

ANNUAL PROGRAM REPORT

Report Dates: July 1, 2017 through June 30, 2018

Agency Name: Public Health - Dayton & Montgomery County

Grant #: MIHL 18-07

Project Name: Dayton Local Office of Minority Health (Dayton Council on Health Equity)



Dayton Council on Health Equity



Total Number of Clients Served for first year: 2,010

The Dayton Council on Health Equity serves Montgomery County, which has 535,153 residents (2010 Census) (74% white; 26% non-white minorities). In FY18, the program had one staff person to accomplish the goals and objectives of two grants (MIHL 18-07; MHM18-08), perform administrative duties and participate internally at Public Health, and support the Ohio Institute for Equity in Birth Outcomes (OEI) as Interim Community Engagement Coordinator. The program was co-lead on the EveryOne Should Turn One Infant Mortality Conference planning team and contributed significantly to all conference efforts.

I. Core Competencies, Goals, Objectives and Project Evaluation.

Agency Name: Public Health - Dayton & Montgomery County

Period: July 1, 2017 - June 30, 2018

Office Name: Dayton Council on Health Equity (Dayton Local Office of Minority Health)

SECTION I: Demographics - Major Activities Conducted

Grant #: LOMH MIHL 18-07

Number of Organizations Served by Core Competency					
	Comp 1: Monitor Health Status	Comp 3: Inform, Educate & Empower	Comp 4: Mobilize Community Partnerships & Action	Comp 5: Develop Policies & Plans	Other (Specify)
Total Number of Organizations Served by Category Unduplicated by Core Competency: 608	<u>11</u>	<u>285</u>	<u>210</u>	<u>102</u>	<u>0</u>
Health Department (Local)	4	14	18	16	0
Community-based, Minority-Serving Org.	6	107	71	38	0
Faith-based Organizations	0	26	10	0	0
Government Agency (Local)	0	30	44	16	0
School/Hospital/Clinic	0	55	32	15	0
News/Media Company	0	18	12	4	0
Business (Local)	1	35	23	13	0
Other (specify)	0	0	0	0	0
Total Number of Individuals Served by Category Duplicated: 2,010	<u>13</u>	<u>1068</u>	<u>644</u>	<u>285</u>	<u>0</u>

Race/Ethnic Group					
American Indian	0	0	0	0	0
Asian	0	12	5	5	0
Black/African-American	8	704	371	165	0
Caucasian	5	340	257	113	0
Hispanic/Latino	0	12	11	2	0
Other (specify): Cont. African; API	0	0	0	0	0
Gender					
Male	4	370	171	73	0
Female	9	760	428	195	0

