data entry into the NFR-CRS will not be done, and at this phase the evaluation of infant deaths will be limited only to babies whose mothers were participants of the Home Visiting Program so the findings will be only from this population and not from the whole mothers and children PR population. | Keep active. |
| 4. Writing of the PR-FIMR Manual. (In progress) | • In the process of writing the manual we have had the opportunity to evaluate each one of the strengths and needs of the division to develop a manual adapted to our reality in Puerto Rico. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • Is a challenge to prepare a document in a way that is complete but while could be useful and accessible to a wide variety of people with different academic backgrounds and life experiences and who will be members or will carry out different functions at the FIMR. | |
| 5. Second FIMR Reactivation Project Staff Meeting with Dr. Vargas in order to evaluate the work of Re-evaluation of the PR-FIMR Manual and revaluation of the Parental Interview form and to establish next steps in the re-activation process. (In progress) | • The first draft of PR FIRM Manual was evaluated, and correction recommendations were given by MCH Director.<br>• A PR version of the National Fatality Review-Case Reporting System (NFR-CRS) will have to be made instead of using it due to the peculiarities of our health system,<br>• To establish the Community action Team for first time with a well-balanced representation of FIMR stakeholders may be a challenge. | Keep active. |
| 6. Implementation of all recommendations to the PR-FMR Manual. (In progress) | None reported. | None reported. |

**STRATEGY 8:** Disseminate recommendations proven to help achieve successful breastfeeding initiation and exclusively breastfeeding until 6 months through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. HVNs offer education to HVP participants on unintentional injury prevention according to the current schedule of interventions. (In progress) | • This activity is implemented adequately in the HVP.<br>• HVNs have expressed the need to receive additional training on lactation that covers more practical information on how to assist and guide the birthing parent at home. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • Some challenges are family or social pressures on the birthing parent to supplement human milk with formula and limited availability of support groups or lactation specialists. | |
| 2. Perinatal nurses (PNs) offer information on breastfeeding during pregnancy or in the immediate postpartum period to patients they encounter in birthing hospitals.<br>(In progress) | • This activity is implemented according to the service model by the PNs.<br>• Access to patients can be limited by hospitals in response to public health threats or other emergencies. PNs and regional supervisors maintain contact with hospitals to coordinate their return to services.<br>• Because this is a voluntary program, hospitals can control if and how to grant access to patients in hospitals. | Keep active. |
| 3. Literature Revision of the American Academy of Pediatrics Updated Policy Statement of Breastfeeding and the Use of Human Milk.<br>(Completed) | • Pending Updated Re-training of Updated Breastfeeding Guidelines for HVP Nurses. | Updated Breastfeeding Guidelines training for HVNs should be a separate activity.<br><br>Keep active. |
| 4. Follow up the Breastfeeding Committee.<br>(Not started) | None reported. | Keep active. |
| 5. Implementation of Responsible Parenting Course (0 to 5 y/o).<br>(In progress) | • The course has been offered by Health Educators and Health Promoters in most regions. The information collection system has worked, although with some limitations. The response and reception by the participants (mothers, fathers, and caregivers) was good, although as it is a 4-session course, not all the participants complete it. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years.<br>• Identified challenges are train newly recruited HEs and CHWs, continue promoting the course in the communities, monitor the possibility of reviewing and updating the content, and coding process to match the data of the participants in the 4 sessions has been a challenge. | |
| 6. Promote breastfeeding practices in the Virtual Prenatal Course to the community.<br>(In progress) | • From the publication and promotion on social networks of the Virtual Prenatal Course by the contracted advertising agency in April 2022, the reach of the virtual course was successful. We got many people who accessed and completed the course. Participants include pregnant women, non-pregnant women of reproductive age, men, and adolescents. It was demonstrated through the analysis of the information an increase in knowledge regarding prenatal care, childbirth, postpartum and breastfeeding. In turn, a high degree of satisfaction of the participants.<br>• Due to the end of the contract with the advertising agency, to include renewal of the platform and membership of database, the Virtual Prenatal Course expired.<br>• The logistic system of the Virtual Prenatal Course is complicated. We need the advisory and support of an OAIT programmer to keep the same friendly system. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 7. Reach of the face-to-face Prenatal Course to the community.<br>(In progress) | • The course has been successfully offered by Health Educators and Health Promoters in most regions. The information collection system has been effective. The response and reception by pregnant women and companions have been excellent.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years.<br>• The number of Health Promoters in the regions has decreased compared to previous years, translated as an impact on the number of courses offered.<br>• Challenges are Train newly recruited Health Educators and Health Promoters, order printing of the manual and educative material in color for the benefit of the facilitators and continue promoting the face-to-face course. | Keep active. |
| 8. Outreach to the community through the "Encuentro de mi vida" webpage promoting breastfeeding practices.<br>(In progress) | • Since the launch and publication of the new web page in April 2022, the scope of the web page and the virtual course was monitored, which showed a significant increase.<br>• The processes required by the Communications Office of the Department of Health limited the efforts to maintain the website.<br>• A challenge is to Transfer all the encuentrodemivida content to the Department of Health official website keeping the attractive, simple, and friendly search of the information. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 9. Disseminate recommendations proven to help achieve successful breastfeeding initiation and exclusively breastfeeding until 6 months through the community outreach educational activities. (In progress) | • The increased knowledge among participants is evident.<br>• Challenges are the need of trainings on the subject to be able to talk about breastfeeding, need of a breastfeeding educator in the program to be a consultant on the subject, the nurse knowledge on the subject is limited, most challenging population are adolescents. It is not a topic of interest. | Keep active. |
| 7. Offer updated information to HVNs on successful breastfeeding initiation and exclusively breastfeeding through an annual training session. (Completed) | None reported. | Keep active. |

**STRATEGY 9:** Collaborate with the Puerto Rico Hospitals Association to promote the 10 Baby Friendly Hospitals steps, to increase successful breastfeeding initiation.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Identify stakeholders (PR Hospital Association) to offer promotion on Baby Friendly Hospitals. (Not started) | None reported. | Although there is an activity identified, there is no staff to implement it. Consider inactivating. |

