

State Action Plan Table (Puerto Rico)

Women/Maternal Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve WRA health and wellbeing	1. Increase to 74.5% of women reporting a past year preventive visit during 2016. (Baseline: 73.3%, BRFSS 2013).	<p>1. Develop the Preventive Health Services Guidelines for women in reproductive age.</p> <p>2. Establish the Preventive Health Services Guidelines for women in reproductive age as a Department of Health Public Policy.</p> <p>3. Disseminate the Preventive Health Services Guidelines for women in reproductive age through diverse publishing media and forum</p> <p>4. Promote the preventive health services as required by Affordable Care Act among target population through PRMCAH staff (community health</p>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>Maternal mortality rate per 100,000 live births</p> <p>Percent of low birth weight deliveries (&lt;2,500 grams)</p> <p>Percent of very low birth weight deliveries (&lt;1,500 grams)</p> <p>Percent of moderately low birth weight deliveries (1,500-2,499 grams)</p> <p>Percent of preterm births (&lt;37 weeks)</p> <p>Percent of early preterm births (&lt;34 weeks)</p> <p>Percent of late preterm births (34-36 weeks)</p> <p>Percent of early term births (37, 38 weeks)</p>	Percent of women with a past year preventive medical visit		

	workers, health educators, home visiting nurses).	Perinatal mortality rate per 1,000 live births plus fetal deaths		
	5. Outreach and referral of uninsured women for Medicaid Program eligibility evaluation.	Infant mortality rate per 1,000 live births		
	6. Develop a curricula regarding women's preconceptive health.	Neonatal mortality rate per 1,000 live births		
	7. Promote the inclusion of preventive and preconceptive health in the educational curriculum of health care providers in training.	Post neonatal mortality rate per 1,000 live births		
	8. Promote the inclusion of preventive and preconceptive health in the continuous medical education activities of experienced health care providers.	Preterm-related mortality rate per 100,000 live births		
	9. Submit to Puerto Rico legislature the bill to establish the PR Maternal Mortality Epidemiologic Surveillance System and the Maternal Mortality Review			

		<p>Committee.</p> <p>10. Continue the current Maternal Mortality Review Committee activities in Puerto Rico (currently not supported by law).</p>				
Improve birth outcomes	<p>1. Reduce the percent of caesarean deliveries among term (37+ weeks), singleton, and vertex births to nulliparous women in Puerto Rico by 2016.</p>	<p>1. Establish the Hard Stop Policy for elective labor inductions as a requirement to all birthing hospitals in Puerto Rico.</p> <p>2. Provide education activities regarding prenatal care through workshops (Spanish title: "Cursillo Prenatal").</p> <p>3. Distribute information regarding premature births signs and symptoms through Ob / Gyn's Office to all pregnant women.</p> <p>4. Outreach and referral of pregnant women to initiate prenatal health care.</p>				

State Action Plan Table (Puerto Rico)

Perinatal/Infant Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Decrease Infant Mortality	1. Increase to 69% of very low birth weight infants (less than 1,500 grams) born in hospitals level III or higher NICU in Puerto Rico during 2016.(Baseline: 69%, Vital Statistics 2014).	<p>1. Perform continuous assessment of hospitals classification levels, according to the maternal and perinatal care capacities established by American College of Obstetrician Gynecology, and the American Academy of Pediatrics.</p> <p>2. Disseminate findings regarding the hospitals classification levels assessment to support decision making in the Public and Private Health Systems.</p> <p>3. Continue the current Fetal and Infant Mortality Review Advisory Committee activities in Puerto Rico (currently not supported by law).</p>	<p>Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>Infant mortality rate per 1,000 live births</p> <p>Neonatal mortality rate per 1,000 live births</p> <p>Preterm-related mortality rate per 100,000 live births</p>	Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU)		

