PUERTO RICO HEALTH NEEDS ASSESSMENT UPDATE

PR Maternal, Child and Adolescent Health Program

PR Children with Special Medical Needs Program

PR Department of Health

August 2022

DEPARTAMENTO DE
SALUD

Process Description

For this, and the next years (2022-2024), the Health Needs Assessment Update (HNA), of the Maternal, Child and Adolescent Health Program (MCAHP) and the Children with Special Health Care Needs Program (CSHCNP) will assess the State Action Plan (SAP) for 2020-25. The pandemic had a direct effect on MCAHP/CSHCNP services and programs, thus significant changes were made to provide services during the emergency (see 2021 Health Needs Assessment Update). To document and evaluate actions implemented throughout a year, an assessment of the SAP was developed to inform decision-making regarding the strategies included in the plan. The Plan-Do-Study-Act Cycle (PDSA) facilitates constantly monitoring and identifying recommendations to enhance strategies included in the SAP.

PDSA cycles provide a framework for developing, testing, and implementing changes leading to improvement. It allows staff to highlight barriers and challenges faced in the process of implementing actions and considering ways these may be overcome. Title V evaluators designed an online tool to facilitate data entry for staff in charge of implementing the SAP. A model of the PDSA instrument (Table 1) is attached as part of the supporting documents (PR 2022 Health Needs Assessment Supporting Document).

Given that the SAP will be fully implemented by 2025, this year, the information was reported until April 2022; however, it will continue to be gathered throughout the next years.

To analyze the information gathered in the PDSA cycles, the Title V evaluators performed text analysis and presented their recommendations to the HNA Steering Committee for final revision of the plan. In addition, the evaluators met with the team in charge of implementing the SAP to discuss recommendations for continuity or inactivation of activities/strategies.

A chi-square for trend analysis of the last three years to assess the progress of the indicators by domain was performed to complement the PDSA. Average Annual Percent Change (AAPC) was also calculated to determine whether there was an increase or decrease in the indicators under monitoring.

Completing the first phase of the PDSA had a limitation. The MCAHP currently does not have a Pediatric Consultant, therefore some of the scheduled strategies or activities for Infant/Perinatal and Child domains could not be carried out. For this reason, the PDSA only assessed those strategies whose activities were either completed before the Pediatric Consultant ceased providing services or implemented by the Home Visiting Program (HVP).

Data availability for the 3-year chi-square for trend analysis also had a limitation. Data was not available for the three years under study for some indicators. In some cases, the data source was a survey that is carried out every two years or it was interrupted due to the impact of hurricane María and then by COVID-19. For this reason, some indicators could not be included in the trend analysis. When

possible, other available data sources that measured the same indicator were used for the purpose of this analysis. The supporting document includes a table of the indicators not included in the analysis and other data sources (Table 2).

The committee reviewed and updated the SAP considering the findings of this HNA, and feedback provided in the Public Input (for details refer to section III.F. Public Input).

The priority needs remained as proposed in 2020 HNA. Some strategies of the SAP were reviewed and updated or eliminated according to the findings of this HNA.

Health Status by Domain: 3-year Chi-Square for Trends Analysis

Following are the significant findings of the trend analysis. For the detailed analysis tables by domain refer to the supporting document.

Women/Maternal Health

According to 2020 International Database (IDB) the number of WRA was 806,330 (10 to 14 y/o: 10.8%; 15 to 19 y/o: 11.7%; 20 to 24 y/o: 13.1%, 25 to 34 y/o: 25.9%, and 35 to 49 y/o: 38.5%). According to the American Community Survey (ACS), about 91% of the WRA were insured during 2019.

2021 Vital Statistics (VS) reports 19,336 live births (LB), a 1.5% increase since 2020 (19,053 LB). It should be noted that this is the first time, in more than 10 years, that a slight increase is observed in births. Most births occur in women between 20 and 34 y/o (80.5%), followed by women 35 y/o or older (12.9%) and teens 10 to 19 y/o (6.6%). About 66% of live births are from mothers covered by the government health plan (GHP).

Preventive medical visits in the past year in women 18 to 44 y/o (NPM 1) significantly decreased by 4.2% between 2018 to 2020 (Table 3). During the period of observation, improvement was observed in most NOMs related to NPM 1, although not all were significant. Those indicators that significantly improved were the percent of early term births (AAPC: -2%), the percent of women who drink alcohol in the last 3 months of pregnancy (AAPC: -30%), and teen birth rate of 15 to 19 y/o (AAPC: -7.7%). On the other hand, a significant increase of 77.3% was observed in severe maternal morbidity rates.

Preventive dental visit during pregnancy (NPM 13.1) also decreased (AAPC: -9%) but it was not significant. However, the related NOM, children 1 to 17 y/o, who have decayed teeth or cavities in the past year reported a significant improvement (AAPC: -2%).

Perinatal/Infant Health

According to 2020 IDB, the number of infants was 25,095, representing less than 1% of the total population. Infant mortality (IM) increased in average 3% from 2018 to 2020 (6.6/1,000 vs. 7/1,000). According to the 2019 ACS, about 93.1% of infants were insured.

All three NPMs related to a safe sleep environment (NPM 5A, 5B, 5C) improved between 2018 to 2020 (Table 4), however, only the percent of infants placed to sleep on their backs increased significantly by 7%. None of the NOMs related to these NPMs showed significant changes. Although post neonatal mortality and SUIDs rates showed a decrease of 12%.

Child Health

According to the 2020 IDB there were 250,214 children 1 to 9 y/o that represent 8% of the total population. According to the ACS, about 97% of the child population were insured during 2019.

Form CMS-416 for the Annual EPSDT Participation Report showed a significant decrease (Table 5) in oral preventive visits on children 1 to 17 y/o (AAPC: -1.6%). 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 improvement (AAPC: -2%).

Adolescent Health

According to 2020 IDB, the number of adolescents 10 to 21 y/o was 456,984 that represents 14.3% of the total population (10-14 y/o: 38.9%; 15-17 y/o: 24.8%; 18-19 y/o: 17.7%; and 20-21 y/o: 18.6%). During 2019, 94.5% of adolescents 10 to 21 y/o were insured (ACS).

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 the three years under study, AAPC and significance could not be calculated. Despite this decrease, adolescents' mortality and suicides increased during the study period, although it was not significant (AAPC: 0.1% and AAPC: 4.9%, respectively).

Form CMS-416 for the Annual EPSDT Participation Report showed a significant increase (Table 6) in preventive medical visits during the past year on adolescents 12 to 17 y/o (AAPC: 1.3%). Related NOMs also showed an improvement, but only the teen birth rate was significant (AAPC: -7.7%).

### Children with Special Health Care Needs

According to the 2019 MCH-JS screener, approximately 162,101 (27.3%) children ages 0 to 17 years in PR had a special health care need. The most frequent conditions in this group of children are asthma (38.4%), speech disorder (35.9%), anxiety (28.6%), learning disabilities (26.6%), and ADD/ADHD (26.2% each). Ninety nine percent (99.1%) are covered by a health insurance, 72.6% of them under the GHP. The previous prevalence based on a PR-adapted National Survey of CSHCN was 16.6% in 2010, and 18.6% in 2015.

Based on the 2019 MCH-JS, the prevalence of ASD in children 3 to 17 years of age is 3.1% (1 in 32), an increase when compared to previous PR-CSHCN surveys (1 in 100, 2010; and 1 in 40, 2015). The PR-SET-NET has also identified a high prevalence of ASD among a cohort of children born to mothers with laboratory evidence of Zika virus infection during pregnancy. The CHSHCN Program, PR-SET-NET and CDC are working collaboratively in the data analysis.

A pilot project, "Identification and Monitoring of CSHCN Families' Needs", was conducted at the Bayamón RPC during the months of June to August 2021 to help families identify and prioritize their needs. The Family Needs Survey (Donald B. Bailey, Jr. & Rune J. Simeonsson, FPG Child Development Institute, University of North Carolina at Chapel Hill) was used for data collection. The survey has been validated and used to identify families' needs. It contains seven topics: Information (7 items), Family & Social Support (8 items), Financial (6 items), Explaining to Others (5 items), Child Care (3 items), Professional Support (3 items), and Community Services (3 items) for a total of 35 items. Items have three (3) response alternatives: "No", "Not Sure" and "Yes". The two open-ended questions of the survey were modified. The first question asked families to identify their three top priorities, and the second one to document any need not included in the questionnaire. Seventy-five (75) families attending the RPC for the first time participated in the project. Reliability and internal consistency results based on the Cronbach Alpha coefficients was .939 for the entire scale, which represents a very good internal questionnaire consistency.

"Information" was the top need reported by families (72.4%), followed by "Explaining to Others" (45%) and Community Services (42.3%). Indicators for "Explaining to Others" includes how to explain to parents/in-laws, siblings, friends/neighbors, and other children. The three indicators for community services are: 1- a doctor who understands me and understands the child's needs, 2- talking to other parents who have a child like mine, and 3- a dentist. The graph below shows the percentage distribution of needs per topic.

Figure 1: Identification and Monitoring of CSHCN Families' Needs
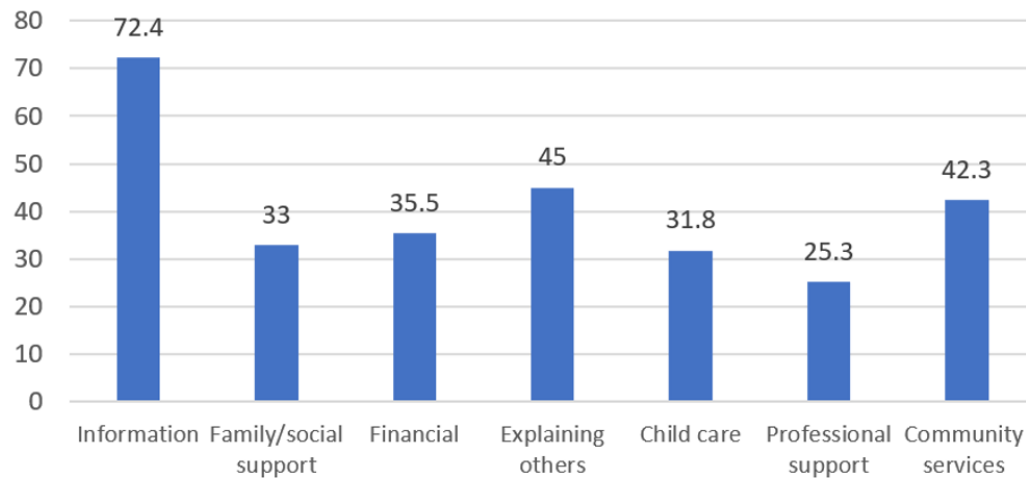
The table below shows the numbers and percentages of families identifying the information topic item as a need. The top information needs reported were for present and future services, and about the child's condition.

Table 1: Information Needs Topic

Number and Percentage Distribution per Item	#	%
How children grow and develop.	37	50.7
How to play and talk with my child.	40	54.0
How to teach my child.	48	65.8
How to handle my child's behavior.	54	73.0
Information about any condition or disability my child might have.	64	85.3
Services that are presently available for my child.	66	89.2
Services my child might receive in the future	64	88.9

Of the top three priority needs identified by families in the 1st open-ended question, 58.5% were related to items in the information topic. Other needs identified by 50% or more of the families in the scale were: 1- Financial: Obtaining special equipment for my child's needs (61.6%), 2- Explaining to Others: Finding reading material about other families who have a child like mine (51.4%) and 3- Financial: Paying for therapy, day care, or other services my child needs (50.6%).

The findings confirm the importance of identifying and addressing CSHCN families' information needs.

PDSA Analysis:

A summary of the key findings of the PDSA is presented below. For a detailed PDSA description refer to the supporting document.

Women/Maternal Health

The Women/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).

To address this area, the team established 8 strategies, all which have been initiated and are being addressed through 40 activities. A range of 1 to 20 activities per strategy were registered. The status analysis reflects that 27.7% of the activities have not started, 32.5% are in progress, and 40% were completed. Of the 40 activities that were originally planned, more than half (60%) remained active, while 40% were inactivated, either because they were completed (87.5%) or were eliminated after being initiated (12.5%).