**STRATEGY 10:** Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of infants, including safe infant feeding, safe sleep practices, among others.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Participate in Mental and Behavioral Health & Persons with Access and Functional Needs committees of the DOH | None reported. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| Office for Public Health Preparedness and Response Coordination (OPHRPC) (In progress) | | |
| 2. Establish a plan to develop the proposed EPR Guide (In progress) | None reported. | Keep active. |

**DOMAIN**: Child Health

**DETAILED SUMMARY FOR CHILD HEALTH DOMAIN**

- The Child domain has one priority need: (1) improve preventive health in children (associated with NPM 13.2).
    - To address this area of need, the team established 6 strategies of which 3 have been initiated and are being implemented through 13 activities.
    - A range of 1 to 6 activities per strategy was registered (see table with distribution of activities by strategy for NPM 13.2).
    - The status analysis reflects that 3 activities (23.1%) have not been started, 8 (61.5%) are in progress and 2 (15.4%) were completed.
    - Of the 13 activities that were originally planned, 11 (84.6%) remain active, while 2 (15.4%) were inactivated.
    - The inactivated activities were completed.

**PRIORITY NEED**: Improve preventive health in children.

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 13.2 | 6 | 13 |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR CHILD HEALTH DOMAIN (NPM 13.2)**

| NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 1. Collaboration with PR MCAH Program stakeholders to promote the early identification of infants at higher risk for caries, early referral to establish a dental home and preventive dental visits for all children. | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| 2. Promote the use of the infant at high risk for caries screening tool among | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |

| NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| primary care providers for an early referral to establish a dental home. | | | | | | | | |
| 3. Promote the preventive dental visits among Parenting Course participants. | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 0 |
| 4. Promote Pediatric Preventive Health Care Guidelines among general public, academia, health professionals and health insurance companies through various public education approaches. | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 |
| 5. Promote healthy lifestyles to families through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate. | 6 | 0 | 5 | 1 | 5 | 1 | 0 | 0 |
| 6. Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of children. | 2 | 0 | 1 | 1 | 1 | 1 | 0 | 0 |
| **Total activities** | **13** | **3** | **8** | **2** | **11** | **2** | **0** | **0** |

**DESCRIPTION OF PDSA PROCESS FOR CHILD HEALTH DOMAIN (NPM 13.2) BY ACTIVITY**

**STRATEGY 1:** Collaboration with PR MCAH Program stakeholders to promote the early identification of infants at higher risk for caries, early referral to establish a dental home and preventive dental visits for all children.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Identify MCAH stakeholders to collaborate and promote early identification of infants' Oral health Coalition Pediatric Dentists Primary Health Care Association.<br>(Not started) | None reported. | Although there is an activity identified, there is no staff to implement it. Consider Inactivating. |

**STRATEGY 2:** Promote the use of the infant at high risk for caries screening tool among primary care providers for an early referral to establish a dental home.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Identify MCAH stakeholders to collaborate and promote high risk for caries screening tool.<br>(Not started) | None reported. | Although there is an activity identified, there is no staff to implement it. Consider Inactivating. |

**STRATEGY 3:** Promote preventive dental visits among Parenting Course participants.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Implementation of Responsible Parenting Course (0 to 5 y/o).<br>(In progress) | • The course has been offered by Health Educators and Health Promoters in most regions. The information collection system has worked, although with some limitations. The response and reception by the participants (mothers, fathers, and caregivers) has been good, although as it is a 4-session course, not all the participants complete it.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | scope of the face-to-face course compared to other years.<br>• Identified challenges are train newly recruited HEs and CHWs, continue promoting the course in the communities, monitor the possibility of reviewing and updating the content, and coding process to match the data of the participants in the 4 sessions has been a challenge. | |
| 2. Implementation of Parenting with Love Course (6 to 11 y/o).<br>(In progress) | • The course has been successfully offered by Health Educators and Health Promoters in most regions. The information collection system has been effective. The response and reception by the participants (mothers, fathers, and caregivers) was excellent.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years.<br>• An identify need is to continue promoting and offering this course (face-to-face) in the regions to increase the number of participants. | Keep active. |

**STRATEGY 4:** Promote Pediatric Preventive Health Care Guidelines among general public, academia, health professionals and health insurance companies through various public education approaches.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Disseminate updated Pediatric Preventive Health Care Guidelines to stakeholders and collaborators.<br>(Not started) | None reported. | Although there is an activity identified, there is no staff to implement it. Consider inactivating. |

**STRATEGY 5:** Promote healthy lifestyles to families through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Reach of the Virtual Prenatal Course to the community. (In progress) | • The number of participants who completed the virtual course before the expiration was impressive.<br>• Before the expiration of the system, the participants expressed short phrases praising the course, such as: “Excellent”, “It is a success”, “Very informative”, “I really loved it”.<br>• Before the expiration of the system the increase in knowledge about prenatal care, childbirth, postpartum and breastfeeding was significant.<br>• Before the expiration of the system the duration of the course and system to complete it virtually proved to be effective.<br>• Due to the end of the contract with the advertising agency, to include renewal of the platform and membership of data base, the Virtual Prenatal Course expired. | Keep active. |
| 2. Reach of the face-to-face Prenatal Course to the community. (In progress) | • The course has been successfully offered by Health Educators and Health Promoters in most regions. The information collection system has been effective. The response and reception by pregnant women and companions have been excellent.<br>• Due to the COVID-19 pandemic in 2020, there has been a significant decrease in the scope of the face-to-face course compared to other years. | Keep active. |
| 3. Outreach to the community through the "Encuentro de mi vida" webpage promoting | • Since the launch and publication of the new web page in April 2022, the scope of the web page and the virtual course was | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| healthy lifestyles during pregnancy.<br>(In progress) | monitored, which showed a significant increase.<br>• A success was the significant increase in the scope of the website since the launch of the new version of the page. | |
| 4. Promote healthy lifestyles to families through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate.<br>(In progress) | • Is a subject that is frequently talked about, and the population is always looking to make healthy decisions.<br>• Participants are willing to make changes and they do start to implement what they learn, but in time they go back to old habits.<br>• Educational materials and incentives are needed. | Keep active. |
| 5. HVNs offer education to HVP participants on healthy lifestyles according to the current schedule of interventions.<br>(In progress) | None | Keep active. |

