

Maternal and Child Health (MCH) Report to the Legislature

April 2024

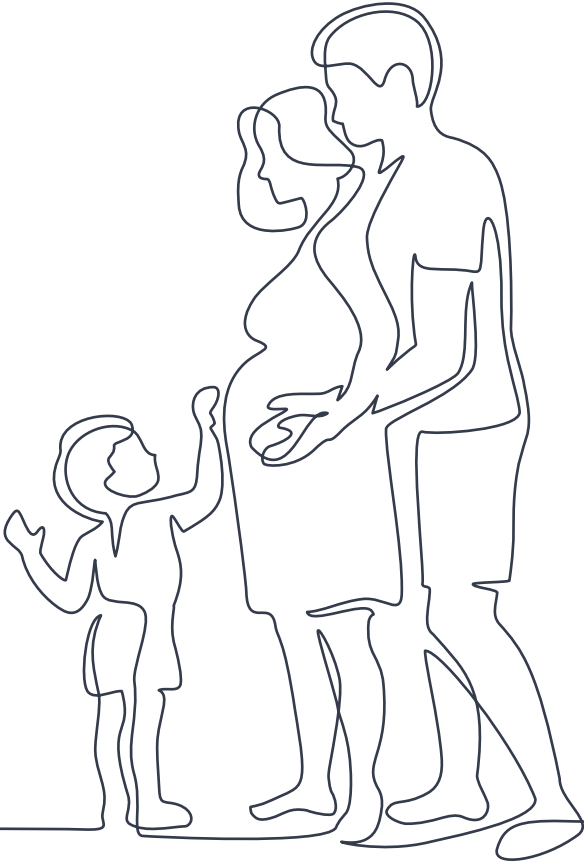


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REPORT OVERVIEW

The Rhode Island Department of Health’s (RIDOH) Maternal Child Health (MCH) Program is providing this comprehensive annual report for 2022-2023 that identifies the strengths and challenges of Rhode Island’s public health system and the most appropriate programs and policies to promote the health of pregnant or child-bearing-aged individuals, infants, children (including children with special healthcare needs), adolescents, and their families.

The MCH annual report continues to be guided by RIDOH’s strategic framework and a racial equity framework in collaboration with the following key stakeholders: KIDSNET, RIDOH’s Center for Health Data Analysis (CHDA), RIDOH’s Adolescent School and Reproductive Health Programs, SISTA FIRE, and Rhode Island Parent Information Network (RIPIN), and others.

In 2019-20, RIDOH completed an extensive MCH needs assessment that incorporated feedback from a wide array of stakeholders, including community organizations, clinical providers, advocates, and families. Information was gathered from more than 1,000 individuals via surveys, facilitated discussions, large community meetings, and listening sessions. The resulting data were used to develop the following MCH priorities for 2020-2025:

MCH Domain	MCH Selected Priority
Preconception, pregnancy, and postpartum (also referred to as maternal health)	<ul style="list-style-type: none">• Improve prenatal health by reducing perinatal health disparities.• Reduce maternal morbidity and mortality
Perinatal and infant health	Strengthen caregiver’s behavioral health and relationship with child
Child health	Support school readiness
Adolescent health	Support adolescent mental and behavioral health
Children with special healthcare needs	Ensure effective care coordination for children and youth with special healthcare needs
Cross-cutting initiatives	Adopt social determinants of health in MCH planning and practice to improve health equity

RIDOH'S MATERNAL CHILD HEALTH PROGRAM OVERVIEW

MCH Framework

MCH recognizes that achieving health equity requires action, leadership, inclusion, cross-sector collaboration, and shared responsibility throughout RIDOH and in communities across the State. The MCH Program ensures that its work is coordinated by collaborating with, and supporting, a broad range of partners, including other State agencies, Medicaid, public and private insurers, family organizations, healthcare systems, clinical providers, community-based organizations, and other RIDOH programs. This work spans a variety of direct, enabling, and systems-level interventions.

RIDOH Strategic Framework

RIDOH's three leading priorities are to:

1. Address the socioeconomic and environmental determinants of health;
2. Eliminate disparities and promote health equity; and
3. Ensure access to quality healthcare for all, including the State's vulnerable populations.

These priorities are the foundation that guide all RIDOH work, with the goal of improving the health and well-being of all Rhode Islanders. Health equity means everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences. Consequences of health obstacles include powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and results in unequal healthcare.

Through an extensive community engagement process, the Community Health Assessment Group (CHAG) developed a core set of 15 indicators in five domains that affect health equity: integrated healthcare, community resiliency, physical environment, socioeconomics, and community trauma. Understanding these indicators is important because of their effect on community residents.

Inequitable health dynamics within a community may mean shorter life spans, higher rates of illness, and a decreased ability to complete daily activities. Please reference the following website for current information and statistics on health equity indicators: <https://health.ri.gov/data/healthequity/>.

Racial Equity Framework

Sparked by the national social justice movement and accelerated by Rhode Island's disparate number of COVID-19 infections in certain racial and ethnic populations, the State continues to strive for racial equity. We define the State's racial equity charge as the just and fair inclusion of all people, regardless of race or ethnicity, into a society where they can participate, prosper, and reach their full potential. This requires eliminating unjust policies, practices, attitudes, and cultural messages that reinforce differential outcomes by race. Racial equity is best achieved through use of a social justice lens that combines an understanding of past and present social injustices and how these inequities have led to poor outcomes for communities of color.

In racial and ethnic populations, disparities exist for several maternal and infant health outcomes in Rhode Island. Minority women are more likely than White women to receive delayed or no prenatal care and have preterm births. From 2017 to 2021, racial disparities continued to be seen in preterm births between Non-Hispanic American Indian and Alaska Native (AI/AN) (12.0% of preterm births of Non-Hispanic AI/AN births) and non-Hispanic Black people (11.1% pre-term births out of all Non-Hispanic Black births) than White women (8.2% pre-term births out of all births) in 2016-2020. Hispanic, Native American, and Black youth have a higher teen pregnancy rate than White and Asian youth. Black and Hispanic children in Rhode Island are more likely to be hospitalized because of asthma than White children. Racial and ethnic differences in asthma are connected to issues such as poverty, exposure to indoor and outdoor air pollution, stress, and access to healthcare.

Family-Centered Services

A long-standing tenet of RIDOH's MCH Program is the representation and engagement of family, youth, children, and children and youth with special healthcare needs (CYSHCN), and consumers at all levels of planning through implementation. RIDOH has partnered with the local chapter of Family Voices at RIPIN to engage, train, and employ families of CYSHCN within the Rhode Island system of care. Family liaisons who are hired, trained, and certified as community health workers (CHWs) are supported in RIDOH's CYSHCN, WIC, Newborn Screening, Birth Defects, Family Planning, Immunization, and Family Visiting Programs.

RIDOH also convenes an active Youth Advisory Council that meets monthly, engages in policy development, and assists in the implementation of RIDOH programs. MCH strategic planning regularly includes families who have received services.

Partnerships

RIDOH is the sole public health entity in Rhode Island—there are no local health departments. As such, RIDOH relies heavily on partnerships to advance its work throughout the community. These partnerships include advocacy groups, colleges and universities, community-based organizations, federally qualified health centers, health insurers, Medicaid, professional organizations (Rhode Island Chapter of the American Academy of Pediatrics, Rhode Island Chapter of the American College of Obstetricians and Gynecologists, etc.), committees and coalitions, and other State agencies. During 2021-2022, RIDOH MCH staff convened or participated in more than 70 committees or advisory boards.

