

**Preventive Health and Health Services
Block Grant FY 2009
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2009

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Executive Summary

This is Rhode Island's application for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2009. 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 (DOH) 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 2009 application is based on the assumption that Block Grant funding will be at least equal to the FFY 2008 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 2009 prevention programs that are funded by the PHHSBG will be contingent upon receipt of level funding for FFY 2009.

Rhode Island's final 2008 PHHSBG award was \$458,783.

Proposed Allocation fo FY2009

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. FY2009 funding priorities are as follows:

Program	Health Objective	Funds
Cardiovascular Health	12-1	\$94,060
Worksite Wellness Program	7-5	\$83,751
Rape Prevention Program	15-35	\$25,671
Health Improvement Planning	23-12	\$69,929
Community Interventions	7-11;23-17	\$185,372

There are changes in the proposed FFY2009 budget, which address the annual increases in salary due to contractual pay scales and related fringe charges for the budgeted positions (2.77 FTE).

Note: There is an increase in funding local interventions that will address gaps in services.

State Program Title: Community Assessment, Research and Community-Based Public Health Planning

State Program Strategy:

Goal: The purpose of this project is to provide the infrastructure for local community health assessment and planning, to facilitate community-based health research and student field experiences, and to provide an infrastructure to compete successfully for contracts and grants in collaboration with RI community-based health organizations and providers.

Health Priorities: Due to a lack of local health data during 2008-2009, this initiative will position the RI Public Health Institute as a public health resource recognized by faculty, researchers, student, decision-makers, and community-based organizations to develop products and opportunities for promoting participation in community-based research, assessment and planning. Community-based organizations will be able to use environmental and health assessment data for the purposes of program planning, strategic planning and grant applications.

Primary Strategic Partners: External - Brown University Program in Public Health, Rhode Island Public Health Institute (RIPHI), John Hope Settlement House, Center for Hispanic Policy and Advocacy (CHisPA), YWCA of Northern RI, Progreso Latino, African Alliance of RI, St. Joseph Health Services of RI, Urban League of RI. Internal - Center for Health Data and Analysis, Division of Community, Family Health & Equity.

Evaluation Methodology:

The evaluation methodology involves several components. First, the RIPHI will complete focused-population, environmental and health assessment surveys in collaboration with each of the external partner community organizations. Second, these databases will become available for individual and group analysis by partner organizations and the State Agency through the RIPHI website. Third, the RIPHI will provide summaries of the data analysis, including the involvement of students and community workers in the process. Finally, the RIPHI, in collaboration with participating CBOs will provide information on reports, analyses and grant applications using the community assessment data.

National Health Objective: 23-17 Population-based prevention research

State Health Objective(s):

Between 10/2008 and 09/2009, Increase the number of community-based organizations to seven (7) using RI -developed environmental and health assessment methodologies to gather data for program and strategic planning and grant applications.

State Health Objective Status

Exceeded

State Health Objective Outcome

The RI Department of Health (HEALTH) established contracts with six community based agencies that are using the environmental and health assessments to gather local data for program, strategic planning, and grant applications.

Two additional community based agencies that HEALTH already had established contracts with are using the environmental and health assessment tools to gather local data about the built environment (environmental) and their clients lifestyle habits (health assessment).

Reasons for Success or Barriers/Challenges to Success

Due to a reduction in the fiscal staff in Management Services at HEALTH and at the Department of Administration, signing off on the six contracts was delayed by four months. This meant we were not able to get work underway until February 2009.

The additional two community based agencies that HEALTH already had established contracts with were able to use the environmental and health assessment tools starting in October 2008. Mapping of neighborhoods where the tools would be implemented to gather local data for these two agencies was completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Prevention Block Grant Coordinator met with the Executive Director of the division where the Prevention Block Grant resides to discuss the implications of a late start with these agencies. Follow up meetings were held with the Chief Financial Officer to expedite the Department of Administration signing off on the contracts.

The Prevention Block Grant Coordinator worked with the six agencies to get their signature on the contracts as soon as the contracts were ready for agency signature. Monthly meetings were established as soon as the contracts went into effect, February 1, 2009 so the work could get underway.

During this time, the Prevention Block Grant Coordinator worked with the two agencies that already had contracts in place so planning started in October 2008. Decisions made about the use of the tools were shared with the six other agencies in February 2009.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not Applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Impact Obj 1:ES4

Between 10/2008 and 09/2009, RI Public Health Institute will establish 5 memorandum of agreements with five community-based organizations to implement one (1) environmental assessment and 100 health assessments in each of the five neighborhoods.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Public Health Institute established 5 memorandum of agreements with five community-based organizations to implement one (1) environmental assessment and 100 health assessments in each of the five neighborhoods.

Reasons for Success or Barriers/Challenges to Success

It is difficult to establish memorandum of agreements when no funds are changing hands.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Rhode Island Public Health Institute resorted to informal structures, supported by regular meetings and much opportunity to shape field work and participate in analysis and dissemination of findings.

Activity 1:

Activity Impact Obj 1:ES4

Between 10/2008 and 09/2009, Expand environmental and health assessment activities to five (5) additional community-based organizations serving minority and disparate populations in other urban areas of the state.

Activity Status

Completed

Activity Outcome

By September 30, 2009, The Rhode Island Public Health Institute conducted 212 health interviews in the five neighborhoods using Neighborhood Health Check, a survey tool based on the BRFSS and adapted for personal interviews.

Reasons for Success or Barriers/Challenges to Success

Because the sampling order was randomized to the entire five-neighborhood population, the findings may be generalized at the community, rather than the neighborhood level.

Strategies to Achieve Success or Overcome Barriers/Challenges

Additional interviews are being planned for 2010. The Rhode Island Public Health Institute is working with community partners to identify potential interviewers. The Rhode Island Public Health Institute is planning to offer more training sessions so that workers can be recruited continuously.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Impact Obj 1:ES5

Between 10/2008 and 09/2009, RI Public Health Institute will conduct **one** environmental assessment on the Southside of Providence using the health check environmental assessment tool.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Public Health Institute conducted **1** environmental assessment on the Southside of Providence using the health check environmental assessment tool.

Reasons for Success or Barriers/Challenges to Success

No barriers were encountered to complete the environmental assessment on the Southside of Providence using the health check environmental assessment tool.

Strategies to Achieve Success or Overcome Barriers/Challenges

No strategies were needed since no barriers were encountered.

Activity 1:

Activity Impact Obj 1:ES5

Between 10/2008 and 09/2009, Use the health check environmental assessment tool to conduct one environmental assessment on the Southside of Providence.

Activity Status

Completed

Activity Outcome

The Rhode Island Public Health Institute conducted 212 in-home interviews, personal interviews with residents of the Southside of Providence.

Reasons for Success or Barriers/Challenges to Success

The survey sample was randomized across all five neighborhoods and is representative of a 500 block area with an estimated population of 43,000. Interviews will need to be continued in 2010 to meet the goal of 1000 completed interviews.

Strategies to Achieve Success or Overcome Barriers/Challenges

The 212 in-home interviews supplemented the Active Neighborhood Checklist work completed in the summer of 2008 by including specific questions on neighborhood supports for and barriers to physical activity and healthy eating.

Essential Service 9 – Evaluate health programs**Impact/Process Objective 1:****1 ES9 2010**

Between 10/2008 and 09/2009, RIPHI will conduct 1 one community feedback session about the results of the health check environmental scan done in the Southside of Providence.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RIPHI conducted 1 one community feedback session about the results of the health check environmental scan done in the Southside of Providence.

Reasons for Success or Barriers/Challenges to Success

It is important to be prepared to follow up on the community feedback sessions.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Rhode Island Public Health Institute and the community partners are increasing the role of community leaders in the feedback process so that policy-makers will be met by community leaders, not just agency staff.

Activity 1:**1 ES9 Activity 2010**

Between 10/2008 and 09/2009, The RIPHI will work with five community based agencies on the Southside of Providence to conduct one community feedback session about the results of the health check environmental scan done in the Southside of Providence.

Activity Status

Completed

Activity Outcome

The Rhode Island Public Health Institute conducted one community feedback session about the results of the Active Neighborhood Checklists completed on the Southside of Providence.

Two city council members and a number of community agency leaders attended the session.

Reasons for Success or Barriers/Challenges to Success

It is important to be prepared to follow up on these sessions. Increasing the role of community leaders in the feedback process is a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are increasing the role of community leaders in the feedback process so that policy-makers will be met by community leaders, not just agency staff.

The initial community feedback session concerning health interviews and environmental findings together will be presented at the New England Regional Minority Health Conference in October 2009.

Essential Service 10 – Research

Impact/Process Objective 1:

Impact Obj 1:ES10

Between 10/2008 and 09/2009, RI Public Health Institute will establish **5** student placements to assist with doing the health check environmental scan in the Southside of Providence.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Public Health Institute established **9** student placements to assist with doing the health check environmental scan in the Southside of Providence.

Reasons for Success or Barriers/Challenges to Success

The goal of community/students teams is challenging because the work is part time. It is especially hard to recruit men. Student recruitments are generally successful, but there is turnover as students complete terms.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Rhode Island Public Health Institute is working with community partners to identify potential interviewers. We are planning to offer more training sessions so that student workers can be recruited continuously.

Activity 1:

Activity Impact Obj 1:ES10

Between 10/2008 and 09/2009, Place college students in CBO-based assessment operations in order to promote learning, practice experience and research on process and uses of community assessment data.

Activity Status

Completed

Activity Outcome

Between 10/1/2008 and 9/30/2009, Rhode Island Public Health Institute established five Brown University student placements to complete Neighborhood Health Check interviews on the Southside of Providence. In addition, the Rhode Island Area Health Education Center supported two additional student interviewers, and two interviewers were recruited as part of Rhode Island Community College course work. These students worked in teams with other interviewers recruited through the community partners.

Reasons for Success or Barriers/Challenges to Success

The goal of community/student teams is challenging because the work is part time. It is especially hard to recruit men. Student recruitment are generally successful, but there is turnover as students complete terms.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Rhode Island Public Health Institute with community partners are identifying potential interviewers. More training sessions are being offered so that workers can be recruited continuously.

Activity 2:

Impact Obj 2:ES10

Between 10/2008 and 09/2009, The RI Public Health Institute will identify and train five (5) students from Brown University to help them implement one health check environmental scan on the Southside of Providence.

Activity Status

Completed

Activity Outcome

Between 10/1/2008 and 09/30/2009, the Rhode Island Public Health Institute established five Brown University student placements to complete Neighborhood Health Check interviews on the Southside of Providence. In addition, the Rhode Island Area Health Education Center supported two additional student interviewers, and two interviewers were recruited as part of Rhode Island Community College course work. These students were enrolled in six different colleges and universities in Rhode Island. The students worked in teams with other interviewers recruited through the community partners.

Reasons for Success or Barriers/Challenges to Success

The goal of community/student teams is challenging because the work is part time. It is especially hard to recruit men. Student recruitments are generally successful, but there is turnover as students complete terms.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Rhode Island Public Health Institute is working with community partners to identify potential interviewers. We are planning to offer more training sessions so that workers can be recruited continuously.

Activity 3:

Activity Impact Obj 2:ES10

Between 10/2008 and 09/2009, Extend participation in environmental/community assessment to include at least five (5) additional community-based organizations interested in building capacity for program and strategic planning and using assessment data for grant applications.

