



## RHODE ISLAND DEPARTMENT OF HEALTH

### Notice of Public Hearing

#### *Preventive Health and Health Services Block Grant Application (FY-2012)*

In accordance with grant requirements, the Rhode Island Department of Health will hold a public hearing to receive community input regarding the state plan for the *Preventive Health and Health Services Block Grant Application (FY-2012)*. Any person who wishes to offer comments on this issue may appear and give testimony. This hearing will be conducted on:

**FRIDAY, 11 MAY 2012 AT 10:00 A.M.**

in the **AUDITORIUM** of the Cannon Building  
(on the lower level)

Rhode Island Department of Health  
Three Capitol Hill  
Providence, RI 02908

Written testimony may be submitted prior to the date of the hearing to Carol Hall-Walker, State Preventive Health Block Grant Coordinator, Rhode Island Department of Health, Room 302, Three Capitol Hill, Providence, RI 02908 or via e-mail: [Carol.Hall-Walker@health.ri.gov](mailto:Carol.Hall-Walker@health.ri.gov)

Copies of the proposal may be obtained in Room 302 of the Cannon Building, Rhode Island Department of Health, Three Capitol Hill, Providence, Rhode Island.

*The Department of Health is accessible to the handicapped. If communication assistance (readers/interpreters/captioners) is needed, or any other accommodation to ensure equal participation, please call 401-222-7767 or RI Relay 711 at least three (3) business days prior to the meeting so arrangements can be made to provide such assistance at no cost to the person requesting.*

Signed this 20<sup>th</sup> day of April 2012

*Original signed by Michael Fine, MD*

Michael Fine, M.D., Director of Health

## Executive Summary

This is Rhode Island's Executive Summary for the application for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2012. The PHHSBG is administered by the United States Department of Health and Human Services through its administrative agency, the Centers for Disease Control and Prevention (CDC). The Rhode Island Department of Health (HEALTH) is designated as the principal state agency for the allocation and administration of the PHHSBG within the State of Rhode Island.

### **Funding Assumptions**

The FFY 2012 application is based on the assumption that Block Grant funding will be reduced from the FFY 2011 grant award. Any changes in funding are consistent with, and in full compliance with applicable state and federal law. Implementation of Rhode Island's FFY 2012 prevention programs that are funded by the PHHSBG will be contingent upon receipt of funding for FFY 2011.

### **Proposed Allocation for FY 2012**

PHHS Block Grant dollars are allocated to those health areas that have no other source of state or federal funds or wherein combined state and federal funds are insufficient to address the extent of death or disability that result from the health problem. FY 2012 funding priorities are as follows:

<b>Program</b>	<b>Health Objective</b>	<b>Funds</b>	<b>Category</b>
Community Interventions	7-11;23-17	\$30,000	Continuation
Rape Prevention Program	15-35	\$23,535	Statue

Expenditures of funds in the proposed FFY2012 budget, address the new CDC goals and funding local initiatives to address public health needs, especially for our most vulnerable populations.

- Goal 1: Achieve health equity and eliminate health disparities by impacting social determinants of health;
- Goal 2: Decrease premature death and disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors;
- Goal 3: Support local health programs, systems, and policies to achieve healthy communities; and
- Goal 4: Provide opportunities to address emerging health issues and gaps.

Funding Rationale: Under or unfunded, Data Trend

**Funding Priority:** Under or Unfunded, Data Trend, Other (RI 2011 Minority Health Fact Sheets)

**State Program Title: Healthy Community Program**

**State Program Strategy:**

**Goal:** HEALTH will fund two community-based organizations \$15,000 each in contract with a categorical program to enhance work underway that will support the transformation of one distressed neighborhood into a neighborhood of opportunity.

