Maternal and Child Health (MCH) Annual Report to the Legislature

April 28, 2026

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Report Overview

While this report focuses on activities of the 2025 calendar year, at the beginning of its 2024-2025 grant year (October 1, 2024, to September 30, 2025), the Rhode Island Department of Health's (RIDOH) Maternal Child Health (MCH) Program completed a federally mandated comprehensive needs assessment. The needs assessment was a systematic process that aimed to acquire an accurate picture of the strengths and weaknesses of Rhode Island's public health system and identify 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. RIDOH MCH needs assessment was guided by RIDOH's strategic framework and a life-course approach. Because the needs assessment frames and guides the ongoing work of the MCH Program, it is included, for reference and context, in this legislative report.

The methodology of the MCH needs assessment involved an in-depth planning phase, secondary data analysis, community and workforce outreach, and an intensive prioritization and strategy selection process. The planning and implementation of this needs assessment was done in collaboration with multiple internal and external partners. Some of the key collaborators involved in this process were Health Equity Zones (HEZ), KIDSNET, RIDOH's Center for Health Data Analysis (CHDA), RIDOH's Adolescent School and Reproductive Health Programs, SISTA Fire Tribal Youth Empowerment Cooperation, Narragansett Tribal Elders, and Rhode Island Parent Information Network (RIPIN).

The needs assessment incorporated feedback from a wide array of interest holders, 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 2025-2030:

MCH Domain	MCH Selected Priority
Preconception, pregnancy, and postpartum (maternal health)	• Increase perinatal education and care options • Expand and sustain the perinatal community-based workforce
Perinatal and infant health	• Ensure a robust and coordinated system of preventive interventions and supports that address differences in infant sub-populations • Strengthen and promote breastfeeding support throughout the State
Child health	Advance safe, healthy, and supportive environments for optimal child development
Adolescent health	Promote mental well-being, increase resilience, and foster connectedness to optimize youth behavioral health
Children with special healthcare needs	Increase access to quality, coordinated, and family-centered services for children with special needs

RIDOH'S MCH 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:

1. Address the socioeconomic and environmental determinants of health;
2. Eliminate sub-population population differences and promote optimal population health; 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. Supporting optimal population health means everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health 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 unequal healthcare.
Through an extensive community engagement process, the MCH Program's Community Health Assessment Group (CHAG) developed a core set of 15 indicators in five domains that affect optimal population health: integrated healthcare, community resiliency, physical environment, socioeconomics, and community trauma. Understanding these indicators is important because they affect community residents.
Poor health dynamics within a community may mean shorter life spans, higher rates of illness, and a decreased ability to complete daily activities. Current information and statistics on health indicators are available on RIDOH's website.

RIDOH MCH 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.
Within RIDOH, Rhode Island's Title V Program (RIDOH MCH) is situated in the Division of Community Health and Equity (DCHE), Center for Maternal Child Health. In this organizational structure, RIDOH MCH acts as a convener, collaborator, and partner in addressing MCH issues within RIDOH and statewide. While the responsibility of Title V coordination and reporting falls on MCH staff, the larger Title V team includes staff from all RIDOH programs that touch MCH populations. This team approach allows Title V to be represented at the vast majority of MCH policy discussions, committees, or advisory group in the State.

RIDOH MCH supports and promotes the health of all mothers, children, and families to reduce inequities and improve outcomes and is responsible for:

- Aligning and facilitating the coordination of efforts among RIDOH health topics and programs as it relates to maternal and child health;
- Focusing on key areas, including women/maternal health, perinatal/infant health, child health, adolescent health, children with special healthcare needs, and social determinants of health; and
- Administering the Title V Maternal and Child Health Block Grant in Rhode Island with a commitment to family-centered services, partnerships, interagency initiatives, and community partners.

Family-Centered Services

A long-standing tenet of RIDOH MCH 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 and 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 or county-level 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), committees and coalitions, and other State agencies. During 2025, RIDOH MCH staff convened or participated in more than 70 committees or advisory boards.

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 RIDOH's programs work together to ensure a statewide system of services. This complex work is pursued utilizing a variety of strategies that engage other State agencies, policy makers, community-based agencies, clinical and social service providers, and target populations.

Community Partners

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

healthcare 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.

Title V Funds Supporting State MCH Efforts

The 2025 Title V investment of $1,697,848 was a small part of RIDOH's overall MCH budget of $121,125,124. 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.

Rhode Island's MCH Domains

Rhode Island is a small 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. RIDOH MCH builds upon the comprehensive healthcare and social service system to prioritize the State's most vulnerable populations with an optimal health promotion lens. RIDOH 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. (For a detailed explanation of RIDOH MCH's domain activities and initiatives, see information posted on the Center for MCH on RIDOH's website.)

Preconception, Pregnancy, and Postpartum Domain

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 pregnancy, health during pregnancy focuses on women's health from conception to birth, and postpartum health is the area that focuses on women's health from the end of the pregnancy up to six months after the pregnancy. 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.

Needs Assessment Data Findings

Preconception Health

- There was an improving trend among women reporting that they didn't exercise or exercised little before pregnancy, from 23.3% in 2021 to 19.4% in 2022.
- In 2018-2022, women younger than 20 were more likely to experience depression before pregnancy (19.3%) than women aged 30-34 (12.1%).
- Title X data in 2024 showed that 42.2% of Title X clients were using moderate to mostly effective family planning methods, an improvement from 46.3% in 2023. According to Pregnancy Risk Assessment Monitoring Survey (PRAMS), the most common reason that postpartum women did not do anything to keep from getting pregnant is that they were worried about the side effects of birth control.