1. GOALS	2. PROGRESS (NARRATIVE	3. PROJECT EVALUATION SEE THE ATTACHED EVALUATION REPORT
Core Competency 1: Monitor and report the health status of minority populations		
A. Process Objectives 1. During FY2018, the Dayton Local Office of Minority Health will collect and disseminate 50 informational documents or reports about minority health status.	1. Disseminated: 337 a. Types of information disseminated: • Reports, studies, articles, health data sets, grant funding, governmental announcements Information was disseminated via e-mail, during community and one-on-one meetings with internal and external partners, and at workshops or presentations.	SEE THE ATTACHED EVALUATION REPORT
Outcome Objectives		
1. During FY2018, the Dayton LOMH will collect 100 primary data surveys on the health status of minority groups in the city or county or will participate with other organizations or partnership in the collection of such data	Collected the following surveys and/or participated with partners in the collection of data: 1. Community Health Surveys: Disseminated 57 surveys; collected 27 (47.3%) 2. Retrospective Surveys Disseminated 336 surveys; collected 206 (61.3%) 3. Focus Group. Assisted CHIP Supervisor with recruiting minority attendees to two initiatives, JSI (57 invitees) and Community Health Assessment (150 invitees) focus groups	SEE THE ATTACHED EVALUATION REPORT
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	<p>4. NPA Checklist Survey Responses. 26 organizations completed the survey</p> <p>5. Coalition Factors Survey: The survey is available online; however, it was not initiated in FY2018. The survey will be initiated in FY2019. 1 organization completed the survey online.</p> <p>6. 1 Epi report on Latino Birth Outcomes</p> <p>7. Observational surveying was used at 6 events (70 attendees)</p> <p>8. OCMH Minority Health Month Satisfaction Survey Disseminated 76; collected 53 (69.7%)</p> <p>Note: The Program Evaluator provides analysis and summary reports for surveys conducted, except Minority Health Month.</p>	
<p>Core Competency 2: Inform, educate, and empower people</p>		
<p>A. Process Objectives</p>		
<p>1. During FY2018, the Dayton Local Office of Minority Health will sponsor three community-based events to raise awareness of minority health issues and services</p>	<p>1. Nine events:</p> <ul style="list-style-type: none"> • 8/19/17: Co-sponsor Dayton African American Cultural Festival. Coordinator of the Health Pavilion. (700 health pavilion attendees) • 9/21-23/17: EveryOne Should Turn One Infant Mortality Networking Event & 2-day Conference (314) • 3/15/18: DCHE Advisory Council Quarterly Meeting (5) • 3/31/18: Danny Beasley Barbershop Blood Pressure Initiative Kick-off (50) • 4/7/18: MHM Kick-off (75) • 4/18/18: ACS Community Impact (17 partners attended) • 4/21/18: MHM Infant Mortality Forum (30) • 5/12/18: Girl Talk – Lakeview Estate Apts. (15) • 6/9/18: Girl Talk – Lakeview Estates (9) <p>2. Total # Attendees <u>1,215</u></p>	<p>SEE THE ATTACHED EVALUATION REPORT</p>
<p>2. During FY2018, the Dayton LOMH will provide eight presentations to community organizations and/or provider groups, for 200 attendees, to increase awareness of minority health issues and services.</p>	<p>1. Twenty-nine presentations</p> <p>8-7-17, Habitat for Humanity (24)</p> <p>8-19-17, Dayton African American Cultural Festival, Infant Morality (57)</p> <p>9-5-17, Univ. of Dayton Communication Students/Public Relations Class (22)</p> <p>9-21-17, DCHE Advisory Council meeting (10)</p>	<p>SEE THE ATTACHED EVALUATION REPORT</p>

	<p>11-15-17, WSU MPH Students, Community Engagement (7) 11-16, DeSoto Bass resident's health education (2) 11-17, Storehouse Ministries, SDoH (1) 11/20, Habitat (5) 12/13/17, MVOC/College Hill Church/residents (35) 12/14/17, DCHE Advisory Council (10) 12/19, MVOC Mt. Enon Church & residents (50) 1-11-18, DeSoto Bass (3) 2-8-18, DeSoto Bass (5) 2-16-18, ODH Health Equity Training (25) 3-16-18, Alzheimer's Conference Break-out (20) 3-26-18, Kettering Women's Center (1) 4-4-18, PHDMC Board of Health MHM (33) 4-4-18, City of Dayton Commission Meeting (33) 4-7-18, MHM Kick-off (75) 4-7-18, Ohio Mathematics Conference session (3) 4-14-18, Wayman AME church congregants (6) 5-12-18, Girl Talk/Lakeview Estates (15) 5-29-18, City of Dayton Urban Health series (12) 6-7-18, EORO Backbone Support meeting (15) 6-8-18, EORO Steering Committee (15) 6-9-18, Girl Talk/Lakeview Estates (9) 6-21-18, Latino Connection (10) 6-21-18, DCHE Advisory Council (5) 6-29-18, Project CURE (12)</p> <p>Total # Attendees <u>520</u></p>	
<p>3. During FY2018, the Dayton LOMH will utilize one media outlet to increase awareness among the public of minority health issues and services.</p>	<p>1. Media Outlets a. Number outlets: <u>12</u> b. Type: Ten radio, one television; one newspaper 1) WROU, 92.1 FM (2) 2) WDAO, 1210 AM (3) 3) WCSU Radio 88.9FM (5) 4) Channel 2 Television (1) 5) Dayton Daily Newspaper interview (1)</p>	<p>SEE THE ATTACHED EVALUATION REPORT</p>
<p>OPTIONAL PROCESS OBJECTIVES</p>		
<p>1. During FY2018, THE Dayton Local Office of Minority Health will provide web-based information on minority health</p>	<p>Web-based resources provided by the Dayton LOMH: 1. Number of unique visitors to program web-page: July – Sept. 228 Oct. – Dec. 839 Jan. – March Not available (no IT staff) April – June <u>Not available</u> TOTAL UNIQUE VISITORS: 1,067 (first 2 quarters)</p>	

