DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

EQUITY PYRAMIDS

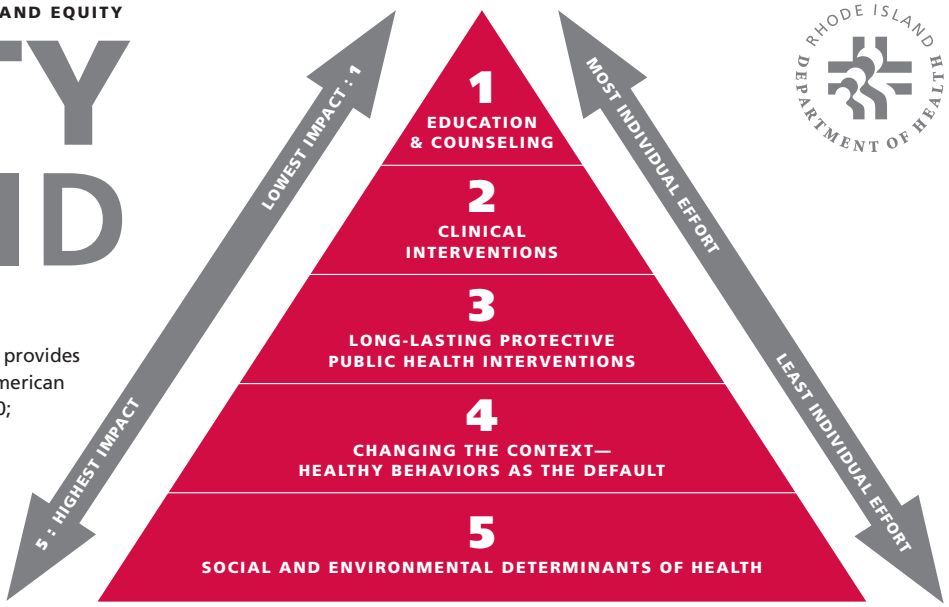
2012

RHODE ISLAND DEPARTMENT OF HEALTH

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

EQUITY PYRAMID

The Health Impact Pyramid describes the effect of population-based public health interventions and provides a framework to improve health. Figure Source: American Journal of Public Health, Vol 100, No. 4, April 2010; adapted from the Thomas Frieden, MD, MPH presentation at the Weight of the Nation conference, Washington, D.C., July 27, 2009.



HEALTH DISPARITIES AND ACCESS TO CARE TEAM

OFFICE OF MINORITY HEALTH

1 EDUCATION AND COUNSELING

Launch a 2011 Language Access Campaign to inform Rhode Island residents with limited English proficiency of their rights and responsibilities for accessing interpreters and translated information in healthcare settings (CLAS Initiative).

Provide translated "My Health Booklets" for refugee populations being resettled in Rhode Island to help the refugees become familiar with the public health and primary care systems (Refugee Health Program).

Screen and facilitate discussions of the Unnatural Causes documentary that teaches the public about the social determinants of health.

Publish bi-annual Minority Health Fact Sheets as well as Cost of Health Disparities Briefs.

Provide additional educational materials and data analyses for consumers, providers, and policy makers, as needed.

Host up to four Health Equity Dialogues per year to raise awareness about health disparities and the impact of social and environmental determinants of health on racial and ethnic minority health status (Minority Health Promotion Program).

Promote and monitor progress toward state and national targets for healthy people in healthy communities (Healthy Rhode Island 2020 Initiative).

2 CLINICAL INTERVENTIONS

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Ensure that newly arrived refugees initiate a relationship with a primary care provider to receive a health assessment, lab work, catch-up vaccinations, and appropriate referrals and follow-up care (Refugee Health Program).

Co-locate a mental health clinician within the Refugee Clinic at Hasbro Children's Hospital to perform child mental health assessments and provide needed referrals (Refugee Health Program).

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Work with hospitals, private providers, and other healthcare delivery organizations to establish policies and operational systems that assure access to interpreters and translated health information for persons with limited English proficiency (CLAS Initiative).

Establish internal procedures and contracting requirements to help the Department of Health and its contracted agents adhere to language access mandates (CLAS Initiative).

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Work with housing and lead programs to ensure that new refugees are placed into safe housing (Refugee Health Program).

Staff the Commission for Health Advocacy and Equity, created by the Rhode Island General Assembly in 2011 to advise the Director of Health on strategies to achieve health equity and report to the legislature on the state's progress toward health equity goals.

Support training, certification, and reimbursement to grow the Community Health Worker workforce in Rhode Island.

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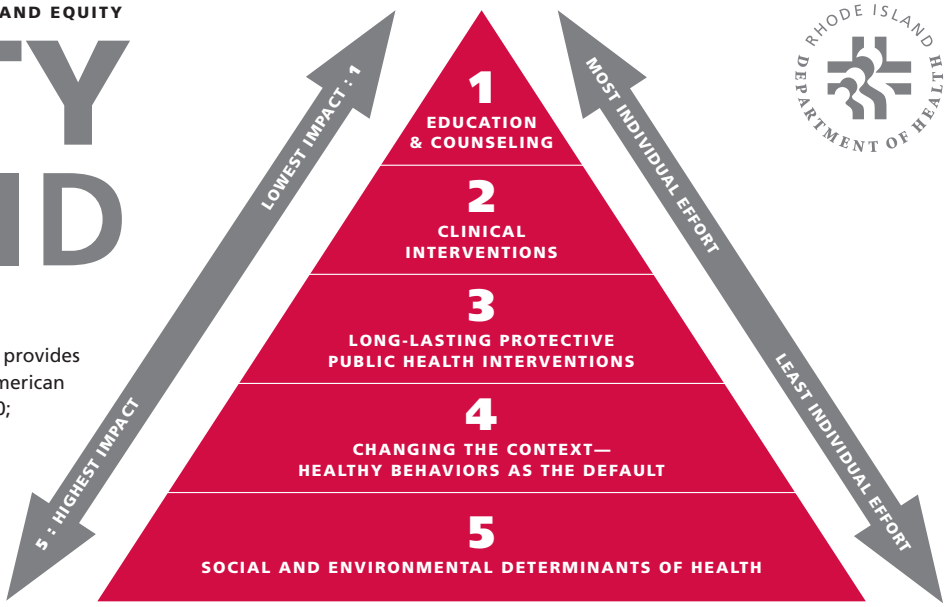

RHODE ISLAND DEPARTMENT OF HEALTH

HEALTH DISPARITIES AND ACCESS TO CARE TEAM
OFFICE OF SPECIAL HEALTH CARE NEEDS

1 EDUCATION AND COUNSELING

Provide parent support, training, empowerment opportunities, workshop offerings, peer to peer problem solving, resource distribution, advocacy training, mentoring, and leadership development (Special Needs Medical Home Projects).

Provide resource and surveillance materials on autism spectrum disorders (ASD), traumatic brain injury (TBI), and other disabilities (Disability & Health).

Provide brochures and transition toolkits for physicians and families, workshops for youth and families, youth transition workbooks, and other resources (Adolescent Healthcare Transition).

2 CLINICAL INTERVENTIONS

Provide care coordination and system navigation for people with disabilities through medical homes supported by the Pediatric Practice Enhancement Project (PPEP) and Peer-Assisted Health Initiative (PAHI) (Special Needs Medical Home Projects).

Support the Rhode Island Hospital Transition Clinic, which assists youth with disabilities in transition from pediatric to adult healthcare (Adolescent Healthcare Transition).

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Support developmental screening and compliance with Early Periodic Screening, Diagnosis, and Treatment (EPSDT) in pediatric primary and specialty care practices (Special Needs Medical Home Projects).

Provide resources and linkage to people with TBI, ASD, and other disabilities (Disability & Health).

Meet individually with vulnerable Rhode Island families in pursuit of making their voices heard at policy settings (Family & Peer Resource Specialists).

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Support legislative action and state program implementation concerning using community health workers in healthcare delivery (Special Needs Medical Home Projects).

Support TBI regulations and ASD legislative initiatives (Disability & Health).

Change context of schools and communities through a positive youth development approach where students with special needs explore, develop, and showcase concepts of leadership (Adolescent Healthcare Transition).

Establish systems of care for children and youth with special health care needs that are easy to use and able to be navigated by an empowered consumer (Family & Peer Resource Specialists).

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Increase access and availability of services and supports to address the needs of people with disabilities and their families (Special Needs Medical Home Projects).

Provide comprehensive surveillance, report dissemination, and advocacy for services and support for people with disabilities, including TBI survivors and people with ASD (Disability & Health).

Support policies and programs to foster inclusion and meaningful participation for all youth in educational, employment, social, community, and leadership opportunities (Adolescent Healthcare Transition).

Support interventions to build the infrastructure of public health through employing, training, and establishing a workforce opportunity for parents of children with special needs and adults with disabilities (Family & Peer Resource Specialists).

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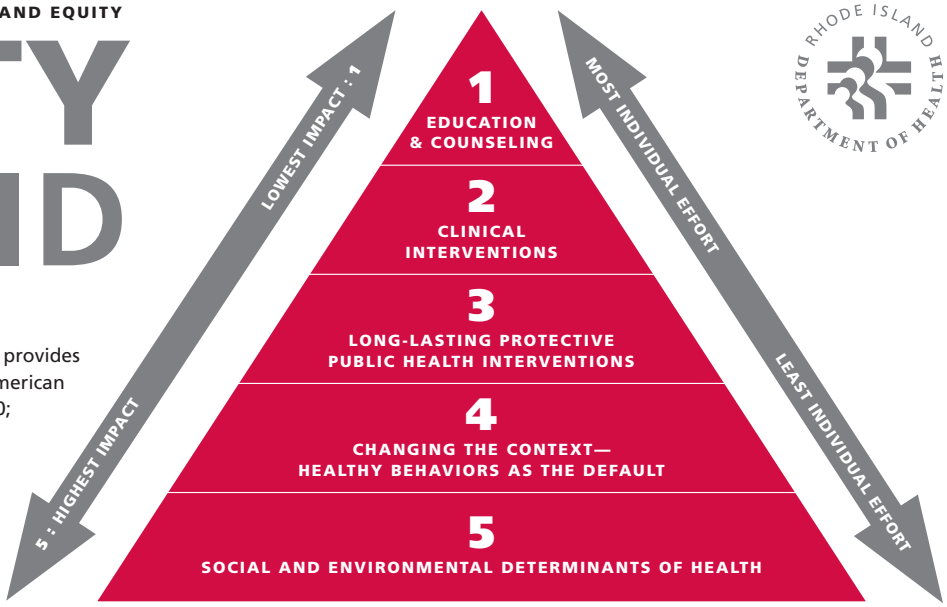

RHODE ISLAND DEPARTMENT OF HEALTH

HEALTH DISPARITIES AND ACCESS TO CARE TEAM
OFFICE OF PRIMARY CARE AND RURAL HEALTH

1 EDUCATION AND COUNSELING

To increase access to effective education and counseling, work across the state to increase the numbers, effectiveness, and utilization of community health workers, including those employed in rural areas.

2 CLINICAL INTERVENTIONS

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Recruit and retain primary care providers in health professional shortage areas across the state (including in non-metro areas) through the National Health Service Corps, 3RNET, NOSORH, NRHA, and the New England Rural Health Roundtable.

