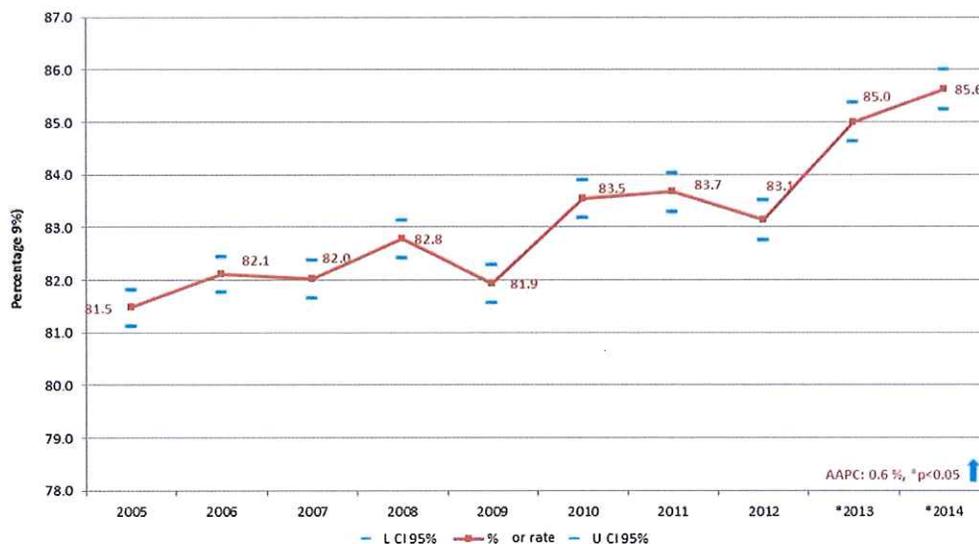
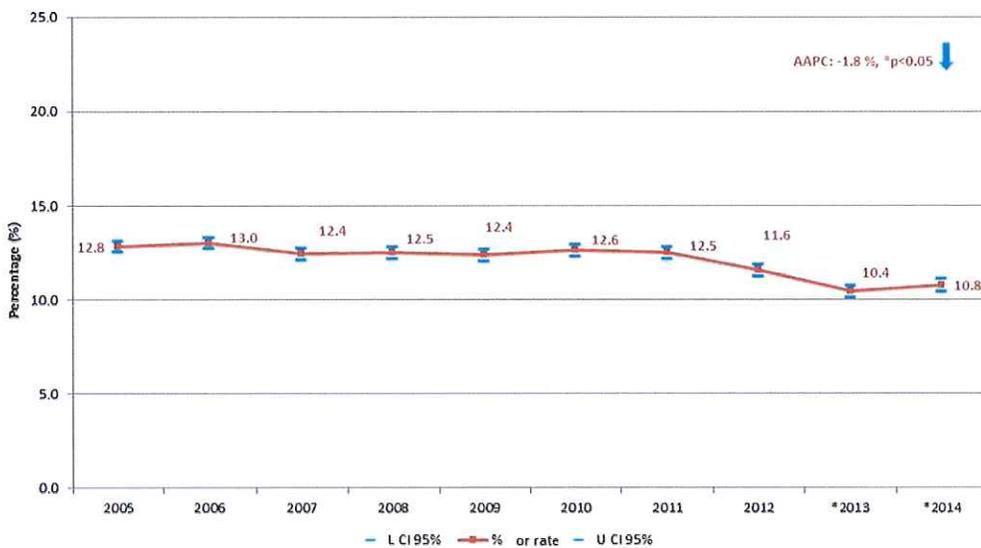


**Figure 1: Prenatal Care during 1st trimester
Puerto Rico: 2005-2014**



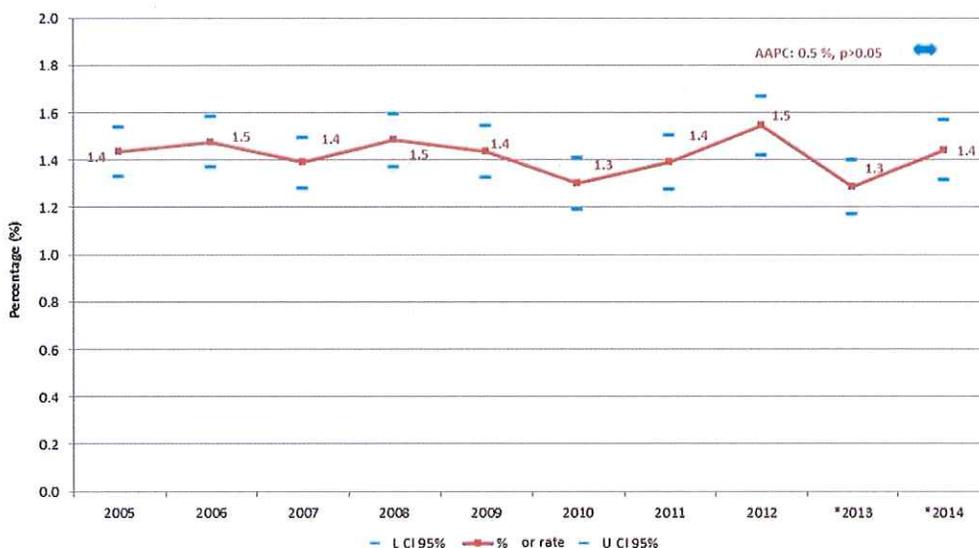
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 2: Percentage of Low Birth Weight
Puerto Rico: 2005-2014**



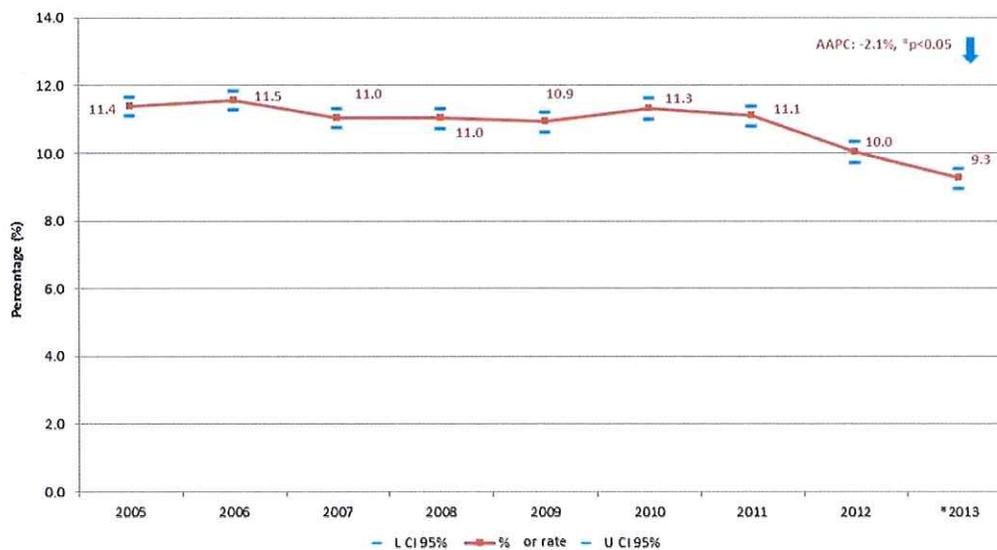
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 3: Percentage of Very Low Birth Weight
Puerto Rico: 2005-2014**



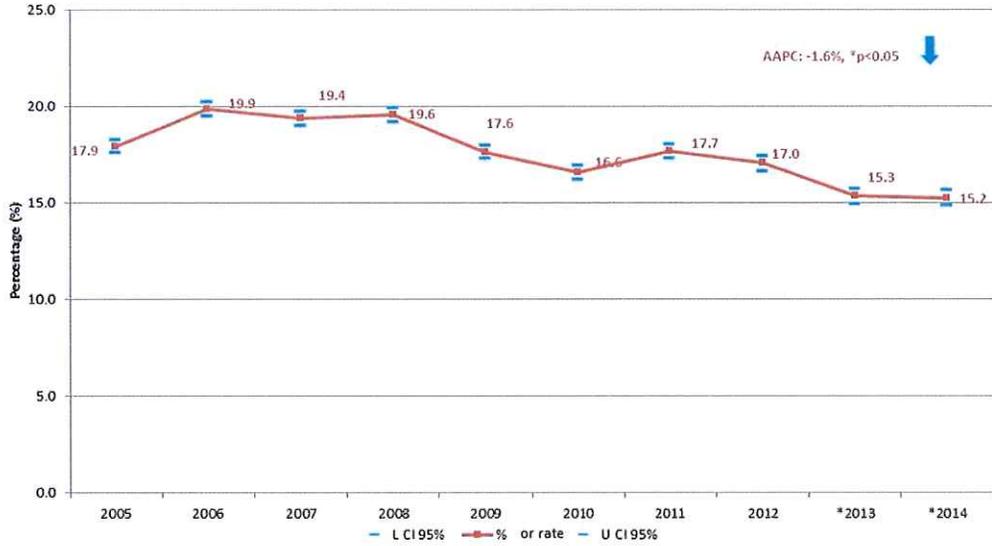
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 4: Percentage of Moderately Low Birth Weight
Puerto Rico: 2005-2014**