	<p>The program's web address is: www.phdmc.org/healthy-lifestyles/dayton-council-on-health-equity</p> <p>2. Number of NEW Dayton LOMH resources shared on PHDMC and DCHE webpages, or via social media (Twitter, FaceBook): <u>32</u></p> <p>Examples:</p> <ul style="list-style-type: none"> • EveryOne Should Turn One Conference announcement & Registration (1) • Social media posts infant mortality conference (15) • 1 MHM Web page banner • 8 MHM posts to social media • 3 MHM Facebook live broadcasts • MHM Calendar & Banner • MHM Article on Employee portal • MHM article in HC Report distributed to employees via employee portal 	
B. Outcome Objectives		
REQUIRED OUTCOME OBJECTIVES		
<p>1. During FY2018, the Dayton Local Office of Minority Health will increase knowledge of minority health issues and concerns by distributing 100 retrospective surveys to attendees of educational presentations.</p>	<p>1. Retrospective Pre/Post Survey data (from attendees at community-based events and presentations) received and analyzed:</p> <p>a. Total Number Distributed: <u>360</u></p> <p>b. Total # Surveys Returned: <u>225</u> (62.5%)</p> <p>Note: Program Evaluator provides analysis and summary reports of surveys.</p>	SEE THE ATTACHED EVALUATION REPORT
<p>2. During FY2018, the Dayton Local Office of Minority Health will empower 50 individuals or agencies by increasing awareness of available community services or resources.</p>	<p>1. Refer/link individuals and organizations for health services and community resources.</p> <p>a. Number of referrals/linkages made: <u>57</u></p>	
Core Competency 3: Mobilize community partnerships and action		
A. Process Objectives		
REQUIRED PROCESS OBJECTIVES		
<p>1. During FY2018, the Dayton Local Office of Minority Health will recruit one new advisory member that represent communities including African Americans,</p>	<p>1. Number of new advisory members recruited this year (specify by ethnic group): None</p>	

Asians, Latinos, and Native American Indian.		
2. During FY2018, the Dayton Local Office of Minority Health will retain its existing advisory group members. There are thirty-four members.	1. Number of Advisory Council members retained this year: 32 <ul style="list-style-type: none"> • 1 member retired 	
3. During FY2018, the Dayton LOMH will establish ten formal and/or informal partnerships with internal and external partners to implement its activities.	1. Number of formal and informal agreements made to accomplish initiatives: 35 (21 external/14 internal) <u>Examples:</u> <ul style="list-style-type: none"> • Habitat for Humanity • What’s Happening Dayton Homeless event • Future Stars of Dayton health education • City Stars Barbershop health education • All American City grant team • Life Enrichment Center food insecurity • Greater Dayton Premier Management/CareSource Life Services DeSoto Bass resident’s health education sessions • Welcome Dayton Refugee Health Fair • HRC/Immigrant health fair • CSI/MHM • Neon/MHM • Marsha Bonhart/MHM • CSU Dayton/ MHM • Sinclair Community College health education materials. • Project CURE health education • Roosevelt Neighborhood Association health education • American Cancer Society Real Men Wear Pink • Dayton Children’s MHM 2019 • Dayton African American Cultural Festival Health Fair 	SEE THE ATTACHED EVALUATION REPORT
4. During FY2018, the Dayton Local Office of Minority Health will provide 2 networking opportunities for its stakeholders	1. Number and type of networking events provided or co-sponsored: 6 <ul style="list-style-type: none"> • 1 - EveryOne Should Turn One networking event for key stakeholders (9-21-17) • 4 - DCHE Advisory Council meetings • 1 - American Cancer Society Board – Community Outreach event <p>Note: Networking opportunities provide a supportive system of sharing information and services among individuals and groups with common interests</p>	
B. Outcome Objectives		
REQUIRED OUTCOME OBJECTIVE		

