



COMMONWEALTH OF
PUERTO RICO
Department of Health

Puerto Rico Healthy People 2020 Strategic Plan

Promoting Healthy Living



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DEPARTMENT OF HEALTH

Puerto Rico Healthy People 2020 Strategic Plan

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Message from the Secretary of Health



The Department of Health of the Commonwealth of Puerto Rico is proud to present the *Puerto Rico Healthy People 2020 Strategic Plan*. This Plan was developed taking into consideration the National Healthy People principles and adjusting the thematic areas to the needs of Puerto Rico.

Framed in what are healthy lifestyles, a number of strategies have been developed to strengthen actions towards the prevention of diseases and promoting health. Under the slogan “Promoting Healthy Living”, we will be reinforcing those program areas to serve the public in a sensible manner, with quality and using evidence-based interventions that are supported by the community.

It is our commitment to promote and strengthen existing initiatives that have proven to be effective, such as: the smoking cessation line, the crisis intervention line, projects to address chronic diseases, initiatives to promote healthy eating and physical activity; among others. Recognizing that the Department of Health is not the sole agent needed to achieve the goals and objectives included in the Strategic Plan, we have called on all those who constitute the health sector to join in this effort and help transform the health system in Puerto Rico.

Allow me to take this opportunity to recognize the efforts of the Steering Committee and the collaboration of the group of experts from different parts of the Island, that were instrumental in configuring what will be the agenda for the next decade. Certainly, this work would not have been possible without the commitment and dedication of all our allies.

The time has come to turn challenges into opportunities, so we invite you to utilize the Puerto Rico Healthy People 2020 Strategic Plan as your main working tool.

Cordially,

Francisco Joglar Pesquera, MD, MACP

Executive Summary



Puerto Rico Healthy People 2020's Strategic Plan contains a comprehensive proposal that addresses the most pressing health problems of the island. According to the Puerto Rico Vital Statistics, the first ten leading causes of death for the year 2009* were:

Causes of death (ICD-10)	Percent	Crude Rates**
Malignant neoplasms (C00-C97)	17.5	136.4
Diseases of heart (I00-I09, I11, I13, I20-I51)	16.1	125.7
Diabetes mellitus (E10-E14)	9.0	70.0
Alzheimer disease (G30)	5.3	41.3
Essential hypertension and hypertensive renal disease (I10, I12, I15)	4.3	33.7
Cerebrovascular diseases (I60-I69)	4.2	32.4
Nephritis, nephrotic syndrome and nephrosis (N00-N07, N17-N19, N25-N27)	4.0	31.1
Chronic lower respiratory diseases (CLRD) (J40-J47)	3.9	30.4
Influenza and pneumonia (J09-J18)	3.5	26.9
Unintentional injuries (V01-X59, Y85-Y86)	3.2	24.9

*Data from year 2009 is preliminary.

**Rates per 100,000 inhabitants.

The Puerto Rico Behavioral Risk Factor Surveillance System (PR-BRFSS) reported that the index of obesity (BMI \geq 30) in Puerto Rico was 27.5 in 2009. With that index, Puerto Rico ranked the ninth place, among the higher jurisdictions, with obesity in United States. Based on these and other available morbidity and mortality statistics, the top priorities for the island's health were determined.

Executive Summary

Health cannot be ascribed only to individual genetic factors or biology. It is impacted by the interaction of different social, behavioral, economic and environmental factors. There is a need to establish partnerships between those who constitute the health sector and non-health sectors that can generate a positive impact on the health of the population. For this reason, in the discussions that took place during each of the phases prior to the drafting of this document, it was of primary importance to the committee to incorporate the concept of determinants of health when developing ideas and strategies.

The strategies identified in each topic areas were framed within the principle of healthy lifestyles. The Strategic Plan for Puerto Rico selected 6 topic areas and 84 objectives. The six topic areas included in the plan are: Noncommunicable diseases (Diabetes, Heart Disease and Stroke, Respiratory Diseases and Cancer); Communicable diseases (Sexually Transmitted Diseases including HIV); Nutrition and Physical Activity; Mental Health and Substance Abuse; Maternal, Infant and Child Health; and Older Adults.

This work intends to outline a health promotion and disease prevention agenda, where all sectors are involved. Each component is important and has a significant role, either in the field of education, social communication, research or in the development of public policies.

Executive Summary

In each meeting with the experts and partners, there was a consensus that in order to improve the health of the population a more comprehensive approach is required. All public health practices, programs and policies should produce and promote environments where healthy choices are the best options.

To continue the development of this Strategic Plan, different groups will be established for each of the topic areas. These groups will collaborate with the Auxiliary Secretariat of Planning and Development and the Healthy People Coordinator in the monitoring and follow-up process of the selected objectives. Also, they will be responsible for collaborating in the dissemination of this Strategic Plan and the proposed strategies, so that these are incorporated within the programmatic areas. The groups should develop individual work plans to gather information and perform analysis to determine whether there is progress or not in compliance with the target that has been established.

In addition, it is important to incorporate new partners interested in participating in the Puerto Rico Healthy People 2020 initiative so this Strategic Plan and its proposals are not exclusively seen as a responsibility of the Department of Health, but as everyone's responsibility.



Vision, Mission and Values

Vision

Promoting a society in which all people live long, healthy lives.

Mission

Identify nationwide health improvement priorities.

Increase public awareness and understanding of the determinants of health, disease, disability and the opportunities for progress.

Provide measurable objectives and goals that are applicable at the local level.

Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.

Identify critical research, evaluation, and data collection needs.

Values

Collaboration: We value our partners. We reach out to diverse groups and external stakeholders. We foster both internal and external collaboration. We empower and engage our staff.

Competence: We strive for excellence in all we do. We invest in our staff and value and reward competence.

Equity: We foster policies and programs that promote fairness, social justice, equity, and cultural competence.

Integrity: We adhere to high ethical and professional standards in our work and relationships. We are honest in our interactions and conscientious stewards of the resources entrusted to us.

Respect: We treat all people with respect, courtesy, and understanding.

Responsibility: We follow through on commitments. We hold ourselves and others accountable for results.

Trust: We foster an atmosphere of trust by modeling consistent and professional behaviors and valuing them in others. We strive for transparency in our actions and communications.

Vision: We seek new information and progressive solutions. We encourage innovation and creativity. We work in the present and focus on the future.

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Collaborating Agencies

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HIV/AIDS Surveillance System, DOH	Puerto Rico Lung Association
HIV Prevention Division, DOH	Departamento de Salud de la Capital
Asthma Program, DOH	Community Prevention Group
Mother, Child & Adolescents Health Division, DOH	March of Dimes
Alzheimer Registry, DOH	Department of Education
Immunization Program, DOH	United Way of Puerto Rico
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Puerto Rico Food and Nutrition Commission, DOH	Health Care Professionals Associations
ServiMed Alliance	Association of Primary Health
American Academy of Pediatrics	Bill's Kitchen Inc.
Correctional Health Services Corporation	Puerto Rico Governor's Office
COSSMA	Association of Gerontology
Office of the Ombudsman for Pensioners and the Elderly	Nutrition and Dietetic Internship, Medical Sciences Campus
Puerto Rico Mental Health and Anti-Addiction Services Administration	Food and Nutrition Programs of Agricultural Extension
Endowed Health Services Research Center, UPR - Medical Sciences Campus	Caribbean Basin Hispanic ATTC, Universidad Central del Caribe
Puerto Rico Behavioral Risk Factor Surveillance System	

Introduction



Puerto Rico, under the leadership of the Department of Health (PRDOH), once again accepted the challenge of being part of the Healthy People Initiative. This initiative is aimed at improving the health and quality of life of all the people in the United States during the second decade of the 21st Century. This national agenda contains a series of goals and objectives focused on promoting health and preventing diseases. The island has been implementing the Healthy People Initiative for two decades. The first time it participated in this national initiative was for the decade of 2000 (1990-2000). For that period, 22 priority areas were selected to be implemented. For the 2010 decade (2000-2010), under the request and support of the Office of Minority Health, PRDOH officially was able to launch the Puerto Rico Healthy People Initiatives. The plan was drafted and implemented by a group of leaders, collaborators and experts in the health fields. For that decade, 15 of the 28 topic areas suggested at the national level were selected to be monitored. During the subsequent years, the PRDOH's Auxiliary Secretariat for Planning and Development (ASPD) has been responsible for promoting the local plan and monitoring the implementation of its goals and objectives. The achievements and progress accomplished and reported, during that period, were the result of the efforts of a group of professionals and organizations that worked for a decade in the development and implementation of strategies into their respective programmatic areas. The results of these efforts are precisely what have allowed the laying of the groundwork for the development of a new plan focused on the country's public health priorities.



Methodology

In April 2011, the ASPD submitted a proposal to the Federal Government, through the Healthy People Action Project, requesting the needed financial support to develop the Healthy People 2020 Strategic Plan for Puerto Rico, based on the national plan guidelines. After the approval of the proposal, the ASPD began the process of planning and drafting the plan. This required several activities to be carried out and implemented in different stages. For each stage in the process, the ASPD relied on the support and participation of various health sector professionals who contributed with their knowledge and experience.

Phase I: Establishment of the Steering Committee

A multi-sectorial group at the Puerto Rico Department of Health was named Puerto Rico Healthy People 2020 Steering Committee. This committee was responsible for implementing the activities necessary to draft the Strategic Plan, including: decision making, scheduling and supervising all the operational tasks to be carry out in order to elaborate the plan successfully.

Phase II: Internet Survey - Health Priorities

A questionnaire was sent via internet in order to assess the perception of different public and private sectors, and the community in general, regarding what should be the health topic priorities for Puerto Rico to be included in the strategic plan. The survey was open from September 29 to October 11, 2011 and a total of 322 people completed and submitted the survey. The largest number of people who completed the questionnaire were from the public sector, followed by the academy and community-based organizations.

