



# TITLE V MATERNAL AND CHILD HEALTH BLOCK GRANT

RHODE ISLAND  
AT A GLANCE 2011

## 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—and we use these determinants of health 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.<sup>1</sup>

## THE ROLE OF TITLE V BLOCK GRANT FUNDING

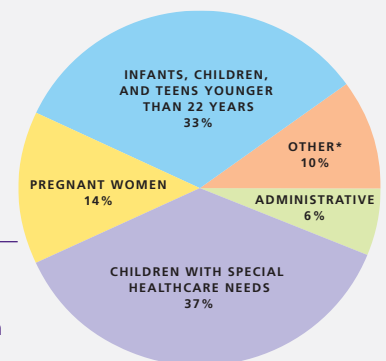
Title V of the Social Security Act of 1935 authorizes a federal-state partnership focused on improving the health and well being of all mothers and children. Grantees—which include 59 states and jurisdictions—must conduct comprehensive needs assessments every five years and use their findings to identify 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 2011, Rhode Island received \$1.8 million to support programs for infants, children, and teens younger than 22 years, children with special healthcare needs, and pregnant women. See selected examples of funded programs on the back of this fact sheet.



<sup>1</sup> See [www.health.ri.gov/applications/submitted/2011MaternalAndChildHealthServices.pdf](http://www.health.ri.gov/applications/submitted/2011MaternalAndChildHealthServices.pdf) for more information. Partners are listed on page 35.

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

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### 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 70 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

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