Rhode Island Title V Maternal & Child Health Needs Assessment Summary

"The mission of the Rhode Island Department of Health Maternal and Child Health Program is to build integrated systems that support health, growth, and development for all maternal and child health populations, including children and youth with special health care needs."

2011

RHODE ISLAND DEPARTMENT OF HEALTH

The Title V Maternal and Child Health (MCH) needs assessment is a critical component and a requirement of the Title V MCH Block Grant. The importance of the work behind this document represents Rhode Island's commitment to our MCH (Title V) program and can be viewed as part of the State's ongoing planning efforts. The assessment also helps to serve as a resource for local, State, and Federal partners that will focus attention on our priorities and assist in identifying opportunities for on-going and future partnerships and collaborative activities designed to improve the health of families, mothers, and children.





RHODE ISLAND DEPARTMENT OF HEALTH

3 Capitol Hill
Providence
Rhode Island
02908

Health Information Line
Phone: 401-222-5960
Monday – Friday
8:30AM – 4:30PM

Title V of the Social Security Act of 1935 is a Federal-State partnership that focuses on improving the health and well-being of all mothers and children. States are required to conduct comprehensive needs assessments every 5 years and to use the findings of the assessment to identify priorities and to guide resource allocation, program planning and evaluation, and on-going engagement of stakeholders.

Rhode Island uses Title V funds to design and implement a wide range of maternal and child health programs that meet national and State needs. Although specific initiatives may vary among the 59 States and jurisdictions utilizing Title V funds, all programs work to do the following:

- Reduce infant mortality and incidence of handicapping conditions among children.

- Increase the number of children appropriately immunized against disease and the number of children in low-income households who receive assessments and follow-up diagnostic and treatment services.

- Provide and ensure access to comprehensive perinatal care for women; preventative and child care services; comprehensive care, including long-term care services, for children and youth with special health care needs; and rehabilitation services for blind and disabled children under 16 years of age who are eligible for Supplemental Security Income.

- Facilitate the development of comprehensive, family-centered, community-based, culturally competent, coordinated systems of care for children and youth with special health care needs.

"A person's health and chances of becoming sick and dying early are greatly influenced by powerful social factors such as education, income, nutrition, housing, and neighborhoods."
Robert Wood Johnson Foundation

Rhode Island Department of Health and Maternal & Child Health

Chapter 23-13 of the RI General Laws (1937, 1999) designates the RI Department of Health (HEALTH) as the state agency responsible for administering the provisions of Title V of the federal Social Security Act in RI relative to MCH services. The Rhode Island Department of Health (HEALTH) Division of Community, Family Health, and Equity (CFHE) uses Title V funds to achieve state and national maternal and child health priorities. We look at how social, environmental, political, and economic conditions affect health outcomes among families and children—and we use these determinants of health to frame our health planning. Collaborating with many partners across the state, we work to eliminate health disparities and to help women and children achieve optimal health throughout their lives.

CFHE uses a life course development approach that addresses the social determinants of health as its framework for health planning and evaluation.

This means that all programs and services within the division work with the following assumptions:

- Today's experiences and exposures influence tomorrow's health (Timeline).
- Health trajectories are particularly affected during critical or sensitive periods (Timing).
- The broader community environment—biological, physical, and social—strongly affects the capacity to be healthy (Environment).
- While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice (Equity).

CFHE plans, develops, and evaluates programs and systems of care that are family-centered, comprehensive, community-based, culturally competent, coordinated, efficient, and effective. As its name implies, CFHE values the community as a core partner in public health and wants to assure that equity in health is a reality. CFHE designs, implements, and evaluates interventions that include change at the individual, policy, and systems levels. Interventions are delivered through a variety of channels (community, schools, healthcare, worksites) using data and assessment, program interventions, policy development, environmental change, capacity building, community engagement, advocacy, and other strategies.

CFHE's goal is to achieve health equity for all Rhode Islanders, through eliminating health disparities, assuring healthy child development, preventing and controlling disease and disability, and working to make the environment healthy.

What are health disparities, equity, and the life course?

A fundamental principle of public health is that ALL people have a right to health and the health of America depends on the health of ALL Americans.

Health Disparities exist if there is a significant difference in the overall rate of disease incidence, prevalence, morbidity, mortality or survival rates of health conditions and health status. Most health disparities affect groups that are disadvantaged or marginalized because of their of socioeconomic status, race/ethnicity, gender, sexual orientation, disability status, geographic location, or any combination of these. Children with special health care needs are a disparate group specifically mentioned in Title V. Our work in RI is focused on reducing all disparities.

People in such groups not only experience poor health but also tend to have less access to healthy food, good housing and safe neighborhoods, quality education, and freedom from discrimination—or the **social and environmental determinants** or conditions that support health.