Methodology

Two methods were used to send out the questionnaire: one by invitation via e-mail and the other through an open link. The questionnaire included a series of general questions and the 42 topic areas contained in the national plan. To prioritize the health topic areas, participants had to assign to each of the topic areas a value on a scale from 1 to 10, being the value “1” the highest level of importance and “10” the lowest level of importance. An average of all scores for each topic area was calculated from the data collected and the first 19 areas with the highest level of importance were selected.

The results of the survey were presented and discussed with the Secretary of Health to be certain that the topic areas were in agreement with the Department of Health policies, goals and objectives. As a result of this meeting, the Steering Committee agreed to adopt national goals, which are aimed at achieving an optimal state of health and a good quality of life for the population. In addition, the Steering Committee developed the conceptual framework for this project with the efforts directed towards the promotion of health and the adoption of healthy lifestyles through all stages of life.

Phase III: Meeting with Experts - Selecting topic areas and objectives

On March 27, 2012, an activity was held to evaluate the 19 topic areas with their respective objectives. The topic areas were refined to determine what Puerto Rico will be working on over the next decade, taking into account the epidemiological profile of the population and the information gathered from the Healthy People 2010 Initiative.

Methodology

For this activity, a group of experts from different disciplines working on or related with the pre-selected topic areas was convened. The group of experts who participated, where not only from the Department of Health, but also from the private sector, academia and the community. Among the 37 participants, the following entities were represented: Office of the Ombudsman for Pensioners and the Elderly, University of Puerto Rico Medical Sciences Campus, Mental Health and Anti-Addiction Services Administration (MHAASA), Department of Education, Food and Nutritional Programs of Agricultural Extension, Puerto Rico Food and Nutrition Commission, Surveillance Systems of the Department of Health, Health Care Professionals Associations, and medical providers, among others (Appendix A). As part of the activity, five working groups were organized and 3 to 4 topic areas were assigned to each group to be analyzed. Between the instructions given to the working groups, the conceptual framework of healthy lifestyles would be used in the process of evaluation of the topic areas and objectives. The Puerto Rico Healthy People 2010 Progress Report, general information about the PRGS 2020 topic areas and two exercises (questionnaires) were provided to each group to be used as working tools in order to assess and prioritize the topic areas.

The first exercise was a questionnaire containing a series of general questions based on the topic areas and their respective objectives, among them: the presence of new and existing initiatives, sources of information and barriers that prevent the achievement of the objectives (Appendix B). As part of the exercise # 1, the participants also received the pre-selected objectives of each of their respective topic areas in order to evaluate and select the objectives that are within the healthy lifestyles conceptual framework.

Methodology

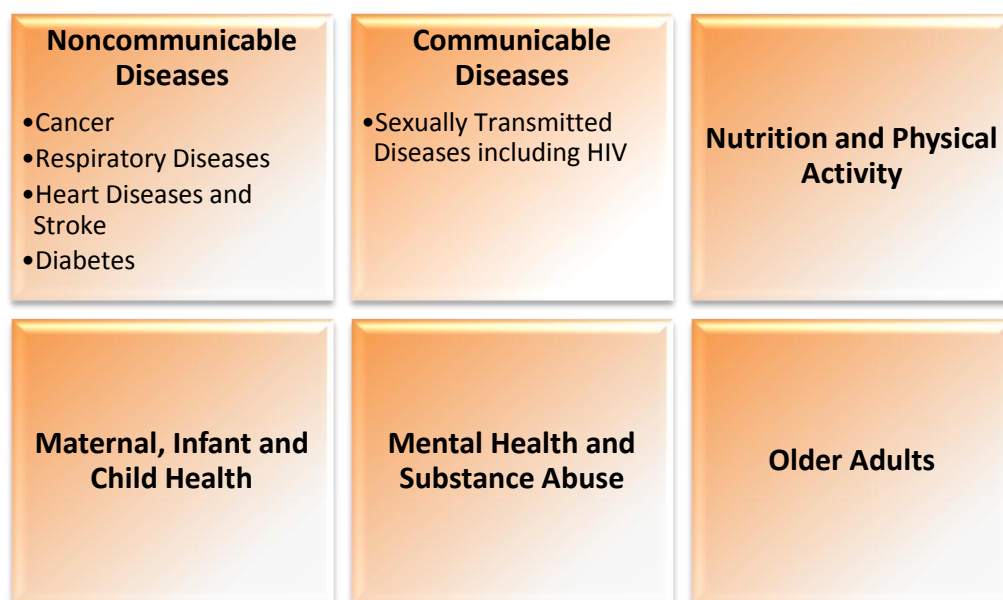
The second exercise consisted on the prioritization of the topic areas (Appendix C). Taking into consideration the analysis made in exercise # 1, each working group performed an assessment of the topic areas designated to set the priorities. The process included assigning each topic area a value on a scale of 1 to 4, being the value "1" the highest priority and "4" the lowest priority.

The following table summarizes the prioritization of the topic areas:

Prioritization of topic areas	Table 1	Table 2	Table 3	Table 4	Table 5
1	Mental Health & Mental Disorders	Cancer Heart Diseases & Stroke	Nutrition & Weight Status Physical Activity	Sexually Transmitted Diseases	Maternal, Infant and Child Health
2	Substance Abuse		Diabetes	HIV	Older Adults
3	Access to Health Services		Respiratory Diseases	Immunization and Infectious Diseases	Injury & Violence Prevention
4	Adolescent Health				Family Planning
Integrate into other topic area		Educational & Community Health Program			

Methodology

Based on experience with the groups and the information collected on the worksheets, the Steering Committee agreed to choose the health topic areas selected as priority 1 and 2. To facilitate the development of strategies and initiatives aimed to achieve the objectives selected, the Steering Committee reorganized the topic areas into the following subgroups:



Methodology

Phase IV: Meeting with Experts and Collaborators – Formulating strategies

This process was carried out in an activity held May 30, 2012, with the assistance of another group of experts and partners. The activity was attended by a total of 43 guests with vast experience and knowledge in health topic areas. The participants were organized into six working groups according to their expertise in the corresponding topics. At this phase, the objectives previously selected were evaluated again and the strategies to facilitate their compliance were formulated. The Steering Committee members and other collaborators reviewed the work carried out by these groups in order to prepare the final document.

Conclusion

In order to accomplish our goal of achieving an optimal state of health and a good quality of life for the entire population, it is necessary to make significant changes in our way of working. This strategic planning process allowed us to systematically look at ourselves and the way we work, it helped us understand that we need to make dramatic changes at all levels in order to fulfill this strategic plan. This plan was designed to direct future efforts towards the promotion of healthy lifestyles and to attain quality, longer lives free of preventable disease. The contributions of the various programs that make up the Puerto Rico Department of Health, as well as external organizations, both private and nonprofit, will be vital to the success of this plan.

Topic Areas, Objectives¹ and Strategies



¹ Objectives indicating adults correspond to people 18 years and older.

NONCOMMUNICABLE DISEASES



Cancer



Respiratory Diseases



Heart Disease and Stroke



Diabetes

Noncommunicable Diseases

Cancer

Goal: Reduce the number of new cases as well as the illness, disability, and death caused by cancer.

OBJECTIVES

C-1 Reduce late-stage female breast cancer.

Baseline (2009*)	3.3/100,000
Target	3.0/100,000
Target setting method	10 percent improvement
Data source	Puerto Rico Cancer Registry (*Preliminary data)

C-2 Increase the proportion of cancer survivors who are living 5 years or longer after diagnosis.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	

C-3 Increase the proportion of women who receive a cervical cancer screening based on the most recent guidelines (women aged 18+ who have had a pap test within the past three years).

Baseline (2010)	75.4%
Target	82.9%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

Noncommunicable Diseases

Cancer

C-4 Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines.

Objectives		Baseline (2010)	Target
C-4.1 Adults aged 50+ who have had a blood stool test within the past two years		9.7%	10.7%
C-4.2 Adults aged 50+ who have ever had a sigmoidoscopy or colonoscopy		43.4%	47.7%
Target setting method	10 percent improvement		
Data source	Behavioral Risk Factor Surveillance System (BRFSS)		

C-5 Increase the proportion of women who receive a breast cancer screening based on the most recent guidelines (women aged 40 years and older who have received a mammogram within the preceding 2 years).

Baseline (2010)	76.7%
Target	84.4%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

C-6 Increase the proportion of men who receive a prostate cancer screening based on the most recent guidelines (men aged 40+ who have had a PSA test within the past two years).

Baseline (2010)	63.0%
Target	69.3%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

Noncommunicable Diseases

Respiratory Diseases

Goal: Promote respiratory health through better prevention, detection, treatment, and education.

OBJECTIVES

RD-1 Reduce hospitalizations for asthma in the Medicaid population.

Objectives	Baseline (2010)	Target
RD-1.1 Children under age 5 years	214.9/10,000	193.4/10,000
RD-1.2 Children and adults aged 5 to 64 years	72.2/10,000	65.0/10,000
RD-1.3 Adults aged 65 years and older	160.6/10,000	144.5/10,000
Target setting method	10 percent improvement	
Data source	Puerto Rico Health Insurance Administration (ASES)	

RD-2 Reduce hospital emergency department visits for asthma in the Medicaid population.

Objectives	Baseline (2010)	Target
RD-2.1 Children under age 5 years	549.4/10,000	494.5/10,000
RD-2.2 Children and adults aged 5 to 64 years	238.2/10,000	214.4/10,000
RD-2.3 Adults aged 65 years and older	243.4/10,000	219.1/10,000
Target setting method	10 percent improvement	
Data source	Puerto Rico Health Insurance Administration (ASES)	

RD-3 Reduce activity limitations among adults with current asthma.