To address improving birth outcomes, the team established 9 strategies. Of these, 55.6% have been initiated and are being addressed with 10 activities. A range of 1 to 3 activities per strategy were registered. The status analysis reflects that 30% have not started, 70% are in progress, while none were completed. Of the 10 activities that were originally planned, all remained active.

Limitations such as pandemic-related restrictions to home visits, preventive/prenatal visits, and oral health visits were identified when implementing the SAP. Other barriers (beyond the team's control) also impacted the progress of certain activities. The WRA Care Pocket Guide would have been disseminated by 2021, however the purchase process and the approval of educational material and videos took more time than expected. In terms of updating the Preventive Care Guidelines for WRA, the participation in the committee required volunteer time which at times became a barrier as well. Another identified barrier is that underserved areas may lack prenatal care (PNC) providers, thus affecting the outreach and referral of pregnant women to initiate PNC.

The PDSA allowed the team to identify a strategy that should be eliminated from the SAP: Apply a mental health intervention model among participants of the HVP. After analyzing the suitability of a variety of mental health models it has not been possible to find a program that fits with the current service model of the HVP. Also, barriers such as the cost of the program, availability of materials and training in Spanish and staff requirements, were identified. Given that an appropriate intervention model could not be identified, it is recommended to inactivate this strategy. Recommendations include that the Home Visiting Nurses (HVNs) receive regular training to hone their knowledge and skills in mental health to allow them to make appropriate identification of such needs within participants, supportive interventions, and referrals.

The team also identified areas in need of improvement for which they could implement a change. For example, to update and disseminate the Preventive Care Guidelines for WRA, the need of bi-annual meetings for update recommendations was identified. This can be improved by establishing one-on-

one interactions using virtual platforms for meetings. Also, the dissemination to the general community was not possible due to lack of personnel. To achieve this, it is recommended to explore the development and coordination of a dissemination plan that may include training of HVNs, develop a Fact Sheet for community distribution and consider the use of social media. To disseminate among health care providers, the identified need is to do so through the College of Physicians and Surgeons of PR and the development of a virtual online CME session for physicians. In terms of the development and dissemination of the WRA Care Pocket Guide, the inclusion of people with lived experiences in the entire process of design of the pocket guide and educational modules was identified.

Perinatal/Infant Health

The Perinatal and Infant Health domain has one priority need: decrease infant mortality (associated with NPM 5). To address this area, the team established 12 strategies. Of these, 42% have been initiated and are being addressed with 17 activities. A range of 1 to 11 activities per strategy were registered. The status analysis reflects that 47.1% activities have not started, 35.3% are in progress and 17.6% were completed. Of the 17 activities that were originally planned, 82.4% remained active, while 17.6% were inactivated because they were completed.

Most of the activities address safe sleep practices. The HVP families were reached by the HVNs and were offered education on safe sleep practices. The promotion of healthy lifestyles during pregnancy was implemented by social media, short videos, and the use of the prenatal care webpage, "Encuentro de mi vida" (Encounter of My Life), because activities in the community at the time were not possible.

For this domain, the main challenge (what the team can work with) identified was the lack of a Pediatric Consultant that could implement and follow-up all the strategies proposed in the SAP. Another challenge was that the changes in service delivery of the HVP during the pandemic made it harder for the HVNs to verify the safe sleep practices of families.

Being able to ensure a high standard in the content of the HVP interventions for safe sleep practices was an identified challenge as well. However, this need of improvement can be addressed by offering regular training and updates on this topic to the HVNs.

As discussed with the team, all strategies proposed for Perinatal/Infant Health domain will continue for the following years.

Child Health

The Child Health domain has one priority need: improve preventive health in children (associated with NPM 13.2). To address this area, the team established 6 strategies. Of these, 66.7% have been initiated and are being addressed with 7 activities. A range of 1 to 2 activities per strategy were registered. The status analysis reflects that all activities are in progress, while none were completed. Of the 7 activities that were originally planned, all remained active.

As in the previous domain, the main challenge identified was the lack of a Pediatric Consultant that could implement and follow-up all the strategies proposed in the SAP. Another challenge was the pandemic-related restrictions that limited the number of activities that could be provided in the community by the Community Health Workers (CHWs), Health Educators (HEs) and HVNs. Even though the pandemic limited the amount of activities that could be conducted, CHWs and HEs were able to offer some education to participants of the parenting courses. Also, HVNs provided education virtually, but this made it harder for the HVN to ascertain the healthy lifestyles adopted by the family. Being able to ensure a high standard in the content of the HVP interventions for healthy lifestyles practices was another challenge, but this need of improvement can be addressed by offering regular training and updates on this topic to the HVNs.

As discussed with the team, all strategies proposed for the Child Health domain will continue for the following years.

Adolescent Health

The Adolescent Health domain has one priority need: improve health and wellbeing of adolescents (associated with NPMs 9 and 10). To address this area, the team established 10 strategies that are being addressed with 30 activities. A range between 2 and 5 activities per strategy were registered. The status analysis reflects that 56% of the activities are in progress, 40% have not started and 3% were completed. Of the 30 activities originally planned, 13% were inactivated (25% completed and 75% eliminated).

The successful collaborative efforts with the right partners allowed the completion of one activity related to the development of the Youth Intervention Guides to promote resilience and reduce youth trauma after stressful events. On the other hand, challenges to start other 2 activities related to this priority were identified, thus they were eliminated. These activities were already included as part of the plan of the guide itself and it would have been redundant to keep it as part of the SAP.

An activity related to the development and dissemination of an Emergency Preparedness and Response guide that considers the needs of this population,

was eliminated because the MCH Emergency Preparedness Toolkit workgroup was dissolved after the Youth Intervention Guide was completed.

In terms of activities that are active and in progress, some challenges and needs were identified by the team. Not having a graphic artist to support them during the review and development of the Youth Health Promoters Project (YHPP) pre and post questionnaire made the design difficult. Also, the pandemic measures kept schools in virtual mode during FY 2020-2021 thus implementing the YHPP during this period was not possible. Regarding the media campaign and webpage aimed at adolescent health, communication with the agency was not effective, since they did not develop a concept that would be attractive to the young population as requested and according to the input provided by the youth themselves. On the other hand, this provided an opportunity for change; a new agency was hired, having a better communication and youth were on board since the beginning of the development of the new re-designed campaign.

As discussed with the team, all strategies proposed for the Adolescent Health domain will continue for the following years.

Children with Special Health Care Needs

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 original 5 years SAP included eight (8) strategies and 21 activities to address the medical home priority. As of June 2022, 18 activities (85.7%) were completed, one (1) was in progress (4.7%), the EHR implementation, and two (2) were not initiated (9.5%). Two (2) of the completed activities remain active because they are associated to data quality. The other sixteen (16) completed activities were inactivated. The two (2) activities not initiated: 1) implementation of a communication model with PCPs and 2) implementation of strategies to enhance family/professional partnerships will be implemented in FY 2022-2023.

The original 5 years SAP also included three (3) strategies and five (5) activities to address the transition to adult health care priority. As of June 2022, 3 activities (60%) were completed, one (1) activity (20%) was in progress, training to program's service providers on the Transition Guide; and one (1) activity (20%) was not initiated. The activity not initiated, education to physicians on Got transition, will be implemented in FY 2022-2023. The completed activities were inactivated.

The NA update finding on the importance of identifying and addressing CSHCN families' information needs is included in the 5 years SPA strategies and activities.

Conclusions

The results of this HNA must be seen within the context of the COVID-19 pandemic that adversely affected access to health services as these were interrupted and/or limited. The PR Title V experienced disruptions and modifications in its services, initiatives, and programs during the first 2 years of the SAP (2020 and 2021), and this is reflected in the current HNA.

The first years of the SAP were necessary to adapt programs and services to the current situation. The HVP developed a protocol to guide services during the pandemic, thus making a quick adaptation from home visits to virtual services. Several digital educational tools were created to push further health promotion. This included a virtual prenatal course, webinars and videos that address MCAH in various areas and the enhancement of media campaigns and webpages addressing prenatal, postpartum, and infant care, as well as adolescent health. Social media was also a tool that Title V used as a strategy to reach the community as much as possible.

When implementing activities, long-term relationships with the right partners was the most outstanding success in the PDSA. Other identified successes are the inclusion of persons with lived experience in the development of educational projects and the commitment/involvement of Title V staff in different activities.

The PDSA also allowed the team to identify challenges and needs to improve or overcome in the SAP. Some of these needs are staff training to enhance services, use of social media and other partners for dissemination, and strengthen communication and collaboration with stakeholders, among others.

Other limitations or barriers were identified as well, such as long-term commitment of members to participate in different committees and PRDOH internal processes like communication between offices, documentations, and purchases.

2022-25 Annual objectives for each indicator were reviewed based on the chi-square for trend analysis. It is expected that the SAP will be fully implemented by the end of the cycle, thus the 5-year trend analysis will show improvement in the observed indicators.

Changes in organization structure and leadership:

Currently there are no changes regarding the organization structure and leadership of the PRDOH and PR Title V Programs. For details see in Section VI. Organizational Chart.

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 Medical Services
3. Early Intervention Program
4. FEMA
5. Immunization Program
6. Personal Responsibility Education Program
7. Sexual Risk Avoidance Education Program
8. 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. Medicaid Program
6. Office of Informatics and Advanced Technology
7. Office of Public Health Preparedness and Response
8. 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:

PR has no tribes, Tribal Organizations, and/or Urban Indian Organizations

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 2022 HEALTH NEEDS ASSESSMENT SUPPORTING DOCUMENT

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 ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Bimonthly ☐ Semiannually ☐ Annually ☐ Other: _____

DO: STATUS

Not started	In progress	Completed	Date of Update

STUDY

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

ACT: DECISION MAKING

Keep active	Inactivate

Table 2: NOMs and NPMs with no data available for the 3-year 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	Baseline data 2017 BRFSS. 2021 BRFSS is expected to be received by the end of 2022. Proxy will be Form CMS-416.
NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others	No	2017 and 2019 YRBSS data available. 2021 YRBSS is expected to be received by the end of 2022. No proxy.
NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year	Yes	Baseline data 2017 BRFSS. 2021 BRFSS is expected to be received by the end of 2022. 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. 2022 MCH-JS data is expected to available by Spring 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. 2022 MCH-JS data is expected to available by Spring 2023. No proxy.
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	Baseline data 2019 MCH-JS. 2022 MCH-JS data is expected to available by Spring 2023. No proxy.
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	No	Baseline data 2019 MCH-JS. 2022 MCH-JS data is expected to available by Spring 2023. No proxy.
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	No	Baseline data 2019 MCH-JS. 2022 MCH-JS data is expected to available by Spring 2023. No proxy.
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	No	2017 and 2019 YRBSS data available. 2021 YRBSS is expected to be received by the end of 2022. No proxy.
NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza	No	Last available data is 2019 NIS. Due to hurricane impact and COVID-19 other years are not available for PR. No proxy.
NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine	No	Last available data is 2019 NIS. Due to hurricane impact and COVID-19 other years are

Indicator	Proxy source available to be included in trend analysis	Comments
		not available for PR. No proxy.
NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine	No	Last available data is 2019 NIS. Due to hurricane impact and COVID-19 other years are not available for PR. No proxy.
NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine	No	Last available data is 2019 NIS. Due to hurricane impact and COVID-19 other years are not available for PR. No proxy.

