

MAKE HE♥LTH PART OF YOUR FAMILY

RHODE ISLAND DEPARTMENT OF HEALTH

Family Health in Rhode Island
The Rhode Island Department of Health
2006 Family Health Plan



Table of Contents

INTRODUCTION	2
FAMILIES' HEALTH IN RHODE ISLAND 2006	2
Priority 1. Improve maternal health, including pregnancy outcomes—especially premature births	
Priority 2. Promote healthy lifestyles and healthy weights for school aged children	
Priority 3. Support safe and healthy environments for children and families	
Priority 4. Ensure access to medical homes for all families	
Priority 5. Ensure a system that adequately addresses early childhood development	
Priority 6. Engage and empower parents and guardians as health advocates for their families	
ACTION ON FAMILY HEALTH PRIORITIES	8
Family Health Services	8
Women, Infants and Children (WIC) Program	
Women's Health Screening and Referral Program	
Family Planning Program	
Immunization Program	
Newborn Screening Program	
Childhood Lead Poisoning Prevention Program	
Family Outreach Program	
Men2B Program	
Family Health Systems Development	10
Data and Evaluation Unit	
KIDSNET	
Birth Defects Program	
Pregnancy Risk Assessment Monitoring System	
Rhode Island Youth Risk Behavior Survey	
Successful Start Initiative	
Community Family Health Partnerships	
Parent Consultant Program	
Disabilities and Health Program	
Pediatric Practice Enhancement Project	
Coordinated School Health Program	
Communications Unit	
Family Health Information Line	
ParentLinkRI Website Resource	

Introduction

Title V of the Social Security Act established the state maternal and child health (MCH) program to ensure comprehensive, coordinated, accessible, family-centered and culturally sensitive public health programs at the federal, state and local levels. In Rhode Island, the Division of Family Health (“the Division”) uses Title V MCH funds to assess family health needs and to develop communities’ capacity to support healthy children and families. The Division also manages several major public health programs and services for children and families, including WIC, Immunization, Lead Poisoning Prevention, School Health, Children with Special Health Needs, and Family Planning.

The Division relies on many sources to understand maternal and child health in the state. We study data on births, deaths, and hospitalizations as well as data from surveys such as the Women’s Health Screening and Referral Program, the Pregnancy Risk Assessment Monitoring System, and the National Surveys of Children and National Immunization Survey. Our KIDSNET system provides critical data for tracking children’s preventive services and coordinating their medical homes. We also get information from the Women, Infants and Children (WIC), Childhood Lead Screening, and Birth Defects programs. Additionally, information from the Departments of Human Services, Education, and Children, Youth and Families and Rhode Island KIDS COUNT show a clearer picture of the well being of children and their families and the environments in which they live. Finally, our needs assessment and our priorities depend on input from families, Parent Consultants, and other community members.

Families’ Health in Rhode Island, 2006

Maternal and child health in Rhode Island is strong in many areas. Compared to the nation, our children have higher rates of immunization and health insurance, and a high percentage of pregnant women get prenatal care. We have a strong community medical care system, and we have maintained several core supports for families raising children, including RIte Care medical coverage and the Starting Right childcare program.

However, Rhode Island measures of premature births, childhood obesity, safe housing, and school success are all major family health challenges, with wide disparities between families from different economic and ethnic groups. There are also care system issues, including stressed primary care and childcare providers and ongoing gaps in mental health and dental care.

Each year, the Division reviews its maternal and child health priorities through a strategic planning process. As a result of the 2005 strategic planning process, the Division outlined the following family health priorities for 2006:

- 1 Improve maternal health, including pregnancy outcomes—especially premature births;
- 2 Promote healthy lifestyles and healthy weights for school aged children;
- 3 Support safe and healthy environments for children and families;
- 4 Ensure access to medical homes for all families;
- 5 Ensure a system that adequately addresses early childhood development; and
- 6 Engage and empower parents and guardians as health care advocates for their families.

Through ongoing partnerships with community advocates, providers, and the families we serve, the Division is committed to making sure that all families in our state have the opportunity to raise safe and healthy children in safe and healthy communities.