Baseline (2009-2010)	56.5%
Target	50.9%
Target setting method	10 percent improvement
Data source	Asthma Call Back 2009-2010

RD-4 Reduce the proportion of persons with asthma who miss school or work days.

Objectives	Baseline (2009-2010)	Target
RD-4.1 Reduce the proportion of children aged 5 to 17 years with asthma who miss school days	To be established	To be established
RD-4.2 Reduce the proportion of adults aged 18 to 64 years with asthma who miss work days	47.3%	42.6%
Target setting method	10 percent improvement	
Data source	Adults-Asthma Call Back 2009-2010	

Noncommunicable Diseases

Respiratory Diseases

RD-5 Increase the proportion of adults with current asthma who receive formal asthma education.

Baseline (2009-2010)	8.6%
Target	9.5%
Target setting method	10 percent improvement
Data source	Asthma Call Back 2009-2010

RD-6 Increase the proportion of adults with current asthma who receive appropriate asthma care according to National Asthma Education and Prevention Program (NAEPP) guidelines.

Objectives	Baseline (2010)	Target
RD-6.1 Adults with current asthma who receive written asthma management plans from their health care provider	33.0%	36.3%
RD-6.2 Adults with current asthma with prescribed inhalers who receive instruction on their use	75.8%	83.4%
RD-6.3 Adults with current asthma who receive education about appropriate response to an asthma episode, including recognizing early signs and symptoms or monitoring peak flow results	57.6%	63.4%
RD-6.4 Increase the proportion of adults with current asthma who do not use more than one canister of short-acting inhaled beta agonist per month	18.3%	20.1%
RD-6.5 Adults with current asthma who have been advised by a health professional to change things in their home, school, and work environments to reduce exposure to irritants or allergens to which they are sensitive	42.1%	46.3%
RD-6.6 (Developmental) Adults with current asthma who have had at least one routine follow-up visit in the past 12 months	49.2%	54.1%
RD-6.7 (Developmental) Adults with current asthma whose doctor assessed their asthma control in the past 12 months	To be established	To be established
RD-6.8 (Developmental) Adults with current asthma who have discussed with a doctor or other health professional whether their asthma was work related	18.3%	20.1%
Target setting method	10 percent improvement	
Data source	Asthma Call Back 2009-2010	

Noncommunicable Diseases

Respiratory Diseases

RD-7 Maintain the Puerto Rico Asthma Surveillance System.

Baseline (2011)	Active
Target	Active
Target setting method	Total coverage
Data source	Puerto Rico Asthma Surveillance System

RD-8 Reduce the proportion of adults with chronic obstructive pulmonary disease (COPD).

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

RD-9 Reduce deaths from chronic obstructive pulmonary disease (COPD) among adults.

Baseline (2009*)	31.6/100,000
Target	28.4/100,000
Target setting method	10 percent improvement
Data source	Vital Statistics, Department of Health (*Preliminary data)

RD-10 Increase the proportion of adults who have ever given a breathing test to diagnose chronic obstructive pulmonary disease (COPD) chronic bronchitis, or emphysema.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

RD-11 Reduce the proportion of adults who say that shortness of breath affects their quality of life.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

Noncommunicable Diseases

Respiratory Diseases

RD-12 Reduce the proportion of adults who have visited the doctor (other than routine visit) in the past 12 months for symptoms related to shortness of breath, bronchitis or other COPD, or emphysema flare.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

RD-13 Reduce hospital emergency department visits or hospitalizations in the past 12 months because of chronic obstructive pulmonary disease (COPD), chronic bronchitis, or emphysema.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

Noncommunicable Diseases

Heart Disease and Stroke

Goal: Improve cardiovascular health and quality of life through prevention, detection and treatment of heart attacks and stroke; and prevention of recurrent cardiovascular events.

OBJECTIVES

HDS-1 Reduce the proportion of adults with hypertension.

Baseline (2009)	34.0%
Target	30.6%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

HDS-2 Increase the proportion of adults who have had their blood cholesterol checked within the preceding 5 years.

Baseline (2009)	83.7%
Target	92.1%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

HDS-3 (Developmental) Increase the proportion of adults with hypertension who meet the recommended guidelines.

Objectives	Baseline (2009)	Target
HDS-3.1 (Developmental) Normal BMI	20.8%	22.9%
HDS-3.2 (Developmental) Physical activity	20.4%	22.4%
Target setting method	10 percent improvement	
Data source	Behavioral Risk Factor Surveillance System (BRFSS)	

Noncommunicable Diseases

Heart Disease and Stroke

HDS-4 (Developmental) Increase aspirin use as recommended among hospitalized patients with cardiovascular disease.

Objectives	Baseline (2007-2009)	Target
HDS-4.1 First 24hrs	72.1%	80.0%
HDS-4.2 At discharge	52.1%	57.0%
Target setting method	Expert opinion	
Data source	Puerto Rico Cardiovascular Disease Surveillance System	

HDS-5 Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and the importance of accessing rapid emergency care by calling 911.

Baseline (2007-2009)	16.1%
Target	20.0%
Target setting method	Expert opinion
Data source	Puerto Rico Cardiovascular Disease Surveillance System

HDS-6 (Developmental) Increase the proportion of eligible patients with heart attacks or strokes who receive timely acute reperfusion therapy within 4.5 hours from symptom onset for patients with strokes.

Baseline (2007-2009)	<1.0%
Target	4.0%
Target setting method	Expert opinion
Data source	Puerto Rico Cardiovascular Disease Surveillance System

HDS-7 (Developmental) Increase the proportion of adults with coronary heart disease or stroke who have their low-density lipoprotein (LDL) cholesterol level at or below recommended levels.

Baseline (2007-2009)	20.0%
Target	25.0%
Target setting method	Expert opinion
Data source	Puerto Rico Cardiovascular Disease Surveillance System

Noncommunicable Diseases

Heart Disease and Stroke

HDS-8 (Developmental) Increase the proportion of adult heart attack survivors who are referred to a cardiac rehabilitation program at discharge.

Baseline (2007-2009)	2.5%
Target	10.0%
Target setting method	Expert opinion
Data source	Puerto Rico Cardiovascular Disease Surveillance System

HDS-9 (Developmental) Increase the proportion of adult stroke survivors who are referred to a stroke rehabilitation program at discharge.

Baseline (2007-2009)	43.0%
Target	50.0%
Target setting method	Expert opinion
Data source	Puerto Rico Cardiovascular Disease Surveillance System

HDS-10 Reduce hospitalizations of older adults with heart failure as the principal diagnosis.

Objectives	Baseline (2007-2009)	Target
HDS-10.1 Adults aged 65 to 74 years	27.2%	24.0%
HDS-10.2 Adults aged 75 to 84 years	25.2%	22.0%
HDS-10.3 Adults aged 85 years and older	15.0%	12.0%
Target setting method	Expert opinion	
Data source	Puerto Rico Cardiovascular Disease Surveillance System	

Noncommunicable Diseases

Diabetes

Goal: Through prevention programs, reduce the disease and economic burden of diabetes, and improve the quality of life for all persons who have or are at risk for diabetes.

OBJECTIVES

D-1 Improve glycemic control among the population with diagnosed diabetes.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Primary Care Centers (Section 330)

D-2 (Developmental) Improve lipid control among persons with diagnosed diabetes.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Primary Care Centers (Section 330)

D-3 Increase the proportion of the population with diagnosed diabetes whose blood pressure is under control.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Primary Care Centers (Section 330)

D-4 Increase the proportion of adults with diagnosed diabetes who have at least an annual dental examination.

Baseline (2010)	57.1%
Target	62.8%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

Noncommunicable Diseases

Diabetes

D-5 Increase the proportion of adults with diabetes who have at least an annual foot examination.

Baseline (2010)	46.5%
Target	51.2%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

D-6 Increase the proportion of adults with diabetes who have an annual dilated eye examination.

Baseline (2010)	60.8%
Target	66.9%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

D-7 Increase the proportion of adults with diabetes who have a glycosylated hemoglobin measurement at least twice a year.

Baseline (2010)	72.1%
Target	79.3%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

D-8 Increase the proportion of adults with diabetes who perform self-blood glucose monitoring at least once daily.

Baseline (2010)	47.7%
Target	52.5%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

Noncommunicable Diseases

Diabetes

D-9 Increase prevention behaviors in persons at high risk for diabetes.

Objectives		Baseline (2010)	Target
D-9.1 Increase the proportion of persons at high risk for diabetes who are at normal BMI.		15.5%	17.1%
D-9.2 Increase the proportion of persons at high risk for diabetes who reported doing physical activity during the past 30 days.		47.5%	52.3%
Target setting method	10 percent improvement		
Data source	Behavioral Risk Factor Surveillance System (BRFSS)		

NONCOMMUNICABLE DISEASES STRATEGIES

- Establish a policy in the Puerto Rico educational system that makes mandatory a course on tobacco use prevention and cessation, and a course on asthma and diabetes self-management and control.
- Develop educational media campaigns in screening, early detection and reduction of risk factors of chronic diseases.
- Educate health care providers on the most recent guidelines for preventive care services to increase compliance with these standards.
- Propose a new standard operating procedure in which primary care physicians do not change the prescriptions ordered by specialists.
- Reinforce existing self-management educational programs through funding from the municipalities in order to help people develop skills to learn and practice the different techniques needed to manage their chronic conditions.
- Make compulsory the continuing medical education in asthma, diabetes, cardiovascular diseases and cancer through the pertinent mechanisms.
- Establish reimbursement to different health professionals for providing self-management education in chronic diseases to patients.
- Monitor the compliance with the laws and regulations of the Department of Labor in order to ensure a healthy environment for employees.
- Increase the access and coverage to health services for chronic diseases control and prevention.

