

PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT

RHODE ISLAND AT A GLANCE 2011

WHAT WE DO

The Rhode Island Department of Health (HEALTH) Division of Community, Family Health, and Equity works in partnership with a local Prevention Block Grant Advisory Committee to set funding priorities. We fund local initiatives that have no other source of state or federal funds—or that need additional funds to address a health problem. Current priorities include health disparities, health promotion, community interventions, and public health information. As programs become self-sustaining, we redirect funds to other public health priorities.

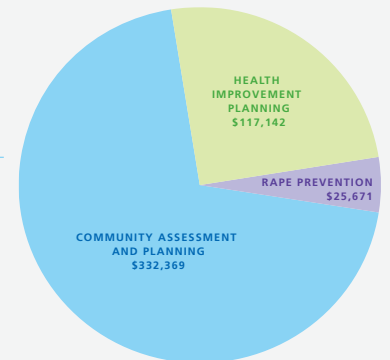
THE ROLE OF BLOCK GRANT FUNDING

The Centers for Disease Control and Prevention (CDC)'s Preventive Health and Health Services (PHHS) Block Grant gives states control of funding so they can tailor prevention and health promotion programs to the diverse, complex, and constantly changing public health needs of their individual communities. Grantees—which include all 50 states and the District of Columbia, two American Indian tribes, and eight US territories—are expected to align their programs with Healthy People 2020 national health goals. Grantees also work to meet four overarching health goals*:

1. Achieve health equity and eliminate health disparities by influencing social determinants of health.
2. Decrease premature death and disabilities that are due to chronic diseases and injuries by focusing on the leading preventable risk factors.
3. Build healthy communities by supporting local health programs, systems, and policies.
4. Provide opportunities to address emerging health issues.

HOW WE ARE USING PHHS BLOCK GRANT DOLLARS

In Fiscal Year 2011, Rhode Island received \$475,182 to fund community assessment and planning, rape prevention, and health improvement planning programs.



* CDC worked with state PHHS Block Grant coordinators, CDC epidemiologists and program evaluators, representatives from state health departments, the National Association of Chronic Disease Directors, and the Directors of Health Promotion and Education to develop these goals.

FUNDING FOR THIS PROJECT WAS PROVIDED THROUGH A COOPERATIVE AGREEMENT WITH HEALTH AND SUPPORTED BY THE CDC PREVENTIVE HEALTH AND HEALTH SERVICES BLOCK GRANT. ITS CONTENTS ARE SOLELY THE RESPONSIBILITY OF THE AUTHORS AND DO NOT NECESSARILY REPRESENT THE OFFICIAL VIEWS OF HEALTH AND CDC.

COMMUNITY ASSESSMENT AND PLANNING www.health.ri.gov/grants/preventivehealthandhealthservices

GOAL: Build networks and find solutions to issues and concerns within communities that will ultimately lead to improved health and quality of life for all community members.

POPULATION IMPACTED: 238,000 low-income, racially and ethnically diverse adults and children in three communities with higher rates of illness and disability.

STRATEGIES: Work with six competitively-selected community-based agencies to do community assessments (environmental scans) and door-to-door interviews in the neighborhoods they serve.

Address the leading preventable causes of death and disability by expanding the use of evidence-based strategies and programs, mobilizing local resources at the community-level, and strengthening the capacity of local neighborhoods.

PARTNERS: African Alliance of Rhode Island, Center for Hispanic Policy and Advocacy, John Hope Settlement House, Prevention Block Grant Advisory Committee, Progreso Latino, Inc., Rhode Island Public Health Institute (Lead Agency), St. Joseph Health Services of Rhode Island, Urban League of Rhode Island, and YWCA of Northern Rhode Island.

PROJECT DELIVERABLES: Data reports on the environmental and neighborhood assessments in three low-income communities.

Web query training for funded agencies on how to analyze and use local data for program planning and neighborhood improvement.

Community forums to share the results of the assessments with community residents, leaders, agencies, and policy-makers.

Action plans from funded agencies that address the social and physical environments that contribute to individual and group health behaviors.

Policy and environmental strategies to improve neighborhood health.

Powerful models of success that can be replicated in other communities across the state.

HEALTH IMPROVEMENT PLANNING

www.health.ri.gov/programs/healthyriandclas

GOAL: Identify statewide objectives aligned with national goals to reduce health disparities, increase the quality and years of healthy life, and achieve health equity.

POPULATION IMPACTED: 209,053 racially and ethnically diverse residents with higher rates of morbidity and mortality, behavioral risks, infectious disease, maternal and child health issues, and poor access to healthcare services.

STRATEGIES: Emphasize cultural competence and language access by implementing the federal Culturally and Linguistically Appropriate Services (CLAS) mandates for the public health workforce.

Launch a statewide public awareness campaign to mobilize community health workers and educate consumers on their rights to access qualified medical interpreters.

Use needs assessment and evaluation data and input from community-based organizations, state agencies, and other stakeholders to develop the Healthy Rhode Island 2020 plan.

PARTNERS: Cultural Imperative, Minority Health Advisory Committee.

PROJECT DELIVERABLES: Education and free campaign materials for Community Health Workers and community-based organizations on the right to access medical interpreters.

A CLAS Standards and language access guide for healthcare providers and patients.

Health interventions developed by Rhode Island individuals and organizations that adhere to CLAS Standards and include evidence-based strategies to achieve objectives in the Healthy Rhode Island 2020 plan.

RAPE PREVENTION www.dayoneri.org

GOAL: Reduce the incidence of rape and attempted rape among women 12 years of age and older.

POPULATION IMPACTED: 200,000 women and children with sexual and violence-related injuries.

STRATEGIES: Provide school-based education on safety, bullying, relational aggression, healthy relationships, and gender stereotyping to middle-school students, teachers, and parents in six school districts serving predominantly high-risk populations.

Develop protocols and train medical and police personnel on routinely identifying, treating and properly referring victims of sexual assault, child abuse, and domestic violence.

PARTNERS: Day One, Rhode Island Department of Children, Youth, and Families, Rhode Island Department of Education, Rhode Island hospitals and police departments, and SafeRI Violence and Injury Prevention Program.

PROJECT DELIVERABLES: Abuse and prevention programs for 600 students, teachers, counselors, and parents.

Four trainings for 100 adolescents in non-school settings about sexual assault and child abuse.

Training for medical personnel at all Rhode Island hospitals and emergency rooms.

Training and informational workshops for six police departments and other law enforcement personnel dealing with sexual assault victims.

Comprehensive training for 30 new volunteer advocates who work directly with sexual assault victims at hospitals and police departments.