

**Preventive Health and Health Services
Block Grant FY 2010
Preventive Health and Health Services
Block Grant**

Annual Report

Annual Report for Fiscal Year 2010

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Governor: Lincoln Chafee

State Health Officer: David Gifford

Block Grant Coordinator:

Carol Hall-Walker

3 Capitol Hill Room 302

Providence RI 02908

Phone: 401-222-5935

Fax: 401-222-1442

Email: Carol.Hall-Walker@health.ri.gov

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Executive Summary

This is Rhode Island's Executive Summary for the application for the Preventive Health and Health Services Block Grant (PHHSBG) for Federal Fiscal Year 2010. 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 (HEALTH) 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 2010 application is based on the assumption that Block Grant funding will be at least equal to the FFY 2009 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 2010 prevention programs that are funded by the PHHSBG will be contingent upon receipt of level funding for FFY 2010. Rhode Island's original 2009 PHHSBG award was \$458,783. In April 2009, CDC did award Rhode Island an additional \$21,766 for a total award of \$480,549. The additional \$21,766 was allocated toward community interventions that address the new CDC Goal 1 as follows: Goal 1: Achieve health equity and eliminate health disparities by impacting social determinants of health.

Proposed Allocation for FY 2010

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. FY 2010 funding priorities are as follows:

Program	Health Objective	Funds	Category
Community Interventions	7-11;23-17	\$170,000	Continuation
Rape Prevention Program	15-35	\$25,671	Statue
Health Improvement	23-12	\$131,548	Continuation
Technology Support for Healthy Communities	7-5	\$100,000	New Grant
GirlStrength	15-35	\$30,000	Continuation (modified)

There are changes in the proposed FFY2010 budget, which address the new CDC goals.

- Goal 1: Achieve health equity and eliminate health disparities by impacting social determinants of health;
- Goal 2: Decrease premature death and disabilities due to chronic diseases and injuries by focusing on the leading preventable risk factors;
- Goal 3: Support local health programs, systems, and policies to achieve healthy communities; and
- Goal 4: Provide opportunities to address emerging health issues and gaps.

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

Funding Rationale: Under or unfunded, Data Trend

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

State Program Strategy:

Goal: The purpose of this project is to maintain the infrastructure for local community health assessment and planning to continue data collection and analysis in support of the Community Planning Program of the RI Department of Health.

Health Priorities: Due to a lack of local health data during 2009-2010, this initiative will position the RI Public Health Institute (RIPHI) 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, grant applications and to inform policies and define actions that promote health and eliminate health disparities.

Primary Strategic Partners: External - Brown University Program in Public Health, Rhode Island Public Health Institute (RIPHI), African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, YWCA of Northern RI, Internal - Center for Health Data and Analysis, Division of Community, Family Health & Equity, including the following Teams that comprise the division: Health Disparities & Access to Care, Healthy Homes & Environment, Chronic Care & Disease Management, Health Promotion & Wellness, Perinatal & Early Childhood Health, and Preventive Services & Community Practices.

Evaluation Methodology:

The evaluation methodology involves several components. First, the RIPHI will complete 200 Active Neighborhood Checklist (environmental scans) and 800 Neighborhood Health Checks (door to door interviews) in collaboration with the following five community organizations: African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, and the YWCA of Northern RI. Second, these databases will become available for individual and group analysis by partner organizations and the Department of Health 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 these participating community-based organizations 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 10/2009 and 09/2010, Increase the number of community-based organizations to five (5) using the RIPHI developed environmental and health assessment methodologies to gather local data for program and strategic planning and grant applications.

State Health Objective Status

Met

State Health Objective Outcome

Community-based organizations are using the neighborhood information to develop health enhancing policies, to plan programs to improve health behaviors and reduce health risks in their respective communities, and to measure change in health status over time.

Reasons for Success or Barriers/Challenges to Success

Rigorous data collection at the neighborhood level is challenging. HEALTH and the RIPHI partnered with community based agencies to develop and field a community health data system. This three year project has been guided by community input, we have identified two community health assessment tools, recruited students and community residents as assessors and interviewers, and completed field work in two low-income, high minority neighborhoods.

Data have been tabulated and are being returned to the community-based organizations and communities for their use. Community meetings are providing opportunities to share what the community residents themselves say about their health and their environments.

The RIPHI has coordinated efforts with HEALTH's Center for Health Data Analysis and Brown University Office of Continuing Education to understand how to: 1) use the environmental and health assessments and RI Behavioral Risk Factor Surveillance (BRFSS), data for community health assessment, 2) compare the local data with other city and state data, and 3) interpret results for use in planning community health programs and promoting healthy policies.

Strategies to Achieve Success or Overcome Barriers/Challenges

HEALTH and the RIPHI are providing training on electronic access to the data from neighborhood interviews and the statewide BRFSS data. Training includes topics such as making comparisons and drawing conclusions that are useful in grant-writing, policy advocacy, and in working with community residents in efforts to improve community health status.

The contract officer for HEALTH convenes these agencies on a monthly basis to discuss, plan and implement the environmental and community health assessments, involve the community in the process of collecting and reviewing the data, setting priorities, developing an action plan, monitoring progress, changing the plan, celebrating successes, discussing ways to leverage limited resources and to advance project goals. Working together toward a shared vision has led to collective action.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

The PHHSBG funds support the environmental and community health assessments. Three trainings for community based organizations on Internet access to the health data information has expanded the use of the data to members of community-based organizations involved in public health work beyond the PHHSBG funded agencies. The funding for these three trainings were provided by a CDC Cooperative Agreement (Grant Number 5U38HK00051-03) to develop Web Based Data Query System Training.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

3 ES4 Imp 2010

Between 10/2009 and 09/2010, African Alliance of RI, Progreso Latino, St. Joseph's Health Services of RI, Urban League of RI, and YWCA of Northern RI will develop **one** final report and plan of action based on the results of the health assessments (Active Neighborhood Checklist- environmental scans) and (Neighborhood Health Checks - door to door interviews).

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, African Alliance of RI, Progreso Latino, St. Joseph's Health Services of RI, Urban League of RI, and YWCA of Northern RI developed one final report and plan of action based on the results of the health assessments (Active Neighborhood Checklist- environmental scans) and (Neighborhood Health Checks - door to door interviews).

Reasons for Success or Barriers/Challenges to Success

A preliminary report on the Southside of Providence has been developed and used at two community forums held in September 2010. A comprehensive final report is currently being produced. Three additional community forums are planned, and the community input from these forums will be compiled into a community-driven action plan.

While some progress has been made there have been delays. The door to door interviews took longer to complete than anticipated. It took nine attempts to get one completed interview, which slowed down the process. This work is done on weekends when people are home. It is also done during the daylight hours and when the weather is good. When the season changed, it become too cold, and got dark earlier in the day, this resulted in safety concerns for the teams in the field conducting the door to door interviews. The decision was made to delay the door to door interviews to accommodate for these conditions. The data collected on the Southside of Providence and in Constitution Hill, Woonsocket has been analyzed and is being written up in a final report now. This report will be shared with the community-based agencies so they can hold additional community forums, and develop one community-driven plan of action. The Central Falls in-person interviews will be completed in the Spring of 2011.

Strategies to Achieve Success or Overcome Barriers/Challenges

Interviewers were recruited through colleges and universities and through community based partner agencies, and a special effort was made to recruit Spanish-speaking interviewers. The interviewers were trained to use the Neighborhood Health Check interview, and were periodically observed by the field supervisor to assure fidelity to the interview rules. Interviewers worked in pairs. Data was uploaded at the end of each interview day, and incomplete records and reported data quality problems were reviewed and resolved by the project manager on the spot.

A total of 547 in-person interviews were conducted on weekends in the spring, summer and fall in 2009 and 2010 on the Southside of Providence. A total of 106 interviews were completed during this same time frame on Constitution Hill in Woonsocket. A plan to launch the in-person interviews in Central Falls in the Spring of 2011, has been established.

Activity 1:

3 ES4 Act 2010

- 1 Between 10/2009 and 09/2010,
 1. Work with RIPHI to perform community needs assessments that will assist in planning community-based initiatives.
 2. Develop a written plan to address assessment results for future planning efforts.
 3. Develop health information and distribute to clients served by agency and community residents.
 4. Work with other funded partners to develop a referral form regarding community services available such as, nutrition, physical activity, quit smoking and places to get screened for blood pressure, cholesterol and related needs, as identified through the community/health assessments.

5. Work with HEALTH and the (RIPHI) to administer a community needs assessment that will identify promoters and barriers in the community for improving health status and to eliminate health disparities.
6. Provide detailed monthly reports the 10th of every month to HEALTH including monthly invoices with back up documentation. Also, the report will describe the activities, strategies, gaps, needs, education services, and training offered to clients/residents served by the agency. HEALTH will provide the reporting forms.
7. Collaborate with other funded partners to discuss progress, activities, problem solving, and ways to enhance this effort.
8. Attend meetings and provide updates on the project and conduct overall project management and community outreach activities, as appropriate.

