



RHODE ISLAND DEPARTMENT OF HEALTH
Notice of Community Input Session

Maternal & Child Health Services Block Grant Application (FY-2015)

In accordance with grant requirements, the Rhode Island Department of Health will hold a community input session to facilitate comment from any person during the development of the state plan for the ***Maternal & Child Health Services Block Grant Application (FY-2015)***. Any person who wishes to offer comments on this issue may appear and provide it. The community input session will be conducted on:

FRIDAY, JUNE 27, 2014 AT 1:00 P.M.
in the **AUDITORIUM** of the Cannon Building (lower level)
Rhode Island Department of Health
Three Capitol Hill
Providence, RI 02908

Written comments may also be submitted prior to the date of the community input session to Jordan Kennedy, Rhode Island Department of Health, Room 302, Three Capitol Hill, Providence, RI 02908 or via e-mail: jordan.kennedy@health.ri.gov. Or, persons may provide input through one of the following survey monkey links:

- [Complete survey as a community member](#)
- [Complete survey as a representative of a community organization](#)

The Department of Health is accessible to the handicapped. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-7767 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.

Signed this 20th day of June 2014

A handwritten signature in black ink, appearing to read "Ana Novais".

Ana Novais, MA, Executive Director of Health
Division of Community, Family Health and Equity
Rhode Island Department of Health

EXECUTIVE DIRECTOR'S OFFICE



TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT

RHODE ISLAND
AT A GLANCE 2013

WHAT WE DO

The Rhode Island Department of Health (HEALTH) Division of Community, Family Health, and Equity (CFHE) uses Title V funds to achieve state and national maternal and child health priorities. We look at how social, environmental, political, and economic conditions affect health outcomes among families and children—to frame our health planning. Collaborating with many partners across the state, we work to eliminate health disparities and to help women and children achieve optimal health throughout their lives.¹

THE ROLE OF TITLE V BLOCK GRANT FUNDING

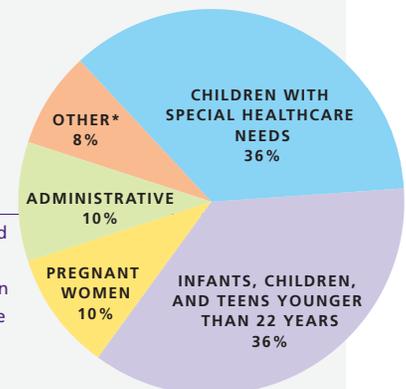
Title V of the Social Security Act of 1935 authorizes a federal-state partnership focused on improving the health and well being of all mothers and children. Grantees—which include 59 states and jurisdictions—must conduct comprehensive needs assessments every five years and use their findings to identify priorities, engage stakeholders, allocate resources, and implement and evaluate programs.

State Priorities

1. Increase capacity of and access to evidence-based parent education and family support programs.
2. Reduce tobacco initiation among middle school students.
3. Increase the percentage of adolescents who have a preventive care visit each year.
4. Decrease the percentage of high school students with disabilities who report feeling sad or hopeless.
5. Increase the percentage of women who had a preventive care visit within the past year.
6. Initiate a prenatal home visiting program.
7. Adopt social determinants of health into public health practice.

HOW WE ARE USING TITLE V BLOCK GRANT DOLLARS

In Fiscal Year 2013, Rhode Island received \$1.5 million to support programs for infants, children, and teens younger than 22 years, children with special healthcare needs, and pregnant women.



¹ See <https://mchdata.hrsa.gov/TVISReports/StateMchAppsAndContactInfoMenu.aspx>

* Other includes cross-cutting special projects that impact priority population groups.

1. HEALTH INFORMATION LINE

Goal: Support a statewide toll-free telephone resource for all Rhode Island families.

Population Impacted: Rhode Island women and children, especially from low-income, racially and ethnically diverse communities.

Strategy: Offer multilingual services and information to callers. Provide culturally and linguistically appropriate consumer materials and resources to callers.

2. FAMILY VOICES

Goal: Provide healthcare information and referral services to families and professionals.

Population Impacted: Children and youth with special healthcare needs (birth through 18 years) and their families.

Strategy: Offer support groups, leadership development, and education to parents and professionals on family-centered care.

3. HEALTHY HOMES

Goal: Foster support for a coordinated and sustainable approach to developing healthy homes, neighborhoods, and communities.

Population Impacted: Children, pregnant women, and low-income families.

Strategy: Advocate for safe housing using a comprehensive approach to control all housing hazards. Focus on reducing radon, asbestos, and secondhand smoke exposure, especially among young children.

4. HOME VISITING

Goal: Ensure optimal birth outcomes and improve the health and development of young children, pregnant and post-partum women, and their families through home-based screening, assessment, referral, and follow-up.

Population Impacted: Pregnant and post-partum women, children, and low-income families.

Strategy: Provide an evidence-based program through home visits to support families, educate them about healthy pregnancies and child development, and link them with appropriate services.

5. FAMILY AND PEER RESOURCE SPECIALIST PROGRAM

Goal: Bring the perspective of adults and children with special healthcare needs and their families into policy development and medical home implementation. Help consumers to access community resources such as specialty care, independent living, education, employment, and vocational training.

Population Impacted: Adults and children with special healthcare needs, families, and primary care and specialty providers.

Strategy: Employ 100 trained parent consultants to provide outreach and medical home services.

6. YOUTH IN TRANSITION

Goal: Develop and promote resources to support youth in transition from pediatric to adult primary care.

Population Impacted: Parents and youth, especially youth with special healthcare needs.

Strategy: Inform and educate youth, parents, physicians, educators, and other professionals to support youth in transition. Promote healthy adolescent development through statewide systems, policies, and initiatives that promote self-determination within youth with special healthcare needs.

7. ADOLESCENT HEALTH

Goal: Increase the number of adolescents who receive a preventive health visit.

Population Impacted: Adolescents between the ages of 12 and 22 years old.

Strategy: Develop and support adolescent medical home models to improve the quality and accessibility of healthcare for youth.

FOR MORE INFORMATION OR TO GET INVOLVED

Maternal and Child Health:

Ana Novais, MA, Executive Director, CFHE
401-222-5118, ana.novais@health.ri.gov

Children with Special Health Care Needs:

Deborah Garneau, MA, Chief
Office of Special Health Care Needs, CFHE
401-222-5929, deborah.garneau@health.ri.gov



Department of Health

Three Capitol Hill
Providence, RI 02908-5097

TTY: 711
www.health.ri.gov

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

2010 – 2015 Maternal and Child Health State Priorities

The Division of Community Family Health & Equity (DCFHE) is interested in your input on the next Maternal and Child Health (MCH) 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 what you identify as **critical action steps, interventions, or policies** needed to address the seven (7) identified *2010 – 2015 Maternal and Child Health State Priorities* for the MCH Program listed below.

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.

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 health care 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.

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.) and ensuring a healthy and successful transition to adulthood.

4. Increase the social and emotional health of children and youth with special health care needs.

This can be achieved through infrastructure building services such as well-integrated academic interventions; enabling services such as positive social and recreational activities; population and individual based education and counseling programs that support self-determination and student leadership; and direct health care interventions that address behavioral health concerns.

5. Increase the percentage of women who have a preventive care visit in the last year.

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

6. Initiate a prenatal home visiting program.

Home visitors provide general parenting information, conduct home assessments, and educate parents about infant care, and link families to appropriate services and resources.

7. Adopt the social determinants of health into public health practice.

This priority is overarching across all MCH populations and reflects a life course perspective while addressing the social determinants of health (e.g. address risks and protective factors that influence healthy development across the lifespan).