PRIORITY 1

IMPROVE MATERNAL HEALTH, INCLUDING PREGNANCY OUTCOMES— ESPECIALLY PREMATURE BIRTHS

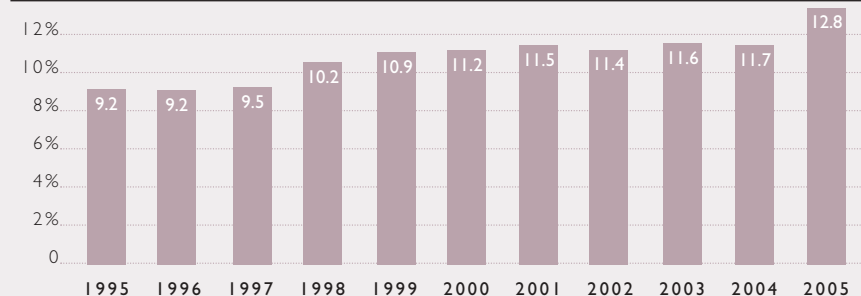
Women's health through the reproductive lifespan is critical for many reasons and has a significant impact on pregnancy outcomes. Women who are depressed, exposed to tobacco, or untreated for chronic disease are also at risk for poor birth outcomes, such as prematurity and low birth weight.

Premature infants are more likely to have a number of infant problems, including breathing and heart problems, anemia, jaundice, blindness, deafness, mental retardation, cerebral palsy, and infant death.

The Women's Health Screening and Referral Program and the Pregnancy Risk Assessment Monitoring system identify and address risks that affect women's health, such as the likelihood that they will give birth prematurely.

Figure 1

PREMATURE BIRTHS IN RHODE ISLAND, 1995-2005



Note: 2004-2005 data are provisional

Source: Maternal and Child Health Database, Division of Family Health, Rhode Island Department of Health

Premature Births

- » Between 1995 and 2005, the percentage of preterm births rose by 39% among Rhode Island residents. In 2005, 1625 babies were born prematurely.
- » Preterm birth is the leading cause of infant mortality in the state. While Rhode Island has high rates of prenatal care and low infant mortality, serious disparities exist in these areas, and the rates of premature births are increasing.

PRIORITY 2

PROMOTE HEALTHY LIFESTYLES AND HEALTHY WEIGHTS FOR SCHOOL AGED CHILDREN

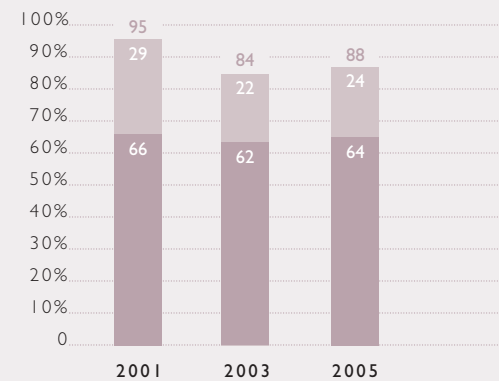
Healthy children with family and community supports to help them succeed in school are much more likely to become healthy, productive young adults. Overweight and obesity, lack of physical activity, poor nutrition, early sexual activity, tobacco, alcohol, and other drug use are all risk factors that can damage the health and success of school aged children.

Nutrition and Physical Activity

- » The percentage of high school students who participate in vigorous or moderate physical activity has decreased between 2001 and 2005. Overweight children are at higher risk for chronic diseases such as Type 2 diabetes, cardiovascular disease, hypertension, and asthma.
- » The number of overweight and obese children in Rhode Island is increasing. One in five children entering kindergarten is obese.
- » Rhode Island passed a law in 2005 that requires each school district to form a Health and Wellness Committee to decrease childhood obesity and improve the health and wellness of students and school employees through nutrition, physical activity, health education, and physical education. School districts must submit their strategic plans and nutrition and physical activity policies by May 2006.

Figure 2

PHYSICAL ACTIVITY LEVELS AMONG ADOLESCENTS* IN RHODE ISLAND



■ VIGOROUS ACTIVITY = participate in activities that make you sweat/breathe hard for at least 20 minutes on 3+ days in past week

■ MODERATE ACTIVITY = participate in activities that do not make you sweat/breathe hard for at least 30 minutes on 5+ days in past week

Note: *Adolescents = RI public high school students (grades 9-12)

Source: RI Youth Risk Behavior Survey, 2001, 2003, 2005

Rhode Island has eight School Based Health Centers in five of six core cities. They provide a unique opportunity to address teens' health risks in the context of their learning environment.