<p>1. During FY2018, the Dayton Local Office of Minority Health will strengthen and broaden leadership for addressing health disparities by identifying 4 new leaders/leadership groups.</p>	<p>1. Number of groups identified/engaged: <u>11</u></p> <ul style="list-style-type: none"> • Breast & Cervical Cancer Prevention Program • Wesley Community Center/Dakota Center Strategic Planning Group • New Mahogany's Child/Miami Valley Hospital • East Dayton Food Access • Children's Oral Health Action Team • City of Dayton Commissioner Shaw • Dr. Franklin, WCSU Radio • Lakeview Estates Neighborhood Association • Latino Natural Helpers • Roosevelt Neighborhood Association <p>2. Number of leaders engaged: <u>23</u></p>	<p>SEE THE ATTACHED EVALUATION REPORT</p>
<p>2. During FY2018, the Dayton Local Office of Minority Health will increase community support to address health disparities by recruiting 4 volunteers to work on minority health-related issues.</p>	<p>1. Number of volunteers working with the Dayton LOMH on projects: <u>42</u></p> <ol style="list-style-type: none"> a. DAACF Health Pavilion partners (21) b. EveryOne Should Turn One Planning Committee (13). c. Infant Mortality Conference volunteers/bags (4) d. Minority Health Month events (4) 	
<p>3. During FY2018, the Dayton Local Office of Minority Health will facilitate organizational changes by engaging five organizations about ways to address minority health issues. Examples: mandating cultural competency training; collecting racial/ethnic data on consumers served per HHS standards served including African American, Asian, Hispanic/Latino and Native American Indian</p>	<p>1. Intermediate steps taken to facilitate organizational changes (such as legislation or resolution):</p> <ul style="list-style-type: none"> • Providing literature or articles on facilitating organizational change <ul style="list-style-type: none"> ○ Provided literature to two organizations • Producing written examples of suggested or desired organizational changes <ul style="list-style-type: none"> ○ Gave information to five organizations • Making presentations to decision-makers within organizations to describe proposed organizational changes <ul style="list-style-type: none"> ○ Made four presentations • Conducting pilot or feasibility studies on minority health policy initiatives <ul style="list-style-type: none"> ○ A contractor was engaged by Public Health Epi to make an assessment of Social Determinants of Health; however, it did not conduct a one-on-one or key informant interview with the Dayton Local Office of Minority Health. 	

Core Competency 4: Develop policies and plans to support health efforts by local offices of minority health.		
A. Process Objectives		
REQUIRED PROCESS OBJECTIVES		
1. During FY2018, the Dayton Local Office of Minority Health will convene or participate in twelve meetings related to minority health policy change initiatives	1. Convened/participated in 217 meetings <ul style="list-style-type: none"> • # internal: 113 • # external: 104 	
2. During FY2018, the Dayton LOMH will form or participate on at least one coalition that addresses policies and plans related to minority health issues.	1. Number of coalitions: <u>36</u> (average 9/quarter) 2. # coalition meetings convened/attended: <u>54</u> (average 13.5 quarter)	
B. Outcome Objectives		
REQUIRED OUTCOME OBJECTIVES		
1. During FY2018, the Dayton Local Office of Minority Health will facilitate passing a city or county resolution and/or legislation with regard to a minority health policy initiative	Additional steps taken by agency to pass legislation or resolutions with regard to minority health policy initiatives. 6 resolutions and proclamations were made by local government and/or public health: <ul style="list-style-type: none"> • 3 Proclamations for September - Infant Mortality Month by the City of Dayton, City of Trotwood, and Montgomery County, Ohio Commissioners • 1 Standing Resolution – Board of Health recognizing the Dayton Local Office of Minority Health and its work in the community • 1 Board of Health Resolution and Minority Health Month Proclamation • 1 Dayton City Minority Health Month Proclamation 	SEE THE ATTACHED EVALUATION REPORT
Other Competency Area: Sustainability Efforts		
REQUIRED PROCESS OBJECTIVES		
1. During FY2018, the Dayton Local Office of Minority Health will have convened resource/ sustainability workgroups	# of workgroup members identified: <ul style="list-style-type: none"> • Director, PHDMC Office of Health Promotion # of Quarterly (or monthly) meetings held: Four 3 - Director Health Promotion; 1 - Columbus LOMH	
2. During FY2018, the Dayton Local Office of Minority Health will design an action plan with strategies to secure monetary and/or in-kind resources in order to sustain the LOMH	Strategies developed for the action plan: <ul style="list-style-type: none"> A. Program aligns with agency strategic plan and guiding principles. B. Director of the Office of Health Promotion working with Dayton LOMH to examine infrastructure of other Ohio LOMH's; has visited Columbus Public Health LOMH C. Sustainability Action Plan (completed in FY2017) <ul style="list-style-type: none"> 1. Examined PHDMC policies regarding funding 	SEE THE ATTACHED EVALUATION REPORT