Health During Pregnancy

- In 2018-2022, 36.8% of pregnancies in Rhode Island were unintended. Among racial/ethnic groups, 27.1% of Non-Hispanic White women reported an unintended pregnancy, which was statistically significant compared to 43.6% of Hispanic women and 48.8% of Non-Hispanic Black women reporting an unintended pregnancy. In addition, women younger than 20 were statistically more likely to report an unintended pregnancy than women of all older age groups.
- There has been a steady increase in gestational hypertension, from 9.0% in 2020 to 12.0% in 2024. In 2024, 84.1% of pregnant women who gave birth received prenatal care beginning in the first trimester. Non-Hispanic White women (88.9%) were still more likely to start prenatal care in the first trimester than Non-Hispanic Black women (74.6%).

Delivery and Postpartum Health

- In 2024, 28.3% of women had a cesarean delivery for a low-risk birth in a Rhode Island facility, a slight increase from 2023 (27.5%).
- The 2024 severe maternal morbidity rate was 101.7 per 10,000 hospitalizations for delivery, which is a sharp increase from 85.4 per 10,000 hospitalizations for delivery in 2023. In addition, racial differences continued to be seen between Black women (124.5

per 10,000 hospitalizations for delivery) and White women (64.6 per 10,000 hospitalizations for delivery) in 2021-2023.

- These differences were also seen for postpartum hemorrhages in hospitalizations for delivery (Hispanic women: 1,002.8 per 10,000 hospitalizations for delivery; Black women: 997.9 per 10,000 hospitalizations for delivery; White women: 836.2 per 10,000 hospitalizations for delivery) and severe hypertension (Black women: 787.9 per 10,000 hospitalizations for delivery ; Hispanic women: 550.9 per 10,000 hospitalizations for delivery; White women: 488.8 per 10,000 hospitalizations for delivery).
- Pregnancy and postpartum death review showed that in 2019-2022, there were 29 pregnancy-associated deaths (the death of a person while pregnant or within one year of the end of pregnancy, regardless of the cause) in Rhode Island. The pregnancy-associated mortality ratio (PAMR) in Rhode Island for 2019-2022 was 70.8 per 100,000 live births. The number of pregnancy-related deaths (death caused by pregnancy complications, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by physiological effects) in 2019-2022 for Rhode Island was less than 10.
- The percentage of women reporting symptoms of postpartum depression dropped from 12.1% in 2021 to 8.0% in 2022. In 2018-2022, 14.6% of women identifying Other as their race/ethnicity group reported postpartum depressive symptoms

Community Surveys and Focus Groups

RIDOH gathered information from the general community and the MCH health professional workforce through surveys. Participants from both groups ranked the following as issues related to women's/maternal health that should be prioritized:

1. Mental health (67% of community respondents, 72% of professional respondents)
2. Pregnancy and postpartum education and care (31% of community respondents, 47% of professional respondents)
3. Pregnancy complications (25% of community respondents, 24% of professional respondents)
4. Breastfeeding support (24% of community respondents, 24% of professional respondents)
5. Unintended or mis-timed pregnancy (23% of community respondents, 21% of professional respondents). The health professionals also ranked prenatal substance use (31%) as a high priority to address.

Focus groups were conducted with special populations in Rhode Island, including Cape Verdean community, women of color, indigenous urban and rural populations, and the Maternal Health Taskforce. Specific findings of these targeted focus groups were:

- Responses from focus groups with the Cape Verdean community align with these priorities for women's/maternal health. Participants identified there is a lack of bilingual providers and limited awareness in the Cape Verdean community of available prenatal resources, a need for services that are responsive to the personal beliefs and preferences of the population, a need for an expanded perinatal workforce, and the need for postpartum depression support programs and to address mental health

stigma.

- SISTA Fire's key learnings found that women of color experience barriers to achieving a high quality of life. Participants stated they've experienced financial struggles and that high costs of living is an issue. They define a strong quality of life as having housing security, food and nutrition security, good mental health, strong relationships with their community, and access to affordable and high-quality healthcare. Regarding mental health, participants highlighted issues including lack of access to mental health professionals of different race/ethnic groups (49%), high out-of-pocket costs (44%) and co-pays (28%), and minimal coverage by health insurance (28%).
- A needs assessment conducted by Tribal Youth Empowerment Collective (TYEC) among American Indian families and youth indicated the need for better medical services (65%), affordable housing (54%), understanding vaccinations (36%), an adult education program (GED, ESL) (26%), and community development (25%). A majority of participants stated they are not able to meet their nutrition needs each month and food access is an issue. The needs assessment implemented by the Narragansett Women's Collaborative among eastern woodland tribal women and children, with emphasis on the Narragansett Nation (Rhode Island's only federally recognized tribe), showed there was a concern about responsive healthcare services (70%), maternal and child health (improving prenatal healthcare) (47%), mental health supports (42%), and education opportunities (51%). Participants reported that access to birthing informational and emotional support (59%), safe at-home birthing options (57%), transportation assistance (48%), and assistance interfacing with non-tribal medical services (39%) would be helpful services.
- Lastly, the Rhode Island Maternal Health Task Force (RIMHTF) identified gaps in maternal and perinatal health in its development of the *Rhode Island Maternal Health Strategic Plan*. The Strategic Plan includes activities that expand the perinatal workforce (engaging doulas in the perinatal system of care, providing training to providers on various topics, implementing a community-based midwifery initiative) and increasing access to CHWs and perinatal mental health advocates. The Plan also highlights the need for implementing quality improvement processes in birthing hospitals, increasing access to behavioral healthcare, and creating economic security for families.