**STRATEGY 6:** Promote healthy lifestyles to families through the PR Title V Home Visiting Program, Perinatal Nurses, Prenatal and Parenting courses, community outreach educational activities, social media and other communication outlets, as appropriate.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Participate in Mental and Behavioral Health & Persons with Access and Functional Needs committees of the DOH Office for Public Health Preparedness and Response Coordination (OPHRPC).<br>(In progress) | None reported. | Keep active. |
| 2. Establish a plan to develop the proposed EPR Guide. | None reported. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| (Not started) | | |

**DOMAIN**: Adolescent Health

**DETAILED SUMMARY FOR ADOLESCENT HEALTH DOMAIN**

- The Adolescent Health Domain has one priority needs and addresses two objectives, two NPM, two ESM's, and twelve NOM.s.
- Priority need: improve health and wellbeing of adolescents.
- **Objective #1: By 2025, reduce to 11% the percentage of adolescents who report being bullied in school (Baseline PR-YRBSS 2019: 12%).**
    - To address this objective #1, the team established 5 strategies and are being implemented through 20 activities.
    - A range of 2 to 6 activities per strategy were registered (see table with distribution of activities by strategy for NPM 9).
    - The status analysis highlights that 13 (65%) are in progress, 7 (30%) activities have not been started and 0 (0%) were completed.
    - Of the 20 activities that were originally planned, 15 (75%) remained active, while 5 (25%) were inactivated. Of those 5 inactivated activities, 4 were eliminated before initiating and 1 was eliminated after initiated.
- **Objective #2: By 2025, increase to 76% the percentage of adolescents with preventive medical visit in the past year (Baseline PR-YRBSS 2019: 72.3%).**
    - To address this objective #2, the team established **5** strategies and are being implemented through **13** activities.
    - A range of **2** to **3** activities per strategy were registered (see table with distribution of activities by strategy NPM 10).
    - The status analysis shows that **8 (62%)** are in progress, **5 (28%)** activities have not been started and **0 (0%)** were completed.
    - Of the **13** activities that were originally planned**, 9 (69%)** remain active, while **4 (25%)** were inactivated. Of those 4 inactivated activities, 2 were eliminated before initiating and 2 were eliminated after initiating them.

**PRIORITY NEED**: Improve health and wellbeing of adolescents.

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 9 | 5 | 20 |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR ADOLESCENT HEALTH DOMAIN (NPM 9)**

| NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others. | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 1. Review the Youth Health Promoters Project (YHPP) curriculum to incorporate additional strategies/ | 6 | 2 | 4 | 0 | 6 | 0 | 0 | 0 |

| NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others. | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| activities related to bullying prevention and mental health/wellbeing. | | | | | | | | |
| 2. Increase awareness about mental health/wellbeing and bullying prevention in youth and adults, including parents/caregivers and health care providers. | 5 | 0 | 5 | 0 | 5 | 0 | 0 | 0 |
| 3. Develop a comprehensive project that incorporate youth, parents, and school communities that promote school connectedness, respect, healthy relationships, and equity to eradicate bullying to be implemented in a youth health promoters YHPP in collaboration with Department of Education. | 3 | 0 | 3 | 0 | 2 | 0 | 0 | 1 |
| 4. Develop Youth Intervention Guides to promote resilience and reduce youth trauma after stressful events. | 4 | 2 | 1 | 1 | 1 | 1 | 2 | 0 |
| 5. Develop and disseminate an Emergency Preparedness and Response guide that takes into account the needs of adolescents and young adults. | 2 | 2 | 0 | 0 | 1 | 0 | 1 | 0 |
| **Total activities** | **20** | **6** | **13** | **1** | **15** | **1** | **3** | **1** |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR ADOLESCENT HEALTH DOMAIN (NPM 9)**

**STRATEGY 1:** Review the Youth Health Promoters Project (YHPP) curriculum to incorporate additional strategies/ activities related to bullying prevention and mental health/wellbeing.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Capacitate SISA Staff with accurate bullying prevention Information and youth mental health.<br>(In progress) | • Bullying prevention experts and investigators were identified and contacted to establish collaboration to capacitate CAHP staff.<br>• The need to design a CAHP evaluation survey for each training session was identified.<br>• Unexpected extreme atmospheric conditions during September and October 2022 by Hurricane Fiona, floods, electric power, and water. outages in schools and DOH offices caused cancellation of training.<br>• Unexpected trainer illness in Dec caused change in. | Keep active. |
| 2. Design and validate questions about bullying and cyber bullying and incorporate them in YHPP Pre and Post Profile Questionnaire.<br>(In progress) | • A CAHP central level meeting with DOE Health Education Administrator was held to continue collaboration with YHPP and address difficulties with Profile administration and referrals.<br>• A follow up meeting of CAHP central level & DOE school health, social work, psychology & counselor was held and agreed that the schools need to work with CAHP Profile validation and referrals for the benefit of the youth identified.<br>• One challenge is Identify reasons for some school ‘s being reluctant to collaborate with YHPP Profile validation and referrals. | Keep active. |
| 3. Review YHPP Curriculum (Years 1, 2 &3) to identify current activities directed to | • A total of 24 meetings were held to review the 1st & 2nd years YHPP Curriculum. A task force included the Curriculum | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| bullying prevention and identify areas to insert additional ones including youth to youth bullying prevention strategies.<br>(In progress) | Consultant and SISA CL & Regional staff that met virtually to update the meetings and rewrite the YHPP Coordinator Implementation Manual using a script format for the benefit of new Coordinators. Activities related to bullying prevention were included.<br>• As a challenge CAHP regional coordinators were implementing YHPP curriculum, and have limited time to meet and review YHPP meetings with SISA CL. | |
| 4. Design new bullying prevention activities to include in Year 3 YHPP curriculum.<br>(In progress) | • Three experts were identified to collaborate in the design of bullying prevention activities.<br>• Two entities were identified to establish collaboration about cyberbullying to help SISA develop new bullying prevention activities: ICE and the Coalition for the Protection of Minors.<br>• Continue SISA participation in ICE PR Alliance Against Child Exploitation. Coalition for the protection of Minors has not answered email sent. | Keep active. |
| 5. Pilot and evaluate new bullying prevention activities within YHPP.<br>(Not started) | • The priority has been to develop the activities directed to YHPs, pilot, evaluate before developing specific tools to work with youth families.<br>• Meanwhile the bullying prevention information gathered by CAHP staff will help to develop the activities directed to youth families. | Keep active. |