Title V Funds Supporting State MCH Efforts

The 2022 Title V investment of \$1,657,027 was a small part of RIDOH's overall MCH budget of \$98,840,359. Title V dollars are used to support and enhance MCH programs across RIDOH and the system by supporting key staff, contracts, and projects in MCH priority areas. While Title V funds rarely fund direct services in Rhode Island, they are used to improve systems by working with, and leveraging other programs and assets that improve maternal and child health outcomes throughout the State. The Title V program ensures program coordination and collaboration internally and externally. The flexibility of Title V funds is critical as it allows RIDOH to fill gaps where reductions in other funding threaten MCH systems and services or to enhance work that is already being done.

ROLES, PRIORITIES, AND INTERESTS OF MCH

RIDOH Role and Structure

RIDOH is the State agency responsible for addressing the MCH needs throughout the State. Section 23-13 of the Rhode Island General Laws gives RIDOH broad authority for administering and overseeing Title V MCH services. RIDOH is a department within the State's Executive Office of Health and Human Services (EOHHS), a cabinet-level agency that reports directly to the Governor.

Interagency Initiatives

Rhode Island's Title V Program is responsible to assure that MCH initiatives, within RIDOH and throughout the state, work together to ensure a continuous system of care for mothers, children, CYSHCN, and families that is coordinated, comprehensive, and community based. Various RIDOH programs take the lead on different MCH strategies; however, all of RIDOH's programs work together to ensure a statewide system of services. This complex work is pursued utilizing a variety of strategies that engages other State agencies, policy makers, community-based agencies, clinical and social service providers, and target populations.

Children’s Cabinet

The Governor’s Children’s Cabinet is authorized to engage in interagency agreements and appropriate data sharing to improve services and outcomes for children and youth. Its general goals are to improve the health, education, and well-being of all children and youth; increase the efficacy, efficiency, and coordination of service delivery; and improve data-driven, evidence-based decision-making through strengthened data-sharing capacities among agencies and research partners while adequately protecting the privacy rights of children.

Early Intervention Interagency Coordination Council (ICC)

ICC is composed of representatives from organizations that serve the early childhood population and parents of children who are currently or formerly enrolled in Early Intervention. The ICC is an advisory council that assists EOHHS with program implementation. ICC is a venue for information sharing and encourages programs to work together on initiatives that are being implemented across the State. The ICC also acts as a sounding board for families and providers to discuss challenges and successes in their Early Intervention experiences.

Task Force to Support Pregnant and Parenting Families with Substance-Exposed Newborns (SEN)

The SEN Task Force is composed of medical professionals, substance-use treatment providers, peer recovery coaches, early intervention/family visiting professionals, educators, and representatives from key health-related Cabinet agencies. Its aim is to work through interagency collaboration to reduce the number of substance exposed newborns and provide adequate support for affected families and children. This collaboration complements the work of the broader statewide Overdose Prevention and Intervention Taskforce.

Successful Start

Successful Start is an advisory board comprised of representatives from State and local agencies. The Board works to advise on Healthy Families America, Project Launch, Project Autism, and Department of Children, Youth, and Family (DCYF) related programming. A parent advisory board gives feedback on these programs and discusses any relevant issues affecting them and their communities

Community Agencies

RIDOH highly values, and works with, the community as a core partner in MCH and collaborates with all 39 municipalities to assure that equity in MCH becomes a reality. The community agencies take on a variety of roles, including advocacy and policy work, direct services, and clinical services. RIDOH maintains strong partnerships with many community organizations, hospitals, healthcare professionals, and academic institutions. Through these partnerships, various initiatives, programs, and population health priorities can be integrated at all levels of public health service and health-care delivery throughout the State. Community, healthcare, and academic partners also help assess the health needs of all Rhode Islanders, and they provide data that may highlight emerging issues, diseases, or inequities.

RHODE ISLAND'S MATERNAL AND CHILD HEALTH DOMAINS

Rhode Island is a small, but diverse state that offers a variety of services for birthing parents, children, and youth. The State is always advocating for adequately serving its constituents and helping them toward a healthy and prosperous life. The MCH Program builds upon the comprehensive healthcare and social service system to prioritize the State's most disparate populations with a racial and health equity lens. MCH works to increase awareness that social, economic, and environmental inequities have resulted in adverse health outcomes and have a greater impact than individual choices for mothers, children, and families in Rhode Island. Please reference RIDOH's MCH Program website for the Title V Block Grant annual report and application which holds a fuller rendering of our health domain activities and initiatives.

Preconception, Pregnancy, and Postpartum

The Title V program refers to women and maternal health as the preconception, pregnancy, and postpartum health section. This section refers to the health of women of child-bearing age, usually age 15-44, although demographics show that this age range has been widening. Preconception, Pregnancy, and Postpartum health is an area that focuses on women's health before she becomes pregnant, health during pregnancy focuses on women's health beginning with conception up to the pregnancy outcome, and postpartum health is the area that focuses on women's health after the pregnancy outcome and up to six months after the pregnancy outcome. This domain includes unwanted, unplanned, and mis-timed pregnancies and teen pregnancies. The Preconception, Pregnancy, and Postpartum Health domain section has taken into consideration that the care and outcomes of women, children, and families are impacted by systemic racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers.



System of Care

The system of care that a birthing parent receives a range of care as they enter antepartum and intrapartum. For reference, antepartum is referred to as the pregnancy and intrapartum spans from the onset of labor to the delivery of the placenta. A network of support exists for a birthing parent as they journey through the conception and gestation process. Primary care providers and obstetrician-gynecologists (OB-GYNs) are generally the first providers that interact with a patient about their sexual health before and during pregnancy. During visits with practitioners, many individuals are educated on, and gain access to, family planning options. Family planning promotes reproductive health by helping people prevent unplanned pregnancy or achieve intended pregnancy. In 2016-2021, 38.0% of pregnancies in Rhode Island were unintended. Among racial/ethnic groups, 29.0% of Non-Hispanic Whites, compared to 42.8% of Hispanics and 51.0% of Non-Hispanic Blacks reported unintended pregnancies. In 2020, approximately six out of 10 individuals served at Title X clinics used a family planning method defined as mostly to moderately effective, such as an IUD or hormonal injections.

During antepartum, Title X clinics, OB-GYNs, midwives, doulas, and primary care providers become important to ensuring the health of a pregnant individual and the developing fetus. Recent estimates show that 30 prenatal care practices are operating in the State. In 2022, 83.4% of pregnant women who gave birth received prenatal care beginning in the first trimester, which is a slight decrease from 84.1% in 2021. Non-Hispanic White women (86.9%) are still more likely to start prenatal care in the first trimester when compared to Non-Hispanic Black women (77.8%). During intrapartum, a pregnant person can choose to access hospital, midwifery, and doula services. Women & Infants Hospital, part of the Care New England healthcare system, specializes in care of women and newborns, and is the ninth-largest, stand-alone obstetrical service in the US. In 2019, more than 80% of newborns in Rhode Island were delivered at Women & Infants Hospital. Four additional birthing hospitals are located throughout the State that account for the remaining births. Within many of these hospitals, their respective obstetric and labor and delivery units not only birth babies but preform fetal surgery, examine placenta and products of conception, and preform neonatal postpartum exams.