Teen Risks

- » Tobacco use is responsible for one out of every five deaths each year in Rhode Island.
- » Alcohol and illicit drug use are associated with many of our most serious public health problems including violence, injury, and HIV infection.
- » In 2003, 45% of public high school students reported having at least one drink of alcohol in the last 30 days.

PRIORITY 3

SUPPORT SAFE AND HEALTHY ENVIRONMENTS FOR CHILDREN AND FAMILIES

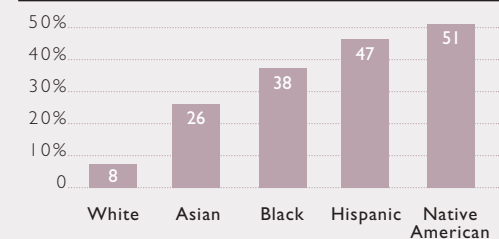
The Department of Health tracks several indicators of safe and healthy environments for families including poverty, lead poisoning, asthma, domestic violence, child abuse and neglect and homelessness.

Poverty

- » Between 1990 and 2000, the percentage of Rhode Island children less than 18 years old living in poverty rose from 13.5% to 16.9%. Native Americans, Hispanics/Latinos, Blacks, and Asians were more likely to live in poverty than White children. Families living in poverty face many threats including unsafe and unstable family housing.

Figure 3

CHILDREN LIVING IN POVERTY IN RHODE ISLAND, 2000



Source: 2000 US Census as presented in 2005 RI KIDS COUNT Factbook

- » Homelessness is of concern since homeless children are more likely to get sick, fail in school, develop mental health problems, learning disabilities, or be victims of violence.
- » During 2003-2004, 1,564 children received shelter from an emergency or domestic violence shelter in Rhode Island, an increase of 57.3% from 1998-1999.

Lead Poisoning

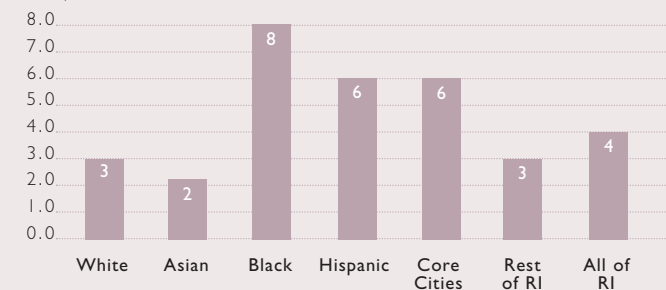
- » Between 1995 and 2004, the prevalence of lead poisoning among Rhode Island children under the age of six decreased by 76%.
- » In 2004, however, there were still 1,685 children with lead poisoning in the state, and new cases are concentrated in the core cities.

With the recent development of Rhode Island's Healthy Housing Collaborative, we have a strategic opportunity to ensure lead-free healthy housing for all families with children.

Figure 4

ASTHMA HOSPITALIZATION AMONG CHILDREN* BY RACE/ETHNICITY AND GEOGRAPHIC AREA IN RHODE ISLAND, 2004

Rate / 1,000



Source: 2000 US Census as presented in 2005 RI KIDS COUNT Factbook

Asthma

- » Asthma is the number one chronic health condition in children in Rhode Island, the third-ranked cause of hospitalization in children under age 15, and the leading cause of school absences resulting from chronic illness.
- » Between 2000-2004, hospital discharge data show that asthma-related hospitalizations among children increased by 42%.

PRIORITY 4

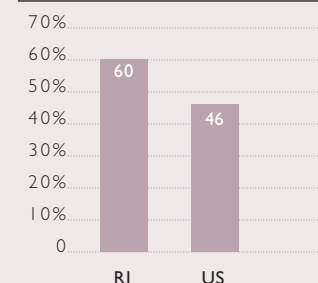
ENSURE ACCESS TO MEDICAL HOMES FOR ALL FAMILIES

A medical home is more than a doctor's office; it's a team approach to comprehensive health care. A medical home begins in a primary health care setting that is focused on its families' needs. A partnership develops between each family, the primary health care team, and community partners. Together they manage all services. Rhode Island is doing better than the nation in terms of ensuring access to a medical home for children, and more children in this state had a preventive medical visit in the past year than children nationally. However, there are still major challenges:

- » Children with public insurance have more difficulty getting dental care than those with private insurance.
- » While Rhode Island has high rates of immunizations compared to the nation, vaccination rates are lower for Hispanic/Latino children and those living below the poverty level.
- » Children with special health care needs often require more and varied types of health care services than other children, but are less likely to have a medical home than children without special health care needs.