Priority 1: Expand perinatal education and care choices in Rhode Island that focus on individual beliefs and preferences.

This priority and its associated strategies are influenced by data and information from MCH Evidence. Perinatal education and support can include childbirth education, family visiting, primary care, behavioral healthcare, and midwifery care. Investing in perinatal education increases skin-to-skin contact between mother and baby, reduces the incidence of newborns with low birthweights, and increases early breastfeeding initiation[1]. A part of expanding care choices has included evidence-based continuing quality improvement (CQIs) within birthing hospitals.

Perinatal education topics explored included oral health, hypertension, breastfeeding, gestational

[1] *Bertrand KM, Adams ED. A Study of Skin-to-Skin Care Cesarean Birth: A Mother's Experience. J Perinat Educ. 2020 Jan 1; 29(1):50-58.*

diabetes, tobacco cessation, vaccines, substance use, reproductive health, and preconception health. Each of the potential activities chosen is based on evidence-based guidance.

Strategy 1: Support quality improvement at birthing hospitals.
RIDOH MCH is invested in supporting quality improvement efforts that enhance and expand perinatal healthcare options and support in Rhode Island birthing hospitals. One CQI initiative includes exploring the implementation of Centering Pregnancy (group prenatal care models in perinatal settings, especially for perinatal populations experiencing health complications). A study focusing on Hispanic Women with gestational diabetes found that participants involved in a Centering Pregnancy group prenatal care model had positive outcomes, including higher rates of appointment adherence, higher rates of breastfeeding initiation, higher rates of strictly breastfeeding at their postpartum visit, reduced rates of labor inductions, and reduced rates of patients needing medical drug therapy for their diabetes. RIDOH MCH recently collaborated with primary care health centers and participants of the Maternal Health Taskforce conference (community, hospital, insurance agency, sister agency partners, and representatives) to explore the Centering Pregnancy Model from both a national and local perspective. In the next year, RIDOH hopes to further engage hospital partners on this model.

Strategy 2: Make a Perinatal Resource Directory available.
RIDOH MCH is collaborating with the Maternal Health Taskforce and community partner Susie Finnerty to create a perinatal resource directory. This directory would be focused on collating perinatal resources, supports, and services in the State and create an online, interactive directory for providers and community members. In the next year, RIDOH will work to create the directory and receive input from partners.

Strategy 3: Align RIDOH perinatal initiatives.
In the next five years, RIDOH aims to better align and coordinate its perinatal initiatives. There are multiple initiatives within RIDOH that aim to implement innovative perinatal programming, including Pregnancy Postpartum Death Review Committee activities and recommendations, Data 2 Action Committee, and Family Visiting initiative. It is important for the work in all of the individual initiatives to be aligned on areas of overlap and how the connections can be expanded. RIDOH MCH will continue to encourage program collaboration and connection. These collaborations can further create more nuanced statewide perinatal population or provider interventions or have an expanded reach among particular communities of interest.

Priority 2: Expand and sustain the perinatal community-based workforce.
There has been a plethora of evidence suggesting that community-based perinatal professionals increase positive perinatal outcomes in communities they serve. RIDOH has been investing in the expansion of Rhode Island Certified Perinatal Doulas, CHWs, Peer Recovery Specialists (CPRS), Certified Lactation Counselors (CLCs), International Board-Certified Lactation Consultants (IBCLCs), Certified Professional Midwives (CPMs), and Perinatal Mental Health Specialists (CPRSs). Utilizing community-based perinatal workforce is the best practice

strategy according to MCH Evidence. Every perinatal community-based workforce chosen to be expanded has been shown to support perinatal mental, physical, and emotional health.

Strategy 1: Train and support MCH perinatal community-based workforce.
RIDOH MCH aims to continue to train and expand the MCH perinatal community-based workforce, including family visitors, Certified Perinatal Doulas, CHWs, CPRSs, CLCs, IBCLCs, CPMs, and CPRSs. Through the Maternal Health Innovation Grant, RIDOH MCH staff are implementing a certified professional midwifery satellite training program. This program is in its second year of implementation and is onboarding its second cohort of midwifery students. Some of the other workforce programming includes:

- CLC training and mentorship program;
- Creation of a statewide CPRSs certification with community and institutional partners; and
- Doula training scholarships in collaboration with community-based training programs.

Perinatal/Infant Domain

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 subpopulations. This health domain takes 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 identify health disparities and the overarching healthcare needs of communities.

Rhode Island birthing hospitals have postpartum and Neonatal Intensive Care Units that assess and care for babies. During the postpartum period, 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, in KIDSNET, the number of follow-up forms completed by diagnostic clinics. 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 inside the hospital and in the community. CLCs and 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 oversight of IBCLCs and CLCs by digitally listing all certified practitioners in the State and investigating any substantiated complaints. Additionally, Family Visiting Programs are influential in supporting parents with newborns and young children and connecting them to relevant resources.

Needs Assessment Data Findings

<u>Poor Birth Outcomes</u>

- In 2024, 7.8% of Rhode Island infants were born with low birth weight (< 2,500 grams) and 8.9% of infants were born preterm (<37 weeks gestation).
- The infant mortality rate (IMR) in Rhode Island was 4.9 deaths per 1,000 live births in 2024, an increase from 4.5 deaths per 1,000 births in 2023. There was a notable difference between the Non-Hispanic Black IMR (7.2 deaths per 1,000 live births) and the Non-Hispanic White IMR (2.9 deaths per 1,000 births) in 2019-2023.