		4. Develop a Bill for the establishment of the Fetal and Infant Mortality Review Advisory Committee in Puerto Rico.				
Decrease Infant Mortality	<p>1. Increase to 82.1% of infants who were reported to ever breastfed in Puerto Rico during 2016. (Baseline: 79.6%, Vital Statistics 2014).</p> <p>2. Increase to 19.7% of infants who were reported as breastfed exclusively through 6 months in Puerto Rico during 2016. (Baseline: 18.1%, ESMIPR 2012).</p>	<p>1. Train the Home Visiting Program staff with knowledge and techniques to promote and support breastfeeding.</p> <p>2. Provide breastfeeding training to Home Visiting Program participants in prenatal and postpartum periods.</p> <p>3. Provide breastfeeding support to participants in the postnatal period.</p> <p>4. Promote Law No. 79 regarding the requirement of informed consent to provide human milk substitutes in maternity service centers.</p> <p>5. Promote the Administrative Order</p>	<p>Post neonatal mortality rate per 1,000 live births</p> <p>Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p>	<p>A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months</p>		

No. 336 which requires hospitals to establish breastfeeding support policies.

6. Continue the activities of the Breastfeeding Promotion Coalition.

7. Continue collaboration with WIC Program (Peer Counselors).

8. Increase collaboration with Community Based Organization providing breastfeeding support.

9. Promote knowledge of existing laws that protects the rights of breastfeeding mothers.

10. Create a MOU with the Education Department to provide a Prenatal Training Course (Spanish title: "Cursillo Prenatal").

11. Collaboration efforts with the Puerto Rico Hospitals Association to promote the Baby Friendly Hospitals

		Initiative, which implement a ten steps program to achieve a successful breastfeeding process.				
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State Action Plan Table (Puerto Rico)

Child Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve Children Health and Wellbeing	1. Increase to 28.2% of parent report of children ages 6 through 11 years, who are physically active at least 60 minutes per day in Puerto Rico during 2016. (No baseline yet).	<p>1. Promote physical activity among Home Visiting Program participants.</p> <p>2. Deliver Responsible Parenting Courses in communities by CHW.</p> <p>3. Develop and include a section regarding physical activity and nutrition focused on 6 to 11 years old population into the Responsible Parenting Training curricula.</p> <p>4. Identify curricula that provide training on improving physical fitness and / or healthy eating habits to train MCAH staff and develop interventional programs for this population.</p> <p>5. Establish MOU's with organizations and</p>	<p>Percent of children in excellent or very good health</p> <p>Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)</p>	Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day		

		<p>agencies identified that provide training on improving physical fitness and / or healthy eating habits.</p> <p>6. Request proposals to community-based organizations aimed at increasing physical activity and healthy nutrition in youth.</p>				
Improve Children Health and Wellbeing	1. Increase the percent of children 1 to 9 years old with a preventive medical visit in Puerto Rico by 2016.	1. Promote Pediatric Preventive Health Care Guidelines among general public, academia, health professionals and health insurance companies.				

State Action Plan Table (Puerto Rico)

Adolescent Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve adolescent health and wellbeing	1. Increase to 6% of adolescents 10 to 19 years old with a preventive medical visit in Puerto Rico by September 2016. (Baseline: 5%, PRHIA and ICO, 2013)	<p>1. Develop MOU's and other written agreements with agencies providing services to youth to assure all adolescents receive the annual preventive health care visit.</p> <p>2. Educate, promote and disseminate the PR Pediatric Preventive Health Care Services Guidelines (PPHCSG) focused on adolescent health care to youth, parents / tutors and health care providers.</p> <p>3. Develop, promote and implement Puerto Rico Youth Friendly Health Services Guide (PRYFHSG) for health care service facilities and providers.</p>	<p>Adolescent mortality rate ages 10 through 19 per 100,000</p> <p>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000</p> <p>Adolescent suicide rate, ages 15 through 19 per 100,000</p> <p>Percent of children with a mental/behavioral condition who receive treatment or counseling</p> <p>Percent of children in excellent or very good health</p> <p>Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)</p> <p>Percent of children 6</p>	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.		