Develop and deliver core competency training to existing and prospective community health workers.

Promote the patient-centered medical home model in sites serving vulnerable populations.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Work to establish policies and assistance programs to make all primary care practices patient-centered medical homes.

Conduct policy activity to support statewide efforts to require additional investment of commercial insurance revenue into primary care systems building.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Work to recognize, grow, and remunerate the community health worker workforce as a way to promote employment, fair wages, career laddering opportunities, and self-determination among vulnerable populations without formal higher education.

Work with non-metro communities to improve local healthcare systems.

Through rural health mini-grants for community assessment, help communities examine barriers to care and capacity issues and use this information to develop recommendations for system improvements.

Through systems building grants, support action plan development and strategy implementation to address social and environmental determinants of health. Strategies include action steps to promote the patient-centered medical home model.

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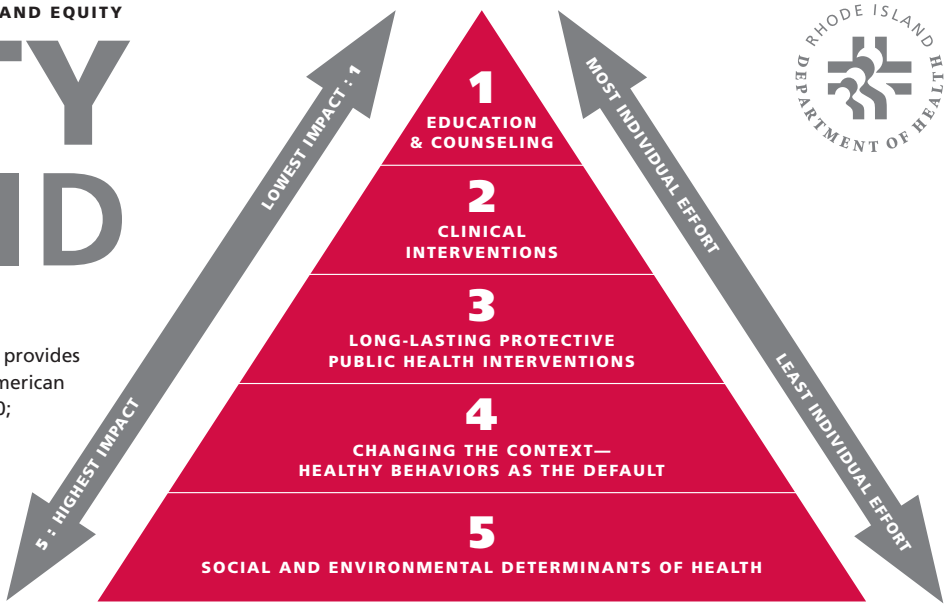

RHODE ISLAND DEPARTMENT OF HEALTH

HEALTH DISPARITIES AND ACCESS TO CARE TEAM

HEALTHY COMMUNITIES INITIATIVE

1 EDUCATION AND COUNSELING

Help community-based project teams to develop Community Action Plans that include health education or counseling strategies related to chronic disease management.

Continue to support community-based projects through initial implementation.

2 CLINICAL INTERVENTIONS

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Include strategies in Community Action Plans to increase access to primary care, including preventive services and screening.

Continue to support community-based projects through initial implementation.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

As community-based project teams identify local factors that promote or impede healthy choices, help them develop and implement policy, systems, and environmental change to reduce the burden of chronic disease and related health disparities. (For example, strategies could include working with corner stores to offer more affordable produce and reduce the sales of less nutritious foods.)

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Help community-based project teams identify change strategies that impact social and environmental determinants of health and incorporate them into Community Action Plans. (For example, strategies could include increasing the numbers and competence of community health workers in Olneyville and establishing community organizations that empower local residents to effectively advocate for their community's health.)

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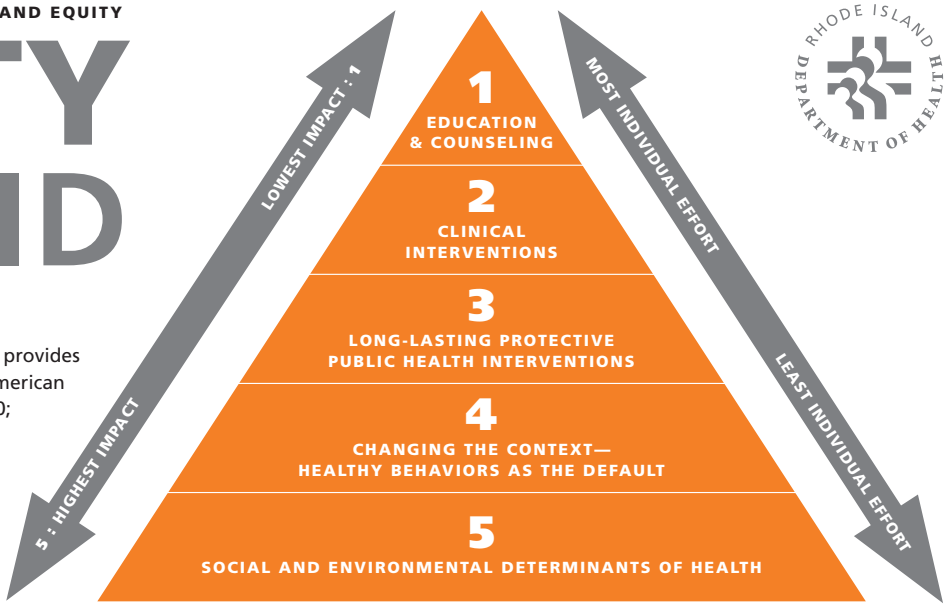

HEALTHY HOMES AND ENVIRONMENT TEAM

INDOOR AIR QUALITY: ASBESTOS AND RADON PROGRAMS

1 EDUCATION AND COUNSELING

Provide consumer, technical, and regulatory information via the Department website, information line, and pamphlets.

Support the inclusion of testing and hazard notification in real estate disclosure.

Conduct special outreach for radon month.

2 CLINICAL INTERVENTIONS

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Develop and maintain a data system for address, inspection, and complaint data.

Review training for licensed professionals.

Conduct grant writing, strategic planning, and other program support activities.

Review asbestos abatement plans.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Provide radon test kits to weatherization and other housing programs.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Perform compliance inspections and enforcement activities for asbestos and radon abatement.

Respond to complaints about improper asbestos removal.

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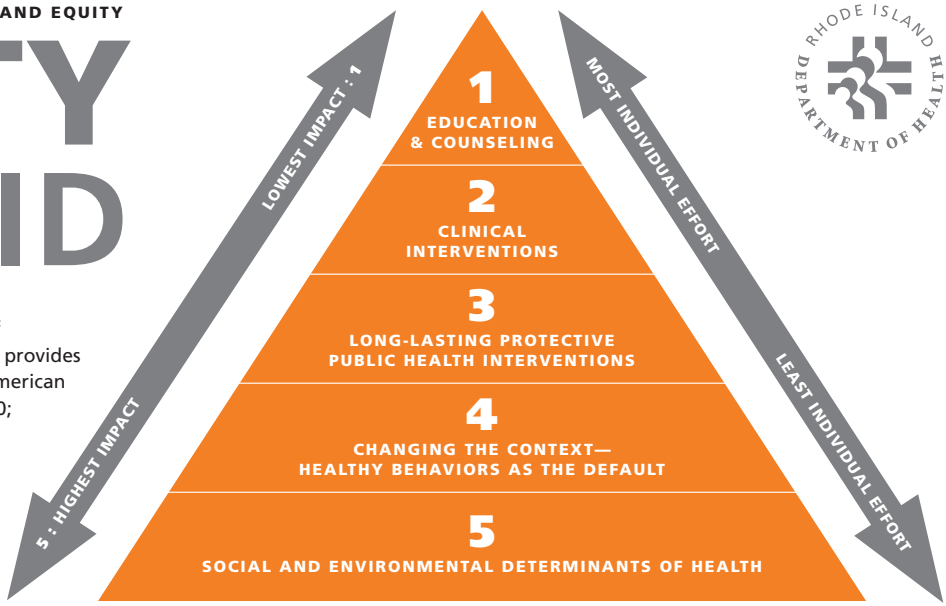

RHODE ISLAND DEPARTMENT OF HEALTH

HEALTHY HOMES AND ENVIRONMENT TEAM
CHILDHOOD LEAD POISONING PREVENTION PROGRAM

1 EDUCATION AND COUNSELING

Provide consumer, technical, and regulatory information via the Department website, information line, and pamphlets.

Support the inclusion of testing and hazard notification in real estate disclosure.

Issue alerts for lead-containing materials.

2 CLINICAL INTERVENTIONS

Provide case management for cases of childhood lead poisoning.

Evaluate and promote lead screening.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Develop and maintain a data system for medical, address, inspection, and complaint data.

Review training for licensed professionals.

Conduct grant writing, strategic planning, and other program support activities.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Ensure lead-safe housing is part of community development programs.

Perform compliance inspections and enforcement activities for lead abatement.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Respond to complaints about improper lead renovations.

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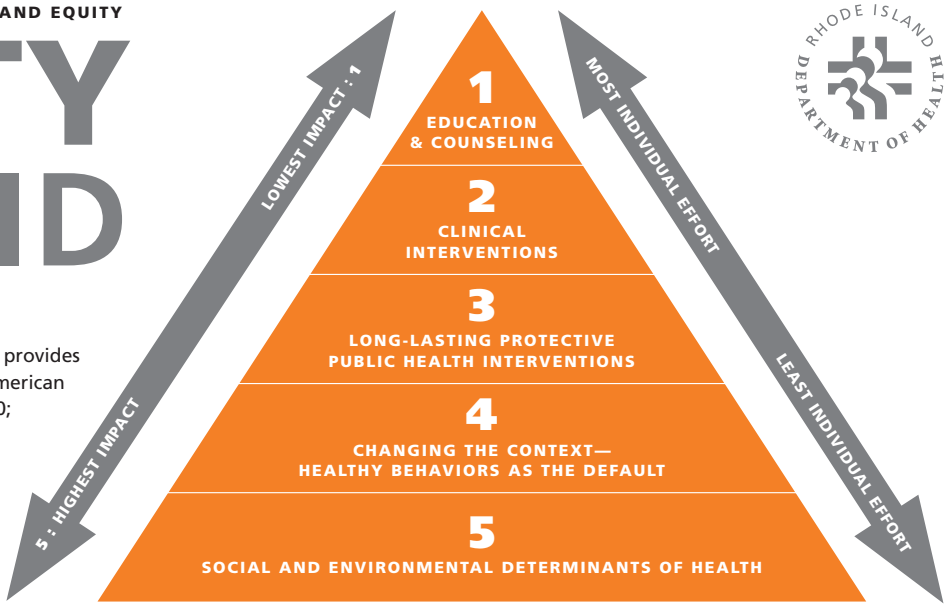

HEALTHY HOMES AND ENVIRONMENT TEAM

OSHA CONSULTATION AND WORKSITE WELLNESS PROGRAMS

1 EDUCATION AND COUNSELING

Provide consumer, technical, and regulatory information via the Department website, information line, and pamphlets.

