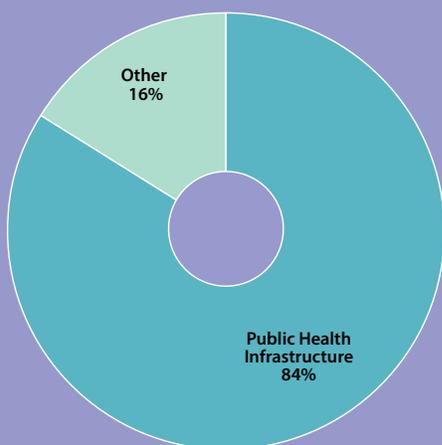


Preventive Health and Health Services Block Grant

Rhode Island

How Rhode Island Invested PHHS Block Grant Funding

Total FY 2015 Funding: \$671,641



Getting to School Safely with the Walking School Bus

Where people live, learn, work, and play can affect their overall health and their access to opportunities in life, including education. Students who miss school, for example, often tend to have poorer health compared to those who are not chronically absent. Many experience higher stress levels and lower self-confidence as they grow up. In South Providence, Rhode Island, students were absent from school twice as often as other students across the state.

The Rhode Island Department of Health (RIDOH) studied school records to understand why students were missing so much school. The department noticed that many students faced major challenges in getting to school. Children who lived close to school didn't qualify to take the school bus. Parents' work schedules and health issues sometimes prevented them from driving their children to school every day. Walking to school was unsafe because neighborhoods lacked crosswalks, crossing signals, and safe sidewalks.

In response, RIDOH used a portion of its 2014 Preventive Health and Health Services (PHHS) Block Grant funds, in collaboration with the Family Service of Rhode Island, to support the Walking School Bus pilot program. A walking school bus is a group of students walking to school with one or more adults. Adult volunteers pick students up at set locations and help them cross streets safely and avoid dangers on the road.

Family Service of Rhode Island originally started the Walking School Bus program at Fogarty Elementary School in 2012 with 35 participating students. School attendance improved as a result. Because of this success, RIDOH leveraged grant funding from another partner, Safe Routes to School, to help expand the program to four more schools in 2013–2014. About 50 students participated. The program grew to 59 students at six schools by the 2015–2016 school year.

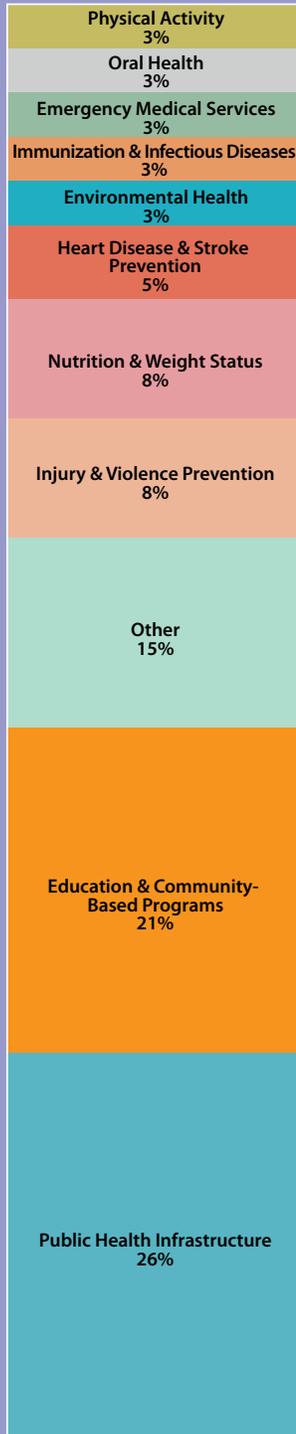
The success of the Walking School Bus program has inspired schools to participate in International Walk to School Day, a yearly event designed to promote safe walking and biking to schools. More than 20 Rhode Island schools participated in the event in 2014. RIDOH plans to expand the program to other schools, supporting school attendance, healthy activity, and more promising futures for Rhode Island's children.

PHHS Block Grant helped fund the Walking School Bus program, which provides safe walking routes to schools for Rhode Island's children.



Preventive Health and Health Services Block Grant

2015 Top-Funded Health Areas



Excludes all non-discretionary funding: administrative costs (up to 10%), direct assistance, and funds set aside for sexual violence (rape prevention).

What is the PHHS Block Grant?

The Preventive Health and Health Services (PHHS) Block Grant provides flexible federal funding to 61 states, tribes, and US territories. These grantees use the funding to meet vital public health needs within their jurisdictions that align with national priorities—the Healthy People (HP) 2020 objectives.

Block Grant Investment Across the Nation

In fiscal year 2015, the 61 grantees received about \$126 million from the PHHS Block Grant to support critical programs and services. Most funds (85%) supported HP 2020 objectives in 10 key areas: 1) Public Health Infrastructure, 2) Education and Community-Based Programs, 3) Injury and Violence Prevention, 4) Nutrition and Weight Status, 5) Heart Disease and Stroke Prevention, 6) Environmental Health, 7) Immunization and Infectious Diseases, 8) Emergency Medical Services, 9) Oral Health, and 10) Physical Activity.

Public Health Infrastructure was the most funded area (26% of total funding); 43 grantees directed funds toward public health systems assessment, health improvement planning, accreditation, quality improvement, laboratory services, and other infrastructure activities. Education and Community-Based Programs was the second-most funded area (21% of total funding); 29 grantees directed funds toward community-based primary prevention services, worksite health promotion programs, and culturally appropriate community health programs.

Grantees also directed funds toward supporting local organizations working to improve community health (27% of total funding) and reduce health disparities (23% of total funding).