		<p>4. Develop partnerships with organizations serving adolescent population to promote the PPHCSG and the PRYFHSG developed.</p>	<p>months through 17 years who are vaccinated annually against seasonal influenza</p>			
		<p>5. Educate youth and general public to promote adolescent health care / wellbeing rights (laws) and services, including pregnant teens and childrearing teen moms and dads.</p>	<p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p>			
		<p>6. Develop, promote and disseminate a Guide to assist all youths and young adults as they transition from pediatric to adult-centered health care services in Puerto Rico.</p>	<p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</p>			
		<p>7. Promote youth health literacy.</p>				
		<p>8. Promote the use of positive youth development.</p>				

State Action Plan Table (Puerto Rico)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Increase the number of CSHCN who receive regular ongoing comprehensive health care within a medical home	1. By 2020, increase by 10% the percentage of CYSHCN ages 0 to 18 years who receive coordinated, ongoing, comprehensive care within a medical home.*Baseline: 24.7%*Target: 27.2%Data source: PRS-CSHCN*To be revised once 2015 PRS-CSHCN data is available.	<p>1a. Establish a Medical Home Workgroup to share information, facilitate progress, and coordinate efforts to advance medical homes for children and youth with special health care needs.</p> <p>1b. Develop and implement a Medical Home strategic plan with measurable goals.</p> <p>1c. Develop and disseminate CSHCN medical home tools, best practices and timely information through multiple communication strategies.</p> <p>1d. Develop and implement a successful model of CSHCN Services Coordination to increase access to</p>	<p>Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system</p> <p>Percent of children in excellent or very good health</p> <p>Percent of children ages 19 through 35 months, who have received the 4:3:1:3(4):3:1:4 series of routine vaccinations</p> <p>Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza</p> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p>	Percent of children with and without special health care needs having a medical home		

		medical homes.	Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine			
			Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine			
Increase the number of CSHCN aged 12 to 17 years who receive adequate support and services for their transition to adult health care	2. By 2020, increase by 10% the number of YSHCN who have a transition readiness assessment and comprehensive plan of care beginning by age 14. *Baseline: 26%*Target: 28.6%*To be revised once 2015 PRS-CSHCN data is available.	2a. Establish a Health Care Transition Workgroup to share information, facilitate progress, and coordinate efforts to advance an effective transition process from a pediatric to an adult health system.  2b. Develop and implement a Transition to Adult Health Services strategic plan with measurable goals.  2c. Develop and disseminate CSHCN transition to adult health care tools, best practices and timely information through	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system  Percent of children in excellent or very good health	Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care		

		<p>multiple communication strategies.</p> <p>2d. Develop and implement a successful model of CSHCN Coordinator to increase access to adequate support and services for YSHCN transition to adult health care.</p>				
<p>Decrease the age when children at risk for Autism Spectrum Disorders (ASD) receive their first diagnostic evaluation</p>	<p>3. By 2020, increase by 10% the proportion of children with ASD having a first evaluation by 36 months of age. Baseline: To be established. (Data Source: PR Autism Registry)</p>	<p>3a. Increase awareness of the early warning signs of ASD.</p> <p>3b. Screening for ASD at 18 and 24 months of age.</p> <p>3c. Increase access to diagnostic services in a timely matter.</p> <p>3d. Implementation of the Autism Registry to have valid data on ASD prevalence and age of diagnosis.</p>				
<p>Reduce the prevalence at birth of neural tube defects</p>	<p>4. By 2020, decrease by 10% the prevalence at birth of anencephaly and spina bifida. (Anencephaly Baseline: 2.7 / 10,000)(Target: 2.4</p>	<p>4a. Raise the awareness of families affected by a NTD on the optimal dosage of folic acid for reducing the risk of recurrence of</p>				