COMMUNICABLE DISEASES



**Sexually Transmitted
Diseases including HIV**

Communicable Diseases

Sexually Transmitted Diseases including HIV

Goal: Promote responsible sexual behaviors; strengthen community capacity and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

OBJECTIVES

STD-1 Reduce the proportion of Chlamydia trachomatis infections in 15-24 years population.

Baseline (2011)	723.3/100,000
Target	651.0/100,000
Target setting method	10 percent improvement
Data source	STD Surveillance

STD-2 (Developmental) Reduce Chlamydia rates among females aged 15 to 24 years.

Baseline (2011)	1227.4/100,000
Target	1104.7/100,000
Target setting method	10 percent improvement
Data source	STD Surveillance

STD-3 Reduce gonorrhea rates among people aged 15 to 29 years.

Objectives	Baseline (2011)	Target
STD-3.1 Females aged 15 to 29 years	26.6/100,000	23.9/100,000
STD-3.2 Males aged 15 to 29 years	40.9/100,000	36.8/100,000
Target setting method	10 percent improvement	
Data source	STD Surveillance	

STD-4 Reduce syphilis cases among residents of Puerto Rico.

Objectives	Baseline (2011)	Target
STD-4.1 Reduce congenital syphilis rate among residents of Puerto Rico	4.6/100,000	4.1/100,000
STD-4.2 Increase the diagnosis of primary and secondary syphilis cases among men who have sex with men (MSM).	215	237
Target setting method	10 percent improvement	
Data source	STD Surveillance	

Communicable Diseases

Sexually Transmitted Diseases including HIV

STD-5 Reduce the rate of HIV transmission among high-risk populations.

Objectives	Baseline (2011)	Target
STD-5.1 Intravenous drug use	16.0%	14.4%
STD-5.2 Men who have sex with men (MSM)	10.0%	9.0%
STD-5.3 Heterosexual	3.0%	2.7%
Target setting method	10 percent improvement	
Data source	HIV Surveillance	

STD-6 Maintain in zero the rate of perinatal acquired HIV.

Baseline (2011)	0
Target	0
Target setting method	Total elimination
Data source	HIV Surveillance/ STD Prevention Division

STD-7 Reduce deaths from HIV infection.

Baseline (2011)	3.3%
Target	3.0%
Target setting method	10 percent improvement
Data source	HIV Surveillance

STD-8 Increase the proportion of people who have been tested for HIV.

Objectives	Baseline (2011)	Target
STD-8.1 Total population	42,936	47,230
STD-8.2 Adolescents	7,076	7,784
STD-8.3 Adults	35,860	39,446
STD-8.4 (Developmental) Men who have with men (MSM)	4,053	4,458
STD-8.5 Pregnant women	13	14
Target setting method	10 percent improvement	
Data source	STD Surveillance	

Communicable Diseases

Sexually Transmitted Diseases including HIV

STD-9 Increase the distribution of condoms to high-risk sexually active persons.

Baseline (2011)	70,000
Target	77,000
Target setting method	10 percent improvement
Data source	STD/HIV/AIDS Prevention Program, Puerto Rico Department of Health

STD-10 Increase the percentage of men who have sex with men who reported protected anal sex in the past 12 months.

Baseline (2011)	4,053
Target	4,458
Target setting method	10 percent improvement
Data source	HIV Counseling, Testing, and Referral Program (CTR)

COMMUNICABLE DISEASES STRATEGIES

- Educate the private sector on partner notification interventions in patients HIV positive.
- Provide educational activities and guidance to high-risk populations in Sexually Transmitted Diseases (STD) and HIV infection.
- Strengthen the linkage to care for people recently diagnosed with HIV.
- Increase STD and HIV screening tests in high-risk populations.
- Increase the HIV treatment adherence through the use of treatment protocols.
- Maintain the epidemiological surveillance in compliance with the clinical protocol for pregnant HIV positive women.
- Increase the promotion and accessibility of condom use.
- Increase the number of STD and HIV partner notification interviews ("partner" services) in the health system.
- Develop mass media campaigns addressed to the MSM population, emphasizing on the HIV positive population.
- Use social networks as a tool for identifying and tracking sexual partners or contacts of patients with syphilis, HIV or gonorrhea.
- Develop a public policy on sex education in schools with an emphasis on risk reduction.
- Include HIV testing as part of routine testing.

COMMUNICABLE DISEASES STRATEGIES

- Monitor compliance with the Law 36 of April 2, 2008 regarding the responsibility of laboratory and other private providers to report STD positive testing to the Surveillance System.
- Monitor the compliance of the Administrative Order # 177 of April 1, 2003 (as amended) among laboratories and private hospitals to report the HIV indicative tests to the HIV Surveillance System.

NUTRITION AND PHYSICAL ACTIVITY



Nutrition and Physical Activity

Goal: To promote health and decrease chronic illness associated with lack of healthy eating habits and physical activity.

OBJECTIVES

NPA-1 Increase the proportion of adults who are at a healthy weight (BMI between 18.5 and 24.99).

Baseline (2010)	34.4%
Target	37.8%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

NPA-2 Reduce the proportion of adults who are overweight, obese and have morbid obesity.

Objectives	Baseline (2010)	Target
NPA-2.1 Overweight (BMI 25.0 - 29.9)	33.6%	30.2%
NPA-2.2 Obese (BMI \geq 30.0)	27.3%	24.6%
NPA-2.3 Morbid obesity (BMI \geq 40.0)	2.9%	2.6%
Target setting method	10 percent improvement	
Data source	Behavioral Risk Factor Surveillance System (BRFSS)	

NPA-3 Increase the proportion of adults that consume five or more servings of vegetables and fruits per day.

Baseline (2009)	17.7%
Target	19.5%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

NPA-4 Reduce the proportion of adolescents (9th-12th graders) that do not consume fruits during the past seven (7) days.

Baseline (2011)	27.6%
Target	24.8%
Target setting method	10 percent improvement
Data source	Youth Risk Behavior Survey (YRBS)

Nutrition and Physical Activity

NPA-5 Reduce the proportion of adolescents (9th-12th graders) that do not consume vegetables during the past seven (7) days.

Baseline (2011)	19.1%
Target	17.2%
Target setting method	10 percent improvement
Data source	Youth Risk Behavior Survey (YRBS)

NPA-6 Increase the proportion of adults who engage in physical activity.

Objectives	Baseline (2009)	Target
NPA-6.1 Adults with 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week	28.0%	30.8%
NPA-6.2 Adults with 20+ minutes of vigorous physical activity three or more days per week	13.7%	15.1%
Target setting method	10 percent improvement	
Data source	Behavioral Risk Factor Surveillance System (BRFSS)	

NPA-7 Increase the proportion of adolescents (9th-12th graders) that engage in physical activity at least 60 minutes per day during the past week.

Baseline (2011)	88.0%
Target	96.8%
Target setting method	10 percent improvement
Data source	Youth Risk Behavior Survey (YRBS)

NUTRITION AND PHYSICAL ACTIVITY STRATEGIES

- Require physicians to include referrals for counseling or education about nutrition and physical fitness to all patients with a diagnosis of cardiovascular disease, diabetes or hyperlipidemia.
- Require the curriculum of all health professional schools to include courses on obesity, healthy weight, nutrition, and physical fitness.
- Require all health professionals to take continuing education courses on obesity, healthy weight, nutrition, and physical fitness.
- Require all primary care physicians to measure the body mass index of their patients, at least once a year.
- Promote vegetable gardens (*huertos caseros*), community gardens (*huertos urbanos*) and farmers markets (*mercados agrícolas*) within the communities.
- Require full compliance with Public Law 146 (August 2000) that establishes physical education courses from Kindergarten to 12th grade as a requirement in the public education system.
- Establish a memorandum of agreement between the Puerto Rico Department of Health (PRDOH) and the Department of Education to allow it access to the Physical Fitness Data Registry.
- Establish a memorandum of agreement between the Puerto Rico Department of Health (PRDOH) and the Puerto Rico Health Insurance Administration (*Administración de Servicios de Salud, ASES*) for the reporting and sharing of health data needed to measure Healthy People 2020 objectives.

NUTRITION AND PHYSICAL ACTIVITY STRATEGIES

- Create, at municipal and state level, supportive environments that facilitate participation in physical activity. This involves provision of parks, walking paths and playgrounds, as well as exercise for health groups; opportunities to engage in sports after school; and installation of physical activity equipment at schools, workplaces and in the community.
- Implement, at municipality level, physical activity programs and initiatives. This includes various types of exercise and sports (walking, hiking, cycling, swimming, dancing, aerobic exercise, rope skipping, yoga, etc.)
- Promote, at municipality level, the creation of more access to places for physical activity.
- Adapt the “2008 Federal Government Physical Activity Guidelines for Americans” issued by the U.S. Department of Health and Human Services.

MATERNAL, INFANT AND CHILD HEALTH



Maternal, Infant and Child Health

Goal: Improve the health and well-being of women, infants, children and families.

OBJECTIVES

MICH-1 Reduce infant and child deaths.

Objectives	Baseline (2009*)	Target
MICH-1.1 All infant deaths (within 1 year).	8.0/1,000	7.2/1,000
MICH-1.2 Children aged 1 to 4 years.	15.0/100,000	13.5/100,000
Target setting method	10 percent improvement	
Data source	Vital Statistics, Department of Health (*Preliminary data)	

MICH-2 Reduce cesarean births among low-risk (full-term, singleton, vertex presentation) women giving birth for the first time.