Activity Status

Completed

Activity Outcome

A total of 653 in-person interviews have been completed. Data has been tabulated and are being used by community-based organizations and communities for their use. Two community feedback sessions were held in September 2010. Community partners worked with small groups in these forums to explore the data and to get community input about the data. Results from these forums are being used by community partners in promoting community health improvement policies and interventions.

A health information brochure has been completed and is being distributed to community residents. Three of the agencies on the Southside of Providence created the informational brochure. This brochure has been distributed to approximately 300 neighborhood residents. The brochure is available in English and Spanish.

Monthly invoices and reports have been submitted on a timely basis. The monthly report is used at monthly meetings to discuss progress, challenges, successes and to problem-solve. All funded agencies are required to attend the monthly meetings. Individual meetings are scheduled on as needed basis.

Reasons for Success or Barriers/Challenges to Success

Collaboration is finally moving forward. Defining roles and responsibilities for all partners is an on-going challenge. Ensuring consistent and clear communication among all partners to keep everyone informed helps for running successful partnership meetings. Building relationships takes time and concerted effort, this is an ongoing process.

Strategies to Achieve Success or Overcome Barriers/Challenges

Preparing agendas based on partners input is critical. Establishing ground rules for the meeting has helped with the pace and flow of the meetings. Preparing meeting summaries and sharing this with the partners has assisted with keeping lines of communication clear and concise. HEALTH invited two guest speakers to attend two meetings to talk about health equity, and how to address the social determinants of health. The speakers also shared tools and resources with the partner agencies. Recognizing hard work and dedication during the meetings has helped to build trust and to strengthen relationships.

Activity 2:

4 ES4 Act 2010

Between 10/2009 and 09/2010, The funded agencies will work with Policy Studies Inc., (marketing and public relations firm) to develop a final report about the assessment results.

The funded agencies will produce and distribute the final report to the general public, decision makers, funders and others.

Activity Status

Not Completed

Activity Outcome

A preliminary report has been completed for the Southside of Providence. Final data reports for the Southside of Providence and Constitution Hill in Woonsocket are being completed now.

HEALTH and the RIPHI are producing these two reports with assistance from Policy Studies Inc. The funded agencies will distribute the final reports to the general public, decision makers, funders and others when complete. The timeline for the completion of these two reports is February 2011.

Reasons for Success or Barriers/Challenges to Success

The door to door interviews took nine attempts before getting a completed interview. A total of 653 in-person interviews have been completed. The data analysis and final reports are currently being developed. The data also needed to be weighted in order to be able to compare it to the statewide Behavioral Risk Factor Surveillance Survey data. These challenges required additional resources and time which has delayed the completion of the final report.

Strategies to Achieve Success or Overcome Barriers/Challenges

Interviewers were recruited through college and universities and through community-based partner agencies, and a special effort was made to recruit Spanish-speaking interviewers to expedite the door to door interviews.

HEALTH's Center for Health Data and Analysis and Brown University collaborated to address the weighted data problem. Carry forward funds were used from the Prevention Block Grant and in-kind epidemiology services were used to complete the weighted data process.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

2 ES4 Imp 2010

Between 10/2009 and 09/2010, RI Public Health Institute will conduct **800** Neighborhood Health Checks (door to door interviews) in collaboration with the five funded community-based agencies.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Public Health Institute conducted **653** Neighborhood Health Checks (door to door interviews) in collaboration with the five funded community-based agencies.

Reasons for Success or Barriers/Challenges to Success

The RIPHI completed 547 in-person interviews in Southside Providence and 106 in-person interviews in Constitution Hill, Woonsocket. Interviews in Central Falls will take place in the Spring of 2011. Randomly choosing blocks and looking at the walkability of the neighborhood takes time. Not everyone was available when we knocked on their doors. We were able to get an interview with an adult in about one out of every nine households we approached.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Southside and Constitution Hill data collection are completed. The next steps are compiling the data into a final report, this effort is underway. The environmental data in Central Falls is complete, however, the door to door interviews will be conducted in the Spring of 2011.

Support on mapping issues from the Providence Plan has been very useful. We completed the sampling frame and laid out the Active Neighborhood Checklist assessment. Interactions with Progreso Latino have been productive for planning for implementation of the in-person interviews in Central Falls in the Spring of 2011. Progreso Latino held a community focus group in Central Falls to help us in making the final decision about the area to be assessed. On-going discussions and recruitment planning for the door to door interviews is being done now.

Activity 1:

2 ES4 Act 2010

Between 10/2009 and 09/2010, RIPHI will complete up to 800 Neighborhood Health Checks (door to door interviews) in coordination with five community-based agencies in five communities.

RIPHI will work with the five agencies to identify the geographic area (streets) to do the door to door interviews.

RIPHI will work with the five agencies to identify community residents to work with the Brown University students and train them on how to conduct the door to door interviews using a systematic approach.

The six agencies will develop a final report about the results of the door to door interviews. The report will include strategies and action steps that will lead to improved community health policies and practices.

Activity Status

Not Completed

Activity Outcome

The RIPHI completed 547 in-person interviews in Southside Providence and 106 in-person interviews in Constitution Hill, Woonsocket, for a total of 653 interviews. Interviews in Central Falls will take place in the Spring of 2011.

Reasons for Success or Barriers/Challenges to Success

Using city planning and census information and input from the community-based agencies and health department staff working in cardiovascular disease prevention, five contiguous "neighborhoods" with high-minority and low income populations were selected for these surveys. In consultation with an epidemiologist and survey expert at Brown University, we made a 20% random selection of blocks across the five neighborhoods in the Southside of Providence. A similar process was done for Constitution Hill in Woonsocket.

The door to door interviews took longer than we had projected. Not everyone was available when we knocked on their door. We were able to get an interview with an adult in about one out of every nine households we approached. The interview was only available in English and Spanish. Other languages would have been helpful, however, due to limited resources we were only able to offer the interview in these two languages.

Strategies to Achieve Success or Overcome Barriers/Challenges

Interviewers were recruited through colleges and universities and through community-based partner agencies, and a special effort was made to recruit Spanish-speaking interviewers. The interviewers were trained to use the Neighborhood Health Check interview rules. Interviews were conducted in English or Spanish and recorded in the same language, usually on a notebook computer with computer assisted technology, sometimes on paper.

Combining the environmental scan with the door to door interviews helped speed up the process. In the beginning we were doing the two assessments separately which was not the best use of our resources or time.

On-going meetings with partners and reaching out to experts has helped us to resolve these problems. Engaging the community partners in the process from the beginning has helped significantly in finding and leveraging resources, rather than just being asked to implement a solution.

Impact/Process Objective 2:

1 ES4 Imp 2010

Between 10/2009 and 09/2010, RI Public Health Institute will conduct **200** environmental scans (Neighborhood Health Checklist) in partnership with the five funded community-based agencies.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Public Health Institute conducted **143** environmental scans (Neighborhood Health Checklist) in partnership with the five funded community-based agencies.

Reasons for Success or Barriers/Challenges to Success

The RIPHI surveyed 103 blocks in Providence south side neighborhoods and 40 blocks in Central Falls. Barriers to successful completion of environmental scans using the Active Neighborhood Checklist included logistics, training and supervision, assuring staff safety, and solid data management.

Mentoring and consultation from experienced survey researchers at Brown University, and regular interaction and feedback from community-based organizations, and support from local police and community residents has led to success.

Strategies to Achieve Success or Overcome Barriers/Challenges

Involving partner community organizations and HEALTH program staff in choosing the tool, modifying data definitions, defining the sample, and making community contacts has been helpful.

Attention to detail in logistics: mapping the segments carefully, resolving issues of adjacent blocks and shared street segments, in-field supervision and resolution of disagreements has helped us overcome barriers..

Recruiting and deploying teams that incorporated college students and community residents. Using didactic and indoor training and team building, followed by field training with immediate feedback has been instrumental in achieving success. Also, contact with community businesses, local police and local community organizations has proven to be good strategies to achieve overall project success.

Activity 1:

1 ES4 Act 2010

Between 10/2009 and 09/2010, RIPHI will work with five (5) community-based agencies to conduct 200 Neighborhood Health Checklist (environmental scans).

RIPHI will develop and maintain the essential information and infrastructure for operations, data collection, analysis and dissemination of the environmental scan results.

RIPHI in partnership with the five funded community-based agencies will establish new partnerships to promote statewide infrastructure for conducting community health assessments and public health planning.

Activity Status

Not Completed

Activity Outcome

We surveyed 103 blocks in Providence south side neighborhoods and 40 blocks in Central Falls.

Reasons for Success or Barriers/Challenges to Success

Barriers to successful completion of environmental scans using Active Neighborhood Checklist included logistics, training and supervision, assuring staff safety, and data management.

Involving partner community organizations and health department program staff in choosing the tool, modifying data definitions, defining the sample, and making community contacts has helped the program be successful. Paying attention to detail in logistics: mapping the segments carefully, resolving issues of adjacent blocks and shared street segments, in-field supervision and resolution of disagreements has also helped us to succeed.