Activity Status

Completed

Activity Outcome

Between 10/1/2008 and 9/30/2009, HEALTH funded five new community-based organizations to build capacity for program and strategic planning and using assessment data for their grant applications.

Reasons for Success or Barriers/Challenges to Success

As a result of state budget issues the contracts were delayed by four months with the new five community-based organizations. This was due to fiscal delays at the state Department of Administration.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Prevention Block Grant Coordinator met with the Chief Financial Officer at HEALTH to expedite the fiscal approval process with the Department of Administration. While the contracts were delayed by four months this strategy helped to move the fiscal process along faster.

State Program Title: Community Health Promotion Programs

State Program Strategy:

Goal: The RI Department of Health will fund up to six Request for Proposals (RFPs) that address chronic diseases and environmental health issues in the six core cities (Providence, Central Falls, Pawtucket, Woonsocket, Newport and West Warwick).

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). 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.

National Health Objective: 7-11 Culturally appropriate community health promotion programs

State Health Objective(s):

Between 10/2008 and 09/2009, By February 1, 2009, HEALTH will fund up to six Requests for Proposals (RFPs) that address chronic diseases and environmental risk factors in the six core cities (Providence, Central Falls, Pawtucket, Woonsocket, Newport and West Warwick).

State Health Objective Status

Met

State Health Objective Outcome

HEALTH funded six community based agencies to address chronic diseases and environmental risk factors. The agencies include: African Alliance of Rhode Island, St. Joseph's Health Services of RI, Urban League of RI (Providence), Progreso Latino Incorporated (Central Falls), YWCA of Northern RI (Woonsocket) and the RI Public Health Institute (statewide).

Reasons for Success or Barriers/Challenges to Success

Agencies from Pawtucket, Newport and West Warwick did not respond to the Request for Proposal.

The Prevention Block Grant Advisory Committee provided insight on some of the barriers as to why these communities may not have responded. They include, the grant dollar amount available was too low, these communities are currently working on other public health agendas such as, housing, lead and asthma.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Prevention Block Grant Advisory Committee with HEALTH staff are meeting on a quarterly basis to discuss ways to leverage resources, integrate program efforts in other sections of the division where the Prevention Block Grant resides to foster better collaboration to specifically work with Pawtucket, Newport and West Warwick.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged
Not Applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Impact Objective 1:ES3

Between 10/2008 and 09/2009, RI Public Health Institute, African Alliance of RI, Progreso Latino, St. Joseph Health Services, YWCA of Northern RI, Urban League of RI in partnership with the RI Department of Health will conduct 3 community feedback sessions on the results of the health check environmental scans.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Public Health Institute, African Alliance of RI, Progreso Latino, St. Joseph Health Services, YWCA of Northern RI, Urban League of RI in partnership with the RI Department of Health conducted 1 community feedback sessions on the results of the health check environmental scans.

Reasons for Success or Barriers/Challenges to Success

Barriers: The RI Public Health Institute held one community feedback session. This session was held with program staff from CHisPA (Center for Hispanic Policy Advocacy), John Hope Settlement House, St. Joseph's Health Services of RI and nine community members. The session was held in December 2008.

It took longer to develop the environmental tool than we originally projected. Once the environmental tool was identified we had to make it workable for the environment we worked in. A lot of effort was made to work with the community groups including community organizations and HEALTH staff from different parts of the department to get everyone on the same page and reach consensus on the final tool. It also took longer to establish an agreed upon community feedback process.

Challenges to Success: We had to establish a planning team to develop the process, identify facilitators to conduct the feedback session and to identify people from the community to participate in the community feedback session. One challenge that we were able to overcome was that we had an interpreter at the community feedback session who spoke Spanish. This need came up as a result of working with community partners who were familiar with the neighborhoods where the environmental scan data was collected.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategies to Overcome Barriers/Challenges:

Working with our community partners were able to identify the agencies and neighborhood people who live in the neighborhoods where the environmental data was collected to participate in the planning and implementation of the community feedback session. This also enabled us to work effectively together in planning future data collection efforts at the neighborhood level. For example, we are recruiting people from the neighborhood to work part-time on the environmental data collection. We better understand perceptions that people have about the neighborhood, that the people who live in the neighborhood want to hear about the assets in the neighborhood not just the negative aspects. The environmental data results need to be available in Spanish.

The community based agencies and three community residents from the neighborhoods where the data is being collected continue to work on developing and implementing two other community feedback sessions. This will be reported on in the next Annual Report.

Activity 1:

Activity Objective 1:ES3

Between 10/2008 and 09/2009, By August 31, 2009, HEALTH will work with the six funded agencies to develop one culturally and linguistically appropriate community feedback session tools to share the results of the health check environmental scans.

By August 31, 2009, funded agencies will conduct a community forum to determine the target audiences' awareness about risk factors, prevention, detection and control, and treatment services available in the community pertaining to chronic diseases and environmental concerns as addressed in their work plans.

By April 30, 2009, HEALTH will meet with staff of the funded agencies to identify community spokespeople from the neighborhoods to help increase awareness about the environmental scan results.

Activity Status

Completed

Activity Outcome

In December 2008, the six funded agencies developed a culturally and linguistically appropriate feedback session tool.

In July 2009, the funded agencies conducted a community forum to assess the target audiences awareness about risk factors, prevention issues, detection and control techniques, and treatment services available in their respective communities about chronic diseases and environmental concerns.

In May 2009, HEALTH met with the staff of the funded agencies to identify three community spokespeople. The funded agencies worked together to plan the community forums. This process took longer than projected. The funded agencies held community forums in their respective neighborhoods to determine what the community knew about risk factors, prevention, detection and control and treatment services that are available to community members for quitting smoking, diabetes, high blood pressure and other health issues. As a result of these forums referral forms were developed.

Reasons for Success or Barriers/Challenges to Success

Getting consensus on the community feedback tools took more time and meetings than was originally projected. Working with a variety of community groups and residents to plan the community feedback sessions was sometimes difficult and time intensive. Group members were from different backgrounds and had different ideas about the best way to conduct the community feedback sessions.

Literacy levels, life experiences and backgrounds made it difficult at times to reach group consensus. It also took more meetings to reach group consensus. Different language and cultural issues were raised by the group. Consistent participation from all members at each meeting was a problem. Having different levels of participation and playing catch up with members who did not attend regularly slowed down the process.

Identifying community spokespeople was not a barrier, however, it was a challenge to get three spokespeople trained about the results of the environmental scans due to different work schedules of the spokespeople and the staff conducting the training.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Prevention Block Grant Coordinator worked with the agencies individually and as a group. She also had a Community Organizer work with the group on several occasions to help with literacy and cultural issues raised by the group. Group members helped with the community assessment forum. Getting feedback directly from people in the neighborhood where the environmental data was collected gave everyone a clearer perspective and enhanced the process going forward. Consistent participation continues to be a challenge. However, having consistent meeting times once a month has helped.

Three trainings were held for the three spokespeople. Two were held during evening hours 6:00 to 8:00 pm to accommodate spokespeople who could not attend the day time training. After the community forum, the spokespeople volunteered to be presenters at the New England Regional Minority Health Conference that was held in October 2009 in Providence, RI. Since this is a different grant period, it will be reported on at a later date.

Three agencies developed referral forms that contain information about risk factors (smoking), prevention messages (maintaining a healthy weight), detection and control (blood pressure), self-management of diseases (diabetes), and treatment services available in their respective communities. These referral forms were distributed by the three agencies to the clients they serve. One agency provided the referral form in Spanish.

Activity 2:

Impact Objective 2:ES3

Between 10/2008 and 09/2009, By May 31, 2009, HEALTH will offer a mechanism for funded agencies to share strategies that have been pilot tested and resources created to address diseases and conditions including building healthy communities.

By May 31, 2009, HEALTH will hold a forum with the six funded agencies to discuss how they are addressing environment and risk reduction factors associated with the community served by the funded agency, and the resources available to address the identified health problems. Cultural values, norms, traditions, beliefs and lifestyles of community members that affect their views on health, illness, and wellness will also be shared by the funded agencies. This forum will provide an opportunity to exchange ideas and strengthen work being done in the field.

Activity Status

Completed

Activity Outcome

In February 2009, the Prevention Block Grant Coordinator established monthly meetings and sends meeting notes after each meeting. Individual meetings are set up with group members who need additional guidance.

In April 2009, the Prevention Block Grant Coordinator set up a forum with the six funded agencies, other department of health program staff, and the New York Public Health Institute Executive Director who was conducting a site visit with the Rhode Island Public Health Institute.

Reasons for Success or Barriers/Challenges to Success

The group needed a framework to follow to get the group going in the same direction. This was a challenge in the beginning. Another challenge was helping the project officers from the agencies understand the scope of work and the approach we would use to get work done.

Organizing the group, identifying skilled staff to help facilitate meetings, and setting up mechanisms to share ideas and field experiences was also a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

The group members decided it would be helpful if the group met monthly and rotated the meetings in each others communities so we would all become familiar with the neighborhoods they work in and the clients they serve. The Prevention Block Grant Coordinator emails meeting notes after each meeting to keep the group well informed.

The Prevention Block Grant Coordinator provided information and tools from a variety of sources such as, the Robert Wood Johnson, Commission to Build a Healthier America, Policy Link, the Prevention Institute, Convergence Partnership, ASTHO, NACCHO, HRSA, and CDC. This helped the group reach consensus on the framework and identified other resources and tools the group could use to advance their work.

During monthly meetings, group members share barriers, challenges and solutions that are pertinent to building healthier communities in their respective neighborhoods. The Prevention Block Grant Coordinator invited three guest speakers during this reporting period who worked with the group to help them address issues and concerns related to their field experiences.

Activity 3:

Impact Objective 3:ES3

Between 10/2008 and 09/2009, By September 30, 2009, HEALTH in partnership with the lead agency, RI Public Health Institute will compile and disseminate results from the six funded projects to all stakeholders.

1. By July 1, 2009, the six funded agencies will develop a community needs assessment report based on the assessments conducted to date. The report will document the methods of outreach in order to identify racial and ethnic minority populations who are in need of health education, information, risk reduction activities and access to care. Include outreach efforts such as use of print and radio media, door-to-door interviews, direct mailings, posting of materials and other methods for reaching groups of people to inform them of the programs and activities being offered.

2. By August 1, 2009, the six funded agencies will develop a final report to HEALTH that provides details on how they focused their community education; describes community members enrolled in the programs, their health conditions and health behaviors; identifies community resources related to conditions for which populations experience a disproportionate burden; and recommends polices or plans that address behavioral or environmental changes in the communities they serve.

3. By September 1, 2009, HEALTH in partnership with the lead agency, RI Public Health Institute will identify common themes and critical issues identified in the funded agencies' reports in order to prepare a summary document that will serve as a companion to the results gathered from the community needs assessments and health interviews completed. The summary document will be available on the HEALTH website and

distributed to community partners. Both the summary document and the funded agencies' individual results will be shared with the Block Grant Advisory Committee.

4. By September 15, 2009, HEALTH will meet with the Block Grant Advisory Committee to share results of the community interventions, discuss overall impact the six funded agencies have made, and discuss next steps.