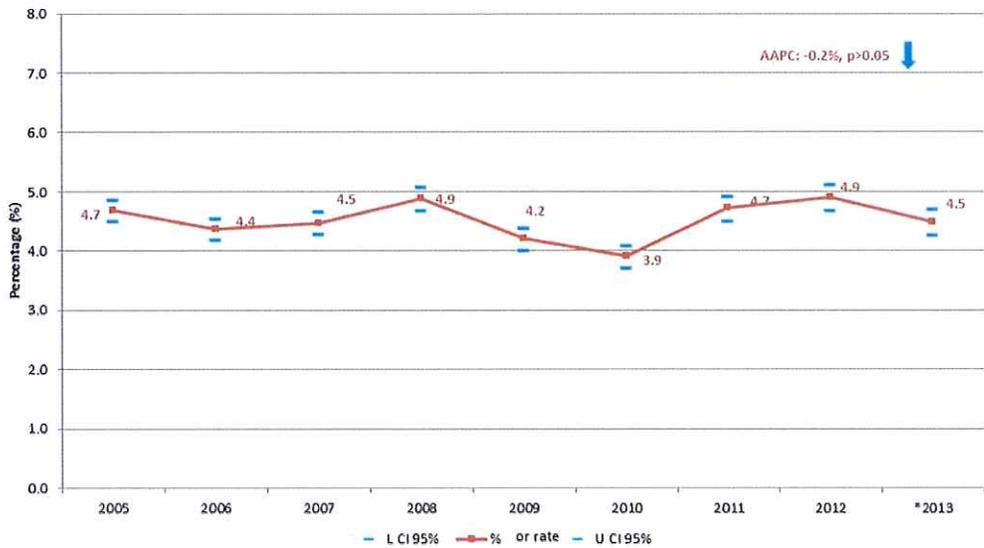
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 5: Percentage of Premature Births (<37 weeks)
Puerto Rico: 2005-2014**



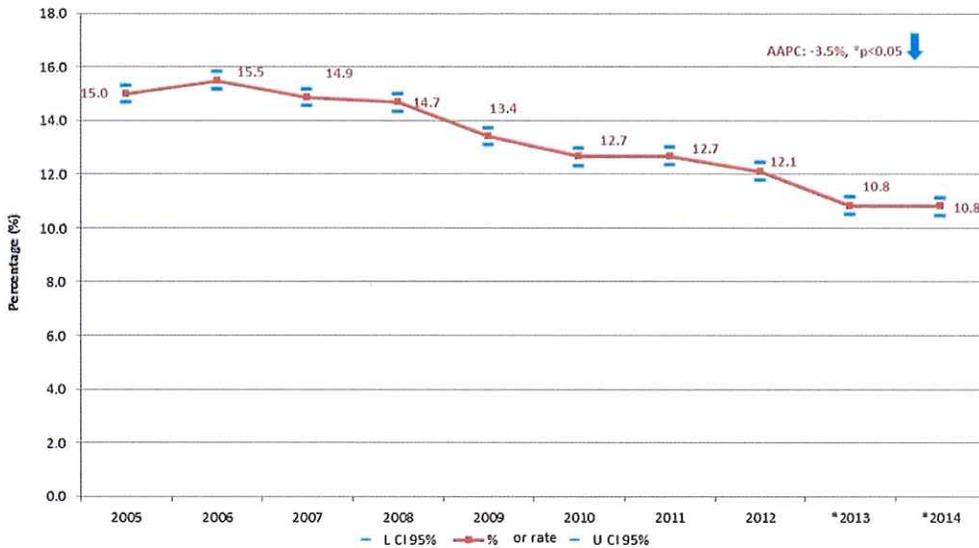
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 6: Percentage of Early Premature Births (<34 weeks)
Puerto Rico: 2005-2014**



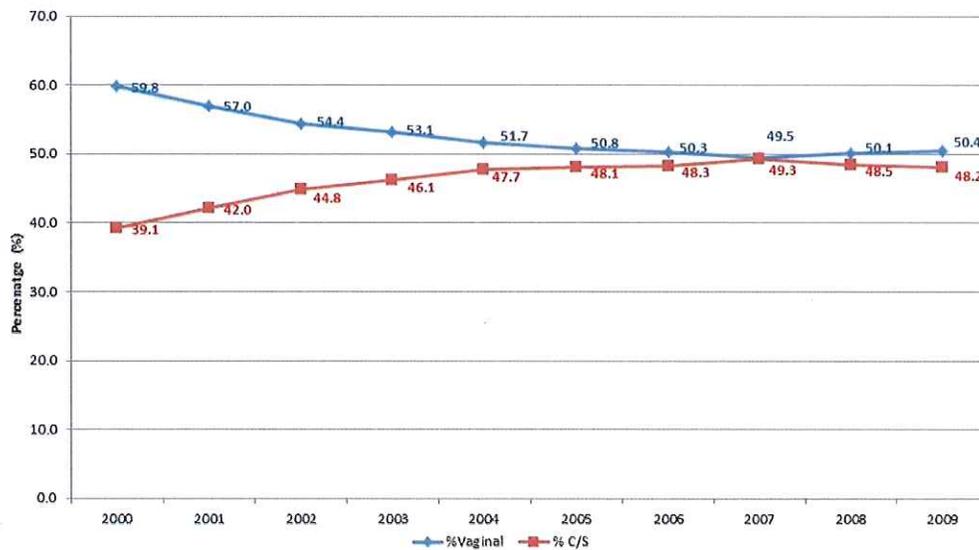
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 7: Percentage of Late Premature Births (34-36 weeks)
Puerto Rico: 2005-2014**



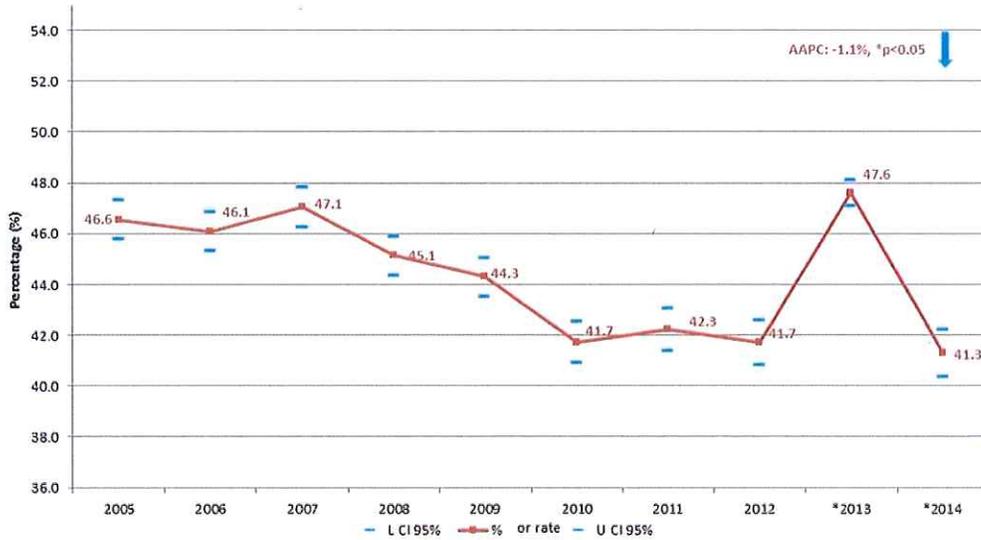
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 8: Percentage of Births by Method
Puerto Rico: 2005-2014**



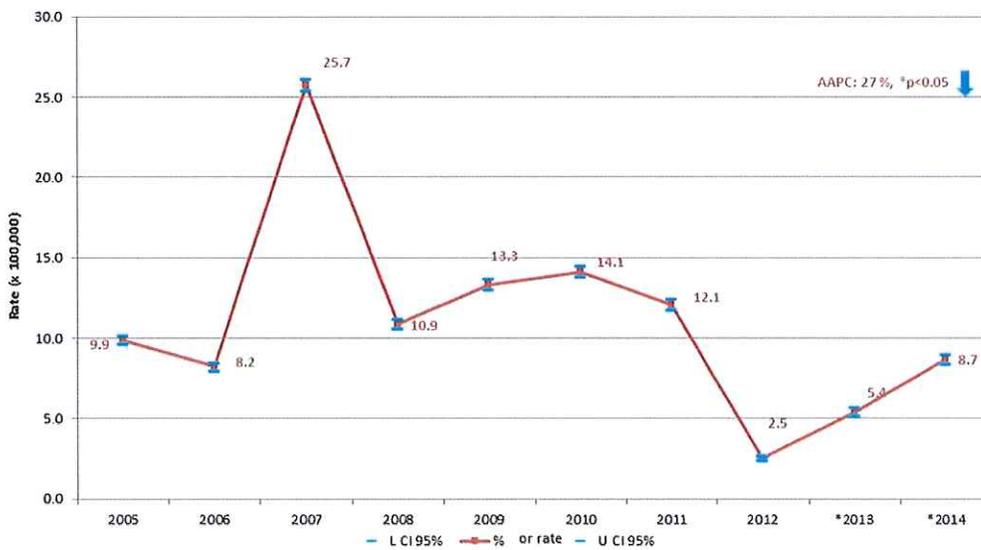
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 9: Percentage of Births by Method
Puerto Rico: 2005-2014**