- Provisional Neonatal Abstinence Syndrome (NAS) surveillance data from 2024 show that 42 Rhode Island newborns were discharged with NAS. This represents a rate of 4.2 per 1,000 live births, a decrease from 5.2 per 1,000 births in 2023.

Caregiver Relationship with Infant

- In 2023-2024, home visitors observed 73.0% of caregivers interacting with their children, an increase from previous years. However, caregivers who were never married (65.9%) were still less likely to be observed interacting with their children than caregivers who were married (78.9%) or caregivers who weren't married but living with a partner (77.3%).
- In 2022-2023, 56.4% of caregivers reported they could handle the day-to-day demands of raising children very well, a slight decrease from 59.0% in 2021-2022.
- In 2022-2023, the percentage of mothers who reported having excellent or very good mental and emotional health was 71.0%. The mental/behavioral health of a woman may impact her ability to care for their infants.
- Timely and validated screening for behavioral health outcomes among pregnant and postpartum women help improve the well-being of the caregivers and their infants. MomsPRN clinic cohort data from 2022-2023 showed that 69.6% of perinatal patients (up to one year postpartum) were screened for depression, a decrease from 71.1% in 2021. Groups that had the highest depression screening rates were Hispanic patients (81.2%) and those with no insurance (83.9%), compared to groups who reported their race/ethnicity as Other (48.7%) and had private or other insurance (55.7%). Variation in screening prevalence by demographics may result from the use of different screening protocols in individual practices.
- MomsPRN clinic cohort data in 2022-2023 also showed that 64.2% of their patients have been screened for anxiety during the same perinatal period, a drop from 63.5% in 2021.
- Groups that had the highest anxiety screening rates were patients who are Hispanic (80.5%) and had no insurance (90.3%), compared to groups who reported their race/ethnicity as Other (48.7%) and had private or no insurance (55.7%).

Breastfeeding

Early initiation of breastfeeding plays a critical role in protecting infants from infections, reducing infant mortality, and increasing the likelihood of continued breastfeeding.

- In Rhode Island, 84.9% of newborns were breastfed while in the hospital in 2023. The lowest rate was observed among non-Hispanic Native American infants (76.2%). The rates for non-Hispanic Black infants (82.9%) and Hispanic infants (84.6%) were also slightly below the statewide rate. Geographically, the lowest breastfeeding rates in Rhode Island were found in the State's four core cities—Central Falls, Pawtucket, Providence, and Woonsocket—where more than 25% of children live in households below the poverty threshold.

- In the four core cities, the breastfeeding rate at hospital discharge was 83.2%, compared to 85.9% in the rest of the state. Full-term infants (85.7%) were more likely to be breastfed than preterm infants (77.5%) across Rhode Island. Additionally, mothers with more than 12 years of education (89.6%) and private insurance (89.6%) were more likely to breastfeed at discharge than those with less than 12 years of education (72.6%) and public insurance (78.8%).

To support optimal infant growth and development, exclusive breastfeeding for the first six months of life is recommended. Healthy People 2030 has set a goal of 42.4% for infants exclusively breastfed through six months. In Rhode Island, only 25.3% of children age six months to two years were exclusively breastfed for six months during 2022-2023. Exclusive breastfeeding through three months was reported in 41.4% of infants, which was lower than the national average of 46.5% in 2021.

<u>Community Surveys and Focus Groups</u>

The community and MCH health professionals' surveys showed that participants identified affordable and high-quality childcare (56% of community respondents, 52% of professional respondents), parent/caregiver support (36% of community respondents, 45% of professional respondents), and breastfeeding support (24% of community respondents, 24% of professional respondents) as priorities to support families. Similarly, the needs assessment implemented by NICRT among American Indian families identified the need for childcare services (60%), support to navigate non-tribal outside medical services (39%), and access to WIC and family home visiting services (25%) as priorities.

A focus group with the Cape Verdean community indicated the need for infant nutrition and breastfeeding, aligning with other needs assessment findings. Participants emphasized the importance of educating both healthcare providers and parents about Cape Verdean perspectives on breastfeeding and care. They recommended creating information sessions for healthcare providers to learn about the Cape Verdean community and how to provide responsive health services. The HEZ Learning Collaborative focus groups also shared a need for affordable, accessible childcare, and noted the need for accessible resources/information and behavioral health supports for the mother.

The RIMHTF identified gaps in maternal and perinatal health in its Rhode *Island Maternal Health Strategic Plan*. The Strategic Plan includes activities that expand the perinatal workforce (engaging doulas in the perinatal system of care), providing training to providers on various topics, and increasing access to CHWs and family home visitors. The Plan also highlights the need for expanding access to food assistance programs, implementing clinical best practices in birthing hospitals for substance exposed newborns (SEN), and establishing the Newborn Essentials Support Toolkit.

Priority 1: Strengthen and promote breastfeeding support throughout the State.
An analysis of potential activities was informed by *MCH Evidence* and the *Breastfeeding Evidence Accelerator*. Breastfeeding has been widely acknowledged as the premier source of nutrition for infants. Breastfeeding offers beneficial outcomes for mother and baby. Breastmilk provides infants with protective nutrients, passive immunity, and active stimulation of newborn host immune defenses. It has been found that exclusive 6-month breastfeeding of infants has reduced the risk of, in the first years of life, developing gastrointestinal infections, asthma, childhood obesity, and diabetes. Although Rhode Island has a high rate of breastfeeding initiation, the State is below the national average in breastfeeding exclusivity for the first three months of a newborn's life. RIDOH MCH aims to address this gap and strengthen and promote breastfeeding support throughout the State. Studies have shown that professional and peer support has increased the chances of mothers continuing to breastfeed their babies.