5. By September 30, 2009, HEALTH will publish and disseminate the final reports of the six funded agencies to community partners, Centers for Disease Control and Prevention, Prevention Block Grant Advisory Committee, and others as appropriate.

Activity Status

Completed

Activity Outcome

In August 2009, the six agencies produced a summary report that identified the ways each agency conducted outreach efforts in their respective neighborhoods.

By September 2009, the six agencies in their monthly reports detailed community education events they had offered to their clientele, four of the six agencies provided enrollment information about programs they offered and health conditions and health behaviors were outlined.

In September 2009, the Rhode Island Public Health Institute prepared a power point presentation with preliminary findings from completed community needs assessments and door to door interviews. This information was emailed to each of the agency and distributed to the Block Grant Advisory Committee.

In September 2009, all six agencies presented updates to the Prevention Block Grant Advisory Committee about the work they had completed to date.

In September 2009, HEALTH disseminated an executive summary report to the six agencies, Block Grant Advisory Committee, several programs within the Department of Health, and included this information in the 2010 Prevention Block Grant Application.

Reasons for Success or Barriers/Challenges to Success

The greatest barrier was moving these agencies from education and awareness activities to do local assessments, data gathering and community program planning and policy development.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Rhode Island Public Health Institute took the lead with the five agencies to develop assessment tools that would be used in the field to gather local data about their respective neighborhoods. Training sessions were held, community residents and Brown University students were recruited to work with the agencies on the community assessments and door to door interviews.

Monthly meetings were held to guide the work and brainstorm solutions for issues that came up in the field. The Prevention Block Grant Coordinator worked closely with the agencies to help them with the process and share resources to help them in their community planning and policy development work.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:**Impact Objective 1:ES4**

Between 10/2008 and 09/2009, RI Department of Health will establish 1 Request for proposal to fund six agencies to address chronic diseases and environmental risk factors that impact health status in their respective communities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Department of Health established 1 Request for proposal to fund six agencies to address chronic diseases and environmental risk factors that impact health status in their respective communities.

Reasons for Success or Barriers/Challenges to Success

There was a reduction in fiscal staff at the Department of Health and Department of Administration. This caused a four month delay in the contract approvals.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Prevention Block Grant Coordinator worked with the Chief Financial Officer to help expedite the approval process. While it still took four months to get the final approval on the contracts this strategy did help move the process along a little bit faster.

Activity 1:**Activity Impact Objective 1:ES4**

Between 10/2008 and 09/2009, By October 1, 2008, draft a Request for Proposal that the Prevention Block Grant Advisory Committee will provide guidance on and develop specific prerequisites that applicants must demonstrate when responding to the RFP, including targeting uninsured and low-income minorities in the six core cities of RI (Providence, Central Falls, Pawtucket, Woonsocket, Newport and West Warwick).

By October 15, 2008, publish a Request for Proposal to fund up to six agencies in the core cities to address chronic diseases and environmental risk factors that impact health status with a special focus on reducing and eliminating health disparities.

By November 15, 2008, select and notify the six funded agencies.

By January 1, 2009, establish up to six funded contracts with grassroots associations, faith-based groups, local health service agencies, governmental and non-governmental health agencies and community-based agencies that address chronic diseases and environmental health issues that impact health care disparities. This may include developing health information and implementing health education and risk reduction activities that improve the quality of life and eliminate health disparities for Rhode Island's racial and ethnic populations.

By September 30, 2009, HEALTH in partnership with the funded agencies will determine: 1. Number of community needs assessment conducted, 2. Environmental risks, 3. Community assets, 4. Burden of chronic diseases, 5. Detailed information about promoters and barriers to lifestyle changes of clients, 6. Behaviors associated with achievement and maintenance of targeted health goals, and 7. Resources needed for future success that improve the quality of life and eliminate health disparities.

Activity Status

Partially Completed

Activity Outcome

By October 2008, HEALTH prepared a draft request for proposal and emailed it to the Prevention Block Grant Advisory Committee.

By October 2008, HEALTH published a request for proposal to fund six agencies in the core cities to address chronic diseases and environmental risk factors that impact health status with a focus on reducing and eliminating health disparities.

In November 2008, HEALTH notified the selected six agencies and worked with them to develop specific budgets, budget narratives and to establish contracts.

By February 2009, HEALTH had established six approved contracts with the selected agencies. The contracts included specific language about addressing health disparities and activities that will improve the quality of life for the clients each agency serves in their respective communities.

By September 2009, HEALTH and the funded agencies recognized that more ongoing work is needed to complete the community needs assessment work, to identify environmental risks, community assets, the burden of chronic diseases, promoters and barriers in the neighborhoods, behaviors of people who live in the neighborhoods and resources needed to be successful in improving the quality of life and eliminating health disparities.

Reasons for Success or Barriers/Challenges to Success

Due to a four month delay in getting the six agencies contracts approved, work was delayed for this period of time. This caused a slow start to getting the project off the ground. This led to some activities only being partially met during this grant period.

Strategies to Achieve Success or Overcome Barriers/Challenges

The initial formal meeting with the six agencies focused on the scope of work to be done, reviewing monthly reports and billing forms and discussing the reason why the delays occurred. This helped to clarify concerns and issues that the group wanted to discuss.

The group also established a monthly meeting schedule with the Prevention Block Grant Coordinator and this helped bring some organization and process to how we would be working together going forward.

HEALTH and the funded agencies continue to work together to complete the community needs assessment work, to identify environmental risks, community assets, the burden of chronic diseases, promoters and barriers in the neighborhoods, identify behaviors of people who live in the neighborhoods and resources needed to be successful in community program planning and policy changes that will improve the quality of life and eliminate health disparities for people living in the neighborhoods they serve.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Impact Objective 1:ES7

Between 10/2008 and 09/2009, RI Public Health Institute, African Alliance of RI, YWCA of Northern RI, Progreso Latino, St. Joseph Health Services and the Urban League of RI will conduct 1 health information, health education and risk reduction activity in their respective service areas about issues pertaining to quality of life and eliminating health disparities for Rhode Island's racial and ethnic populations.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Public Health Institute, African Alliance of RI, YWCA of Northern RI, Progreso Latino, St. Joseph Health Services and the Urban League of RI conducted 1 health information, health education and risk reduction activity in their respective service areas about issues pertaining to quality of life and eliminating health disparities for Rhode Island's racial and ethnic populations.

Reasons for Success or Barriers/Challenges to Success

There were no barriers/challenges for these agencies to provide one health event for their service area during this reporting period.

Strategies to Achieve Success or Overcome Barriers/Challenges

While there were no barriers for these agencies to meet this objective, discussion post the health events in a group setting helped them share ideas, information with lessons learned with each other and this will likely enhance future health events.

Activity 1:**Activity Impact Objective 1:ES7**

Between 10/2008 and 09/2009, By March 31, 2009, develop and disseminate health information, health education and risk reduction activities that improve the quality of life and eliminate health disparities by linking people to appropriate services for Rhode Island's racial and ethnic populations.

Activity Status

Completed

Activity Outcome

April is Minority Health Month, the funded agencies disseminated health information and signed clients up to participate in community health programs that they offer, minority health fact sheets that highlight health disparities for specific populations were distributed to the community.

Reasons for Success or Barriers/Challenges to Success

There were no barriers/challenges to success for the agencies to meet this objective.

Strategies to Achieve Success or Overcome Barriers/Challenges

While there were no barriers to meeting this objective, two of the six agencies do not offer direct services to their clientele, so they were able to link their clientele to program services that the other four agencies do offer.

State Program Title: CVD:Heart & Soul Project

State Program Strategy:

Goal: To create and sustain heart healthy and stroke free communities in the context of creating opportunities for healthy lives for African-Americans and other low income residents living in two low income neighborhoods.

Health Priorities: In Rhode Island, a higher percentage of Black non-Hispanic adults (33.5%) have ever been told by a health provider that they have high blood pressure than either White non-Hispanics (23.9%) or Hispanics (23.6%). Mortality rates due to major cardiovascular disease are also higher for RI Blacks (334.7/100,000) than for Whites (301/100,000) or All Others (218.6/100,000). Death rates for Blacks are also higher than the other race/ethnic groups for each of the major components of cardiovascular diseases (e.g. diseases of the heart, stroke, ischemic heart disease and cerebrovascular disease) with the exception of "all other diseases of the heart" where rates for Whites and Blacks are the same.

Primary Strategic Partners: The Division of Community, Family Health & Equity, Office of Minority Health, Heart Disease and Stroke Program, (internal partners) and two community-based agencies in Providence, John Hope Settlement House (JHSH) and the Chad Brown Health Center, (CBHC) that provide health and wellness services to the African-American/Black and low income population.

Evaluation Methodology: JHSH and CBHC will report on their respective cardiovascular interventions to be implemented with 100 African-Americans (self-identified as Black/African-American) and 100 low-income residents that live in the two targeted neighborhoods. The report will include the total number of screenings conducted, high blood pressure screenings, high blood cholesterol screenings, referrals made for treatment of high blood pressure and high blood cholesterol. In addition, healthcare staff of both sites will provide detailed information about behavioral patterns of clients, behaviors associated with achievement and maintenance of target blood pressure and cholesterol goals. Barriers and resources needed to help create and sustain heart healthy and stroke free communities will be provided by the program manager of each site through a community needs assessment and health interview survey to be administered to the participants enrolled in the intervention at each of the two sites.

National Health Objective: 12-1 Coronary Heart Disease

State Health Objective(s):

Between 10/2008 and 09/2009, Between 10/2007 and 09/2009, conduct follow-up screening and referral services to at least 200 African-American/Black and low-income clients of the John Hope Settlement House and Chad Brown Health Center to reduce and eliminate health disparities in cardiovascular diseases.

State Health Objective Status

Met

State Health Objective Outcome

Chad Brown Health Center and John Hope Settlement House combined provided follow-up screening and referral services to more than 200 African-American and low income clients as it relates to cardiovascular diseases. |

Reasons for Success or Barriers/Challenges to Success

The contact information that the agencies had on file for the clients they enrolled in their programs often changed or was no longer valid. This made it difficult to reach the clients enrolled in their programs.

Strategies to Achieve Success or Overcome Barriers/Challenges

When clients were not able to be reached by phone or mail after several attempts, the staff of the agencies would enroll new clients into the program on an ongoing basis. This enabled them to reach the 200 African-American and low income clients that was part of their contract deliverable with HEALTH.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not Applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 2 – Diagnose and Investigate

Impact/Process Objective 1:

Desired Impact Objective 1:ES2

Between 10/2008 and 09/2009, John Hope Settlement House and Chad Brown Health Center will conduct **200** follow up screening and referral services to at least 100 African American/Black and 100 low-income clients of pilot study participants enrolled in 2007 who were previously screened for high blood pressure/high blood cholesterol and referred to treatment services.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, John Hope Settlement House and Chad Brown Health Center conducted **200** follow up screening and referral services to at least 100 African American/Black and 100 low-income clients of pilot study participants enrolled in 2007 who were previously screened for high blood pressure/high blood cholesterol and referred to treatment services.

Reasons for Success or Barriers/Challenges to Success

Clients enrolled in the John Hope Settlement House and Chad Brown Health Center had challenges in reaching the clients due to people's contact information changing, people moving, and in some cases refusing to follow up on treatment services.