Conduct targeted outreach to high-hazard industries.

Conduct a special teen worker safety day at the Pawtucket Red Sox (PawSox) stadium.

2 CLINICAL INTERVENTIONS

Conduct adult blood lead surveillance.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Conduct Consumer Product Safety Inspections for recalled products.

Provide technical assistance for professionals needing a respiratory protection plan.

Conduct grant writing, strategic planning, and other program support activities.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Perform OSHA Consultation visits to Rhode Island small businesses to identify and mitigate hazards.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Conduct worksite wellness activities.

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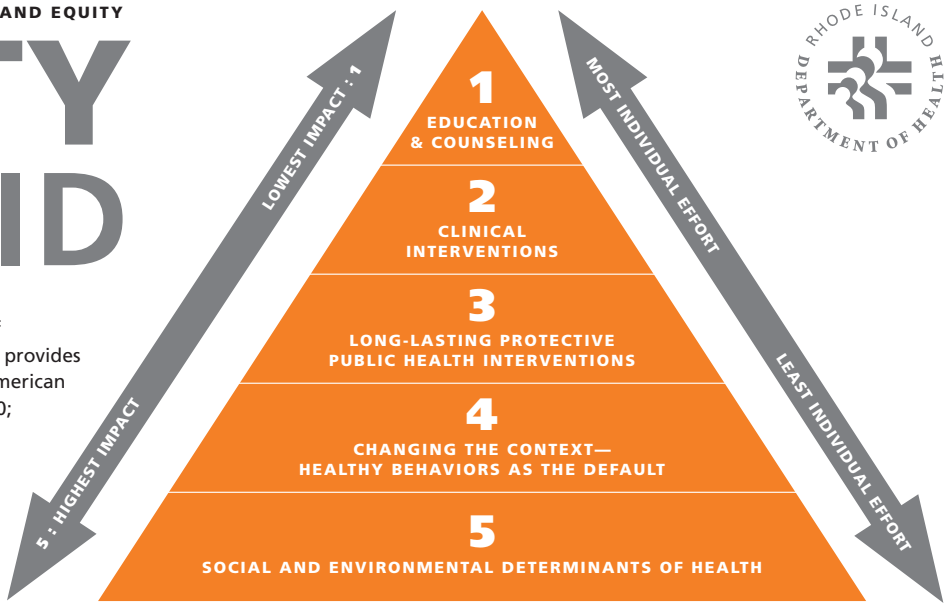

HEALTHY HOMES AND ENVIRONMENT TEAM

HEALTHY HOMES AND OTHER ENVIRONMENTAL PROGRAMS

1 EDUCATION AND COUNSELING

Provide consumer, technical, and regulatory information via the Department website, information line, and pamphlets.

Support the inclusion of testing and hazard notification in real estate disclosure.

Issue advisories about air quality, toxic algae, mercury, and other environmental health hazards.

2 CLINICAL INTERVENTIONS

Support emergency department requirements for carbon monoxide exposure equipment.

Require carbon monoxide poisoning reporting.

Develop indicators of healthy housing that incorporate data on the quality of housing, neighborhoods, and the health of residents.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Provide training for building officials.

Conduct grant writing, strategic planning, and other program support activities.

Maintain the Healthy Housing Collaborative.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Develop a housing locator for lead-safe and smoke-free housing.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Provide technical assistance for mold remediation.

Promote tools for schools and other activities that improve school environments.

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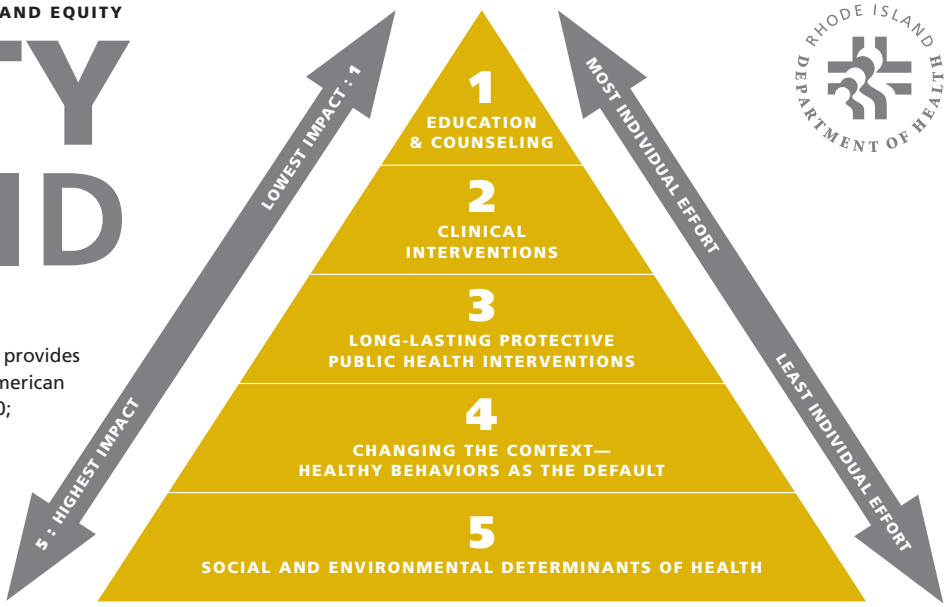

RHODE ISLAND DEPARTMENT OF HEALTH

CHRONIC CARE AND DISEASE MANAGEMENT TEAM
ASTHMA CONTROL PROGRAM

1 EDUCATION AND COUNSELING

Educate community health center providers on best practices to improve quality of care to asthma patients (RI Chronic Care Collaborative, or RICCC).

2 CLINICAL INTERVENTIONS

Implement RICCC asthma best practices (Community health center providers).

Establish a web-based referral system, Breathe Easy at Home (BEAH), to refer patients for a home inspection for asthma triggers by the city's housing inspector (city inspectors).

Provide outpatient education on disease management to patients (Certified Asthma Educators).

Conduct home visits for pediatric asthma patients who enter the emergency department due to asthma (Home Asthma Response Program, or HARP).

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Address the environmental health of homes to improve asthma outcomes (RICCC, HARP, BEAH, Healthy Housing Collaborative).

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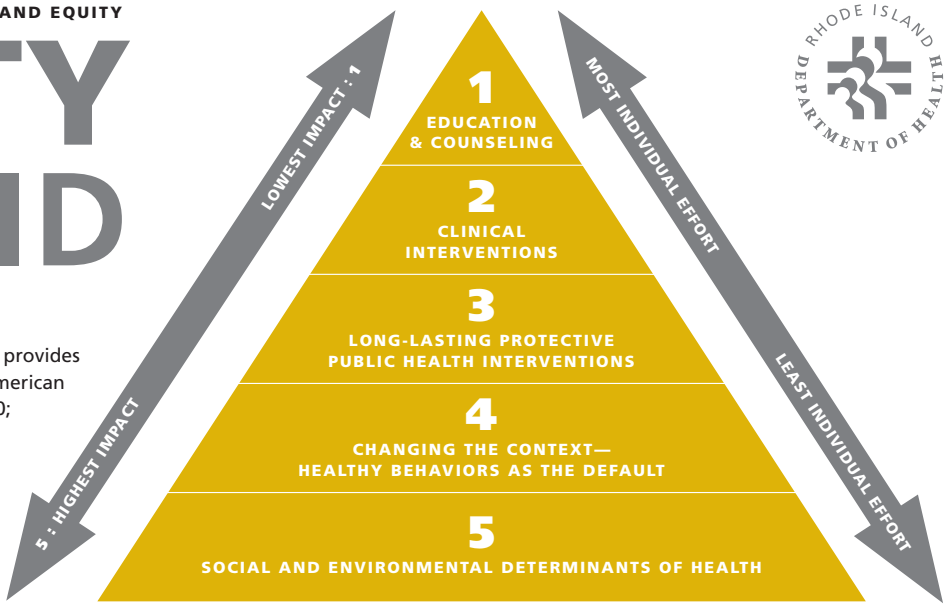

RHODE ISLAND DEPARTMENT OF HEALTH

CHRONIC CARE AND DISEASE MANAGEMENT TEAM

COMPREHENSIVE CANCER CONTROL & COLORECTAL SCREENING

1 EDUCATION AND COUNSELING

Educate health professionals and the general public at local and statewide events about cancer prevention, screening, treatment, survivorship, and palliative care (Partnership to Reduce Cancer in RI).

Train colorectal cancer screening patient navigators in community health centers.

Train physicians at seven RI Chronic Care Collaborative sites to track, refer, and report on patients for colorectal cancer screening through a registry.

Train a dermatology group on screening for early signs of skin cancer and making appropriate referrals.

2 CLINICAL INTERVENTIONS

Help patients overcome barriers in the cancer screening process (Colorectal cancer screening patient navigators in community health centers).

Assist cancer committees at all American College of Surgeons certified cancer centers on improving and maintaining National Committee for Quality Assurance status.

Provide five free colonoscopies for each community health center site (Screening Colonoscopies for Underserved Persons (SCUP) physicians).

Provide skin screenings and referrals for potential skin cancers at events (Partnership to Reduce Cancer in RI).

Collaborate with the Oral Health Program on head and neck cancer prevention through a variety of activities (e.g., working with the Rhode Island Dental Hygienists' Association to assure cancer screening at all dental visits; increasing human papillomavirus (HPV) immunization among young adults).

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Provide HPV vaccinations to underserved young adults, targeting African Americans and Hispanics (Partnership to Reduce Cancer in RI Prevention Workgroup).

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Assure compliance with palliative care beds at hospitals.

Support adding HPV immunization to the school immunization record.

Collaborate with the Tobacco Control Program on environmental improvements such as smoke-free public housing.

Support insurance reimbursement to mass immunizers outside the medical home for college students and disparate adult populations.

Support city ordinances to ban the sale of "two-for-" one cigarette package specials.

Support adding grades 9–11 to the Vaccinate Before You Graduate Program.

Support Culturally and Linguistically Appropriate Services (CLAS) standards training for registration clerks at hospitals.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Encourage cancer survivors to use their personal experiences and cancer literacy skills to engage their communities in cancer prevention and early detection activities, such as smoking prevention and cessation, healthy eating and exercise, and screenings for breast, cervical, colon, prostate, skin, and oral cancers.