**STRATEGY 2:** Increase awareness about mental health/wellbeing and bullying prevention in youth and adults, including parents/caregivers and health care providers.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Collect and analyze data, including PR YRBSS and ASSMCA's Consulta Juvenil, studies, laws, and initiatives related to bullying/cyberbullying and youth mental health issues in PR and abroad in a Directory or data base and share results with youth, SISA staff and other youth serving entities. (In progress) | • All SISA staff have had the power point presentation of PR YRBSS mental health data and 2015 to 2019 tendencies.<br>• The study "Consecuencias asociadas al bullying entre adolescentes en Puerto Rico".<br>• Three new references were identified from GLSEN Foundation, Consulta Juvenil, and DOE Bullying Policy.<br>• An identified need is to Design a digital platform to collect studies and laws about bullying, cyberbullying, and youth mental health. | Keep active. |
| 2. Identify government agencies, health professionals (social workers, counselors, doctor's associations, among others) NGO entities that work with youth and youth groups to update 2016 database. (In progress) | • The contact information of 20 entities that work with youth was gathered to include in data base directory update.<br>• more entities were identified at Office of Juvenile Justice and ICE task force gatherings.<br>• The option to develop and update a Directory of entities and services was identified to be worked in collaboration with PRIE. However, it is a challenge to identify personnel to develop and update the Directory. | Keep active. |
| 3. Develop an alliance or workgroup with identified government entities, MCAH collaborators, NGOs working with youth, YAC, and other youth groups to address bullying/cyberbullying prevention | • The workgroup developed into a steering committee to address youth mental health issues in PR with: SAMHSA Reg 2, MHTTC Region 2, Communilife CEO, PR Commission for Suicide Prevention, MCAH ped epidemiologist, PRYAC & CAHP central level. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| and promote youth mental health & wellbeing.<br>(In progress) | • YAC youth are participating in the workgroup/steering committee.<br>• The steering committee organized and developed the 1st meeting to convene a collaborative of entities to address PR youth mental health in Nov 2022. This was followed by another meeting in Jan 2023 and another one is scheduled for Mar 2023.<br>• A challenge is to schedule meetings during the late afternoon for better YAC participation. | |
| 4. Convene identified entities to share collected data and establish a collaborative mechanism or Collective Impact approach, to promote the use of initiatives to prevent bullying/cyberbullying and promote youth mental health/wellness.<br>(In progress) | • The first two meetings had excellent attendance.<br>• A family with a youth with mental health challenges attended and provided their experiences and the importance to have family included.<br>• Presentations about bullying in PR provided 1st hand youth perspective updated information of its consequences including LGBTT+.<br>• The activity is modified to include specifically Collective impact as a collaborative example to use. | Keep active. |
| 5. Identify experiences, needs and recommendations about bullying and its prevention with LGBTTQ youth and YSHCN and their families.<br>(In progress) | • Psicolaternativas, an organization that work with LGBTQ+ youth was identified, contacted, and will collaborate with data and youth to do listening sessions about mental health issues.<br>• Drafting questions to use in listening sessions may present as a challenge. | Keep active. |

**STRATEGY 3:** Develop a comprehensive project that incorporate youth, parents, and school communities that promote school connectedness, respect, healthy relationships and equity to eradicate bullying to be implemented in a youth health promoters YHPP in collaboration with Department of Education.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Identify initiatives to prevent bullying/cyberbullying at schools & communities and promote mental health wellbeing including youth helping youth initiatives, early identification of mental health (MH) issues as stress and anxiety, youth MH rights and access to services or data base and share results with youth, SISA staff and other youth serving entities. (In progress) | • Life is Precious (LIP) project was identified as a community intervention to prevent suicide in Latina adolescents in NYC that had intended suicide.<br>• A meeting with MCAH & SAMHSA Region 2 was held to reaffirm their support to develop a culturally and linguistically competent youth MH initiative in PR initiative.<br>• Project PUEDO Coordinator and SISA met to include their collaboration with the initiative.<br>• 4Respect Camps was identified as an initiative that addresses LGBT+ youth mental health/wellbeing.<br>• Challenges are follow-up communication with Project PUEDO to continue collaboration and schedule meetings with Psicoalternativas board to include the initiative in the comprehensive project. | Keep active. |
| 2. Identify culturally and linguistically competent initiatives (promising and evidenced) that could be piloted and used to prevent bullying/cyberbullying in PR through a collaboration with UPR Medical Sciences Campus's PR EBP Committee. (In progress) | • here has been no further communication with UPR EBP, therefore the activity has been eliminated. | Inactivate. |
| 3. Communicate with DOE to establish an MOU to develop and pilot an identified | • The Secretary of DOE was officially confirmed in February 2022 and the official | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| bullying/cyberbullying prevention initiative in a YHPP school.<br>(In progress) | DOE School Health Manager was appointed in May 2022.<br>• However, completing evaluation of EBPs and developing a Plan to discuss with new DOE School Health Director could be a challenge.<br>• There is a need to identify MOU models to develop one for the initiative. | |

**STRATEGY 4:** Develop Youth Intervention Guides to promote resilience and reduce youth trauma after stressful events.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Develop the basic intervention guide to be used after other events such as epidemics and emerging issues to reduce trauma and promote resilience after stressful events.<br>(In progress) | • The intervention "Vamos a Conectarnos" was developed and used with YHPs after pandemic COVID-19 based on the activities of the previous Guides.<br>• Huracan Fiona landfall in southwest part of Puerto Rico. SISA personnel reviewed After the Hurricane Guide, made some changes in the questionnaire based on the qualitative analysis of the answers in the first implementation.<br>• However, some YHPP youth did not want to do the activities in the intervention. | Keep active. |
| 2. Pilot the developed guide with YAC and YHPs.<br>(Not started) | • It was not piloted with the YAC – the one with the roller coaster, was offered to the Promoters without conducting a pilot.<br>• This activity will be included as part of the guide and therefore removed from the plan. | Inactivate. |
| 3. Adapt the intervention developed to virtual mode to reach youth in other settings besides schools.<br>(Not started) | • When the intervention guide is developed, it will be included in the virtual activity: "Let's connect".<br>• This activity will be included as part of the guide and therefore removed from the plan. | Inactivate. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 4. Promote the Intervention to be used by youth, parents and other adults that work with youth.<br>(Not started) | • This activity will be included as part of the guide and therefore removed from the plan. | Inactivate. |