Figure 5

CHILDREN WITH A MEDICAL HOME IN RHODE ISLAND, 2003



Source: 2003 National Survey of Children's Health

PRIORITY 5

ENSURE A SYSTEM THAT ADEQUATELY ADDRESSES EARLY CHILDHOOD DEVELOPMENT

Early childhood development begins with genetics and maternal nutrition, and continues with childcare and after school care years later. During the first five years of life, a child's foundation is built. The Department of Health has taken the lead in SUCCESSFUL START, the statewide plan to address healthy development for all Rhode Island children in the preschool years.

- » In 2004, nearly 3 out of 4 babies (73%) born to families living in the core cities were determined to be at risk for developmental delays. Families of these newborns are referred to the Department of Health's Family Outreach Program, a statewide home-visiting program for home assessments, connection to community services, and help with child development and parenting.
- » All young children benefit from high quality, coordinated early childhood preventive health care, developmental screening, and early learning opportunities. Families at risk need more intensive services, such as home visiting programs and Head Start. Early childhood services and programs must respond to the individual strengths and needs of families.

Figure 6

NEWBORNS AT-RISK* BY GEOGRAPHICAL AREA IN RHODE ISLAND, 2004



Note: *Newborns at risk for developmental factors.

Source: Newborn Developmental Risk Screening Program, Division of Family Health

Successful Start integrates training for child development and screening in child care settings and medical homes.

PRIORITY 6

ENGAGE AND EMPOWER PARENTS AND GUARDIANS AS HEALTH ADVOCATES FOR THEIR FAMILIES

Parents and guardians are the primary caretakers and decision makers for children. Everyone benefits when they take an active role in coordinating health care and other services for their children. Yet, parents often lack skills and information to find the services they need. In addition, the stress of parenthood can take a toll on families' overall health and well being, especially when raising kids with special needs and/or living with limited resources.

Parent Support

Family Health's parent consultants work in many settings to improve community systems and to help families manage their children's care.

- » Being a single parent is challenging, especially in the face of poverty, costly housing, and other personal stresses.
- » In 2004, 34% of Rhode Island children lived in single-parent households, with higher rates in our core cities. Black and Hispanic/Latino children are more likely than White children to live in single-parent homes.

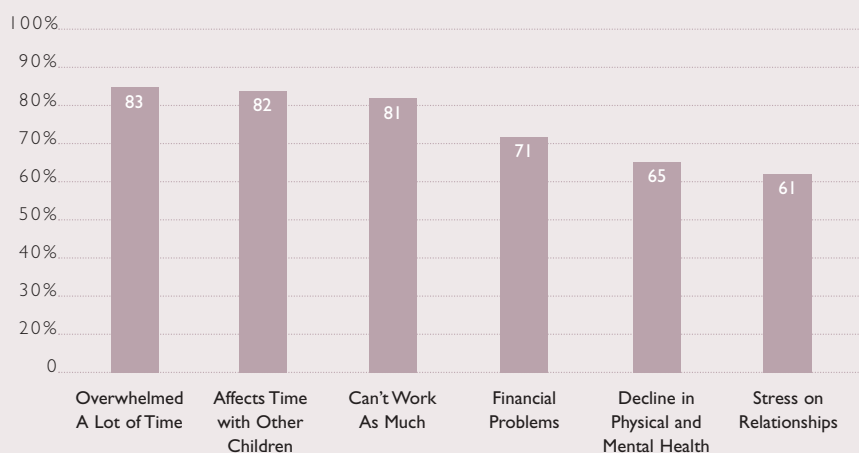
- » Twenty-seven percent (27%) of women responding to Rhode Island's Toddler Wellness Overview Survey (TWOS) had felt sad, blue, depressed, or lost pleasure in things they usually cared about for two or more weeks in the previous 12 months.
- » In Rhode Island, the 5,060 grandparents financially responsible for their grandchildren make up 4% of all family households with children.