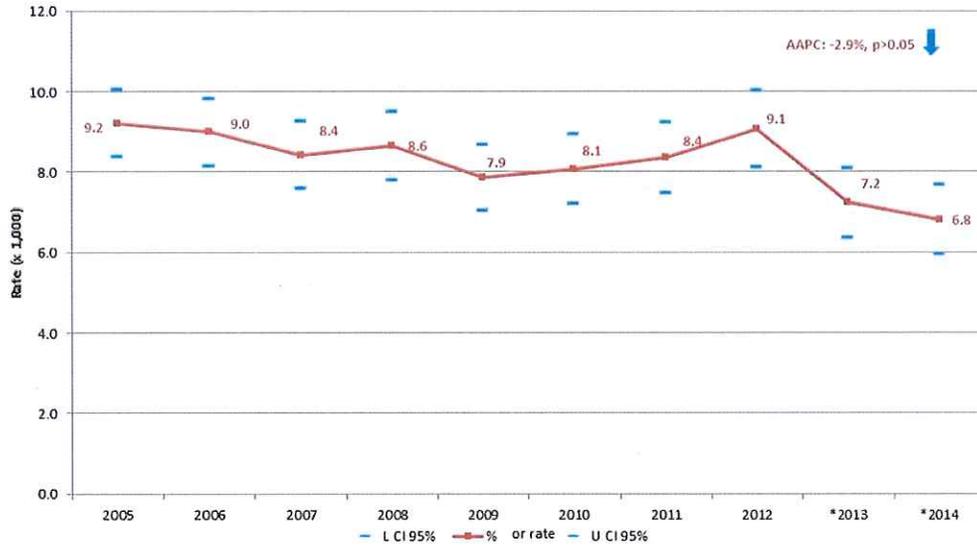
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 10: Maternal Mortality Rate
Puerto Rico: 2005-2014**



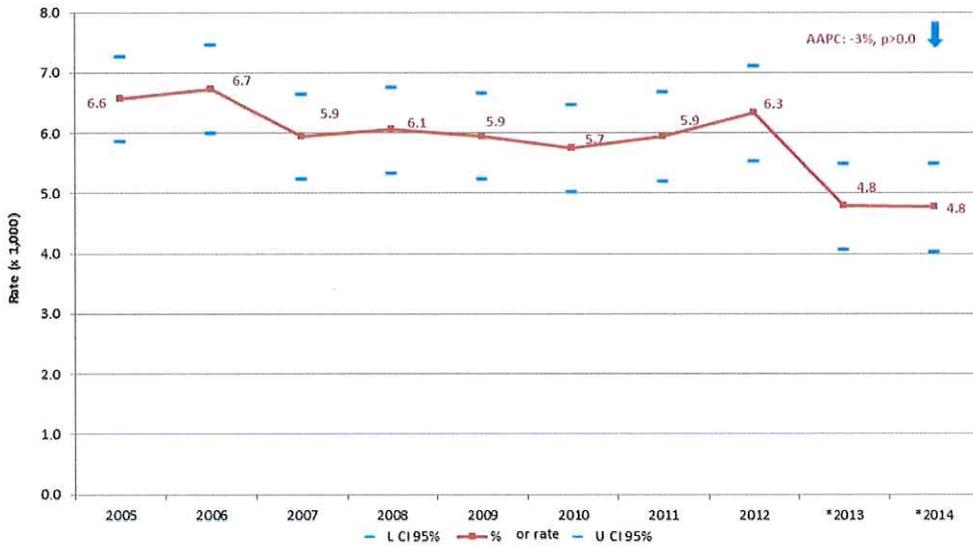
Source: Death and Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 11: Infant Mortality Rate
Puerto Rico: 2005-2014**



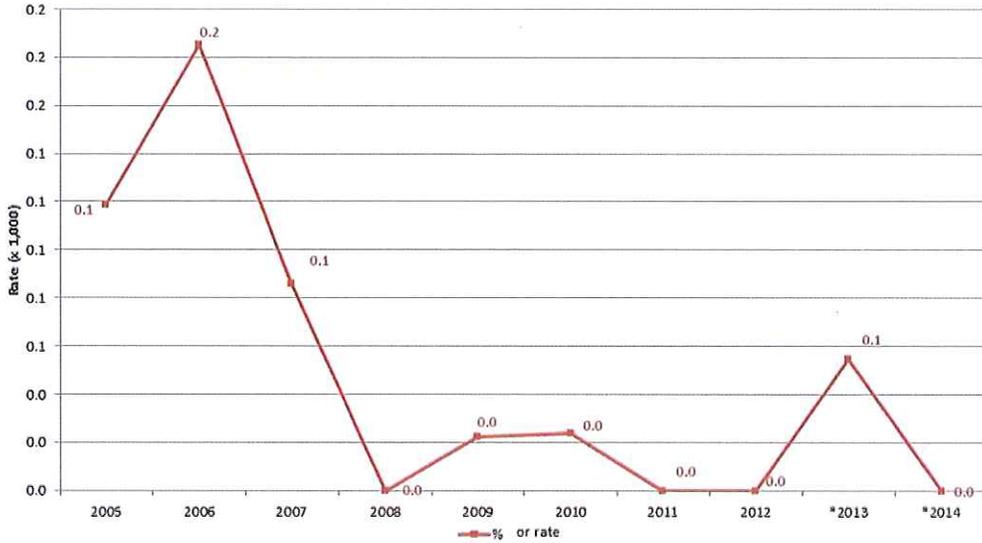
Source: Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 12: Neonatal Mortality Rate
Puerto Rico: 2005-2014**



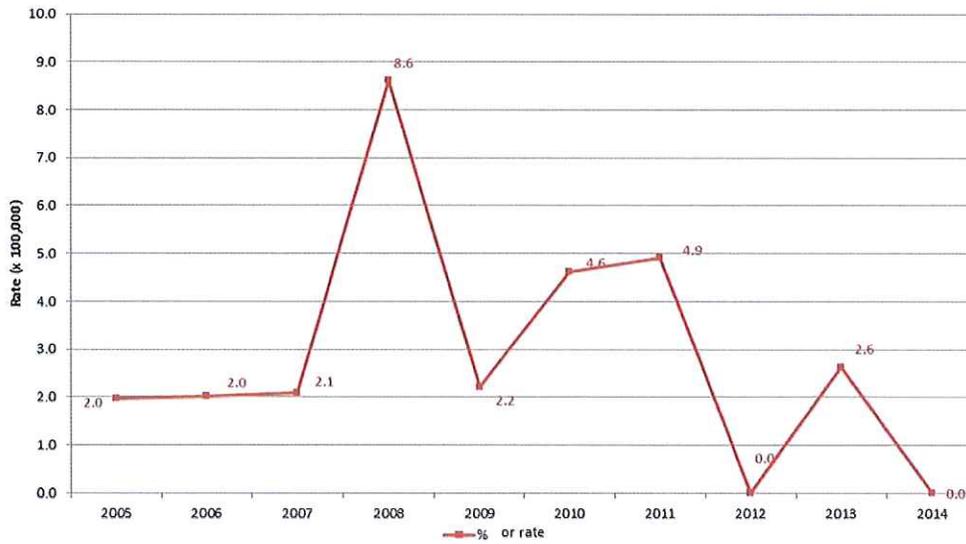
Source: Death and Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 13: Sudden Infant Death Rate
Puerto Rico: 2005-2014**



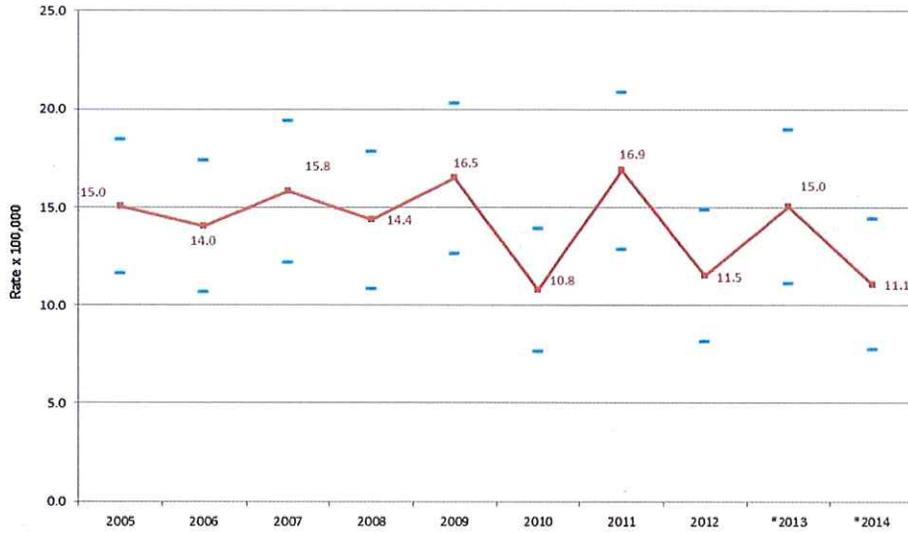
Source: Death and Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 14: Infant Mortality due to Unintentional Injuries
Puerto Rico: 2005-2014**