Baseline (2009*)	44.3%
Target	39.9%
Target setting method	10 percent improvement
Data source	Vital Statistics, Department of Health (*Preliminary data)

MICH-3 Reduce late preterm or live births at 34 to 36 weeks of gestation.

Baseline (2009*)	13.4%
Target	12.1%
Target setting method	10 percent improvement
Data source	Vital Statistics, Department of Health (*Preliminary data)

MICH-4 Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	

Maternal, Infant and Child Health

MICH-5 Increase the proportion of infants who are breastfed.

Objectives	Baseline (2010)	Target
MICH-5.1 Ever	70.0%	77.0%
MICH-5.2 At 6 months	23.5%	25.9%
MICH-5.3 At 1 year	14.5%	16.0%
MICH-5.4 Exclusively through 3 months	19.6%	21.6%
MICH-5.5 Exclusively through 6 months	13.2%	14.5%
Target setting method	10 percent improvement	
Data source	Surveillance ESMIRP (Not a representative sample of all births in Puerto Rico)	

MICH-6 Increase the proportion of young children with an Autism Spectrum Disorder (ASD) and other developmental delays who are screened, evaluated, and enrolled in early intervention services in a timely manner.

Objectives	Baseline	Target
MICH-6.1 Increase the proportion of young children who are screened for an Autism Spectrum Disorder (ASD) and other developmental delays by 24 months of age	To be established	To be established
MICH-6.2 Increase the proportion of children with an ASD with a first evaluation by 36 months of age	To be established	To be established
MICH-6.3 Increase the proportion of children with an ASD enrolled in special services by 48 months of age	To be established	To be established
MICH-6.4 (Development) Increase the proportion of children with a development delay with a first evaluation by 36 months of age	To be established	To be established
MICH-6.5 (Development) Increase the proportion of children with a development delay enrolled in special services by 48 months of age	To be established	To be established
Target setting method	10 percent improvement	
Data source	Puerto Rico Autism Center	

MATERNAL, INFANT AND CHILD HEALTH STRATEGIES

- Educate the public on how to recognize the risks associated with unintentional injuries and the strategies and actions that prevent them from occurring.
- Support and collaborate with the Alliance for the Prevention of Child Abuse efforts to reduce child maltreatment and neglect, Poison Control Centers, and other local public and private entities that devote their efforts to reducing unintentional injuries. Hold regular meetings with their representatives to facilitate the process.
- Engage other organizations to participate and collaborate with the Alliance for the Prevention of Child Abuse efforts.
- Increase services and resources allocated to Home Visiting Programs.
- Integrate the life course perspective into the strategic planning efforts to improve the health of pregnant women, children and their families.
- Monitor the health status of the Maternal, Child and Adolescent Health (MCAH) population. Analyze, interpret and disseminate information on trends and emerging issues in order to help develop strategic plans to improve the health and wellbeing of this population.
- Increase efforts to achieve early detection and treatment of metabolic disorders and congenital anomalies.
- Implement the American College of Obstetricians and Gynecologists' (ACOG) recommendations to reduce inductions or elective cesarean sections before 39 weeks of gestation.

MATERNAL, INFANT AND CHILD HEALTH STRATEGIES

- Empower delivery room staff to support the implementation of the ACOG recommendations related to inductions or elective cesarean sections before 39 weeks of gestation.
- Promote the approval of a Law that recognizes nurse midwives as professionals that should be included as part of the regular delivery room staff in charge of monitoring the progress of labor, particularly during the early stages, and allow hospitals to be reimbursed for their specialized services.
- Educate the public on the importance of completing at least 39 weeks of gestation to increase the opportunities of a better infant birth outcome.
- Educate pregnant women on how to recognize the early signs and symptoms of preterm labor and seek appropriate medical help.
- Educate physicians working in emergency rooms on how to recognize obstetric complications in a timely manner and manage them appropriately.
- Promote at least one hospital per Health Care Region to become a specialized facility capable of managing high-risk pregnancies and infants.
- Provide 17-p Hydroxyprogesterone treatments to women who meet the clinical criteria. Increase awareness of its availability among obstetricians and pregnant women who are potential candidates for this treatment.
- Establish a policy that states that pregnant women with 20 or more weeks gestational age that seek emergency room services should be transferred immediately to the delivery room for evaluation and treatment.

MATERNAL, INFANT AND CHILD HEALTH STRATEGIES

- Adopt the 2006 CDC Recommendations to Improve Preconception Health and Health Care related to evidence-based risk screening, health promotion, and interventions. In addition, increase public awareness of the importance of preconception health behaviors and care, and interconceptional care to provide additional intensive interventions to women who have had a previous pregnancy that ended in an adverse outcome and reproductive life planning.
- Educate the health professionals who serve women in the childbearing age and the population about the importance of adopting healthy lifestyles and achieving their optimal health status prior to conception, in order to improve the outcome of their pregnancy.
- Promote routine annual visits to physicians that include assessments and guidelines aimed to encourage women in their reproductive age to achieve their optimal state of health prior to becoming pregnant.
- Support and strengthen the efforts of the State Committee for the Promotion of Breastfeeding.
- Educate pregnant and lactating women and the population regarding approved legislation that support breastfeeding. Develop and submit additional legislative proposals that can support exclusive breastfeeding.
- Educate pregnant women, women in reproductive age, and the population, including parents and grandparents, on the benefits of breastfeeding in order to increase the support they provide to mothers who are trying to breastfeed their infants.
- Promote the adoption of the UNICEF and World Health Organization (WHO) Baby-Friendly Hospitals Initiative in all local birthing hospitals.

MATERNAL, INFANT AND CHILD HEALTH STRATEGIES

- Promote public policies aimed at establishing centers specialized in evaluating children with a suspicion of autism.
- Use staff working in the Autism Centers as expert resources to educate health care professionals on how to assess and identify suspected cases. Centers affiliated with institutions of higher education should also conduct research on autism in Puerto Rico.
- Train health professionals on how to administer and interpret the results of autism screening tests such as the Modified Checklist for Autism in Toddlers (M-CHAT) and refer suspected cases for further diagnostic testing and treatment to Autism Centers.
- Establish the Puerto Rico Autism Registry.

MENTAL HEALTH AND SUBSTANCE ABUSE



Mental Health and Substance Abuse

Goal: To improve mental health and ensure access to appropriate and quality mental health and substance abuse services for the population of Puerto Rico.

OBJECTIVES

MHSA-1 Reduce suicide rate (X60-X84, Y87.0, U03).

Objectives	Baseline (2009*)	Target
MHSA-1.1 Total suicide rate	8.3/100,000	7.5/100,000
MHSA-1.2 Children and adolescents 17 years and under	0.50/100,000	0.45/100,000
MHSA-1.3 Adults 18 years and older	10.8/100,000	9.7/100,000
Target setting method	10 percent improvement	
Data source	Vital Statistics, Department of Health (*Preliminary data)	

MHSA-2 Reduce suicide attempts by adolescents and adults that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months.

Objectives	Baseline (2011)	Target
MHSA-2.1 Adolescents (9 th -12 th graders)	5.2%	4.7%
MHSA-2.2 Adults 18 years and older	To be established	To be established
Target setting method	10 percent improvement	
Data source	Adolescents-Youth Risk Behavioral Survey	

MHSA-3 Reduce the proportion of persons who experience major depressive disorder (MDD).

Objectives	Baseline (2010)	Target
MHSA-3.1 Adolescent aged 12-17.	6.9%	6.2%
MHSA-3.2 Adults 18 years and older.	35.1%	31.6%
Target setting method	10 percent improvement	
Data source	Center for Mental Health Services- Uniform Reporting System (CMHS-URS)	

MHSA-4 Increase the proportion of persons with mental health problems who receive treatment.

Objectives	Baseline (2010)	Target
MHSA-4.1 Children and adolescents 17 years and under	22.2%	24.4%
MHSA-4.2 Adults 18 years and older	77.7%	85.5%
Target setting method	10 percent improvement	
Data source	Center for Mental Health Services- Uniform Reporting System (CMHS-URS)	

Mental Health and Substance Abuse

MHSA-5 Increase the proportion of adults with mental illness who are employed.

Baseline (2010)	17.2%
Target	18.9%
Target setting method	10 percent improvement
Data source	Center for Mental Health Services- Uniform Reporting System (CMHS-URS)

MHSA-6 Increase the proportion of persons with co-occurring disorders (mental health/alcohol and other drug disorders) who receive treatment.

Objectives	Baseline (2010)	Target
MHSA-6.1 Children and adolescents 17 years and under	6.0%	6.6%
MHSA-6.2 Adults 18 years and older	13.0%	14.3%
Target setting method	10 percent improvement	
Data source	Center for Mental Health Services- Uniform Reporting System (CMHS-URS)	

MHSA-7 Increase the proportion of homeless adults with mental health problems who receive mental health services.

Baseline (2010)	1.1%
Target	1.2%
Target setting method	10 percent improvement
Data source	Center for Mental Health Services- Uniform Reporting System (CMHS-URS)

MHSA-8 Reduce the proportion of adolescents (7th-12th graders) that use substances during the past month.

Objectives	Baseline (2005-2007)	Target
MHSA-8.1 Tabaco.	6.2%	5.6%
MHSA-8.2 Alcohol.	32.2%	29.0%
MHSA-8.3 Illicit drugs (Includes Marijuana, Inhalants, Cocaine, Heroin, Crack, and Designer Drugs).	5.6%	5.0%
Target setting method	10 percent improvement	
Data source	"Consulta Juvenil"	

Mental Health and Substance Abuse

MHSA-9 Increase the proportion of adolescents (7th-12th graders) who disapprove the use of substances.