Recent Accomplishments

In this area, RIDOH has received a grant, HRSA-19-107 State Maternal Health Innovation Program, which will fund and support:

- 1.** Development of a certified, professional midwifery program in Rhode Island;
- 2.** Enhancement of statewide maternal health data surveillance; and
- 3.** Creation of a maternal health taskforce and corresponding strategic plan.

Community partners involved in this effort include SISTA FIRE, Urban Perinatal Education Center, and RI KIDSCOUNT. Additionally, the State has continued to collaborate across the community to support community-based perinatal health professional workforce development. For instance, in collaboration with Journ3i LLC., the Preschool Development Program has supported approximately 20 diverse community members to be certified as doulas in the Rhode Island community. Continuing education and specialization courses have also been offered to doulas, with approximately eight doulas being trained as a newborn care specialist.

RIDOH's Pregnancy Postpartum Death Review Committee (PPDRC), an established multidisciplinary committee, has met on a quarterly basis to review deaths that have occurred during pregnancy or within one year of the end of pregnancy. PPDRC reviews these deaths to identify factors contributing to the deaths, and to improve systems of care. The Committee released their 2022 Recommendations of the Rhode Island Pregnancy and Postpartum Death Review Committee. Since then, a Data to Action Committee has been developed to analyze recommendations posited from the PPDRC and strategically plan out routes to implementing recommendations. The first Committee meeting took place in September 2023 and involved close to 100 participants.

Needs Assessment Update

For all following health domains, the MCH program contemplates the care and outcomes of women, children, and families who may be impacted by systemic racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers. The following quantitative, qualitative, and anecdotal information tries to tease out health disparities and the overarching healthcare needs of communities.

Preconception Health

Title X provisional data in 2022 show that 63.1% of Title X clients were using moderate to mostly effective family planning methods, an improvement from 61.9% in 2021. In 2016-2021, women younger than 20 were more likely to experience depression before pregnancy (19.1%) than women 34 or older (13.6%).

Perinatal and Postpartum Health

Among Rhode Island women who gave birth in 2022, 8.3% had gestational diabetes and 10.8% had gestational hypertension/pre-eclampsia. In 2022, 30.2% of women had a cesarean delivery in a Rhode Island facility with a low-risk birth, a steady increase since 2018 (27.5%). Rhode Island has one of the highest low-risk cesarean birth rates in the nation. The 2022 severe maternal morbidity rate was 86.5 per 10,000 hospital deliveries, which is a slight increase from 85.4 per 10,000 hospital deliveries in 2021. Racial disparities continue to be seen between Black women (124.0 per 10,000 hospital deliveries) than White women (72.9 per 10,000 hospital deliveries) in 2018-2022.

The pregnancy-associated mortality ratio (PAMR) in Rhode Island for 2018-2021 is 58.2 per 100,000 live births. The number of pregnancy-related deaths in 2018-2021 for Rhode Island is less than 10. The percentage of women reporting symptoms of postpartum depression was 12.7% in 2020, an increase from 11.5% in 2019. In 2016-2021, 17.8% of women identifying Other as their race/ethnicity group reported postpartum depressive symptoms compared to 11.3% of Non-Hispanic White women, a statistically significant difference. An even larger and significant disparity in reporting postpartum depression exists between women with disabilities (30.9%) and women with no disabilities (10.9%).

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Priority 1: Improve Prenatal Health by Reducing Perinatal Health Disparities

RIDOH believes that all pregnant individuals should have access to comprehensive and timely prenatal services across the healthcare continuum. Overall, public health research and data show that social, economic, and environmental inequities have resulted in adverse health outcomes and have a greater impact than individual choices. Reducing prenatal health inequities through policy and systems change can help improve opportunities for every Rhode Islander.

Strategy 1: Address Perinatal Health Disparities within Prenatal Health Programs

Title V is continuing to grow its partnerships with community stakeholders, cultural groups, and networks to address perinatal and birthing disparities within the birthing parent system of care. Through these partnerships, RIDOH-administered programs, including Family Visiting, family planning, oral health, and other preventive care, are seeking guidance on:

- Translation and interpretation services;
- Trauma-informed care/consent;
- Cultural bias;
- Community resources; and
- Workforce diversity.

Priority 2: Reduce Maternal Morbidity and Mortality

The maternal morbidity and mortality trends have been increasing for all racial/ethnic populations in maternal morbidity and postpartum depression.

To respond to disparities in these two areas and support this new priority, RIDOH will resume, continue, and add strategies as follows:

Strategy 2a. Create and Oversee the Rhode Island Pregnancy and Postpartum Death Review Committee (PPDRC)

PPDRC is a multidisciplinary committee that reviews deaths that have occurred during pregnancy or within one year of the end of pregnancy (Rhode Island's Maternal Mortality Review Committee). PPDRC reviews these deaths to identify factors contributing to the deaths, to recommend public health and clinical interventions that may prevent future deaths and to improve systems of care.

Strategy 2b. Continue to Implement a Perinatal Quality Collaborative with Diverse Representation from the Community

RIDOH has worked with the National Perinatal Information Center to:

1. Support grant writing activities related to committee funding;
2. Advocate for diverse representation from the community to reduce racial/ethnic disparities in the hospital setting; and
3. Coordinate efforts with the PPDRC and the Alliance for Innovation on Maternal Health (AIM) program in addressing maternal morbidities and mortality. Most recently, the RIDOH supported the Perinatal Neonatal Quality Collaborative (PNQCRI) in applying for CDC grant funding which was awarded.

Strategies delayed by COVID-19 that will resume:

Promulgate birth center regulations:

RIDOH is collaborating with the Governor's Office of Regulatory Review to draft and promulgate the birth center regulations. RIDOH has been analyzing the draft regulations and is revising the cost-benefit analysis (CBA) required by State law to be included as a part of the regulatory promulgation process. The revised CBA is almost complete, and at the appropriate time, the department will submit the regulations for ORR's review.

Perinatal/Infant

The perinatal period refers to the period immediately before and after birth. Perinatal and maternal health are closely linked. Infant health refers to the period before a child's first birthday, a very critical period in growth and development. The Program is focusing on the caregiver relationship between the mother and infant. Emphasis is placed on identifying pregnant and parenting families who are at high risk of negative outcomes and linking them to appropriate services, including addressing stagnant or worsening trends in racial/ethnic disparities. This health domain section has taken into consideration that the care and outcomes of women, children, and families are impacted by racism, discrimination, unaddressed language barriers, and a lack of culturally responsive providers. The following quantitative, qualitative, and anecdotal information tries to tease out health disparities and the overarching healthcare needs of communities.

System of Care

Rhode Island birthing hospitals contain postpartum and Neonatal Intensive Care Units that assess and care for delivered babies. During postpartum, Rhode Island birthing hospitals are legally required to coordinate with RIDOH's Office of Newborn Screening and Follow Up to screen all newborns in Rhode Island for metabolic, endocrine, hemoglobin, hearing, and developmental risk factors. All babies are tested because babies with these disorders often appear healthy at birth. Serious problems, including death, can be prevented if the disorders are discovered early.