Strategies to Achieve Success or Overcome Barriers/Challenges

Both agencies held several community health events and offered food, activities and day care services to encourage clients to follow up on their screenings. They also created a flyer that was given to the Family Van from Rhode Island Hospital that went to these neighborhoods to try to further reach the clients who may have moved to a new location in the neighborhood.

Referral forms to treatment services were translated into Spanish. These referral forms were distributed by mail, door to door and posted in the agency facilities.

Activity 1:

Annual Activity/Impact Obj 1: ES2

Between 10/2008 and 09/2009, Meet with healthcare staff of John Hope Settlement House and Chad Brown Health center to discuss:

1. Number of screenings conducted;
2. Number of high blood pressure screenings done;
3. Number of high blood cholesterol screenings done;
4. Number of referrals made for treatment of high blood pressure; and
5. Number of referrals made for treatment of high blood cholesterol.

By February 1, 2009, HEALTH will meet with healthcare staff of both sites to obtain: 1. Detailed information about behavioral patterns of clients, 2. Behaviors associated with achievement and maintenance of target blood pressure and cholesterol goals, 3. Barriers and resources need for future endeavors.

Activity Status

Completed

Activity Outcome

HEALTH met with the healthcare staff and others staff from John Hope Settlement House and Chad Brown Health Center working on this project. We established goals and discussed a variety of approaches to accomplish this work.

Reasons for Success or Barriers/Challenges to Success

Chad Brown Health Center provides direct healthcare services to its clients so they did a record review of the clients that met the criteria of being African American and/or low income status to identify people they would reach out and ask them to enroll in this effort. This process took longer than expected.

John Hope Settlement House had to develop three community health events to reach the target audience goal. The barriers encountered included extra effort to reach the target groups, making day care services available during the screening events..

Maintaining current contact information of the enrolled participants continued to be an ongoing problem for both agencies throughout the project.

Strategies to Achieve Success or Overcome Barriers/Challenges

Chad Brown Health Center had to hire a part-time staff person to do the record review process so their budget was revised to accommodate this need.

John Hope Settlement House had to offer more community health events than was originally planned in order to enroll enough people to reach the number of people they needed to enroll in the program. Day care services were provided during the evening community health events so people would be able to participate in the program. New people were recruited into the programs so the agency would reach the number of people defined in the contract with HEALTH.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Impact Objective 1: ES3

Between 10/2008 and 09/2009, John Hope Settlement House and Chad Brown Health Center will conduct **1** post-test of the cardiovascular campaign developed in the previous grant year.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, John Hope Settlement House and Chad Brown Health Center conducted **3** post-test of the cardiovascular campaign developed in the previous grant year.

Reasons for Success or Barriers/Challenges to Success

Identifying an appropriate focus group facilitator and scheduling the post-test focus groups required additional planning meetings.

Strategies to Achieve Success or Overcome Barriers/Challenges

More planning meetings were held to set up the post-test focus group sessions. The planning group decided to hire an African-American woman for the women group to conduct the post-test focus group at John Hope Settlement House since the majority of the women participants were African-American. .

Activity 1:**Impact Objective 1:ES3**

Between 10/2008 and 09/2009, **Annual Activities:**

Recruit Post-Test Participants

By November 30, 2008, HEALTH will collaborate with healthcare staff at John Hope Settlement House and Chad Brown Health Center to recruit 20 participants from each site to participate in post focus group sessions. Administer focus groups with 10 people in each group at the two sites for a total of four focus groups. Write up results of the four focus groups. Distribute results of the focus groups to appropriate agencies.

Conduct Post-Test of Cardiovascular Campaign

By December 31, 2008, HEALTH will conduct post-test of cardiovascular campaign done in previous grant year. Determine if clients made healthier lifestyle choices and learned how and where to seek treatment, if needed.

Activity Status

Completed

Activity Outcome

In March 2009, HEALTH worked with John Hope Settlement House and Chad Brown Health Center to set up three focus groups sessions. Chad Brown recruited 10 female participants. John Hope Settlement House recruited 10 female and 8 male participants.

In April 2009, the focus group facilitators developed a written report about the focus group results. This report was distributed to the agencies and appropriate HEALTH staff.

In June 2009, HEALTH conducted a post-test of the cardiovascular campaign with the program participants who enrolled in the programs at both agencies. Clients identified an increased knowledge and awareness about healthier lifestyle choices and where they could go to seek treatment.

Reasons for Success or Barriers/Challenges to Success

The greatest challenge was recruiting the focus group participants.

John Hope Settlement House wanted an African-American facilitator to conduct the female focus group session since most of the women were African-American and this was not factored into the original plan.

When recruiting focus group participants several requested daycare services since the focus group sessions would be held during evening hours, this created a challenge to success since it was not anticipated during the initial planning phase.

Strategies to Achieve Success or Overcome Barriers/Challenges

Most people work during the daytime hours so telephone outreach had to be scheduled during evening hours. Direct mailings and posting flyers in a visible location at both agencies was also done. Telephone outreach was the most effective way to reach potential participants.

The Prevention Block Grant Coordinator made contact with an African-American focus group facilitator at Brown University who she had worked with on other public health projects and hired her to do the female focus group session at John Hope Settlement House.

John Hope Settlement House runs a daytime daycare center so they were able to provide daycare services during the evening hour session. Chad Brown Health Center did not provide daycare services but had a play area in the same room that the focus group session was held. Most of the participants were able to find daycare with the exception of two people.

Since focus group participants were paid for their time to participate in the focus group and they had a better idea of what was involved, when we conducted the post focus group test it was easier to recruit participants.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

Impact Objective 2:ES5

Between 10/2008 and 09/2009, John Hope Settlement House, Chad Brown Health Center, RI Public Health Institute, RI Department of Health will develop **1** community needs assessment tool and health interview survey to be used with clients of John Hope Settlement House and Chad Brown Health Center.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, John Hope Settlement House, Chad Brown Health Center, RI Public Health Institute, RI Department of Health developed **1** community needs assessment tool and health interview survey to be used with clients of John Hope Settlement House and Chad Brown Health Center.

Reasons for Success or Barriers/Challenges to Success

It took longer to reach group consensus on the community needs assessment tool and health interview survey. The lead agency, Rhode Island Public Health Institute wanted to be sure that the tools could withstand validity test so it could be used in other related efforts.

John Hope Settlement House and Chad Brown Health Center wanted to ensure that the individuals who participated in the surveying, that their identity would be kept confidential.

Strategies to Achieve Success or Overcome Barriers/Challenges

All agencies worked cooperatively with each other and issues were openly discussed. While it took longer to reach group consensus, the end result was that we had effective surveying tools that met the needs of the group and ultimately the community.

Confidentiality forms were created and will be required of the surveyors during the surveying process. All results of the surveying will be in aggregate form only to protect individual identity.

Activity 1:

Annual Activity for Impact Objective 2: ES5

Between 10/2008 and 09/2009, By May 31, 2009, a community needs assessment tool and health interview survey will be developed with input from JHSH and CBHC staff (and pilot project participants) involved in the "Heart & Soul Project". These tools will be based on the following components:

1. By December 31, 2008, a draft community needs assessment tool will be designed for each community. The tool will include clearly defined project questions keeping them focused and problem-oriented. Resource constraints will be considered in the choice of questions and establishment of goals. For example, the assessment will evaluate needs and assets in both communities to examine whether preventive and medical services in the community are adequate or lacking. Cultural and ethnic norms, values, and practices will be incorporated into the design.
2. By January 31, 2009, the community assessment tool and health interview will be pilot tested.
3. By March 31, 2009, based on the results of the pilot the community assessment tool and health interview survey will be adjusted.
4. By May 31, 2009, HEALTH, JHSH, CBHC will work with the RI Public Health Institute to administer the community assessment tool and health interview survey in both communities. Results of the community assessment and health interviews will inform the policy and environmental planning to create and sustain heart-healthy and stroke-free communities in the context of creating opportunities for healthy lives for community residents.

Activity Status

Completed

Activity Outcome

In December 2008, the Rhode Island Public Health Institute presented draft environmental and health interview survey tools to John Hope Settlement House and Chad Brown Health Center staff. Agencies provided input on the tools.

Reasons for Success or Barriers/Challenges to Success

Questions were raised about the the environmental/community assessment tool because people wanted to be sure that the assets in the community would be documented and not just the negative conditions.

Safety concerns were discussed, particularly in the Chad Brown Health Center neighborhood which is located in one of the oldest housing sections in Providence and the crime rate in that community is high.

Strategies to Achieve Success or Overcome Barriers/Challenges

The community needs assessment and interview survey tools were developed and pilot tested in the Southside of Providence. Questions were added to document assets in the community such as, renovated housing, economic investments so people could work in their neighborhood and access to public transportation.

The length of the interview survey needed to be adjusted since it took approximately 50 minutes to complete the interview. The group recommended that it not be longer than 30 minutes, if at all possible. Confidentiality forms were also included to assure the participants that their identity would not be disclosed.

To address safety issues, the group recommended that two people at all times work together and a field supervisor be available to triage any issues or concerns that may come up.

Activity 2:

Annual Activity Objective 1: ES5

Between 10/2008 and 09/2009, By September 30, 2009, John Hope Settlement House and Chad Brown Health Center will propose local policies/plans to create and sustain heart-healthy and stroke-free communities in the context of creating opportunities for healthy lives for community residents.

By July 31, 2009, pilot study participants, health care professionals and other community members living in the vicinity of John Hope Settlement House and Chad Brown Health Center will be informed of the results of the community needs assessment and health interviews conducted.

By September 1, 2009, based on these results community members will recommend policies and/or environmental changes that support the priorities identified in the community needs assessments and health interviews conducted. Action Plans will be developed through the identification of both barriers and promoters related to the shared risk factors of high blood cholesterol, poor nutrition, tobacco use, physical inactivity and high blood pressure.

By September 1, 2009, HEALTH will print the Action Plan for each community and distribute it to all stakeholders.

Activity Status

Partially Completed

Activity Outcome

In September 2009, John Hope Settlement was working on the establishment of a Wellness Center for community members. Several classes were held to provide education and information about living a heart healthy lifestyle.

In September 2009, Chad Brown Health Center established a partnership with the University of Rhode Island, Food Cooperative Center to offer nutrition and heart healthy cooking classes to community residents.

In September 2009, John Hope Settlement House offered a community forum to share the environmental assessment results that were completed on the Southside of Providence.

Action Plans were not completed by the agencies and did not get printed and distributed during this grant period.

Reasons for Success or Barriers/Challenges to Success

The concept for a Wellness Center at John Hope Settlement House was well received by staff and community residents, however, funding was not available to get it off the ground. While classes were well attended, this did not meet the policy goal criteria for sustaining heart healthy living.

The Executive Director/Physician at Chad Brown Health Center relocated to Africa to do a one-year public service mission with her family in July 2009. The staff remaining on this project did not want to do the environmental assessment or interviews since they felt they would only be able to meet the healthcare

needs of the residents and wanted to continue to do education and outreach about heart healthy living until she returned.

Strategies to Achieve Success or Overcome Barriers/Challenges

John Hope Settlement House would be funded by HEALTH's Heart Disease and Stroke Prevention Program in the future to continue the work that had been started with Prevention Block Grant funding. John Hope Settlement House collaborates with agencies on the Southside of Providence and future Prevention Block Grant funding would support these agencies to continue and expand on this pilot project. Environmental and policy changes that support healthy living will be the focus of this future initiative.

