

Rhode Island

State Action Plan Table

2026 Application/2024 Annual Report

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
Women/Maternal Health					
Increase perinatal education and care options in RI that center individual belief and preferences.	Increase the percent of women who attended a postpartum checkup and received recommended care components from 72% in 2024 to 95% in 2030.	Support quality improvement at birthing hospitals (Irtb CQI, Whiteboards, Centering Pregnancy, etc.). Make available the Perinatal Resource Directory. Align RIDOH perinatal initiatives (birth center regulations, community health workers, PPDRC recommendations, D2A, Family Visiting).	ESM PPV.1 - Perinatal resource directory	NPM - Postpartum Visit	Linked NOMs: Maternal Mortality Neonatal Abstinence Syndrome Women’s Health Status Postpartum Depression Postpartum Anxiety
Expand and sustain the perinatal community-based workforce	Increase the number of certified perinatal workforce members from 861 in 2025 to 975 in 2030.	Train and support MCH perinatal community-based workforce.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 1: Number of certified perinatal workforce members	
Perinatal/Infant Health					
Ensure a robust and coordinated system of preventative interventions and supports that address differences in infant subpopulations.	Increase the well-child visit rate from 87% in 2024 to 97% in 2030.	Expand and sustain the Healthy Tomorrows Program. Align and promote maternal health communications.	No ESMs were created by the State. ESMs are optional for this measure.	SPM 2: Rate of well-child visits	
Strengthen and promote breastfeeding	Increase the percent of infants breastfed exclusively through 6 months from 25% in 2024 to 35%	Promote and support breastfeeding friendly status in hospitals and beyond. Make available RI's breastfeeding resources.	ESM BF.1 - Number of breastfeeding friendly sites	NPM - Breastfeeding	Linked NOMs: Infant Mortality Postneonatal Mortality

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support throughout the state.	in 2030.				SUID Mortality
Child Health					
Advance safe, healthy, and supportive environments for optimal child development	Increase the percent of children, ages 6 through 11, who are physically active at least 60 minutes per day from 22% in 2024 to 32% in 2030.	Implement RI Streets Transformation Project in RI communities. Expand the Food Is Medicine program.	ESM PA-Child.1 - Number of children and/or families impacted by the RI Streets Transformation	NPM - Physical Activity - Child	Linked NOMs: Children's Health Status Child Obesity
	Increase the percent of children with and without special health care needs, ages 0 through 17, who have a medical home from 48% in 2024 to 58% in 2030.	Advance access to (trained/supported) care coordination in healthcare, insurance, schools, and community.	ESM MH.1 - Percent of pediatric practices trained on care coordination <i>Inactive - ESM MH.2 - Percent of Medical Home Portal users that access a resource link</i>	NPM - Medical Home	Linked NOMs: Children's Health Status CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Adolescent Health					
Promote mental wellbeing, increase resilience, and foster connectedness to optimize youth behavioral health.	Increase the percent of adolescents, ages 12 through 17, who have one or more adults outside the home who they can rely on for advice or guidance from 80% in 2024 to 90% in 2030.	Promotion of Positive Youth Development programs in schools and the community.	ESM ADM.1 - Number of youth served from participating Positive Youth Development program sites	NPM - Adult Mentor	Linked NOMs: Adolescent Depression/Anxiety Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All
Children with Special Health Care Needs					
Increase access to	Increase the percent of children with special health care needs,	Advance access to (trained/supported) care coordination in healthcare, insurance, schools, and community	ESM MH.1 - Percent of pediatric practices	NPM - Medical Home; Medical Home_Care	Linked NOMs: Children's Health Status

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
quality, coordinated, and family centered services for children with special needs.	ages 0 through 17, who receive needed care coordination from 53% in 2024 to 63% in 2030.	Make available RI's special needs resources	trained on care coordination <i>Inactive - ESM MH.2 - Percent of Medical Home Portal users that access a resource link</i>	Coordination	CSHCN Systems of Care Flourishing - Young Child Flourishing - Child Adolescent - CSHCN Flourishing - Child Adolescent - All