Recruiting and deploying teams that incorporated college students and community residents and providing didactic and indoor training and team building followed by field training with immediate feedback are proven successful strategies. Contact with community businesses, local police and local community organizations as an ongoing strategy has helped to move the project forward.

Strategies to Achieve Success or Overcome Barriers/Challenges

Mentoring and consultation from experienced survey researchers at Brown University and regular interaction and feedback from community-based organizations with key support from local police and community residents are strategies that have helped us achieve our success with this project.

Essential Service 5 – Develop policies and plans

Impact/Process Objective 1:

1 ES5 Imp 2010

Between 10/2009 and 09/2010, RI Public Health Institute will identify **three** college students to work with the five community-based agencies on how to do the community assessments (environmental scans) and (door to door interviews).

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Public Health Institute identified **five** college students to work with the five community-based agencies on how to do the community assessments (environmental scans) and (door to door interviews).

Reasons for Success or Barriers/Challenges to Success

Two students, one from Johnson and Wales University and one from the University of Rhode Island worked with the Rhode Island Area Health Education Center (AHEC), and presented a report on their work to the community partners of the AHEC, meeting a community goal of increasing awareness about healthy neighborhoods.

A Brown University MPH student has assisted in conducting Community Health Assessment workshops to community partners, providing the community-based organization staff with training in using the assessment data and making comparisons with statewide data. The student will be contacting workshop participants and offering “hands-on” assistance in formulating questions and retrieving data to answer the questions, enabling them to set priorities, plan interventions and apply for funding.

A Walden University MPH student is working with a community partner to develop and implement an intervention based upon findings from the neighborhood health assessment.

Strategies to Achieve Success or Overcome Barriers/Challenges

All interview and environment assessment teams have paired university students with community workers, most of which have been recruited through community partner agencies, enhancing the learning environment for students and community organizations.

Activity 1:

1 ES5 Act 2010

Between 10/2009 and 09/2010, RIPHI will identify three college students to work with the five community-based agencies in doing the community assessment process. RIPHI, Department of Health, college students, and the five community-based agencies will work in partnership with the residents of the five respective neighborhoods, to use the results of the assessments to develop policies and plans that will promote health and address the social determinants of health.

Activity Status

Completed

Activity Outcome

A total of five college students were identified to work with the five community-based agencies in doing the community assessment process. These students effectively worked with the community-based agencies in partnership with community residents to complete the community assessments. The assessment results are being compiled in a final comprehensive report to develop policies and plans to promote health and to address social determinants of health.

Reasons for Success or Barriers/Challenges to Success

Two students, one from Johnson and Wales University and one from the University of Rhode Island worked with the Rhode Island Area Health Education Center and presented a report on their work to the community partners of the AHEC, meeting a community goal of increasing awareness about healthy neighborhoods.

A Brown University MPH student has assisted in conducting Community Health Assessment workshops to community partners, providing the community-based organization staff with training in using the assessment data and making comparisons with statewide data. The student will be contacting workshop participants and offering “hands-on” assistance in formulating questions and retrieving data to answer the questions, enabling them to set priorities, plan interventions and apply for funding.

A Walden University MPH student is working with a community partner to develop and implement an intervention based upon findings from the neighborhood health assessment.

Strategies to Achieve Success or Overcome Barriers/Challenges

All interview and environment assessment teams have paired university students with community workers, most of which have been recruited through community partner agencies, enhancing the learning environment for students and community organizations.

Essential Service 9 – Evaluate health programs

Impact/Process Objective 1:

1 ES9 Imp 2010

Between 10/2009 and 09/2010, John Snow Inc., will develop **one** evaluation tool to evaluate the assessment project conducted by the RIPHI in collaboration with the five funded community based agencies.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, John Snow Inc., developed **one** evaluation tool to evaluate the assessment project conducted by the RIPHI in collaboration with the five funded community based agencies.

Reasons for Success or Barriers/Challenges to Success

Additional funds were needed to complete the assessments. This added expense was not anticipated. All partners were actively involved in the decision to eliminate the evaluation activities so the funds could be reallocated to complete the assessments.

Strategies to Achieve Success or Overcome Barriers/Challenges

Information is collected by partners on the process in their monthly reports. It was decided that this information will suffice in providing information for others engaged in similar work, and sharing this information with people and organizations in the community who are interested in our progress as an alternative to a formal evaluation.

All partners are actively engaged in tracking progress and in recording decision making processes, challenges that may emerge, and how these problems were resolved. This information is provided in monthly reports and at monthly meeting discussions via meeting notes. These reports and meeting notes have been summarized so we have a picture of how the partnership is working and where we need improvement. These strategies seem to be working well for the success of the partnership and overall project.

Activity 1:

1 ES9 Act 2010

Between 10/2009 and 09/2010, John Snow Inc., will work the RIPHI, HEALTH and the five community-based agencies to develop an evaluation tool to evaluate the effectiveness of the two assessment tools being used to collect local data in the five neighborhoods.

Activity Status

Completed

Activity Outcome

Information is collected by partners on the process in their monthly reports. It was decided that this information will suffice in providing information for others engaged in similar work, and sharing this

information with people and organizations in the community who are interested in our progress as an alternative to a formal evaluation.

Reasons for Success or Barriers/Challenges to Success

All partners were engaged in the decision to use monthly reports and meeting notes to assess how the partnership is working, what needs improvement, and how we are going to improve the process.

Strategies to Achieve Success or Overcome Barriers/Challenges

Partners are actively engaged in tracking monthly progress and in recording decision making processes, challenges that may emerge, and how these problems were resolved. This information is provided in monthly reports and at monthly meetings via meeting notes. These reports and meeting notes have been summarized so we have a picture of how the partnership is working and where we need improvement.

State Program Title: Community Health Promotion Programs

State Program Strategy:

Goal: Through a request for proposal process HEALTH is funding the following five community-based agencies, African Alliance of RI, Progreso Latino, St. Joseph's Health Services of RI, Urban League of RI and YWCA of Northern RI to work with the lead agency (RIPHI) to do community assessments in (South Side of Providence, Central Falls, and Woonsocket). In addition, these five agencies will work with community residents in their respective neighborhoods to develop a report and plan of action based on the findings to promote health, eliminate disparities and to revitalize their communities.

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, and the neighborhoods stated in the goal section.

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

State Health Objective(s):

Between 10/2009 and 09/2010, HEALTH is funding six community-based agencies they include: RI Public Health Institute, African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, and the YWCA of Northern RI to collect local data in five core neighborhoods (sections of Providence [including the South Side of Providence], Central Falls, and Woonsocket) to identify promoters and barriers for achieving health, safety, and health equity.

State Health Objective Status

Met

State Health Objective Outcome

HEALTH worked with the funded agencies to conduct three focus groups with Africans to identify promoters and barriers for achieving health, to address safety concerns and to discuss health equity.

Reasons for Success or Barriers/Challenges to Success

Three focus group sessions were held with 31 Africans, 12 men and 19 women. The participants were recruited from three cities where most Africans live, they include, Pawtucket, Woonsocket, and Providence. Recruitment took place at churches, social events, and with agencies that serve the African population.

It was necessary to identify respected African leaders who told their personal health stories to set the stage for all of the focus group sessions. It was also important to separate the groups by gender. In the first women's session we only had three participants in this group. We added an additional women's group so we could generalize the results to the larger African community.

Strategies to Achieve Success or Overcome Barriers/Challenges

We worked closely with churches, attended social events and worked with organizations that serve Africans to do the recruitment. This helped us recruit enough people to the men and women's focus group sessions so we could make generalizations about their cultural values, beliefs and health practices to the larger African community. The results of the three focus groups are being used in the community-driven action plan process.

Please note, that the final reports from these focus group sessions are being sent to the CDC Project Officer, under separate cover.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

It was not necessary to leverage funds since this scope of work was included in the contract established with the African Alliance of Rhode Island. The focus group moderator, African leaders and community participants were paid from PHHS Block Grant.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Impact Objective 1:ES3

Between 10/2009 and 09/2010, RI Public Health Institute (lead agency), African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, and the YWCA of Northern RI, will conduct **200** Neighborhood Checklists (environmental scans) within their respective neighborhoods to identify environmental risk factors that impact health outcomes.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Public Health Institute (lead agency), African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, and the YWCA of Northern RI, conducted **143** Neighborhood Checklists (environmental scans) within their respective neighborhoods to identify environmental risk factors that impact health outcomes.

Reasons for Success or Barriers/Challenges to Success

Barriers to successful completion of environmental scans using Active Neighborhood Checklist included logistics, training and supervision, assuring staff safety, and data management.

Strategies to Achieve Success or Overcome Barriers/Challenges

Involving partner community organizations and health department program staff in choosing the tool, modifying data definitions, defining the sample, and making community contacts has led to success. Paying attention to detail in logistics: mapping the segments carefully, resolving issues of adjacent blocks and shared street segments, in-field supervision and resolution of disagreements have proven to be effective strategies. Recruiting and deploying teams that incorporated college students and community residents and implementing didactic and indoor training and team building followed by field training with immediate feedback has assisted us in succeeding. Contact with community businesses, local police and local community organizations is an ongoing strategy that has led to our achieving success.