Health equity is when everyone, regardless of the social and economic circumstances present in their life, has the opportunity to "attain their full health potential." For many people, these disadvantaged conditions are pervasive during extended periods of time in ones' life, and for some, membership in a particular group lasts a lifetime. When we talk about individuals from birth through to adulthood, middle age and beyond we are looking at their lives across the **life course**. The life course approach evolved from research documenting the important role early life events play in shaping an individual's health trajectory throughout their life.

The social and economic conditions contributing to persistent disparities, many of which are often clearly evident at mid- and late life, may be anchored to earlier circumstances of the life course. Understanding the disparities that are present in each of our priority populations, across their life course, becomes critically important to understanding the needs and priorities of Title V populations toward the goal of achieving health equity.

Engaging Stakeholders and Community Participation in the Needs Assessment Process

Community participation in the needs assessment process is an important component to understanding the Maternal and Child Health needs in Rhode Island. In order to better understand the needs of the community, a combination of quantitative and qualitative examination is required. The three components of community participation in the five-year needs assessment process were: a community input meeting, nine community forums and a public hearing. Information related to state needs, capacity and priorities was collected at these meetings that included various internal and external stakeholders, other state agencies, providers, and consumers, including parents of children and youth with special health care needs.

Data are used to inform the needs assessment process and allow for the State to move from the analysis phase to examine capacity, identify priority needs, establish State-negotiated performance measures, set annual targets for National and State Performance Measures, identify activities to address priorities, allocate resources, and monitor progress. A complete summary of data for each maternal and child population is available in the comprehensive needs assessment.

What do the data tell us about...

PREGNANT WOMEN & MOTHERS

Pregnancies

Provisional 2009 data indicate the declining trend in the number of pregnancies among Rhode Island residents has continued to decrease. Between 2008 and 2009 the number of pregnancies decreased by 4.7%, from 16,192 in 2008 to 15,423 in 2009. Between 1999 and 2009, the number of births decreased by 7.7% from 12,364 to 11,416.

Cesarean Section Deliveries

Data indicate that the C-section rate decreased slightly in Rhode Island from a recent high of 33.4% in 2008 to 32.7% in 2009 (provisional data). To put this in perspective, in 2007, the cesarean rate for the nation was the highest ever reported in the United States. There were 1.4 million cesarean births in the U.S. in 2007, representing approximately one-third of all U.S. births.

Infant Mortality

During 2008 and 2009, the number of infant deaths among Rhode Island residents was steady. Provisional 2009 data indicate that 67 infants died before their first birthday among the 11,416 resident births that year, resulting in an infant mortality rate of 5.9 per 1,000. This rate represents a 19.2% decrease from the 2007 rate of 7.3.

Preterm Births

Preterm is the leading cause of infant mortality in Rhode Island; nationally, it is the second leading cause after birth defects. Rhode Island experienced a 7.5% decrease in its preterm rate between 2007 (12.0%) and 2008 (11.1%). Provisional data for 2009 indicate that the preterm rate in Rhode Island increased slightly to 11.3%, representing a 1.8% increase from the 2008 rate of 11.1%.

Breastfeeding

Survey data indicate that among respondents who delivered a baby between 2005-2009, 75% had "ever breastfed" their baby approximately three months after delivery. This figure was up from 2004 when 70.9% of women said they had "ever breastfed."

CHILDREN

Lead Poisoning

The data show a steady decline in the prevalence of lead poisoning over the last ten years, from 9.8% in 1999 to 1.6% in 2009. Although the prevalence of lead poisoning in Rhode Island has steadily declined, a total of 438 children were lead poisoned in 2009.

Children in the WIC Program

Young children who are eligible for WIC but not enrolled are more likely to be in poor health, have developmental delays and experience food insecurity. In July 2010, 28,676 women, infants and children participated in the Rhode Island WIC Program.

Medical Home

Compared to the nation, more children in Rhode Island have a medical home. In Rhode Island in 2007, 63.6% of children have a medical home, compared to the national rate of 57.5%.

Childhood Immunizations

In 2009, vaccination rates among Rhode Island children 19-35 months show a precipitous drop. For the 4:3:1:3:3:1 series, there was a 29.5% decline from the previous year from 78.7% in 2008 to 55.5% in 2009. This can be explained by a shortage of the Haemophilus influenzae (Hib) vaccine. The CDC NIS estimates that about one-third of children in the 2008-2009 data were affected by the Hib shortage.

H1N1 Flu Vaccination

According to the Centers for Disease Control (CDC) data, Rhode Island had the highest estimated influenza A (H1N1) monovalent vaccination coverage (84.7%) in 2009 for children from 6 months of age to 17 years of age. Nationally, the percentage of children vaccinated was significantly lower (36.8%) and regionally, in New England the average was 56.5%.

Childhood Obesity

During the 2009-2010 school year, 18.9% of 7th graders in Rhode Island were obese, up from 16.8% during the 2006-2007 school year.