Generally, the Office of Newborn Screening and Follow-Up works to support systems and services that screen newborns. In total, the program provides universal newborn screening for 33 core blood disorders, Critical Congenital Heart Disease, and a hearing and developmental risk assessment. Their goal is to screen 100% of newborns annually and thoroughly monitor the number of follow-up forms completed by diagnostic clinics in KIDSNET. The Office includes the Newborn Hearing Screening Program that works to screen, evaluate, refer, and provide resources and educational supports to newborns with hearing loss.

Consultation on breastfeeding is available to birthing parents both inside the hospital and in the community. Certified Lactation Counselors (CLCs) and International Board-Certified Lactation Consultants (IBCLCs) help birthing parents through the breastfeeding process. Both IBCLCs and CLCs are tasked with assessing, advocating, educating, and consulting birthing parents. RIDOH plays a role in monitoring IBCLCs and CLCs, digitally listing all certified practitioners in the State, and examining any consumer complaints. Additionally, Family Visiting Programs are influential in supporting the lives of parents with newborns and young children and connecting them to relevant resources.

Recent Accomplishments

In 2022, RIDOH invested in developing the workforce of perinatal and postpartum community practitioners. This investment includes supporting the community doulas, family visitors, and/or CHWs to develop competencies and/or certifications in:

1. Lactation support;
2. Newborn care;
3. Trauma-informed care;
4. Perinatal mental health;
5. Childbirth education; and
6. Infant mental health.

For instance, in September 2023, RIDOH, the Rhode Island Foundation, and Journ3i LLC. partnered to hold a Postpartum Support International Certification in Perinatal Mental Health training for community and hospital-based providers. Of those in attendance, approximately 30-40 Rhode Island perinatal community-based providers (mental health clinicians, doulas, CHWs, etc.) attended the training. Overall, more than 100 health and behavioral health practitioners from Massachusetts, Rhode Island, and Connecticut attended the three-day training. In 2024, the Rhode Island Prevention Block Grant, MCH Program, and Journ3i LLC. will be partnering to increase perinatal mental health trainings available to community-based providers.

Needs Assessment Update

Poor Birth Outcomes

In 2022, 7.9% of Rhode Island infants were born with low birth weight (less than 2,500 grams), 9.0% infants were born preterm (less than 37 weeks gestation), and 26.4% were born early term (37-38 weeks gestation). The IMR in Rhode Island is 3.6 deaths per 1,000 live births in 2022, a slight decrease from 3.7 per 1,000 live births in 2021. There is a large disparity between the Non-Hispanic Black IMR (9.1 per 1,000 live births) and the Non-Hispanic White IMR (2.9 per 1,000 live births) for 2018-2022, with a Black-White infant mortality ratio of 5.0:1.

Caregiver Relationship with Infant

In 2021-2022, home visitors observed 66.8% of caregivers interacting with their children, an increase from 65.4% in 2020-2021. In 2020-2021, caregivers who were single and never married (14.5%) were far less likely to be observed interacting with their children than caregivers who were married (76.1%). Furthermore, 58.0% of caregivers are able to handle the day-to-day demands of raising children very well in 2020-2021, which is a slight decrease from 58.7% in 2019-2020.

Substance Exposed Newborns

Birth defects program data in 2021 showed that 76 newborns were discharged with neonatal abstinence syndrome. This percentage represents a rate of 72.7 per 10,000 live births.

Breastfeeding

2018 National Immunization Survey (NIS) data show that 78.8% of Rhode Island infants breastfed at some point in time but that only 23.0% of Rhode Island infants were breastfed exclusively through six months.

Mental and Emotional Health

In 2020-21, the percentage of mothers who reported having excellent or very good mental and emotional health was 70.4%, which is a further decrease from 71.3% in 2020-2021. In 2020-2021, 63.6% of mothers with a household income of 100%-199% Federal Poverty Level (FPL) reported having excellent or very good mental and emotional health compared to 78.3% of mothers with a household income of 400% FPL or greater. The mental/behavioral health of a woman may impact the ability to care for their infants. Timely and validated screening for behavioral health outcomes among pregnant and postpartum women will help improve the well-being of the caregivers and their infant.

Priority 3: Strengthen Caregiver's Behavioral Health and Relationship with Child

Title V aims to support a caregiver's behavioral health and relationship with their child. This program includes supporting bonding methods between caregiver and child, assessing the behavioral health of the caregiver, and referring them to appropriate and supportive services. To respond to these disparities and support this priority, RIDOH will resume, continue, and add strategies noted below. In addition, RIDOH will continue systems support for coordination and quality improvement of the following areas of work: safe sleep, newborn screening, newborn hearing program, perinatal hepatitis prevention, and Zika surveillance.

Strategy 3a. Make Available Comprehensive Services and supports through the Family Visiting Program

The Family Visiting Program will continue to support its 14 family visiting agencies to educate, support, and screen for behavioral health issues among clients.

Strategy 3b. Grow Behavioral Health Teleconsultation Resources for Caregivers and Children

RIDOH will continue to implement psychiatry resource networks (PRN) for both pregnant and postpartum patients (MomsPRN) and children and adolescents (PediPRN) to help healthcare professionals treating pregnant, postpartum, or pediatric patients screen and manage behavioral health disorders. RIDOH was funded by HRSA to implement the Pedi PRN program for 2023-2028. The MomsPRN program submitted for a renewal of a HRSA five-year grant, but RIDOH's proposal was unfunded. RIDOH will be engaging with stakeholders on possible opportunities for funding ongoing MomsPRN activities.

Strategy 3c. Support Efforts to Expand Breastfeeding Services and Supports

RIDOH will continue with multiple partners to increase diverse community-based lactation professionals and supports available to diverse perinatal individuals across Rhode Island.

Strategy 3d. Increase WIC Caseload

The WIC Program will continue with current services with a focus on increasing caseload, referrals, and collaborations with new partners.

Strategies delayed by COVID-19 that will resume:

- Resume efforts to increase the number of IBCLCs and CLCs of color to address disparities in infant breastfeeding rates: RIDOH had planned to offer a CLC training, but it was postponed due to the pandemic. The MCH Program is working with several internal partners to explore ways to recruit and train IBCLCs of color. RIDOH anticipates offering this training again (now offered virtually) in Spring 2024.
- Continue the work of the SEN Task Force: RIDOH will resume the work of the Task Force to address its four overarching priorities:
 1. Increase education and workforce development;
 2. Improve interdisciplinary, family-centered care coordination;
 3. Expand and increase access to treatment and recovery; and
 4. Use data to inform program activities and improve outcomes.



Child Health

Children's health is the well-being of children from birth through adolescence, usually age 1-11. Child health providers focus on the healthy growth and development of children to help ensure every child reaches their full potential. To support children's health, preventing and treating illnesses and injuries are important to a child's development and to promote optimal oral health (teeth and gums) and healthy social and emotional development. RIDOH supports children to access healthy foods; be physically active; receive recommended immunizations; and receive timely, high-quality, culturally sensitive healthcare to help them stay healthy. RIDOH also works to foster strong family and community relationships and ensure children grow up in safe environments. To align with the Children's Cabinet and Governor's Preschool Development Grant, the MCH program identified the priority to improve school readiness in the Child Health domain.