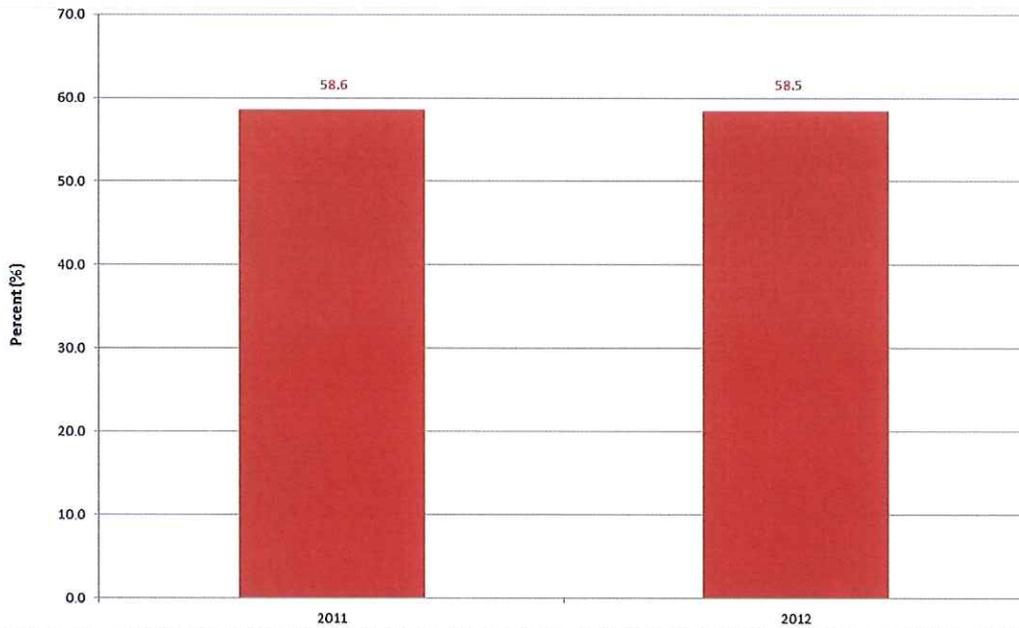
Source: Death and Birth Certificates, 2005 – 2014. 2012 to 2014 data are preliminary.
Prepared: SMEISI, Mother, Child and Adolescent Health Division, Puerto Rico Health Department.

**Figure 15: Mortality rates among children
1 to 9 years old**



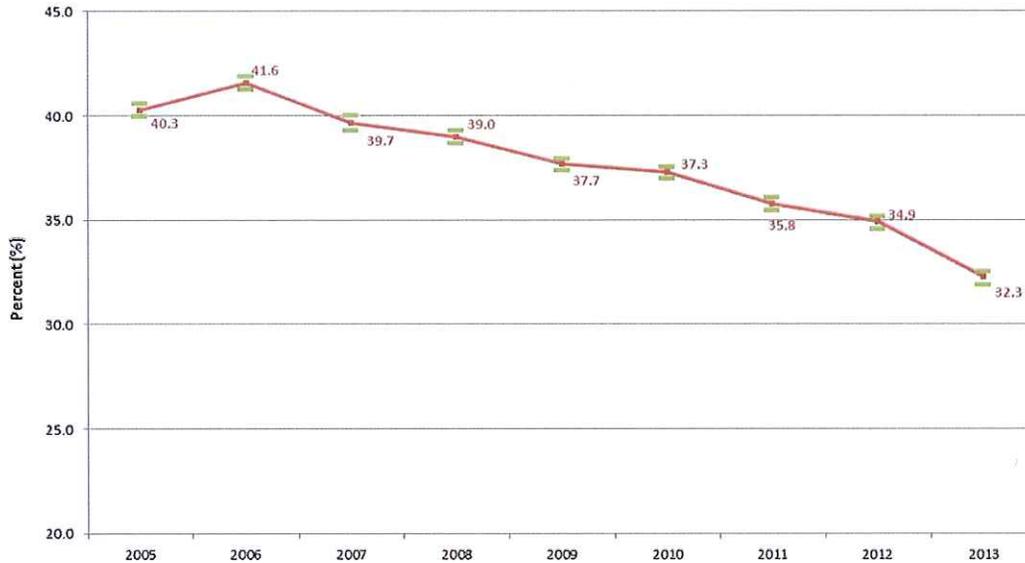
Source: Death Certificates, 2005 – 2014. 2012 to 2014 Preliminary Data.
 US Census Population Estimates, 2005 – 2013.
 US Census International Database, 2014.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division. PR Department of Health

**Figure 16: Percent of complete immunization
Schedule among children 1 to 9 years**



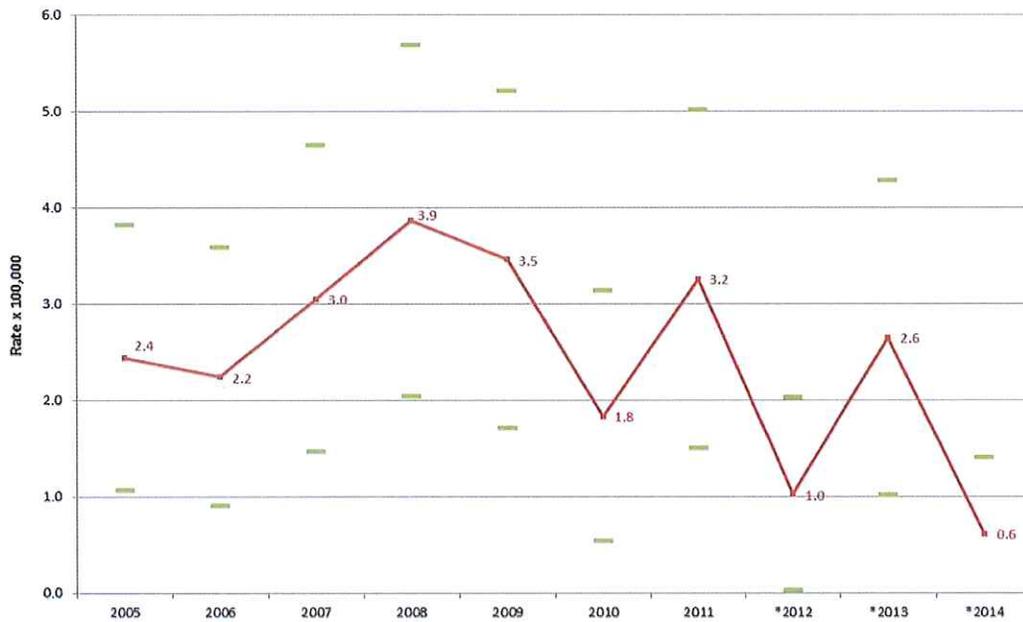
Source: Puerto Rico Immunization Registry (PRIR) 2011, 2012
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division. PR Department of Health

Figure 17: Overweight and obesity among children 2 to 5 years



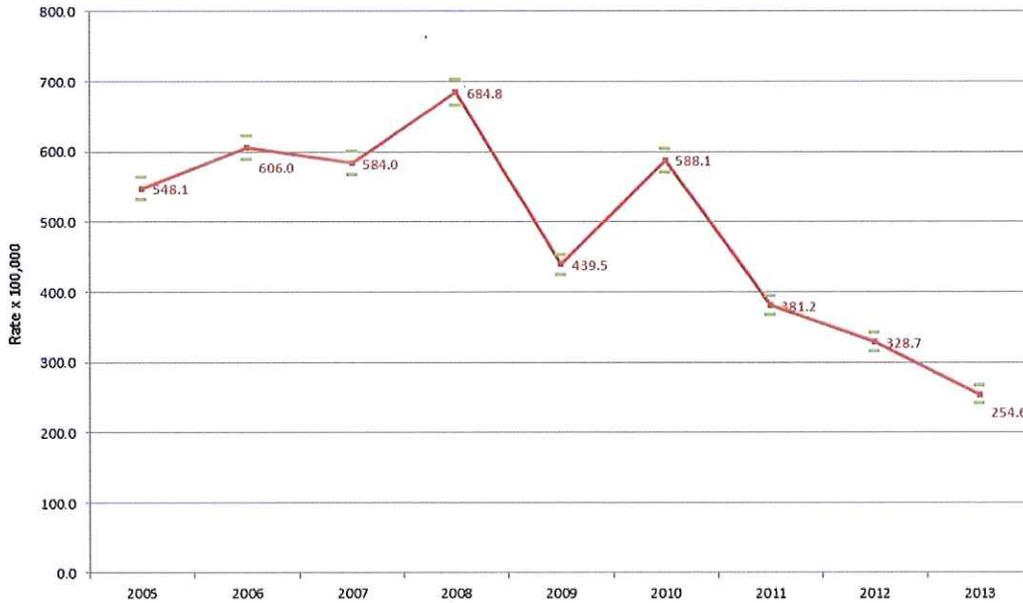
Source: WIC Program, PR Department of Health
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 18: Mortality Rates due to unintentional injuries among children 1 to 9 years



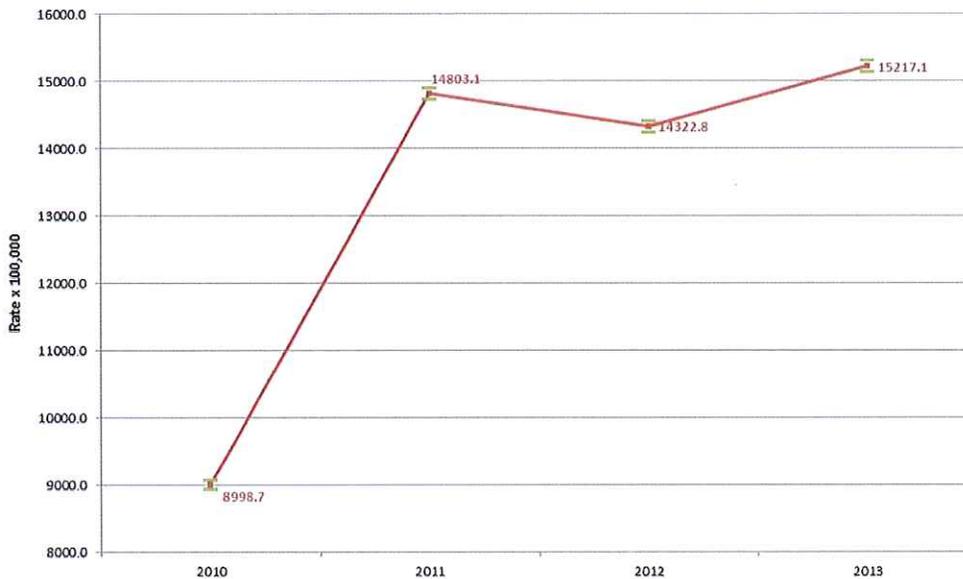
Source: Death Certificates, 2005 – 2014. 2012 to 2014 Preliminary Data.
 US Census Population Estimates, 2005 – 2013.
 US Census International Database, 2014.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 19: Hospitalization rates due to unintentional injuries among children 1 to 14 years