Chad Brown Health Center completed the pilot project to enroll 100 African-Americans and 100 low-income people into the cardiovascular project. Since the agency did not want to participate in the next phase of the project and conduct environmental assessments and interviews, HEALTH was satisfied with their decision and would not provide funds to them for this scope of work.

State Program Title: Health Improvement Planning

State Program Strategy:

Goal: Develop and implement a health improvement plan that is used to inform policies and define actions that promote health and eliminate health disparities.

Health Priorities: The Health Improvement Planning seeks to eliminate the disparity in risk factor and health status between minorities and non-minorities, as well as lower the overall risk for all Rhode Island residents. Minority populations comprise approximately 20% of the state population and includes African Americans (6.3%), Native Americans (0.9%), Hispanic Americans (10.9%), and Asian Americans (2.9%).

Inequality in health status, disease incidence, disease prevalence, morbidity, or mortality rates between populations as impacted by access to services, quality of services, health behaviors, and environmental exposures.

Disparately affected populations may be described by: Race and Ethnicity, Age, Disability Status, Educational Status, Gender, Income, Insurance Status and Sexual Orientation.

National Health Objective: 23-12 Health improvement plans

State Health Objective(s):

Between 10/2008 and 09/2009, By 2010, develop and implement a health improvement plan that is used to inform policies and define actions that promote health and eliminate health disparities.

State Health Objective Status

Partially Met

State Health Objective Outcome

Several of the desired outcomes could not be reached during this reporting period due to staffing shortages.

-Impact Obj 1:ES1

-Impact Obj 1:ES3

Partially Met

- Impact Obj 2: ES3

Other areas were fully met.

-Impact Obj 1:ES4

Reasons for Success or Barriers/Challenges to Success

Program staff that was anticipated to direct these efforts could not be hired due to statewide hiring freeze. Lack of dedicated staff support to these initiatives slowed progress.

Strategies to Achieve Success or Overcome Barriers/Challenges

Hire needed staff to met remaining stated deliverables. Redistribute duties of additional staff if needed to achieve state health objective outcomes.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not Applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Impact Obj 1:ES1

Between 10/2008 and 09/2009, Rhode Island Department of Health will review 27 RI health objectives by race and ethnicity and select population groups (i.e., age group, gender, income level, education level and disability status) in preparation of final 2010 report on health disparities that may exist among these segments of the Rhode Island population.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Like other states, Rhode Island is experiencing a severe budget deficit. Consequently, the state of Rhode Island imposed a hiring freeze across state government throughout this reporting timeframe. Although the position was approved and posted, the hiring freeze resulted in the program being unable to complete the hiring process. As a result, the activities for Objective 1 have not been completed.

Strategies to Achieve Success or Overcome Barriers/Challenges

As of this report we are in the process of filling the position. The program expects to hire staff by early March 2010. In the event that the position goes unfilled beyond the first quarter of 2010, the Team Lead for Health Disparities and Access to Care will redistribute her responsibilities in order to personally oversee the completion of these activities.

Activity 1:

Activity Impact Obj:ES1

Between 10/2008 and 09/2009, By September 30, 2009, finalize the process for creating and distributing the 2010 final report.

By September 30, 2009, Healthy RI 2010, with the Center for Health Data and Analysis will to the extent possible, update the progress of each of the 27 objectives by race and ethnicity.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Like other states, Rhode Island is experiencing a severe budget deficit. Consequently, the state of Rhode Island imposed a hiring freeze across state government. Although the position was approved and posted, the hiring freeze resulted in the program being unable to complete the hiring process. As a result, the activities for this objective have not been completed. The program does expect the position to be filled in Early March 2010.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff is in the process of being hired to coordinated this objective. In the event that the position goes unfilled beyond the first quarter of 2010, the Team Lead for Health Disparities and Access to Care will redistribute her responsibilities in order to personally oversee the completion of these activities.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Impact Obj 1:ES3

Between 10/2008 and 09/2009, RI Department of Health will publish 1 final report on the achievement of the Healthy Rhode Island 2010 objectives.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

This objective as listed was not started during this reporting period. The actual objective should read as follows:

Impact Obj 1:ES3

Between 10/2008 and 09/2009, RI Department of Health will update public materials utilizing the data collected from Objective 1 in order to inform community members of the status of each of the 27 Rhode Island Health Objectives.

The status of the final published report will be reported in a different reporting period.

Strategies to Achieve Success or Overcome Barriers/Challenges

Existing health promotion and resource materials related to the Rhode Island health objectives that have an identified need for public distribution have been identified. Project staff being hired will coordinate this objective.

Activity 1:

Activity Impact Obj 1:ES3

Between 10/2008 and 09/2009, By August 31, 2009, Healthy Rhode Island 2010 will print and post on its website low literacy and culturally appropriate materials that summarize the updated measures for selected Rhode Island health objectives.

By September 30, 2009, Healthy Rhode Island 2010 will translate, print and post on its website the materials developed that summarize the updated measures for selected 27 Rhode Island health objectives as described in activity step 1.

By September 30, 2009, promote the use of these documents as an informational resource for community partners, minority-serving community based organizations, media, policy makers and individual members of the public.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Staffing vacancies during this reporting period.

Strategies to Achieve Success or Overcome Barriers/Challenges

As noted previously, as a result of the staff vacancy, these activities have not been conducted. In the event that the position goes unfilled beyond the first quarter of 2010, the Team Lead for Health Disparities and Access to Care will redistribute her responsibilities in order to personally oversee the completion of these activities.

Impact/Process Objective 2:

Impact Obj 2:ES 3

Between 10/2008 and 09/2009, Rhode Island Department of Health will publish 2 sets of educational materials developed for the Healthy Rhode Island 2010 objectives into Spanish and Portuguese.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Rhode Island Department of Health published 0 sets of educational materials developed for the Healthy Rhode Island 2010 objectives into Spanish and Portuguese.

Reasons for Success or Barriers/Challenges to Success

This activity has been slowed due to staffing shortages. Emerging issues such as deployment of communications staff to respond to the H1N1 emergency have also severely delayed translation of materials and web postings across the department.

Strategies to Achieve Success or Overcome Barriers/Challenges

Existing health promotion and resource materials related to the Rhode Island health objectives that have an identified need for public distribution have been identified. HEALTH is still working to achieve its goal of having at least 20% of the identified materials translated into Spanish and Portuguese and posted on the Internet.

Activity 1:

Activity Impact Obj 2: ES3

Between 10/2008 and 09/2009, By May 31, 2009, review the existing health promotion and resource materials related to the 27 Rhode Island health objectives that have an identified need for public distribution.

By June 30, 2009, identify 20% of the identified materials that should be prioritized for translation into Spanish and Portuguese.

By September 30, 2009, translate at least 20% of the identified materials into Spanish and Portuguese and post them on the HEALTH website.

Throughout FY 2009, continue to review materials that may need to be offered in other languages and translate as appropriate.

Activity Status

Partially Completed

Activity Outcome

Existing health promotion and resource materials related to the Rhode Island health objectives that have an identified need for public distribution have been identified.

Reasons for Success or Barriers/Challenges to Success

HEALTH is still working to achieve its goal of having at least 20% of the identified materials translated into Spanish and Portuguese and posted on the Internet. This activity has been slowed due staffing shortages. Emerging issues such as deployment of Communications staff to respond to the H1N1 emergency have delayed translations and web postings.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff will be hired in early March 2010 to oversee this process.

Essential Service 4 – Mobilize Partnerships**Impact/Process Objective 1:****Impact Obj 1:ES4**

Between 10/2008 and 09/2009, RI Department of Health will provide training on the 27 Healthy RI objectives to 11 Minority Health Promotion Centers.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Department of Health provided training on the 27 Healthy RI objectives to 9 Minority Health Promotion Centers.

Reasons for Success or Barriers/Challenges to Success

This objective should be adjusted to reflect there were only 9 Minority Health Promotion Centers in operation during this reporting period. All nine actively participated and were provided training on the 27 Healthy RI objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

None required

Activity 1:**Activity Impact Obj 1:ES4**

Between 10/2008 and 09/2009, By March 31, 2009, perform the training as described in activity step 1. Engage in a discussion of strategies for those funded minority-serving community based organizations to integrate the 27 Rhode Island health objectives into their programs serving racial and ethnic minorities across the state.

By June 30, 2009, collaborate with the Office of Minority Health and Minority Health Promotion Centers to coordinate best practice strategies addressing the 27 RI health objectives as determined by Office of Minority Health's evaluation process.

Activity Status

Completed

Activity Outcome

The Office of Minority Health and Minority Health Promotion Centers Coordinators meet monthly. Each of the 9 currently funded Centers actively participates in training and capacity development related to the 27 Rhode Island health objectives. Coordinators are also provided training directly from the programs in HEALTH addressing the Rhode Island health objectives. These training have allowed those Center Coordinators to implement best practice strategies. Coordinators have also been introduced to the HP2020 framework. They have begun a discussion of strategies for addressing social and environmental determinants in their programs serving racial and ethnic minorities

Reasons for Success or Barriers/Challenges to Success

None to be reported

Strategies to Achieve Success or Overcome Barriers/Challenges

None to be reported

Impact/Process Objective 2:

Impact Objective 2: ES4

Between 10/2008 and 09/2009, Rhode Island Department of Health will conduct 4 meetings during the year to update and receive guidance from the Healthy Rhode Island 2010 Advisory Committee.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

The state of Rhode Island imposed a hiring freeze across state government. Although the position funded under this award was approved and posted, the hiring freeze resulted in the program being unable to complete the hiring process.

Strategies to Achieve Success or Overcome Barriers/Challenges

The advisory did not meet during this reporting period. The advisory will be reconvened when new program staff is hired.

Activity 1:

Activity Impact Obj 2:ES4

Between 10/2008 and 09/2009, Through September 30, 2009, communicate quarterly with the Healthy Rhode Island 2010 Advisory Committee to update them and receive guidance on the Healthy Rhode Island 2010 implementation process.

Healthy Rhode Island 2010 Coordinator will meet with each program contributing to A Healthier Rhode Island by 2010: A Plan for Action and document successful disparities elimination partnerships and strategies and report findings to the Healthy Rhode Island 2010 Advisory Committee.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

Adequate staff support was not available to support the needs of this objective. This was a result of hiring freezes across state government.

Strategies to Achieve Success or Overcome Barriers/Challenges

The advisory will be reconvened when new program staff is hired in March of 2010.

State Program Title: Rape Prevention Program

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.

Current data on the prevalence of sexual assault are incomplete. Sexual assaults often go unreported to the police, and victims may not access treatment for many years, if at all. Estimates of the incidence of sexual assaults must be compiled from a variety of sources. A 1994 survey of violence-related injuries treated in hospital emergency rooms (Report NCJ-156921, BJS, 1997) indicated that 5% of all such injuries were due to rape/other sexual assault. For children seen in emergency rooms for such injuries, that percentage climbs to 29% for children under the age of twelve. The median age for children treated for sexual abuse was four.

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.

National Health Objective: 15-35 Rape or attempted rape

State Health Objective(s):

Between 10/2008 and 09/2009, By September 30, 2009, reduce by 2% the incidence of rape in Rhode Island, as measured by Rhode Island's Uniform Crime Report.