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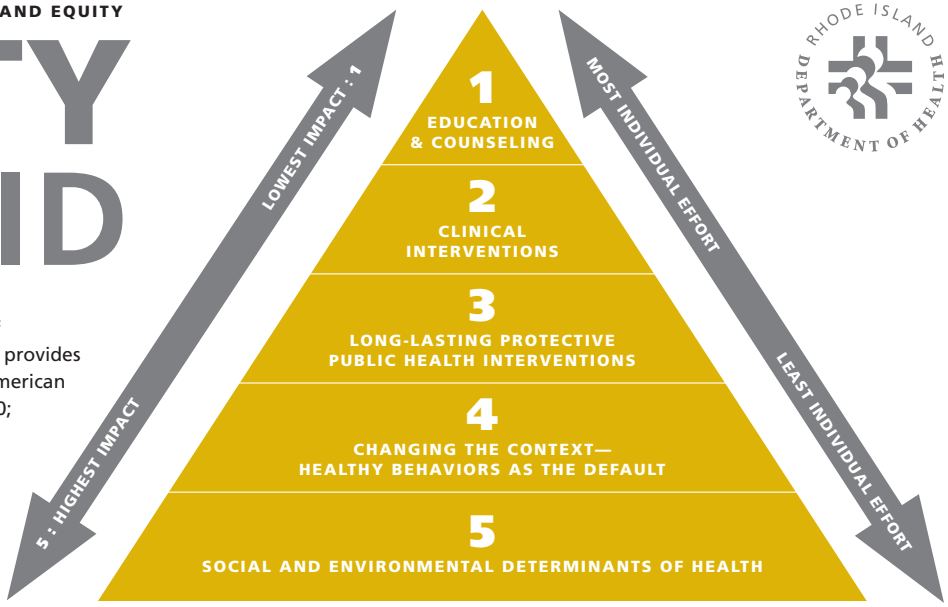

RHODE ISLAND DEPARTMENT OF HEALTH

CHRONIC CARE AND DISEASE MANAGEMENT TEAM

DIABETES PREVENTION AND CONTROL PROGRAM

1 EDUCATION AND COUNSELING

Educate community health center providers on best practices to improve quality of care for diabetes patients (RI Chronic Care Collaborative, or RICCC).

Train certified diabetes outpatient educators (dietitians, nurses, and pharmacists) on patient education for diabetes disease management.

Organize group patient visits that bring a nurse, dietitian, and pharmacist to the healthcare provider's office for a focused diabetes session (TEAMWorks Program).

2 CLINICAL INTERVENTIONS

Organize group patient visits that bring a nurse, dietitian, and pharmacist to the healthcare provider's office for a focused diabetes session (TEAMWorks Program).

Provide outpatient education on disease management to diabetes patients (Trained dietitians, nurses, and pharmacists).

Conduct a demonstration project to promote diabetes screening during pregnancy and program referral for women with gestational diabetes.

Use RICCC diabetes best practices (Community health center providers).

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Conduct policy activity to promote the sugar-sweetened beverage tax.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Collaborate with Diabetes Council members to improve communities' physical environments.

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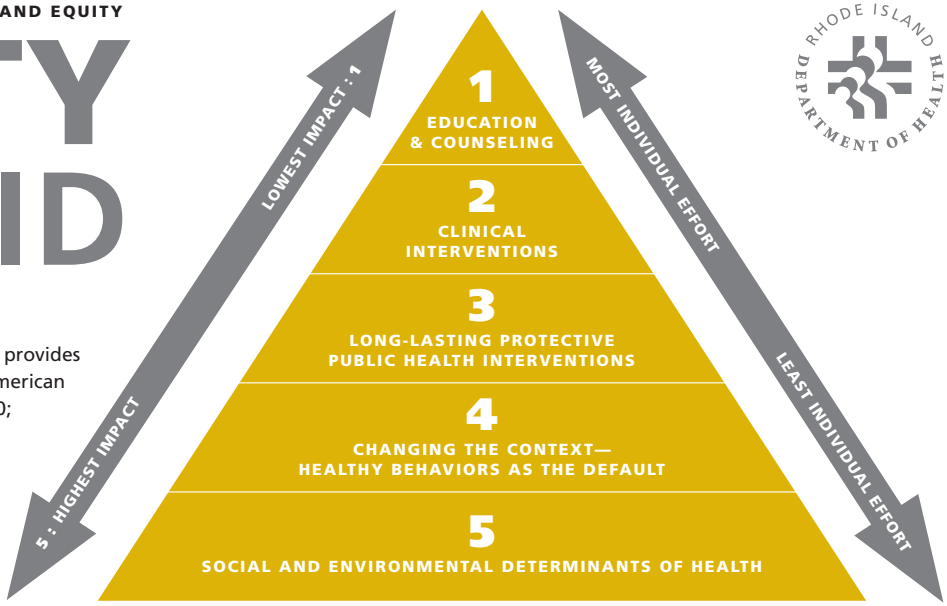

RHODE ISLAND DEPARTMENT OF HEALTH

CHRONIC CARE AND DISEASE MANAGEMENT TEAM
HEART DISEASE AND STROKE PREVENTION PROGRAM

1 EDUCATION AND COUNSELING

Educate community health center providers on best practices to improve quality of care for cardiovascular disease (CVD) patients (RI Chronic Care Collaborative, or RICCC).

Train certified diabetes outpatient educators (dietitians, nurses, and pharmacists) on patient education for CVD management.

Encourage communities to receive a designation as a HeartSafe Community by training a certain number of citizens and/or law enforcement agencies in CPR or CPR/AED (RI HeartSafe Community Program).

Conduct media campaigns (FAST, Go Red/Heart Health Month) and a PSA (Waiting) to educate the public on how to recognize heart attack symptoms and when to call 911.

Educate health professionals and the general public on best practices related to heart disease and stroke prevention (Events such as the Annual Summit and RICCC Outcomes Congress; communication channels such as the Department website and Partnership newsletter).

2 CLINICAL INTERVENTIONS

Use RICCC CVD best practices (Community health center providers).

Provide outpatient education on disease management to CVD patients (Trained dietitians, nurses, and pharmacists).

Establish primary stroke centers in acute care hospitals in RI to ensure the rapid triage, diagnostic evaluation, and treatment of patients suffering an acute stroke (Stroke Prevention and Treatment Act Legislation).

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Collaborate with the National Salt Reduction Initiative, a partnership led by the New York City Health Department that works with food manufacturers and the restaurant industry to lower the salt levels in commonly-consumed products.

Advocate for the Tobacco Control Program's Tobacco Excise Tax Bill and Bill regarding Other Tobacco Products.

Collaborate with the Initiative for a Healthy Weight Smart Meal Program, which educates restaurants and the public about healthier food choices.

Collaborate with the Initiative for a Healthy Weight to support Menu-Labeling Legislation, which would provide consumers with important information about the caloric content of food they order in restaurants.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

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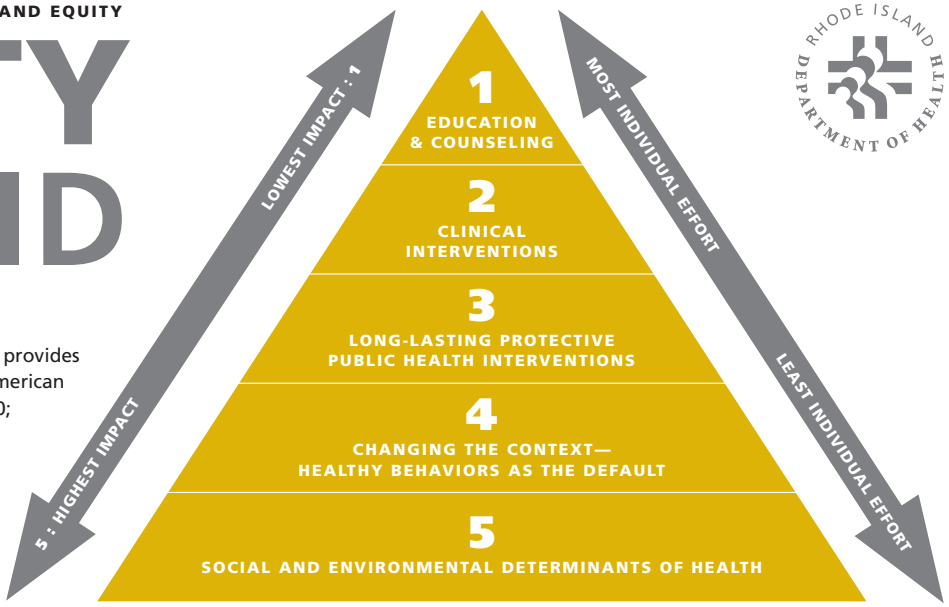

CHRONIC CARE AND DISEASE MANAGEMENT TEAM
LIVING WELL RHODE ISLAND

1 EDUCATION AND COUNSELING

Conduct peer-led group workshops, for people 18+ years old with chronic diseases, providing participants with skills to change behaviors to better manage their chronic diseases.

Conduct outreach and media campaigns to increase awareness of workshops among the community and healthcare providers.

Integrate efforts with the Chronic Condition Workforce Collaborative to increase awareness and understanding of the program among public health-supportive workers.

2 CLINICAL INTERVENTIONS

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Develop a workforce of peer Leaders and Master Trainers, paid with stipends.

Empower workshop participants to direct healthcare decisions.

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

EQUITY PYRAMID

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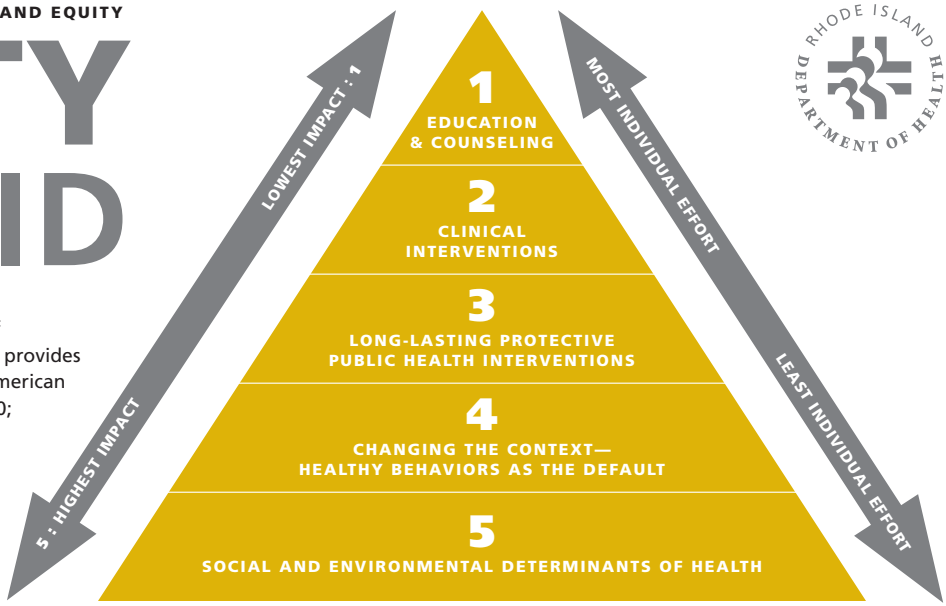

CHRONIC CARE AND DISEASE MANAGEMENT TEAM
WOMEN'S CANCER SCREENING PROGRAM

1 EDUCATION AND COUNSELING

Partner with community-based agencies to educate all women on the importance of breast and cervical cancer screening.

Contract with Women & Infants Hospital to conduct outreach and recruitment with neighborhood workplaces, businesses, places of worship, and community-based organizations.

Contract with each Federally-Qualified Health Center to recruit established health center clients, make appointments, and do related work.

2 CLINICAL INTERVENTIONS

Encourage clinicians to discuss the importance of breast and cervical cancer screening with clients and to refer uninsured clients to the Women's Cancer Screening Program (WCSP).

Refer patients diagnosed with cancer to support services.

Help eligible clients enroll in Medicaid.

Use patient navigators, social workers, and social agencies to assist clients, as needed.