	<p>programs that are grant funded.</p> <ol style="list-style-type: none"> 2. Attended OCMH Sustainability, Grant-writing, and Policy Engagement training. 3. Reviewed final revised Standardized Objectives to determine scope of program objectives. 4. Assessed local community to determine areas of needs/gap in services and how the LOMH can add community value. 5. Developed recruitment script/talking points. Developed list of potential sustainability work group members. 6. Contacted potential members. Meetings on hold until Director/Health Promotion completes an evaluation of other LOMHs. 	
<p>3. During FY2018, the Dayton Local Office of Minority Health will identify gaps in health services and/or underserved populations</p>	<p>Gaps identified:</p> <ul style="list-style-type: none"> • Community Bulletin Board; information/communication gap • Food deserts – East Dayton (45403 and 45404) • West/Northwest Dayton – health care providers. A hospital is slated to close in August 2018, that houses a pharmacy, physician’s offices, heart hospital, maternal/child delivery services; and an emergency room. There is an FQHC in the same vicinity. • Homelessness in the Latino population due to current immigration policies 	

II. Total Number of Clients Served/Unduplicated by category of Core Competency: 608

III. Was the methodology proposed in your application implemented? If not, please describe any changes, the rationale for the change and the impact of service delivery. The proposed goals and objectives were maintained; no major revisions were made.

IV. Describe problems encountered in implementing the project. Describe the steps implemented to remediate the problem, if applicable. Time at the desk is necessary to record daily activities, capture data and document outputs for the two LOMH grants. The program provided major support to the OEI Team by serving as Interim Community Engagement Coordinator until March 2018. In December 2016, the Dayton LOMH submitted a proposal to expand the Local Office by adding one staff person. In early 2018, the Program Coordinator was informed that a revised proposal was not approved. The agency continues to examine approaches to strengthen the Dayton LOMH infrastructure.

V. What were the strengths, successes or lessons learned which were unanticipated? Please describe in detail.

- NPA Checklist Survey: Twenty-four organizations completed the online NPA checklist survey. The responses provide insight into how well engaged local organizations are with the goals and strategies of the National Stakeholder Strategy.
- Dayton African American Cultural Festival (DAACF). The Dayton Local Office of Minority Health continued to coordinate the Health Pavilion at the DAACF. At the event, which is largely attended by the African-American community, a survey is disseminated to determine health needs. The report is summarized by the Program Evaluator. A copy of the report is returned to the DAACF board and posted to the program web site. The DAACF has shared the information with its partners.

VI. Did you discover unanticipated and/or unmet training needs for your staff? The Dayton LOMH has no staff.

VII. Was the Commission staff of assistance administratively, programmatically and/or in fiscal matters as you implemented your program? Yes.

VIII. Did you develop written, audio, and/or audio-visual materials with grant funds? Copies are to be forwarded to the Commission with this report. No materials were developed with grant funds.