System of Care

A variety of care options exists for children and youth in the state including approximately 60 pediatric practices that serve children and youth. Additionally, Hasbro Children's Hospital, the pediatric division of Rhode Island Hospital, is Rhode Island's primary dedicated children's hospital. Hasbro houses the State's only pediatric emergency department, Level 1 Trauma Center, and pediatric critical care teams and is part of the Lifespan health system and is affiliated with the Warren Alpert Medical School of Brown University. Children and youth also have access to structured programming through the State or through community agencies.

Recent Accomplishments

Rhode Island Preschool Development Grant (PDG) is in its final funding cycle. Particularly, the PDG team is proud of its multi-year work of partnering across multiple State stakeholders, agencies, and organizations to implement policy and programming. All activities in the grant were focused on supporting the developmental, physical, emotional, and mental readiness of children to enter kindergarten. Some of the strategies implemented included:

1. Growing perinatal and postpartum community-based supports;
2. Increasing child health system of care coordination; and
3. Increasing access to quality childcare, pre-kindergarten, and family navigation services.

Needs Assessment Update

Children's Health Data

In 2020-2021, 24.7% of children age 6-11 were physically active every day, a decrease from 28.4% in 2019-2020. Rhode Island ranks high among the nation in child and adolescent vaccination rates, especially for HPV and TDAP immunizations.

Childhood Literacy

Early literacy is an important precursor for developing a foundation to school readiness. The percentage of postpartum women reporting they currently read or look at a book with their baby in the past week in 2021 was 85.9%. Statistically significant differences continue to exist among racial/ethnic groups in 2016-2021, where 76.5% of Hispanic postpartum women reported currently reading to their infant compared to 87.5% of Non-Hispanic White postpartum women. A disparity also exists between Hispanic family members reading to their child up to age five every day (17.5%) compared to Non-Hispanic White family members (51.7%). The Reach Out and Read RI Program shows that 40.1% of pediatric practices participated in book sharing in 2022, an increase from 34.1% in 2021. Overall, 98.7% of books were distributed among well-child visits.

Priority 4: Support School Readiness

The health of children in Rhode Island remains an important issue to the MCH Program. Poor oral, physical, mental, and behavioral health status can have long-term health consequences later in life. Focusing on early childhood development may improve the physical and psychosocial well-being of Rhode Island children. The MCH Program is prioritizing school readiness, which includes the ability of children in Rhode Island to exhibit their full potential of success and the support of families and communities to meet children's needs of readiness.

Early literacy is an important precursor for developing a foundation to school readiness. In 2021, 83.0% of postpartum women reported currently reading or looking at a book with their baby in the past week, a slight increase from 81.1% in 2020. Disparities exist by race/ethnicity in 2019, where 78.1% of Hispanic postpartum women reported currently reading to their infant compared to 87.6% of Non-Hispanic White postpartum women. In 2018-2019, 40.8% of family members were reading to their child, up to age five, every day, a decrease from 49.6% in 2017-2018. This outcome becomes more evident in the disparity between Hispanic family members reading to their child, up to age five, everyday (23.3%) compared to Non-Hispanic White family members (49.3%).

Strategy 4a. Improve Early Literacy through Reach Out and Read

RIDOH works with Reach Out and Read Rhode Island, a research-supported program, that provides neurodiverse children with books during pediatric checkups so that families can read to their children at home.

Strategy 4b. Support Preschool Development Grant (PDG B-5) Efforts in Increasing Equitable Access to Early Childhood Education

In the past year the Rhode Island Preschool Development Grant projects continued to ensure that Rhode Island children prenatally, up to age five (P-5) families, have equitable access to the high-quality services and supports they need for their children to enter kindergarten educationally and developmentally ready to succeed.

Adolescent Health

Adolescence (age 12-17) is a critical period of transition between childhood and adulthood. It includes the biological changes of puberty and development to adulthood. The behavioral patterns established during these developmental years can protect children or put them at risk for many different physical and behavioral health conditions. Older adolescents and young adults, including those with chronic health conditions, may face challenges as they transition from the pediatric to the adult healthcare system including changes in their health insurance coverage and legal status and decreased attention to their developmental and behavioral needs. RIDOH strives to ensure that all adolescents and young adults receive timely, high-quality, culturally sensitive healthcare.

Recent Accomplishments

RIDOH's Adolescent, School, and Reproductive Health Program recently received federal grant funding from CDC Teen Pregnancy Prevention program. RIDOH will take a comprehensive approach of working across school and community-based partners to support sexual health education among youth. The team's work centers on empowering the voices of youth and involving their input in the process. In the first year of the grant, the Adolescent, School, and Reproductive Health Program will implement sexual/reproductive health community listening sessions. The program has an emphasis on engaging with linguistically, culturally, and neurodiverse and differently abled populations across Rhode Island. To do this they will be working across the Department with different programs that engage with diverse groups of young adults.

Needs Assessment Update

Healthcare and Immunization

According to the 2020-2021 NSCH data, 71.5% of adolescents age 12-17 received a preventive medical visit in the past year, a decrease from 79.5% in 2019-2020. The 2020-2021 NIS reports that 90.1% of teens age 13-17 have received at least one dose of the HPV vaccine, a drop from 93.0% in the previous year. Rhode Island has the highest rates of HPV vaccination coverage in the US. Other adolescent immunizations were also high in 2021 with 92.8% receiving at least one dose of the meningococcal conjugate vaccine and 93.8% receiving at least one dose of the Tdap vaccine. However, both meningococcal conjugate and Tdap immunization rates among adolescents were slightly lower than 2020. Nevertheless, seasonal influenza (76.5%), meningococcal, and Tdap immunization rates in Rhode Island exceed US rates among adolescents.

Behavioral/Mental Health

Bullying on school property has decreased among high school students, from 16.4% in 2019 to 10.3% in 2021, the lowest prevalence since the question was first asked in 2009. Lesbian, gay, and bisexual (LGB) high school students continue to be more likely to be bullied on school property (20.1%) than heterosexual high school students (7.6%), as well as more likely to be electronically bullied (20.1% for LGB students versus 9.3% of heterosexual students). Suicide ideation is an important issue concerning the MCH Program. The Youth Risk Behavior Survey (YRBS) shows an increase among high school teens who seriously considered committing suicide from 13.3% in 2019 to 17.1% in 2021. Disparities exist between Hispanic teens who seriously considered committing suicide (19.8%) compared to 15.4% of Non-Hispanic White teens. The prevalence of having attempted suicide was higher among LGB students (41.8%) than heterosexual (10.1%) students. The Suicide Prevention Initiative reports in 2022 that 76.6% of Rhode Island students were screened and referred for support services using Kids' Link, a behavioral health triage service and referral network. 2022 referrals for services represents an increase from 63.6% reported in 2021. In 2020-2021, 56.6% of adolescents age 12-17 received treatment or counseling by a mental health professional.

Priority 5: Support Behavioral Health

RIDOH strives to ensure that all adolescents and young adults receive timely, high-quality, culturally sensitive behavioral healthcare. RIDOH will continue systems support for coordination and quality improvement of the following areas of work: transitions to adult life, sexual health and family planning, immunizations, violence and injury prevention, and emotional regulation. To respond to these disparities and comprehensively support mental and behavioral health for adolescents, RIDOH will resume, continue, and add strategies as follows:

Strategy 5a. Further Progress on the Rhode Island Youth Suicide Prevention Project (RIYSPP)

RIYSPP will continue to work with a broad range of partners to implement a combination of strategies, aligned with the 2012 National Strategy for Suicide Prevention, that are focused on lowering youth (10-24) suicide death and attempt rates.