Objectives	Baseline (2005-2007)	Target
MHSA-9.1 Tobacco.	81.8%	90.0%
MHSA-9.2 Alcohol.	70.7%	77.8%
MHSA-9.3 Illicit drugs (Includes Marijuana, Inhalants, Cocaine, Heroin, Crack, and Designer Drugs).	85.3%	93.8%
Target setting method	10 percent improvement	
Data source	"Consulta Juvenil"	

MHSA-10 Increase the proportion of adolescents (7th-12th graders) who perceived great risk associated with substance use.

Objectives	Baseline(2005-2007)	Target
MHSA-10.1 Tobacco.	81.7%	89.9%
MHSA-10.2 Alcohol.	51.6%	56.8%
MHSA-10.3 Illicit drugs (Includes Marijuana, Inhalants, Cocaine, Heroin, Crack, and Designer Drugs).	67.9%	74.7%
Target setting method	10 percent improvement	
Data source	"Consulta Juvenil"	

MHSA-11 Increase the proportion of admissions to substance abuse treatment for injection drug use.

Baseline (2010)	21.4%
Target	23.6%
Target setting method	10 percent improvement
Data source	ASSMCA Statistical Unit, Planning Office

Mental Health and Substance Abuse

MHSA-12 Increase the proportion of persons who need alcohol and/or illicit drug treatment and receive specialty treatment for abuse or dependence in the past year.

Objectives	Baseline (2008)	Target
MHSA-12.1 Alcohol abuse or dependence treatment.	6.1%	6.7%
MHSA-12.2 Illicit drug abuse or dependence treatment.	24.0%	26.4%
Target setting method	10 percent improvement	
Data source	ASSMCA Need Assessment for Substance Abuse Disorders and Use of Services in Puerto Rico	

MHSA-13 Reduce the rate of alcohol impaired driving (.08 + blood alcohol content (BAC) fatalities).

Baseline (2010)	0.52/100,000
Target	0.47/100,000
Target setting method	10 percent improvement
Data source	NCSA Fatality Analysis Reporting System

MHSA-14 Decrease the number of death attributable to driving while intoxicated.

Baseline (2010)	116
Target	104
Target setting method	10 percent improvement
Data source	Traffic Security Commission

MENTAL HEALTH AND SUBSTANCE ABUSE STRATEGIES

- Develop and implement educational campaigns to educate the community in general about the dangers of alcohol use and abuse among adolescents and to improve their self-esteem.
- Enhance public programs that offer mental health services.
- Amplify mental health services for children and adolescents.
- Integrate the family and significant others into the patient treatment plan.
- Promote the creation of multi-sector coalitions with diverse representation to manage mental health and substance abuse problems from different angles (housing, vocational training, work opportunities, etc.).
- Promote the creation of peer support groups for mental health and substance abuse treatment.
- Promote follow-ups (telephone calls or home visits) for patients at home to increase adherence to medication treatment.
- Broaden programs focusing on relapse prevention in mental health and substance abuse.
- Implement public policies to address the use of alcohol among minors.
- Integrate vocational rehabilitation counselors in treatment programs to assist patient in vocational training and job searching opportunities.
- Amplify access to mental health services and substance abuse treatment in rural areas using an after hour schedule.

MENTAL HEALTH AND SUBSTANCE ABUSE STRATEGIES

- Increase access to treatment services by improving transportation services to persons with mental health problems.
- Develop a psycho-educational model curriculum for strength skills development.

OLDER ADULTS



Older Adults²

Goal: Improve the health and well-being of older adults in Puerto Rico.

OBJECTIVES

OA-1 Increase the proportion of older adults that receive the recommended vaccines.

Objectives	Baseline (2012)	Target
OA-1.1 Seasonal Influenza (Flu)	19.6%	21.6%
OA-1.2 Diphtheria, pertussis (whooping cough) and tetanus	0.00020%	0.00022%
OA-1.3 Varicella zoster (shingles)	3.3%	3.6%
OA-1.4 Pneumococcal	3.8%	4.2%
Target setting method	10 percent improvement	
Data source	Puerto Rico Immunization Registry (PRIR)	

OA-2 Reduce the proportion of older adults that report confusion or memory loss.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

OA-3 Reduce the proportion of older adults that report the need of assistance in one or more activities such as security, transportation, domestic chores or personal care.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

² Older adults include people 65 years and older.

Older Adults

OA-4 Increase the proportion of older adults who receive screenings based on the most recent guidelines.

Objectives	Baseline (2010)	Target
OA-4.1 Breast cancer (mammogram within the past two years)	77.0%	84.7%
OA-4.2 Prostate cancer (PSA test within the past two years)	80.2%	88.2%
OA-4.3 Cervical cancer (pap test within the past three years)	76.6%	84.3%
OA-4.4 Colorectal cancer (blood stool test within the past two years)	12.7%	14.0%
OA-4.5 Colorectal cancer (sigmoidoscopy or colonoscopy ever)	54.5%	60.0%
Target setting method	10 percent improvement	
Data source	Behavioral Risk Factor Surveillance System (BRFSS)	

OA-5 Reduce the proportion of older adults that report having Alzheimer disease or other dementia.

Baseline	To be established
Target	To be established
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

OA-6 Increase the proportion of older adults that engage in physical activity during the past month.

Baseline (2010)	50.1%
Target	55.1%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

OA-7 Increase the proportion of older adults that consume five or more servings of vegetables and fruits per day.

Baseline (2009)	18.0%
Target	19.8%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

Older Adults

OA-8 Increase the proportion of older adults that visit the dentist or dental clinic within the past year for any reason.

Baseline (2010)	69.8%
Target	76.8%
Target setting method	10 percent improvement
Data source	Behavioral Risk Factor Surveillance System (BRFSS)

OLDER ADULTS STRATEGIES³

- Create individual empowerment in the population aged 65 years and older, in order to claim to the health care provider or insurer the vaccination against influenza, as TDaP and Varicella zoster and pneumococo.
- Encourage educational activities to the provider and to the beneficiary on the necessity of vaccination against influenza as TDaP and Varicella zoster and Pneumococcal.
- Create collaborative partnerships between the private sector, insurance, Medicare Advance, medical associations and other organizations that serve the population aged 65 years and more to promote vaccines of: Seasonal Influenza (Flu); Diphtheria, pertussis (whooping cough) and tetanus; Varicella zoster (shingles); Pneumococcal as a preventive measure.
- Propose an amendment to the vaccination Act 25 of 1983, making compulsory that all adults aged 65 and older have all immunizations before entering a prolonged care center or multi service center.
- Educate the population aged 65 years and younger, who are at a greater risk of developing Alzheimer's disease, some type of dementia or any other condition about healthy lifestyles.
- Promote the development of educational campaigns to the population and the medical community on measures for the early identification of patients with Alzheimer's disease and thus prolonging a healthy and independent life.
- Promote standardized strategies of intervention with an interdisciplinary team, once diagnosed the Alzheimer's patient, in order to maintain their quality of life.

³ Older adults include people 65 years and older.

OLDER ADULTS STRATEGIES

- Promote the population aged 65 years and older to maintain cognitively active and productive in the community, workplace or home.
- Promote screening tests in the population aged 50 years and more, who are at a higher risk of developing Alzheimer's disease, some type of dementia or any other condition, to help identify risk factors for cardiovascular conditions and diabetes.
- Promote the health of the caregivers of Alzheimer's patient, by providing support and assistance through community-based groups, associations, housekeepers, and others.
- Encourage changes in the curriculum of medical schools and continuing education schools, so it focuses on primary care / prevention and Gerontology.

Appendices





APPENDIX A



Meeting with Experts

March 27. 2012



Promoviendo una
Vida Saludable

Puerto Rico Gente Saludable 2020
Promoviendo una Vida Saludable

Departamento de Salud
Secretaría Auxiliar de Planificación y Desarrollo

Reunión de "Stakeholders"

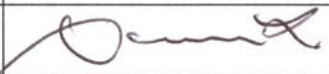
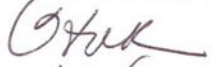
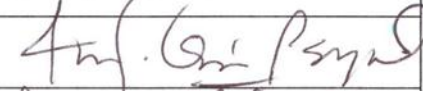
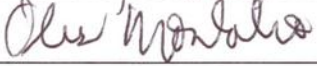



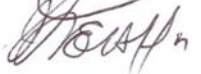
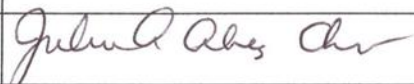

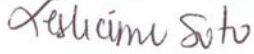
Hoja de Asistencia

Nombre del Participante	Agencia/División	Mesa	Firma
Ada Laureano	Coordinadora Programa de Educación, Alimento y Nutrición Programa de Extensión Agrícola	MESA 5	<i>Ada Laureano</i>
Alma Negrón	Departamento de Salud		<i>Alma N. Negrón</i>
Amy Samalot	Directora Ejecutiva Comisión de Alimentación y Nutrición de Puerto Rico	MESA 5	<i>Amy Samalot</i>
Benjamín Rodríguez	Ayudante Especial Oficina del Secretario de Salud	MESA 5	<i>Benjamín Rodríguez</i>
Daniel Ramos	Coordinador Enlace Clínico Asociación de Salud Primaria de Puerto Rico	MESA 2	<i>Daniel Ramos</i>
Evelyn López	Administrador Auxiliar Servicios de Prevención, ASSMCA	MESA 1	<i>Evelyn López</i>
Gloria del C. Amador	Directora Auxiliar Programas Especiales III Departamento de Salud	MESA 4	<i>Gloria del C. Amador</i>