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

Indicator	Year 1 Rate/Percent (95% CI)	Year 2 Rate/Percent (95% CI)	Year 3 Rate/Percent (95% CI)	3-year X^2 for trend	3-year 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)*	*<0.05*	-4.2%
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)*	*<0.05*	**77.3%**
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)	≥0.05	-8.1%
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)	≥0.05	-0.5%
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)	≥0.05	-1.3%
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)*	*<0.05*	-2.0%
Perinatal mortality rate per 1,000 live births plus fetal deaths[3]	6.8 (5.8 - 8.0)	6.7 (5.6 - 7.9)	7.0 (5.9 - 8.3)	≥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)	≥0.05	3.0%
Neonatal mortality rate per 1,000 live births[3]	4.2 (3.4 - 5.1)	3.9 (3.2 - 4.9)	5.4 (4.4 -6.5)	≥0.05	15.7%
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)	≥0.05	-12.3%
Preterm-related mortality rate per 100,000 live births[3]	191.4 (141.0, 260)	172.0 (123.5 – 239.4)	210.2 (154.2 – 286.4)	≥0.05	6.0%
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)*	*<0.05*	-30.0%
Rate of neonatal abstinence syndrome	1.3 (0.8 - 1.8)	1.7 (1.1 - 2.3)	0.7 (0.3 - 1.1)	≥0.05	-13.6%

Indicator	Year 1 Rate/Percent (95% CI)	Year 2 Rate/Percent (95% CI)	Year 3 Rate/Percent (95% CI)	3-year X² for trend	3-year AAPC
per 1,000 birth hospitalizations[2]					
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)*	*<0.05*	**-7.7%**
Percent of women who experience postpartum depressive symptoms following a recent live birth[4]	10.8 (8.5 - 13.5)	11.6 (9.3 - 14.3)	11.3 (9.1 - 14.0)	≥0.05	2.0%
Percent of women who had a preventive dental visit during pregnancy[4]	48.7 (44.7 - 52.7)	53.3 (49.5 - 57.1)	38.3 (34.6 - 42.2)	≥0.05	-9.0%
Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year[5]	*15.3 (15.2 - 15.4)*	*15.2 (15.1 - 15.3)*	*14.7 (14.6 - 14.8)*	*<0.05*	**-2.0%**

1 Behavioral Risk Factor Surveillance System (BRFSS) 2018 to 2020
2 PR Health Insurance Administration & Health Insurance Commissioner FY 2017-18 to FY 2019-2020
3 Vital Statistics Data 2018 to 2020
4 PRAMS 2018 to 2020
5 Form CMS-416: Annual EPSDT Participation Report FY to FY 2019-2020

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

Indicator	Year 1 Rate/Percent (95% CI)	Year 2 Rate/Percent (95% CI)	Year 3 Rate/Percent (95% CI)	3 year X² for trend	3-year 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)*	*<0.05*	**7%**
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)	≥0.05	-6%

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)	≥0.05	5%
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)	≥0.05	3.0%
Post neonatal mortality rate per 1,000 live births[2]	2.4 (1.9 - 3.2)	2.7 (2.1 - 3.5)	1.7 (1.2 - 2.4)	≥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)	≥0.05	-12.1%

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

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

Indicator	Year 1 *Rate/Percent (95% CI)*	Year 2 *Rate/Percent (95% CI)*	Year 3 *Rate/Percent (95% CI)*	3 year X^2 for trend	3-year AAPC
Percent of children, ages 1 through 17, who had a preventive dental visit in the past year[1]	*37.1 (37.0 – 37.2)*	*40.8 (40.6 – 41.0)*	*35.4 (35.2 – 35.6)*	*<0.05*	*-1.6*
Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year[1]	15.3 (15.2 – 15.4)	15.2 (15.2 – 15.4)	14.7 (14.6 – 14.8)	*<0.05*	-2.0%

1 *Form CMS-416: Annual EPSDT Participation Report FY 2017-18 to FY 2019-2020*

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

Indicator	Year 1 *Rate/Percent (95% CI)*	Year 2 *Rate/Percent (95% CI)*	Year 3 *Rate/Percent (95% CI)*	3-year X^2 for trend	3-year AAPC
Percent of adolescents, ages 12 through 17, who	21.8 (21.5 – 22.1)	12.0 (11.8 – 12.0)	N/A	N/A	N/A

are bullied or who bully others[1]					
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)	≥0.05	0.1%
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)	≥0.05	4.9%
Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year[3]	25.0 (24.8 – 25.2)	33.0 (32.8 – 33.2)	23.3 (23.1 – 23.5)	<0.05	1.3
Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)[1]	11.2 (11.0 – 11.4)	14.4 (14.2 – 14.6)	N/A	N/A	N/A
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)	≥0.05	-17.1%
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)	*<0.05*	-7.7%

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 Rate/Percent (95% CI)	Year 2 Rate/Percent (95% CI)	Year 3 Rate/Percent (95% CI)	3-year X^2 for trend	3-year AAPC
Percent of CSHCN that receive accessible and comprehensive care in a medical home.	22.4	30.8	57.1	N/A	N/A
Percent of YSHCN who has a successful transition to adulthood	24.5	24.7	6.4	N/A	N/A

Year 1 and 2: CSHCN Survey 2010 and 2015 (PR-DOH with Estudios Tecnicos Inc.)
Year 3: MCH-JS (2019)

The table shows three-year results (five-year period between each data collection) for the medical home indicator (NPM 11) and the transition to adulthood indicator (NPM 12). Trend analysis cannot be carried out because data is not comparable for the 3rd year. An increase can be observed for medical home during the first two years.

2022 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**
  - o To address this area, the team established 8 strategies, all which have been initiated and are being addressed through 40 activities.
  - o A range of 1 to 20 activities per strategy was registered (see distribution table of activities by strategy for NPM 1).
  - o The status analysis reflects that 11 activities (27.7%) have not been started, 13 (32.5%) are in progress and 16 (40.0%) were completed.
  - o Of the 40 activities that were originally planned, 24 (60.0%) remain active, while 16 (40.0%) were inactivated.
  - o Of the 16 inactivated activities, 14 (87.5%) were completed and 2 (12.5%) were eliminated after being initiated.
- **Priority need 2: improving birth outcomes**
  - o To address this area, the team established 9 strategies. Of these, 5 (55.6%) have been initiated and are being addressed with 10 activities.
  - o A range of 1 to 3 activities per strategy was registered (see distribution table of activities by strategy for NPM 13.1).
  - o The status analysis reflects that 3 activities (30.0%) have not been started, 7 (70.0%) are in progress and 0 (0.0%) were completed.
  - o Of the 10 activities that were originally planned, 10 (100.0%) remain active, while 0 (0.0%) were inactivated.

PRIORITY NEED: Promote health and wellbeing of WRA

NPM	No. Strategies	No. Activities
NPM 1	8	40

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	# of 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*	Status of PDSA action: n/a	Inactive* activities Completed (%)	Inactive* activities Not completed (%)
Disseminate the updated Preventive Care Guidelines for women of reproductive age to the target population and health care providers.	5	3	1	1	5	0	0	--	--
Develop and disseminate the Women of Reproductive Age Pocket Guide.	20	3	4	13	6	14	0	13 (92.9)	1 (7.1)

NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	# of 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*	Status of PDSA action: n/a	Inactive* activities Completed (%)	Inactive* activities Not completed (%)
Establish collaborations with entities that promote and provide mental and preventive health services to the target population.	1	0	1	0	1	0	0	--	--
Apply a mental health intervention model among participants of the Home Visiting Program as mandated in the model's implementation guide.	1	0	0	1	0	1	0	0 (0.0)	1 (100.0)
Develop a course on the health rights of women of reproductive age for government employees to submit to the Government Ethics Office	4	4	0	0	4	0	0	--	--
Promote person-centered services among health care providers and women of reproductive age.	1	0	1	0	1	0	0	--	--
Continue the current Maternal Mortality Review Surveillance System in Puerto Rico.	6	1	4	1	5	1	0	1 (100.0)	0
Develop and disseminate an Emergency Preparedness and Response guide that takes into account the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, prevention of premature birth, among others.	2	0	2	0	2	0	0	--	--
Total activities	40	11 (27.5%)	13 (32.5%)	16 (40.0%)	24 (60.0%)	16 (40.0%)	0 (0.0%)	14 (87.5%)	2 (12.5%)

DESCRIPTION OF PDSA PROCESS FOR WOMEN/MATERNAL HEALTH DOMAIN (NPM 1) BY ACTIVITY

DOMAIN: Women/Maternal Health
STRATEGY: Disseminate the updated Preventive Care Guidelines for women of reproductive age to the target population and health care providers.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Update the guidelines according to ACOG's recommendations. (In progress)	01/06/2022	• None	• Identified needs: Update guidelines to December 2021. Should be completed early 2022.
2. Meet with the Preventive Care Guideline Committee to review the updated guidelines and input. (Not started)	01/06/2022	• During the process, communication with members of the committee was not effective • This can be improved establishing one-on-one interactions using virtual platforms for meetings	• New members should be selected for the Committee. • An identified barrier is that participation in the Committee requires volunteer time. • Identified needs: Establishing periodic bi-annual meetings to update recommendations.
3. Send for approval and signature of the Secretary of Health. (Completed-Active)	01/06/2022	• None	• Identified needs: Annual review of guidelines requires updated approval of the Secretary of Health; thus this activity needs to be kept active.

4. Disseminate guidelines to the general community. (Not started)	01/06/2022	• Guidelines have not been disseminated due to lack of personnel to respond to the identified needs to implement the activity.
		• Other strategies should be explored including using brochures, videoconferencing, training home visiting nurses and primary care professionals
			• A challenge has been the insufficient human resources to respond to the identified needs
			• Identified needs:
			  o Develop and coordinate a dissemination plan.
			  o Establish trainings for home visiting nurses (by region).
			  o Develop a Fact Sheet for community distribution.
			  o Analyze the use of social media.

5. Disseminate the guidelines to health care providers. (Not started)	01/06/2022	• None	• Identified needs:
			  o Disseminate approved guidelines through the PR College of Physicians and Surgeons
			  o Develop an online CME virtual session for physicians.

DOMAIN: Women/Maternal Health
STRATEGY: Develop and disseminate the Women of Reproductive Age Preventive Care Pocket Guide.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Appoint a committee for the development of the pocket guide. (Completed-Inactive)	12/09/2021	• Collaboration and commitment of the members of the committee made it possible for this activity to be completed smoothly. • However, although a YAC member was part of the team, the inclusion of family members in the committee should be a priority for future activities to receive their input during the entire process. Additionally, in future activities, other community members should be included in the planning and subsequent phases of the project.	• The commitment /involvement of committee members and professionals allowed this activity to be completed successfully. • Meetings were held remotely in response to the pandemic • Identified needs: Inclusion of family members during the development process of the pocket guide.
2. Literature review of ACOG, Women's Preventive Services Initiative and Bright Future recommendations on annual preventive visits. (Completed-Inactive)	12/09/2021	• Information and examples of similar educational materials were available to use as guides.	• Readily available information allowed the activity to be completed quickly.
3. Create pocket guide content. (Completed-Inactive)	12/09/2021	• The availability of other examples expedited the development process of the pocket guide.	• Available literature and previous pocket guides were used as reference material for the development document. • However, a challenge was determining whether to develop one or two versions of the pocket guide considering the age range.
4. Develop the pocket guide structure. (Completed-Inactive)	12/09/2021	• The availability of other examples expedited the development process of the pocket guide. Similar pocket guides developed by Health Educators and PRAMS were used as examples.	• Available literature and previous pocket guides were used as reference material for the development document.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
			• A challenge was determining whether to develop one or two versions of the pocket guide considering the age range.
5. Conduct a pilot study to evaluate the utility of the pocket guide. (Completed-Inactive)	12/09/2021	• Interviews were conducted remotely in response to the pandemic, yet they were completed without major complications. This was an advantage because participants from all regions were able to participate from their residences or place of work. • However, despite the guidance and instructions given to the staff of the regions to select participants and provide the materials for the interviews, there were participants who did not have the materials available at the time of the interview; thus, interviews had to be rescheduled.	• Being able to conduct the interviews virtually facilitated the process.
6. Update the pocket guide according to the findings of the pilot study and recommendations provided by participants. (Completed-Inactive)	12/09/2021	• Findings of the pilot study were positive, and modifications suggested were the least. The recommendations provided by participants helped make the pocket guide simpler and easier to use.	• The pocket guide was modified with the findings and recommendations of the pilot study.
7. Create wall sticker to promote the pocket guide and website with a QR code. (Completed-Inactive)	12/09/2021	• The design of the wall sticker was simple, so it was created quickly and easily. • However, the reproduction of the sticker took more time than expected given that there were delays in the submission of the purchase order, which is beyond the scope and control of the PRMCAH Program. • Strategies need to be identified to improve these processes.	• The promotional material had a simple design; however, the purchasing process took more time due to the bureaucratic processes within Puerto Rico government offices. Thus, more agile purchasing methods and strategies need to be identified for future purchases.
8. Request approval of the pocket guide and wall sticker (content, color, images) to the Office of	12/09/2021	• Our staff has developed a good relationship with personnel of the Office of Communications which	• Our good relationship with the Communications Office of the Department of Health allowed to expedite the approval process of both

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
Communications of the Department of Health. (Completed-Inactive)		expedited the approval of both documents. • We waited for the Office of Communication's approval once the PO for the wall sticker was out so the request for approval was rushed. • In future occasions, to speed up the time of approval, once document draft is completed it should be immediately submitted for approval.	documents; however, a challenge was the speed with which the documentation was submitted for approval.