Two focuses for RIDOH MCH and its partners will be to support Baby Friendly status in the State's birthing hospitals and increase statewide access to breastfeeding resources. In addition to research, a systematic review of worldwide studies of Baby Friendly Hospital initiatives found that it increased short-term and long-term breastfeeding adherence and breastfeeding-associated positive newborn and mother outcomes

Strategy 1: Promote and support Baby Friendly status in hospitals and beyond.
In support of the *2025-2030 RI Breastfeeding Strategic Plan*, RIDOH will establish and convene a Rhode Island Baby Friendly Hospital Initiative Collaborative. Through this, RIDOH will meet with teams from Rhode Island's five birthing hospitals (four of the five birthing hospitals currently hold the Baby Friendly designation) to support the hospitals in achieving and maintaining the Baby Friendly designation. The Collaborative aims to help partners better understand hospital-associated Baby Friendly assessment findings, areas where data show the hospital(s) may be struggling, and areas for quality improvement. Participants will be able to engage in shared learning with other hospitals and, over time, collectively improve their Baby Friendly assessment findings. The goal of this Collaborative is to improve breastfeeding rates in hospitals and assist hospitals and maternity services to implement evidence-based Baby Friendly policies and practices. The Collaborative will support participating hospitals by providing training, resources, and opportunities to improve policies and processes that impact their respective breastfeeding outcomes.

Strategy 2: Make Rhode Island's Breastfeeding Resources available.
RIDOH will collect and maintain a statewide resource inventory for lactation support. RIDOH will work collaboratively with internal programs such as MCH, Family Visiting, WIC, and Healthy Eating and Active Living to develop a comprehensive resource guide of lactation support in Rhode Island. It will be available on RIDOH's website, on kids.ri.gov, and in print.

Priority 2: Ensure a robust and coordinated system of preventive interventions and supports that address differences in infant sub-populations.

RIDOH MCH relies upon research and evidence-based strategies, in part found on the MCH Evidence Platform, to inform its work. Working on prevention includes strategies of expanding learning collaboratives for infant and child-serving practices and service programs and aligning internal maternal health communication strategies and content. The Healthy Tomorrow's initiative described below has been shown to increase well-child visits in practices involved in the learning collaborative. The participating practices combined well-child visit percentages are higher than the State average.

Strategy 1: Expand and sustain Healthy Tomorrows program.

RIDOH's Family Visiting Program (FHV) will continue to use Maternal, Infant and Early Childhood Home Visiting (MIECHV) program funds to support Healthy Tomorrows. The goals of the initiative are for family home visiting and pediatric practice partners to participate in a 12-month learning collaborative that will help develop relationships and awareness that result in:

- A method to identify patients and families who may benefit from a family home visiting referral;
- Current information about the patients jointly seen by FHV and pediatric practices;
- A document (compact/MOU) that identifies coordination and communication expectations for the FHV and pediatric practice;
- Standardized process for making referrals to FHV practices;
- Standardized care planning process;
- Evaluation through pre and post-survey information of increased knowledge and awareness; and
- Improved well-child outcomes as a result of improved communication and coordination that is informed by person(s) with lived experience.

This effort will be achieved by:

- Monthly meetings to help plan and prepare for learning collaborative meetings, including identification of tools and resources that will assist the effort;
- Consultants, including a pediatrician who will serve as a content expert; and
- Family Consultants, who will serve as content experts for what children and families need from FHV and pediatric practices.

Strategy 2: Align and promote maternal health communications.

RIDOH MCH and Center for Public Health Communication (CPHC) will collaborate with internal MCH-related programs and initiatives to better align, organize, and promote maternal health communications to the public. This includes actively convening and/or virtually communicating with other programs such as WIC, Family Visiting, Adolescent Health, Injury Prevention, and wellness programs. This will be done to create shared goals, streamline outreach and educational campaigns, actively collaborate on

overlapping initiatives and populations of interest, and cohesively align messaging. In addition, RIDOH continues to update its digital platforms, websites, and outreach pathways. Alignment of maternal health communication will include integrating and updating existing knowledge and messaging into modernized virtual interfaces and platforms.

Child Health Domain

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. Preventing and treating illnesses and injuries are important to a child's development, 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 exist for children and youth in the State including approximately 60 pediatric practices. Additionally, Hasbro Children's, the pediatric division of Rhode Island Hospital, is Rhode Island's primary dedicated children's hospital. Hasbro Children's houses the State's only pediatric emergency department, Level 1 Trauma Center, and pediatric critical care teams. It is part of the Brown University 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.

Needs Assessment Data Findings

Children's Health Data

- In 2022-2023, 22.3% of children age 6-11 were physically active every day, a decrease from 25.7% in 2021-2022.
- Also during 2022-2023, 34.1% of children age 6-11 were overweight or obese, an increase from 32.2% in 2021-2022.
- National Survey of Children's Health (NSCH) 2022-2023 data showed that 75.6% of children were continuously and adequately insured in the past year. Children with private health insurance (69.0%) were significantly less adequately insured than children with public health insurance (91.6%).
- According to the 2020-2021 National Immunization Survey (NIS), among the 2019 cohort, 85.3% of Rhode Island children, by 24 months, had completed the combined seven-vaccine series, an increase from the 2018 birth cohort of 78.6%. Rhode Island remained the highest ranked in the nation for influenza coverage among children age 19-35 months.
- In 2022-2023, 53.5% of children age 6-11 met the criteria of having a medical home.
- In addition, being food insufficient and having no adult mentor had the largest gaps in differences among racial/ethnic groups over time.
- NSCH showed that the most problematic outcomes for children were anxiety/depression, being food insufficient, having two or more adverse childhood experiences, lacking a medical home, and being overweight/obese.