Encourage providers to use electronic health records and other systems to track and refer clients for breast and cervical cancer screening and to follow-up on abnormal findings.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Provide access to breast and cervical cancer screening, diagnosis, and treatment services for eligible clients through provider contracts statewide.

Collect and analyze data on screening and diagnostic services to evaluate timeliness and quality of services provided to clients, and address results with providers who do not meet standards of care.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Support the federal Breast and Cervical Cancer Mortality Prevention Act of 1990, which authorizes the Centers for Disease Control and Prevention to provide breast and cervical cancer screening services to underserved women.

Support the federal Breast and Cervical Cancer Prevention and Treatment Act of 2000, which allows states to provide medical assistance through Medicaid to eligible women diagnosed with breast or cervical cancer.

Support the state Breast Cancer Act 2000, which provides mammography for women age 40-49 through the WCSP, mandates reimbursement for breast screening, covers the cost of prosthetic devices and/or reconstructive surgery incident to mastectomies within 18 months of surgery, and accredits facilities and technologists to perform mammography.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Interact on an ongoing basis with traditional and non-traditional partners within schools, neighborhoods, workplaces, businesses, places of worship, government agencies, and healthcare settings.

Work with Newport Hospital to ensure the availability and accessibility of expanded mammography services by uninsured, underinsured, and racial/ethnic minority populations and to annually report the amount of free care provided.

Work with the Lifespan Minority Outreach Program to promote WCSP services to all uninsured women who visit the emergency room at Miriam Hospital.

Coordinate hospital-based screening events that provide free breast screening to low-income, uninsured clients and link women with primary care providers.

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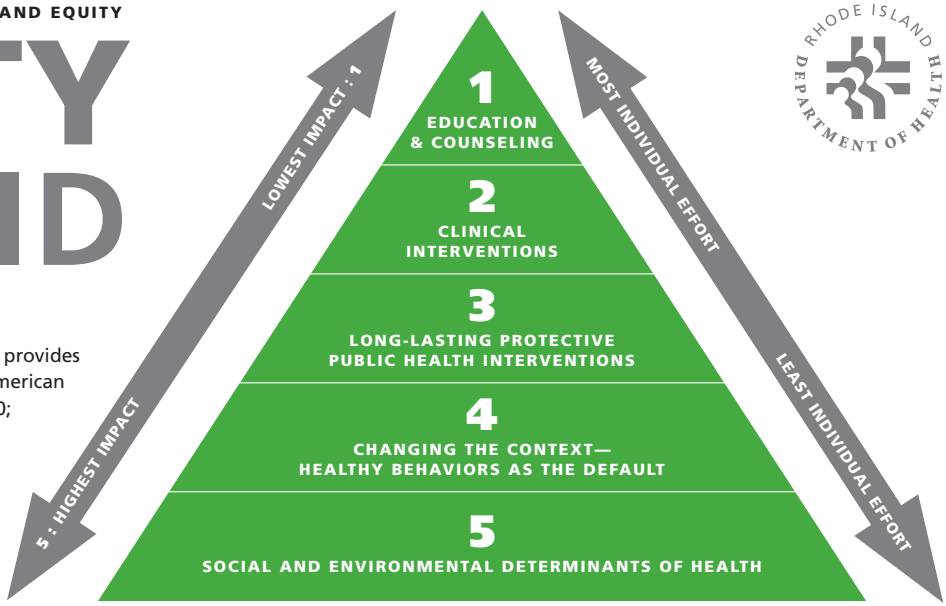

RHODE ISLAND DEPARTMENT OF HEALTH

HEALTH PROMOTION AND WELLNESS TEAM
TOBACCO CONTROL PROGRAM

1 EDUCATION AND COUNSELING

Hold community meetings in Newport, Pawtucket, Providence, and North Kingstown (Tobacco Control Network).

Promote and communicate systematically about cessation coverage for Medicaid recipients (Promote Quitting).

2 CLINICAL INTERVENTIONS

Fund and oversee telephonic counseling services (Promote Quitting).

Fund and manage Quitline telephone counseling services (Cessation).

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Fund free nicotine replacement therapy and counseling to un/underinsured people statewide (Promote Quitting).

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Institutionalize QuitWorks cessation services in healthcare facilities (Cessation).

Conduct policy activity to inform the streamlined implementation of Medicaid cessation services (Cessation).

Conduct policy activity to inform laws and regulations governing the sale and promotion of emerging tobacco products (Community Initiatives).

Conduct policy activity to promote taxation parity between cigarette and other tobacco products (Prevent Youth Initiation).

Conduct policy activity to require cessation coverage benefits from all health insurers (Promote Quitting).

Conduct policy activity to ban sales of flavored other tobacco products in Providence (American Recovery and Reinvestment Act (ARRA) Providence).

Conduct policy activity to maintain high cigarette tax rate (Eliminate Second-Hand Smoke).

Conduct policy activity to pass smoke-free policies in public housing (Eliminate Second-Hand Smoke).

Conduct policy activity to maintain indoor smoke-free policy (Eliminate Second-Hand Smoke).

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Engage community partners in civic support of funding of the Tobacco Control Program and policies to limit industry targeting of youth (Prevent Youth Initiation).

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

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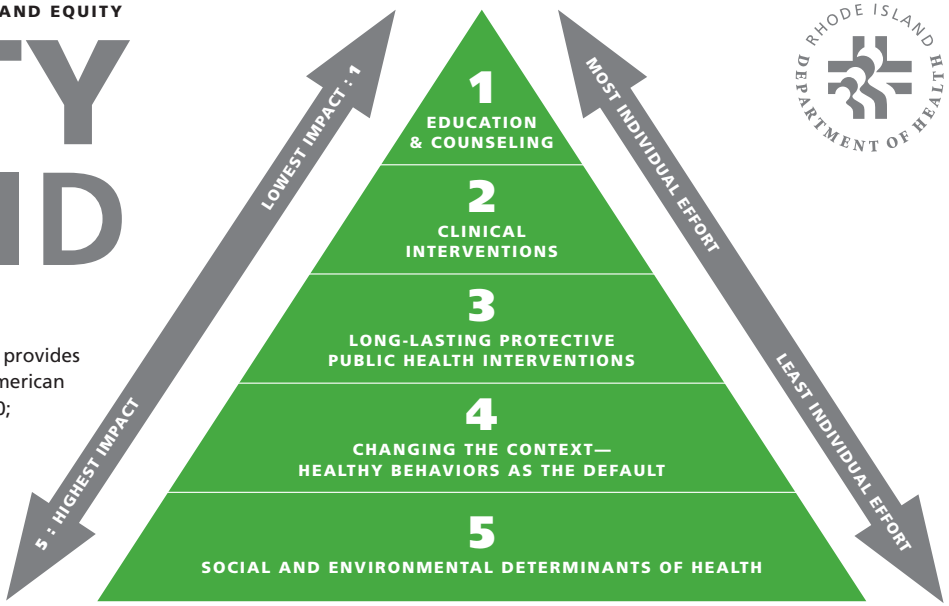

RHODE ISLAND DEPARTMENT OF HEALTH

HEALTH PROMOTION AND WELLNESS TEAM

SAFE RHODE ISLAND—VIOLENCE AND INJURY PREVENTION

1 EDUCATION AND COUNSELING

Provide training and technical assistance for support staff who work with older adults (Elder Falls).

Implement the Your Voice, Your View Program, which provides workshops and brings high school students together to create anti-sexual violence PSAs (Sexual Violence).

Air the winning Your Voice, Your View prevention PSA on local cable stations (Sexual Violence).

Conduct a means (guns) restriction media campaign (Youth Suicide).

Train school and community-based organization staff in Question/Persuade/Refer (QPR) gatekeeper training (Youth Suicide).

Train high school-aged youth in signs of suicide (SOS) gatekeeper training and screening (Youth Suicide).

2 CLINICAL INTERVENTIONS

Increase screening with providers who work with older adults (Elder Falls).

Implement an internet-based Interactive Screening Program at local colleges and universities (Youth Suicide).

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Conduct policy activity to influence the passage of a primary seat belt law (Motor Vehicle Injury and Death).

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

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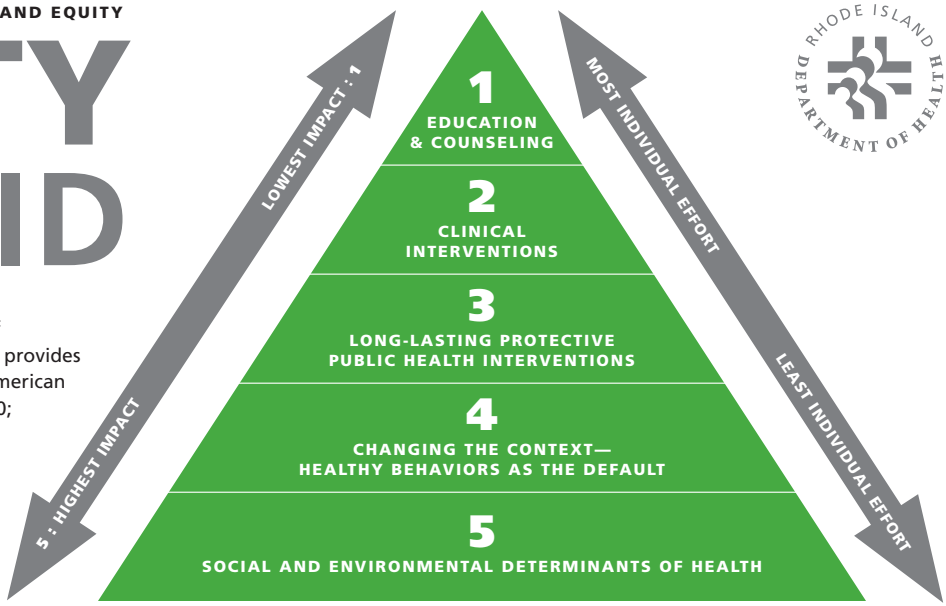

RHODE ISLAND DEPARTMENT OF HEALTH

HEALTH PROMOTION AND WELLNESS TEAM
INITIATIVE FOR A HEALTHY WEIGHT

1 EDUCATION AND COUNSELING

Conduct a Sugar Sweetened Beverage counter-marketing communications campaign (American Recovery and Reinvestment Act (ARRA) Physical Activity (PA)).

Conduct training to build the capacity of local community teams (community-based organizations and municipalities) to implement and support policies that improve access to physical activity and healthy foods (ARRA Healthy Places by Design (HPbD)).

2 CLINICAL INTERVENTIONS

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Inform policy activity around a sugar-sweetened beverage tax (ARRA PA).

Create recommendations from the Healthy Communities Plan to inform municipal Comprehensive Plans and regulations to support physical activity and access to healthy foods (ARRA HPbD).

Conduct policy activity to change child care physical activity and nutrition regulations.

Facilitate coalitions to prioritize and coordinate activity around statewide prevention policies.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Engage and empower communities to identify civic issues and mobilize for change (i.e., better quality of life).

