

## Evaluation Measures

Instructions for Evaluation Measures:

This portion of the Annual Progress Report is devoted to your year 1 evaluation measures. Below are instructions for each column of the table:

- “Measure Description”: This section is pre-populated with information from your year 1 workplan and cannot be edited.
- “Baseline measure at 7/1/12”: This section is primarily pre-populated with information from your year 1 workplan. It also incorporates any updates provided during the evaluation technical review. It has been left open for editing. Since the baseline information entered here will be used in all future reporting documents, we ask that you do the following things:
  - **Please review each baseline closely and edit as needed.**
  - If a baseline had not previously been established, please provide the newly established baseline. Remember that the baseline measure should be reflective of your organization’s activities at the start of the funding period. For example, if no health promotion trainings were conducted prior to receiving funding; the baseline would be “0.” However if your organization was already conducting health promotion trainings as part of your normal activities, baseline should be reflective of the frequency of trainings prior to funding.
  - If already established and accurate, **no modifications** should be made to this column.
- “Baseline Status for those not yet established”: If you have any baseline measures that had not been established by the end of the first budget year, please indicate where you are at in establishing this baseline measure and the timeline for getting this baseline finalized. If the baseline has been established, please leave this column blank.
- “Target measure”: This section is pre-populated with information from your year 1 workplan and is left open for editing. We ask that you do the following things.
  - **Please review each target closely and edit as needed.**

- If a target had not previously been established, please provide the newly established target. Remember that the target measure should be reflective of your organizations activities for the **first budget period ONLY**.
- If already established and accurate, **no modifications** should be made to this column.
- "Target to be achieved by": Note whether the target measure shown in the "Target Measure" column is a target solely for the previous budget period (as originally requested) or whether it is a target to be reached by the end of the 3-year funding period.
- "Target measure status": Indicate where you are at in achieving your target measure for the given measure. If target measure has been reached, mark as "Achieved."
- "Progress towards target": Provide details on the progress you have made towards meeting the specified target measure. This should **ONLY** cover the budget period reported on in the APR. Details should include actual numbers of trainings conducted, revisions made to various plans, etc. **Please provide quantifiable numbers where possible.**

Target	Measure Description	Baseline measure at 7/1/2012	Baseline status for those not yet established	Target Measure	Target to be Achieved By	Target Measure Status	Progress towards target
1.1	States conduct a statewide needs assessment.	No needs assessment		Complete a needs assessment	Project Period	Achieved	Needs Assessment was completed in 2014 and can be found on UF DHP website: <a href="https://phhp-fodh.sites.medinfo.ufl.edu/files/2014/09/Statewide-Disability-Public-Health-Needs-Assessment.pdf">https://phhp-fodh.sites.medinfo.ufl.edu/files/2014/09/Statewide-Disability-Public-Health-Needs-Assessment.pdf</a>
1.1	State will convene a Disability Community Planning Group that meets X times per X (month, quarter, year, etc.)	No meetings of Disability Community Planning Group		DCPG will meet 1x/quarter	Project Period	Achieved	DCPG met on four occasions during Years 1-4
1.1	Completion and dissemination of Public Health Needs Assessment report/briefing document.	No Public Health Needs Assessment report or briefing document		One briefing document completed and disseminated annually	Project Period	Achieved	Year 1,2 and 3 DDR and briefing document were completed and disseminated as well as our Needs Assessment and all can be found on our website: <a href="http://fodh.php.ufl.edu/publications/other-publications/">http://fodh.php.ufl.edu/publications/other-publications/</a>
1.1	State will review plan every X (month, quarter, year, etc.) for revisions and/or updates.	No current schedule of reviews		Review plan twice a year	Project Period	Achieved	Work plan is reviewed bi-annually during IPR and APR reporting.
1.2	State will develop then review sustainability plan at least bi-annually or annually and update plan as	No sustainability plan		Completion of a sustainability plan and bi-annual reviews	Project Period	Achieved	Sustainability report can be found on our website: <a href="https://phhp-fodh.sites.medinfo.ufl.edu/files/2015/07/Sustainability-Report-2015.pdf">https://phhp-fodh.sites.medinfo.ufl.edu/files/2015/07/Sustainability-Report-2015.pdf</a>

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	needed.						
1.2	State will build partnerships and collaborations to sustain and grow the program as indicated in in public health strategic plans.	6 partnerships		<p>Increase partnerships from 6 to 15</p> <p>Increase partners DHP specifically collaborates with by 5 partners annually</p>	Project Period	Achieved	<p>Partnerships were established in Year 1 with: the Florida Agency for Persons with Disabilities (APD); the Florida Developmental Disabilities Council Health Care Task Force; Department of Health: Bureau of Chronic Disease Prevention, Children’s Medical Services, Brain and Spinal Cord Injury Program, the Office of Minority Health, The Florida Rural Health Association, and the Bureau of Preparedness and Response.</p> <p>Additional Partnerships DHP either assisted or collaborated with in Year 2 include: Special Olympics Florida, The Florida Arc, The Florida Center for Inclusive Communities, Family Care Councils, and The Family Café</p> <p>Additional Partners DHP worked with in Year 3: Florida Disabled Outdoors Association, local County Health Departments, local Centers for Independent Living, The South Florida UCEDD, and The Florida Chronic Disease Coalition</p>
1.2	Health data on disability populations are available and reported in public	Health data on disability populations reported in 5 policy briefs and various reports on or before		Health data on disability populations reported in 2 briefs and reports	Project Period	Achieved	Year 1: UF produced 2 reports, 2 briefs and 2 informational guides in Year 1. Year 2: UF produced 1 report, 2 briefs, 1 survey write up, 1 tip sheet and presented two posters