Physical Activity

Children who are physically active, overall, have improved outcomes in weight status and cardiovascular health and fewer symptoms of depression.

- In 2022-2023, 22.3% of Rhode Island children age 6-11 were physically active at least 60 minutes per day, a drop from 25.7% in 2021-2022 and less than the New England (HRSA Region I) prevalence of 26.9%. Hispanic children were also less likely to be physically active for at least 60 minutes per day than non-Hispanic White children. In 2023, 57% of Rhode Island middle school students reported less than five days of physical activity a week.
- In 2022-2023, 19.3% of children age 6-17 were reported to be measured as obese (BMI at or above the 95th percentile), a slight increase from 18.1% in 2021-2022. There was also a statistically significant difference in obesity between Hispanic children (30.3%) and non-Hispanic children (13.2%). Rhode Island KIDSCOUNT reported in 2023 that 34% of children age 5-9 were overweight or obese, of which Hispanic children (47%) had a higher prevalence than non-Hispanic White children (31%)

Community Surveys and Focus Groups

In RIDOH's community and professional surveys, both sets of survey participants ranked the following as their top five issues they believe should be a priority for RIDOH:

- Mental health (60% of community respondents, 64% of professional respondents);
- Childcare that is affordable and high quality (56% of community respondents, 52% of professional respondents);
- Schools that are safe and high quality (39% of community respondents, 34% of professional respondents);
- Parent and caregiver support (36% of community respondents, 45% of professional respondents); and
- Nutrition and physical activity (26% of community respondents, 24% of professional respondents).

Similarly, the needs assessment implemented by Narragansett Women's Community among the Narragansett Nation rated mental health (63%) as a main issue related to child health, followed by tailored services/care to their community (40%), barriers to optimal access to health (40%), and bullying (25%).

A needs assessment conducted by TYEC among American Indian families and youth indicated the need for better teachers (21%) and school guidance counselors (10%) in public schools, understanding vaccinations (36%), quality medical services (65%), help with finding primary care doctors (13%), and pest control (17%).

Similarly, the HEZ Learning Collaborative focus groups identified physical activity and nutrition support as the main needs of children in their communities. Learning collaborative members also highlighted the need for healthcare supports (mental health, dental health, lead screening), safe and accessible housing, access to programs including childcare and after-school support, and systemic issues such as neighborhood infrastructure and safety.

A focus group with the Cape Verdean community also highlighted physical activity and nutrition as issues for child health. Participants discussed limited access to healthy food and

safe recreational spaces and recommended after-school programs focused on nutrition education and physical activity.

A focus group conducted with parents/caregivers of young children for the Rhode Island Infant and Early Childhood Mental Health Plan revealed the importance of families having access to mental healthcare, mental health promotion and destigmatization, and quality early care and education programs.

Priority 1: Advance safe, healthy, and supportive environments for optimal child development.

In researching this priority, the Title V program relied on the MCH Evidence Platform and its associated Physical Activity Evidence Accelerator and Food Sufficiency Evidence Accelerator. These sources show that physical activity for children, among other age groups, has fostered health benefits. Schools have been effective in promoting student physical activity (recess, physically active classrooms, physical education, etc.). Public health professionals, policymakers, and partners are often positioned to support a safe, healthy environment for children and families that supports physical activity, such as community physical activity campaigns or expansion of green and walking spaces. Additionally, investing in food access is an effective route to providing resources that support the growth of Rhode Island children. Food insecurity is defined as the "limited or uncertain availability of safe and nutritionally adequate foods, in socially acceptable ways (without use of emergency food supplies, scavenging, or stealing)". Food insufficiency can include households lacking consistent food access, families skipping meals, or families' over-reliance on unhealthy, but cheaper, food options

Strategy 1: Implement Rhode Island Streets transformation project in Rhode Island communities.

The RI Streets Transformation Project (RISTP) is a program under the HEAL Program that supports projects that demonstrate or showcase the benefits of community design promoting physical activity and active transportation for Rhode Islanders of all ages. Through enhancements to the built environment, RIDOH MCH can encourage children and families to use and enjoy parks, trails, bike paths, green spaces, and walking school buses. HEAL works to increase physical activity and active transportation by collaborating with partners across the State to advance policy, systems, and environmental change. HEAL launched the RISTP in 2022 through a partnership with Grow Smart RI and the Providence Streets Coalition. In a partnership with RIDOH MCH, the HEAL Program will design a program and request for proposals with a focus on community design for families and children.

Adolescent Health Domain

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 and experience 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.

Needs Assessment Data Findings

Behavioral/Mental Health

The analysis of the Youth Risk Behavior Survey (YRBS) data indicates that behavioral and mental health issues need to be prioritized in middle and high school students.

- In 2023, 29.4% of middle school students and 35.9% of high school students reported feeling sad and hopeless, slight increases from 2019 prevalences of 25.8% and 32.3%, respectively.
- There were 43.8% of middle school students and 20.9% of high school students who experienced bullying on school property or electronically in 2023. Lesbian, gay, or bisexual (LGB) high school students continued to be more likely to be bullied on school property (30.1%) than heterosexual high school students (12.5%), as well as more likely to be electronically bullied (LGB high school students: 20.1%; heterosexual high school students: 9.3%).
- Suicide ideation is an important issue that RIDOH MCH monitors. YRBS data reported a slight decrease among high school teens who seriously considered attempting suicide from 17.1% in 2021 to 15.7% in 2023. A decrease was also observed among middle school students, with 23.2% reporting ideation in 2021 and 20.1% in 2023. Differences exist between demographic factors, with 18.6% of Non-Hispanic Black teens who seriously considered committing suicide in 2023 compared to 14.2% of Non-Hispanic White teens.
- The prevalence of having attempted suicide was higher among LGB students (41.8%) than among heterosexual (10.1%) students.
- The Suicide Prevention Initiative reported in 2024 that 68.0% of Rhode Island students were screened and referred for support services using Kids' Link, a behavioral health triage service and referral network. This represents a decrease from 75.0% reported in 2023. In 2022-2023, 78.1% of adolescents age 12-17 received treatment or counseling by a mental health professional.