Continue to participate in national suicide prevention efforts: A representative from RIDOH participated on the national steering committee of the Children's Safety Now Alliance through the Children's Safety Network and their advisory team.

Continue to participate in planning efforts to change the suicide prevention hotline number to an easier to use number: The Violence and Injury Prevention Program (VIIPP) through its CDC Rape Prevention Education grant will continue working with partners to implement interventions targeting risk and protective factors for teen dating and youth sexual violence at the community-level.

Strategy 5b. Continue to Support the Youth Advisory Council

Since 2013, RIDOH implemented a Youth Advisory Council (YAC) to provide youth/young adults, age 14-24, with a forum to connect with other youth and an avenue to practice leadership skills within a safe environment for addressing social/emotional health. Since its inception, the YAC has advised and collaborated with various RIDOH programs affecting the health, wellness, and transition of youth (including those with special needs/disabilities).

Strategy 5c. Continue to Participate in Statewide Initiatives to Plan a System of Care of children's behavioral health

Throughout 2023, EOHHS continued to convene a group of representatives from multiple State agencies, including Behavioral Health Developmental Disabilities and Hospital (BHDDH), DCYF, Office of the Health Insurance Commissioner (OHIC), Rhode Island Department of Education (RIDE), and RIDOH. The group is tasked with planning and preparing to implement the Children's Behavioral Health System of Care. A system of care is a wide spectrum of effective, community-based services and supports that is organized into a coordinated network.

5d. Maintain Teen Outreach Program Activities (TOP):

RIDOH works with multiple partners to implement TOP, a positive youth development curriculum to support youth life skills development and promote community connectedness.

5e. Sustain the PediPRN Program:

PediPRN project's mission is to improve access to behavioral health care for Rhode Island children and adolescents by integrating psychiatry into the State's pediatric primary care practices. PediPRN uses a telephonic integrated care model to improve access to quality behavioral health expertise to achieve its mission.

5f. Bolster the Violence and Injury Prevention Program (VIPP):

VIPP collaborates with multiple partners to implement and expand sexual violence and assault prevention activities, emotional regulation programming, and concussion management and prevention initiatives.

5g. Continue the Youth Sport Concussion Prevention Program (YSCPP): The VIPP has continued to seek funding opportunities and new collaboration for the Youth Sport Concussion Prevention Program and related activities.

5h. Continue implementation of the Emotional Regulation Intervention Project:

VIPP collaborates with Rhode Island Student Assistance Services (RISAS) to implement a 12-session emotional regulation pilot program in middle schools throughout Rhode Island.

5i. Review and Implement the Statewide Adolescent Health Strategic Plan:

Rhode Island's Adolescent Health Strategic Plan is in development. Healthy People 2020 and Maternal and Child Health's Title V performance measures were used as a guide in identifying health priorities.

5j. Promote Teen Dating Violence and Youth Sexual Violence Prevention Activities:

Through its CDC Rape Prevention Education grant, VIPP works with its partners to implement interventions targeting risk and protective factors for teen dating and youth sexual violence at the community-level.

5k. Expand the Youth Health Ambassador Program:

The Youth Health Ambassador (YHA) program supports RIDOH engagements of youth as partners, advisors, experts, and leaders.

5l. Promote the Conference on Youth Sexual Health Education:

The Rhode Island HIV and STI Prevention Coalition worked to promote the Conference on Youth Sexual Health Education (CYSHE). The focus of the 2023 CYSHE event was Sex Ed for All, which aligned with national themes focused on more inclusive sex education.

5m. Continue the Dare to Dream (D2D) Youth Leadership Initiative/Conference:

Since May 2009, RIDOH, in collaboration with the Rhode Island Transition Council, has sponsored a statewide youth leadership conference titled Dare to Dream (D2D).

Children and Youth with Special Healthcare Needs Services

The Maternal and Child Health Bureau (MCHB) defines children with special healthcare needs (CSHCN) as “those who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.” CSHCN includes a diverse group of children younger than 18 (about 20% of children in Rhode Island and children with chronic conditions, children with medically complex health issues, and children with behavioral or emotional conditions. These children may have physical, developmental, behavioral, or emotional healthcare needs. These needs may appear in children of any age. CSHCN are often diagnosed with more than one condition and are also frequently experienced difficulties in several areas, such as learning, behavior, gross or fine motor skills, chronic pain, and making and keeping friends.

System of Care

A variety of developmental resources exists that are tailored to support CSHCNs. According to 2022 National Survey of Children’s Health (NSCH) data, 20.8% of Rhode Island children up to age 17 have at least one special healthcare need, compared to 18.9% in the nation. More than 60% of CSHCNs have multiple diagnoses and chronic conditions. Medical Assistance is a financial resource for children and adults with a disability that is available through the federal Supplemental Security Income (SSI) Program. The Katie Beckett Program is a Medicaid coverage category that is given to eligible CSHCNs. Additionally, home visiting programs and community agencies in the State play a supportive and active role in the lives of many children with special healthcare needs.

Various educational resources are provided to special needs children. As of fiscal year 2022, 3,953 children were provided appropriate Early Intervention (EI) services through certified EI provider agencies, as required by the Individuals with Disabilities Education Act (IDEA) Part C. The number of children served is down 14% from calendar year 2019 (4,601 children). Many schools provide an Individualized Education Program (IEP) to special needs children. In terms of demographics of special needs students, the majority of identified students are White, male, and not low-income. This demographic information is presented with the understanding that individuals may not have access to a diagnosis or support due to their socioeconomic characteristics.

As of June 2022, 22,165 students in K-12 were receiving special education services through Rhode Island public schools. Thirty-five percent of these students had a learning disability. Disabilities and developmental delays are usually diagnosed in children who have not reached developmental milestones that have generally been reached by children in that age group.

Developmental screenings, evaluations, and diagnoses have been helpful in identifying resources that children need to learn and thrive. All school districts coordinate with the Child Outreach program to screen all enrolled children age three to five.

Recent Accomplishments

RIDOH leveraged the Medical Home Portal during the pandemic to share vetted information on health insurance, safety guidelines, community supports, and tools to help families and professionals caring for CYSHCN. The portal is a web-based resource (www.ri.medicalhomeportal.org) that provides consumer-friendly information to help families navigate the CYSHCN system of care. The website provides a one-stop-shop for comprehensive diagnostic, education, specialty care, social service, and resource information to improve the system of care and health outcomes for CYSHCN. In fiscal year 2022, the site reported 53,403 web hits, a 39.5% increase from 38,276 web hits in fiscal year 21. Another metric from fiscal year 22 shows that 21.7% of unique users clicked on at least one resource link from Medical Home Portal. A satisfaction survey was sent out to registered users of the Medical Home Portal, and 86.2% responded that the site was helpful. In 2019-2020, 41.3% of CSHCN received effective care coordination, an increase from 35.1% in 2019-2020.