State Health Objective Status

Partially Met

State Health Objective Outcome

By September 30, 2009 reduced by .05% the incidence of rape in Rhode Island as measured by Rhode Island's Uniform Crime Report.

Reasons for Success or Barriers/Challenges to Success

While Rhode Island's violent crime rate (including rape) is declining, the incidence of rape did not decline by 2% during this grant reporting period. Rhode Island has one of the highest unemployment rates in the country. During difficult economic times crime in general usually increases.

Strategies to Achieve Success or Overcome Barriers/Challenges

Day One continues to educate and inform decision makers, students and the general public about sexual assault, violence prevention, and who to call if you are a victim of sexual assault. Day One works with advocates to put stronger legislation in place to protect all citizens from violent crime, especially women, youth and other vulnerable populations from sexual assault and others form of violence. Day One offers training and resources to the broader community to increase knowledge and awareness about these issues. Day One conducts public information campaigns to better inform the citizens of the state.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not Applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES**Essential Service 3 – Inform and Educate****Impact/Process Objective 1:****Impact Objective 1:ES3**

Between 10/2008 and 09/2009, Day One will conduct **1** training to 250 middle, junior and senior high schools on sexual abuse/sexual assault prevention programs.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Day One conducted **10** training to 250 middle, junior and senior high schools on sexual abuse/sexual assault prevention programs.

Reasons for Success or Barriers/Challenges to Success

The major barrier to program implementation ws in assuring that all students in a particular grade received the training.

One school who requested the training had difficulty scheduling the training. The training was to be administered during an advisory period, however, some students have their band class during this period. The band instructors would not allow their students to miss class in order to participate in the training. This skewed the sample of students who were to receive the training, as students who participate in band me be different demographically and academically than those who do not particpate in band.

Strategies to Achieve Success or Overcome Barriers/Challenges

Day One's training educators in future trainings will work more closely with school departments to assure that all students receive this training.

Activity 1:

Impact Objective 1:ES3

Between 10/2008 and 09/2009, **Increase rape awareness**

By September 30, 2009, increase the proportion of middle, junior and senior high schools incorporating sexual abuse/sexual assault prevention program in the comprehensive health education programs.

Provide education programs

By September 30, 2009, SATRC (Sexual Assault Training Resource Center) will provide education programs in middle, junior and senior high schools during the school year, three of which will serve predominately high-risk (disparate) populations.

By September 30, 2009, SATRC will provide "Question Time" following each student training so those students may discuss problems of abuse in private with trained staff.

By September 30, 2009, SATRC will provide crisis intervention, support and referral services to all children who disclose abuse following training presentations.

Activity Status

Completed

Activity Outcome

Day One conducted 10 trainings to 1378 middle, junior and senior high school students on sexual abuse and sexual assault prevention programs. Four schools are in low socioeconomic communities.

The training staff offered "question time" after each training for any student who wanted to discuss issues in private. They also provided referral information to students and administrators following the training sessions.

Training topics included victim-blaming, multiculturalism/oppression, gender stereotypes, flirting vs sexual harassment, healthy vs unhealthy relationships, consent issues, sexual assault laws, and bystander intervention.

Reasons for Success or Barriers/Challenges to Success

The major challenge is assuring that all students in a particular grade receive the training.

Strategies to Achieve Success or Overcome Barriers/Challenges

Day One's education department will work closely with school administrators to assure that all students in the grade that the training is being offered to receive the training.

Activity 2:

Impact Objective 2:ES3

Between 10/2008 and 09/2009, **Statewide public relations plan**

By September 30, 2009, SATRC will develop and implement a statewide public relations plan designed to increase awareness of violence against women, and to promote all SATRC services, including the Victims Crime Helpline.

By September 30, 2009, SATRC will develop and distribute brochures, posters, and public service announcements (PSAs) to increase awareness of both the problem of sexual assault and of available community resources.

Activity Status

Completed

Activity Outcome

By September 2009, SATRC had planned, developed and implemented a statewide public relations program to help make people aware of the issue violence against women. The Victims Crime Helpline was also promoted.

Brochures, posters and bus and bus shelter ads increased awareness about the problem of sexual assault and promoted resources to help people with sexual assault issues.

Reasons for Success or Barriers/Challenges to Success

There were no barriers or challenges to complete this activity.

Strategies to Achieve Success or Overcome Barriers/Challenges

There were no strategies needed since there were no barriers or challenges to accomplishing this activity.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Impact Objective 1:ES7

Between 10/2008 and 09/2009, Day One will distribute a standard protocol on how to identify, treat, and properly refer victims of sexual assault, spouse, elder and child abuse cases to 11 hospitals.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Day One distributed a standard protocol on how to identify, treat, and properly refer victims of sexual assault, spouse, elder and child abuse cases to 12 hospitals.

Reasons for Success or Barriers/Challenges to Success

The challenge faced was getting a larger number of hospital staff to attend the training.

Several hospitals did not make the training mandatory for staff. Therefore, we had smaller groups participate in the trainings.

Strategies to Achieve Success or Overcome Barriers/Challenges

Day One offered formal education and trainings sessions for hospital staff on subjects that were of greater interest to them such as "Care of the Sexual Assault Patient" and "Violence and Care of the Domestic Violence Patient". This was offered to 11 of the 12 hospitals.

In the future, Day One will work with hospitals to mandate the training for all emergency room personnel. We are working toward making Sexual Assault Nurse Examiner protocol adopted by Rhode Island Hospitals.

Activity 1:

Activity 1:ES7

Between 10/2008 and 09/2009, By September 30, 2009, SATRC will provide training for medical personnel at all Rhode Island hospitals (11) and emergency rooms.

By September 30, 2009, SATRC will conduct training and informational workshops for (10) police departments and other law enforcement personnel dealing with victims of sexual assault.

By September 30, 2009, SATRC will provide comprehensive training to 50 new SATRC volunteer advocates who will work directly with victims at hospitals and police departments.

Activity Status

Completed

Activity Outcome

By September 2009, SATRC provided training for medical personnel at 12 hospitals.

By September 2009, SATRC conducted training and informational workshops to 872 police officer from 10 police departments and other law enforcement personnel dealing with victims of sexual assault.

By September 2009, SATRC provided comprehensive training to 35 new volunteer advocates.

Reasons for Success or Barriers/Challenges to Success

If hospitals made the training mandatory larger numbers of medical personnel would be trained in sexual assault violence. While 12 hospitals participated in the training it was a missed opportunity to reach a larger population of medical personnel.

While 872 police officers from 10 different police departments participated in the trainings, it is often difficult to get police departments to agree to offer the training to all of its police officers because they do not want to have to take police officer "off the streets".

Recruiting qualified volunteers who can cover 12 hospitals statewide is a challenge.

Strategies to Achieve Success or Overcome Barriers/Challenges

SATRC is working closely with hospitals to make the training mandatory for all emergency room personnel.

SATRC continues to work with law enforcement throughout the state to schedule trainings on sexual assault.

SATRC held two trainings and trained 35 new volunteers. An active recruitment drive is ongoing and conducting outreach efforts is always underway. There is a focus on recruiting and training bi-lingual people who can cover particular areas in the state.

State Program Title: Taking A Stand: A Tool Kit to End Sexual Violence in Schools

State Program Strategy:

State Program Strategy:

Goal: Reduce sexual violence in public middle and high schools.

Priorities: Estimates indicate that approximately 500,000 children are sexually abused each year in the United States. National survey results indicate that 1 in 4 girls and 1 in 7 to 10 boys have reported they have been sexually abused prior to the age of 18. Sexual abuse of children is also a significant problem in Rhode Island. Although the prevalence of sexual violence among school aged children is hard to ascertain nationally or locally, we do know the following about Rhode Island:

- In 2006, DCYF indicated 344 cases of child sexual abuse. 79% of the reports involved a female victim, while 21% of the cases involved a male victim.
- In 2004, according to the RI Uniform Crime Report, 320 rapes were reported to the police, for a rate of 30 rapes/100,000 residents.
- In 2005, the Rhode Island law enforcement agencies reported 120 cases of child molestation through the Domestic Violence/Sexual Assault Reporting Forms
- In the 2001 Youth Behavioral Risk Factor Survey (YBRFS) conducted by the Rhode Island Department of Health, eight percent of students reported being physically forced to have sexual intercourse when they did not want to.

Primary Strategic Partners:

RI Department of Health, Injury Prevention Program
Public Middle and High Schools (approximately 120 schools)
Day One (Rape Prevention & Sexual Assault agency)

Role of PHHSBG Funds: The role of the Block Grant in this program is to provide funds to Day One to distribute Tool Kits to approximately 120 schools, conduct orientation workshops with administrators and support staff so they have the skills and resources they need to end all types of sexual violence in their schools. The tool kit will reach approximately 120 schools and impact 85,000 school children and adolescents in the 2008/2009 school year. This tool kit will give schools the capacity to prevent sexual violence before it happens, and if it occurs, to respond promptly and appropriately.

Evaluation Methodology: Day One will send needs assessments/questionnaires to all recipients of the Tool Kit and a response rate of at least 20% of the Tool Kit recipients will be attained. Tool Kit orientation meetings on its use, and an evaluation of its effectiveness will be conducted. Day One will work with 3-6 targeted schools (identified to represent a cross-section of student populations), to conduct an intensive evaluation of both their schools and the use and effectiveness of the Tool Kit. This information will serve in the development and design of future tools and training needed to end sexual violence in schools.

National Health Objective: 15-36 Sexual assault

State Health Objective(s):

Between 10/2008 and 09/2009, By December 31, 2008, conduct focus groups, individual interviews and research to determine topics to include in *Tool Kit*.

By February 28, 2009, produce draft of *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* for review by school administrators and teacher focus groups. Subsections of the Tool Kit might include:

- Overview of sexual violence in schools – definitions and prevalence
- Social Norms – How the Media, Teachers, Parents and Friends influence attitudes and Behavior
- Practice and Policies – how to respond and prevent sexual violence
- Active Roles – what administrators, teachers, parents and students can do to end sexual violence
- Lesson Plans & activities – this section will include outlines, teaching scripts, activities, discussion topics, reproducible handouts and surveys for teachers to use in the classroom.

By May 31, 2009, finalize *Taking a Stand: A Tool Kit to End Sexual Violence in Schools*.

By September 1, 2009, have *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* designed and printed.

By September 30, 2009, distribute *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* to every middle and high school in Rhode Island.

By September 30, 2009, conduct 10 school orientations o

State Health Objective Status

Met

State Health Objective Outcome

By February 2009, Day One produced a draft of *Taking a Stand: Tool Kit to End Sexual Violence in Schools* for review by school administrators and teacher focus groups.

Topics identified include: Why is Understanding and Preventing Sexual Violence Important, Helpful Definitions, Local Data and Statistics, Root Causes of Sexual Violence, Risk and Protective Factors of Sexual Violence, Myths and Facts, Connections Between Different Types of Sexual Violence, What Can Administrators, Teachers and School Staff Do To Prevent Sexual Violence, Creating An Effective Sexual Violence Policy, Creating Non-Violent and Supportive Environments in Schools, Lesson Plans and Activities, Techniques for Students, and How Young Men Can Stop Sexual Violence. Information was collected on these topics. Comments were received from administrators and teachers.

