Rhode Island Department of Health

Notice of Public Hearing

Preventive Health and Health Services Block Grant Application (*FY-2014*)

In accordance with grant requirements, the Rhode Island Department of Health will hold a public hearing to receive community input regarding the revised work plan for the *Preventive Health and Health Services Block Grant Application* (*FY-2014*). Any person who wishes to offer comments on this issue may appear and give testimony. This hearing will be conducted on:

MONDAY, 16 JUNE 2014 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 revised FY-14 Work Plan 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 13 day of June 2014

Michael Fine, M.D., Director of Health

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

The Centers for Disease Control and Prevention (CDC) has additional funding for Fiscal Year 2014 for the Preventive Health and Health Services Block Grant (PBG). Rhode Island will receive $731,464 total award. This is an increase of $421,409 above the Annual Basic Award of $310,055 (approved in February 2014).

The following are the proposed proposals:

1. Aiding Law Enforcement and Clinician in the Prevention of Substance Abuse and Overdose Deaths in RI (Laboratory Division)
2. Child Death Review Team (Center for Health Data & Analysis)
3. Community Based Health Equity Zones Request for Proposal (Division of Community Family Health & Equity)
4. Economic Modeling for HIV Prevention (Division of Infectious Disease and Epidemiology)
5. Implementation of an Opt-out HIV Testing Quality Improvement for Self-Identified LGBT Friendly Primary Care Physicians (Division of Infectious Disease and Epidemiology)
6. Performance Improvement/Public Health Accreditation (Director's Office)
7. Public Health Grand Rounds Program (Director's Office)
8. Million Hearts Quality Improvement Primary Care Practices for Treatment to Goal (Division of Community, Family Health & Equity, Chronic Disease Management Team)

Summary of Approved Proposals

Aiding Law Enforcement and Clinician in the Prevention of Substance Abuse and Overdose Deaths in RI

Need: A rapid turnaround time is crucial for law enforcement officers involved in undercover operations so that the source of the drug is rapidly identified. As new synthetic drugs appear on the street, we must be equipped to identify the substance quickly and accurately. Unfortunately, there are few and/or restricted solicitations for drug chemistry activities, leaving us with older instruments which are not always optimal for efficiency and timely identifications, resulting in a significant backlog of cases, especially in undercover investigations, and long delays in prosecuting cases.

How the State Will Address the Need: All activities will be performed by staff at the State Health Laboratories, Forensic Sciences Section. Staff will perform method and instrument validation and actual testing of drug evidence submitted by the State Police and local police departments. It is estimated that a half time staff will be dedicated to this effort.

Amount Requested: $55,000 – State Police will provide a match of $75,000 for equipment.

Child Death Review Team

Need: The Rhode Island Child Death Review Team (CDRT) is a multidisciplinary team that reviews child deaths with the goal of decreasing the prevalence of preventable deaths and to develop

recommendations for community and systems intervention strategies. Recently, legislation passed 2010 (RIGL 23-4-3) that recognized the importance of data dissemination. The CDRT will work on a data book that will include recommendations for prevention strategies and community resources.

How the State Will Address the Need: Five activities are proposed: 1) Collect and review medical records, autopsy reports, social services reports, and other appropriate reports, 2) Enter data into the CDRT system, 3) Prepare and present cases to the CDRT, 4) Develop trend summary reports, and 5) Research national and other pertinent information to child death reviews.

Amount Requested: $14,780.00

Community Based Health Equity Zones (HEZ) Request for Proposal

Need: For the past decade, HEALTH has made strides in achieving Rhode Island goals for Healthy People 2010. However, disparities still persist and for the first time in modern years, the next generation has a lower life expectancy. Not only does the poorer health status experienced by vulnerable populations (e.g. racial and ethnic minorities, people with disabilities and people with low socio-economic status), include higher mortality and poorer overall health (as measured by incidences of chronic and infectious diseases, maternal and child health indicators, and behavioral risk factors), but disparities in access to medical and other health care resources continue to be experienced as a part of everyday life. HEALTH recognizes that key to improving RI's population health outcomes, is investing in our local communities, in order to improve the social and environmental conditions that will continue to negatively impact health if left unaddressed.

How the State Will Address the Need: Successful applicants will support this work by identifying and developing opportunities for collaboration with existing neighborhood groups, stakeholders and community leaders to support the program's planning and implementation activities. This RFP requires the lead agency (backbone organization) to work with local partners to implement evidence-based programs that will address chronic disease and maternal and child health outcomes in the racial and ethnic minority population, people with disabilities and low income communities. HEALTH will provide technical assistance in leadership and capacity training for residents, and stakeholders to develop the confidence and skills necessary to lead their own groups, and subsequently, serve as mentors to other communities in the future. The model should motivate and enable residents and community based organizations to sustain the program beyond the funding period.

Amount Requested: $100,000

Economic Modeling for HIV Prevention

Need: HIV-funded community-based agencies in Rhode Island have received funds to conduct comprehensive HIV/HCV testing and other HIV-related prevention activities. To reach zero HIV transmissions by 2018, increased testing and treatment efforts; specifically, identifying persons living with HIV who do not know their status is critical. There are no other funds to do this work.

