



Local Office of Minority Health  
**Biennial Final Program Report**  
 Report Dates: \_\_\_\_\_ through \_\_\_\_\_

**SECTION I: DEMOGRAPHICS-MAJOR ACTIVITIES CONDUCTED**

Dates of Period: July 1, 2013 - June 30, 2015 Grant Number: MIHL - \_\_\_\_\_

Agency Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Number of Organizations/Individuals Served by Core Competency					
	Comp 1: Monitor Health Status	Comp 2: Inform, Educate & empower	Comp 3: Mobilize Community Partnerships & Action	Comp 4: Develop Policies & Plans	Other: (Specify)
<b>Total # of Organizations served by category (where applicable)</b>	_____	_____	_____	_____	_____
Health Department (Local)	_____	_____	_____	_____	_____
Community-based, Minority-Serving Org.	_____	_____	_____	_____	_____
Faith-based Organizations	_____	_____	_____	_____	_____
Government Agency (Local)	_____	_____	_____	_____	_____
School/Hospital/Clinic	_____	_____	_____	_____	_____
News/Media Company	_____	_____	_____	_____	_____
Business (Local)	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____
<b>Total Number of Individuals Served by Category (where applicable)</b>					
<b><u>Race/Ethnic Group</u></b>					
American Indian	_____	_____	_____	_____	_____
Asian	_____	_____	_____	_____	_____
Black/African-American	_____	_____	_____	_____	_____
Caucasian	_____	_____	_____	_____	_____
Hispanic/Latino	_____	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____	_____
<b><u>Gender</u></b>					
Male	_____	_____	_____	_____	_____
Female	_____	_____	_____	_____	_____

Other: (Sp

# Biennial Final Program Report

Report Dates: July 1, 2013 through June 30, 2015

Agency Name:

Grant #:

Project Name:

## **SECTION II: PROGRAM OVERVIEW**

### **A. Project Abstract:**

- Provide a brief description of the funded initiative and its purpose

- Identify the populations served and the target area

## B. Intended Outcomes

- Project Action Plan – Detailed Report
- Following the template below and utilizing your approved Project Action Plan as listed in your application, discuss each Core Competency, and progress toward accomplishing EACH required process and outcome objective, as well as optional objectives and the evaluation method used to measure the objective.  
This should include any revised outcomes during the biennium.

### **COMP 1: Monitor and report the health status of minority populations**

#### **Required Process Objectives:**

**Process Objective # 1:** List the objective here.

**Associated Measure # 1:** List the measure here.

**Evaluation Method** – List the evaluation method used to measure this outcome here.

#### **Biennial Activities and Outcomes:**

During the FY 2014/2015 biennium, the (INSERT LOMH NAME HERE) - discuss biennial outcome and activities of this objective here. For quantitative outcomes, include a biennial number proposed, actual biennial number achieved and its percentage of the proposed biennial number.

For example, if the objective was to produce 4 minority health reports per year, the proposed biennial number of reports is 8. If the LOMH produced 7 reports over the biennium, the percentage of this objective that was achieved was 7 out of 8 reports, or 88% of the proposed biennial outcome.

**Process Objective # 2:** List the approved objective here.

**Associated Measure # 2:** List the approved measure here.

**Evaluation Method** – List the evaluation method used to measure this outcome here.

#### **Biennial Interventions/Activities and Outcomes:**

During the FY 2014/2015 biennium, the (INSERT LOMH NAME HERE) - discuss biennial outcome and activities of this objective here.

Continue with each required objective and optional objective, for EACH Core Competency as in your approved Project Action Plan. You only have to report on the optional objectives that were included in your approved project action plan, if any.

**COMP 1: Monitor and report the health status of minority populations Page 1 of 2**

**COMP 1: Monitor and report the health status of minority populations Page 2 of 2**









**Comp 4: Develop policies and plans to support health efforts Page 1 of 2**







**Additional Core Competency Page**

**SECTION III: Program Current and Future Impact (To be completed by LOMH Director)**

**C. Success Story:**

- Discuss the Impact of your program

- (See attached example)

**D. Policy Implications:**

- What are the policy implications (Local & State) of your program results?

- What roles can the State play in regards to those policy implications?

- What strategies have you used to educate policy makers and the community regarding your program impact?

**E. Program Recommendations/Lessons Learned:**

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

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

**F. Program Promotion:**

- List agencies that were primary partners/collaborators with you for the program.

- Did you place the Commission on your agency website as a funder, if not, please do complete this requirement.

- Did you develop written, audio and/or audio-visual materials with grant funds?

- If so, copies are to be forwarded to the Commission with this report.

- Did you utilize electronic media during the funding cycle?

- If so, please list how electronic media was utilized and forward links to the Commission.