Community Surveys and Focus Groups

RIDOH MCH gathered information from the general community and the MCH health professional workforce through surveys. Both sets of survey_participants ranked the following as their top five issues they believe should be a priority for RIDOH:

- Mental health (70% of community respondents, 70% of professional respondents);
- Schools that are safe and high quality (43% of community respondents, 43% of professional respondents);
- Building healthy relationships with adults and peers (31% of community respondents, 34% of professional respondents);
- Sexual health education (34% of community respondents, 28% of professional respondents); and
- Suicide prevention (31% of community respondents, 27% of professional respondents).

RIDOH's Adolescent and School Health (ASH) staff administered youth health and well-being and parent and caregiver surveys. In the surveys, youth ranked the following as their top four priorities that should be addressed to improve the health and well-being of teens:

- Safe and healthy schools (43%);
- Nutrition (33%);
- Mental health (30%); and
- Physical activity (28%).

Similarly, 55% of teens and 68% of parents/caregivers ranked managing mental health (anxiety, depression) as one of the top four things they are concerned about on a day-to-day basis. Parents and caregivers also ranked mental health (57%) as a top priority, followed by healthy relationships (38%), transition to adulthood (36%), safe and healthy schools (36%), and nutrition (34%) for their youth. ASH's listening sessions received similar feedback. Mental health, substance use, nutrition, sexual and reproductive health, and screen time were noted as important issues. Youth stated they want to be involved in decisions that impact them, access to social workers and mental health professionals, a school environment that promotes healthy living, and peer-to-peer support services. Youth-serving organizations indicated a need for youth leadership opportunities and social connectedness.

The needs assessment implemented by Narragansett Women's Center among the Narragansett Nation rated depression (72%) as a main issue related to adolescent health, followed by school curriculum that is responsive to the needs of their community (62%), sexual health education (53%), and anxiety and post-traumatic stress disorder (49%).

A needs assessment conducted by TYEC among American Indian families and youth indicated the need for affordable higher education (43%), better teachers (21%) and school guidance counselors (10%) in public schools, understanding vaccinations (36%), and quality medical services (65%).

Focus groups with the Cape Verdean community align to show there is a need to support mental and behavioral health among teens. Participants highlighted the lack of population-responsive mental health services for teens facing academic, social, and community pressures. Participants also stated a need for healthy foods, safe recreational spaces, and educational support for students who speak another language.

Similarly, the HEZ Learning Collaborative focus groups identified mental and behavioral health support, building relationships, and a healthy community as the main needs of adolescents in their communities. Learning collaborative members also highlighted the need for physical health education (sexual education, nutrition, tobacco/vaping), access to recreation activities and after-school programs, job preparedness programs, and education on the judicial system.

RIDOH understands that supporting better mental and behavioral health outcomes for adolescents means expanding the current system of care. We acknowledge that since 2019, there has been an increase in environmental, social, and economic stressors on youth and their families.

Priority 1: Promote mental well-being, increase resilience, and foster connectedness to optimize youth behavioral health.

RIDOH MCH aims to promote access to comprehensive, inclusive, and culturally sensitive information, tools, resources to actively support adolescent mental health and well-being; fortify resilience in life; and foster connectedness to peers, mentors, and overall community.

Strategy 1: Promote of positive youth development (PYD) programs in schools and the community.

RIDOH's Adolescent Health Program will promote PYD in schools and community settings. PYD is an intentional, pro-social approach that engages youth within their communities, schools, organizations, peer groups, and families. PYD recognizes, utilizes, and enhances young people's strengths. PYD promotes positive outcomes by providing opportunities, fostering positive relationships, and furnishing youth with the support needed to build on their leadership strengths. RIDOH's Growing Opportunities for Adolescent Life Skills (GOALS) initiative will implement evidence-based curricula to support health education, including comprehensive, developmentally appropriate sexual and reproductive health education. Adolescents, age 10-24, will participate in programming that addresses healthy relationships, communication, consent, and healthy decision-making. Evidence-based PYD curricula are selected based on the age, needs, and setting of the youth served. RIDOH will provide technical assistance for implementation partners and ensure that evidence-based programs are implemented with fidelity and quality. Programs will also provide referrals to other supportive services for youth and their families.

Children and Youth with Special Healthcare Needs Domain

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 are counted in this group and include 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 frequently experience difficulties in several areas, such as learning, behavior, gross or fine motor skills, chronic pain, and making and keeping friends.

Needs Assessment Data Findings

Children with Special Healthcare Needs

- According to 2022-2023 NSCH data, 25.1% of Rhode Island children up to age 17 had at least one special healthcare need, a significant difference compared to the nationwide estimate of 20.8%.
- In 2022-2023, 66.5% of children and youth with special healthcare needs (CYSHCN) were continuously and adequately insured in Rhode Island, a slight decrease from 68.3% in 2021-2023. There are 1.8% of CYSHCN who were uninsured.