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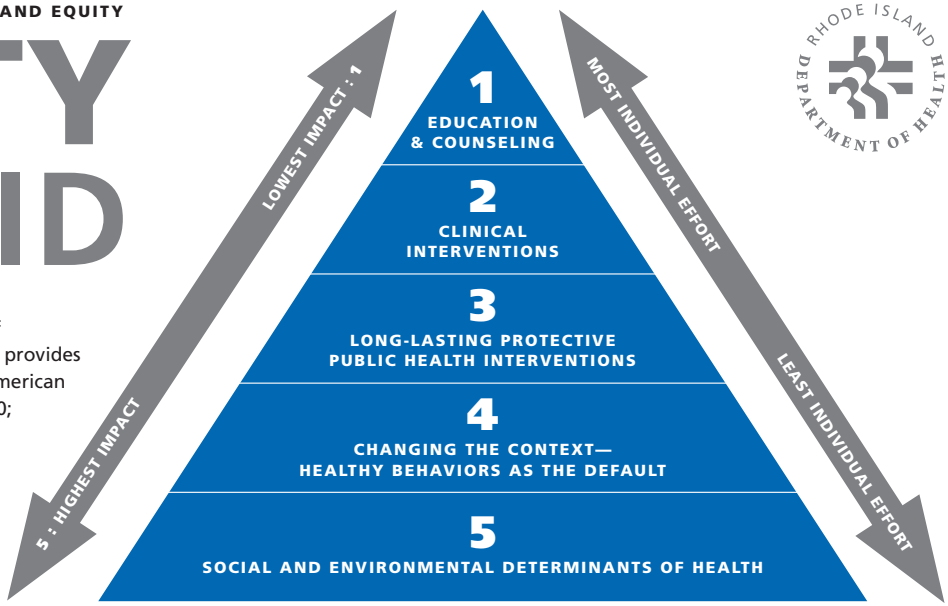

PERINATAL AND EARLY CHILDHOOD HEALTH TEAM

ADOLESCENT HEALTH PROGRAM

1 EDUCATION AND COUNSELING

Provide teen pregnancy prevention programs.

2 CLINICAL INTERVENTIONS

Support adolescent medical homes in Pawtucket and Woonsocket schools.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Conduct quality improvement site visits.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Partner with local leaders and apply for Community Access to Child Health (CATCH) grants to support adolescent medical homes.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Develop community-level systems to support adolescents.

Develop and promote a mental health toolkit.

Develop systems to support access to care.

Develop full-service community schools.

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

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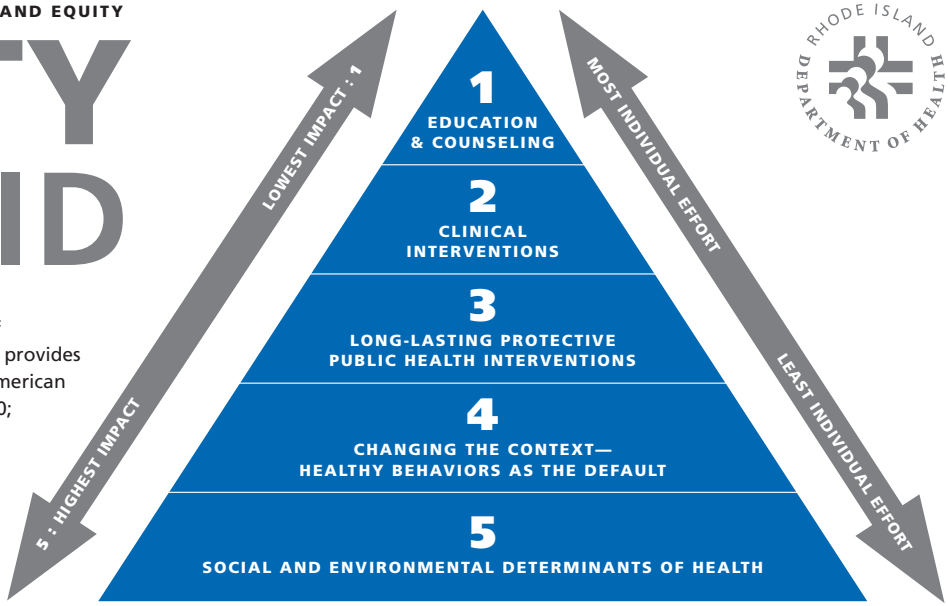

RHODE ISLAND DEPARTMENT OF HEALTH

PERINATAL AND EARLY CHILDHOOD HEALTH TEAM
WOMEN, INFANTS, AND CHILDREN (WIC) PROGRAM

1 EDUCATION AND COUNSELING

- Provide client-centered counseling focusing on obesity and physical activity (Local WIC Clinics).
- Conduct breastfeeding grand rounds.
- Educate and train retail stores.
- Educate and train local farmers and markets.

2 CLINICAL INTERVENTIONS

- Monitor WIC stores.
- Provide breastfeeding peer counseling by trained members of the community.
- Review training provider courses.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

- Conduct quality improvement site visits.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

- Support laws requiring workplace support for breastfeeding.
- Promote the baby-friendly hospital initiative.
- Collaborate with Johnson & Wales University and local farmers to offer Veggin' Out cooking demonstrations at summer farmers' markets.
- Implement WIC package changes that include low-fat milk and more fruits, vegetables, and whole grains.
- Allow WIC participants to buy foods using Electronic Benefits Transfer.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

- Develop systems to support access to care.
- Place breastfeeding peer counselors in WIC agencies.

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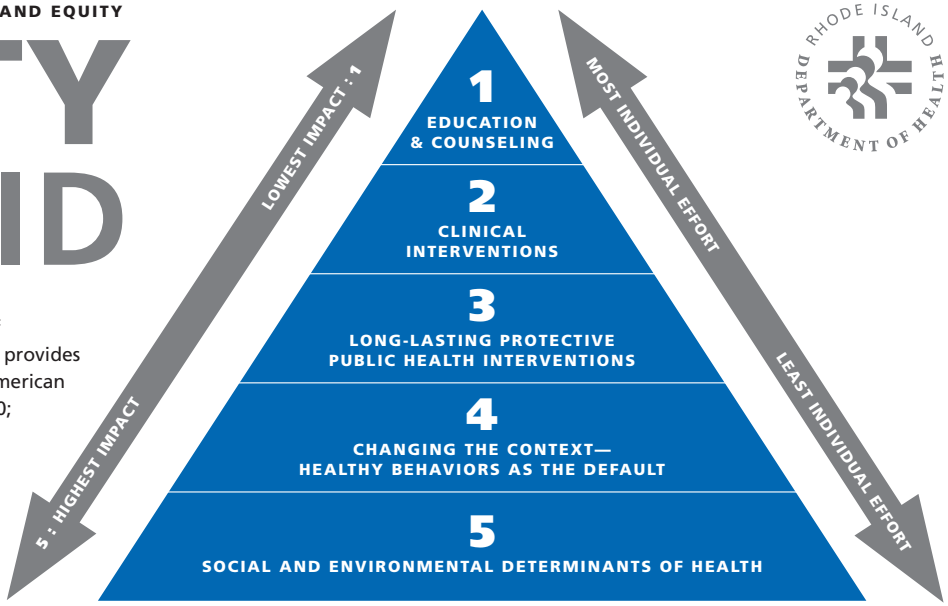

RHODE ISLAND DEPARTMENT OF HEALTH

PERINATAL AND EARLY CHILDHOOD HEALTH TEAM

EARLY CHILDHOOD DEVELOPMENTAL SCREENING AND FOLLOW-UP

1 EDUCATION AND COUNSELING

Support child care providers by offering mental health consultation, health consultation, and developmental screening services (Child Care Support Network).

Place mental health clinicians in primary care practices and child care centers to address the needs of children birth to 8 years old (RI Launch).

2 CLINICAL INTERVENTIONS

Increase developmental screening and referral services with healthcare and childcare providers.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Conduct quality improvement site visits.

Provide training and technical assistance to child care providers and healthcare providers on developmental screening and related topics (Watch Me Grow RI).

Develop and implement a developmental screening module within KIDSNET.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Use Rhode Island's Early Childhood Systems Plan to ensure that all young children reach their full potential through a system of services that promotes healthy social-emotional development, quality early care and education, coordinated medical homes, and effective parent education and family support services (Successful Start).

Work with the Successful Start Steering Committee to identify and solve barriers within the system of early childhood services (RI Launch).

Develop systems to support access to care.

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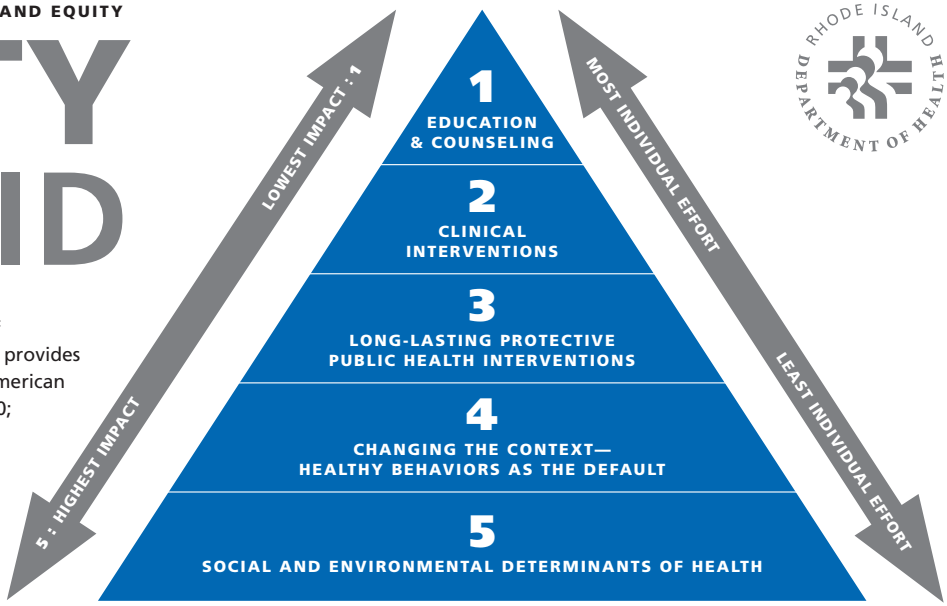

PERINATAL AND EARLY CHILDHOOD HEALTH TEAM

NEWBORN SCREENING AND FOLLOW-UP PROGRAM

1 EDUCATION AND COUNSELING

Develop and distribute newborn screening brochures to new and expecting parents.

2 CLINICAL INTERVENTIONS

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Conduct quality improvement site visits.

Ensure newborns are screened for certain harmful or potentially fatal disorders.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Support Rhode Island laws requiring all birthing hospitals in Rhode Island to screen every baby for 29 conditions, including hearing loss.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Develop systems to support access to care.