Reasons for Success or Barriers/Challenges to Success

It was difficult to obtain feedback from administrators and teachers given their difficult schedules. The feedback received was very positive, but not very substantive.

Strategies to Achieve Success or Overcome Barriers/Challenges

Gathered information from research, best practices and model programs and matched it with information we collected from colleagues and school professionals, this input coupled with staffs extensive experience working in schools and with school administration led us to the final product.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not Applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Desired Impact Objective 1: Tool Kit

Between 10/2008 and 09/2009, Day One will conduct 10 focus groups to determine topics to include in the Tool Kit.

Impact/Process Objective Status

Partially Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Day One conducted 5 focus groups to determine topics to include in the Tool Kit.

Reasons for Success or Barriers/Challenges to Success

It was difficult to schedule focus group meetings with administrators and teachers due to their busy schedules. Scheduled meeting times had to be rescheduled numerous times.

Strategies to Achieve Success or Overcome Barriers/Challenges

After completing five focus group meetings the Day One staff felt we had gathered enough information to move forward with the project.

Activity 1:

Activity Objective 1: Tool Kit

Between 12/2008 and 09/2009, By December 31, 2008, conduct focus groups, individual interviews and research to determine topics to include in *Tool Kit*.

By February 28, 2009, produce draft of *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* for review by school administrators and teacher focus groups. Subsections of the Tool Kit might include:

- Overview of sexual violence in schools – definitions and prevalence
- Social Norms – How the Media, Teachers, Parents and Friends influence attitudes and Behavior
- Practice and Policies – how to respond and prevent sexual violence
- Active Roles – what administrators, teachers, parents and students can do to end sexual violence
- Lesson Plans & activities – this section will include outlines, teaching scripts, activities, discussion topics, reproducible handouts and surveys for teachers to use in the classroom.

By May 31, 2009, finalize *Taking a Stand: A Tool Kit to End Sexual Violence in Schools*.

By September 1, 2009, have *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* designed and printed.

By September 30, 2009, distribute *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* to every middle and high school in Rhode Island.

By September 30, 2009, conduct 10 school orientations on the *Tool Kit*.

Activity Status

Completed

Activity Outcome

Conducted research on the existence of other tool kits and similar educational tools.

Conducted research on possible topics to include in the tool kit.

Collected information from school administrators, educators, Day One educators and others on what topics would be useful to include in the tool kit.

Finalized the content of the tool kit.

Submitted the tool kit design.

Collected names and addresses of every middle and high school administrator in the state.

Developed questionnaire to accompany the tool kit.

Designed and printed tool kits.

Distributed the tool kits.

Completed three school orientations using the tool kit.

Reasons for Success or Barriers/Challenges to Success

Several issues prevented the final publication of the tool kit prior to the end of the grant period. Changes in staffing responsibilities and the publication of the Rhode Island Department of Education's (RIDE) Guide to Preventing Bullying, Teen Dating Violence and Sexual Violence in Schools in April 2008. This led us to re-examine the content of the tool kit. We wanted the document to complement the RIDE document and not provide redundant information to schools.

Only three schools requested to do a school orientation using the tool kit.

Strategies to Achieve Success or Overcome Barriers/Challenges

We requested and were granted a no cost extension with the Department of Health which enabled us to coordinate our efforts with the Your Voice, Your View Media Contest which took place in Rhode Island Schools. The new tool kit was delayed until after the holiday and was distributed in the beginning of the New Year in coordination with the media contest.

We will schedule several additional orientations with schools we are currently conducting sexual violence prevention programs in.

Activity 2:

Annual Activity Objectives for Desired Impact Objective 1

Between 10/2008 and 09/2009, By December 31, 2008, conduct focus groups, individual interviews and research to determine topics to include in *Tool Kit*.

By February 28, 2009, produce draft of *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* for review by school administrators and teacher focus groups. Subsections of the Tool Kit might include:

- Overview of sexual violence in schools – definitions and prevalence
- Social Norms – How the Media, Teachers, Parents and Friends influence attitudes and Behavior
- Practice and Policies – how to respond and prevent sexual violence
- Active Roles – what administrators, teachers, parents and students can do to end sexual violence

- Lesson Plans & activities – this section will include outlines, teaching scripts, activities, discussion topics, reproducible handouts and surveys for teachers to use in the classroom.

By May 31, 2009, finalize *Taking a Stand: A Tool Kit to End Sexual Violence in Schools*.

By September 1, 2009, have *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* designed and printed.

By September 30, 2009, distribute *Taking a Stand: A Tool Kit to End Sexual Violence in Schools* to every middle and high school in Rhode Island.

By September 30, 2009, conduct 10 school orientations on the *Tool Kit*.

Activity Status

Completed

Activity Outcome

By September 2009:

Conducted research on the existence of other tool kits and similar educational tools.

Conducted research on possible topics to include in the tool kit.

Collected information from school administrators, educators Day One educators and others, on what topics would be useful to include in the tool kit and finalized the contents for the tool kit.

Designed and printed 750 tool kits.

Distributed 750 tool kits to 250 middle, junior and high schools.

Conducted 10 school orientations about the tool kit.

Reasons for Success or Barriers/Challenges to Success

There was a lot of information collected about what topics to include in the tool kit, Culling it down into usable information presented some obstacles.

Strategies to Achieve Success or Overcome Barriers/Challenges

Gathered information from research, best practices and model programs and matching it with the information we collected during the focus group sessions with administrators, teachers and others, helped us finalize the contents of the tool kit.

Impact/Process Objective 2:

2: Tool Kit

Between 10/2008 and 09/2009, Day One will develop **750** Tool Kits to distribute to 250 middle, junior and high schools throughout the state.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Day One developed **750** Tool Kits to distribute to 250 middle, junior and high schools throughout the state.

Reasons for Success or Barriers/Challenges to Success

There was a slight delay in the production of the final tool kits.

Strategies to Achieve Success or Overcome Barriers/Challenges

While there was a slight delay in the production of the tool kit, Day One developed and produced 750 tool kits within this grant period. All 750 tool kits were mailed to school administrators.

Activity 1:**2ES:Tool Kit**

Between 10/2008 and 09/2009, By September 30, 2009, Day One will produce and distribute 750 Tool Kits to 250 middle, junior and high schools throughout the State.

Activity Status

Completed

Activity Outcome

By September 30, 2009, Day One produced and distributed 750 tool kits to 250 middle, junior and high schools across the state.

Reasons for Success or Barriers/Challenges to Success

There were no barriers or challenges to meeting this activity outcome.

Strategies to Achieve Success or Overcome Barriers/Challenges

There were no strategies to overcome any barriers or challenges in meeting this activity outcome.

Essential Service 5 – Develop policies and plans**Impact/Process Objective 1:****Desired Impact Objective ES5:1**

Between 10/2008 and 09/2009, Day One will distribute standard policy and procedures on preventing sexual violence in schools and how to respond to disclosures of sexual inappropriateness to **250** middle, junior and high schools.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Day One distributed standard policy and procedures on preventing sexual violence in schools and how to respond to disclosures of sexual inappropriateness to **250** middle, junior and high schools.

Reasons for Success or Barriers/Challenges to Success

The 250 number had been an estimate of the number of private, public, parochial and charter schools in Rhode Island. As we were planning to distribute the policy and procedures booklet, the Department of Education was also writing policies on mandatory dating violence education in schools. The new policy was important to include but was not ready when we originally planned to produce the tool kit.

Strategies to Achieve Success or Overcome Barriers/Challenges

We identified 210 middle and high schools in the state and mailed copies of the policy and procedures booklet. We delayed the production of the tool kit by several months so we could include the new policy

and procedures in the tool kit distribution plan. The new policy information is about the Lindsay Ann Burke Act and was an important document to include in our distribution of the tool kit.

Activity 1:

Annual Activity Objective for Desired Impact Objective 1

Between 12/2008 and 09/2009, Day One will research and write sample policies and procedures and distribute them to 250 public middle, junior and high schools. Conduct training and informational workshops for schools departments and administrators on implementation of sample policies and procedures.

Activity Status

Partially Completed

Activity Outcome

Day One researched and wrote sample policies and procedures but did not distribute them to 250 middle, junior and high schools. Instead they sent them to administrators and teachers and completed five focus group meetings with this group to develop the final policy and procedures booklet.

Day One conducted three training and informational workshops for school departments and administrators on implementation of the final violence and prevention in schools policies and procedures.

Reasons for Success or Barriers/Challenges to Success

The Department of Education revised its written policy on mandatory dating violence education in schools at the same time Day One was planning to send sample policies and procedures to schools for feedback.

Strategies to Achieve Success or Overcome Barriers/Challenges

Day One has limited resources so they decided to not distribute sample policy and procedures to schools. Day One did distribute 210 final standard policy and procedures to schools and included the Department of Education's newly revised mandatory dating violence education in schools policy.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Desired Impact Objective 1: Essential Service 7

Between 10/2008 and 09/2009, Day One will develop **750** Sexual Violence Prevention Tool Kits and distribute them to 250 middle, junior and high schools across the state.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, Day One developed **750** Sexual Violence Prevention Tool Kits and distribute them to 250 middle, junior and high schools across the state.

Reasons for Success or Barriers/Challenges to Success

There were no barriers or challenges to developing 750 tool kits and mailing them to 250 middle, junior and high schools across the state.

Strategies to Achieve Success or Overcome Barriers/Challenges

Since there were no barriers or challenges to developing 750 tool kits and mailing them to 250 middle, junior and high schools, there are no strategies to overcome barriers and/or challenges.

Activity 1:

Objective for Desired Impact Objective 1: Essential Service 7

Between 10/2008 and 09/2009, By September 30, 2009, distribute 750 Tool Kits to 250 middle, junior and high schools on preventing sexual violence and referral sources for sexual assault victims.

Activity Status

Completed

Activity Outcome

By September 2009, Day One distributed 750 tool kits to 250 middle, junior and high schools about preventing sexual violence and provided referral sources for sexual assault victims to school administrators.

Reasons for Success or Barriers/Challenges to Success

There were no barriers or challenges for this activity outcome.

Strategies to Achieve Success or Overcome Barriers/Challenges

There were no strategies to overcome barriers and challenges since there were no barriers or challenges in meeting this activity outcome.

State Program Title: Worksite Wellness Program

State Program Strategy:

Goal: The purpose of the Worksite Wellness Program is to develop strategies for encouraging employers to initiate and adopt nationally recognized wellness programs.

Health Priorities: There is a lack of access to and participation in health promotion activities at the work site.

Primary Strategic Partners: External- Worksite Wellness Council of RI, The Chambers of Commerce, Manufacturing Association, RI Legislators. Internal - Division of Community, Family Health & Equity Teams: Health Disparities & Access to Care Team, Healthy Environment Team, Chronic Care & Disease Management Team and Health Promotion and Wellness Team.

Evaluation Methodology: The Worksite Wellness Coordinator will track the number of employers that offer a comprehensive employee health promotion program to their employees as measured by the percentage of employees who work in companies that participate in official WELCOA "well workplaces">

National Health Objective: 7-5 Worksite health promotion programs

State Health Objective(s):

Between 10/2008 and 09/2009, By September 30, 2009, Increase to 20% the number of employees who work in worksites that offer a comprehensive employee health promotion program to thier employees as measured by the percentage of employees who work in companies that participate in official "WELCOA "well workplaces".