**STRATEGY 5:** Develop Youth Intervention Guides to promote resilience and reduce youth trauma after stressful events.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Establish collaboration with PRDOH Security and Protection Division, PR Red Cross, and other related agencies to work the Emergency Preparedness and Response Guide for adolescents and young adults.<br>(In progress) | • CAHP central level personnel contacted agencies to identify & collect Emergency Preparedness Protocols from: DOH CAVV Center to Asist Sexual Abuse Victims Office, FEMA and Commission of Suicide Prevention & Coordinadora Paz para las Mujeres.<br>• The PRDOH Security and Protection Division has a newly appointed Director of the DOH.<br>• Contact information to communicate with appointed Director in 2023 to start a collaboration was gathered.<br>• Contact new DOH Security Director to schedule a meeting has been a challenge. | Keep active. |
| 2. Promote YAC's participation in MCH Emergency Preparedness Toolkit work group.<br>(Not started) | • The emergency Preparedness Toolkit workgroup completed the Guide.<br>• The Committee stopped meeting during 2021 since they had completed the guide.<br>• It is removed because the MCH Emergency Preparedness Toolkit work group finished its work. | Inactivate. |

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 10 | 5 | 13 |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR ADOLESCENT HEALTH DOMAIN (NPM 10)**

| NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Keep active | Status of PDSA action: Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate after initiating |
|---|---|---|---|---|---|---|---|---|
| 1. Empower youth to adopt healthy behaviors through positive youth development initiatives. | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 0 |
| 2. Establish collaboration with MCAH stakeholders to implement PR Youth Health Literacy Toolkit (YHLT) to provide knowledge about how to use the health care system. | 3 | 2 | 1 | 0 | 1 | 0 | 2 | 0 |
| 3. Increase awareness of youth health and wellbeing issues including the annual healthcare visit through educational activities and multimedia campaign. | 2 | 0 | 2 | 0 | 2 | 0 | 0 | 0 |
| 4. Implement the Puerto Rico Friendly Healthcare Services Guidelines in a pilot project in FHQC. | 3 | 2 | 1 | 0 | 3 | 0 | 0 | 0 |
| 5. Collaborate with CSHN transition to Adult Healthcare Services Committee to assist all youths as they transition from pediatric to adult centered care services in Puerto Rico. | 3 | 1 | 2 | 0 | 1 | 0 | 0 | 2 |
| **Total activities** | **13** | **5** | **8** | **0** | **9** | **0** | **2** | **2** |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR ADOLESCENT HEALTH DOMAIN (NPM 10)**

**STRATEGY 1:** Empower youth to adopt healthy behaviors through positive youth development initiatives.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Continue PYD Youth Health Promoters Project (YHPP) to empower youths and their peers to adopt healthy behaviors and increase awareness of youth annual healthcare visit. (In progress) | • Meetings were held with DOE central level staff to continue YHPP implementation in 2022-23<br>• DOE Endorsement (Backup) Memo for 2022-23 YHPP was received on August 22, 2022<br>• Three new CAHP Coordinators (Mayaguez, Metro & Ponce) completed training offered at CAHP central level.<br>• YHPP "After the Hurricane Guide" was adapted to Hurricane Fiona path and effects in PR.<br>• Some challenges are to schedule the time to complete YHPP Year 1 & 2 curriculum meetings' review, update & adaptation in 2023 and to schedule meeting with DOE central level about YHPP Profile difficulties in 2 schools. | Keep active. |
| 2. Continue PYD PR Youth Advisory Council (PR YAC) to provide MCAH and DOH input about youth health/wellbeing policies and initiatives including youth annual healthcare visit. (In progress) | • 19 YAC advisors are active.<br>• Advisors continued meeting to work in four committees.<br>• YAC had a meeting with PRDOH Secretary to present YAC and ask him about health policies.<br>• They participated in HIV Prevention Division committee, the Juvenile Justice Prevention Group meetings, worked alongside Suicide Prevention Commission in activities at a shopping mall and provided their insight to Folic Acid Campaign. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • Four advisors represented YAC and moderated the 1rst collaborative meeting about youth mental health in PR.<br>• Having all the members attend YAC meetings and the absences to meetings post as a challenge. | |

**STRATEGY 2:** Establish collaboration with MCAH stakeholders to implement PR Youth Health Literacy Toolkit (YHLT) to provide knowledge about how to use the health care system.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Modify the YHLT to be used by the stakeholders.<br>(In progress) | • In 2019 the YHLT toolkit was adapted to be offered to other youth. It was piloted in 5 summer camps and evaluated. It was determined to insert a previous session to establish trust and connection to facilitator before implementing it.<br>• During 2020-2021, the YHL meetings of YHPP 2nd year curriculum were adapted to virtual mode due to Covid pandemic.<br>• Scheduling a time to review the toolkit during 2023 has been a challenge. | Keep active. |
| 2. Agree with the stakeholders the requirements to provide the Toolkit.<br>(Not started) | • This activity was eliminated because is part of the toolkit. | Inactivate. |
| 3. Receive the pre-post test and exchange feedback with the organization.<br>(Not started) | • This activity was eliminated because is part of the toolkit. | Inactivate. |