In 2009, 10.4% of Rhode Island high school students were obese and 16.7% were overweight. For adolescents, social stigmatization caused by overweight and obesity can cause low self-esteem and hinder academic and social functioning. Additionally, teenagers who are obese have an 80% chance of being obese as an adult.

Oral Health
In Rhode Island, comprehensive dental services are a covered benefit under Medical Assistance. As of June 30th, 2010, half (52%) of the children who were enrolled in RIte Care, RIte Share, or Medicaid fee-for-service received a dental service during Federal Fiscal Year 2010.

Child Abuse and Neglect
The Rhode Island Department of Children, Youth and Families (DCYF) has reported that during 2010, there were 2,223 indicated investigations of child abuse and or neglect, representing a 1.6% decrease since 2005, when there were 2,260 indicated cases.

Middle School Students
According to 2009 Youth Risk Behavior Survey (YRBS), data show that 9% of Rhode Island public middle school students report receiving mostly D and F grades. Another 19% received mostly C's.

Students with low grades were over four times more likely than students with high grades not to wear a seatbelt and almost three times more likely to have ever carried a weapon. They were also at increased risk for other injury related activities (e.g. not wearing helmets, riding with a driver who has been drinking, physical fighting). Students with D and F grades were much more likely to engage in tobacco use behaviors, especially current cigarette smoking (eight times greater) and current smokeless tobacco use (six times greater).

Teen Risk Behaviors
Substance abuse among high school students has declined during 2001-2009. The one exception in the data shows a 13.4% increase in students who report smoking marijuana within the past 30 days between the 2007 and 2009 surveys, up from 23.2% to 26.3%, respectively. Between 2001 and 2009, students who reported they had drunk alcohol in the past 30 days decreased by 32.4%, from 50.3% to 34.0%. A sharper decline of 46.4% was seen in tobacco use, where 13.3% of students smoked cigarettes in the past 30 days on the 2009 survey compared to 24.8% on the 2001 survey.

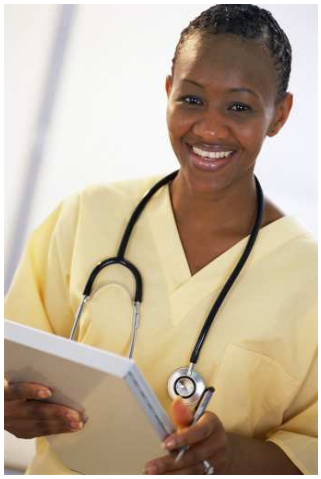
Teen Pregnancy
Rates of teen pregnancies have declined during the past 15 years. In 1990, the teen pregnancy rate among 15-19 year-olds was 80.6, and by 2009 the rate dropped to 42.5.

CHILDREN AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

Identification of Babies at Risk: Newborn Developmental Risk Screening

The Newborn Developmental Risk Assessment seeks to identify children at risk for potential developmental delays at the earliest possible time. The early identification of risk provides an opportunity for intervention and treatment. 62% of babies in 2009 (6,893) were identified with certain medical, social, or economic risk conditions.

Newborn Screening



All babies born in Rhode Island are provided a blood screening that tests for 29 metabolic, endocrine and hemoglobin conditions and a hearing screening. These screenings provide families with an opportunity for earlier treatment, intervention and supportive linkages to services. In 2009, 99.7% of all babies born in Rhode Island were provided a bloodspot screening.

Home Visiting

Working with the Newborn Screening program, RI's home visiting program, First Connections, offers voluntary visits to families with young children with identified medical, social or economic conditions. Visits provide parental education, support and linkages to area services and resources. 45.6% of all newborns referred for a visit in 2009 (3,122) received a home visit within three months of their birth.

Early Intervention (EI)

The number of children, aged birth to three, enrolled in the Early Intervention (EI) Program continues to rise in Rhode Island. During 2010, 3,796 children aged less than three were enrolled in the RI EI Program, representing 10% of all Rhode Island children aged less than three.

Pediatric Practice Enhancement Project (PPEP)

The Pediatric Practice Enhancement Project places parent consultants in primary and specialty care practices to use their knowledge to educate, advocate and assist families of children and youth with special health care needs in accessing community resources. The number of families with children with special with health care needs served by PPEP has risen sharply from 740 in 2005 to 4,233 in 2009.

Teens with Special Needs Risk Behaviors

The 2009 Rhode Island Youth Risk Behavior Survey (YRBS) reports that 20% of students who identify themselves as having a disability, are also more likely to smoke, drink, and use marijuana by high school and continue these behaviors throughout high school. Also, students with disabilities are more likely to have mental health problems, report feelings of hopelessness and to consider and attempt suicide. These students according to survey responses are also more likely to be in physical danger, be forced to have sex and feel both threatened and unsafe. Students with disabilities in Rhode Island are more likely to be overweight and get insufficient exercise compared to their non-disabled peers.