Additionally, Rhode Island has continued its annual D2D educational empowerment initiative and is diligently planning for 2024 CYSHCNs programming. During the 2022-2023 reporting period, RIDOH partnered with RIDE and Rehabilitation Services to continue to bring the D2D experience to middle and high school students with special needs/disabilities and their teachers to provide creative programming that addressed social/emotional health, tools for resiliency, individual strengths recognition, and other topics related to transition to adulthood. Programming designed by Rhode Island's long-standing facilitator from a North Carolina-based national training agency (Leading to Change, Inc.) provided a school year kickoff event and mid-year workshop delivered in a virtual format designed around student strengths identified through the facilitation of Strength Finder Assessments. The program culminated in an on-site conference at the University of Rhode Island providing transition topics and exciting activities. The 2022-2023 D2D hybrid program was attended by 415 students and 126 teachers/support personnel.

Needs Assessment Update

According to 2022 NSCH data, 22.6% of Rhode Island children up to age 17 have at least one special healthcare need, compared to 20.8% in the nation. In 2019-2020, among children age 3-17, the prevalence of ADD/ADHD is 10.2%. The current prevalence among children age 3-17 with autism, Asperger's Disorder, or other Autism Spectrum Disorder in Rhode Island is estimated to be 3.3%.

Medical Home and Care Coordination

To be considered a medical home, a practice must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. In 2020-2021, 53.3% of CSHCN had a medical home, compared to 54.3% of CSHCN in 2019-2020. This measure nearly meets the Healthy People 2030 target objective of 53.6%. The Medical Home Portal in Rhode Island, a website offering resources and links to families with CSHCN, reported receiving 53,403 hits in fiscal year 22, a 39.5% increase from 38,276 hits in fiscal year 21.

Impact on Families

Rhode Island continues to study and monitor the financial impact that many families with CSHCN experience. NSCH 2020-2021 reports that 9.0% of families with CSHCN have had problems paying for any of the child's medical or healthcare bills in Rhode Island compared to 4.7% of children without special healthcare needs. NSCH data also showed that 14.2% of Rhode Island families of CSHCN had a family member stop working or cut down hours of work because of the child's health or health conditions, which is statistically significant compared to 2.8% families of children without special healthcare needs. The number of caregivers able to handle the demands of raising children up to age 17 with special healthcare needs very well (44.4%) is statistically lower than caregivers raising children without special healthcare needs up to age 17 (61.8%).

Priority 6: Ensure Effective Care Coordination for CSHCN

To ensure effective care coordination for children with special healthcare needs, RIDOH will resume, continue, and add strategies as follows:

Strategy 6a: Promote a Web-Based Application to Address Effective Care Coordination in the Medical Home Portal (MHP)

RIDOH has developed web-based resources (www.ri.medicalhomeportal.org) to provide a consumer-friendly way to navigate the CYSHCN system of care. The website provides a one-stop-shop for comprehensive diagnostic, education, specialty care, social service, and resource information to improve the system of care and health outcomes for CYSHCN.

Strategy 6b: Encourage a PCMH-Kids' System of Healthcare for CYSHCN: The PCMH-Kids System of Health Care for CYSHCN model, convened in 2013, extended the transformation of primary care to practices that serve this population across the State.

Strategy 6c: Advance an Adolescent Healthcare Transition Project with Patient-Centered Medical Homes for Children: In the 2021-2022 reporting period, RIDOH, together with the Care Transformation Collaborative (CTC), commenced work on the enhancement of care coordination with PCMH-Kids practices through the implementation of a structure to support youth transition to adult healthcare.

6d: Continue the D2D Youth Leadership Initiative/Conference: Since May 2009, RIDOH, in collaboration with the Rhode Island Transition Council, has sponsored its statewide youth leadership conference.

6e. Support the Enhancement of Care Coordination with the PCMH-Kids Practices, with Emphasis on CYSHCNs: RIDOH's Title V Program has supported PCMH Kids practices in the enhancement of care coordination through a collaborative partnership with the CTC-RI.

Cross-Cutting Initiatives

Rhode Island's cross-cutting initiatives attempt to address health inequities that are systemic, avoidable, unfair, and unjust differences in health status across population groups. RIDOH recognizes that the conditions in which people are born, grow, live, learn, work, and play affect health in powerful ways. Public health research and data show that many adverse health outcomes have resulted from generations-long social, economic, and environmental inequities. These inequities include poverty, discrimination, racism, and their consequences. For example, segregation in housing and education and racist mortgage lending and zoning policies have affected communities differently and have had a greater influence on health outcomes than genetics, individual choices, or access to healthcare. Removing obstacles to health and improving access to good jobs with fair pay, quality education and housing, safe environments, and healthcare can help reduce health inequities and improve opportunities for every Rhode Islander. RIDOH's priority for cross-cutting systems building is to address social determinants of health in MCH planning and practice to improve health equity.

System of Care

To improve MCH systems of care, RIDOH's MCH Program is working with a wide variety of internal and external partners. In the past few years, several collaborative projects have included the Governor's Overdose Prevention and Intervention Task Force, the Task Force for Substance-Exposed Newborns, the Governor's Initiative to improve third grade reading, Plans of Safe Care, and a safe-sleep campaign. Partners include RIDE, DCYF, Department of Human Services (DHS), BHDDH, EOHHS, Medicaid, and OHIC.

Recent Accomplishments

RIDOH was recently awarded funding from CDC State Physical Activity Nutrition Program to implement policy and convening oriented programming to support child and family nutrition and physical activity. As a part of the grant, RIDOH will be developing a strategic plan related to increasing breastfeeding in postpartum populations. The process will involve engaging perinatal lactation professionals, community stakeholders, and State agencies to develop a plan that will build a comprehensive system of lactation care and support for diverse postpartum populations. Another goal of the grant team is to increase access to nutritional foods for families and children. This includes working across food providers, farmers, farming markets, and other community-based stakeholders to create equitable healthy food access policies and practices across Rhode Island.

Needs Assessment Update

Social Determinants of Health

The Title V Program has a long-standing interest to address social determinants of health among MCH populations by monitoring and reporting these conditions from various population-based data. In Pregnancy Risk Assessment Monitoring System (PRAMS) 2016-2020, 7.8% of postpartum mothers reported thinking back to their childhood and very often finding it hard for their family to pay for basic needs like food or housing. According to 2021 YRBS data, 70.9% of high school students reported they will probably or definitely complete a post-high school program, a drop from 75.4% in 2019. Compared to 89.0% of White high school students who most of the time or always feel safe and secure in their neighborhood, only 72.6% of Black high school students felt safe and secure in their neighborhood. In 2021, 3.3% of students who have ever slept away from their parents or guardians did so because they were kicked out, ran away, or were abandoned, a decrease from 7.5% in 2019. The NSCH also collects data on social determinants of health. In 2020-2021, 63.1% of households among Hispanic families could always afford to eat good and nutritious meals, which is significantly different compared to 82.5% of households among White Non-Hispanic families. Furthermore, 52.3% of Hispanic parents definitely agree that their child lives in a safe neighborhood compared to the same response from 74.7% of White Non-Hispanic parents.



