

## ***Maternal & Child Health Services Block Grant Application (FY-2013)***

In accordance with grant requirements, the Rhode Island Department of Health will hold an open meeting to facilitate comment from any person during the development of the state plan for the ***Maternal & Child Health Services Block Grant Application (FY-2013)***. Any person who wishes to offer comments on this issue may appear and provide it. The open meeting will be conducted on:

**MONDAY, JUNE 18, 2012 AT 3:00 P.M.**

in the **AUDITORIUM** of the Cannon Building (lower level)  
Rhode Island Department of Health  
Three Capitol Hill  
Providence, RI 02908

### **Open Meeting Notes**

Representatives from Rhode Island Parent Information Network (RIPIN), Rhode Island Chapter of the American Academy of Pediatrics (RI-AAP), YWCA, and the Urban League of Rhode Island were in attendance from the community for the Title V MCH Block Grant open meeting held on June 18, 2012 in the Rhode Island Department of Health Auditorium. Also in attendance were several representatives from the Rhode Island Department of Health. A record of attendance was kept. Cheryl LeClair from the Department led the meeting.

Public input/comments (along with answers to questions posed) were as follows:

1. What is the percentage of Title V funding that goes to children with special health care needs? Answer: 30%.
2. Are children with special health care needs a priority under #1 on the community input form? C. LeClair informed the group that she would find the answer to this question and include it with the meeting notes as a post script. (Post script answer: Children with special health care needs and their family are considered a priority and included for all state priorities).
3. Are comprehensive sex education needs and addressing delayed pregnancy for teens included in the Title V plan (see #3 in the community input form)? If not, this needs to happen. Answer: Yes.

4. There is a lot of overlap between HEALTH and Education's activities. I recommend putting in place procedures for HEALTH working with education and for assuring that the procedures are followed though.
5. RI-AAP is concerned about mental health issues in children. Pediatricians are struggling with this issue. RI-AAP recommends a public body be convened to address the mental health needs of children to come up with avenues to address the issues. RI-AAP very much wants to work with HEALTH on this issue.
6. The issue of adolescent health needs attention. A focus on where teens show up in health care as well as where they do not is important.
7. A letter from RI-AAP was provided along with a completed community input form (See attached).

Respectfully Submitted,

*Cheryl Le Clair*

Cheryl LeClair  
Rhode Island Department of Health

# American Academy of Pediatrics

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## Rhode Island Chapter

Rhode Island Chapter of the AAP  
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18 June 2012

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Michael Fine MD  
Director  
RI Dept. of Health  
Providence, RI 02908

Dear Dr Fine,

The RI Chapter of the American Academy of Pediatrics welcomes the annual opportunity to contribute to the states plans and priorities for children's and families' health. RI has long enjoyed a close alliance between RIDoH and community pediatricians, with shared work on immunization, Pb screening, breastfeeding, and many other successes.

As you know well, 2012 is a year of deep concerns about public health, community care, and about the healthy development of vulnerable kids in RI. We have submitted our advice electronically, in the format provided by Ms LeClair et al, and it is summarized at the end:

-In 2012, it is important to review and affirm the evidence, the quality and performance measures, and the costs of effective maternal and child health, and then to make sure that RI has the capacities to assure healthy development of all kids/families.

-RI's primary care capacities are stressed, and the RIAAP has made several specific requests to strengthen medical/health homes for children, including better resources and payments to address vaccine concerns, developmental screening, mental health, and adolescent care.

2012 is also a year of promising conversations, especially focused on medical care reforms. As always, the RIAAP stands ready to help with the Title V agenda and MCH priorities in the state.

We look forward to the ongoing work of health with you and your excellent staff.

Sincerely,

A handwritten signature in black ink, appearing to read "Wm Hollinshead".

Wm Hollinshead MD MPH FAAP

Pc: Title V MCH Input Document – 2012

Ec: Cheryl LeClair MSW



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## **Division of Community, Family Health, & Equity Maternal & Child Health Program Block Grant Community Input**

The Division of Community, Family Health, & Equity (DCFHE) is interested in your input to the next Maternal and Child Health Plan. Please take a few minutes to give feedback on the existing state priority areas. Keep in mind that the DCFHE uses a life course development approach that addresses the determinants of health as its framework for health planning.

Please comment on the **critical action steps, interventions, or policies** you see as necessary to address the *2010 – 2015 Maternal and Child Health State Priorities*.