9. Submit purchase orders for: (Completed-Inactive)
  a. Pocket guide
  b. Wall sticker
  c. Pocket guide protector
	04/06/2022	• The printed material was of very good quality.
		• After the original PO was released (December 2022), in January there was a new PO and it took three months for the pocket agenda to be printed. The printing was also delayed because the supplier initially printed 5,000 pocket guides with the wrong material.
		• The timeliness of approval was a challenge and there was not much that could be done from our part. While the government keeps the same process for PO, purchasing will keep delaying.
			• Purchasing processes by ASG, the organization in charge of purchases within the government, delayed the printing of the materials.
			• Identified needs: A different process for PO approval.
			• The pocket guide would have been completed by summer 2021 if it weren't for the beaurocratic government purchasing processes.

10. Develop educational modules promoting the pocket guide for: (In progress)
  a. Women 10 to 19 y/o.
  b. Women 20 to 49 y/o.
	04/06/2022	• The PR MCAH Program had a team of well-trained Health Educators dedicated to the development of the modules. However, this task was delayed after the lead Health Educator left the PR MCAH Program.
		• When the modules were tested with the Youth Advisory Council (YAC) they suggested that the approach needed to change because the modules were too long and somewhat boring; although they served the purpose, which was to show what the pocket guide is and how to use it.
		• The Comprehensive Adolescent Health Program (CAHP/SISA) will discuss the
			• This task was successful given the contribution of PR MCAH Program Health Educators and YAC.
			• Having the YAC available to give feedback on the materials designed for youth and adolescents was an asset.
			• Currently, CAHP is working on collecting the Youth Health Promoters' (10 to 14 y/o) feedback on strategies to promote the material.
			• The Consultant on Curriculum Development and Education has also joined the Health Educators Team to assist in the development of both modules.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
		modules with younger Youth Health Promoters and explore strategies and approaches to promote the pocket guide within this age group. A new date has been set (July 2022) to finish the development of the modules, train the CHWs during the summer and disseminate the modules the next school year. • The module for women 20 to 49 y/o has also been delayed, since all attention has been set on the modules designed for youth and adolescents. Therefore, a new due date had to be set. • Attaining feedback from the target population during the development process of similar tasks should be considered in the future. Also, larger quantities of all of the materials should be ordered.	• Identified needs: Women and Adolescents as part of the development of the module.
11. Submit educational modules to the Government Ethics Office for approval. (Not started)	04/06/2022	• None	• Since the modules have not been completed, this task has been delayed. Thus, due dates have been postponed.
12. Submit educational module for women 20 to 49 y/o to the Office of Communication of Department of Health. (Not started)	04/06/2022	• None	• Since the modules have not been completed, this task has been delayed. Thus, due dates have been postponed.
13. Dissemination of educational modules: (Not started) a. Women 10 to 19 y/o to students in public and private schools through Title V community outreach component b. Women 20 to 49 y/o in government agencies	04/06/2022	• None	• Since the modules have not been completed, this task has been delayed. Thus, due dates have been postponed.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
through the Government Ethics Office			
14. Develop storylines for short promotional and educational videos of the pocket guide. (Completed-Inactive)	04/06/2022	• The PR MCAH Health Educators experience developing similar material contributed to the completion of this task.	• Team members facilitated the completion of this task.
15. Record and edit the short promotional and educational videos. (Completed-Inactive)	04/06/2022	• Each team member had experiences that contributed with the quality of the content and visuals of the promotional videos.	• Team members facilitated the completion of this task.
16. Dissemination of the pocket guide promotional videos on the PR Department of Health social media. (In progress)	04/06/2022	• Videos are available to share with all stakeholders to use in their social media, web pages or waiting rooms. • The delays in the approval of the material by the Office of Communications delayed the publication of the promotional videos in the PR MCAH Program's social media. • This could be improved through a faster response by the Office of Communications, and a better understanding of the importance of the promotional materials.	• Most significant barrier was the Office of Communications' process of approval of the promotional videos
17. Identify stakeholders to promote and disseminate the pocket guide among their target population. (Completed-Inactive)	04/06/2022	• The promotion of the pocket guide to Health Insurances, Government Agencies and non-profit organizations was facilitated through the Regional Boards and other Title V stakeholders	• A long-term relationship with most of the stakeholders facilitated and allowed for the completion of this task as planned.
18. Meet with stakeholders to share the pocket guide. (Completed-Inactive)	04/06/2022	• There was a positive response from stakeholders.	• A long-term relationship with most of the stakeholders facilitated and allowed for the completion of this task as planned.
19. Dissemination of the pocket guide within: (In progress) a. Title V participants b. Stakeholders target population	04/06/2022	• The quality of the pocket guide is excellent, and the design is visually attractive. • However, the quantity of the purchase was too small. Therefore, there were	• None

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
		not enough pocket guides to distribute. • The next purchase order should include at least 1,000 copies per regional office and 500 for central level per year.	
20. Implement media campaign of the pocket guide during the month of women preventive health (May). (In progress)	04/06/2022	• This task was able to be completed given that all the materials were available to be disseminated through the webpage.	• None

DOMAIN: Women/Maternal Health
STRATEGY: Establish collaborations with entities that promote and provide mental and preventive health services to the target population.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Complete MOU with the Administration of Mental Health and Anti-Addiction Services (ASSMCA) (In progress)	06/2022	• Changes in government administration delayed the signing the MOU. It was necessary to wait for the heads of offices to be duly appointed (in both parts) and then resume the process.	• Following up with the legal advisors of both agencies was a challenge.

DOMAIN: Women/Maternal Health
STRATEGY: Apply a mental health intervention model among participants of the Home Visiting Program as mandated in the model's implementation guide.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Identify a validated mental health intervention model that fits the needs of the HVP (staffing needs, length of intervention, availability of materials and training in Spanish, etc.). (Completed-Inactive)	04/2022	• We were able to identify several potential programs and to analyze their suitability. • However, it has been difficult to identify a program that meets all the criteria for adoption, especially availability in Spanish, reasonable cost of the program, and how disruptive the interventions would be to the current service model. Staff requirements can also be difficult to meet, as many are geared to mental health professionals.	• It has been a challenge to find a program that fits with the current service model (can be adapted). • Also, a barrier has been the cost of the program, availability of materials and training in Spanish and staff requirements. • Given that an appropriate intervention model could not be identified, this strategy should be inactivated. Recommendations include that the HVNs receive regular training to hone their knowledge and skills in mental health to allow them to make

			appropriate identification of their needs, supportive interventions, and referrals.

DOMAIN: Women/Maternal Health
STRATEGY: Develop a course on the health rights of women of reproductive age for government employees to submit to the Government Ethics Office

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Literature review of the health rights for women to be highlighted in the course. (Not started)	12/17/2021	• None	• None
2. Develop course with the chosen health rights for women. (Not started)	12/14/2021	• None	• None
3. Submit for approval to the Government Ethics Office. (Not started)	12/17/2021	• None	• None
4. Submit for approval to the Communications Office. (Not started)	12/17/2021	• None	• None

DOMAIN: Women/Maternal Health
STRATEGY: Promote person-centered services among health care providers and women of reproductive age.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Provide CME workshop to health care providers on effective communication between the women's health care provider and their patient. (Ongoing)	07/06/2022	• It was a six hour long virtual conference. • Very good participation (more than 200) and feedback. This type of CME's should be provided at least once a year for new health care providers and as refresher for older ones. • An in person instead of a virtual conference is recommended. This allows the opportunity of networking and other activities. • The fact that CME was offered also helped the participation.	• More that 200 participants, mostly health care providers, participated in the conference. • The evaluation of the activity was very positive. • A challenge was to keep participants engage for the conference was 6 hours. • It's recommended to inactivate because is completed. However, a new activity for this strategy must be identified.

DOMAIN: Women/Maternal Health
STRATEGY: Continue the current Maternal Mortality Review Surveillance System in Puerto Rico.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Request copies of death, birth, and stillbirth certificates to the Demographic Registry. (Completed-Inactive)	04/18/2021	• There were delays in the response of the Demographic Registry. • However, the certificates were finally copied and delivered by March 4, 2022.	• Copies of the deaths, births and fetal deaths certificates were received from the Demographic Registry Office; thus, this task was completed. • Challenges include delayed delivery of copies from the Demographic Registry Office due to the volume of documents. • Identified barriers are related to the internal process of approval of data requests within the Demographic Registry Office.
2. Develop synopsis of one case for discussion and reviewed by the Committee. (In progress)	04/18/2022	• Synopses are being developed according to MMRIA/CDC Data to Action format • Inconsistent weekly meetings have delayed the development of the synopses. • To improve this, meetings should be rescheduled	• Synopses are being developed and support has been received from the MMRIA/CDC technical assistant. • An internal method/structure of hospital records have been developed. • However, some parts of the hospital file need to be consulted to the hospital of origin. • A challenge has been having complete synopses for the Committee meeting. • Some barriers include availability of technical assistants in the hospital to provide information.
3. Performing 2020 matches with Vital Statistics data. (Not started)	04/18/2022	• 2020 deaths data was released by Demographic Registry Office in 1/4/2022. • However, data sets sent did not include all variables. • Nonetheless, matches were able to be performed with existing variables in the data sets given that available variables are good enough to perform matches.	• Challenges include maintaining communication with the Department of Health Office of Computing and Technological Advances to complete death archive update. • Identified needs: Death archive from Vital Statistics is not final.
4. Make statistical inference analyses of 2015 to 2019 data (In progress)	04/18/2022	• Vital Statistics death data from 2015 to 2020 was successfully aggregated.	• Independent death archives from 2015 to 2019 have been successfully merged in one single archive. • Challenges include standardizing all variables for every birth archive to merge and aggregate 2015 to 2019 data.

	ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
				• Standardization of items (variables) are in progress.
5.	Share statistical findings with the Maternal Mortality Review Committee. (In progress)	04/18/2022	• Process of data gathering, and analysis are in progress.	• Initial meetings to plan the Committee meeting have been held with the Obstetrician Consultant, yet a challenge has been receiving quick responses from Committee members to confirm participation in the meetings. • Presentations and materials for Committee members are being developed.
6.	Maternal Mortality Review Committee meetings: April 6, August 3 and December 7, 2022. (In progress)	04/18/2022	• April meeting was successful. MMRIA/CDC staff provided a quick training regarding case review to the Committee members.	• The first Committee meeting was held on April 6, 2022 as planned using the electronic platform MS Teams. • A challenge has been encouraging committee members to commit to the case reviews and having enough cases summarized for the time of the meeting.

DOMAIN: Women/Maternal Health
STRATEGY: Develop and disseminate an Emergency Preparedness and Response guide that takes into account the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, prevention of premature birth, among others.

	ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
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)	04/2022	• OPHPRC staff has included the HVP Coordinator in activities and initiatives and regularly share information that may be of interest to the MCH population. They have on occasion requested information or assistance regarding MCAHD services.	• Participating in these committees is useful to gather information and insights that can be integrated into the proposed guide.
2.	Establish a plan to develop the proposed EPR Guide (In porgress)	04/2022	• The PR EPR team participated in the AMCHP EPR Action Learning Collaborative in 2019-2020, which set the bases for the development of the proposed guide. It included representation of the OPHPRC.	• None

		• The EPR team started developing the plans for the proposed guide and established contacts with key persons in the OPHPRC. • The process was interrupted by the earthquake sequence and the COVID-19 pandemic, which took over all EPR efforts in the DOH. • It is necessary to set a timetable to complete each step of the development of the Guide. • This can be addressed developing an outline of the content of the guide, identify key information needed and persons who can provide it.	