Priority Setting

Results from the statewide needs assessment, state and national performance measures, capacity indicators, and community stakeholders' input provide a comprehensive picture of the MCH needs in Rhode Island. From this combination of quantitative and qualitative information, the DCFHE identified state priorities and associated State Performance Measures. Together, the priorities represent each of the MCH population groups. The capacity to address significant public health challenges in an integrated way is the special mandate of Title V and the DCFHE is proud of its coordinated, leveraged, and evaluated investments in community care for all children and their families in Rhode Island.

For FY2011, the DCFHE developed new priorities and State Performance Measures based on its comprehensive needs assessment and the community input received in FY2010. The following table reflects the MCH populations, needs assessment themes, State priorities and State performance measures.

	Themes	State Priority	State Performance Measure
Early Childhood	*Family support and involvement *Parent education *Data sharing *Oral health care *Prenatal Care *Employer supports (maternal depression, breastfeeding)	1. Expand capacity and access to parent education and family support programs in the early childhood years	Percent of RI resident families with at risk newborns that receive a home visit during the newborn period (<= 90 days).
Middle Childhood	*Health and wellness *Family support and involvement *Partnerships/integration with schools, communities and providers *Mental health/bullying *Access to care *Transportation *Homeless youth *Oral health	2. Reduce tobacco initiation among middle school students	Percent of middle school students who have initiated tobacco use.
Adolescence	*Family support and involvement *Access to care (physical and mental health, contraception) *Partnerships among youth serving state/community agencies *Health and Wellness *Transportation *Homelessness *LGBT *Teen dating violence/bullying	3. Increase the percentage of adolescents who have a preventive "well care" visit each year	Percent of adolescents who receive an annual preventive care visit.

	Themes	State Priority	State Performance Measure
Children and Youth with Special Health Care Needs	*Mental health *Access to care/medical home *Family support and involvement *Health and wellness *Partnerships among schools and communities specific to CYSHCN	4. Increase the social and emotional health of children and youth with special health care needs	Percent of high school students with special needs who report feeling sad or hopeless.
Women Across the Life Course	*Access to preconception care *Health and wellness/obesity prevention *Preventive care/screening for chronic conditions	5. Increase the percentage of woman who have a preventive care visit in the past year	Percent of women who have a preventive care visit in the past year.
Pregnant Women	*Access to prenatal care *Supportive networks for women and children *Prenatal home visiting	6. Initiate prenatal home visiting program	Percent of pregnant women delivering babies served by home visiting.
Overarching	*Health and wellness *Partnerships *Data systems *Access to care/medical home *Mental health *Family involvement and support *Use of evidence based approaches	7. Promote use of evidence-based programs to support parents and families of all children	Number of parents with children in early childhood that enroll in parenting education/support programs.
		8. Adopt social determinants of health into public health practice	Percent of RI adolescents who report food insecurity. Percent of Rhode Island high school students who earn a high school diploma or diploma equivalent in the six core cities.

In Summary

Results from the statewide needs assessment, state and national performance measures, capacity indicators, and community stakeholders input provide a comprehensive picture of the MCH needs in Rhode Island. From this combination of quantitative and qualitative information, the DCFHE identified state priorities and associated State Performance Measures. Together, the priorities represent each of the MCH population groups—early childhood, middle childhood, adolescence, children and youth with special health care needs, pregnant women and women across the lifespan. The capacity to address significant public health challenges at several service levels in an integrated way is the special mandate of Title V and the DCFHE is proud of its coordinated, leveraged, and evaluated investments in community care for all children and their families in Rhode Island.

Rhode Island's Title V plan for the coming five years addresses new state priorities identified thru this comprehensive needs assessment for the maternal and child population. These priorities were chosen to reflect and measure progress in integration of efforts within the Rhode Island Department of Health and with our partners, promoting the use of evidence based practices to promote health and prevent disease, and to address the social determinants of health which perpetuate disparities within the population of Rhode Island.

- HEALTH will continue its work to define specific goals associated with each of the priority needs.
- HEALTH will implement a process of continuous assessment to gather input from stakeholders on improving maternal and child health in Rhode Island and to monitor improvements in the State Performance Measures.
- The Division of Community, Family Health and Equity (DCFHE) will continue to provide leadership, planning, and infrastructure for HEALTH efforts in responding to these priorities summarized in this report and assure that families and children's needs in Rhode Island are addressed.

RHODE ISLAND DEPARTMENT OF HEALTH

3 Capitol Hill
Providence
Rhode Island
02908

Health Information Line
Phone: 401-222-5960
Monday – Friday
8:30AM – 4:30PM

Prepared by JSI Research & Training, Inc. under contract with the Rhode Island Department of Health.