IX. Did you utilize print or electronic media during the funding cycle? Please list and specify whether utilized information, education or promotion: Information. During Minority Health Month, the program utilized information in a printed and online calendar to promote events; printed and electronic save the date announcements to promote events; and social media outlets, such as FaceBook and Twitter, to promote events.

X. Did consultant meet the programs goals and objectives (if contracting for deliverables, have deliverables been received? Yes. The consultant met program goals and objectives. Deliverables were routinely discussed and satisfactorily met.

XI. List agencies that were primary referral sources to you and those to which you made referrals. Primarily, referrals received from internal agency programs and external partners are for the program to provide or attend presentations, workshops, forums, panel discussions; participate on coalitions, task forces, advisory councils, committees, or councils; provide minority health data; or support with community initiatives.

Referrals were made externally to area colleges, churches/faith-based, health care, and chronic disease prevention organizations, mental health services, housing and food services, and interpreter services; and internally to information services, community nursing, chronic disease prevention, HIV education and mobile unit, tobacco cessation, and focus group recruitment

XII: Describe your plans for sustainability of the project. Have you secured other funding? If so, from whom did you receive funds? Please specify the amount of funding and for how long the project is funded.

If you do not have a plan for institutionalization of the project, please schedule an appointment to meet with Commission staff to discuss your future plans and ways the Commission may assist you.

The Dayton LOMH is supported by funds from the Ohio Commission on Minority Health and PHDMC.

Institutionalization: The Dayton LOMH is a program of PHDMC funded by General Levy funds. The program aligns with the agency's mission and Guiding Principles to address health disparities and advance health equity.

XIII. Comments, suggestions and/or observations. None.

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SECTION II: EVALUATION SECTION (To be completed by REEP Evaluator)

I. Evaluation Method:

- Discuss the project plan, data and evaluation methods used to evaluate your project and the results of the evaluation.

The last year has included several evaluation outputs and outcomes reporting, to include the following: a) 2013-2017 NPA Checklist Organizational Profiles (methods: organizational on-line self-report); b) Community Health Assessments from the African American Cultural Festival (methods: in-person survey, community member self-report); c) Retrospective Pre-Post Surveys at Educational Outreach events (methods: in-person survey, community self-report); and d) outputs supporting dissemination and outreach statistics (methods: documents review; attendee lists and resource distribution lists).

- Was the methodology proposed in your application implemented? If not, please describe any changes, the rationale for the change and the impact of service delivery.

Yes, all methodology was implemented.

- Describe problems encountered in implementing the project. Describe the steps implemented to remediate the problem, if applicable.

None to report.

II. Project Results:

- Discuss the results of the project.

As of 2018, the PHDMC website, Dayton Council on Health Equity tab, now posts a comprehensive slide deck of 2013-2017 descriptive statistics from 53 respondent organizations. This allows DCHE to understand organizational trends in addressing health disparities across several domains. Community partners show strong consistency, across time, in terms of raising and increase awareness about the significance of health disparities. This shows in their high levels of action-driven partnerships and collaborative decision-making.

As in previous years, the annual community health assessment results (provided in 2nd quarterly report) showed proportions of healthy behaviors, healthcare access trends, and presence of chronic conditions in a community sample. Several retrospective pre-post surveys (results provided in quarterly reports) were conducted around events (infant mortality conference, minority health month kick-off, infant mortality sessions, health equity workshop at Project CURE) to foster awareness and confidence toward improving health outcomes.

For the past year, the program has provided concrete results reporting during quarterly progress reports. The project successfully worked to deliver resources to minority groups and, as a result, Asian, Black/ African-American, Hispanic/Latino, and Female individuals represent the largest number receiving LOMH resources (i.e., website, education, outreach, marketing, networking, etc.) as compared to Caucasians and Males for all Competency areas. The largest represented group of recipients for the Dayton LOMH is that of African American Females who make up the majority of recipients across all competency areas: Competency 1- 69%; Competency 3- 67%; Competency 4- 71%; Competency 5- 73%. The largest number of individuals receiving resources and services (n=1,068, duplicative count) occurred under Competency 3: Informing, Educating, and Empowering people. This stems from the project's emphasis on education and outreach efforts such as community-based events with both residents and providers of services to raise awareness of health disparities, improving neighborhoods, and maintaining wellness. As shown in the main narrative, the LOMH-Dayton dedicates efforts to messaging and marketing, utilizing multiple channels that include radio, print and social media to engage audiences who may have varying access points (Internet, newspapers, so forth).