	<p>/ 10,000(Spina Bifida Baseline: 4.36 / 10,000(Target: 3.92 / 10,000Data Source: PR-BDSPS</p>	<p>NTDs.</p> <hr/> <p>4b. Develop and disseminate NTDs prevention health care tools, best practices educational tools and timely information through multiple communication strategies.</p> <hr/> <p>4c. Build partnerships with other government agencies, non-profit and private organizations to reach new target populations.</p>				
<p>Improve CSHCN Program data capacity</p>	<p>5.1 Increase CSHCN Program data capacity though the implementation of an Electronic Health Record (EHR) at the Regional Pediatric Centers by 2020.</p>	<p>5.1a Provide the RPCs the hardware &amp; communication infrastructure for the EHR implementation and operation.</p> <hr/> <p>5.1b Configuration of an EHR module based on CSHCN Program uniform clinical forms.</p> <hr/> <p>5.1c Design and implement custom statistical and data reports.</p> <hr/> <p>5.1d Design and</p>				

		Implement an EHR Training Plan for CSHCN Program Staff.				
Improve CSHCN Program data capacity	5.2 Increase CSHCN Program data capacity to meet new reporting requirements for performance measurements by 2020.	5.2a Identify data sources for CSHCN in PR and analyze existing data. 5.2b Identify data gaps, assess capacity to address data gaps, and develop a plan.				

State Action Plan Table (Puerto Rico)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improve WRA health and wellbeing	1. Increase to 43.9% the number of pregnant women who have a dental visit during pregnancy in Puerto Rico during 2016. (Baseline: 43.1%, ESMIPR 2012).	<p>1. Promote preventive oral health evaluation in all pregnant women.</p> <p>2. Promote the inclusion of preventive oral health care of pregnant women and early childhood in the educational curriculum of dental care providers in training.</p> <p>3. Promote the inclusion of preventive oral health care of pregnant women and early childhood in the continuous medical education activities of experienced dental health care providers.</p> <p>4. Promote healthy habits that protect oral health in communities.</p>	<p>Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months</p> <p>Percent of children in excellent or very good health</p>	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year		
Improve Children Health and Wellbeing	1.To increase to 47.5% the number of pregnant	1. Promote the use of caries risk assessment	Percent of children ages 1 through 17 who	A) Percent of women who had a dental visit		

	women who have a dental visit during pregnancy in Puerto Rico during 2016. (Baseline: 47.4%, ICO, 2013)	<p>for the early identification of infants at high risk as recommended in the pediatric preventive guidelines.</p> <p>2. Promote preventive oral health evaluation in all children.</p> <p>3. Promote the inclusion of preventive oral health care of pregnant women and early childhood in the educational curriculum of dental care providers in training.</p> <p>4. Promote the inclusion of preventive oral health care of pregnant women and early childhood in the continuous medical education activities of experienced dental health care providers.</p> <p>5. Promote healthy habits that protect oral health in communities.</p>	<p>have decayed teeth or cavities in the past 12 months</p> <p>Percent of children in excellent or very good health</p>	<p>during pregnancy and</p> <p>B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year</p>		
Improve adolescent health and wellbeing	1. To increase the number of children,	1. Promote preventive oral health evaluation in	Percent of children ages 1 through 17 who	A) Percent of women who had a dental visit		

	ages 1 through 17, who had a preventive dental visit in Puerto Rico by 2016.	all adolescents. 2. Promote healthy habits that protect oral health in communities.	have decayed teeth or cavities in the past 12 months Percent of children in excellent or very good health	during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year		
Improve birth outcomes	1. To increase the number of pregnant women who have a dental visit during pregnancy in Puerto Rico by 2016.	1. Promote preventive oral health evaluation in all pregnant women. 2. Promote the inclusion of preventive oral health care of pregnant women and early childhood in the educational curriculum of dental care providers in training. 3. Promote the inclusion of preventive oral health care of pregnant women and early childhood in the continuous medical education activities of experienced dental health care providers. 4. Promote healthy habits that protect oral health in communities.	Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months Percent of children in excellent or very good health	A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year		