Activity 1:

Act 2:ES3

Between 10/2009 and 09/2010, RIPHI will work with the five agencies to conduct environmental scans to collect local data that will assist in future public health policy and planning to promote healthy living.

RIPHI and the five agencies will develop a written plan based on the completed assessments.

RIPHI and the five agencies will conduct community feedback sessions about the results of the community assessments to get input from community leaders and residents.

All agencies will work together to develop a client resource guide for the clients they serve in their respective neighborhoods. The guide will include nutrition services, quit smoking programs and other information pertinent to the results of the community assessments that residents will find useful to improve their health status.

All agencies will attend monthly meetings convened by HEALTH to plan and implement the community assessments.

Activity Status

Not Completed

Activity Outcome

A preliminary report on the Southside of Providence has been developed and used with two community forums held in September 2010. A comprehensive final report is currently being produced. Three additional community forums are planned and the community input from these forums will be compiled into a community-driven action plan.

Reasons for Success or Barriers/Challenges to Success

While some progress has been made there has been delays. The door to door interviews took longer to complete than anticipated. It took nine attempts to get one completed interview, which slowed down the process. This work was done on weekends when people are home and when the weather is good. When the season changed, it become too cold, got dark earlier in the day which resulted in safety concerns for the teams in the field conducting the door to door interviews. This has delayed the process for getting the finalized data to the community-based agencies so they can hold community forums that will result in a community-driven plan of action.

Strategies to Achieve Success or Overcome Barriers/Challenges

While the community-based agencies wait for the final data results they have completed a client resource guide for the Southside of Providence. The guide includes nutrition services, quit smoking programs and other information that will help guide residents to places that can help them improve their overall health behaviors. This guide is available in English and Spanish.

The YWCA of Northern Rhode Island has created a client resource guide for residents who live in the Constitution Hill neighborhood of Woonsocket. It includes locations of places to access healthy foods and places to be physically active, quit smoking services and other related health topics.

Central Falls had created a client resource guide prior to this project being implemented. When the door to door interviews are completed, the plan is to review the guide and revise it, if needed. The guide is available in English and Spanish.

Activity 2:**Act 1:ES3**

Between 10/2009 and 09/2010, HEALTH will hold monthly meetings with the funded agencies to establish how the assessments will be conducted, to map the specific areas to be assessed and to establish a timeline to do this work.

HEALTH will work collaboratively with the six funded agencies to develop community feedback sessions with community leaders and residents about the environmental scan results.

The six funded agencies will prepare a written report about the community feedback sessions and incorporate cultural values, beliefs and practices that are identified during the community feedback sessions.

HEALTH will encourage agencies to share ideas, resources and strategies that will promote healthy living.

Activity Status

Completed

Activity Outcome

HEALTH holds monthly meetings with the funded agencies to discuss the community assessment process, identify the specific block segments where the environmental scans and interviews are held, and to establish an agreed upon timeline for the agencies involved in doing this work.

HEALTH worked with the funded agencies and in September 2010 held a community feedback session with the Resident Leadership Network to discuss the results of the environmental scans and the preliminary findings of the door to door interviews completed on the Southside of Providence.

A written report was prepared based on the community input from the Resident Leadership Network. Three reports from the three focus group sessions with the African population has also been included as part of the written report.

Ideas, barriers, challenges, and strengths of the community are discussed at monthly meetings. A resource guide for the Southside of Providence has been created. This guide is used to promote places in the community where people can access healthcare services, healthy food options, and places for physical activity.

Reasons for Success or Barriers/Challenges to Success

The collaborative process takes time and requires a lot of contact with the partners to keep the momentum going. Convening the funded agencies monthly, brainstorming ideas and solutions to barriers and challenges encountered in the field, and the establishment of the Urban Health Watch blog (based at the Urban League), has significantly contributed to fostering good communication and moved us into collective action in reaching our objectives.

Turf issues continue to be a barrier for achieving our optimal success. Staff turn over at two of the community based agencies has slowed down progress with Progreso Latino and the Urban League of RI.

Strategies to Achieve Success or Overcome Barriers/Challenges

At monthly meetings HEALTH has invited guest speakers to talk about health equity and to identify tools for working together to achieve our best collectively. This strategy has helped, however, turf issues and a lack of resources continue to be issues of concern. Openly discussing these problems and concerns has led to building more trusting relationships. Staff turn over is an on-going concern. At this time, all six community-based agencies have staff on board working on this project. The HEALTH contract officer continues to work with the agencies as a group and individually to identify issues of concern and problem-solve so our project goals are met.

Activity 3:

Act 3:ES3

Between 10/2009 and 09/2010, By September 30, 2010, 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 September 30, 2010, the six funded agencies will develop a report and plan of action 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. Outreach efforts will include 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 September 30, 2010, the six funded agencies will develop a final report to HEALTH that provides details on how they focused their community education; describe community members enrolled in the programs, their health conditions and health behaviors; identify community resources related to conditions for which populations experience a disproportionate burden; and recommend policies or plans that address behavioral or environmental changes in the communities they serve.
3. By September 30, 2010, 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 30, 2010, 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, 2010, 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

Not Completed

Activity Outcome

The final results of the environmental scans and door to door interviews completed on the Southside of Providence are currently being developed. A preliminary summary report of the Southside data was issued

in September 2010. This document was used to conduct two community feedback sessions and it was also shared with the Prevention Block Grant Advisory Committee. Notes from the community feedback sessions have been developed. This information has been disseminated to the agencies working on this project. However, the final report has been delayed.

Reasons for Success or Barriers/Challenges to Success

The door to door interviews have taken longer to complete. Not everyone was available when we knocked on their doors. We were able to get an interview with an adult in about one out of every nine households we approached. The community assessment tools and interviews are only available in English and Spanish. There were times when the adult in the household spoke another language and we were not able to interview them.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Rhode Island Public Health Institute increased its recruitment process for hiring additional college students and community residents to assist with the door to door interviews in order to expedite the process. This was achieved by using PHHS carry forward funds to do the additional recruitment, hiring and training.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Impact Objective 1:ES4

Between 10/2009 and 09/2010, RI Public Health Institute, African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, YWCA of Northern RI will conduct **800** Neighborhood Health Checks (door to door interviews), within their five respective neighborhoods, to identify promoters and barriers in the community that promote or prevent healthy living.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Public Health Institute, African Alliance of RI, Progreso Latino Inc., St. Joseph's Health Services of RI, Urban League of RI, YWCA of Northern RI conducted **653** Neighborhood Health Checks (door to door interviews), within their five respective neighborhoods, to identify promoters and barriers in the community that promote or prevent healthy living.

Reasons for Success or Barriers/Challenges to Success

The Southside and Constitution Hill data collection are complete. The next steps are compiling the data into a final report, this effort is underway. The environmental data in Central Falls is complete, however, the door to door interviews will be conducted in the Spring of 2011.

Strategies to Achieve Success or Overcome Barriers/Challenges

For Central Falls, support on mapping issues from the Providence Plan has been very useful. The sampling frame is completed and the Active Neighborhood Checklist assessment is done. Interactions with Progreso

Latino have been productive for planning for implementation of the door to door interviews in Central Falls in the Spring of 2011. Progreso Latino held a community focus group in Central Falls to help us in making the final decision about the area to be assessed. On-going discussions and recruitment planning for the door to door interviews is currently underway.

Activity 1:

Activity Impact Objective 1:ES4

Between 10/2009 and 09/2010, 1. By October 1, 2009, establish contracts with the six funded agencies.

2. By September 30, 2010, the five funded agencies in partnership with the lead agency (RI Public Health Institute) will complete the door to door interviews to determine environmental risks, community assets, burden of chronic diseases, detailed information about promoters and barriers to lifestyle changes of clients and residents, behaviors associated with achievement and maintenance of targeted health goals, and resources needed for future success that improve the quality of life and eliminate health disparities in the communities.

Activity Status

Not Completed

Activity Outcome

In October 2009, HEALTH established six contracts with the six funded agencies, they include, African Alliance of Rhode Island, Progreso Latino, Rhode Island Public Health Institute, St. Joseph Health Services of Rhode Island, Urban League of Rhode Island, and the YWCA of Northern Rhode Island.

In September 2010, the Rhode Island Public Health Institute completed the environmental scans and 547 in-person interviews on the Southside of Providence. A final report with the community assets, burden of chronic diseases, detailed information about promoters and barriers to lifestyle changes of clients and residents, behaviors associated with achievement and maintenance of targeted health goals, and resources needed for future success that improve the quality of life and that address the elimination of health disparities in the communities is being developed. The anticipated timeline for completion of the written report is February 2011.