- Discuss how the project addressed the OCMH's expectations.

The program has addressed the Core Competencies through a multi-pronged approach of education and outreach. It developed multiple tools (e.g., NPA Checklist, Community Health Assessment Results, On-Line Coalition Inventory, web-based information on causes of death among minorities) and experienced genuine interest from community members in using these tools in their own agency or coalition work. The program is poised to expand these tools on the statewide level to promote the work of others working to reduce health disparities and serve as a leader in addressing minority health issues.

- Provide data to support the results of the proposed activities.

Several data reports have been attached for the past year to quarterly reports.

III. Emerging Evidence of Intervention Effectiveness:

- Discuss any emerging evidence of the intervention and its effectiveness.

LOMH will continue to engage community partners to show evidence of how use of the NPA Checklist and web-based resources has supported and facilitated their community work.

- As a result of the intervention how did it affect the targeted population?

Routine, end of session educational and outreach surveys (previously submitted) indicate improvements to knowledge and awareness in a range of areas that include infant mortality awareness, maintaining health and well-being, and improving health disparities foci at the organizational level. Further evaluations can address changes to behavior or health status as a result of receiving usable and actionable information through LOMH resources.

- What are the implications for replication of your program outcomes in other communities?

See “Program Current and Future Impact”

- What major internal policy changes occurred within your organization that support health disparity elimination?

See “Program Current and Future Impact”

- What programs/trainings have been adopted that support increase awareness of health disparities?

See “Program Current and Future Impact”

- What funding initiatives have had a disparities focus?

See “Program Current and Future Impact”

IV. Evaluator Recommendations/Lessons Learned:

- Discuss any evaluation recommendations you would make as a result of the project and lessons learned.

Based on the results of the NPA Checklist (2013-2017), partners can seek more ways to gain community input in decision-making and engage with community youth. Partners could broaden their health disparities programming to include older adults and children more often. Increasing diversity and inclusion within organizations for paid and board positions should be considered a high priority. More emphasis could be given to providing health interpreting services to foster access and inclusion. Enhancing knowledge transfer of evidence based practices within community programs could be explored, along with partnering for community-based participatory research involving residents as decision makers.

As in previous years, evaluation recommendations for 2018-2019 include making sure that program stakeholders are involved in the process of evaluation early in the project and that plans are followed through. The program has institutional support in terms of funding and personnel. It has promoted the Coalition Factors Survey as an example of a tool that can continue to be promoted with several organizational-level programs with other coalitions engaged in the same work: to reduce health disparities, improve prevention efforts in the community, and improve access to public health and healthcare services among minorities and the underserved. The tool can continue to be disseminated to other LOMH offices in Ohio, as it is a tool that could be used to support a statewide level evaluation of coalition capabilities strengths and weaknesses.

The Dayton LOMH will continue to monitor use of the NPA Checklist within and outside Ohio. The tools developed under this grant can be expanded further through the state of Ohio, to support multi-site evaluations of interest to other prevention practitioners and academics.

- What were the strengths, successes or lessons learned which were unanticipated? Please describe in detail.

The Community Health Assessments from the African American Cultural Festivals continue to show that only around ½ of community members (attending Minority Health Month events) have private health insurance, a driver of quality health care. They continue to indicate that less than half get recommended water and fruit/vegetable servings, although regular exercise appears to be obtainable. Focus groups could explore these issues more intimately to better understand resources and linkages that could assist individuals in Montgomery County. Results from several community sessions (reports supplied in quarterly reports) on infant mortality and understanding the root causes of health problems show the quality of DCHE trainings in improvement knowledge, awareness and confidence toward applying health disparities principles in the community.