Medical Home/Care Coordination:

Several essential criteria are required to be considered a medical home. It includes being accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

- In Rhode Island, NSCH 2022-2023 data reported that 40.5% of CYSHCN had a medical home, compared to 50.3% of children without special healthcare needs. This Rhode Island CYSHCN measure did not meet the Healthy People 2020 target objective of 53.6%.
- In 2022-2023, only 52.8% of CYSHCN received effective care coordination. A larger combined sample size is needed to better understand whether families and CYSHCN receive effective care coordination.

Impact on Families:

Rhode Island continues to study and monitor the financial impact that many families with CYSHCN experience.

- The NSCH 2022-2023 reported that 8.8% of families with CYSHCN have had problems paying for any of the child’s medical or healthcare bills and 13.7% had a family member stop working or cut down hours of work because of the child’s health or health conditions, compared to 3.8% of families of children without special healthcare needs.

Community Surveys and Focus Groups:

RIDOH MCH gathered information from the general community through a survey of caregivers for any children who has special healthcare needs. Participants identified the following as priorities that they believe RIDOH should focus on:

- Mental, social, and emotional health (57%);
- Care coordination among providers (37%);
- Parent support/respite care (32%);
- Individualized education plans (IEP) (26%); and
- Access to specialty care (21%).

Participants of the HEZ Learning Collaborative focus groups highlighted the need for mental and behavioral health supports, a well-functioning system to access primary and specialty care, access to telehealth, and support for the families of CYSHCN. Another learning collaborative identified shared aims of expanding in-network providers, increasing the number of providers in Rhode Island, increasing reimbursement rates for health and human service programs, and ensuring a smooth transition from pediatric to adult care.

Priority 1: Increase access to quality, coordinated, and family-centered services for children with special needs.

The American Academy of Pediatrics defines care coordination as the "deliberate organization of patient care activities between two or more participants (including the patient) involved in a patient's care to facilitate the appropriate delivery of health care services". RIDOH MCH aims to increase access to high-quality, prompt, and coordinated services and supports for families of children with special healthcare needs, especially at vulnerable moments (NICU to home, home to school, pediatric to adult medicine). This priority aims to address systems improvement while supporting families as they navigate social, healthcare, childcare, and education services. *MCH Evidence* highlights that various care coordination models for children, especially those with complex needs, lead to improved patient health outcomes, higher utilization of primary and specialist healthcare services, a reduction in medical costs owed by the State and family, and higher satisfaction with care.

There is a multiplicity of research and evidence-based models that center on effective care coordination. Our analysis of potential activities was informed by the *MCH Evidence* page and the associated *Medical Home: Care Coordination Evidence Accelerator toolkit*. Within the toolkit, innovative and promising activities included CHWs or other trained professionals acting as patient navigators or care coordinators for families. One intervention deployed CHWs to support the social, environmental, economic, and distressing emotional needs of CSHCNs' caregivers. Through the CHW intervention, there was a significant improvement in caregiver distress levels and a reported significant reduction in caregiver housing and food resource issues. Other evidence-based activities included information sharing and accessible, centralized resource expansion for patients, families, and providers. A new section of the kids.ri.gov website will include verified, factual, and easy-to-understand information and resources for CYSHCNs and their families.

Strategy 1: Make a searchable inventory of Rhode Island's special needs resources available to the public.

RIDOH MCH will develop a new section of the kids.ri.gov website during the next reporting period (2025-2026) that will provide a one-stop resource that streamlines access to essential services and information for families and professionals. The new section of the website will complement existing information on behavioral health and will use clear, family-centered language to highlight strategies that improve the lives of children and youth with special needs.

The purpose of the new section of the website will be to support care coordination facilitation for families of CYSHCN across practices, healthcare insurances, schools, and community-based provider organizations. It will have an easy-to-use search feature that will include listings of providers and State and local organizations that can be used as a systems navigation toolkit for professionals and families to increase access to quality, coordinated, and family-centered services for children with special needs.

Strategy 2: Advance access to (trained/supported) care coordination in healthcare, insurance, schools, and the community.

RIDOH MCH will provide training for healthcare professionals, insurers, schools, and the community to promote effective care coordination for CYSHCN and their families. The training curriculum will be developed through the Rhode Island Family Voices Program and use their Special Needs Endorsement Curriculum and other Training/Workshop information resources. The Rhode Island Care Transformation Collaborative will facilitate the Rhode Island Family Voices connections to the trainees through their existing partnerships and collaborations within the Rhode Island system of care.

Conclusion

RIDOH's 2025 Needs Assessment Domain Briefs show that Rhode Island performs better than the national average in maternal, infant, child, and adolescent outcomes. This can be attributed to robust public health planning, integrated systems of care, and efforts focused on the State's most vulnerable populations. Despite these positive trends, unacceptable health differences exist. From 2023-2025, 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, listening sessions, targeted conversations, and commissioned reports. The collective input was used to develop the following MCH priorities for 2025-2030:

- Increase perinatal education and care options.
- Expand and sustain the perinatal community-based workforce.
- Ensure a robust system of preventive interventions and supports for infants and their families.
- Strengthen and promote breastfeeding.
- Advance safe, healthy, and supportive environments for optimal child development.
- Promote mental well-being, increase resilience, and foster connectedness to optimize youth behavioral health.
- Increase access to quality, coordinated, and family centered services for children with special needs.

As the lead MCH authority in the State, RIDOH MCH will be engaging with partners to advance the above-mentioned priorities over the next five years. RIDOH MCH will work to ensure MCH initiatives, within RIDOH and throughout the State, are a coordinated, family-centered system of care for mothers, children, and families.