PRIORITY NEED: Improve birth outcomes

NPM	No. Strategies	No. Activities
NPM 13.1	9	10

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	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
Strengthen collaborations to develop strategies that promote preventive oral health care visits in pregnant women.	--	--	--	--	--	--	--	--	--
Provide information to the target population on the benefits of preventive oral visits during pregnancy.	--	--	--	--	--	--	--	--	--
Promote preventive dental visits among Title V Home Visiting Program pregnant participants.	3	1	2	0	3	0	0	--	--
Continue to provide educational activities regarding prenatal care through workshops (Spanish title: "Cursillo Prenatal").	1	1	0	0	1	0	0	0	0
Continue to distribute information regarding signs and symptoms of premature labor through OB/GYN's Office to all pregnant women.	--	--	--	--	--	--	--	--	--
Continue outreach and referral of pregnant women to initiate prenatal health care.	2	0	2	0	2	0	0	0	0
Disseminate and promote the Prenatal Health Care Services Guidelines to the target population and health care providers.	--	--	--	--	--	--	--	--	--
Promote healthy lifestyles during pregnancy via social media and	2	0	2	0	2	0	0	--	--

NPM 13.1: Percent of women who had a preventive dental visit during pregnancy	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
educational activities in the community.									
Develop and disseminate an Emergency Preparedness and Response guide that takes into account the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, prevention of premature birth, among others.	2	1	1	0	2	0	0	0	0
Total activities	10	3 (30.0%)	7 (70.0%)	0 (0.0)	10 (100.0%)	0 (0.0%)	0 (0.0%)	--	--

DESCRIPTION OF PDSA PROCESS FOR WOMEN/MATERNAL HEALTH DOMAIN (NPM 13.1) BY ACTIVITY

DOMAIN: Women/Maternal Health
STRATEGY: Strengthen collaborations to develop strategies that promote preventive oral health care visits in pregnant women.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Women/Maternal Health
STRATEGY: Provide information to the target population on the benefits of preventive oral visits during pregnancy.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Women/Maternal Health
STRATEGY: Promote preventive dental visits among Title V Home Visiting Program pregnant participants.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Provide HVNs the most current information regarding oral health in pregnancy through an	04/2022	• None	• None

	ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
	annual virtual training session. (Not started)			
2.	HVNs provide participants accurate information regarding oral health in pregnancy. (In progress)	04/2022	• HVNs provide women with accurate information regarding oral health as part of their schedule of education interventions. • For the past 2 years the restrictions imposed by the COVID-19 pandemic have interfered with the educational interventions and schedule. • A challenge has been to ensure a high standard in the content of the intervention; however, this can be addressed offering regular training / updates on the topic to the HVNs.	• During this fiscal year approximately 600 of HVP pregnant participants received education regarding the importance of oral health in pregnancy. • In a context of pandemic-related restrictions to home visits, an advantage has been that HVNs can offer education and risk assessment via telephone or chat if home visits are interrupted.
3.	HVNs refer participants to dentists in the community for preventive visits during pregnancy. (In progress)	04/2022	• HVNs refer women for dental health services as required. • For the past 2 years the COVID-19 pandemic measures have decreased the availability of dentists in many communities. • We need better receptivity of providers to see pregnant women for preventive services. This can be addressed, through a collaboration with professional organizations that can disseminate information regarding oral health in pregnancy.	• During this fiscal year, 397 women were referred to oral health services • To deal with the shortage of providers in certain areas, HVNs identify oral health providers in the community and flag those who are open to services during pregnancy. • Pandemic-related restrictions in available dental providers has been a challenge.

DOMAIN: Women/Maternal Health
STRATEGY: Continue to provide educational activities regarding prenatal care through workshops (Spanish title: "Cursillo Prenatal").

	ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1.	CHWs and HEs provide "Cursillo Prental" (Not started)	06/07/2022	• Due to the pandemic, face-to-face interventions were restricted. • Other means such as short videos, social media and the prenatal care campaign webpage to cover the need of information in the general population.	• Pandemic-related restrictions to face-to-face interventions were a challenge that the CHWs and HEs had on order to provide educational activities. • Activity not started.

DOMAIN: Women/Maternal Health
STRATEGY: Continue to distribute information regarding signs and symptoms of premature labor through OB/GYN's Office to all pregnant women.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Women/Maternal Health
STRATEGY: Continue outreach and referral of pregnant women to initiate prenatal health care.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. HVNs determine prenatal care status of newly admitted pregnant women and refer those who have not initiated care to local providers. (In progress)	04/2022	• HVNs ask new participants about their PNC status according to the participant record. If a participant is not receiving PNC the HVN provides information regarding the importance of PNC, makes the referral to a local provider and, if necessary, to the Medicaid office. HVN follows up to ensure the participant has initiated PNC. • In the past 2 years many providers offered limited services due to the COVID pandemic.	• 15 of new participants (1.5%) identified and referred to PNC • Limitation in the availability of PNC providers due to pandemic concerns or other temporary issues. HVNs can facilitate communication with the practices to obtain services for the participants. • An identified barrier is that underserved areas may lack PNC providers.
2. Perinatal Nurses (PNs), Community Health Workers (CHWs) and Health Educators (HEs) determine the prenatal care status of pregnant persons they encounter in activities in the community and refer those who have not initiated care to local providers. (In progress)	04/2022	• In their educational interventions in the community CHW/HEs provide information regarding the importance of PNC. When they encounter a pregnant person who is not receiving PNC, they make the referral to a local provider and, if necessary, to the Medicaid office. The pregnant person can be referred to the HVP for admission if they qualify for services or as non-participants if they do not. • In the past 2 years many providers offered limited services due to the COVID pandemic.	• Limitation in the availability of PNC providers due to pandemic concerns or other temporary issues. • Underserved areas may lack PNC providers.

DOMAIN: Women/Maternal Health
STRATEGY: Disseminate and promote the Prenatal Health Care Services Guidelines to the target population and health care providers.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Women/Maternal Health
STRATEGY: Promote healthy lifestyles during pregnancy via social media and educational activities in the community.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Promote healthy lifestyles during pregnancy through the prenatal media campaign "Encuentro de mi vida" (In progress)	06/2022	• Continuation of previous campaign • COVID-19 interrupted Encuentro de mi vida campaign in most venues. It was possible to continue the campaign for a few months during the first half of FY 2020-2021 but not on movie theaters. • The campaign was also interrupted because the change of advertising agency. The hiring process for this new agency took longer than expected given the bureaucracy within the government.	• A challenge was the continuation of the campaign during the pandemic.
2. Promote healthy lifestyles during pregnancy through the DOH Facebook and Instagram pages (In progress)	06/2022	• None	• Public was interested in COVID-19 information and the frequent visits to the page was an opportunity to have more views in the MCAHD posts.

DOMAIN: Women/Maternal Health
STRATEGY: Develop and disseminate an Emergency Preparedness and Response guide that takes into account the needs of WRA, pregnant and parenting women, including violence prevention, prenatal care, adequate nutrition, prevention of premature birth, among others.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
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)	04/2022	• OPHPRC staff has included the HVP Coordinator in activities and initiatives and regularly share information that may be of interest to the MCH population. They have on occasion requested information or assistance regarding MCAHD services.	• Participating in these committees is useful to gather information and insights that can be integrated into the proposed guide.

2.	Establish a plan to develop the proposed EPR Guide. (In progress)	04/2022	• The PR EPR team participated in the AMCHP EPR Action Learning Collaborative in 2019-2020, which set the bases for the development of the proposed guide. It included representation of the OPHPRC. • The EPR team started developing the plans for the proposed guide and established contacts with key persons in the OPHPRC. • The process was interrupted by the earthquake sequence and the COVID-19 pandemic, which took over all EPR efforts in the DOH. • It is necessary to set a timetable to complete each step of the development of the Guide and develop an outline of the content of the guide, identify key information needed and persons who can provide it.	• None

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, the team established 12 strategies. Of these, 5 (42%) have been initiated and are being addressed with 17 activities.
- A range of 1 to 11 activities per strategy was registered (see distribution table of activities by strategy for NPM 5).
- The status analysis reflects 8 activities (47.1%) have not been started, 6 (35.3%) are in progress and 3 (17.6%) were completed.
- Of the 17 activities that were originally planned, 14 (82.4%) remain active, while 3 (17.6%) were inactivated.
- Of the 3 inactivated activities, 3 (100.0%) were completed.

PRIORITY NEED: Decrease infant mortality

NPM	No. Strategies	No. Activities
NPM 5	12	17

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 to sleep without soft objects or loose bedding	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
Collaborate with MCAH Program stakeholders to train hospital staff on safe sleep practices.	--	--	--	--	--	--	--	--	--
Provide safe sleep education and counseling to PR Title V Home Visiting Program participants.	1	0	1	0	1	0	0	--	--
Promote infant safe sleep practices and unintentional injury prevention among PR Title V Home Visiting Program, Prenatal and Parenting course participants and in the "Why do babies cry?" workshop.	2	1	1	0	2	0	0	--	--
Implement educational activities focused on the prevention of Zika virus infection during pregnancy, promote prenatal screening for the presence of Zika Virus and advocate	--	--	--	--	--	--	--	--	--

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 to sleep without soft objects or loose bedding	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
for support services for pregnant women with positive results.									
Educate the population and HVP participants on signs and symptoms of premature births.	1	0	1	0	1	0	0	--	--
Promote the implementation of Hard Stop Policy in hospitals.	--	--	--	--	--	--	--	--	--
Promote healthy lifestyles during pregnancy via social media and educational activities in the community.	--	--	--	--	--	--	--	--	--
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/o premature infants delivered at facilities that provide the specialty level required for the care of high-risk neonates.	11	7	1	3	8	3	0	3	0
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.	--	--	--	--	--	--	--	--	--
Disseminate among pregnant women, their families and the general population recommendations proven to help achieve successful breastfeeding initiation and exclusively breastfeeding until 6 months in the Prenatal and Parenting Course and in the community outreach educational initiatives delivered by the MCAH staff.	--	--	--	--	--	--	--	--	--
Collaborate with the Puerto Rico Hospitals Association to promote the	--	--	--	--	--	--	--	--	--

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 to sleep without soft objects or loose bedding	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
10 Baby Friendly Hospitals steps, to increase successful breastfeeding initiation.									
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	2	0	2	0	0	--	--
Total activities	17	8 (47.1%)	6 (35.3%)	3 (17.6%)	14 (82.4)	3 (17.6%)	0 (0.0%)	3 (100%)	0 (0.0%)

DESCRIPTION OF PDSA PROCESS FOR PERINATAL/INFANT HEALTH (NPM 5) BY ACTIVITY

DOMAIN: Perinatal/Infant Health
STRATEGY: Collaborate with MCAH Program stakeholders to train hospital staff on safe sleep practices.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Perinatal/Infant Health
STRATEGY: Provide safe sleep education and counseling to PR Title V Home Visiting Program participants.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. HVNs offer education to HVP participants on safe sleep practices according to the current schedule of interventions. (In progress)	04/2022	• HVNs follow the recommended schedule of interventions to offer education on these topics to every participant family. • A challenge has been being able to ensure a high standard in the content of the interventions. However, this can be addressed by offering regular training and updates on the topic to the HVNs.	• During this fiscal year, 2,916 families were reached in the HVP and were offered education on safe sleep practices • Changes in service delivery model during the pandemic required HVNs to provide this education virtually, which makes it harder for the HVN to verify the safe sleep measures the family has in place.

DOMAIN: Perinatal/Infant Health
STRATEGY: Promote infant safe sleep practices and unintentional injury prevention among PR Title V Home Visiting Program, Prenatal and Parenting course participants and in the "Why do babies cry?" workshop.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Offer updated information to HVNs on safe sleep practices and unintentional injury prevention through an annual virtual training session. (Not started)	04/2022	• None	• None
2. HVNs offer education to HVP participants on safe sleep practices and unintentional injury prevention according to the current schedule of interventions. (In progress)	04/2022	• HVNs follow the recommended schedule of interventions to offer education on these topics to every participant family. • A challenge has been being able to ensure a high standard in the content of the interventions. However, this can be addressed by offering regular training and updates on the topic to the HVNs.	• During this fiscal year, 2,916 families were reached in the HVP and were offered education on safe sleep practices • Changes in service delivery model during the pandemic required HVNs to provide this education virtually, which makes it harder for the HVN to ascertain the safe sleep measures the family has in place.