Caring for Children with Special Health Care Needs

- » The National Survey of Children with Special Health Care Needs indicates that many families raising children with complex needs have had financial problems (15%), have had to cut work hours (26%) or had had to stop working (10%). The overall impact of caring for children with special health care needs was greater with young children, and for those with low incomes.
- » Of the 242 Rhode Island families that completed the 2005 Family Voices survey, 82% said that caring for their child with special health care needs affects the time they spend with their other children. Three out of five (61%) agreed that caring for their child with special health care needs creates stress on important relationships.

Figure 7

IMPACT OF CARING FOR CHILDREN WITH SPECIAL HEALTH CARE NEEDS ON FAMILIES IN RHODE ISLAND, 2005



Source: 2005 Rhode Island Family Voices Survey

Action on Family Health Priorities

The Division of Family Health addresses its priorities through programs provided through community-based agencies, such as immunizations, family planning, prenatal screening, and nutrition counseling. But fully addressing the priority areas takes much more than providing services. It requires investments and activities designed to help communities prevent the spread of disease, protect children and families from health risks, and provide the information and resources needed to live healthy lives. So in addition to providing direct services, the Division works to ensure that:

- » Systems of care are built for all families to receive affordable health and related services that meet their needs;
- » Policies are enacted that guarantee children quality health care;
- » Providers are adequately trained;
- » Financing issues are equitably addressed; and
- » Families play a pivotal role in how services are provided to their children.

This section describes the family health services and systems development efforts that the Division undertakes to accomplish its mission.

FAMILY HEALTH SERVICES

Women, Infants and Children (WIC) Program

The Women, Infants and Children (WIC) Program provides nutritious foods, culturally appropriate nutrition education, and breastfeeding support for more than 25,000 low-income pregnant women and families with young children. In 2005, WIC families were able to purchase fresh fruit and vegetables through its Farmer's Market Nutrition Program. The program's breastfeeding support and promotion efforts contributed to the rise in the rate of breastfeeding in the state. Still, the breastfeeding rate is well below the Healthy People 2010 target of 75%. Childhood obesity, which is tied to breastfeeding and nutrition, is also a major public health challenge in the state. WIC will continue to work closely with the Rhode Island Breastfeeding Coalition and the Physician's Committee for Breastfeeding.

Women's Health Screening and Referral Program

The Women's Health Screening and Referral Program provides comprehensive health risk screening to women receiving pregnancy tests at Family Planning Program clinics. Women with identified health risks are referred to community resources to improve pregnancy outcomes and women's health. Since the program's inception in 1997, 29,734 women have been screened, but limited services are available to address needs for teens and women who are not pregnant. There is also a need to expand the Program's screening into other settings where women receive health care.

Family Planning Program

The Family Planning Program works to prevent unintended pregnancies and improve pregnancy outcomes by providing affordable, comprehensive family planning services. The Program serves

primarily low-income women and adolescents, many of whom live in racially/ethnically diverse communities. In 2005, 21,314 women and men received services through the family planning provider network, a 4.9% decrease from 2004, and only 20% of low income adult and teen women in need of family planning services in Rhode Island receive them. Adult and teen men are also not well served.

Immunization Program

For decades, the Immunization Program has provided all vaccines for all children at no cost to providers or to the children's families. This "flagship" program gives Rhode Island very high immunization rates for children, with considerable cost savings and excellent quality control. The program must continue to identify children who are behind on immunizations, to promote immunization among teens, and to work with insurers, the Centers for Disease Control and Prevention, and Medicaid to find ways to increase adult vaccination.

Newborn Screening Program

The Newborn Screening Program provides newborn screening and follow-up for all babies born in Rhode Island hospitals for a growing list of metabolic, endocrine, and blood disorders. The program also screens newborns for hearing problems and potential developmental delays. In 2003, the Program protected 54 babies from serious disabilities (8 endocrine, 9 metabolic, 14 blood, 23 hearing loss) as a result of newborn screening and timely treatment and intervention. The program plans to expand the number of tests it provides in 2006. Expanding newborn testing in an environment of limited funding, however, is a challenge.

Childhood Lead Poisoning Prevention Program

The Lead Program works with community partners to clean up environments where children are exposed to lead. The Program screens children for lead poisoning and provides case management and works with health care providers on medical treatment when needed. While the rates of lead poisoning have decreased dramatically, 80% of houses in Rhode Island were built before 1980 and area potential source of lead poisoning. Eliminating lead poisoning requires a serious commitment to address housing in our state. The Program is working with the Housing Resources Commission to implement the Lead Hazard mitigation Law. As a result of this law, more than 17,000 landlords have been trained on maintaining their properties to they are safe for their tenants.