Reasons for Success or Barriers/Challenges to Success

The door to door interviews have taken longer to complete. Due to the nature of this work, the interviews must be done on weekends when people are most likely to be home. Also for the safety of the interviewers the interviews are done during the daylight hours only. This has slowed down the process in getting this field work completed in accordance with the original timeline that was established.

Additional resources needed to be identified to expedite the work in the field.

Strategies to Achieve Success or Overcome Barriers/Challenges

Carry forward funds were used from the PHHS funds to recruit, hire and train additional college students and community residents to expedite this field work. The 547 in-person interviews were completed on the Southside of Providence, and 106 in-person interviews were completed on Constitution Hill in Woonsocket. The in-person interviews in Central Falls has been delayed. A plan of action has been outlined to complete the door to door interviews in Central Falls in the Spring of 2011. The environmental scans are done for all three communities, Southside of Providence and in Central Falls. Another agency the RI Local Initiatives Support Corporation (LISC) had recently completed environmental scans in Constitution Hill, Woonsocket, so we are using this data. The group decided it was not necessary to do environmental scans in this neighborhood.

State Program Title: GirlStrength

State Program Strategy:

State Program Strategy:

Goal: Prevent violence against girls and women.

Priorities: According to Catalano, Berglund, Ryan, Lonscak, and Hawkins (2004) Positive Youth Development can be operationalized by achieving one or more of the following objectives: promoting bonding, social competence, emotional competence, cognitive competence, behavioral competence, moral competence, and fostering resilience, self-determination, spirituality, self-efficacy, clear and positive identity, belief in the future, pro-social norms, and providing recognition of positive behavior and opportunities for pro-social involvement.

Recently, the American Psychological Association (APA) released a report by the Task Force on the Sexualization of Girls (Zurbriggen, et al., 2009). This report states that girls are inundated with media images presenting girls and women as sexual objects. According to the report the constant bombardment of these images leads girls towards a variety of unhealthy outcomes, ranging from low self-esteem and depression to eating disorders.

The objectification of women and girls in the media creates an environment in the culture that supports violence against women, as girls are seen as good for only "one thing" (Zurbriggen et al., 2009). Exposure to sexualized images of girls and women leads both males and females to the belief that violence against women is normal and acceptable. And the sexualization of women and girls also leads to compete with each other and police each other's behavior, allowing only for a very narrow expression of acceptable behavior and curtailing their freedom of expression.

As recommended by the APA's report, GirlStrength will include workshops on media literacy and exposure to alternative girl-positive media, and girl empowerment. GirlStrength will provide girls with information about relation aggression (non-physical aggression) between girls and healthy interactions with dating partners. Sexual assault and dating violence risk reduction will also be part of GirlStrength programming (emphasizing that victims are not responsible for abuse).

Primary Strategic Partners:

RI Department of Health, Injury Prevention Program
Public Middle and High Schools (approximately 150 schools)
Day One (Rape Prevention & Sexual Assault agency)
Boys' and Girls' Clubs
YWCA
Community Centers and Youth Organizations and Summer Camps

Role of PHHSBG Funds: The role of the Block Grant in this program is to provide funds to Day One to design and implement GirlStrength a Positive Youth Development model to focus the strengths and positive skills that girls already have, and work to further develop them. Through education about topics ranging from self-esteem building to healthy interactions, GirlStrength will give girls the tools to build their self-confidence and demand respect in all of their relationships.

GirlStrength will address the health priorities listed above through programming targeting girls ages 11-14 in community organizations and after-school programs throughout the state.

Evaluation Methodology: All programs will be assessed by data collected from pre and post program surveys from participants and staff members. This information will serve in the development and design of

future presentations to improve and enhance the program. Workshops will include large and small group discussions, group activities and media presentation.

National Health Objective: 15-36 Sexual assault

State Health Objective(s):

Between 10/2009 and 09/2010, By September 30, 2010,

Ten six-session programs will be offered to 150 middle school age girls.

Half of the programs will be presented in urban communities and the other half in rural communities.

Up to five parent sessions will be offer in settings such as, the Boys' and Girls' Clubs, YWCA, Community Centers, Youth Organizations, and at summer camps.

State Health Objective Status

Not Met

State Health Objective Outcome

Between 10/2009 and 09/2010, five GirlStrength programs were presented. Four programs were presented in urban communities, and one program was held in a rural community.

Reasons for Success or Barriers/Challenges to Success

The program was very well received by the girls, schools and organizations who participated in the program. The College Crusade, a high school organization, was very interested in the program and because middle school recruitment was problematic, a program was offered to them. As a result, we identified the need for this type of program with the older population as well as the originally identified middle-school population.

One barrier to success was the time it took to develop the program curriculum. It was not finalized until spring and most schools felt it was too late to fit the program into their after-school schedule. One after-school program was scheduled, however attendance at the program was inconsistent. Summer programs were also a challenge as attendance was consistently low - a finding we find consistent with most summer programs. Two programs were scheduled in the early fall. Although parent workshops were highly recommended and encouraged, none were scheduled.

Strategies to Achieve Success or Overcome Barriers/Challenges

An intentional effort was to seek after-school, school-based programs in the fall. Attendance at these programs was found to be higher and more consistent. Regarding the parent workshops, Day One will work with schools and organizations to develop a parent component that will be required as part of the program.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

As a result of the start-up funds received by PHHS Block Grant funding, Day One was able to secure additional funding to continue the GirlStrength program.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

1 ES3 Impact Objective

Between 10/2009 and 09/2010, Day One will implement **10** six session programs to 150 middle school girls.

Impact/Process Objective Status

Not Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Day One implemented **five** six session programs to 150 middle school girls.

Reasons for Success or Barriers/Challenges to Success

The program was very well received by the girls, schools and organizations who participated in the program. The College Crusade, a high school organization, was very interested in the program and because middle school recruitment was problematic, a program was offered to them. As a result, we identified the need for this type of program with the older population as well as the originally identified middle-school population.

One barrier to success was the time it took to develop the program curriculum. It was not finalized until spring and most schools felt it was too late to fit the program into their after school schedule. One afterschool program was scheduled in the spring, but attendance was inconsistent. Summer programs were also a challenge as attendance was consistently low - a finding we find consistent with most summer programs. Two programs were scheduled in the early fall. Although parent workshop were highly recommended and encouraged, none were scheduled.

Strategies to Achieve Success or Overcome Barriers/Challenges

An intentional effort was to seek after-school, school-based programs in the fall. Attendance at these programs was found to be higher and more consistent. Regarding the parent workshops, Day One will work with schools and organizations to develop a parent component that will be required as part of the program.

Activity 1:

1 ES 3 Activity

Between 10/2009 and 09/2010, By September 30, 2010,

- o Ten to 15 six-session programs will be completed.
- o Ten to fifteen workshops will be presented to parents and staff.
- o Approximately 150 middle school girls will be reached through the program
- o Approximately half of the programs will be presented in urban communities and half in rural communities. (Middle schools and/or community organizations (Boys' and Girls' Clubs, YWCA, Community Centers, Youth Organizations, and Summer Camps).

Activity Status

Not Completed

Activity Outcome

- 5 six-session programs have been completed.
- 0 workshops will be presented to parents and staff.

- Approximately 57 middle school girls will be reached through the program
- 4 of the programs were held in urban communities, one in a rural community

Reasons for Success or Barriers/Challenges to Success

The program was very well received by the girls, schools and organizations who participated in the program. The College Crusade, a high school organization, was very interested in the program and because middle school recruitment was problematic, a program was offered to them. As a result, we identified the need for this type of program with the older population as well as the originally identified middle-school population.

One barrier to success was the time it took to develop the program curriculum. It was not finalized until spring and most schools felt it was too late to fit the program into their after school schedule. One afterschool program was scheduled in the spring, but attendance was inconsistent. Summer programs were also a challenge as attendance was consistently low - a finding we find consistent with most summer programs. Two programs were scheduled in the early fall.

Although parent workshop were highly recommended and encouraged, none were scheduled.

Strategies to Achieve Success or Overcome Barriers/Challenges

An intentional effort was to seek after-school, school-based programs in the fall. Attendance at these programs was found to be higher and more consistent. Regarding the parent workshops, Day One will work with schools and organizations to develop a parent component that will be required as part of the program.

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 (5.4%), Native Americans (0.5%), Hispanic Americans (11.6%), 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 10/2009 and 09/2010, 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

Not Met

State Health Objective Outcome

The development and implementation of a health improvement plan has been delayed.

Reasons for Success or Barriers/Challenges to Success

The challenge to success was the unexpected late launch of Healthy People 2020 therefore delaying the creation of a Healthy Rhode Island 2020 Health Improvement Plan in the expected time.

Strategies to Achieve Success or Overcome Barriers/Challenges

In spite of the late launch of Healthy People 2020, HEALTH hosted a public viewing of the Healthy People 2020 launch in December 2010. All HEALTH staff were invited to this event, approximately 50 HEALTH staff attended, a dozen community-based agencies and two other State agencies participated in this viewing.

