



RHODE ISLAND DEPARTMENT OF HEALTH

Notice of Public Hearing

Preventive Health and Health Services Block Grant Application (FY-2013)

In accordance with grant requirements, the Rhode Island Department of Health will hold a public hearing to receive community input regarding the work plan for the *Preventive Health and Health Services Block Grant Application (FY-2013)*. Any person who wishes to offer comments on this issue may appear and give testimony. This hearing will be conducted on:

FRIDAY, 8 FEBRUARY 2013 AT 1:00 P.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

Copies of the Executive Summary of the FY 13 Work Plan may be obtained in Room 302 of the Cannon Building, Rhode Island Department of Health, Three Capitol Hill, Providence, Rhode Island on February 8, 2013.

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 1st day of February 2013

Original signed by Michael Fine, MD

Michael Fine, M.D., Director of Health



**Proposed Preventive Health Services Block Grant- Executive Summary
FY 2013 Funds
(October 1, 2013 – September 30, 2014)**

Need

Chronic diseases are the leading causes of sickness and death in the United States and their prevalence now exceeds that of communicable diseases. Four of the most prominent chronic diseases—cardiovascular diseases (CVD), cancer, chronic respiratory diseases, and type 2 diabetes—are linked by common and preventable biological risk factors, notably high blood pressure, high blood cholesterol and overweight, and by related behavioral risk factors: unhealthy diet, physical inactivity, and tobacco use.

Many public health initiatives have been successful in reducing the prevalence of risk factors for chronic diseases. Yet the rate of overweight and obesity in the U.S. is unprecedented. One in three adults and one in six children and teens are obese. For example, disparities continue to persist based on race/ethnicity and socioeconomic status. Nearly 40% of non-Hispanic black men and 58% of non-Hispanic black women are obese, greatly increasing the risk of premature death from heart disease and diabetes in this population. Poverty, food insecurity and living in unsafe neighborhoods all increase the risk for obesity. In some cases, barriers to improving the health and safety of communities are larger than ever. For the first time in modern American history the members of the next generation will have a lower life expectancy than their parents.

How can this be? What are we not doing well? How do we reverse this trend?

How the State Will Address the Need

Community Investment to Achieve Healthy Communities

Addresses CDC Preventive Health and Health Services Goal 1: Achieve health equity and eliminate health disparities by impacting social determinants of health; and Goal 3: Support local health programs, systems, and policies to achieve healthy communities.

Research from many disciplines now confirms what many have long suspected: social, economic and environmental factors have profound effects on health, quality of life, and life expectancy. State programs alone cannot address the challenges faced in neighborhoods of concentrated poverty. For these efforts to succeed, local leadership must be strong. The Rhode Island Department of Health [HEALTH] has awarded \$100,000 grants to support community investments to achieve healthy communities. Funds came from the Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA). Awards have been made to eight community-based organizations serving Providence, Pawtucket and Central Falls low income neighborhoods. The Preventive Health and Health Services Block Grant will contribute \$40,000 to support and sustain community investments to build healthy communities, based on available funding.

Building Internal Integration Capacity/Coordinated Chronic Disease and Health Promotion

Addresses CDC Preventive Health and Health Services Goal 2: Decrease premature death and disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors

To slow and reverse the trends in chronic disease and associated risk factors, public health organizations across the country are looking to coordinate efforts to address multiple diseases and risk factors simultaneously. To assist in these efforts, CDC funded Rhode Island with a Coordinated Chronic Disease Prevention and Health Promotion (CCDPHP) grant from August 1, 2011 to September 30, 2012. The initial three year grant, however, has been reduced to one year of funding. The Division of Community, Family Health and Equity is committed to continue the work started with CCDPHP grant funding in order to have a greater impact on the health of all Rhode Islanders. Grant funding has been instrumental in supporting the Division's program-wide integration goals:

Goal 1: Enhance capacity in leadership, management, advocacy, communication, surveillance, evaluation, and community mobilization to promote a culture of collaboration and advance disease prevention and health promotion.

Goal 2: Create and integrated surveillance system that provides information on health-related risk and protective factors across the life span.

Goal 3: Advance environmental strategies to improve individual level health behaviors.

Goal 4: Enhance services and systems in place that expand access to and utilization of coordinated health care services and reduce morbidity and mortality of preventable chronic diseases and risk factors.

Goal 5: Expand access to community-based preventive services and strengthen linkages with clinical care.

The Preventive Health and Health Services Block Grant will further the integration and leveraging of Division funds of the goals cited above. Block grant funding also will support the Division's goals of 1) achieving health equity through eliminating health disparities, and 2) implementing an integrated approach to health throughout the life course.

Building External Integration Capacity/Coordinated Chronic Disease and Health Promotion

Addresses CDC Preventive Health and Health Services Goal 2: Decrease premature death and disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors

To expand the internal integration efforts the Division is committed to establishing a Rhode Island Coalition for Health (Coalition). The Coalition will be comprised of internal and external partners who are committed to further developing leadership and advocacy skills at the grass roots level. Other activities will include, but are not limited to implementing community engagement strategies, program planning, conducting needs assessment, and establishing coordinated strategies and implementation plans to improve health.

Training and Technical Assistance

Addresses CDC Preventive Health and Health Services Goal 2: Decrease premature death and

disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors

Community Initiatives is a network of professionals and partner organizations dedicated to building healthy and whole communities. The organization offers a wide range of services to help community-based organizations, coalitions, and national networks produce collaborative strategies and better outcomes for communities. Community Initiatives will work with Rhode Island's Division of Community, Family Health, and Equity to identify, engage, organize and convene existing coalitions. This work will include strategic thinking and planning to develop a Rhode Island Coalition for Health with the ultimate goal of creating a State Plan for chronic disease prevention and health promotion. The Preventive Health and Health Services Block Grant will contribute \$246,520 to support and enhance the internal, external, and training and technical initiatives.

Rape Prevention

The Rape Prevention Education amendment Public Law 102-531 (1910A) stipulates that a minimum of 25% of Preventive Health and Health Services Block Grant funds awarded to each state must be allocated to rape prevention and education programs targeted to middle, junior, and high school students. Day One is the sexual assault and trauma resource center for the state. The organization provides rape prevention and education programs to middle school and high school students. The Preventive Health and Health Services Block Grant will allocate \$25,535 to Day One to deliver rape prevention education programs to middle junior and senior high school students statewide.

Summary

The proposed FY 2013 Preventive Health and Health Services Block Application is based on CDC's Draft Allocation Table provided in January 2013. See attached.

Draft Allocation for FY 2013

Program: Division of Community Family Health and Equity/Coordinated Chronic Disease and Health Promotion

Funds: \$246,520

Category: Continuation/Leveraging

Program: Community Interventions –Community Health Equity Wellness Centers

Funds: \$40,000/annually

Category: Local Investment/New

Program: Rape Prevention Program/Day One

Funds: \$23,535

Category: Statute

Expenditures of funds in the proposed FY2013 plan address three of the four CDC Preventive Health and Health Services goals. States are required to address two of the goals.

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.