How the State Will Address the Need: This project will assess the costs and effectiveness of different testing strategies. Specifically, the project will address the following question: What is the most cost-effective model specific to Rhode Island that will help the state best target and use its prevention resources with the greatest impact? The project will provide policy recommendations in terms of the smartest investments and the target populations for evidence-based interventions. The

consultant will meet with HEALTH officials to determine the best alternatives to examine. Also, the modeling will account for the upcoming changes due to the Affordable Care Act. The perspective of the project will be that of HEALTH.

Amount Requested: $25,450

Implementation of an Opt-out HIV Testing Quality Improvement for Self-Identified LGBT Friendly Primary Care Physicians

Need: HEALTH has established a goal of "Getting to Zero" cases of native HIV transmission by 2018. This is achievable if those unaware of their HIV status get tested and counseled on safe sexual practices/ risk behaviors , those living with HIV get treated and practice safe sex and harm reduction strategies, and those who are HIV negative, but are at highest risk of getting HIV use PrEP (Pre-Exposure Prophylaxis) and PEP (Post-Exposure prophylaxis) . Primary care physicians are key partners when it comes to testing, risk screening and education, and linkage to care they need quality improvement training specific to a primary care practice environment in order to implement changes in their HIV screening and prevention practices.

How the State Will Address the Need: The Division of Infectious Disease and Epidemiology will fund up to nine LGBT-friendly primary care clinicians in Rhode Island, self -identified from the Gay and Lesbian Medical Association website. Funded providers will be selected based on voluntary interest in participating in the quality improvement initiative. Quality Improvement- HIV testing-training and technical assistance will be provided by Christine Johnson, PhD, Director of Patient Centered Medical Home and Quality Improvement, University of Massachusetts Medical School's Center for Health Policy and Research.

Amount Requested: $ 84,000

Performance Improvement/Public Health Accreditation

Need: The improvement of health outcomes in the state is highly dependent on having a strong public health infrastructure, which includes having an ongoing effort of quality improvement, having a prepared public health workforce and a highly effective public health department. The Performance Improvement/Public Health Accreditation Program aims to achieve and maintain public health accreditation, by continuously measuring and improving the work of the ten essential public health services.

How the State Will Address the Need: The ultimate goal of the program is to maintain a culture of quality improvement, through an agency-wide effort to train and support staff in the use and application of quality improvement methodologies. Four activities are proposed: 1) Conduct Quality Improvement Training and offer ongoing technical assistance to a new QI Team, 2) Collect and review documentation that provides evidence of compliance with the 12 Domains of Public Health Accreditation, 3) Complete a biannual progress report to the state's Health Improvement Plan and disseminate to key stakeholders, 4) Update and improve the agency's programs performance measures system through continuous monitoring and reporting of the "Performance Measure Dashboard" including a monthly report to the Director and the state's Performance Management Office.

Amount Requested: $88,279

Public Health Grand Rounds Program

Need: Rhode Island's health care system is undergoing significant change. As healthcare strategists and the general public look increasingly to enhanced primary care as a solution the nation's healthcare ills, primary care practices must address increasingly complex demands for prevention, screening, and treatment. Problems as diverse as the prevention of influenza, the reduction of obesity, smoking cessation, and counseling about sexuality and the prevention of sexually transmitted diseases have been laid at the doorstep of primary care, all issues of significant import to public health in Rhode Island. Adopting evidence-based primary care praxis is now more important than ever, not only in the interest of effectiveness, but also, as health care costs threaten to overwhelm the Rhode Island economy, in the interests of efficiency and cost-containment.

How the State Will Address the Need: A variety of Public Health Grand Rounds will be presented during the grant period. Selected topics will address a public health priority that will be important to primary care providers in their practices. Five topics will be chosen based on national and state health objectives that address chronic disease, risk factors, infectious and sexually transmitted diseases, and other emerging public health issues.

Amount Requested: $18,900

Million Hearts Quality Improvement Primary Care Practices for Treatment to Goal

Need: Cardiovascular Disease (CVD), including heart disease and stroke, is the leading cause of death and disability in the nation. In the United States, the first leading cause of death is heart disease and the third is stroke. In Rhode Island, heart disease and stroke cause more deaths among men and women than any other disease, in all racial and ethnic groups. Less than half of the people with hypertension have their blood pressure adequately controlled. Among those with uncontrolled hypertension, many people have it and don't know it. According to CDC research 79 million Americans-35% of adults age 20 years and older have pre-diabetes and 50% of all Americans age 65 years and older have pre-diabetes.

How the State Will Address the Need: Rhode Island will conduct a health system quality improvement intervention with three to five primary care practices (e.g. micro practices) to improve outcomes related to hypertension and pre-diabetes. This pilot will include increased use of health information technology (EHR), standardized quality measures, use of a team approach, systems to facilitate patients with undiagnosed hypertension and diabetes, and linking patients to self-management resources (e.g. self- blood pressure monitoring and lifestyle change programs.) HEALTH will work to develop and test measures of quality, identify the best ways to collect, compare, and communicate data on quality, and widely disseminate information about the most effective strategies to reach Million Heart goals.

Amount Requested: $35,000

Total Amount of Approved Proposals: $411,850 ***Notes: Prevention Block Grant Advisory Committee voted to give Dr. Michael Fine, Chair latitude to adjust funding of approved proposals by $9,559.00 to reach total available funds of $421,409.***