Family Outreach Program

The Family Outreach Program is the State's home visiting program. Visits are offered to pregnant women and families with young children who are at risk for poor developmental outcomes. Nearly one-third of all families with new babies each year receive a home visit that includes a comprehensive home assessment, , screening for developmental delays, and linkages to resources and services in their community. . Home visitors also provide follow-up for the Newborn Screening, Early Intervention, Lead Poisoning, and Immunization programs as well as community physicians and service providers.

Men2B

Rhode Island faces high rates of youth violence, substance use and teen pregnancy. Connecting teens with adults who care about them and guide them has proven to reduce risky behaviors among youth. Men2B is a role model training program for men that gives them the information, skills, and support they need to help boys and young men make positive decisions and become healthy adults. Men2B is offered in English and Spanish. Training topics include normal adolescent development, communication skills, and boundary setting and discipline skills. Men2B is expanding the program by partnering with businesses, faith-based organizations, and formal mentoring networks.

FAMILY HEALTH SYSTEMS DEVELOPMENT

Data and Evaluation Unit

There are constant demands for high quality data and the ability to link data from one system to others. The Division's Data and Evaluation Unit develops, supports, collects, and analyzes data for needs assessment, policy development, program management, surveillance, quality assurance, and reporting. The Unit works in partnership with other programs, state agencies, Rhode Island KIDS COUNT, and community organizations, and it provides data and technical assistance to many others. The Unit is directly responsible for the PRAMS and TWOS surveys and the Birth Defects Registry. In addition, the Unit is working with the Children's Cabinet on a universal (student) identifier.

KIDSNET

KIDSNET is Rhode Island's confidential, computerized child health information system. KIDSNET serves families, pediatric providers, and public health programs like the Immunization Program and WIC. KIDSNET helps make sure that all children in Rhode Island are as healthy as possible by getting the right health screening and preventive care at the right time, such as newborn screening, lead screening, and immunizations. KIDSNET contains records of close to 150,000 children. KIDSNET is planning enhancements such as parent access and linkage to health plans.

Birth Defects Program

The Birth Defects Program identifies babies with birth defects and works with health care providers and families to make sure that these children receive appropriate services and referrals. The Program also works to understand the overall prevalence and demographics of children with birth defects in Rhode Island.

Pregnancy Risk Assessment Monitoring System (PRAMS)

PRAMS is a confidential survey that collects information from Rhode Island women who have recently given birth, in order to improve the health of new mothers and their babies. Each month, about 160 women who recently had a baby are randomly selected and asked to complete the survey. Information collected through the survey is used to plan and evaluate public health programs and policies. Getting completed surveys from women most at risk (e.g., women living in Rhode Island's core cities) remains a challenge. The Division is working with community partners including visiting nurse agencies and the Providence Housing Authority to reach out to women and encourage them to complete the surveys.

Rhode Island Youth Risk Behavior Survey (YRBS)

The Department of Health conducts the YRBS with Rhode Island public school students in grades 9-12. The survey monitors health-risk behaviors that contribute to social problems, injury, death, and disease among adolescents. The survey includes questions on violence; sad feelings and attempted suicide; tobacco, alcohol and other drug use; body weight and nutrition; and physical activity. YRBS results point to areas of opportunity for public health programs and services for youth.

Successful Start Initiative

Successful Start is a statewide, collaborative effort to strengthen Rhode Island's system of services for young children and families, so that all children enter school healthy and ready to learn. The project recently published the Successful Start Early Childhood Systems Plan. Many of the key elements of the Plan are under way, including integrating developmental screening into Medical Homes and other community settings. In the coming year, efforts will focus on system-wide coordination of services, maximizing resources, and building up the state's parenting and family support system.

Community Family Health Partnerships

Community Family Partnership projects help communities assess the status of their young children, families and neighborhoods and to implement strategies to make sure that children arrive at school healthy and ready to learn. Partnering with the American Academy of Pediatrics CATCH Program, over 13 community coalitions are in some phase of planning or implementation of a plan to improve the health of their communities. Empowering local communities to identify priorities and develop plans to address the problems is a challenge in a system where state and federal agency funding is often distributed using a top down approach.