HEALTH is currently identifying conventional and unconventional partnerships to develop a Healthy Rhode Island 2020 Health Improvement Plan for the next decade by December 2011.

The Healthy Rhode Island 2020 health improvement plan will be developed by December 2011, based on overarching goals to achieve health equity, eliminate disparities, and improve the health of all groups.

Leveraged Block Grant Dollars

No

Description of How Block Grant Dollars Were Leveraged

Carry forward funds will be available from the PHHS Block Grant to complete this scope of work.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 1 – Monitor health status

Impact/Process Objective 1:

Impact Obj 1:ES1

Between 10/2009 and 09/2010, Rhode Island Department of Health will review **27** RI health objectives by race and ethnicity and select population groups by age group, gender, income level, education level, and disability status, in preparation of the final 2010 report on health disparities.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Rhode Island Department of Health reviewed **27** RI health objectives by race and ethnicity and select population groups by age group, gender, income level, education level, and disability status, in preparation of the final 2010 report on health disparities.

Reasons for Success or Barriers/Challenges to Success

All 27 Health Objectives were reviewed in preparation for a final report. This was met due to the collaboration with program staff, epidemiologists, evaluators from HEALTH and with staff from other community-based agencies.

Strategies to Achieve Success or Overcome Barriers/Challenges

Each program had a working template provided to them. Information was reviewed and additional information was added, as needed, based on group input at the meetings.

Activity 1:

Activity Impact Obj:ES1

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

By September 30, 2010, 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

Completed

Activity Outcome

Activity completed during reporting period. An external vendor, Policy Systems Inc. (PSI) has been identified to produce the final report.

Reasons for Success or Barriers/Challenges to Success

Process for creating and distributing the 2010 final report has been completed. Update and edits may take place in the final report of Healthy RI 2010 with most current data through the end of 2010 calendar year.

Strategies to Achieve Success or Overcome Barriers/Challenges

The coordinator of this program will and has been meeting with each program, reminding key program staffers working on the 27 health objectives to update and maintain their data and narrative for Healthy RI 2010.

Activity 2:

Hire new coordinator

Between 10/2009 and 06/2010, Hire new FTE to coordinate departmental efforts around Healthy People 2010 and Healthy People 2020.

Activity Status

Completed

Activity Outcome

Coordinator hired on March 1, 2010.

Reasons for Success or Barriers/Challenges to Success

State hiring freeze was lifted for this position and it was backfilled.

Strategies to Achieve Success or Overcome Barriers/Challenges

Completion of PBG grant objectives was considered essential and this work was made a top priority.

Being able to finally hire program staff has led to our achieving success with this objective.

Impact/Process Objective 2:

Impact Obj 2:ES1

Between 10/2009 and 09/2010, RI Department of Health will develop **1** unified system for resource allocation within the Division of Community, Family Health and Equity that is reflective of the Healthy People 2020 goals and the health equity framework.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Department of Health developed **one** unified system for resource allocation within the Division of Community, Family Health and Equity that is reflective of the Healthy People 2020 goals and the health equity framework.

Reasons for Success or Barriers/Challenges to Success

The Division of Community, Family Health and Equity has developed a resource allocation tracking system that includes the health equity framework. This framework is being used to advance the Healthy People 2020 objectives and goals. This tool is being used for division wide strategic and program planning and to allocate resources.

Strategies to Achieve Success or Overcome Barriers/Challenges

This framework was adapted from Thomas Frieden MD, MPH, who presented it at the Weight of the Nation Conference in Washington, DC, in July 2009. The Executive Director of Health, Division of Community, Family Health and Equity is using this framework to advance our health equity work.

Activity 1:

Hire Health People Coordinator

Between 01/2010 and 09/2010, Hire a coordinator to assist the RI Department of Health review and implement components of the HP 2020 framework.

Activity Status

Completed

Activity Outcome

A Coordinator was hired in March 2010.

Reasons for Success or Barriers/Challenges to Success

The Coordinator has had to postpone the development of Rhode Island's implementation of Healthy People 2020 framework due to the delay at the national level in releasing the Healthy People 2020 objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Strategic planning is currently on hold. There is particular interest in the social determinants of health objectives that have not yet been released.

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Impact Obj 1:ES3

Between 10/2009 and 09/2010, RI Department of Health will update 25% of its public health materials and incorporate the 27 Healthy Rhode Island Objectives into the revised materials.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Department of Health updated 40 of its public health materials and incorporate the 27 Healthy Rhode Island Objectives into the revised materials.

Reasons for Success or Barriers/Challenges to Success

The RI Department of Health revised over 40 percent of its material during this reporting period. When appropriate, material referenced the Healthy People objectives. However, we have started to make the shift from the past Healthy Rhode Island Objectives. We are now introducing information about the 2020 Healthy People framework and the process RI will take to frame new objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Programs connected to the 27 Healthy Rhode Island Objectives, they continue to monitor and evaluate progress on these objectives. When changes to the status were found the materials were changed appropriately. Best and promising practices were promoted. Programs are moving forward with sharing materials and resources from the Healthy People 2020 framework.

Activity 1:

Activity Impact Obj 1:ES3

Between 10/2009 and 09/2010, By August 31, 2010, 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, 2010, 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, 2010, 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 Completed

Activity Outcome

Healthy Rhode Island 2010 objectives were integrated into informational resources for our community groups.

Reasons for Success or Barriers/Challenges to Success

Programs that report under the 27 objectives have posted materials geared toward the community.

Healthy RI 2010 cannot be posted for updates because no recent data has been provided. This material will be finalized in July 2011. Programs are producing materials that are related to the Healthy People 2020 framework.

Strategies to Achieve Success or Overcome Barriers/Challenges

The Coordinator will continue to remind programs that they need to update their data to reflect close out of Healthy RI 2010. Email blasts about Healthy People 2020 and updates to internal and external partners are underway. We are seeking conventional and unconventional partnerships from community-based agencies to ensure optimum success of Healthy RI 2020 launch.

Impact/Process Objective 2:

Impact Obj 2:ES 3

Between 10/2009 and 09/2010, Rhode Island Department of Health will update **15** health promotion and resource materials and translate them into Spanish and Portuguese.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Rhode Island Department of Health updated **15** health promotion and resource materials and translate them into Spanish and Portuguese.

Reasons for Success or Barriers/Challenges to Success

Between 10/2009 and 09/2010, 35 Spanish health promotion and resource materials have been translated. 10 Portuguese health promotion and resource materials have been translated. This is largely due to the active compliance of CLAS standards at HEALTH.

Strategies to Achieve Success or Overcome Barriers/Challenges

Goal met and exceeded in providing Rhode Island consumers with customer friendly and accurate Health materials in their preferred languages.

Activity 1:

Activity Impact Obj 2: ES3

Between 10/2009 and 09/2010, By May 31, 2010, 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, 2010, identify 20% of the identified materials that should be prioritized for translation into Spanish and Portuguese.

By September 30, 2010, translate at least 20% of the identified materials into Spanish and Portuguese and post them on the HEALTH website.

Throughout FY 2010, continue to review materials that may need to be offered in other languages and translate as appropriate.

Activity Status

Completed

Activity Outcome

HEALTH translated 20% of its materials into Spanish and Portuguese, during this reporting period.

Reasons for Success or Barriers/Challenges to Success

Due to an emerging public health issue, H1N1, program specific materials were translated at a slower pace than anticipated. This was due to staff being re-assigned to help with the H1N1 situation.

Strategies to Achieve Success or Overcome Barriers/Challenges

Staff worked diligently to meet the goal of having 20% of its materials translated into Spanish and Portuguese and was able to achieve this goal.

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

Impact Obj 1:ES4

Between 10/2009 and 09/2010, RI Department of Health will identify **9** coordinators from the Minority Health Promotion Centers to be trained on the 27 Healthy Rhode Island Objectives and integrate these objectives into programs that serve racial and ethnic minorities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Department of Health identified **15** coordinators from the Minority Health Promotion Centers to be trained on the 27 Healthy Rhode Island Objectives and integrate these objectives into programs that serve racial and ethnic minorities.

Reasons for Success or Barriers/Challenges to Success

Training was extended to additional community based agencies. Total of 15 coordinators of respective Minority Health Promotion centers programs were trained on the Healthy RI objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

Training opportunities will continue to be offered to the Minority Health Promotion network which includes 32 currently or previously funded minority serving agencies.

Activity 1:

Activity Impact Obj 1:ES4

Between 10/2009 and 09/2010, By August 31, 2010, 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, 2010, 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

All trainings were completed during this reporting period. Funded agencies addressed the following Rhode Island Health Objectives:

Physical Activity
Overweight & Obesity
Tobacco Use
Substance Abuse
Responsible Sexual Behavior
Immunization
Mental Health
Injury & Violence
Environmental Quality
Access to Health Care

The Office of Minority Health staff worked with programs internal to HEALTH to provide options of best and/or promising practices that could be developed with minority serving organizations.

Reasons for Success or Barriers/Challenges to Success

Success was achieved by working effectively with community-based organizations to use evaluated and evidence-based curriculum.

