**OMH PCCC ATTACHMENT 1**

**STUDY OBJECTIVES BY ACTIVITY AND METHOD**

| **ACTIVITY/METHOD** | **OBJECTIVES** |
| --- | --- |
| **1** | **2** | **3** | **4** | **5** |
|  | What are the criteria needed to translate evidence-based practices for the dissemination of programs serving racial and ethnic minority populations in community settings? | What are the successes and challenges associated with the implementation of HELP in Chicago and MyRx Medication Adherence in Houston? | What are some of the factors that facilitate the adoption of evidence-based practices in racial and ethnic minority populations and community settings? | Which stakeholders were instrumental in translating and disseminating the evidence based CER (e.g., demographics, health conditions, medications, knowledge base of participants and implementation staff/providers) and which facilities were instrumental in disseminating and implementing the evidence based CER? | What factors contributed to the stakeholders’ overall involvement and engagement with HELP in Chicago/MyRx in Houston (participants, implementation staff/providers, community stakeholders, and facility administrators)? |
| **ACTIVITY** |
| Work Group Meetings for Collaborative Problem Solving | **√** | **√** | **√** | **√** | **√** |
| Community Needs Assessment | **√** |  |  |  |  |
| CER Environmental Scan | **√** |  | **√** |  |  |
| CER Translation, Dissemination, Implementation Capacity Building | **√** |  | **√** | **√** |  |
| Consensus Building | **√** |  | **√** | **√** | **√** |
| Trainings to Facilitate Community Readiness | **√** |  | **√** | **√** |  |
| Webinars | **√** | **√** | **√** | **√** | **√** |
| Website Development | **√** |  |  | **√** |  |
| Repository of CER Interventions, Strategies, and Tools | **√** |  | **√** |  | **√** |
| Cultural and Linguistic Translation | **√** |  |  | **√** |  |
| Staff Training in CER Interventions and Strategies | **√** |  | **√** | **√** | **√** |
| Staff Training in Patient/Consumer Engagement Techniques | **√** |  | **√** | **√** | **√** |
| Dissemination Products and Tools - Content Analysis | **√** |  | **√** | **√** |  |
| PCCC Patient and Provider Toolkit Development |  |  |  |  | **√** |
| National and Community and Conference Presentations | **√** | **√** | **√** | **√** | **√** |
| **METHOD** |
| **Chicago** |  |  |  |  |  |
| **Participants** |  |  |  |  |  |
| HELP Participant Screening Questionnaire & HELP Evaluation Consent (Attach 3A) |  |  |  | **√** |  |
| HELP Participant Intake Questionnaire (Attach 3B) |  |  | **√** | **√** |  |
| HELP Participant Post Questionnaire (Attach 3C) |  | **√** | **√** |  |  |
| HELP Participant Focus Group Guide & Questions (Attach 3D) |  | **√** | **√** |  | **√** |
| **Implementation Staff** |  |  |  |  |  |
| HELP Implementation Staff: Community Health Worker, Health Educator Focus Group Guide & Questions(Attach 3E) | **√** |  |  | **√** | **√** |
| **Facility Administrators** |  |  |  |  |  |
| HELP Facility Administrator Key Informant Interview Questions (Attach 3F) |  |  |  | **√** |  |
| **Local Hub Members** |  |  |  |  |  |
| PCCC Chicago Local Hub Member Key Informant Interview (Attach 3G) | **√** | **√** | **√** |  |  |
| **Houston** |  |  |  |  |  |
| **Participants** |  |  |  |  |  |
| MyRx Participant Eligibility Screening Form: Hypertension and Diabetes (Attach 5A) |  |  |  | **√** |  |
| MyRx Participant First Home Visit Form: Diabetes or Hypertension or Hypertension and Diabetes (Attach 5B) |  |  | **√** | **√** |  |
| MyRx Participant Telephone Follow-Up: Being Active and Managing Stress (Attach 5C) |  | **√** | **√** |  |  |
| MyRx Participant Telephone Follow-Up: Healthy Eating (Attach 5D) |  | **√** | **√** |  |  |
| MyRx Participant Post Intervention: Diabetes or Hypertension or Hypertension and Diabetes (Attach 5E) |  | **√** | **√** |  |  |
| MyRx Participant Focus Group Guide & Questions (Attach 5F) |  | **√** | **√** |  | **√** |
| **Implementation Staff** |  |  |  |  |  |
| MyRx Implementation Staff: Pharmacists, Health Educators Focus Group Guide & Questions (Attach 5G) | **√** |  |  | **√** | **√** |
| **Facility Administrators** |  |  |  |  |  |
| MyRx Facility Administrator Key Informant Interview Questions (Attach 5H) |  |  |  | **√** |  |
| **Local Hub Members** |  |  |  |  |  |
| PCCC Houston Local Hub Member Key Informant Interview (Attach 5I) | **√** | **√** | **√** |  |  |
| **Steering Committee Members** (Attach 8) | **√** | **√** | **√** |  |  |