27 de marzo de 2012

**Puerto Rico Gente Saludable 2020
Promoviendo una Vida Saludable**

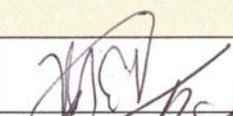
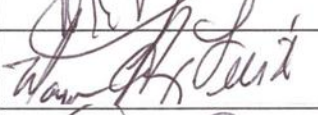
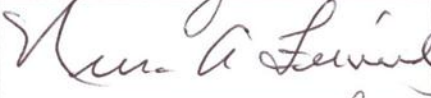
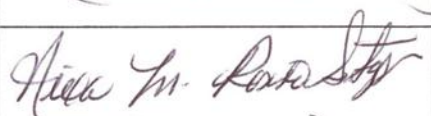
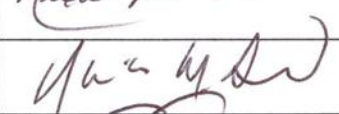
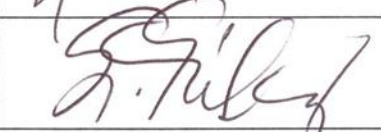
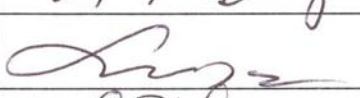
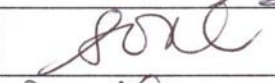
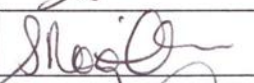
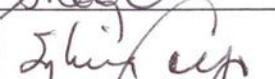
Reunión de "Stakeholders"

Nombre del Participante	Agencia/División	Mesa	Firma
	de la Capital		
Guillermo Tortolero	Director Centro Comprensivo de Cáncer	MESA 2	
Himilce Vázquez Rivera	Programa de Madres, Niños y Adolescentes Departamento de Salud	MESA 5	
Ibis Carrión	Caribbean Basin Hispanic ATTC Universidad Central del Caribe	MESA 1	
Ibis Montalvo	Departamento de Salud		
Jessica Irizarry	Departamento de Salud		
José A. Bartolomei Díaz	Director Programa de ASMA	MESA 3	
José Vázquez	Secretario Auxiliar Secretaría Auxiliar de Planificación y Desarrollo Departamento de Salud		
Juan Carlos Zevallos	Director Endowed Health Services Research Center, UPR-RCM	MESA 2	
Julius Alvarez Chardón	Supervisor Regional División de Prevención de VIH, DS	MESA 4	
Leonardo Pérez	Coordinador Programa de Diabetes, DS	MESA 3	
Leslian Soto			

27 de marzo de 2012

Puerto Rico Gente Saludable 2020
Promoviendo una Vida Saludable

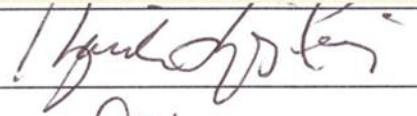
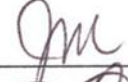

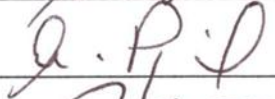



Reunión de "Stakeholders"

Nombre del Participante	Agencia/División	Mesa	Firma
María Elena Collazo	COSSMA	MESA 3	
Mayra Hernández	Directora División de Salud y Bienestar	MESA 2	
Nadia Gardana	Departamento de Salud		
Nivia Fernández Hernández	Presidenta Comisión de Nutrición y Alimentación, DS	MESA 3	
Nixa Rosado	Directora Interina División de Evaluación y Monitoreo Departamento de Salud		
Nuria Soto	Coordinadora Programa de Vacunación, DS	MESA 4	
Samira Sánchez	Especialista de Planificación / Recurso de Apoyo OPS/OMS-PR Departamento de Salud-Nivel Central		
Sandra Miranda	Directora Sistema de Vigilancia VIH/SIDA, DS	MESA 4	
Sharon Ortiz	Departamento de Salud		
Suzanne Roig	ASSMCA, CSM Bayamón	MESA 1	
Sylvia Collazo	Directora Servi Med Alliance	MESA 2	

27 de marzo de 2012

Puerto Rico Gente Saludable 2020
Promoviendo una Vida Saludable

Reunión de "Stakeholders"

Nombre del Participante	Agencia/División	Mesa	Firma
Zaida López	Departamento de Salud		
Mariela Jorge	Asesor Aux. - Ofic. del Gobernador	Mesa 5	
Emil Garín	Universidad de Puerto Rico	Mesa 2	
Ana Pujol	Ofic. Procuradore Prs. Pensionados y		
Dr. Víctor Ayala	ASSMCA Tercere Edad	Mesa 1	
Dr. Hilaria Ríos	ASSMCA adm. aux de Tratamiento		
Dr. Gloria Hernández	Dr. Salud P. SIS Anticancer	Mesa 5	

27 de marzo de 2012

Meeting with Experts and Collaborators

May 30, 2012



Promoviendo una
Vida Saludable

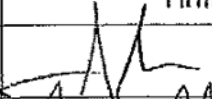
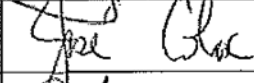
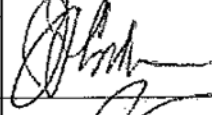

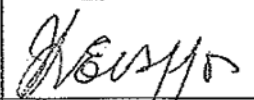
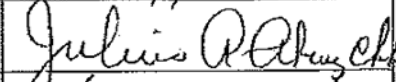
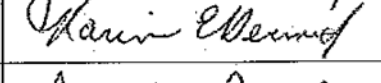
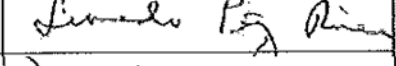
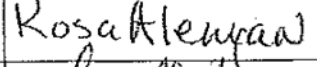
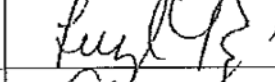
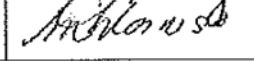
Departamento de Salud
Secretaría Auxiliar de Planificación y Desarrollo

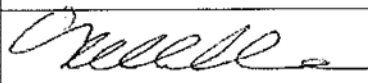
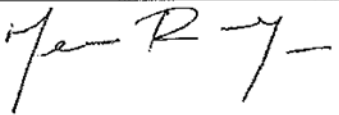


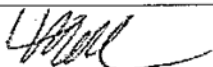
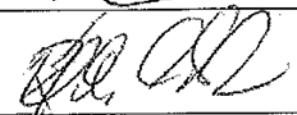

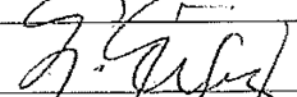
Hoja de Asistencia

Puerto Rico Gente Saludable 2020: Promoviendo una vida saludable

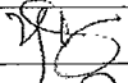
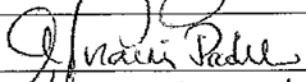

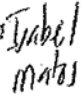
Nombre del Participante	Agencia/División	Teléfonos	Firma
Alma Martínez Quiñones	Anotadora	Mesa #3: Nutrición y Actividad Física	<i>Alma Martínez Quiñones</i>
Alma Negrón Marrero	Facilitadora Departamento de Salud	Mesa #1: Salud Mental y Abuso de Sustancia	<i>Alma N. Marrero</i>
Angelita Negrón	Oficina de Planificación, ASSMCA	Mesa #1: Salud Mental y Abuso de Sustancia	<i>Angelita Negrón</i>
Benjamín Rodríguez	Ayudante Especial Oficina del Secretario de Salud	Mesa #6: Personas de Edad Avanzada	<i>B. Rodríguez</i>
Bessie R. López Meléndez	Co-Presidenta del Estado Grupo de Prevención Comunitaria	Mesa #4: Enfermedades Transmisibles	<i>Bessie R. López Meléndez</i>

Nombre del Participante	Agencia/División	Teléfonos	Firma
Chared De Jesús	Anotadora Departamento de Salud	Mesa #1: Salud Mental y Abuso de Sustancia	<i>Chared De Jesús</i>
Dra. Ana Medina	Emergencióloga Academia Americana de Pediatría	Mesa #5: Madre, Niños y Adolescentes	<i>A. Medina</i>
Evadne Cox McCleary	Presidenta del Concejo Concejo de Salud Mental de Puerto Rico	Mesa #1: Salud Mental y Abuso de Sustancia	<i>Evadne McCleary</i>
Felicita Cintrón	ASSMCA	Mesa #1: Salud Mental y Abuso de Sustancia	<i>Felicita Cintrón</i>
Gloria del C. Amador	Directora Auxiliar de Programas Especiales III Departamento de Salud de la Capital	Mesa #4: Enfermedades Transmisibles	<i>[Signature]</i>
Guillermo Tortolero	Director Centro Comprensivo de Cáncer	Mesa #2: Enfermedades No Transmisibles	<i>Guillermo Tortolero</i>
Ivonne Angleró	Internado Nutrición y Dietética, RCM	Mesa #3: Nutrición y Actividad Física	<i>Ivonne Angleró</i>
Jessica Irizarry	Epidemióloga Programa de Diabetes, DS	Mesa #2: Enfermedades No Transmisibles	<i>Jessica Irizarry</i>
José A. Bartolomei Díaz <i>Waldo Hernández</i>	Director Programa de ASMA	Mesa #2: Enfermedades No Transmisibles	<i>Waldo A. Hernández</i>