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	health needs assessments.	7/1/12		a year			at national conferences in Year 2 Year 3: UF created 3 guides, 2 reports, 1 brief and authored 2 peer reviewed publications in Year 3 Year 4: Created 2 reports, one brief, authored one peer reviewed publication and presented at two national conferences
1.2	Policies are established or maintained that promote the inclusion of people with disabilities in public health planning, health promotion programs, healthcare services, and in emergency preparedness planning and response activities.	Zero PWD are deliberately included in programmatic activities for health topics in the Department of Health		Deliberate inclusion of PWDs in programmatic activities for 3 health and/or disaster preparedness topics within the Department of Health	Project Period	Achieved	UF included PWD in CDSHIP verbiage during planning conference in Year 2 and DOH has worked to improve participation of PWD in the Department of Health (DOH) include Brain and Spinal Cord Injury Program, DOH Communications, Children's Medical Services, and the Bureau of Preparedness and Response.
1.2	Collaborators/staff are committed to promoting and carrying out the work.	3 staff committed to promoting and carrying out the work		5 staff committed to promoting and carrying out the work	Project Period	Achieved	Staff includes DOH-DHP staff, and UF-DHP staff and number 6+ persons by Year 3 ( 1/3 of staff members have disabilities)
1.3	State Disability Committee Planning Group (DCPG) will have PWD, guardians,	29% PWD and/or parent/caregiver of PWD representation on DCPG		Increase to 50% current PWD and/or parent/caregiver of PWD	Project Period	Achieved	DCPG partners that represent the disability community is up by 9 percentage points from baseline to 38% at the end of Year 1. During Years 2 and DCPG members that

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	caregivers and/or disability advocates representation and will assess each DCPG/standing committee once each year for PWD representation.			representation on the DCPG			represented the disability community decreased to 31% and 27% of members respectively. In Year 3 DCPG members increased by 25% to 115 members of which 23% represented the disability community.
1.3	Number of local/state standing health committees that have at least 1 PWD, guardians, caregivers and/or disability advocates serving as members.	No PWD in local/state standing health committees		Inclusion of PWD in 5 new health committees	Project Period	Achieved	DHP has created a list of health board appointments that require gubernatorial appointment and shared it with DCPG, during Year 2 and have ensured PWD representation in the Florida Chronic Disease Coalition, the Board of Directors for the Florida Lifetime Respite Alliance, the Florida DD Council Healthcare and Prevention Taskforce.
1.3	DHP Program Manager and University of Florida staff will participate in State Health Improvement Plan (SHIP) committees and activities.	Only vulnerable populations are identified in SHIP wording and in a limited capacity (i.e. children with special health care needs, persons with developmental disabilities)		Inclusion of focus on PWD in general SHIP chronic health and community-related activities and objectives	Project Period	Achieved	Disability Section has been included in Chronic Disease Prevention Improvement Plan (CDPIP) and UF/DOH-DHP staff participate in committees associated with the statewide plan. UF is also participating in the Steering Committee that will prepare Year 3 goals as well as planning Summit where public and community input will be provided.
2.1	States will identify data sources that include disability measures or data	In Florida, PWDs surveyed only on the BRFSS		Continue/Expand disability questions to the BRFSS and add	Project Period	Achieved	Disability questions were added to the Consumer Assessment of Health Providers Survey (CAHPS) and UF DHP created a

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	sources that should be targeted to add disability measures.			disability specific questions to the CAHPS survey			Persons with Disabilities Survey (PWDS) whose target population is PWD.
2.1	Integrate disability measures into the State Health Improvement Plan (SHIP) and throughout DOH surveillance activities	Disability language is included in the CDSHIP		Include disability measures in 2 activities proposed on the Chronic Disease State Health Improvement Plan (CDSHIP)	Project Period	Achieved	Disability data was collected through work on the CDPIP and a change in wording of two existing targets was brought forth during planning for Year 2 of the improvement plan, both changes were accepted by the Chronic Disease Coalition and were included in the Year 2 CD-PIP/CD-SHIP
3.1	Greater awareness among key policy makers and program administrators of health-related disability policy needs and initiatives (i.e. disability partners as advocates).	No known awareness among policy makers on health-related disability policy initiatives as of 7/1/12		An increase in reported disability awareness	Project Period	Achieved	UF staff provided policy briefs and fact sheets to FL House of Representative members and their legislative aides during Year2 and tested their perceived knowledge gain with a web survey. Of those legislators and aides who participated in the survey (N=17). 100% felt more knowledgeable about the health needs of PWD. 88% found the information useful and 93% indicated they would use data/information from the brief.
3.1	Number of messages disseminated	0 disseminated messages as of 7/1/12		Present at 2 annual statewide meetings of health care professionals such as the Florida Medical Association, Florida Public	Project Period	Achieved	In Year 1: DHP Program Manager provided a presentation on disability for Bradenton, FL School District Employee Wellness Mtg., provided information at the annual Florida Developmental Disabilities Awareness Day at the Florida Capitol, and provided a presentation at the Univ. of FL People's