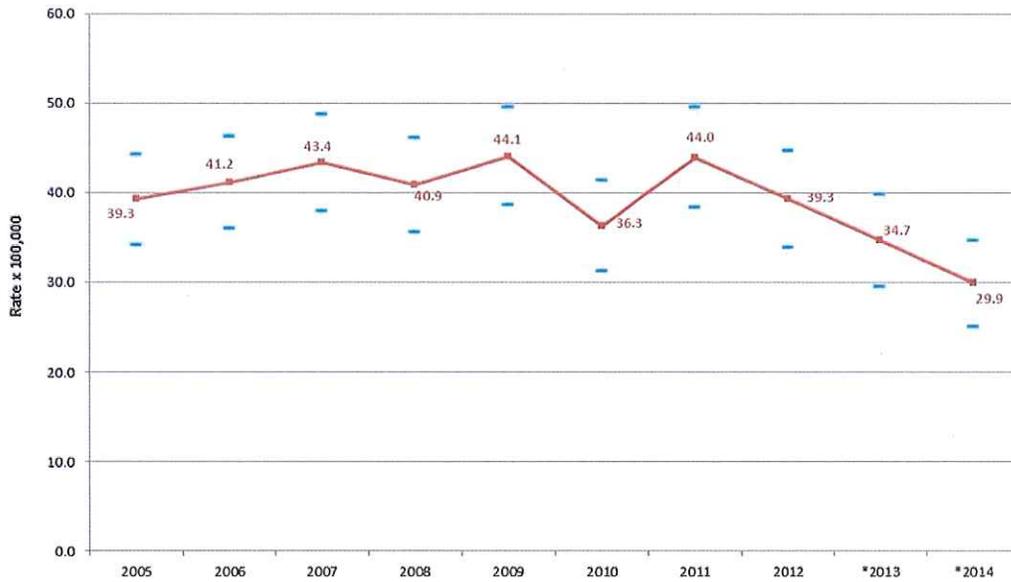
Source: Claims (non duplicate), Insurance Office Commissioner (ICO) and PR Health Insurance Administration (PRHIA)
 US Census Population Estimates 2005 – 2013.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 20: ER visits due to unintentional injuries among children 1 to 14 years



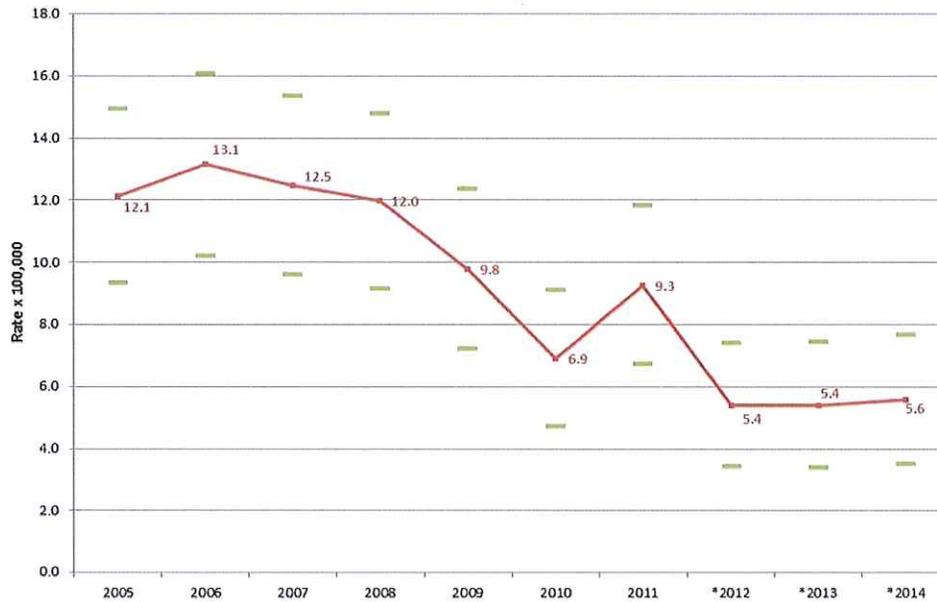
Source: Claims (non duplicate), Insurance Office Commissioner (ICO) and PR Health Insurance Administration (PRHIA)
 US Census Population Estimates 2005 – 2013.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

**Figure 21: Mortality rates among adolescents
10-19 years old**



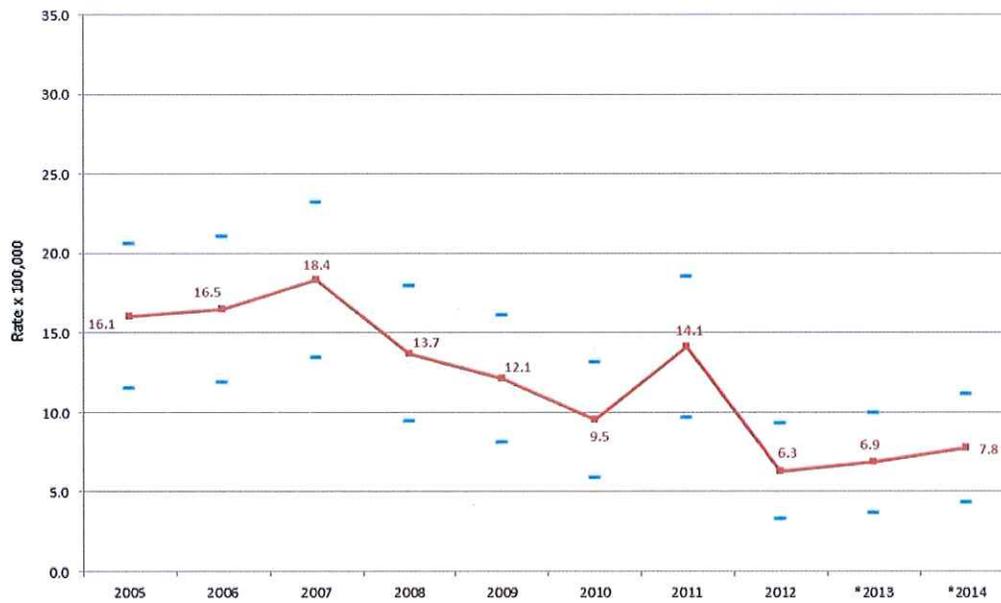
Source: Death Certificates, 2005 – 2014. 2012 to 2014 Preliminary Data.
 US Census Population Estimates, 2005 – 2013.
 US Census International Database, 2014.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

**Figure 22: Mortality Rates due to unintentional
injuries among adolescents 10 to 19 years old**



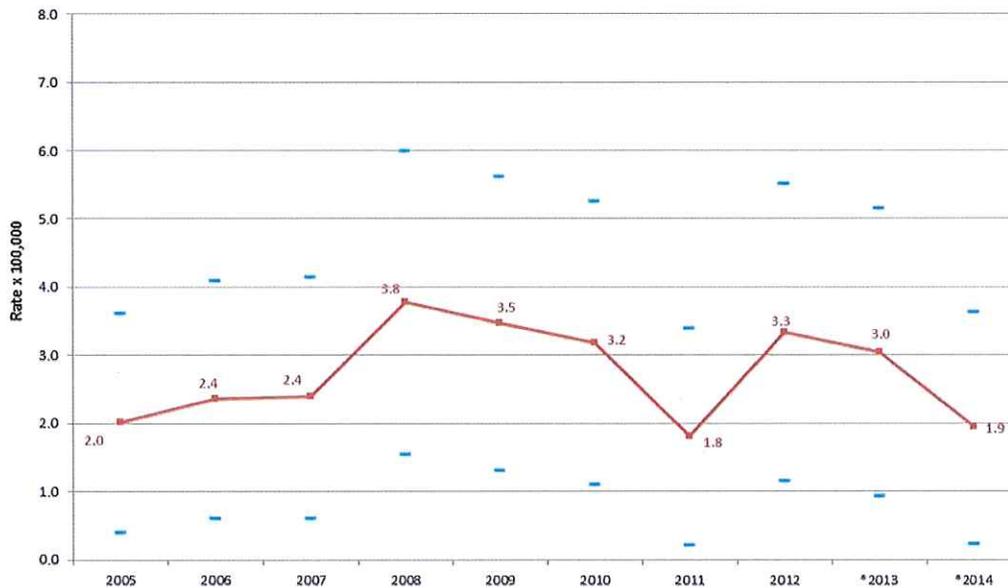
Source: Death Certificates, 2005 – 2014. 2012 to 2014 Preliminary Data.
 US Census Population Estimates, 2005 – 2013.
 US Census International Database, 2014.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 23: Mortality Rates due to motor vehicle crashes among adolescents 15 to 19 years old