Health Equity Indicators

Rhode Island has adopted 15 Health Equity Indicators as statewide measures to assess health equity in the state. These indicators span across five domains (integrated healthcare, community, physical environment, socioeconomics, and community trauma), which are further broken down in measuring key determinants of health that are reported at the municipal level and by race/ethnicity. Housing burden, a socioeconomic indicator, is calculated by identifying the percentage of cost-burdened renters and owners for Rhode Island cities and towns. This composite metric from the 2022 HousingWorks Rhode Island Factbook's data showed that Black household owners (37%) and Hispanic household owners (40%) had a higher total cost burden than White household owners (26%). The graduation rate among high school students who completed four years in the 2019-2020 freshman class was 85.4%, which is nearly similar to the 2018-2019 freshmen class with a graduation rate of 85.7%. In 2018, the core cities of Central Falls (11%) and Woonsocket (14%) were two of three Rhode Island municipalities that had the lowest turnout among registered party-affiliated voters for the general elections.

Health Equity Indices

The MCH Program continues to incorporate equity indices as part of Title V reporting to better understand how social determinants affect specific MCH populations. The Child Opportunity Index (COI) has developed a second version of its equity index that is calculated using education, health and environment, and social and economic indicators for the child population (up to age 17). For State-normed data in 2015, there is a large variation in the overall COI of census tracts in Providence and Pawtucket (labeled 'Very Low') compared to census tracts of suburban municipalities such as East Greenwich and Barrington (labeled 'Very High').

Emerging Public Health Issues

Post-COVID-19

The COVID-19 pandemic affected health systems and services to the MCH population in Rhode Island and highlighted inequities among vulnerable populations and communities. The pandemic also disrupted survey response rates from routine population-based surveys, such as RI PRAMS, and the data collection of various RIDOH programs and external collaborative data partners such as the Reach Out and Read Program. To improve reporting of COVID-19 cases among newborns and pregnant women, RIDOH's Office of Vital Records began collecting responses to questions about COVID-19 in 2021. To protect their clients and workers, RIDOH programs, such as Family Visiting and WIC, offered telehealth services to pregnant women, postpartum women, and their families. Evidence from CDC studies demonstrate that the COVID-19 vaccine was just as safe and effective to pregnant women as it was to non-pregnant women. All people age six months or older are eligible for COVID-19 vaccination. The Pediatric Advisory Council oversees and provides clinical guidance for the reach and distribution of COVID-19 vaccines among the pediatric population in Rhode Island. Data on vaccine coverage for COVID-19 are collected and monitored through the Rhode Island Child and Adult Immunization Registry (RICAIR).

Drug Overdoses

The goal is to reduce opioid overdose deaths by one-third within three years by addressing four key strategies: treatment, overdose rescue, prevention, and recovery. Substances found to be contributory to the cause of death among accidental overall overdose decedents in Rhode Island have increased from 384 in 2020 to 434 in 2022. For more updated information on the opioid epidemic and local resources see www.PreventOverdoseRI.org. The Rhode Island Governor's Prevention and Intervention Task Force promotes the strategic pillars (prevention, rescue, treatment, and recovery) and renews focus on data use to inform response, engage diverse communities, change negative public attitudes on addiction and recovery, incorporate harm-reduction principles, and address its social determinants of health. RIDOH has emphasized the importance of a community-driven response to the opioid epidemic. The PPDRC reviews pregnancy-associated deaths to determine whether a drug-related cause of death affected the pregnancy and provides recommendations to prevent these drug-related deaths.

Priority 7: Adopt Social Determinants of Health in MCH Planning and Practice to Improve Health Equity

Strategy 7a. Support CHW Training and Workforce Development:

RIDOH's CHW Initiatives have continued to cultivate learning opportunities for the MCH workforce through the CHW CORE trainings.

Strategy 7b. Support a Comprehensive System of Engagement and Leadership Development for Vulnerable Populations through the Youth Advisory Council

Since 2013, RIDOH has implemented its YAC to provide youth/young adults, age 14-24, with a forum to connect with other youth and an avenue to practice leadership skills within a safe environment for addressing social/emotional health. Since the inception, the YAC has advised and collaborated with various RIDOH programs affecting the health, wellness, and transition of youth (including those with special needs/disabilities).

Strategy 7c. Promote Good Oral Health across the Lifespan with a Focus on Prevention:

In 2023, RIDOH's Oral Health Program has partnered with multiple promotion agencies to create a cohesive message about oral health.

Train Community Health Workers (CHWs) to Provide Education on Oral Health Topics including Age One Dental Visits, Oral Health during Pregnancy, the Importance of Drinking Tap Water, and Dental Sealants: The Rhode Island Dental Director has provided training to cohorts of CHWs on oral health across the lifespan.

Developed Nutrition Training for Dental Hygienists: The Oral Health Program received funding from HRSA to build a nutrition training for dental hygienists. Dental hygienists are trusted sources in the community and tend to be the most public health focused on a dental office.

Strategy 7d. Amplify Family Voices and Input

The Family Visiting Advisory Council is convened regularly by RIDOH's Family Visiting staff and advises on different family visiting related topics such as family engagement, family visiting marketing and outreach, family needs, and family visiting service asset and gaps.

Family to Family Health Information Center (F2FHIC): RIPIN is also Rhode Island's HRSA-funded F2FHIC, which provides families of CSHCNs with support, resource referral, training workshops, advocacy, and relevant information via newsletters/publications/websites.

RIPIN Peer Resource Specialists: Through a contract with RIDOH, RIPIN employs Peer Resource Specialists to strengthen Rhode Island's capacity to plan and deliver effective services to special needs, disability, and vulnerable populations.

Parent Support Groups: Family Voices hosts a monthly Peer Support Group for families and caregivers of CYSHCN, entitled Peer-to-Peer Connections.

Strategy 7e. Ensure Health Equity Programming among Maternal Child Health Programs:

Title V is continuing to grow its partnerships with community stakeholders, cultural groups, and networks to address perinatal and birthing disparities within the birthing parent system of care. Through these partnerships, RIDOH administered programs, including family home visiting, family planning, oral health, and other preventative care, are seeking guidance on:

1. Translation and interpretation;
2. Trauma-Informed care/consent;
3. Cultural bias;
4. Community resources; and
5. Workforce diversity.

This includes soliciting solutions to challenges from the community.

Strategy 7f. Continue to Support the Development of a Doula Infrastructure: MCH Program partnered with Journ3i LLC. and the Early Childhood Comprehensive Systems (ECCS) Grant to implement an asset and gap analysis of the doula workforce. From 2020-2023, RIDOH has supported doula workforce infrastructure and will continue to do so by partnering with community, insurance partners, community partners, and sister agencies.

CONCLUSION

As the lead MCH authority in the state, RIDOH's MCH Program is responsible for ensuring that MCH initiatives, within RIDOH and throughout the State, are a coordinated, family-centered system of care for mothers, children, and families. RIDOH's MCH Program embraces the RIDOH strategic priorities of equity and addressing SDH in each domain and strategy.

This report was intended to provide an annual update on MCH in Rhode Island, highlight the most recent needs assessment, and provide an update on the strategies to address the following MCH priorities for 2020-2025:

- Improve prenatal health by reducing perinatal health disparities;
- Reduce maternal mortality/morbidity;
- Strengthen caregiver's behavioral health and relationship with child;
- Support school readiness;
- Support adolescent mental and behavioral health;
- Ensure effective care coordination for CSHCN; and
- Adopt social determinants of health in MCH planning and practice to improve health equity.



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