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

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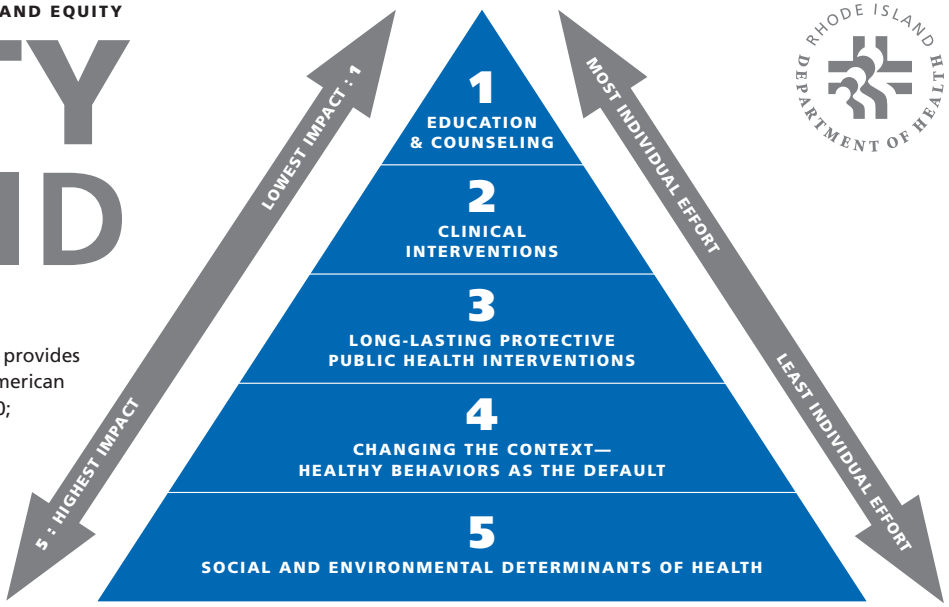

PERINATAL AND EARLY CHILDHOOD HEALTH TEAM

MATERNAL AND CHILD HOME VISITING

1 EDUCATION AND COUNSELING

- Provide training and education to home visitors.
- Establish Home Visiting Network for all home visitors.
- Educate and train healthcare and social service providers about home visiting and how to refer families.
- Provide resources and information about home visiting to new mothers.

2 CLINICAL INTERVENTIONS

- Conduct an array of home visiting services for pregnant women and families with young children.
- Provide breastfeeding counseling and support.
- Conduct screenings for interpersonal violence, postpartum depression, healthy homes, and tobacco use.
- Make and follow-up on referrals for families to appropriate resources.
- Link children and families with medical homes.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

- Conduct quality improvement site visits with home visiting agencies.
- Develop and deliver core competency training for maternal and child health nurses, community health workers, and social workers.
- Collect and analyze data on screening and home visiting services and evaluate quality of services provided to families.
- Develop and maintain home visiting data system.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

- Support the use of Culturally and Linguistically Appropriate Services (CLAS) standards for all home visitors.
- Establish the Home Visiting Leadership Council to support the development of consistent policies for home visiting statewide.
- Promote and develop additional funding sources for evidence-based home visiting.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

- Work with communities to improve the ability of families to access local early childhood systems and services.
- Engage communities in supporting home visiting services for families.
- Help community-based coalitions identify and develop coordinated systems of care for pregnant women and families with young children.

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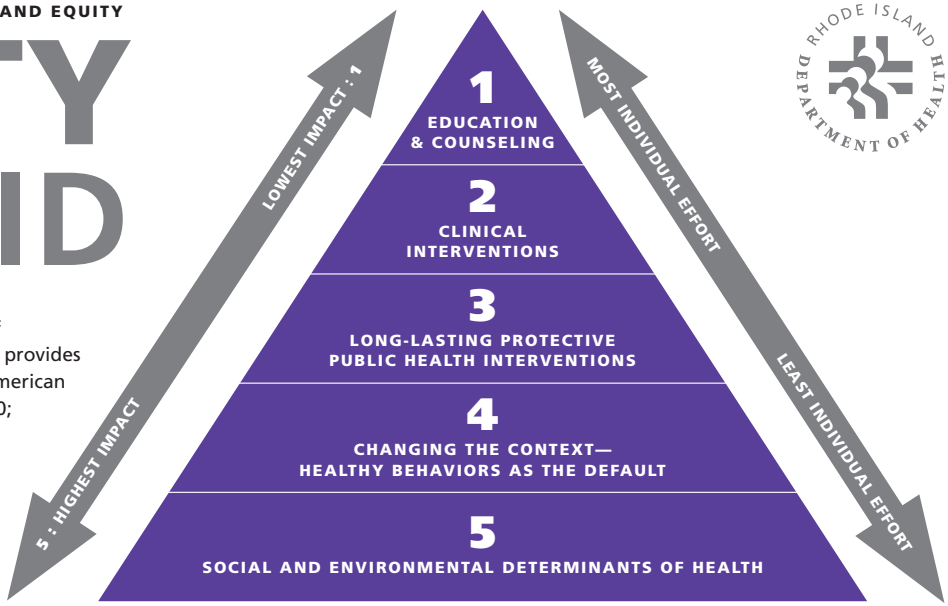

RHODE ISLAND DEPARTMENT OF HEALTH

PREVENTIVE SERVICES AND COMMUNITY PRACTICES TEAM

OFFICE OF IMMUNIZATION

1 EDUCATION AND COUNSELING

Provide immunization updates via an email list serve, the KIDSNET Update newsletter, and the Director's monthly "Health Connections" newsletter to vaccine providers.

Provide immunization education and outreach materials to providers and the public.

Conduct an annual influenza vaccination campaign.

Conduct quality assurance site visits to providers enrolled in the state-supplied vaccine program.

Conduct school immunization assessment (record review) visits in preschools and schools.

Conduct annual immunization trainings for child care workers and nursing students.

Conduct quarterly Immunization Coalition meetings.

Conduct a school nurse teacher conference every other year.

Conduct an immunization provider breakfast every other year.

Support perinatal hepatitis prevention and immunization education/outreach home visits.

2 CLINICAL INTERVENTIONS

Control vaccine-preventable disease outbreaks.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Provide school-based immunization (Vaccinate Before You Graduate program; K-12 flu vaccination clinics).

Vaccinate household and close contacts of women with chronic hepatitis B infection (Perinatal Hepatitis Prevention Program).

Support the St. Joseph Hospital Free Immunization Clinic.

Hold immunization clinics for child care providers (Child Care Worker Initiative).

Hold immunization clinics for healthcare workers (Healthcare Worker Immunization Initiative).

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Support regulations requiring immunizations for preschool, school, and college entry.

Support regulations requiring immunizations for healthcare workers.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Promote universal vaccine policy in Rhode Island.

Provide access to vaccines for uninsured healthcare workers to expand the workforce.

Provide an immunization registry for monitoring vaccination coverage rates among Rhode Islanders.

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

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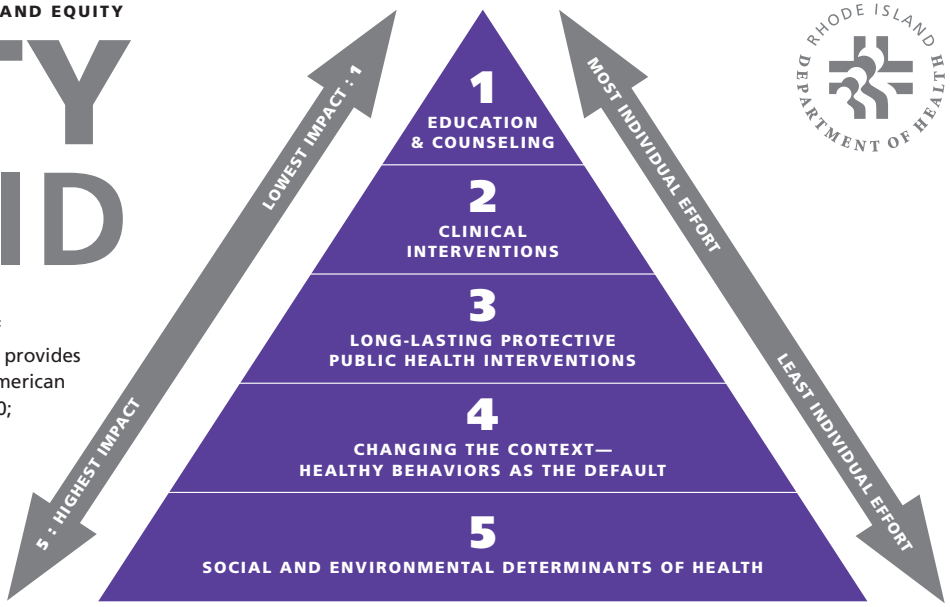

RHODE ISLAND DEPARTMENT OF HEALTH

PREVENTIVE SERVICES AND COMMUNITY PRACTICES TEAM

FAMILY PLANNING PROGRAM

1 EDUCATION AND COUNSELING

Provide community outreach and education on birth control methods, abstinence, fertility awareness, sexually-transmitted infections (STIs), and HIV/AIDS.

Conduct family involvement and sexual coercion counseling.

2 CLINICAL INTERVENTIONS

Provide referrals to care (e.g. HIV treatment, sterilization, and breast and cervical cancer follow-up).

Provide STI treatment.

Provide a broad range of birth control methods.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Provide long-acting reversible contraceptives.

Conduct surveillance and quality assurance of HIV testing and other family planning services.

Provide breast and cervical cancer screening, pregnancy testing, routine HIV testing, Chlamydia and Gonorrhea testing (IPP project), and comprehensive annual exams.

Conduct preconception health assessments and referrals, including to social services.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Provide routine HIV testing and preconception care.

Integrate reproductive life planning into preconception care.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Support a state plan amendment that expands Medicaid for family planning services for those not currently eligible for Medicaid (including men, women, and teens) and that requires the provision of transportation.

Provide a funding formula specifically to address the needs of low-income and uninsured people, including a sliding fee scale that slides to zero dollars for uninsured people with an income below 100% of the federal poverty level seeking family planning services.

Provide services to incarcerated women in need of family planning services.

Provide better accessibility to family planning services by assuring sites are geographically-spread across the state.

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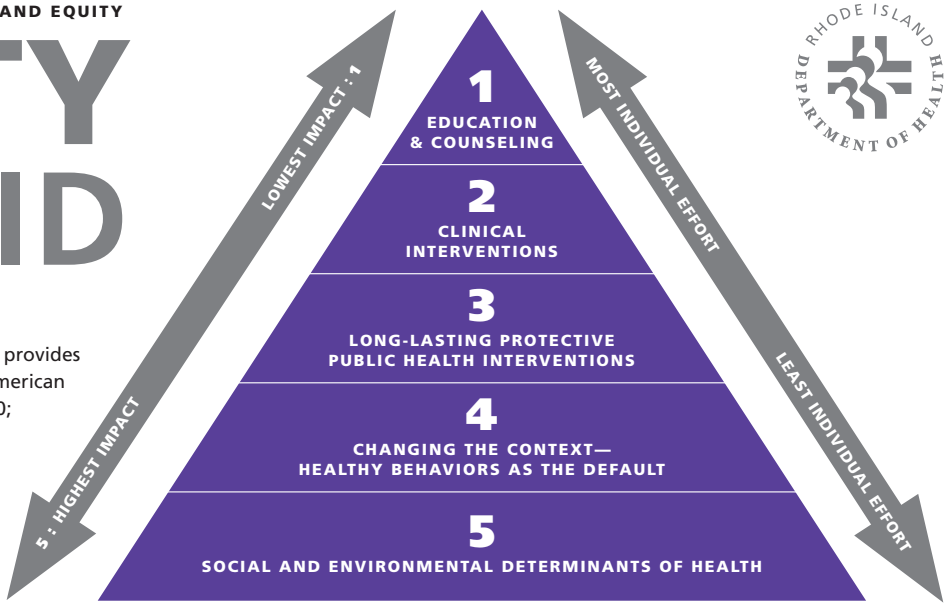

RHODE ISLAND DEPARTMENT OF HEALTH

PREVENTIVE SERVICES AND COMMUNITY PRACTICES TEAM

OFFICE OF HIV / AIDS

1 EDUCATION AND COUNSELING

Provide counseling, testing, and referral services.