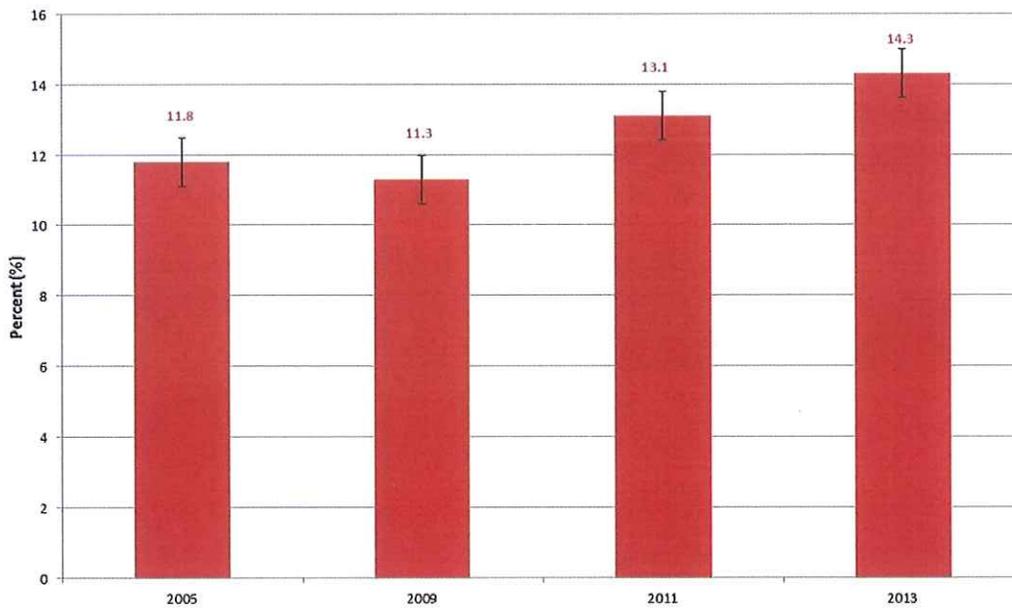
Source: Death Certificates, 2005 – 2014. 2012 to 2014 Preliminary Data.
 US Census Population Estimates, 2005 – 2013.
 US Census International Database, 2014.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division. PR Department of Health

Figure 24: Suicide rate among adolescents 15 to 19 years old



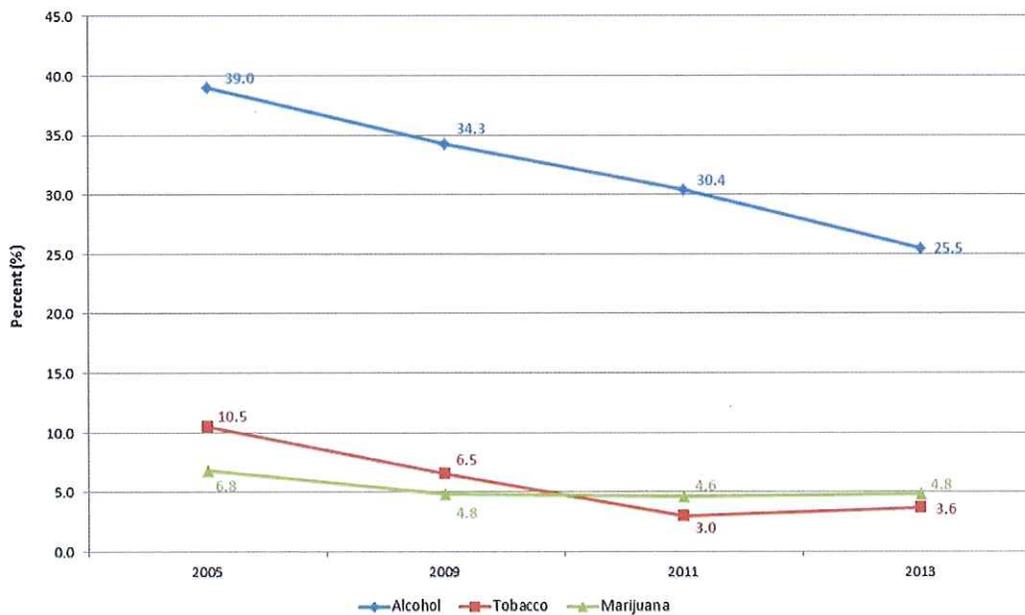
Source: Death Certificates, 2005 – 2014. 2012 to 2014 Preliminary Data.
 US Census Population Estimates, 2005 – 2013.
 US Census International Database, 2014.
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division. PR Department of Health

**Figure 25: Suicide attempt among adolescents
14 to 17 years old**



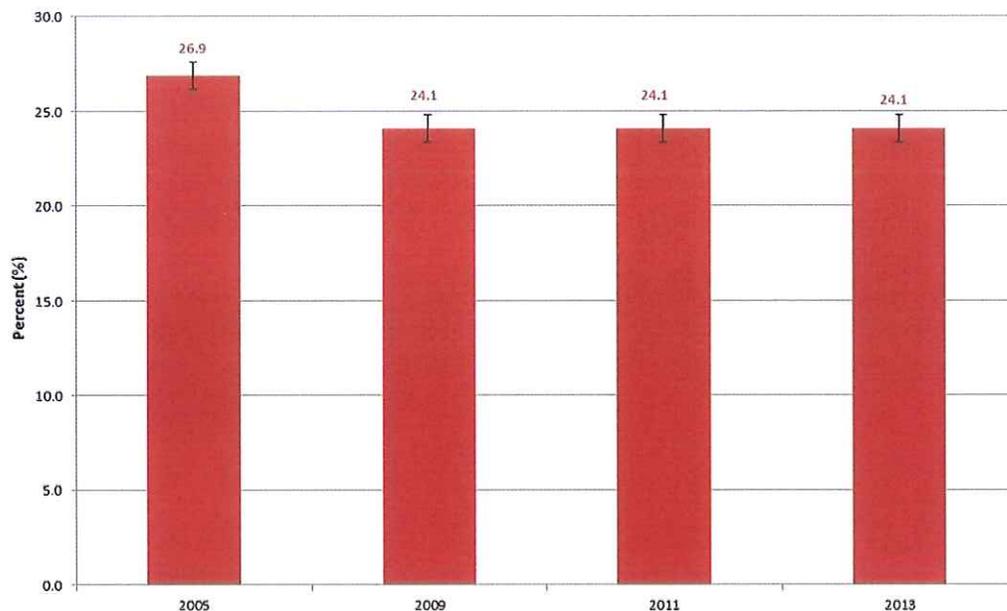
Source: YRBSS Data 2005, 2009, 2011 and 2013
Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

**Figure 26: Alcohol, tobacco and marijuana use
among adolescents 14-17 years old**



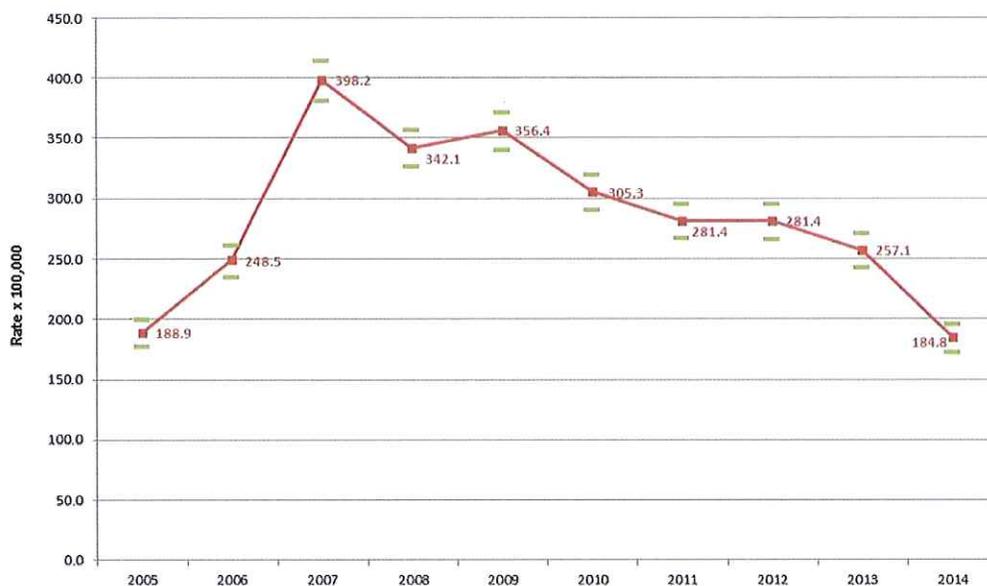
Source: YRBSS Data 2005, 2009, 2011 and 2013
Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 27: Overweight and Obesity Perception among adolescents 14 to 17 years old