**STRATEGY 3:** Increase awareness of youth health and wellbeing issues including the annual healthcare visit through educational activities and multimedia campaign.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Promote Puerto Rico 2021 Pediatric Preventive Health Care Guidelines among youth, general public, academia, health professionals and health insurance companies through various education approaches. (In progress) | • The Guide was sent to DOH Communications Office to be uploaded onto the DOH webpage. The confirmation of the upload was received on May 16, 2022. The link to the Guide is in the digital archive of the MCAH Division DOH webpage section.<br>• The MCAD personnel in DOH regions have access to the Guide's link to promote its use with public, professionals & stakeholders.<br>• The Guide can be downloaded and accessible to the public on the DOH webpage. (1322 (salud.gov.pr) but sharing the guide by other means is a challenge. | Keep active. |
| 2. Continue MCAH "Nivel Maximo" Campaign webpage development to increase awareness of youth health and wellbeing issues including annual healthcare visit. (In progress) | • The campaign videos and photos included 3 YACs.<br>• The videos and images included youth suggestions.<br>• The campaign was launched in social media on Feb 15, 2022<br>• There were changes in the release schedule of the campaign because the .gov domain was not provided. | Keep active. |

**STRATEGY 4:** Implement the Puerto Rico Youth Friendly Healthcare Services Guidelines in a pilot project in FHQC.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Develop the PR Youth Friendly Healthcare Services Guidelines. (In progress) | • The YAC Youth Friendly Healthcare Services Committee met 11 times from January to December 2022. During these meetings, the members required to integrate the Curriculum Consultant to be | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | part of the Guide reviewing process developed by the previous YAC.<br>• The committee reviewed other Friendly Healthcare Services guidelines, requested YAC members to describe what they understood a friendly visit is, and decided to categorize the items included in the check list.<br>• YAC committee members have additional ideas for the Guide from previous.<br>• There are changes to what should be in the guide. | |
| 2. Establish the agreement with a FQHC.<br>(Not started) | None reported. | Keep active. |
| 3. Implement the guideless.<br>(Not started) | None reported. | Keep active. |

**STRATEGY 5:** Collaborate with CSHN Transition to Adult Healthcare Services Committee to assist all youths as they transition from pediatric to adult centered care services in Puerto Rico.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Participate in the meetings of the YCSHN Transition Committee.<br>(In progress) | • After communication attempts, the CHSHCN have not included the YAC or the CAHP Personnel in the meetings they are having about transition. | Inactivate. |
| 2. Collaborate in the creation of the guidelines to Transition to Adult Healthcare Services.<br>(In progress) | • It was identified that the organization Got Transitions had developed a guide that is not for youth with special needs.<br>• A new activity will be created to replace this one. | Inactivate. |
| 3. Identify a guideline directed to all youth about Transition to Adult Healthcare Services.<br>(In progress) | • Got transition for YSHCN is being used by PR CSHCND. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • It was identified that Got Transition organization developed a guide that is directed to all youth transition (not necessarily for YSHCN).<br>• Got transition was contacted and a meeting scheduled for Feb 2023 about Got Transition Guide for all youth. | |

**DOMAIN**: Children with Special Health Care Needs

**DETAILED SUMMARY FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS DOMAIN**

- The CYSHCN Domain has four priorities. Strategies and activities reported in this document are for the following two priorities:
    - CSHCN that receive comprehensive and coordinated care in a medical home (NPM 11).
    - YSHCN that have a successful transition from pediatric to adult health care (NPM 12).

- **Medical home**
    - The SAP for year 2021-2022 was comprised of seven (7) strategies to address the medical home priority with a total of 24 activities. Six (6) strategies were continued from last year's SAP.
    - Of the six, three (3) strategies were updated from last year's; and two (2) strategies had its activities updated, one strategy was completed and remains with activities that are continuous or recurrent, and one strategy is new. The new strategy is "Promote families' inclusion, participation, and engagement at the CSHCN Program".
    - As of March 2023, forty-two (41.6%) of the activities were completed, which increases to 54.2% if continuous and recurrent activities are added. Two (2) activities had not been started (8.3%) and seven (7) were in progress (29.2%). All inactivated activities (10) were completed. The seven activities "in progress" were included in the 2022-2023 SAP.
    - The activities not started are also included in the 2022-2023 SAP (Support FESAs in their CSHCN program's role, and implementation of strategies to enhance family/professional partnerships).
- **Health care transition**
    - The 2021-2022 SAP for the health care transition (HCT) priority has a total of six (4) strategies and thirteen (13) activities. As of March 2023, four (30.8%) of the activities have been completed, five (5) has not started (38.5%), and four (4) (30.8%) are in progress. Activities that are in progress or not started were included on the 2022-23 SAP.
    - As of June 2022, 60% of activities were completed, one is in progress (20%), and one has not started (20%). Completed activities were inactivated.

**PRIORITY NEED**: CSHCN 0 to 17 receiving care in a medical home.

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 11 | 7 | 24 |

| NPM 11: Percent of children with special health care needs receiving comprehensive health care in a medical home | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Active | Status of PDSA action: Inactive* | Inactive activities Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate before initiating |
|---|---|---|---|---|---|---|---|---|---|
| 1. Use the Family-Centered Coordinated Care Model (CCCF) as a medical home frame of reference in the provision of services at the CSHCN Program. | 3 | 0 | 0 | 3 | 0 | 3 | 3 | 0 | 0 |
| 2. Update and implement programmatic interdisciplinary care coordination activities recommended by the QIC. | 4 | 0 | 2 | 2 | 2 | 2 | 2 | 0 | 0 |
| 3. Increase communication between CSHCN Program providers and referring pediatricians, specialists, and community entities. | 4 | 0 | 1 | 3 | 1 | 3 | 3 | 0 | 0 |
| 4. Develop and implement at the RPCs the pilot-project initiative for the identification of CSHCN families' priority needs and support. | 4 | 0 | 1 | 3 | 2 | 2 | 2 | 0 | 0 |
| 5. Promote families' inclusion, participation, and | 4 | 2 | 1 | 1 | 4 | 0 | 0 | 0 | 0 |

| NPM 11: Percent of children with special health care needs receiving comprehensive health care in a medical home | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Active | Status of PDSA action: Inactive* | Inactive activities Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate before initiating |
|---|---|---|---|---|---|---|---|---|---|
| engagement at the CSHCN Program. | | | | | | | | | |
| 6. Improve data collection on children served at the CSHCN Program as well as services provided to them. | 3 | 0 | 1 | 2 | 3 | 0 | 0 | 0 | 0 |
| 7. Monitor tele-health services implemented as at the CSHCN Program as a response to the Covid-19 pandemic. | 2 | 0 | 1 | 1 | 2 | 0 | 0 | 0 | 0 |
| **Total** | **24** | **2** | **7** | **15** | **14** | **10** | **11** | **0** | **0** |