State Health Objective Status

Partially Met

State Health Objective Outcome

Despite limited capacity, the WWCRI was able to a. Conduct CPR classes and distribute 400 CPR anytime kits, and other educational materials, to John Hope Settlement House, The Center for Hispanic Policy and Advocacy, and St. Joseph Hospital, three workplace entities located in communities disparately affected by social determinants of health.

b. Develop and distribute a Worksite Wellness Toolkit, including Spanish resources.

c. Develop a 12 month calendar for Health Promotion and Wellness with accompanying resources on Fitness, Sun Safety and Skin Cancer Awareness, Ticks and Mosquitoes, Minority Organ Donation, Colds and Flu, Physical Activity, Breast Cancer Awareness, Smoking, AIDS, Health Screenings, Heart Health, Nutrition and Diabetes, and Drug and Alcohol Awareness.

Reasons for Success or Barriers/Challenges to Success

Four significant events took place in FY 2009 that impacted HEALTH's ability to achieve its annual worksite wellness objective and conduct activities.

1. The Worksite Wellness Council of Rhode Island terminated its affiliation with the Wellness Council of America, due to differences in purpose.
2. RI moved its Worksite Wellness staffing from HEALTH to the Department of Administration, for operation of the Governor's Wellness Initiative for state employees, Get Fit RI.
3. HEALTH lost its \$50,000 of state funding for Worksite Wellness due to the state budget crisis.
4. HEALTH was unable to hire a Worksite Wellness Coordinator, as planned, due to state hiring restrictions.

Strategies to Achieve Success or Overcome Barriers/Challenges

These changes significantly reduced the capacity of Worksite Wellness support, the ability to use resources, and the ability to measure progress. As a result, the following steps were taken: 1. HEALTH's CDC funded, Heart Disease and Stroke Prevention (HDSP) Steering Committee created a Worksite Wellness Subcommittee to continue a partnership with the Worksite Wellness Council of Rhode Island in HDSP funded workplace agencies.

2. Despite limited capacity, the WWCRI was able to

a. Conduct CPR classes and distribute 400 CPR anytime kits, and other educational materials, to John Hope Settlement House, The Center for Hispanic Policy and Advocacy, and St. Joseph Hospital, three workplace entities located in communities disparately affected by social determinants of health.

b. Develop and distribute a Worksite Wellness Toolkit, including Spanish resources.

c. Develop a 12 month calendar for Health Promotion and Wellness with accompanying resources on Fitness, Sun Safety and Skin Cancer Awareness, Ticks and Mosquitoes, Minority Organ Donation, Colds and Flu, Physical Activity, Breast Cancer Awareness, Smoking, AIDS, Health Screenings, Heart Health, Nutrition and Diabetes, and Drug and Alcohol Awareness.

3. The Initiative for a Healthy Weight Healthy Eating and Active Living Collaborative also created a Worksite Advisory Group to address physical activity and nutrition strategies in the workplace. This group shared membership and strategic planning with the HDSP group.

4. Both groups identified a need to provide a sustainable wellness resource to worksites and other community entities that was not labor intensive and would impact large numbers of people and entities.

5. HEALTH's Health Promotion and Wellness Team did not renew its contract with the Worksite Council of RI, which ended June 30, 2009 because of limited state resources and the WWCRI diminished capacity and uncertain future.

6. HEALTH decided to refocus its PBG resources on a new initiative called, Technology Support for Healthy Communities that will result in a comprehensive plan, including funding and sustainability, to use dynamic technology tools and guides to support community efforts to address chronic disease prevention and health promotion.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Not Applicable

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Impact Obj 1: ES3

Between 10/2008 and 09/2009, RI Department of Health and the Worksite Wellness Council of RI will increase the number of employees who have access to and participate in health promotion activities at the worksite from 50 to 75.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2008 and 09/2009, RI Department of Health and the Worksite Wellness Council of RI increased the number of employees who have access to and participate in health promotion activities at the worksite

from 50 to **1,474**.

Reasons for Success or Barriers/Challenges to Success

Four significant events took place in FY 2009 that impacted HEALTH's ability to achieve its annual worksite wellness objective and conduct activities.

1. The Worksite Wellness Council of Rhode Island terminated its affiliation with the Wellness Council of America, due to differences in purpose.
2. RI moved its Worksite Wellness staffing from HEALTH to the Department of Administration, for operation of the Governor's Wellness Initiative for state employees, Get Fit RI.
3. HEALTH lost its \$50,000 of state funding for Worksite Wellness due to the state budget crisis.
4. HEALTH was unable to hire a Worksite Wellness Coordinator, as planned, due to state hiring restrictions.

Strategies to Achieve Success or Overcome Barriers/Challenges

These changes significantly reduced the capacity of Worksite Wellness support, the ability to use resources, and the ability to measure progress. As a result, the following steps were taken:

1. HEALTH's CDC funded, Heart Disease and Stroke Prevention (HDSP) Steering Committee created a Worksite Wellness Subcommittee to continue a partnership with the Worksite Wellness Council of Rhode Island in HDSP funded workplace agencies. John Hope Settlement House has approximately 62 employees, the Center for Hispanic Policy and Advocacy has approximately 12 employees, and St. Joseph Hospital has approximately 1,400 employees.
2. Despite limited capacity, the WWCRI was able to
 - a. Conduct CPR classes and distribute 400 CPR anytime kits, and other educational materials, to John Hope Settlement House, The Center for Hispanic Policy and Advocacy, and St. Joseph Hospital, three workplace entities located in communities disparately affected by social determinants of health.
 - b. Develop and distribute a Worksite Wellness Toolkit, including Spanish resources.
 - c. Develop a 12 month calendar for Health Promotion and Wellness with accompanying resources on Fitness, Sun Safety and Skin Cancer Awareness, Ticks and Mosquitoes, Minority Organ Donation, Colds and Flu, Physical Activity, Breast Cancer Awareness, Smoking, AIDS, Health Screenings, Heart Health, Nutrition and Diabetes, and Drug and Alcohol Awareness.
3. The Initiative for a Healthy Weight Healthy Eating and Active Living Collaborative also created a Worksite Advisory Group to address physical activity and nutrition strategies in the workplace. This group shared membership and strategic planning with the HDSP group.
4. Both groups identified a need to provide a sustainable wellness resource to worksites and other community entities that was not labor intensive and would impact large numbers of people and entities.
5. HEALTH's Health Promotion and Wellness Team did not renew its contract with the Worksite Council of RI, which ended June 30, 2009 because of limited state resources and the WWCRI diminished capacity and uncertain future.
6. HEALTH decided to refocus its PBG resources on a new initiative called, Technology Support for Healthy Communities that will result in a comprehensive plan, including funding and sustainability, to use dynamic technology tools and guides to support community efforts to address chronic disease prevention and health promotion.

Activity 1:

Activity Impact Obj 1:ES3

Between 10/2008 and 09/2009, By November 1, 2008 in cooperation with the Worksite Wellness Council of RI (WWCRI), participate in the Northern Rhode Island Chamber of Commerce Business Expo to promote wellness programs.

By December 1, 2008 in cooperation with WWCRI conduct one Well Workplace University to educate employers on the essentials of how to complete the Wellness Councils of America (WELCOA) application for a Worksite Wellness Award (Bronze, Silver, Gold or Platinum).

By February 1, 2009 in cooperation with WWCRI and the Health Promotion and Wellness Team conduct a one-day informational program to address risk factors related to unhealthy lifestyles and worksite solutions to improve the health of employees.

By April 1, 2009 in cooperation with WWCRI, conduct a second Well Workplace University to educate employers on the essentials of how to complete the Wellness Council of America (WELCOA) application for a Worksite Wellness Award (Bronze, Silver, Gold or Platinum).

By May 1, 2009 in cooperation with the WWCRI, participate in the Greater Providence Chamber of Commerce Statewide Business Expo to promote and distribute wellness information and workplace programs to participants.

By June 1, 2009 in cooperation with WWCRI, participate in the statewide Chambers of Commerce Business Expo to promote worksite wellness as a benefit to the employers and the employees of the state of Rhode Island.

By July 1, 2009 collaborate with WWCRI and other organizations to offer a meeting with Wellness University graduates to assist and encourage them to network with others in the process of applying for a Well Workplace Certification from WELCOA.

By July 30, 2009 in cooperation with WWCRI and other organizations conduct a Worksite Wellness workshop to employees with a featured speaker on worksite wellness at which the WELCOA Well Workplace Awards will be announced.

Activity Status

Completed

Activity Outcome

Despite limited capacity, the WWCRI was able to a. Conduct CPR classes and distribute 400 CPR anytime kits, and other educational materials, to John Hope Settlement House, The Center for Hispanic Policy and Advocacy, and St. Joseph Hospital, three workplace entities located in communities disparately affected by social determinants of health.

b. Develop and distribute a Worksite Wellness Toolkit, including Spanish resources.

c. Develop a 12 month calendar for Health Promotion and Wellness with accompanying resources on Fitness, Sun Safety and Skin Cancer Awareness, Ticks and Mosquitoes, Minority Organ Donation, Colds and Flu, Physical Activity, Breast Cancer Awareness, Smoking, AIDS, Health Screenings, Heart Health, Nutrition and Diabetes, and Drug and Alcohol Awareness.

Reasons for Success or Barriers/Challenges to Success

Four significant events took place in FY 2009 that impacted HEALTH's ability to achieve its annual worksite wellness objective and conduct activities.

1. The Worksite Wellness Council of Rhode Island terminated its affiliation with the Wellness Council of America, due to differences in purpose.
2. RI moved its Worksite Wellness staffing from HEALTH to the Department of Administration, for operation of the Governor's Wellness Initiative for state employees, Get Fit RI.
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Strategies to Achieve Success or Overcome Barriers/Challenges

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3. The Initiative for a Healthy Weight Healthy Eating and Active Living Collaborative also created a Worksite Advisory Group to address physical activity and nutrition strategies in the workplace. This group shared membership and strategic planning with the HDSP group.
4. Both groups identified a need to provide a sustainable wellness resource to worksites and other community entities that was not labor intensive and would impact large numbers of people and entities.
5. HEALTH's Health Promotion and Wellness Team did not renew its contract with the Worksite Council of RI, which ended June 30, 2009 because of limited state resources and the WWCRI diminished capacity and uncertain future.
6. HEALTH decided to refocus its PBG resources on a new initiative called, Technology Support for Healthy Communities that will result in a comprehensive plan, including funding and sustainability, to use dynamic technology tools and guides to support community efforts to address chronic disease prevention and health promotion.

Impact/Process Objective 2:

2 ES4

Between 10/2008 and 09/2009, RI Department of Health and the Worksite Wellness Council of RI will increase the number of organizations certified as bronze, silver, gold or platinum "Well Workplaces" as designated by the Worksite Wellness Council of RI from 30 to **45**.

Impact/Process Objective Status

Not Started

Impact/Process Objective Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

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Activity 1:

Activity 2: ES4

Between 10/2008 and 09/2009, By September 30, 2009, RI Department of Health in partnership with the Worksite Wellness Council of RI, will designate 15 organizations with a bronze, silver, gold or platinum status as designation of a well workplace.

Activity Status

Not Started

Activity Outcome

N/A

Reasons for Success or Barriers/Challenges to Success

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