**G. Commission Feedback: (please place an X to indicate choice)**

- Did the Commission staff provide you with assistance as needed?  
Strongly Agree\_\_\_ Agree \_\_\_\_ Not Sure \_\_\_ Does not apply \_\_\_ Disagree \_\_\_\_ Strongly Disagree \_\_\_\_
- Were the Commission staff helpful in the provision of assistance?  
Strongly Agree\_\_\_ Agree \_\_\_\_ Not Sure \_\_\_ Does not apply \_\_\_ Disagree \_\_\_\_ Strongly Disagree \_\_\_\_
- Were the Commission staff timely in their response to your requests?  
Strongly Agree\_\_\_ Agree \_\_\_\_ Not Sure \_\_\_ Does not apply \_\_\_ Disagree \_\_\_\_ Strongly Disagree \_\_\_\_
- In the provision of site visits, did the Commission staff perform in a professional manner?  
Strongly Agree\_\_\_ Agree \_\_\_\_ Not Sure \_\_\_ Does not apply \_\_\_ Disagree \_\_\_\_ Strongly Disagree \_\_\_\_
- Were the Commission staff supportive of your efforts to implement your funded program?  
Strongly Agree\_\_\_ Agree \_\_\_\_ Not Sure \_\_\_ Does not apply \_\_\_ Disagree \_\_\_\_ Strongly Disagree \_\_\_\_
- Were the Commission staff knowledgeable regarding your administrative, programmatic and/or in fiscal areas?  
Strongly Agree\_\_\_ Agree \_\_\_\_ Not Sure \_\_\_ Does not apply \_\_\_ Disagree \_\_\_\_ Strongly Disagree \_\_\_\_

Please provide comments/feedback regarding the Commission's service to your organization:

**H. Sustainability Plan:**

- 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.

- Discuss current and future plans to sustain project activities/efforts.

- If you do not have a plan to retain the full program or a component of the program, schedule an appointment to meet with Commission staff to discuss your future plans and ways the Commission may assist you.

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

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

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

- What funding initiatives have had a disparities focus?

## **SECTION IV: 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.

- 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.

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

**J. Project Results:**

- Discuss the results of the project.

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

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

**K. Emerging Evidence of Intervention Effectiveness:**

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

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

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

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

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

- What funding initiatives have had a disparities focus?

**L. Evaluator Recommendations/Lessons Learned:**

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

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

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Executive Director

Date

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Project Director

Date

## **SUCCESS STORY EXAMPLE**

### **Enhancing Capabilities for a Better Tomorrow**

“By participating in TEAM, I learned that selecting leaders goes beyond credentials and testing. I made new connections and gained respect for the various disciplines with public health. Most importantly, I learned that I was one of many capable and valued public health employees.”

Mary, County Health Department  
Alabama Department of Public Health

#### **Public Health Problem (Issue)**

Mary, a 10-year public health employee worked in a small office performing very important behind the sense tasks. After obtaining a college degree she was ready to be a leader and move up in the organization. However, with a reduced staff and increased work load, she had no time to learn about other programs or seek opportunities within the department. Mary felt the invisibility of her skills and talents would never be noticed by her superiors and decided to seek employment outside of the department.

The Alabama Department of Public Health (ADPH) was faced with new challenges in the 21-century. Emergency preparedness became more complex. Veteran employees were retiring. Fiscal restraints limited new hires and community needs were steadily increasing. In 2010, ADPH had over 700 managers serving a population base of 4.8 million.<sup>1</sup> While great endeavors such as loan repayment assistance, curricula development, and recruitment efforts will impact the future workforce, action was needed soon to ensure the current workforce was equipped to confront and resolve the immediate public health matters.

#### **Taking Action (Intervention)**

So what can we do now that will have a lasting impact on our workforce? This question and Preventive Health and Health Services Block Grant funding lead to an unprecedented department-wide Workforce Development Program, Training, and Experience to Advance Managers in Public Health Academy (TEAM).<sup>2</sup> Conducted in collaboration with Auburn University of Montgomery, TEAM is a five day, intensive management development program that focuses on the critical competencies needed to be an effective manager. During each session, participants worked on multi-discipline teams (pairing experienced managers with junior managers) to assess departmental issues that needed action and resolution. The highly interactive course included student experiences, case studies, team activities, and role-play to:

- Enhance awareness of reducing problems through planning, problem-solving/decision making, and performance management.
- Foster working relationships by team building, interpersonal communications, building trust, being responsive to needs, and creating a positive productive climate in the workplace.

#### **Impact**

Over 650 managers attended TEAM between 2010 and 2012.<sup>3</sup> Many of the TEAM projects have been put into action. Some examples of these projects are:

- Interactive Organizational Chart.
- Face Time with Senior Leadership (Managing by Walking Around).
- Precept Training.

In addition, Mary decided to stay with the department and credits TEAM for helping her make that decision. She said, “By participating in TEAM, I learned that selecting leaders goes beyond credentials and testing. I made new connections and gained respect for the various disciplines in public health. Most importantly, I learned that I was one of many capable and valued public health employees.”

#### **Footnotes**

<sup>1</sup> US Census Bureau. 2010 State and County Quick Facts.

<sup>2</sup> Alabama Department of Public Health Workforce Development Committee Report, 2008.

<sup>3</sup> Alabama Department of Public Health TEAM Evaluations, 2010, 2011, 2012.

#### **Success Story Author Contact:**

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