

A SNAPSHOT OF HOW THE TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT WORKS IN YOUR STATE

## Puerto Rico

### Maternal and Child Health Block Grant 2019

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit [www.amchp.org](http://www.amchp.org).

MCH Block Grant Funds to Puerto Rico

FY 2016	FY 2017	FY 2018
\$15,643,430	\$15,636,032	\$15,800,897

**Title V Administrative Agency:**

Puerto Rico Department of Health  
Maternal, Child and Adolescent Health Division  
Children with Special Medical Needs Division

\*States must provide a three dollar match for every four Federal dollars allocated.

### Protecting and Improving the Health of Puerto Rico's Families

**Women/Maternal Health** - MCAH centers attention to women in the pre-conceptive and inter-conceptive periods. The development of the Women in Reproductive Age Preventive Health and the Maternal Care Guidelines will enhance their health status. The implementation of the Law # 188 regarding the establishment of the Maternal Mortality Epidemiologic Surveillance System (MMESS) and the Review Committee, the PRDOH Administrative Order Num. 366, requiring all birthing hospitals to incorporate the Hard Stop Policy, and the level of care assessment using the CDC LOCATe tool are strategies to decrease infant and maternal mortality and to ensure adequate services for the population. The Home Visiting Program (HVP) is the cornerstone of the MCAH and, together with the perinatal nurses and the community health workers, has been instrumental in the prevention of the Zika virus transmission campaign island wide, the promotion of preventive visits and supporting services to families through individual education, screenings, referrals and follow-ups. After the impact of hurricanes Irma and María MCAH staff worked tirelessly to identify the needs of the MCH population and link them to resources available in the community from government and private entities.

**Perinatal/Infant Health** – Infant Mortality (IM) is a top priority for which MCAH will continue to focus its efforts on strategies to decrease premature, LBW and ZIKA virus infections. The PHSG, Hard Stop Policy, the multimedia campaign The Encounter of my Life, the CDC LOCATe initiative, the PR FIMR and the MMESS efforts are evidence-based strategies to increase infant survival. The PR Breastfeeding Promotion Collaborative Group, the Baby Friendly Hospitals Initiative and the implementation of a National Plan for Obesity Prevention in PR, with emphasis on promoting the initiation and prolongation of breastfeeding, are also contributors to decreasing infant mortality.

**Child Health** – Improving the health and wellbeing of children includes decreasing morbidity due to chronic conditions, reducing unintentional injuries, and strengthening the socio-emotional development in the pediatric population. Promoting the children's preventive care and the use of the PR Pediatric Preventive Health Care Services Guidelines (PPHCSG) and EPSDT, and providing the Responsible Parenting Courses (0-5 and 6-11 years) increases the opportunities for effective interventions to optimize the following measures of well-child care: evaluation of development, nutritional habits, physical activities, immunization, injury prevention, reduction of forgotten baby syndrome, perform screenings and provide anticipatory guidance.

**Adolescent Health** – Youth participation and youth/adult alliances are MCAH's main assets towards youth's health/wellbeing and Positive Youth Development leads all initiatives. Youth Health Promoters Project empowers youths in public schools to adopt healthy behaviors and reach their full potential while promoting health and wellbeing. The second Youth Advisory Council (2018-2020) includes 20 youths with diverse capabilities/orientations from across the island. PRYAC gives advice on initiatives and public policies regarding adolescent health, carries out public education, and represents DOH within and outside PR. MCAH partnered with a HRSA-Funded Health Center to develop PR's Youth Friendly Healthcare Services to promote healthy lifestyles and annual adolescent well-visits. A mass media campaign on youth's health/wellbeing and annual health visit was launched. Due to the devastating effects of hurricanes Irma and María over Puerto Rico, a special intervention (Hope after the Hurricane) was developed to help youths understand and respond to these unexpected events and promote solidarity.

**Children with Special Health Care Needs –** The CSHCNP focuses on the implementation of activities and enhancing systems to continuously improve the quality of services and family-centered care, including the transition of children to adult health care services. To identify Autism Spectrum Disease (ASD) before 3 years of age, efforts are focused on strengthening early identification and diagnosis by providing orientation and training to enhance competencies on surveillance, ASD screening, and diagnosis to health care providers and early childhood professionals; as well as providing families with resources to be active participants in developmental monitoring. To reduce the prevalence of Neural Tube Defects at birth, the CSHCNP continues to support the Birth Defects Surveillance and Prevention System, collaborate with stakeholders, identify high-risk populations through surveillance data, as well as provide support and link families of children with congenital disabilities to services promptly. The implementation of electronic medical records and telehealth services remain as a health information technology CSHCNP priority to ensure access to health services as well as consistent follow-up, tracking, and monitoring of infants, children, and youth with special health care needs. Lastly, the CSHCN Program continues to be the lead for services and care coordination for families affected by the Zika virus infection.

## Percentage Served by the Puerto Rico MCH Program\*

100.0%	Pregnant women
89.0%	Infants under one
17.0%	Children and adolescents
19.0%	Children - special healthcare needs
52.0%	Others

\*2017 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

## Priority Health Needs in Puerto Rico

- Improve Women of Reproductive Age's (WRA) health and wellbeing, including emergent conditions
- Improve birth outcomes
- Decrease infant mortality
- Improve children's health and wellbeing
- Improve adolescent's health and wellbeing
- Increase the number of CSHCN who receive regular ongoing comprehensive health care within a medical home
- Increase the number of CSHCN aged 12 to 17 years who receive adequate support and services for their transition to adult health care
- Decrease the age when children at risk for Autism Spectrum Disorders (ASD) receive their first diagnostic evaluation
- Reduce the prevalence at birth of neural tube defects
- Implementation of health information technology to increase access to necessary health services, ensure consistent tracking and monitoring of CSHCN and improve CSHCN program data

## State Selected National Performance Measures

- Well Woman Visit
- Risk-Appropriate Perinatal Care
- Breastfeeding
- Adolescent Well-Visit
- Medical Home
- Transition
- Preventive Dental Visit

For more information, contact:

### Maternal & Child Health

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## Current Special Projects of Regional and National Significance (SPRANS)

### State Systems Development Initiative (SSDI)

DEPARTMENT OF HEALTH  
 San Juan, PR