

**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,	√		√		√

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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				√	

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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					

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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:		√	√		

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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)				√	
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PCCC Houston Local Hub Member Key Informant Interview (Attach 5I)	√	√	√		
Steering Committee Members (Attach 8)	√	√	√		