Provide health education, including one-on-one counseling and education.

Disseminate information about HIV/AIDS to prevention and clinical providers, and to the public.

Discuss specific and varied risk reduction strategies via contracted services.

Promote social marketing campaigns (e.g., condom use) via public messaging.

Conduct provider technical assistance programs and capacity building sessions via Project REACH.

Maintain the Ryan White website.

Provide people living with HIV/AIDS with access to: nutritional counseling; mental health services; medical and non-medical case management; psychosocial support services; physicians; substance abuse support services; specific services associated with the Minority AIDS Initiative (MAI).

Continually educate clinicians and other statutory "reporters" in the area of significant reporting requirements and basic infectious disease control.

Educate community members about HIV/AIDS and viral hepatitis epidemiology.

2 CLINICAL INTERVENTIONS

Support the Prevention for Positives project, which uses clinical interventions to prevent HIV positive individuals from transmitting HIV to their partners.

Provide people living with HIV/AIDS with access to:

- Primary care services
- The AIDS Drug Assistance Program (ADAP)
- Nutritional supplements
- Home and community-based healthcare
- Oral healthcare
- Health insurance premium and cost-sharing assistance
- Emergency financial assistance
- Food banks/home delivered meals
- Medical services
- Transportation services

Conduct ongoing reviews of HIV/AIDS case reports for adult and pediatric cases.

Actively conduct disease surveillance via the programmatic review of medical records, discussion of cases and onsite validation studies at healthcare institutions.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Oversee contracts to promote positive sexual messaging and harm reduction, and to distribute and promote prophylactics.

Provide school interventions.

Advocate for the ability to have long-term contracts to sustain long-term protective strategies.

Support the Institute for Addiction Recovery.

Oversee the Consumer Advisory Board and Provision of Care Committee (Planning Bodies).

Monitor clients through HIV case management and support services funded by Ryan White.

Monitor standards of care (SOC)/performance measures.

Oversee the statewide quality improvement program.

Monitor contracts.

Perform needs assessments and comprehensive planning.

Incorporate prevention and care (treatment) messages into surveillance services so that all providers can attain long-lasting protective interventions and that prevention providers understand the surveillance elements that can assist with these measures.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Continue to support the repeal of the Syringe Act.

Provide needle exchange services in communities.

Support the availability of condoms in high-risk venues.

Implement an assertive ADAP 6th month recertification program such that clients enrolled are updated regularly.

Track enrollment and usage of ADAP benefits in a manner that allows HEALTH and case managers to track client progress and intervene if needed.

Revamp the state's SOC to ensure alignment with Health Resources and Services Administration requirements.

Develop a statewide quality improvement program for HIV with oversight of recipients of Ryan White Part B funded service providers.

Develop performance measures to ensure that funded vendors have met the required SOC.

Oversee the quality management program for the CARE Program.

Support legal requirements for HIV/AIDS surveillance that encourage healthcare institutions to apply measures to prevent infectious diseases.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Oversee minority prevention programs.

Conduct partner notification in the field to increase testing access and exposure notification.

Work with the Rhode Island Community Planning Group on homelessness, poverty, mental illness, substance use, and other issues to contextualize and address disparities.

Address the need to secure a Medicaid waiver to ensure that HIV clients currently not eligible for Medicaid have access to comprehensive healthcare coverage.

Address the need to allow ADAP to serve as a third party payer of comprehensive healthcare offered through high-risk pools and individual plans.

Address the need for ADAP to fully implement TrOOP (becoming "True-Out-Of-Pocket" eligible payers) as a way to save money.

Work with healthcare institutions to incorporate information from case reports (e.g., demographics, risk factors, etc.) into routine business processes and improve understanding of social and environmental determinants of HIV/AIDS and viral hepatitis.

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EQUITY PYRAMID

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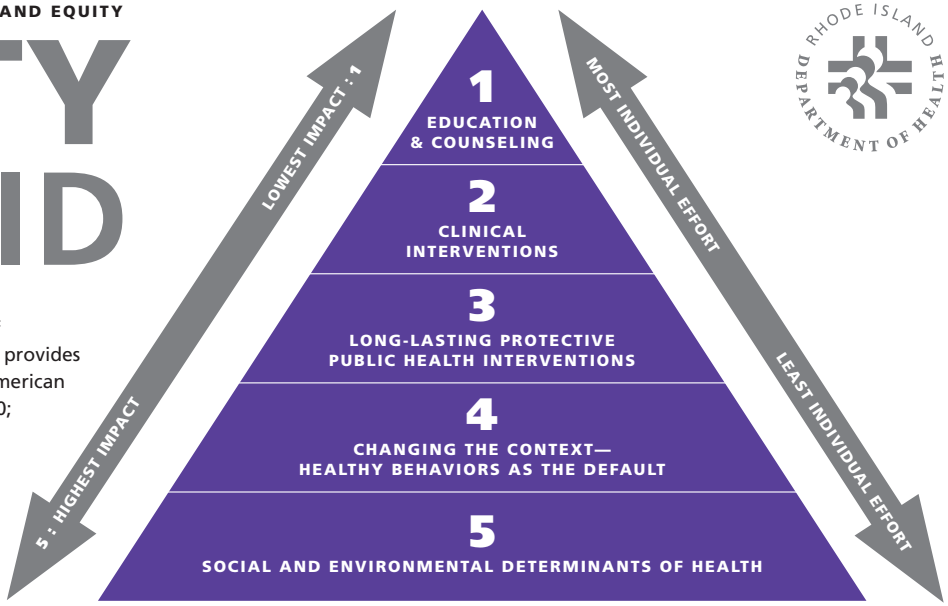

RHODE ISLAND DEPARTMENT OF HEALTH

PREVENTIVE SERVICES AND COMMUNITY PRACTICES TEAM

ORAL HEALTH PROGRAM

1 EDUCATION AND COUNSELING

Educate parents and staff at Head Start programs.

Educate families, nursing facility staff, and residents served by CareLink.

Provide a Rhode Island Parent Information Network (RIPIN) consultant at Samuels Sinclair Dental Center.

Revise and maintain oral health web pages.

Provide sealant and fluoridation fact sheets.

2 CLINICAL INTERVENTIONS

Provide sealants and fluoride varnish to high-risk children.

Expand CareLink services in nursing facilities.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Oversee school-based/school-linked dental programs.

Conduct Basic Screening Surveys of older adults and third graders.

Conduct statewide surveillance activities, including but not limited to the BRFSS, WFRS, YRBS, PRAMS, and DHPSA.

Collect and analyze hospital discharge data.

Analyze RI Cancer Registry data.

Support the Head Start Dental Home Initiative.

Develop and promote the Rhode Island Oral Health Plan.

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Advocate for proposed changes to the RI Rules and Regulations for School Health Programs.

Support healthy vending options.

Work with the Initiative for a Healthy Weight to reduce sugar-sweetened beverage consumption.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Maintain Community Water Fluoridation activities in RI.

Conduct activities to expand the oral health workforce (e.g. loan repayment, contracts, recruitment, retention, outreach to youth).

Target individual medical and oral health providers to expand their knowledge and skills through continuing education opportunities (e.g. Mini-Residency series, primary care provider/pediatric dental training).

DIVISION OF COMMUNITY, FAMILY HEALTH, AND EQUITY

EQUITY PYRAMID

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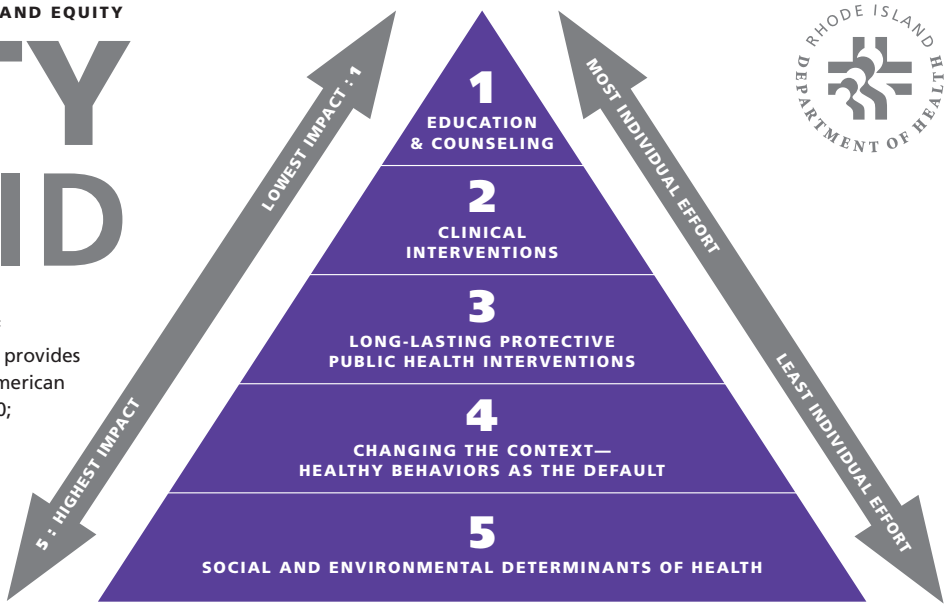

PREVENTIVE SERVICES AND COMMUNITY PRACTICES TEAM

ADULT VIRAL HEPATITIS PREVENTION AND HARM REDUCTION PROGRAMS

1 EDUCATION AND COUNSELING

Provide counseling and education, including one-on-one counseling and education.

Disseminate information about hepatitis to the public.

Discuss risk reduction strategies.

Demonstrate and practice harm reduction/safer sex practices.

Hold provider trainings and forums.

2 CLINICAL INTERVENTIONS

Provide HIV, hepatitis B (HBV), and hepatitis C (HCV) testing through four agencies (33 sites).

Administer Twinrix (HAV/HBV) immunizations.

Conduct pre- and perinatal hepatitis B testing and administer immunizations.

Partner with the Rhode Island Department of Corrections to administer immunizations.

3 LONG-LASTING PROTECTIVE PUBLIC HEALTH INTERVENTIONS

Hold quarterly meetings to review reports, data analysis, testing, immunizations, and provider issues.

Oversee agency outreach by contractors (i.e., AIDS Care Ocean State, MAP Behavioral Health, The Miriam Hospital, and Comprehensive Community Action Program: Family Health Services, Inc.).

4 CHANGING THE CONTEXT—HEALTHY BEHAVIORS AS THE DEFAULT

Expand the syringe exchange process.

Expand the program's immunization component to include HPV and flu vaccines.

5 SOCIAL AND ENVIRONMENTAL DETERMINANTS OF HEALTH

Provide HIV and Viral Hepatitis sites for uninsured individuals in low-income and/or high drug use areas.

Expand the HIV Testing program to include pharmacies.

www.health.ri.gov/cfhe