DOMAIN: Perinatal/Infant Health
STRATEGY: Implement educational activities focused on the prevention of Zika virus infection during pregnancy, promote prenatal screening for the presence of Zika Virus and advocate for support services for pregnant women with positive results.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Perinatal/Infant Health
STRATEGY: Educate the population and HVP participants on signs and symptoms of premature births.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. 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. (In progress)	04/2022	• HVNs follow the recommended schedule of interventions to offer education on this topic to every participant family.	• During this fiscal year, 2,916 families were reached in the HVP and were offered education on signs and symptoms of premature birth and what to do if the occur. • Changes in service delivery model during the pandemic required HVNs to provide this education virtually, which makes it harder for the HVN to ascertain the safe sleep measures the family has in place.

DOMAIN: Perinatal/Infant Health
STRATEGY: Promote the implementation of Hard Stop Policy in hospitals.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Perinatal/Infant Health
STRATEGY: Promote healthy lifestyles during pregnancy via social media and educational activities in the community.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Perinatal/Infant Health

STRATEGY: 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/o premature infants delivered at facilities that provide the specialty level required for the care of high-risk neonates.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Translate LOCATe v. 9 tool to Spanish (Completed-Inactive)	12/21/2021	• Having previous LOCATe translated to Spanish helped in the translation of the new version	• Past translation allowed the task to be completed quickly.
2. Complete MOU between CDC and the PR Department of Health (Completed-Inactive)	04/06/2022	• CDC provided a draft of the MOU, and it was easier to adapt it to the PR's format. • When the signed MOU was sent to PR by the CDC, the document was not printed correctly. CDC had to go through the process again, delaying the completion of the task. • The delay was due to the fact of the pandemic. In other circumstances it might not have happened. • Being able to sign a MOU electronically would make the process faster.	• Having a previous MOU helped in the development of the new one. • A challenge is that CDC is still working remotely. A date and place needed to be set so the MOU could be signed. This took more time than expected.
3. Review the translated instrument with the Perinatal Cara Advisory Committee (Completed-Inactive)	04/06/2022	• The members were happy to be able to meet and talk about the perinatal care guidelines. • It is quite difficult for the members to understand that LOCATe is not an official assessment tool. They wish to be more lenient in some recommendations, however we can't do that with LOCATe.	• Being able to meet with health care professionals using the Microsoft Teams platform made it easier to convene and discuss LOCATe. • A challenge was trying to make the members understand that LOCATe can't be changed and that we were only making sure that the translation was correct. The review was not for changing the recommendations. • Members suggested new questions to be added to the tool, believing that it could be useful in the future. However, they did not reply when feedback of the questions was requested.
4. Create Data Entry Form to be sent to participating hospitals (REDCap). (Not started)	04/06/2022	None	None
5. Validation of the translated tool by the CDC. (In progress)	04/06/2022	None	None

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
6. Send invitation and link to complete survey to participating hospitals. (Not started)	04/06/2022	None	None
7. Analyze and classify hospitals by maternal and perinatal care (Not started)	04/06/2022	None	None
8. Create reports of findings by participating hospitals (Not started)	04/06/2022	None	None
9. Share individual reports to participating hospitals (Not started)	04/06/2022	None	None
10. Meet with hospitals to discuss the findings when necessary (Not started)	04/6/2022	None	None
11. Complete a full report of findings and conclusions (Not started)	04/06/2022	None	None

DOMAIN: Perinatal/Infant Health
STRATEGY: 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	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Perinatal/Infant Health
STRATEGY: Disseminate among pregnant women, their families and the general population recommendations proven to help achieve successful breastfeeding initiation and exclusively breastfeeding until 6 months in the Prenatal and Parenting Course and in the community outreach educational initiatives delivered by the MCAH staff.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Perinatal/Infant Health
STRATEGY: Collaborate with the Puerto Rico Hospitals Association to promote the 10 Baby Friendly Hospitals steps, to increase successful breastfeeding initiation.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY

None			

DOMAIN: Perinatal/Infant Health
STRATEGY: Develop and disseminate an Emergency Preparedness and Response guide that takes into account the needs of infants, including safe infant feeding, safe sleep practices, among others.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
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)	04/2022	• OPHPRC staff has included the HVP Coordinator in activities and initiatives and regularly share information that may be of interest to the MCH population. They have on occasion requested information or assistance regarding MCAHD services.	• Participating in these committees is useful to gather information and insights that can be integrated into the proposed guide.
2. Establish a plan to develop the proposed EPR Guide) (In progress)	04/2022	• The PR EPR team participated in the AMCHP EPR Action Learning Collaborative in 2019-2020, which set the bases for the development of the proposed guide. It included representation of the OPHPRC. • The EPR team started developing the plans for the proposed guide and established contacts with key persons in the OPHPRC. • The process was interrupted by the earthquake sequence and the COVID-19 pandemic, which took over all EPR efforts in the DOH. • It is necessary to set a timetable to complete each step of the development of the Guide and develop an outline of the contents of the guide, identify key information needed and persons who can provide it.	• None

DOMAIN: Child Health

DETAILED SUMMARY FOR CHILD HEALTH DOMAIN
- The Child Health Domain has one priority need: improve preventive health in children (associated with NPM 13.2).
- To address this area, the team established 6 strategies. Of these, 4 (66.7%) have been initiated and are being addressed with 7 activities.
- A range of 1 to 2 activities per strategy was registered (see distribution table of activities by strategy for NPM 13.2).
- The status analysis reflects that 0 activities (0.0%) has not been started, 7 (100.0%) are in progress and 0 (0.0%) were completed.
- Of the 7 activities that were originally planned, 7 (100.0%) remain active, while 0 (0.0%) have been inactivated.

PRIORITY NEED: Decrease infant mortality

NPM	No. Strategies	No. Activities
NPM 13.2	6	7

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	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
Collaboration with PR MCAH Program stakeholders to promote early identification of infants at higher risk for caries, early referral to establish a dental home and preventive dental visits for all children.	--	--	--	--	--	--	--	--	--
Promote the use of the infant at high risk for caries screening tool among primary care providers for early referral to establish a dental home.	--	--	--	--	--	--	--	--	--
Promote the preventive dental visits among Parenting Course participants.	1	0	1	0	1	0	0	--	--
Promote Pediatric Preventive Health Care Guidelines among general public, academia, health professionals and health insurance	2	0	2	0	2	0	0	--	--

NPM 13.2: Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
companies through various public education approaches.									
Promote healthy lifestyles among families that participate in the parenting courses, HVP, and community educational initiatives.	2	0	2	0	2	0	0	--	--
Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of children.	2	0	2	0	2	0	0	--	--
Total activities	7	0 (0.0%)	7 (100.0%)	0 (0.0%)	7 (100.0%)	0 (0.0%)	0 (0.0%)	--	--

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

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
None			

DOMAIN: Child Health
STRATEGY: Promote the preventive dental visits among Parenting Course participants.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Community Health Workers (CHWs) and Health Educators (HEs) offer	04/2022	• Although the pandemic limited the number of activities that could be conducted, CHW and HE were able to	• Pandemic-related restrictions limited the number of activities that could be done in the community.

| | | offer education to participants of the parenting courses. |
| education to participants of parenting courses on preventive dental visits. (In progress) | | • A challenge has been being able to ensure a high standard in the content of the interventions. | |

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Update Pediatric Preventive Health Care Guidelines (In progress)	08/2021	• During 2021, the Pediatric Consultant identified recommended changes in Pediatric Preventive Health Care Guidelines using 2021 APP Bright Futures Guidelines and evidenced-based practices and recommendations of the United States Preventive Task Force	• None
2. Disseminate updated Pediatric Preventive Health Care Guidelines to stakeholders and collaborators (In progress)	08/2021	• Updated Guidelines were shared with Title V collaborators who work with the pediatric population and who participated in the updating of the Guidelines in 2018. • Guidelines were also shared with the Puerto Rico Health Insurance Administration, who disseminated the updated document to providers and health insurance carriers via letters and emails.	• A long-term relationship with most of the stakeholders facilitated and allowed for the completion of this task as planned. • Title V and APP have established a formal collaboration though a contract to ensure Guidelines are updated in a timely manner and shared with all stakeholders and community members • This strategy should remain active to promote quality health services to the pediatric population

DOMAIN: Child Health
STRATEGY: Promote healthy lifestyles among families that participate in the parenting courses, HVP, and community educational initiatives.

	ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1.	HVNs offer education to HVP participants on healthy lifestyles according to the current schedule of interventions. (In progress)	04/2022	• HVNs follow the recommended schedule of interventions to offer education on these topics to every participant family. • A challenge has been being able to ensure a high standard in the content of the interventions. However, this can be addressed by offering regular training and updates on the topic to the HVNs.	• During this fiscal year, 2,916 families were reached in the HVP and were offered education on healthy lifestyles • Changes in service delivery model during the pandemic required HVNs to provide this education virtually, which makes it harder for the HVN to ascertain the healthy lifestyles measures the family has in place.
2.	Community Health Workers (CHWs) and Health Educators (HEs) offer education to participants of parenting courses on healthy lifestyles. (In progress)	04/2022	• Although the pandemic limited the number of activities that could be conducted in the community, CHW and HE were able to offer education to participants of the parenting courses.	• Pandemic-related restrictions limited the number of activities that could be done in the community.

DOMAIN: Child Health
STRATEGY: Develop and disseminate an Emergency Preparedness and Response guide that considers the needs of children.

	ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
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)	04/2022	• OPHPRC staff has included the HVP Coordinator in activities and initiatives and regularly share information that may be of interest to the MCH population. They have on occasion requested information or assistance regarding MCAHD services.	• Participating in these committees is useful to gather information and insights that can be integrated into the proposed guide.
2.	Establish a plan to develop the proposed EPR Guide (In progress)	04/2022	• The PR EPR team participated in the AMCHP EPR Action Learning Collaborative in 2019-2020, which set the bases for the development of the proposed guide. It included representation of the OPHPRC. • The EPR team started developing the plans for the proposed guide and established contacts with key persons in the OPHPRC.	• None

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
		• The process was interrupted by the earthquake sequence and the COVID-19 pandemic, which took over all EPR efforts in the DOH. • It is necessary to set a timetable to complete each step of the development of the Guide and develop an outline of the contents of the guide, identify key information needed and persons who can provide it.	

DOMAIN: Adolescent Health

DETAILED SUMMARY FOR ADOLESCENT HEALTH DOMAIN
- The Adolescent Health domain has one priority need: improve health and wellbeing of adolescents (associated with NPMs 9 and 10).
- To address this area, the team established 10 strategies that are being addressed with 30 activities.
- A range between 2 and 5 activities per strategy was registered (see distribution above).
- The status analysis reflects that 17 (56%) activities are in progress, 12 (40%) have not been started and 1 (3%) was completed.
- Of the 30 activities originally planned, 4 (13%) were inactivated
- Of the 4 inactivated activities, 1 (25%) was completed and 3 (75%) were eliminated without having started them.