Strategies to Achieve Success or Overcome Barriers/Challenges

Working with program specific HEALTH programs, helped us identify best and promising practices across a host of health topics. This enabled us to succeed with our community-based partners in getting them to use evidence-based curriculums.

Impact/Process Objective 2:

Impact Objective 2: ES4

Between 10/2009 and 09/2010, Rhode Island Department of Health will conduct **4** meetings with the Minority Health Advisory Committee to update and receive guidance on public health issues that address the elimination of racial and ethnic disparities.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Rhode Island Department of Health conducted **10** meetings with the Minority Health Advisory Committee to update and receive guidance on public health issues that address the elimination of racial and ethnic disparities.

Reasons for Success or Barriers/Challenges to Success

Minority Health Advisory Committee requested that each meeting should incorporate an update and guidance on public health issues that address the elimination of racial and ethnic disparities during this reporting period. Additionally, this issue was also an emphasis during the Minority Health Advisory retreat held in July 2010.

Strategies to Achieve Success or Overcome Barriers/Challenges

Continue partnership and collaboration with Minority Health Advisory Committee and external partners to the Department of Health.

Activity 1:

Activity Impact Obj 2:ES4

Between 01/2010 and 09/2010, 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 Completed

Activity Outcome

The Healthy RI 2010 Advisory Committee did not meet during this reporting period. Planning is underway to consolidate this group with other workgroups doing related work. This combined workgroup will meet in February 2011 to finalize and close out Healthy RI 2010 and to implement a plan of action for Healthy RI 2020.

Reasons for Success or Barriers/Challenges to Success

Healthy RI 2010 Coordinator has met with several internal HEALTH programs to update information. Work is underway to continue to work on the elimination of health disparities through program implementation and policy changes.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are scheduling regular meetings with the Healthy People 2020 workgroup. We continue to collaborate with our community partners to get buy in for Healthy People 2020 objectives. A presentation with our partners and stakeholders is being developed to show the connection between Healthy People 2020 and Rhode Island's public health goals.

Activity 2:

Hire new staff to support advisory

Between 01/2010 and 06/2010, Hire new FTE to coordinate departmental efforts around Healthy People 2010 and Healthy People 2020 Advisory Committee.

Activity Status

Not Completed

Activity Outcome

A full-time Coordinator was hired on March 1, 2010.

Reasons for Success or Barriers/Challenges to Success

Efforts are underway to convene the Healthy People 2020 Advisory Committee and to close out Healthy People 2010. We have encountered delays due to the delay at the national level in releasing the Healthy People 2020 objectives.

Strategies to Achieve Success or Overcome Barriers/Challenges

We are convening the Healthy People 2020 Advisory Committee in February 2011. We will stay current with the release of Healthy People 2020 goals and objectives related to health disparities and the social determinants of health.

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 10/2009 and 09/2010, By September 30, 2010, reduce rape and attempted rape of persons aged 12 and older to no more than .7 per 1,000 individuals. .

State Health Objective Status

Not Met

State Health Objective Outcome

Rape and attempted rape of persons aged 12 and older is approximately .754 per 1,000 residents

Reasons for Success or Barriers/Challenges to Success

Rape prevention is an ongoing process and prevention is difficult to measure. As education programs address changing social norms, and social norm change strategies are implemented, prevention efforts are promising. The data measuring this objective is difficult as well, as Rhode Island does not conduct yearly surveillance numbers around sexual violence.

Strategies to Achieve Success or Overcome Barriers/Challenges

We will continue to work on our identified prevention strategies and to identify strategies to evaluate the impact of our work.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Day One leveraged the PHHS Block Grant funds by providing information about available services and other educational opportunities whenever a presentation was made in the community. This often led participants to take advantage of available services, or to participate in additional, non-funded, educational opportunities.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 3 – Inform and Educate

Impact/Process Objective 1:

Impact Objective 1:ES3

Between 10/2009 and 09/2010, Day One will provide abuse prevention programs to **700** students, teachers, counselors and parents.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Day One provided abuse prevention programs to **744** students, teachers, counselors and parents.

Reasons for Success or Barriers/Challenges to Success

Over the years, Day One's Education Department has developed successful relationships with many schools and organizations. Our agency's expertise on issues of sexual violence prevention has led to schools and organizations often requesting workshops for the following year. Programs are frequently requested for new students, new staff, or as a result of a specific need or incident that occurred in the community.

Strategies to Achieve Success or Overcome Barriers/Challenges

We continue to build on our successful relationships and spread the word about the importance of offering sexual violence prevention in schools, in community settings and wherever people want this important information disseminated.

Activity 1:

Activity 1:ES3

Between 10/2009 and 09/2010, **Increase rape awareness**

By September 30, 2010, Day One will deliver abuse prevention programs to middle junior and senior high school students statewide, and provide professional education and training for adults that will:

- * provide information about root causes of sexual violence and sexual violence prevention
- * provide opportunities for participants to develop and practice communication skills
- * present various helpful bystander strategies and offer opportunities for participants to practice skills
- * encourage participants to role model healthy relationships and positive behaviors
- * provide opportunities for presenting separate workshops for males and females
- * provide information about Day One and community resources
- * make crisis intervention services available for program participants who disclose abuse
- * implement capacity building strategies within schools and communities
- * provide "Question Time" following each student training so those students may discuss problems of abuse in private with trained staff
- * provide crisis intervention, support and referral services to all children who disclose abuse following training presentations.

Activity Status

Completed

Activity Outcome

Between 10/2009 and 09/2010, delivered abuse prevention programs to middle junior and senior high school students statewide, and provided professional education and training for adults, this includes:

- * provided information about root causes of sexual violence and sexual violence prevention;
- * provided opportunities for participants to develop and practice communication skills;
- * presented various helpful bystander strategies and offered opportunities for participants to practice skills;
- * encouraged participants to role model healthy relationships and positive behaviors;
- * provided opportunities for presenting separate workshops for males and females;
- * provided information about Day One and community resources;
- * made crisis intervention services available for program participants who disclose abuse;
- * implemented capacity building strategies within schools and communities;
- * provided "Question Time" following each student training so students may discuss problems of abuse in private with trained staff; and
- * provided crisis intervention, support and referral services to all children who disclosed abuse following training presentations.

Reasons for Success or Barriers/Challenges to Success

Establishing good relationships in school and community settings over the years, has built good visibility and credibility for Day One. Education and training are core services that we provide to children and adults on a statewide level.

Strategies to Achieve Success or Overcome Barriers/Challenges

Day One will continue to expand and build upon the successful training it provides. Keeping current with local, state, and national events related to abuse prevention programs is an important strategy for being successful in this type of work.

Activity 2:

Activity Objective 2:ES3

Between 10/2009 and 09/2010, **Statewide public relations plan**

By September 30, 2010, Day One will develop and implement a statewide public relations plan designed to increase awareness of violence against women, and to promote all services, including the Victims Crime Helpline.

By September 30, 2010, Day One 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

Day One delivered abuse prevention programs to 744 middle junior and senior high school students statewide and provided professional education and training to a dozen adults.

Reasons for Success or Barriers/Challenges to Success

Student programs are successful. Attendance for parents and professionals continues to be a problem.

Strategies to Achieve Success or Overcome Barriers/Challenges

Collaborating with organizations to strategize ways to increase attendance and developing new and effective marketing outreach efforts is underway. Day One continues to work with schools and organizations for new strategies to increase adult attendance. Day One is developing new and better marketing strategies and is targeting participants in an on-line recruitment process.

Essential Service 7 – Link people to services

Impact/Process Objective 1:

Impact Objective 1:ES7

Between 10/2009 and 09/2010, Day One will provide training sessions in non-school settings about sexual assault and child abuse to 50 adolescents.

Impact/Process Objective Status

Exceeded

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, Day One provided training sessions in non-school settings about sexual assault and child abuse to 66 adolescents.

Reasons for Success or Barriers/Challenges to Success

Student programs are successful. Attendance is a continual problem for parents, as well as professionals.

Strategies to Achieve Success or Overcome Barriers/Challenges

Collaborating with organizations to strategize ways to increase attendance and developing new and effective marketing outreach. Day One continually works with schools and organizations for new strategies in increasing participant attendance. Day One is developing strategies for better marketing, as well as in targeting participants in on-line recruitment.

Activity 1:

Activity 1:ES7

Between 10/2009 and 09/2010, Day One will offer four trainings to adolescents in non-school settings.

Day One will provide training for medical personnel at all Rhode Island hospitals and emergency rooms.

Day One will conduct training and informational workshops for police departments and other law enforcement personnel dealing with victims of sexual assault.

Day One will provide comprehensive training to 50 new volunteer advocates who will work directly with victims at hospitals and police departments.

Activity Status

Completed

Activity Outcome

Day One provided training for **70** medical personnel at four Rhode Island hospitals and emergency rooms.

Day One provided comprehensive training to **50** new volunteer advocates who will work directly with victims at hospitals and in police departments.