**Health Priorities:** Chronic diseases and environmental health issues greatly impact the racial and ethnic minority populations of Rhode Island (as defined by the Office of Management and Budget Directive 15). Building on community assessment work previously funded with PBG funds, statewide data, using environmental, socio-economic, health risk assessment data will inform policies and define actions that promote health and eliminate health disparities. Data and socio-economic characteristics, morbidity and mortality, behavioral risks, and access to care among Rhode Island's racial and ethnic minority populations in comparison to White and the overall state population demonstrates health disparities in the minority populations living in Rhode Island. The two agencies selected to do this transformation work will have existing contracts with HEALTH and these funds will enhance that work. The agencies must address a large ethnic minority population.

**State Health Objective(s):**

Between 06/2012 and 09/2012, HEALTH will add additional funds \$15,000 each up to two agencies in contract with HEALTH's categorical program(s) in one neighborhood to address health disparities where we have local health data from the assessments that have been completed (Southside Providence, Constitution Hill, Woonsocket, Central Falls, or Olneyville).

**Baseline:**

Fund up to two agencies to address chronic diseases and environmental risk factors in one community that they serve.

**State Health Problem:**

**Health Burden:**

Chronic diseases and environmental risk factors greatly impact the racial and ethnic minority populations of Rhode Island (as defined by the Office of Management and Budget Directive 15). Data on socio-economic characteristics, morbidity and mortality, behavioral risks, and access to care among Rhode Island's racial and ethnic minority populations in comparison to the White and the overall state population demonstrate health disparities in the minority populations living in Rhode Island.

**State Program Title: Rape Prevention Program (in accordance with Public Law 102-531 1910A – rape set aside ( \$23,535 fund Day One of Rhode Island)**

**State Program Strategy:**

**Goal:** Reduce the incidence of rape and attempted rape among females 12 and older.

**Health Priorities:** Sexual assault is a pervasive public health problem in the United States, affecting women and men, adults and children. According to the report Rape in America (Crime Victims Research and Treatment Center, 1992), at least 12.1 million adult women have been victims of at least one forcible rape, excluding statutory rape, during their lifetimes. At least 20% of American women and 5-10% of American men have experienced some form of sexual abuse as children. Multiple studies have documented the many negative effects of victimization, including posttraumatic stress disorder, fears, phobias, interpersonal difficulties, sexual dysfunction, depression, insomnia, and increased risk for substance abuse and suicide.

According to the RI Uniform Crime Report, 321 rapes were reported to the police in calendar year 2006, for a rate of 30 rapes/100,000 residents. In total, there were 605 incidences of sexual violence reported to the police in 2006.

According to the Department of Children, Youth and Families, there were 344 indicated cases of child abuse in 2006. In addition, in data collected by the Day One Education Department 12% of students stated that they had ever been forced into sexual activity (including touching or physical contact), and 10% stated that they had experienced a sexual assault (2006). In 2006, Day One provided advocacy and support services to more than 12,000 victims of sexual assault.

**Strategic Partners:** All Rhode Island Hospitals and Police Departments. RI Department of Children Youth & Families, RI Department of Education, RI Department of Health, Division of Community, Family Health & Equity, specifically its Injury Prevention Program.

**Evaluation Methodology:** Training and information for: 1) medical personnel at all Rhode Island hospitals and emergency rooms, 2) police departments and other law enforcement personnel dealing with victims of sexual assault, and 3) comprehensive training to 50 new Sexual Assault Treatment Resource Center advocates who work directly with victims at hospitals and at police departments will be conducted.

**State Health Problem:**

**Health Burden:**

According to RI Uniform Crime Report, 321 rapes were reported to the police in calendar year 2006, for a rate of 30 rapes/100,000 residents. In total, there were 605 incidences of sexual violence reported to the police in 2006.

Sexual assault is a pervasive public health problem in the United States, affecting women and men, adults and children. According to the report Rape in America (Crime Victims Research and Treatment Center, 1992), at least 12.1 million adult women have been victims of at least one forcible rape, excluding statutory rape, during their lifetimes.