**DESCRIPTION OF PDSA PROCESS FOR THE CSHCN DOMAIN (NPM 11) BY ACTIVITY**
**DOMAIN:** Children with Special Healthcare Needs

**STRATEGY 1:** Use the Family-Centered Coordinated Care Model (CCCF) as a medical home frame of reference in the provision of services at the CSHCN Program.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Adapt the NCQA Patient-Centered Connected Care (PCCC) to the PR-CSHCN Program. (Completed) | • CSHCN Program's leadership adapted the NCQA PCCC model to the CSHCN Program and named it the Family Centered Connected and Coordination Care model (FCCC).<br>• These strategies and activities were adopted as a result of the past year strategy: "Develop an evidence-based coordination system within the CSHCN program". | Inactivate |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • The PCCC model standards are: 1) connecting and sharing information with PCPs; 2) identifying patients' needs and directing them to the appropriate providers as necessary; 3) using evidence-based decisions to support care delivery and collaborates with patients to make care decisions 4) using electronic systems to collect data and accomplish specific tasks; and 5) performance monitoring and evaluation for continuous quality improvement. | |
| 2. Provide workshops to the CSHCN Program health care providers on the Family-Centered Coordinated Care (FCCC) Model. (Completed) | • A total of seven (7) workshops were provided to the nine (9) pediatric and autism centers during April and May 2022. | Inactivate. |
| 3. Evaluate the capacity of the Program to ensure that every family at the Pediatric Centers (CPs) and Autism Centers (CAs) receive the care coordination services they need. (In progress) | • Care coordination capacity at the CSHCN was evaluated during 2022, including results for ESMs 11.1 and 11.2. This information is collected from families.<br>• Activity completed for 2022. Planned to be repeated in 2023. | Keep active. |

**STRATEGY 2:** Update and implement programmatic interdisciplinary care coordination activities at the CSHCN Program.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Update the Care Coordination Procedures Manual based on the FCCC model (Completed) | • The Care Coordination Manual was revised under the FCCC model lens, and an updated flowchart was created. Special attention was given to ensure that all families are linked to the proper resource, | Inactivate. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | depending on their needs, both for program's resources and/or community resources.<br>• These strategies and activities were adopted as a result of the past year strategy: "Develop an evidence-based coordination system within the CSHCN program". | |
| 2. Meet with Care Coordinators and other professional who also perform care coordination to inform about the Care Coordination Procedures Manual update.<br>(Completed) | • A workshop was provided to all the 21 care coordinators (old and new staff) on March 3, 2022 with the following topics: the adapted PCCC model, importance/impact of care coordination, care coordination procedures and flowchart, the use of the "Family Needs Survey" tool to help families identify their priority needs and where to find support, and information/education to families on key topics such as "Follow the Signs, Act Early". | Inactivate. |
| 3. Develop of an online directory of community resources with the technical assistance of the EHR team.<br>(In progress) | • Program's staff has access to the online directory to inform new resources or update others.<br>• This activity will continue as a continuous activity so it will not be included in the application year SAP. It will be followed-up recurrently. | Keep active. |
| 4. Evaluate Care Coordination at the Program.<br>(In progress) | • In progress. The information is being collected from care coordinators and other professionals who realize care coordination. | Keep active. |

**STRATEGY 3:** Increase communication between CSHCN Program providers and referring pediatricians, specialists, and community entities.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Add in the CSHCN Program's Procedures Manuals the Operational Processes identified and recommended for quality communication between the program's providers and the community physicians. (Completed) | • The development of operational procedures and a flowchart to answer and share information with all PCPs and pediatricians who refer to the program was completed.<br>• This strategy started on the previous SAP (2020-2021) and continued during last year (2022). Activities completed during previous SAP were clinical records' audit, literature review for models of communication with PCPs, and the development of a contact/communication protocols between program's providers and community PCPs. New activities as well as activities not completed were followed-up during last year. | Inactivate. |
| 2. Provide education to CSHCN Program's providers about the importance of communication with community PCPs and pediatricians, and protocols developed. (Completed) | • A total of seven (7) workshops were provided to the nine (9) centers under the CSHCN Program during April and May 2022. A total of 168 providers were impacted. | Inactivate. |
| 3. Implement communication model at the Program. (In progress) | • In progres | Keep active. |

**STRATEGY 4:** Develop a system at the RPCs for identifying CSHCN families' needs and guide them to the proper services as possible.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Develop programmatic procedures for the use of the "Family Needs Survey" tool at the CSHCN Program (Complete) | • Procedures for the use of the "Family Needs Survey" to identify families' needs and give support as needed were developed.<br>• This strategy started on the previous SAP (2020-2021) and continued during last year (2022). Activities completed during previous SAP were develop a tool that help families to identify their priority needs, pilot-project, and analyze pilot results. The three activities were completed and new activities for this strategy were planned for the past year. | Inactivate. |
| 2. Provide training to Care Coordinators and Social Workers on the use of the "Family Needs Survey" tool. (Complete) | • A total of seven (7) workshops were provided to the nine (9) centers under the CSHCN Program during April and May 2022. | Inactivate. |
| 3. Implement the initiative in the rest of the program's centers. (Complete) | • The initiative was implemented during 2022. Initiative is under monitoring. | Keep active. |
| 4. Evaluate the initiative. (In progress) | • In progress.<br>• Focus groups are being carried out with the providers responsible of the initiative. | Keep active. |

**STRATEGY 5:** Promote families' inclusion, participation, and engagement at the CSHCN Program.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Contract FESAs under the Zika funds to be transferred to the CSHCN Program (In progress) | • Half of FESAs working under the CMS Zika program were transferred to provide their services under the PR-Title V CSHCN Program.<br>• The contracting for a FESA at the Mayaguez PC is still in progress. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| | • This is a new strategy. Although family inclusion and participation has been addressed progressively at the program during the past years, the acquisition of the FESAs who previously worked for the Zika Protocol, opens up new opportunities in family engagement and family to family support. | |
| 2. Collect FESAs inputs on their experiences and opinions. (Completed) | • FESAs inputs were collected. This activity was completed in 2022.<br>• This activity was completed in 2022 but may be repeated as needed. | Keep active. |
| 3. Support FESAs in their CSHCN program's role. (Not started) | • To be started on application year. | Keep active. |
| 4. Develop educational materials on "family/professional partnerships" for professionals and families. (Not started) | • To be started on application year. | Keep active |