PRIORITY NEED: Improve health and wellbeing of adolescents

NPM	No. Strategies	No. Activities
NPM 9	5	19
NOM 10	5	11
Total	10	30

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 bully others	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
Review Youth Health Promoters Project (YHPP) curriculum to incorporate additional strategies/ activities related to bullying prevention and mental health/wellbeing	5	2	3	0	3	0	2	tbd	tbd
Increase awareness about mental health/wellbeing and bullying/cyberbullying prevention in youth and adults, including parents and caregivers and healthcare providers	5	2	3	0	3	0	2	tbd	tbd
Develop a comprehensive project that incorporate youth, parents and school communities that promote school connectedness, respect, healthy relationships and equity to	3	0	3	0	3	0	0	tbd	tbd

NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or bully others	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
eradicate bullying, to be implemented in a YHPP school in collaboration with DOE									
Develop Youth Intervention Guides to promote resilience and reduce youth trauma after stressful events	4	2	1	1	1	3	0	1 (25%)	2 (50%)
Develop and disseminate an Emergency Preparedness and Response Guide that takes into account the needs of adolescents and young adults	2	2	0	0	0	1	1	tbd	1 (100%)
Sub-total NPM 9	19	8	10	1	10	4	5	1 (25%)	3 (75%)
tbd=to be determined									

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	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
Empower youth to adopt healthy behaviors through Positive Youth Development (PYD) initiatives	2	0	2	0	2	0	0	tbd	tbd
Establish collaborations with MCAHD 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	tbd	tbd
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	tbd	tbd
Implement PR Youth Friendly Healthcare Services Guidelines in a pilot project in a FQHC.	2	2	0	0	0	0	2	tbd	tbd

NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year	# of 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*	Status of PDSA action: n/a	Inactive* activities: Completed (%)	Inactive* activities: Not completed (%)
Collaborate with CYSHCN Transition to Adult Healthcare Services Committee to assist all youth as they transition from pediatrics to adult centered care services in PR	2	0	2	0	2	0	0	tbd	tbd
Sub-total NPM 10	11	4	7	0	7	0	4	tbd	tbd
Total activities	30	12 (40.0%)	17 (56.7%)	1 (3.3%)	17 (56.7%)	4 (13.3%)	9 (30.0%)	1 (25.0%)	3 (75.0%)
tbd=to be determined									

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Capacitate SISA Staff with accurate bullying prevention Information and youth mental health (In progress)	4/19/2022	• 5 YAC meetings were registered	• Collaboration with other entities • Collaboration with University Reugtres
2. Design and validate questions about bullying and cyber bullying and incorporate them in YHPP Pre and Post Profile Questionnaire (In progress)	4/19/2022	• An analysis of the past questionnaire administration was completed for validation and improvement.	• Analysis of each of the profiles administered in each group during the years 2016-2019. • Over 800 questionnaires were reviewed • Pairing of pre and posttest questionnaires • Review each of the questions of the questionnaires consulted to make the comparisons. • The language of the items consulted was very high for the population that works • Include in the reagents the suggestions given by the experts in the document • Challenge 1: 2022, "we don't have a graphic artist, and the design is giving us difficulty".

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
			• Challenge 2: The questionnaire administration guide is pending validation.
3. Review YHPP Curriculum (Years 1, 2 &3) to identify current activities directed to bullying prevention and identify areas to insert additional ones including youth to youth bullying prevention strategies (In progress)	4/19/2022	• Curriculum was reviewed and several amendments were made to content, method, objectives, activities, and design.	• Modifications were made to the curriculum in content, method, objectives, activities, and design.
4. Pilot and evaluate new bullying prevention activities within YHPP (Not started)		• Activities are being evaluated for the validation process	• Not reported
5. Provide the YHPP families information for early identification of bullying and tools (Not started)		• Activities are being evaluated for the validation process	• Not reported

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Collect and analyze data, including PR YRBSS and ASSMCA's Consulta Juvenil, studies, laws,	4/19/2022	• 2019 YRBSS data was collected and discussed with CAJ in 2020. Youth Consultation and YRBSS used for the profile review.	• None was reported

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
and initiatives related to bullying/cyberbullying in PR and abroad (In progress)		• YRBSS data has not been submitted to SISA Coordinators • Schedule the presentation to the SISA coordinators	
2. Identify government agencies, health professionals (social workers, counselors, physician's associations, among others) NGO entities that work with youth and youth groups (In progress)	4/19/2022	• None was reported	• Directory has not been updated
3. Identify experiences, needs and recommendations about bullying and its prevention with LGBTTQ youth and YSHCN and their families (In progress)	4/19/2022	• It was agreed to make an organization directory to convene the young people and establish the questions. • A meeting was held with the staff in December 2021 to establish how the dialogue will take place.	• No other meeting has been called

DOMAIN: Adolescents
STRATEGY: 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	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
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	Not specified	• In March 2020, CL staff identified three (3) possible EBPs used in US jurisdictions. • In 2020, DOE school heath director met with SISA As Dir and expressed the interest to develop a collaborative project and sent a list of projects active or past at DOE to approach the issue. • Pandemic measures kept schools in virtual mode during 2020-2021 now presential with distance. • Investigate if EBPs identified are planning to be translated.	• There are three (3) identified EBPs identified in use in USA. • Write to EBPs identified to ask if translation is in progress. • Include other groups in PR working towards bullying eradication included cyberbullying. • The process of translation by the EBP. • Spanish translation of EBP, pilot is needed to determine if it is culturally appropriate. • Will be kept active because studies demonstrate that comprehensive projects

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
MH rights and access to services. (In progress)		• Continue identifying other EBPs and those in in Spanish language countries, WHO or PAHO. • Integrate SISA Regional Coordinators to evaluate the EBPs identified. • Identify other youth servicing organizations to acknowledge how they are addressing the issue. • Include cyberbullying in the activities. • Contact ASSMCA, youth service organizations (4H, Boys & Girls Club, etc.) and foundations (Safe Children Network on cyberbullying) in Jan 2022). • Plan a meeting with youth servicing organizations, foundations and DOE about the issue.	are more effective than individual workshops to selected groups (students, parents, teachers, school directors. • An ecological model approach is needed to have effective change. • Include cyberbullying due to its increase during virtual studies at schools.
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)	4/25/2022	• Same as previous activity	• Same as previous activity
3. Communicate with DOE to establish an MOU to develop and pilot an identified bullying/cyberbullying prevention initiative in a YHPP school. (In progress)	Not specified	• The DOE School Director was very supportive to develop MOU in 2020-2021. • There was not an officially confirmed DOE Secretary until February 2022. • The DOE SHD retires and there has been 3 new ones. • Complete evaluation of EBPs and develop a Plan to discuss with new School Health Director. • Search projects MOUs as models to develop ours.	• Establish a meeting with current DOE School Director to present the NPM Strategy and check for collaboration • Develop the Plan to present to current DOE School Health Director. • If DOE is not interested in the project the activity can be changed to be implemented in a youth serving organization as Boys and Girls Club 4H or other and change MOU directed to the entity.

DOMAIN: Adolescents

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Review "YHPP Intervention Guide after a Hurricane and Intervention after an Earthquake" to develop a Basic Intervention Guide to be used after other events such as, epidemics and emerging issues to reduce trauma and promote resilience after stressful events. (In progress)	Not specified	• To be reported.	• To be reported
2. Pilot the developed guide with YAC and YHPs (Not started-Inactivated)	Not specified	• To be reported.	• To be reported.
3. Adapt the intervention developed to virtual mode to reach youth in other settings besides schools. (Completed)	4/25/2022	To be reported.	• To be reported.
4. Promote the Intervention to be used by youth, parents and other adults that work with youth. (Not started-Inactivated)	4/25/2021	• To be reported.	• To be reported.

DOMAIN: Adolescents

STRATEGY: Develop and disseminate an Emergency Preparedness and Response guide that takes into account the needs of adolescents and young adults.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Promote YAC's participation in MCH Emergency	4/25/2022	• To be reported.	• To be reported.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
Preparedness Toolkit work group. (Not started-Inactivated)			
2. 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 (Not started)	4/25/2022	• To be reported.	• To be reported.

DOMAIN: Adolescents
STRATEGY: Empower youth to adopt healthy behaviors through positive youth development initiatives.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
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)	Not specified	• To be reported.	• To be reported.
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)	4/25/2022	• Collaboration with the Suicide Prevention Division, Tabaco Prevention Division, HIV Mobilization Committee • Creation de Logistic Committee • Schedule weekly meetings of all Committee • Provide Stress workshop • Approval of new bylaws • Review of campaign • Participation in WRA agenda	• Changes of meeting place

DOMAIN: Adolescents
STRATEGY: 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	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Modify the YHLT to be used by the stakeholders (In progress)	4/19/2022	• None was reported.	• Give time to reviewed what has been done • Explore who is going to do it
2. Agree with the stakeholders the requirements to provide the Toolkit. (Not started)	4/19/2022	• None was reported.	• None was reported.
3. Receive the pre-posttest and exchange feedback with the organization (Not started)	4/19/2022	• None was reported.	• None was reported.

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY

1. Continue MCAH "Nivel Maximo" Campaign webpage development to increase awareness of youth health and wellbeing issues including annual healthcare visit (In progress)	12/20/2021 and 2/23/2022	• Youth were part of the decision making and their voice was heard.
		• None was reported, but according to the What went well? section there were advances regarding the communication with the media campaign agency:
		• A meeting with a new Media Campaign Agency (DIGIMEDIA) was held on August 5, 2021. The decision of changing the agency was presented by the Auxiliar Secretary after reading the youth voice report. In the meeting the Agency hear the MCAH ideas for the campaign. A client brief document was completed to explain the objectives of the campaign. A proposal was requested, and it was received at August 31.
		• The contract for the Agency completed the process in a timely manner.
		• Member of the YAC decided to continue the committee
		   o According to the What went well section:
			• Communication with the media campaign agency did not went well.
			• The Media Campaign Agency did not hear the specifications presented by MCAH
			• The Media Campaign Agency did not prepare a concept that was attractive to the youth population)
			• Having a better communication with the Communication Office and the Agency. (looks like a success statement!)
			• Documentation process difficulties, according to the posts in the What did not go well section:
			   o A new document had to be fill for PRTIS
			   o The letters of justification had to be re-written
			• Not all youth could participate in the meeting

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
		• The YAC established their campaign committee. • They reviewed Mi nivel máximo webpage and provided input. • A request to change the domain. • Having youth in the table (meeting) present since the start of development of the campaign • According to the What went well section: The campaign launch on February 23.	

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Establish the agreement with a FQHC (Not started)	4/19/2022	• None was reported.	• None was reported.
2. Implement the guideless (Not started)	4/19/2022	• None was reported.	• None was reported.

DOMAIN: Adolescents
STRATEGY: 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	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Participate in the meetings of the Committee (In progress)	4/19/2022	• None was reported.	• According to the What can be done section: To have been included in the internal meetings
2. Collaborate in the creation of the guideless to Transition to Adult Healthcare Services (In progress)	4/19/2022	• None was reported.	• None was reported.

DETAILED SUMMARY FOR THE CYSHCN 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).

The five-year action plan for the CSHCN domain is updated annually by a group of leaders of the CSHCN Program QIC together with key personnel. The yearly action plan is followed-up every fourth month. This is important because the beginning of some activities depend on the completion of other ones, some strategies may need to be modified, and there may be strategies that are not producing the expected result. The evaluation and monitoring of the SAP have been a key support for decision making.

Medical home
The SAP for year 2020-2021 was comprised of eight (8) strategies to address the medical home priority with a total of 21 activities. As of September 2021, seventy-one percent (71.4%) of the activities were completed, two activities were not started (9.5%) and four (4) were in progress (19%). All inactivated activities (13) were completed. The four activities "in progress" were included in the 2021-2022 SAP, of which three (75%) were completed during 2022. The activity which remains in progress is the EHR implementation and continues during application year. The biggest challenge has been, and still is, for the EHR implementation. Governmental bureaucracy has delayed the process multiple times. The two activities which were not started are planned in the 2022-2023 SAP (implementation of a communication model with PCPs and implementation of strategies to enhance family/professional partnerships).
The 2021-2022 SAP for the medical home priority has a total of eight (8) strategies and 26 activities. The strategies are the following: adaptation of the PCCC model and program's staff education on the model, quality improvement of care coordination, communication enhancement with PCPs, family engagement, tele-health capacity, pilot project "Identification and Monitoring of Families' Needs" results and decision-making, the continuation of a grand system mapping of health care and community resources, and the continuous development of collaborations. As of May 2022, of the 26 activities, 10 has been completed (38.4%), 10 are in progress (38.4%), and six (6) has not started (23%).
Strategies and activities reported in this document are for the 2020-2021 SAP.
Summary 2020-2021 SAP for medical home: As of June 2022, 85.7% of activities were completed, one is in progress (4.7%), and two have not started (9.5%). Two (2) of the completed activities remain PDSA active because it is associated to data quality (Strategy 8). Other 16 completed activities were inactivated.