Parent Consultant Program

The Parent Consultant Program's goal is to improve the quality of the family health and special needs service delivery system. The Program recruits, trains and supports experienced parents for outreach, family support, policy development, and evaluation. Parent Consultants are strategically placed in practices, clinics, and throughout the family health system to assist families and to ensure culturally competent, family-centered practices. Sustaining funding for Parent Consultant positions is a challenge. The Division is committed to helping Parent Consultants who graduate from the Division's Program to find meaningful employment in the family health service delivery system.

Disability and Health Program

The Disability and Health Program promotes health and wellness for people with disabilities of all ages through state and local partnerships, policy, education, training, and community-based initiatives that prevent secondary conditions resulting from disabilities and chronic health conditions. The Program also conducts disability surveillance to guide policy and program development. Adolescents with disabilities or special needs have many challenges in transitioning to adulthood. The Division is working with sister state agencies, community providers, parents and consumers to develop a transition model that supports families and youth.

Pediatric Practice Enhancement Project

The Pediatric Practice Enhancement Project places trained Parent Consultants in primary care practices to assist physicians serving children with special health care needs in providing family-centered, comprehensive and coordinated care. To date, PPEP Parent Consultants have assisted over 875 families raising children with special health care needs with all types of special needs including developmental delays, mental health issues, and physical impairments. These families are linked with valuable community resources. The President's New Freedom Initiative will allow PPEP to expand to additional practices around the state.

Coordinated School Health Program

The Departments of Health and Education collaborate to help create safe, healthy, and nurturing schools, so that barriers to learning can be reduced. Working with other state departments, community organizations, parents, and schools, the Coordinated School Health Program focuses on nine areas of coordinated school health, including health education and services, nutrition and physical activity, tobacco use prevention and family involvement. Obesity and overweight, poor nutrition and tobacco use continue to be top health-related challenges for school-aged kids. The Coordinated School Health Program is helping to support the newly created District Health and Wellness Councils, as they develop policies and strategies for dealing with these and other issues.

Communication Unit

The Communication Unit works with the Division's programs to make sure that clear, consistent messages are developed and communicated to families and service providers who work with the families using a variety of tools including print materials and websites. The Unit works with non-English speaking groups and different racial and ethnic groups to ensure that messages are understandable and appropriate.

Family Health Information Line

The Family Health Information Line (1-800-942-7434) is a toll-free telephone resource where families and service providers can call for information about programs, services, and community resources to improve family health.

ParentLinkRI Website Resource

Parents of pre-teens and teens told us that there is a lack of information and support on the many difficult issues involved in raising adolescents. To address this need, the Division developed the website www.ParentLinkRI.org. The website connects parents of pre-teens and teens with parenting classes, workshops on various issues, recreational activities for families, and counseling services, educational services, and after-school programs for pre-teens and teens. Services for kids with special health care needs are included. The website also has tips for parents on issues ranging from teen dating violence to setting rules. The website is also a great referral resource for service providers. New programs and services are constantly being added to the website and plans are being developed to add new parenting tips and other content to the site.

What You Can Do to Help

The Rhode Island Department of Health relies on many sources to understand maternal and child health in the state. Birth and hospital data, surveys, focus groups and in-depth interviews all help to inform program decisions. Equally important, Rhode Island parents, our professional partners, and other important stakeholders contribute to a better understanding of the well being of children and their families and the environments in which they live.

This booklet highlights Family Health priorities for 2006. We encourage you to become an active participant in the planning, so that we can recognize and respond to the most important opportunities for families to raise safe and healthy children in safe and healthy communities in 2007.

There are two ways you can help:

» **Provide your input on family health priorities in Rhode Island** by filling out the input form and then either:

- » fax to us at 401-222-1442,
- » email to Adriana.Vargas@health.ri.gov, or
- » mail to Adriana Vargas
Cannon Building
3 Capitol Hill, Room 302
Providence, Rhode Island 02908

» **Call our Family Health Information Line at 1-800-942-7434** to find out more about our programs, and spread the word.

Thank you!

On Behalf of the staff of the
Rhode Island Department of Health, Division of Family Health,
William Hollinshead, MD, MPH
Medical Director of the Division of Family Health