Nombre del Participante	Agencia/División	Teléfonos	Firma
José Acarón	AARP Puerto Rico	Mesa #6: Personas de Edad Avanzada	
José Colón García	Sistema de Vigilancia ETS	Mesa #4: Enfermedades Transmisibles	
José Fernando Cordero	Decano Escuela de Salud Pública	Mesa #5: Madre, Niños y Adolescentes	
José Vázquez	Facilitador	Mesa #6: Personas de Edad Avanzada	
Juan Carlos Zevallos	Director Endowed Health Services Research Center, UPR-RCM	Mesa #2: Enfermedades No Transmisibles	
Julius Álvarez Chardón	Supervisor Regional División de Prevención de VIH, DS	Mesa #4: Enfermedades Transmisibles	
Karim Bermúdez	Anotadora	Mesa #5: Madre, Niños y Adolescentes	
Leonardo Pérez	Coordinador Programa de Diabetes, DS	Mesa #2: Enfermedades No Transmisibles	
Luz Figueroa <i>Rosa Alemán</i>	Asociación Puertorriqueña del Pulmón	Mesa #2: Enfermedades No Transmisibles	
Luz Marrero	Fondos Unidos de P.R.	Mesa #5: Madre, Niños y Adolescentes	
Margarita Moscoso	UPR, Bayamón <i>Fundación R.P. de la Educación</i>	Mesa #1: Salud Mental y Abuso de Sustancia	

Nombre del Participante	Agencia/División	Teléfonos	Firma
María Rullán	Facilitadora	Mesa #5: Madre, Niños y Adolescentes	
Mercedes Rivera Morales	Departamento de Educación Física y Recreación Universidad de Puerto Rico Recinto de Río Piedras	Mesa #3: Nutrición y Actividad Física	
Nadia Gardana	Facilitadora	Mesa #3: Nutrición y Actividad Física	
Nilka R. Vargas Negrón <i>Maria del Pilar Negrón</i>	Directora Programa de Salud Escolar Departamento de Educación	Mesa #5: Madre, Niños y Adolescentes	
Nixa Rosado	Facilitadora	Mesa #2: Enfermedades No Transmisibles	
Raúl Colón	Director Programa de Educación Física, Departamento de Educación	Mesa #3: Nutrición y Actividad Física	
Rosa M. Rivera Negrón	Correctional Health Services, Corp.	Mesa #4: Enfermedades Transmisibles	
Samira Sánchez	Facilitador	Mesa #4: Enfermedades Transmisibles	

Nombre del Participante	Agencia/División	Teléfonos	Firma
Suzanne Roig	ASSMCA, CSM Bayamón	Mesa #1: Salud Mental y Abuso de Sustancia	<i>[Signature]</i>
Victor Torraño	Consultor Administración Auxiliar de Tratamiento, ASSMCA	Mesa #1: Salud Mental y Abuso de Sustancia	<i>[Signature]</i>
Waleska Crespo	Centro de Diabetes para Puerto Rico	Mesa #2: Enfermedades No Transmisibles	<i>Wcrespo</i>
William Torres	Director Ejecutivo Registro de Alzheimer, DS	Mesa #6: Personas de Edad Avanzada	<i>williamtorres</i>
Zaida López Yadira Pereira	Anotadora	Mesa #2: Enfermedades No Transmisibles	<i>[Signature]</i>
Dra Ana Medina	Academia Americana Pediatría	Mesa #5 Pediatría	<i>[Signature]</i>
Juliete Ortiz Marrón	Soc. Gerontología RR	787-410-8831	<i>[Signature]</i>
Quishas I. Miranda	Dept. Salud		<i>[Signature]</i>
Madelyn Del Sol	Vac. DS	787-567-7615	<i>[Signature]</i>
Rosa M. Alemán	Asoc. Pulmón	787-765-5464	
Ruby A Serran	BRPS		<i>[Signature]</i>
Aurora Rodríguez	DMNA	765-2924 x4 4547	<i>[Signature]</i>

Nombre del Participante	Agencia/División	Teléfonos	Firma
Vomary Reyes	DS - Ryan White	766-2805, ext. 5108	
Noraima Padell	Dept. de Educ. - Efi	226-9000/462-8460	
Alana Marrero	Nutrición - Bill's Kitchen	754-6505 / 374-7664	
Tronnie Angeli	REM - Nutrición		



APPENDIX B



Puerto Rico

Gente Saludable 2020

Ejercicio 1

Cuestionario sobre Área Temática

Instrucciones: Favor completar este cuestionario tomando en consideración la información suministrada, documentos de referencia, sus experiencias con el área temática a evaluar y las necesidades apremiantes que tiene Puerto Rico en cuanto a salud pública. Recuerde que el propósito principal de la actividad es determinar las áreas temáticas que se trabajarán en Puerto Rico Gente Saludable 2020 (PRGS 2020).

Área Temática a Evaluar: _____

Preguntas de los Objetivos del Área Temática

Identificar los objetivos del área temática y evaluarlos a raíz de los siguientes criterios:		
1. ¿Conoce usted de iniciativas existentes que se estén trabajando a nivel estatal y/o federal y que guarden alguna relación con el área temática evaluada?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Identifique las iniciativas existentes .		

Identificar los objetivos del área temática y evaluarlos a raíz de los siguientes criterios:		
2. ¿Conoce usted de nuevas iniciativas que se estén trabajando a nivel estatal y/o federal y que guarden alguna relación con el área temática evaluada?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Identifique las nuevas iniciativas.		
3. ¿Existen fuentes de información para medir el cumplimiento de los objetivos?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
Identifique las fuentes de información.		

Identificar los objetivos del área temática y evaluarlos a raíz de los siguientes criterios:

4. En su opinión, ¿qué barreras pueden contribuir a que no se alcancen los objetivos del área temática?

5. Utilizando la **Hoja de Objetivos** provista, favor hacer una marca de cotejo (✓) en los objetivos que se deben incluir en el área temática.

6. ¿Cuáles de los **objetivos seleccionados** se pueden enmarcar dentro del marco conceptual Estilos de Vida Saludables? Favor marcarlos en la Hoja de Objetivos provista.

Preguntas Generales del Área Temática

7. Favor identificar las poblaciones impactadas dentro del área temática.		
8. ¿Entiende usted que esta área temática representa un reto para la salud de la población de Puerto Rico?	<input type="checkbox"/> Sí	<input type="checkbox"/> No
9. Según su conocimiento ¿El área temática está identificada como una de prioridad a nivel estatal?	<input type="checkbox"/> Sí	<input type="checkbox"/> No



APPENDIX C



Puerto Rico

Gente Saludable 2020

Ejercicio 2

Priorización de Áreas Temáticas

Mesa 1

1. Realice una evaluación de las 4 Áreas Temáticas tomando en consideración el análisis realizado. Asigne un valor entre 1-4, siendo: 1 = área temática de <u>mayor</u> prioridad 4 = área temática de <u>menor</u> prioridad		Observaciones
Abuso de sustancias		
Acceso a Servicios de Salud		
Salud en el adolescente		
Salud mental y desórdenes mentales		

Integración de Áreas Temáticas
1. Analizando el área temática de mayor prioridad (1) seleccionada anteriormente. Identificar los objetivos de las áreas temáticas que están bajo la escala 2-4 que puedan ser integrados en el área temática de mayor prioridad (1).



Puerto Rico

Gente Saludable 2020

Ejercicio 2

Priorización de Áreas Temáticas

Mesa 2

1. Realice una evaluación de las 3 Áreas Temáticas tomando en consideración el análisis realizado. Asigne un valor entre 1-3, siendo: 1 = área temática de <u>mayor</u> prioridad 3 = área temática de <u>menor</u> prioridad		Observaciones
Cáncer		
Enfermedades del corazón		
Programas educativos y de base comunitaria		

Integración de Áreas Temáticas
1. Analizando el área temática de mayor prioridad (1) seleccionada anteriormente. Identificar los objetivos de las áreas temáticas que están bajo la escala 2-3 que puedan ser integrados en el área temática de mayor prioridad (1).



Puerto Rico

Gente Saludable 2020

Ejercicio 2

Priorización de Áreas Temáticas

Mesa 3

1. Realice una evaluación de las 4 Áreas Temáticas tomando en consideración el análisis realizado. Asigne un valor entre 1-4, siendo: 1 = área temática de <u>mayor</u> prioridad 4 = área temática de <u>menor</u> prioridad		Observaciones
Actividad física y peso saludable		
Diabetes		
Enfermedades respiratorias		
Nutrición		

Integración de Áreas Temáticas
1. Analizando el área temática de mayor prioridad (1) seleccionada anteriormente. Identificar los objetivos de las áreas temáticas que están bajo la escala 2-4 que puedan ser integrados en el área temática de mayor prioridad (1).



Puerto Rico

Gente Saludable 2020

Ejercicio 2

Priorización de Áreas Temáticas

Mesa 4

1. Realice una evaluación de las 4 Áreas Temáticas tomando en consideración el análisis realizado. Asigne un valor entre 1-4, siendo: 1 = área temática de <u>mayor</u> prioridad 4 = área temática de <u>menor</u> prioridad		Observaciones
Enfermedades de transmisión sexual		
Infraestructura en salud pública		
Vacunación y enfermedades infecciosas		
VIH		

Integración de Áreas Temáticas

- Analizando el área temática de mayor prioridad (1) seleccionada anteriormente. Identificar los objetivos de las áreas temáticas que están bajo la escala 2-4 que puedan ser integrados en el área temática de mayor prioridad (1).



Puerto Rico

Gente Saludable 2020

Ejercicio 2

Priorización de Áreas Temáticas

Mesa 5

1. Realice una evaluación de las 4 Áreas Temáticas tomando en consideración el análisis realizado. Asigne un valor entre 1-4, siendo: 1 = área temática de <u>mayor</u> prioridad 4 = área temática de <u>menor</u> prioridad		Observaciones
Salud en personas de edad avanzada		
Salud materno infantil y de la niñez		
Planificación familiar		
Prevención de lesiones		

Integración de Áreas Temáticas

- Analizando el área temática de mayor prioridad (1) seleccionada anteriormente. Identificar los objetivos de las áreas temáticas que están bajo la escala 2-4 que puedan ser integrados en el área temática de mayor prioridad (1).



APPENDIX D

Meetings for the Selection of Topic Areas, Objectives and Strategies