Health care transition
Three (3) strategies were identified to address the transition to adult health care priority with a total of five (5) activities for year 2020-2021. Two (40%) of the activities have been completed, one (1) has not started (20%), and two (40%) are in progress. The two inactivated activities were completed. The two activities in progress were included on the 2021-22 SAP, and one was completed at the beginning of 2022. Activities not completed are contemplated for the application year (education to physicians on Got transition, education to program's providers on the use of the Transition Guide).

The 2021-2022 SAP for the health care transition (HCT) priority has a total of five (5) strategies and 12 activities. The five strategies are the following: HCT survey to physicians, promotion of the Got Transition model within physicians, educational workshops for CSHCN Program providers on the HCT Guide, development of collaborations, and evaluation of the Got Transition model at the CSHCN Program. As of May 2022, of the 12 activities, four (4) were completed (33.3%), six (6) are in progress (50%), and two (2) are not completed (16.6%). Strategies and activities reported in this document are for the 2020-2021 SAP. Monitoring of the plan continues.

Summary 2020-2021 SAP for HCT: 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	8	21

PDSA ACTIVITY STATUS AS OF JUNE 2022: DISTRIBUTION OF ACTIVITIES BY STRATEGY FOR CSHCN DOMAIN (NPM 11)

NPM 11: Percent of children with special health care needs receiving comprehensive health care in a medical home	# of 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*	Status of PDSA action: n/a	Inactive* activities Completed (%)	Inactive* activities Not completed (%)
Develop an evidence-based interdisciplinary coordination system within the CSHCN Program.	3	0	0	3	0	3	-	3 (100%)	0
Increase communication between CSHCN Program providers and referring pediatricians, specialists, and community entities.	5	1	0	4	1	4	-	4 (80%)	0
Monitor tele-health services implemented as new service modality at the CSHCN Program as a response to the Covid-19 pandemic.	3	0	0	3	0	3	-	3 (100%)	0
Develop a system at the RPCs for identifying CSHCN families' needs and guide them to the proper services as possible.	3	0	0	3	0	3	-	3 (100%)	0
Identify strategies to have the availability of a network of appropriate and available services for CSHCN and their families.	1	0	0	1	0	1	-	1 (100%)	0
Increase knowledge about the standards of the "Patient Centered	1	0	0	1	0	1	-	1 (100%)	0

Connected Care" (PCCC) of the NCQA at the CSHCN Program.								
Increase awareness of "family/professional partnerships" in program's providers and families.	2	1	0	1	1	1	-	1 (50%)	0
Improve data collection on children served at the CSHCN Program as well as services provided to them.	3	0	1	2	3	0	-	-	-
Total	21	2	1	18	5	16	-	16 (100%)	0

ACTIVITY STATUS FOR THE CSHCN DOMAIN (NPM 11)

DOMAIN: CSHCN
STRATEGY 1: Develop an evidence-based interdisciplinary coordination system within the CSHCN Program.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1. Adapt and validate a questionnaire to survey professionals in the CSHCNP to know their perceptions regarding interdisciplinary communication and collaboration. (Completed-inactive)	06/13/2022	• The "Interprofessional Collaborative Competencies Attainment Survey" (ICCAS) questionnaire was translated, validated and implemented; 124 CSHCN Program providers participated of the survey. Results are summarized in the 2022 Title CSHCN Plan for the Application Year.	• Survey results were used as information that supports the quality improvement strategic plans.
2. Audit CSHCN Program medical records to learn how care coordination is evidenced. (Completed-inactive)	06/13/2022	• A total of 124 medical records were audited. Results were reported to RPCs administrators and with the Quality Improvement Committee.	• Results are being used for quality improvement purposes
3. Identify evidence-based strategies for continuous improvement of care coordination at the CSHCN Program. (Completed 21-22)	06/13/2022	• Identified strategies were discussed with the QIC.	• A protocol for care coordination was developed to improve care coordination at the program.

DOMAIN: CSHCN
STRATEGY 2: Increase communication between CSHCN Program providers and referring pediatricians, specialists, and community entities.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Audit CSHCN Program medical records to learn how care coordination is evidenced. (Completed-inactive)	06/14/2022	• A total of 124 medical records were audited. Results were reported to RPCs administrators and with the Quality Improvement Committee.	• Results were used as information to improve quality of care coordination and communication with PCPs.
2- Literature review to identify successful models of communication with PCPs, specialists, and other community entities with a focus on PCPs. (Completed-inactive)	06/14/2022	• The medical home sub-committee identified and reported the QIC 14 articles on strategies and challenges with physicians and within physicians.	• Collected information was discussed with the QIC. Next step: develop communication protocol.
3- Develop a communication model adapted to the CSHCN Program. (Completed-inactive)	06/14/2022	• A communication protocol and flowchart was developed.	• Education about the importance of communication with community PCPs and information about the communication flowchart was provided to the CSHCN Program providers during 2022.
4- Coordinate with RPCs and Autism centers educative activities about the importance of communication with community PCPs and information about the communication flowchart. (Completed in 2022)	06/14/2022	• This activity was completed during 2022	• Next activity: implement communication flowchart model.
5- Implement communication model at the Program (Not started-to be started on application year)	06/14/2022	• This activity is starting during application year 2022-23	• To start on application year present year

DOMAIN: CSHCN
STRATEGY 3: Monitor tele-health services implemented as new service modality at the CSHCN Program as a response to the Covid-19 pandemic.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Hear CSHCN Program providers' experiences, perceptions, and opinions about the urgent implementation of tele-health during the lockdown. (Completed-inactive)	06/14/2022	• A total of 8 health care providers expressed their positive experiences, challenges, fears, and educational and other needs.	• This activity helped for decision-making in the programmatic organization of the newly implemented tele-health services at the program.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
2- Analyze and evaluate the results of the Tele-work survey distributed to CSHCN Program staff and families. (Completed-inactive)	06/14/2022	• A total of 187 members of staff and 387 families participated of the survey. Results were used as part of the 2021 NA update for the CSHCN domain and were also reported to the QIC for decision-making.	• Survey results helped for decision-making in the programmatic organization of the newly implemented tele-health services at the program.
3- Revision of the tele-health procedures manual to update according to the findings of the information collected. (Completed-inactive)	06/14/2022	• Tele-health Procedures Manual was updated by the Tele-health Program Coordinator, an expert tele-health nurse.	• This activity stays active because if tele-health governmental waiver is removed or modified, the manual is to be updated again.

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

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Develop a tool that helps identify the needs of families that are served in the program to help them find the appropriate support. (Completed-inactive)	06/14/2022	• The questionnaire of the "Family Needs Survey" (Bailey & Simeonsson, 1988) was identified as an ideal tool, and was adapted to the Program.	• The survey is currently being used at the Program to identify families' priority needs.
2- Pilot-project (Completed-inactive)	06/14/2022	• Project was piloted at the Bayamon RPC for three months where 75 families participated together with the social worker and the care coordinator. Results were reported to the QIC.	• Based on results, it was decided that the project would be good for families focusing in 1 to 3 maximum families' priority needs.
3- Analyze Project results and inform QIC for decision making. (Completed during 2021-22-inactive)	06/14/2022	• Results were reported to the QIC on May 26, 2022.	• It was decided to implement the project at the other RPCs.

DOMAIN: CSHCN
STRATEGY 5: Identify strategies to have the availability of a network of appropriate and available services for CSHCN and their families.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Explore the possibility of developing a collaboration with APNI in relation to their online resource's directory. (Completed-inactive)	06/14/2022	• Meetings with APNI concluded that this activity was not viable. APNI's directory is not updated because of APNI's lack of resources.	• This activity was substituted with the development of an online directory of resources with the technical assistance of the EHR team which was part of the 2021-2022 SAP.

DOMAIN: CSHCN
STRATEGY 6: Increase knowledge about the standards of the "Patient Centered Connected Care" (PCCC) of the NCQA at the CSHCN Program.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Study about the standards of the Patient Center Connected Care (PCCC). (Completed inactive)	06/14/2022	• The PCCC model was adapted to the program during 2022 and titled Family Centered Connected and Care Coordination (CCCF Spanish acronym) model	• Education to program's providers about the model is being carried out currently.

DOMAIN: CSHCN
STRATEGY 7: Increase awareness of "family/professional partnerships" in program's providers and families.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Literature review to identify strategies for family/professional partnerships. (Completed-inactive)	06/14/2022	• The medical home sub-committee identified strategies to increase family/professional partnerships at the CSHCN program.	• Activities identified are available for the implementation of strategies.
2- Implement strategies (Not started-to be started on application year)	06/14/2022	• This activity has not started.	• To be started during application year

STRATEGY 8: Improve data collection on children served at the CSHCN Program as well as services provided to them.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Review and update the data collection format at	06/14/2022	• The data collection paper format was revised and	• Data collection is being frequently evaluated for data quality.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
the Pediatric Centers and Autism Centers. (Completed-active)		translated into a two-phase REDCap platform with variable revised.	
2- Train staff in data entry (completed-active)	06/14/2022	• Staff at the nine program's centers was trained.	• This activity is carried out as needed for data quality.
3- Continue with the implementation of the EHR system at the RPCs. (In progress) (continues during application year)	06/14/2022	• This activity has confronted many challenges due mainly to governmental bureaucracy.	• In progress

DOMAIN: CSHCN
PRIORITY NEED: Transition to adult health care of YSHCN.

NPM	No. Strategies	No. Activities
NPM 12	3	5

ACTIVITY STATUS AS OF JUNE 2022 FOR CSHCN DOMAIN: HEALTH CARE TRANSITION (NPM 12)

NPM 12: Percent of youth with special health care needs who transfer successfully to adult health care.	# of 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*	Status of PDSA action: n/a	Inactive* activities Completed (%)	Inactive* activities Not completed (%)
Identify pediatricians and adult physicians' knowledge, experiences, and perceptions regarding transition to adult health care.	1	0	0	1	0	1	-	1(100%)	0
Increase awareness in pediatricians and adult physicians about the importance of transition processes.	1	1	0	0	1	0	-	0	0
Encourage that CSHCN Program providers are support resources to YSHCN in the process of transition to adult life.	3	0	1	2	1	2	-	2	0
Total	5	1	1	3	2	3	-	3 (60%)	0

DOMAIN: CSHCN
STRATEGY 1: Identify pediatricians and adult physicians' knowledge, experiences, and perceptions regarding transition to adult health care.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Develop and implement a survey for physicians. (Completed during 2022)	06/15/2022	• The ATTITUDE survey was used as the tool for the survey. We called the survey "Transition to Adult Health care Survey" (TAHC). One-hundred and fifty (150) physicians participated of the online survey. Currently, statistical analyses are being carried out	• Results will be used to plan educative strategies for physicians.

DOMAIN: CSHCN
STRATEGY 2: Increase awareness in pediatricians and adult physicians about the importance of transition processes.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Develop remote forums and/or informative capsules on the transition for physicians. (Not started)	06/15/2022	• Not started	• This activity will be started once the TAHC survey's results are available.

DOMAIN: CSHCN
STRATEGY 3: Encourage that CSHCN Program providers are support resources to YSHCN in the process of transition to adult life.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
1- Analyze a sample of CPs transition needs questionnaires completed by YSHCN. (Completed-inactive)	06/15/2022	• Sixty-four questionnaires were analyzed.	• No additional needs were found in addition to the topics in the THC Guide.
2- Update the educational modules in the THC Guide for CSHCN Program providers according to the needs reflected in the questionnaires. (Completed-inactive)	06/15/2022	• The THC committee completed the update of the Guide adding the following topics: use of technology and mental health. These topics were selected based on the professional experience of members of the THC Committee.	• Next activity planned is the education to CSHCN Program providers.
3- Develop and provide educational workshops for CSHCN Program providers	06/15/2022	• Presentations and workshop already developed.	• Workshops to be provided this year.

ACTIVITIES	DATE OF ENTRY/UPDATE	PROCESS DOCUMENTATION	SUMMARY
on the THC Guide. (In progress)			