Reasons for Success or Barriers/Challenges to Success

Scheduling hospital trainings can be time intensive due to the varied schedules of emergency department staff. We have mailed two invitations for training and followed up with each of the 11 hospitals by phone.

Strategies to Achieve Success or Overcome Barriers/Challenges

We now have a dedicated staff person specifically doing outreach and training to all 11 hospitals in the state. The Training and Outreach Coordinator has begun reaching out to area hospitals to schedule training, offering free sessions on "Screening for Violence" and the Sexual Assault Evidence Collection Kit.

State Program Title: Technology Support for Healthy Communities

State Program Strategy:

Goal: The purpose of Technology Support for Healthy Communities is to support local health initiatives, systems, and policies through development of sophisticated technology tools and strategies to assess, communicate and address complex social, political and physical determinants of health and well-being.

Health Priorities: **Achieve health equity and eliminate health disparities by impacting social determinants of health; and Support local health program, systems, and policies to achieve healthy communities.**

Primary Strategic Partners: External- Providence Plan, Greater Providence YMCA, Providence government. 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; Center for Health Data and Analysis.

Evaluation Methodology: The Health Promotion & Wellness Team will track accomplishment of project objectives, including development of layered GIS data reports of multiple community risks and determinants of health; development of an iterated strategic plan for local use of technology; website development and enhancements; communications and assessment tools; and numbers and satisfaction of users.

National Health Objective: 7-10 Community health promotion programs

State Health Objective(s):

Between 10/2009 and 09/2010, The Olneyville Neighborhood Coalition of Providence, one of six core health planning cities in RI, will have established a community health promotion program that addresses multiple Healthy People 2010/2020 focus areas, and the social, political and physical determinants of health, informed by web accessible, technology-based, user friendly, comprehensive information on local tobacco, obesity and safety related risks.

State Health Objective Status

Met

State Health Objective Outcome

HEALTH integrated questions related to use of information technology, such as ,websites, smart phone, and social media, to access comprehensive information on local tobacco, obesity and safety related risks.

Questions were included in an Intercept Interview Guide that was administered at the local level by five trained Olneyville residents. A focus group guide was also developed during this time period and will be implemented in December 2010.

Reasons for Success or Barriers/Challenges to Success

To better integrate this objective into the broader work of the Division of Community, Family Health and Equity, the program decided that it would be more effective to join efforts with the Olneyville Integration Pilot Project supported by the Healthy Communities Program and the Initiative for a Healthy Weight. While this strategy has reduced duplication of effort, it has also extended the timeline for the work. The Olneyville Integration Pilot Project will complete their community assessment process in April 2011.

A strategic plan will be developed based on assessment results that will include a community health promotion program that addresses multiple Healthy People 2010/2020 focus areas, and the social, political

and physical determinants of health, informed by web accessible, technology-based, user friendly, comprehensive information on local tobacco, obesity and safety related risks.

Strategies to Achieve Success or Overcome Barriers/Challenges

HEALTH hired a consultant with expertise in use of Information Technology to assist the project to determine use, frequency, and type of access to various forms of social media and other Internet-based modes of communication.

Leveraged Block Grant Dollars

Yes

Description of How Block Grant Dollars Were Leveraged

Partners that engaged in the Olneyville Integration Pilot Project provided financial support and program expertise. Partners include, Prevention Block Grant, Initiative for a Healthy Weight, Healthy Communities Program, Tobacco Control Program and Diabetes Prevention and Control Program.

ESSENTIAL SERVICES – OBJECTIVES – ANNUAL ACTIVITIES

Essential Service 4 – Mobilize Partnerships

Impact/Process Objective 1:

1ES4

Between 10/2009 and 09/2010, RI Department of Health will establish **one** contract to develop technology support that shares information and resources for healthy living to the pilot community site in the Olneyville neighborhood in Providence.

Impact/Process Objective Status

Met

Impact/Process Objective Outcome

Between 10/2009 and 09/2010, RI Department of Health established **one** contract to develop technology support that shares information and resources for healthy living to the pilot community site in the Olneyville neighborhood in Providence.

Reasons for Success or Barriers/Challenges to Success

Establishment of contract was time-consuming due to fiscal constraints within the state system.

Strategies to Achieve Success or Overcome Barriers/Challenges

Worked with Chief Financial Officer to expedite the purchasing process to allow project to maintain established timeline.

Activity 1:

Act 1: ES4

Between 10/2009 and 09/2010, Establish a contract to research and develop a plan to pilot test technology support for healthy living with the residents of the Olneyville neighborhood in Providence.

The plan will outline the type of technology support that Olneyville residents will be interested in using to help them adopt healthier lifestyles. For example, a website that gives them information about the health status of their neighborhood, and/or advocacy opportunities to speak out about policy and environmental issues that impact their neighborhood.

Technical assistance and training opportunities will be provided as part of the pilot test for the type of technology support that the people living in the Olneyville neighborhood want.

Activity Status

Not Completed

Activity Outcome

Pilot testing of technology and training will commence upon completion of the Olneyville Pilot strategic planning phase in September 2011.

Reasons for Success or Barriers/Challenges to Success

Barriers to completing activities include: existing timeline of Olneyville Integration Pilot Project that included a comprehensive community assessment that will be completed in April 2011. Pilot testing of technology and training will commence upon completion of Olneyville Pilot strategic planning phase in September 2011.

Strategies to Achieve Success or Overcome Barriers/Challenges

Project hired a consultant with expertise in use of information technology in communities to assist in development of community assessment tools.

Activity 2:

Act 2 ES4

Between 10/2009 and 09/2010, Establish a contract with a selected vendor to plan, develop and pilot test a technology tool based on input from residents in the Olneyville neighborhood of Providence.

Activity Status

Not Completed

Activity Outcome

Project hired a consultant with expertise in use of information technology in communities to assist in development of community assessment tools. Establishment of contract was delayed due to state fiscal constraints.

Reasons for Success or Barriers/Challenges to Success

Barriers to completing activities include: existing timeline of Olneyville Integration Pilot Project included a comprehensive community assessment that will be completed in April 2011.

Strategies to Achieve Success or Overcome Barriers/Challenges

Project hired a consultant with expertise in use of information technology in communities to assist in development of community assessment tools. Pilot testing of technology and training will commence upon completion of Olneyville Pilot strategic planning phase in September 2011. The plan will outline the type of technology support that Olneyville residents will be interested in using to help them adopt healthier lifestyles.

For example, a website that gives them information about the health status of their neighborhood, and/or advocacy opportunities to speak out about policy and environmental issues that impact their neighborhood. Technical assistance and training opportunities will be provided as part of the pilot test for the type of technology support that the people living in the Olneyville neighborhood want.

Activity 3:

Act 3 ES4

Between 10/2009 and 09/2010, Pilot test a communications tool based on input from residents who live in the Olneyville neighborhood of Providence, to determine: 1) if residents like the tool, 2) if they use the tool, and 3) to identify and address any barriers or challenges that may prevent residents from using it.

Activity Status

Not Completed

Activity Outcome

Pilot testing of technology and training will commence upon completion of Olneyville Pilot strategic planning phase in September 2011.

Reasons for Success or Barriers/Challenges to Success

Barriers to completing activities include: existing timeline of Olneyville Integration Pilot Project included a comprehensive community assessment that will be completed in April 2011.

Strategies to Achieve Success or Overcome Barriers/Challenges

Project hired a consultant with expertise in use of information technology in communities to assist in development of community assessment tools. Pilot testing of technology and training will commence upon completion of Olneyville Pilot strategic planning phase in September 2011. The plan will outline the type of technology support that Olneyville residents will be interested in using to help them adopt healthier lifestyles.

For example, a website that gives them information about the health status of their neighborhood, and/or advocacy opportunities to speak out about policy and environmental issues that impact their neighborhood. Technical assistance and training opportunities will be provided as part of the pilot test for the type of technology support that the people living in the Olneyville neighborhood want.

Activity 4:

Act 4 ES4

Between 10/2009 and 09/2010, Monitor vendor progress and assess if the vendor is meeting contract deliverables.

Activity Status

Not Completed

Activity Outcome

Pilot testing of technology and training will commence upon completion of Olneyville Pilot strategic planning phase in September 2011.

Reasons for Success or Barriers/Challenges to Success

Barriers to completing activities include: existing timeline of Olneyville Integration Pilot Project included a comprehensive community assessment that will be completed in April 2011.

Strategies to Achieve Success or Overcome Barriers/Challenges

Project hired a consultant with expertise in use of information technology in communities to assist in development of community assessment tools. Pilot testing of technology and training will commence upon completion of Olneyville Pilot strategic planning phase in September 2011. The plan will outline the type of technology support that Olneyville residents will be interested in using to help them adopt healthier lifestyles.

For example, a website that gives them information about the health status of their neighborhood, and/or advocacy opportunities to speak out about policy and environmental issues that impact their neighborhood. Technical assistance and training opportunities will be provided as part of the pilot test for the type of technology support that the people living in the Olneyville neighborhood want.