- 1. Increase access and capacity to evidence based parent education and family support programs.** Empowered parents can assess their child's development and advocate for needed services, as well as work to change the context of health choices as the default option within individual home and in community-based settings that serve children and their families.
  - **RIAAP COMMENT:** A child's medical home is a powerful and trusted place for parent education and family support, especially for new parents and for families raising CYSHCNs. RI needs to strengthen and invest in family-centered, culturally competent, well-connected community health/medical homes for all kids. The RIAAP is eager to assist with foci on healthy development along the life course, on vaccines and other proven preventive measures, on mental health, and on school success. That will require new resources, both at the system and the community practice level, which should come as part of health care reform. The Pediatric Practice Enhancement Project is a very promising model for stronger parent education and family support.
- 2. Reduce tobacco initiation among middle school students.** Strategic policy development can eliminate access to tobacco for minors. Additionally, population based services like health education can inform youth about tobacco and create environments where healthy choices are the default choice. Direct healthcare services (e.g. tobacco cessation services) and education and counseling could include the development of evidence-based approaches to support youth who have initiated tobacco use already.
  - **RIAAP COMMENT:** Early consistent messages, including intervention with parents who use tobacco, should be part of each child's anticipatory guidance under Bright Futures.
- 3. Increase the percentage of insured adolescents who have a preventive "well care" visit each year.** Increasing the number of adolescents receiving well child visits needs to

be considered to develop supportive systems of care for adolescents thereby addressing social determinants of health (e.g. housing, education, inequalities, etc.).

- **RIAAP COMMENT:** Many adolescents drift away from their childhood medical homes. Many community practices are not equipped or paid to address the personal or social determinants of adolescent health.
- RI needs better information on teens' medical care experiences, their perceived options, and their uses of various sources of care. The RIAAP has proposed a careful survey of RI medical homes for adolescents, and a linked study of adolescents' uses of care, which should be funded to inform impending health care reforms.

4. **Increase the social and emotional health of children and youth with special health care needs** through infrastructure building services. These include well-integrated academic interventions; enabling services such as positive social and recreational activities; population- and individually based education and counseling programs that support self-determination and student leadership; and direct healthcare interventions that address behavioral health concerns.

- **RIAAP COMMENT:** The social and emotional health needs of children, especially children and youth with special needs, are often recognized by parents, teachers, and/or other adults, but often go unaddressed by school and community professionals. Needed resources are inaccessible, overwhelmed, or poorly prepared to meet cultural and other needs, and so kids' medical homes often struggle to fill the gaps. The RIAAP is eager to work with mental health, schools, insurers, and others to better address children's social and emotional health.

5. **Increase the percentage of women who had a preventive care visit in the last year.** Increasing the percentage of women who had a preventive healthcare visit in the previous year is expected to improve health outcomes for women, including those related to preconception health and chronic disease prevention.

- **RIAAP COMMENT:** Pediatric practices are often the most regular professional contacts for young women. The RIAAP is eager to work with other disciplines, insurers, and health reform leaders to strengthen accessible health services for young women, including pre- and inter-conceptual screening and care.

6. **Initiate a prenatal home visiting program.** Home visitors provide general parenting information, conduct home assessments, educate parents about infant care, and link families to appropriate services and resources.

- **RIAAP COMMENT:** An effective prenatal home visiting program should be closely connected to the WIC program, and to pediatric providers for any older siblings.

7. **Adopt the social determinants of health into public health practice.** This priority is overarching across all maternal and child health populations. It reflects the importance of addressing risks and protective factors that influence healthy development across the lifespan.

- **RIAAP COMMENT:** Successful Start is an excellent starting point for this overarching concern. It addresses healthy development across social, environmental, and behavioral domains, as well as family and medical concerns in the early years of life.

- -RI should continue to invest in a shared system of evidence based developmental screening.
- -RI should organize a similar broad-based creative analysis and plan to address healthy development in the second decade of life. Many of the kids who were subjects of our Successful Start plan are now well into puberty.

#### **8. Other comments.**

RI has long enjoyed a close alliance between RIDoH and community pediatricians, with shared work on immunization, Pb screening, breastfeeding, and many other successes. As with Bright Futures and EPSDT, it is important now to review and affirm the evidence, the quality and performance measures, and the costs of effective maternal and child health, and then to make sure that RI has the capacities to assure healthy development of all kids/families.

-RI's primary care capacities are stressed, and the RIAAP has made several specific requests to strengthen medical/health homes for children, including better resources and payments to address vaccine concerns, developmental screening, mental health, and adolescent care.

**-As always, the RIAAP stands ready to help with the Title V agenda and MCH priorities in the state.**

**Date:** CY2012