**STRATEGY 6:** Improve data collection on children served at the CSHCN Program as well as services provided to them.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Review and update the data collection format at the Pediatric Centers and Autism Centers. (Completed) | • The data collection paper format was revised and translated into a two-phase REDCap platform. Variable were revised and some variables were added.<br>• Data collection is being frequently evaluated for data quality.<br>• This is a strategy with activities that are continuous. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 2. Train staff in data entry (Completed) | • Staff at the nine program's centers was trained.<br>• This activity is carried out as needed for data quality. | Keep active. |
| 3. Continue with the implementation of the EHR system at the RPCs. (In progress) | • This activity has confronted many challenges due mainly to governmental bureaucracy.<br>• In progress. | Keep active. |

**STRATEGY 7:** Monitor tele-health services implemented as new service modality at the CSHCN Program as a response to the Covid-19 pandemic.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Assign a knowledgeable professional to provide follow-up to health care professionals providing tele-health at the program. (Completed) | • A pediatrician together with a public health educator were assigned to give follow-up to tele-health services.<br>• Assigned professionals are performing site visits and providing support to staff as needed. | Keep active. |
| 2. Evaluate the telehealth program at the RPCs. (In progress) | • To be completed during application year.<br>• Assigned professionals are developing an evaluation plan. | Keep active. |

**PRIORITY NEED**: Transition to adult health care of YSHCN.

| NPM | No. Strategies | No. Activities |
|---|---|---|
| NPM 12 | 4 | 13 |

**PDSA ACTIVITY STATUS: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR CSHCN DOMAIN (NPM 12)**

| NPM 12: Percent of youth with special health care needs who transfer successfully to adult health care. | Activities by strategy | Status of progress: Not started | Status of progress: In progress | Status of progress: Completed | Status of PDSA action: Active | Status of PDSA action: Inactive* | Inactive activities Completed | Status of PDSA action: Inactivate before initiating | Status of PDSA action: Inactivate before initiating |
|---|---|---|---|---|---|---|---|---|---|
| 1. Promote best practices in the transition service from pediatric to adult health care among Pediatricians and Physicians who treat adults. | 5 | 1 | 2 | 2 | 3 | 2 | 2 | 0 | 0 |
| 2. Strengthen the protocol of the transition processes to adult care at the CSHCN Program with the development of an educational plan for YSHCN in the transition process. | 4 | 1 | 1 | 2 | 2 | 2 | 2 | 0 | 0 |
| 3. Strengthen and expand the network of services and support for the transition to adult health care of YSHCN in the PR health system. | 3 | 2 | 1 | 0 | 3 | 0 | 0 | 0 | 0 |
| 4. Strengthen protocols for transition processes to adult care at the CSHCN Program | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| **Total** | **13** | **5** | **4** | **4** | **9** | **4** | **4** | **0** | **0** |

**STRATEGY 1:** Promote best practices in the transition service from pediatric to adult health care among Pediatricians and Adult Primary Physicians.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Implement the HCT survey for physicians. (Completed) | • One-hundred and fifty-two (152) physicians participated of the online survey. | Inactivate. |
| 2. Analyze results. (Completed) | • Data was analyzed and a written report produced. | Inactivate. |
| 3. Disseminate results to key stakeholders. (In progress) | • Results has been shared with the CSHCN Program QIC, PR-F2F, and PR-CEDD. Still other stakeholders to share the findings with. | Keep active. |
| 4. Develop remote forums and/or informative capsules on the transition for physicians. (In progress) | • Conversations with CEDD and F2F has started to work together in collaborations. | Keep active. |
| 5. Identify mechanisms to make the material accessible to physicians. (Not started) | • To be followed-up | Keep active. |

**STRATEGY 2:** Strengthen protocols for transition processes to adult care at the CSHCN Program

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Provide talks to CSHCNP providers about the "Educational Guide on Transition to Adult Care". (Not started) | • "Educational Guide on Transition to Adult Care" has been provided to the program's providers. This activity to be discussed by the QIC. | Keep active. |
| 2. Provide educational interventions to YSHCN on the topics in the "Educational Guide on Transition to Adult Care". (Not officially started) | • Follow-up | Keep active. |
| 3. Analyze a sample of the Transition Needs | • A random of 65 questionnaires filled out by YSHCN (alone or with the help of the | Inactivate. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| Questionnaires completed by YSHCN at the program to find out trends in needs. (Completed) | caregiver) were analyzed. No need trend was observed. | |
| 4. Identify new topics based on the findings. (Completed) | • No new topics were identified through the questionnaires. | Inactivate. |

**STRATEGY 3:** Strengthen and expand the network of services and support for the transition to adult health care of YSHCN in the PR health system.

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Explore areas of possible mutual collaboration with organizations in the community that work with YSHCN. (In progress) | • Talks and meetings have been carried out with CEDD, F2F and the Pediatric Hospital Foundation. | Keep active. |
| 2. Seek the possibility of YSHCN in our program participate in the Youth Advisory Council. (Not started) | • Follow-up | Keep active. |
| 3. Identify if there is a possibility of physicians for adults at the FQPC minded receiving YSHCN as they transition to adult health care. (Not started) | • Phone calls has been carried out with the Association of Primary Centers in PR, but because of restructuring activities from their part, this has not been possible for the moment. This will be followed-up. | Keep active. |

**STRATEGY** 4: Strengthen protocols for transition processes to adult care at the CSHCN Program

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| 1. Measure and evaluate Got Transition medullar elements at the RPCs. | • To be started son. | Keep active. |

| ACTIVITIES | PROCESS DOCUMENTATION | RECOMMENDATIONS AND ACTIONS |
|---|---|---|
| (Not started) | | |