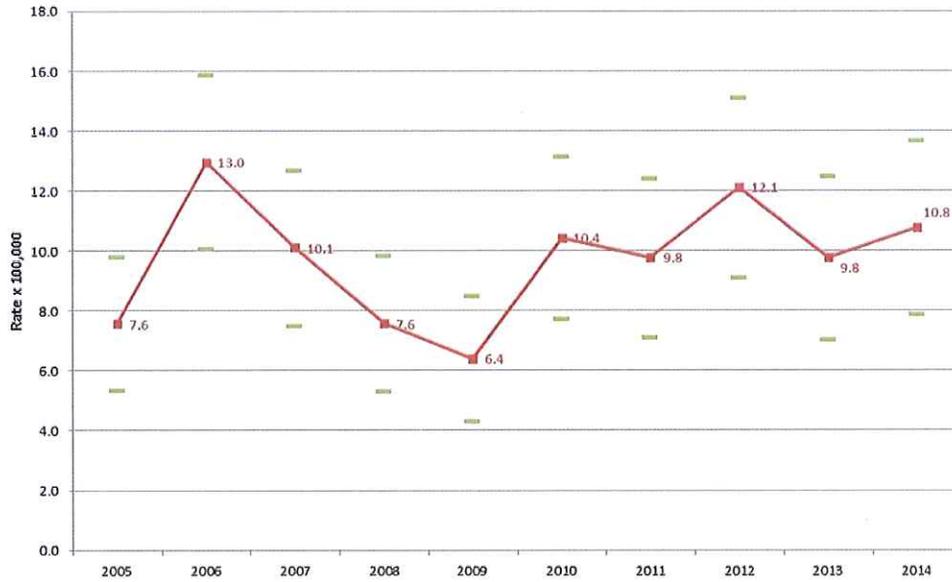
Source: YRBSS Data 2005, 2009, 2011 and 2013
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 28: Incidence rates of chlamydia among adolescents 10 to 19 years



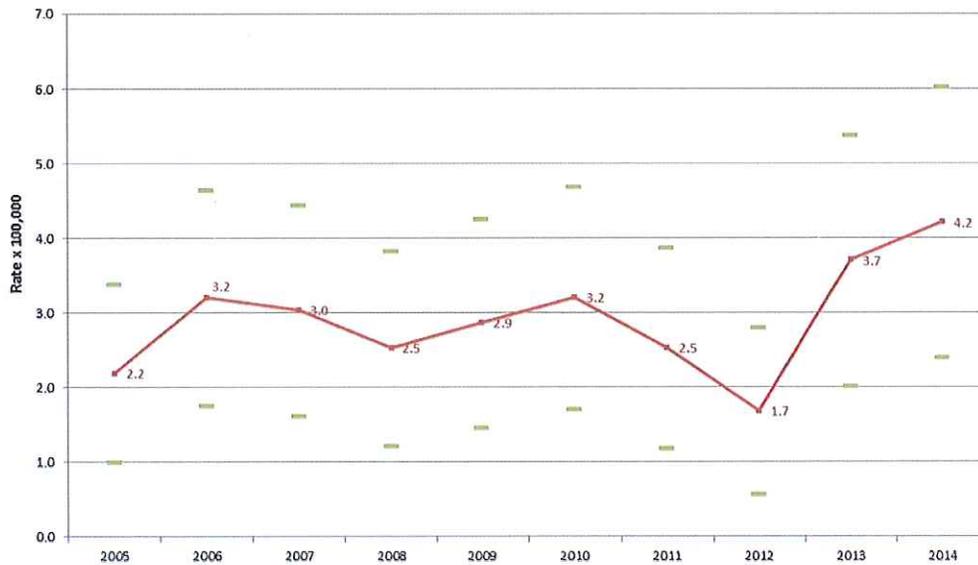
Source: STD/ HIV Surveillance System, PR Department of Health
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 29: Incidence rates of gonorrhea among adolescents 10 to 19 years old



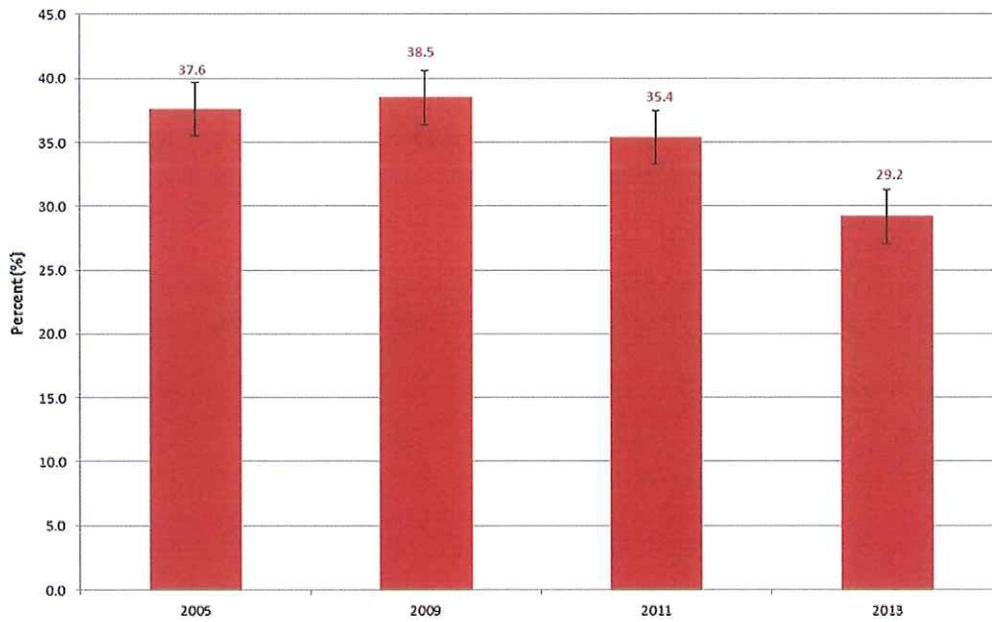
Source: STD/ HIV Surveillance System, PR Department of Health
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 30: Incidence rates of primary and secondary syphilis among adolescents 10 to 19 years old



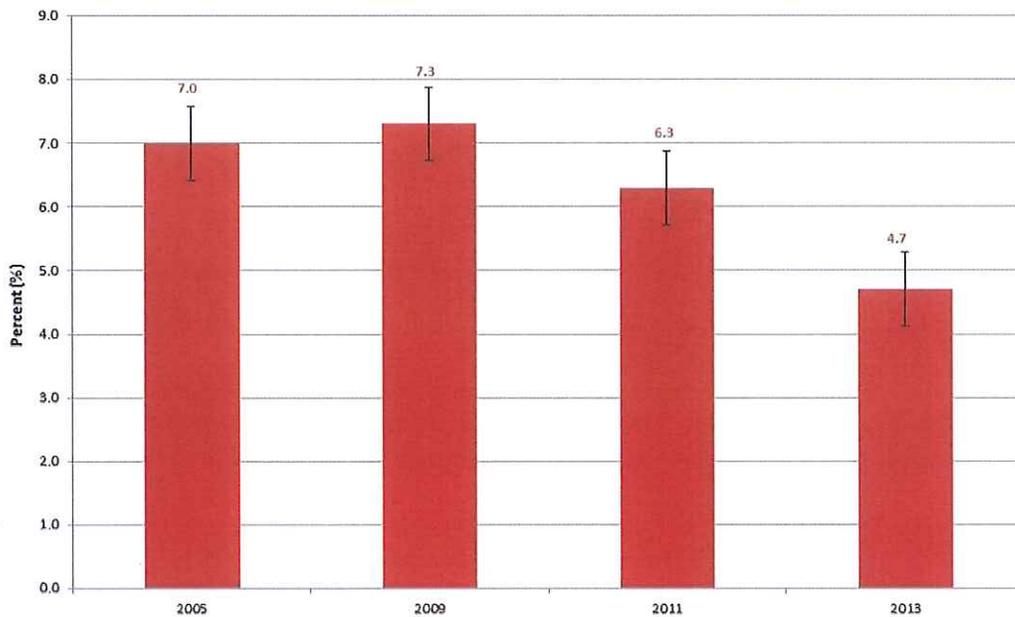
Source: STD/ HIV Surveillance System, PR Department of Health
 Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

**Figure 31: Percent of sexually active adolescents
14 a 17 years old**



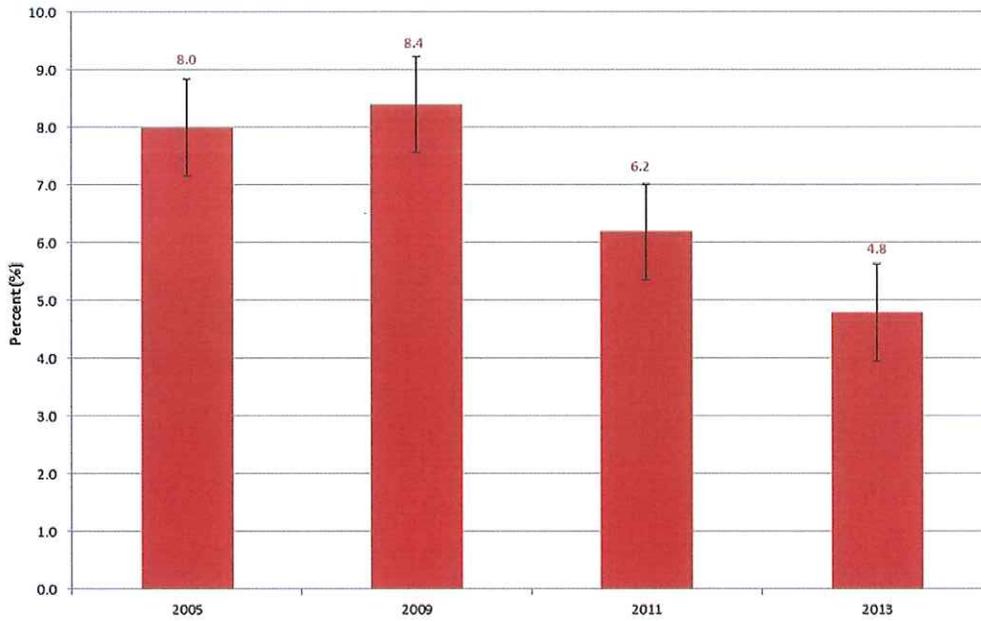
Source: YRBSS Data 2005, 2009, 2011 and 2013
Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

**Figure 32: Percent of adolescent sexually active
before 13 years of age old**



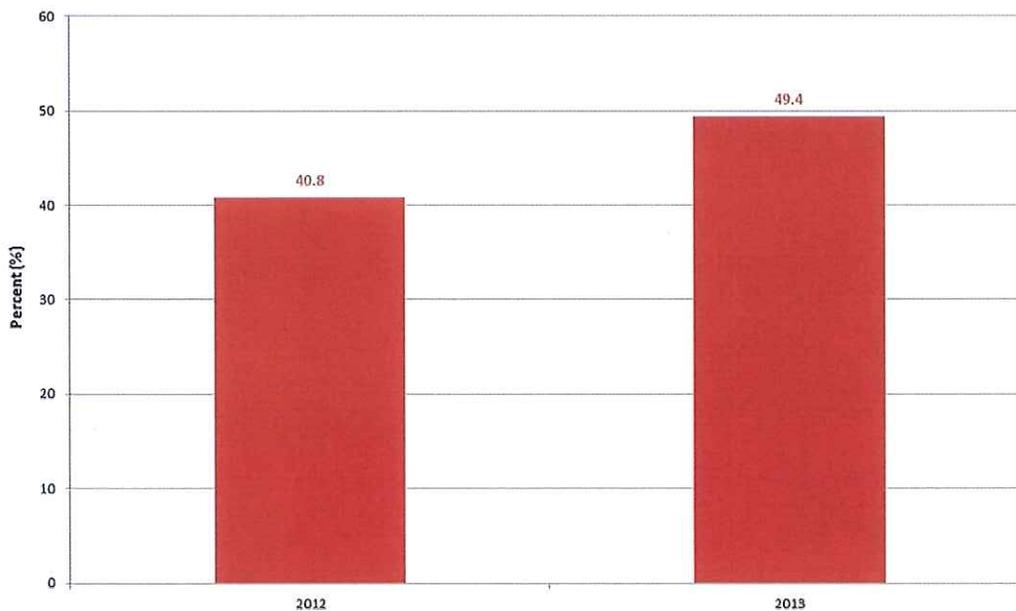
Source: YRBSS Data 2005, 2009, 2011 and 2013
Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 33: Percent of adolescents 14 to 17 years that have sex with 4 or more sexual partner old



Source: YRBSS Data 2005, 2009, 2011 and 2013
Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Figure 34: Percent of complete immunization schedule among adolescents 10 to 19 years



Source: Puerto Rico Immunization Registry (PRIR) 2012, 2013
Prepared by: SMEISI, Maternal, Child and Adolescent Health Division, PR Department of Health

Table II-2

List of Potential Priorities for Puerto Rico, 2015

Position	Potential Needs	Score	Included	Why
MATERNAL/WOMEN HEALTH				
1	WRA obese	277		Stated in priority #1.
2	WRA victims of domestic violence	275		Emerging issue. Stated in priority #1.
3	Pregnant women victims of domestic violence	271		Emerging issue. Stated in priority #2.
4	Drug consumption during pregnancy	268		Stated in priority #2.
5	Alcohol consumption during pregnancy	262		Stated in priority #2.
6	WRA overweight	261		Stated in priority #1.
7	WRA with Chlamydia	255		Stated in priority #1.
8	WRA with Gonorrhea	247		Stated in priority #1.
9	PNC during first trimester of pregnancy	247		Stated in priority #2.
10	Low use or no use of folic acid during pregnancy	247		Stated in priority #2.
11	WRA well visit check-up in	246		Stated in priority #1. It is being measured by a NPM.
12	WRA with high blood pressure	246		Stated in priority #1.
13	WRA physical activity	243		Stated in priority #1.
14	Low risk cesarean deliveries	243		Stated in priority #2. It will be measured by a SPM.
15	STD's during pregnancy	242		Stated in priority #2.
16	WRA with Syphilis (1 & 2)	241		Stated in priority #1.
17	WRA asthma	239		Stated in priority #1.
18	Pre-existing morbidity before pregnancy	233		Stated in priority #1.

Position	Potential Needs	Score	Included	Why
19	Women that did not received orientation/education about nutrition during pregnancy	228		Stated in priority #2.
20	Maternal mortality	226		Stated in priority #1. It is being measured by a OM.
21	Fertility in Adolescents 10 to 19 years	220		Stated in priorities #1 and #5.
22	Low use or no use of folic acid in WRA	219		Stated in priority #1.
23	Women that did not received orientation/education during pregnancy	216		Stated in priority #2.
25	Fertility in WRA	187		Stated in priority #1.
26	Fertility in women 20 to 49 years	178		Stated in priority #1.
PERINATAL/INFANT HEALTH				
1	VLBW births	251		Stated in priority #2. It is being measured by a OM.
2	Early preterm births	246		Stated in priority #2. It is being measured by a OM.
3	Premature births	244		Stated in priority #2. It is being measured by a OM.
4	Late preterm births	238		Stated in priority #2. It is being measured by a OM.
5	Preterm-related infant mortality	237		First cause of infant mortality. Stated in priority #3. It is being measured by a OM.
6	LBW births	236		Stated in priority #2. It is being measured by a OM.
7	VLBW infants born in a hospital with a Level III ⁺ NICU	232		Stated in priority #3. It is being measured by a NPM.
8	Neonatal mortality	231		Stated in priority #3. It is being measured by a OM.

Position	Potential Needs	Score	Included	Why
9	Postneonatal mortality	231		Stated in priority #3. It is being measured by a OM.
10	Infant mortality	230		Stated in priority #3. It is being measured by a OM.
11	Vaccine coverage	228		Stated in priority #3.
12	Perinatal mortality	226		Stated in priority #3. It is being measured by a OM.
13	Moderately LBW births	221		Stated in priority #3. It is being measured by a OM.
14	Infant mortality due to unintentional injuries	216		Stated in priority #3. Considered low priority.
15	SUID mortality	215		Stated in priority #3. Considered low priority. It is being measured by a OM.
16	Breastfeeding through 6 months	211		Stated in priority #3. It is being measured by a NPM.
17	Breastfeeding through 12 months	208		Stated in priority #3.
18	Early term births	206		Stated in priority #3. It is being measured by a OM.
19	Postpartum breastfeeding	205		Stated in priority #3.
CHILD HEALTH				
1	Children 2 to 5 years overweight/obese	228		Stated in priority #4. It is being measured by a OM.
2	Complete immunization schedule in children 1 to 9 years	225		Stated in priority #4. It is being measured by a OM.
3	Visit to ER due to unintentional injuries in children 1 to 14 years	224		Stated in priority #4.
4	Mortality in children 1 to 9 years	221		Stated in priority #4. It is being measured by a OM.
5	Hospitalizations due to unintentional injuries in children 1 to 14 years	211		Stated in priority #4.

Position	Potential Needs	Score	Included	Why
6	Mortality due to unintentional injuries in children 1 to 9 years	210		Stated in priority #4.
ADOLESCENT HEALTH				
1	Suicide intention in adolescents 14 to 17 years	272		Stated in priority #5.
2	Suicide in adolescents 15 to 19 years	265		Stated in priority #5. It is being measured by a OM.
3	Drug use in adolescents 14 to 17 years	260		Stated in priority #5.
4	Adolescents 14 to 17 years overweight/obese	258		Stated in priority #5. It is being measured by a OM.
5	Use of ecstasy's, steroids and intravenous drugs in adolescents 14 to 17 years	253		Stated in priority #5.
6	Chlamydia in adolescents 10 to 19 years	244		Stated in priority #5.
7	Mortality in adolescents 10 to 19 years	241		Stated in priority #5. It is being measured by a OM.
8	Mortality due to motor vehicles in adolescents 15 to 19 years	240		Stated in priority #5. It is being measured by a OM.
9	Gonorrhea in adolescents 10 to 19 years	240		Stated in priority #5.
10	Syphilis (1 & 2) in adolescents 10 to 19 years	240		Stated in priority #5.
11	Adolescents (14 to 17 years) with 4 or more sexual partners	234		Stated in priority #5.
12	Complete immunization schedule in adolescents 10 to 19 years	229		Stated in priority #5. It is being measured by a OM.
13	Adolescents (14 to 17 years) sexually active before 13 years old	229		Stated in priority #5.
14	Adolescents 14 to 17 years sexually active	223		Stated in priority #5.
15	Mortality due to unintentional injuries in adolescents 10 to 19 years	214		Stated in priority #5.
CROSS-CUTTING/LIFE COURSE				
1	Tobacco, alcohol and marihuana in adolescents 14 to 17 years	259		Stated in priority #5.

Position	Potential Needs	Score	Included	Why
2	Smoking during pregnancy	255		Stated in priority #2.
3	WRA oral health	201		Stated in priority #1. It is being measured by a NPM.
4	Oral health during pregnancy	201		Stated in priority #2. It is being measured by a NPM.
5	Deliveries by type of health insurance	188		Considered low priority.