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				Health Association, or Florida Nurses Association			Scientific Conference to promote health and Eliminate Health Disparities. In year 2- DHP presented at the Academy Health Conference and the FL Youth Leadership Forum, in Year 3 DHP presented at APHA and the FL SAND Conference and during the Cost Continuation the DHP presented at the North Florida Community Health Worker Coalition Meeting, and the Safety Net Collaborative Meeting, UF's Diversity Day, and Family Café
3.1	Each state collects success stories on policy change.	Two success stories from previous round of 5 year funding		One success story annually	Project Period	Achieved	Success Stories have been submitted but DHP is working on success stories focused on policy change.
4.1	# trainings held	Zero specific trainings on PWD		Two trainings per year	Project Period	Achieved	Train the Trainer session held for Community Health Workers (CHW) on disability awareness and accessibility during CHW annual meeting during Cost Continuation- 36 CHWs trained
4.1	# PWD, health promotion professionals or volunteers participating in trainings/sessions	Zero professionals in training		25% of participants fitting this description	Project Period	Achieved	Train the Trainer session held for Community Health Workers (CHW) on disability awareness and accessibility during CHW annual meeting during Cost Continuation- 36 CHWs trained, of those trained 42.1% were CHWs the rest self-classified as "Other"
4.1	Reported skill in ability to deliver health promotion	Dependent on pre-test measure		Increase the number of persons with reported skill	Project Period	Achieved	Chronic Disease Bureau Staff was provided with tip sheets to assist with making health

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	programs for people with a disability			to deliver health promotion programs for PWD by 5%			promotion programs more accessible to PWD, they were asked to rate their reported skill and knowledge in delivering programs to PWD, guide was developed and brief survey was disseminated in Year 3. Of those surveyed (N=22)- 100% reported an increase in knowledge and 95% reported an increase in skill and 95% found the guide either very useful or useful and indicated they would use the information learned in the guide in future program planning.
4.2	Number/% of PWD who participate in a specific program	25% of PWD attend Chronic Disease Management Programs in 2013- per student intern survey of Chronic Disease Self-Management Programs in Florida. Diabetes self-management was collected in the 2012 BRFSS PWD =51.9 %; PWOD=58.3%		Increase by 2% the number of PWD who participate in health programs	Project Period	Achieved	Diabetes self-management was collected in the 2012 BRFSS PWD =51.9 %; PWOD=58.3%  The 2013 BRFSS the percentage of Floridians with and without disabilities who take diabetes self-management courses PWD =48.8 %; PWOD=50.8%  The 2014 BRFSS the percentage of Floridians with and without disabilities who take diabetes self-management courses PWD =51.8%; PWOD=47.6%
4.2	# of communications delivered through channels that reach	Currently cross-linked on 21 partner websites		Disseminate one email newsletter each month to groups	Project Period	Achieved	Currently cross-linked on 36 partner websites, monthly email newsletters began in Year 2 along with a more pronounced

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	PWDs (e.g. ILCs newsletters, websites)			representing PWD			social media presence
4.2	# of community programs that have developed protocols and strategies (e.g. images of PWD in promotional materials or otherwise convey that the public health program is relevant for PWD) to meet the needs for PWD (e.g. staff disability awareness training, alternative formats, accessible location)	No community programs that developed protocols and strategies specific to PWD		2 programs annually that develop protocols and strategies specific to PWD	Project Period	Achieved	The DHP worked with the Tobacco Quit Line to include the TTD/TTY telephone numbers to make their services more accessible to PWD. During Year 2-3 DHP developed and distributed the “Disability and Health: Guide for Floridians” and three 20 min videos on health and wellness. The associated booklets, tip sheets and DVDs were broadly disseminated and used as continuing education for staff of the APD and the Arc of Florida and distributed to PWD and their families and caregivers. UF-DHP also led a train the trainer session for 36 CHWs from the Community Health Worker Coalition during the cost continuation.
-34.3	Number of providers that indicate they have knowledge about and/or have promoted use of campaigns, programs and/or initiatives for PWDs (e.g., Right To Know Campaign)	Previous mammography facilities surveyed showed over 50% respondents (medical & office staff) learned something new about positioning women and accessibility factors after receiving packets of		Increase reported knowledge based on pre- and post-test	Project Period	Redirected	Training for mammography technicians was not feasible during this project period; however, UF-DHP will promote and carry out disability awareness trainings among health care facilities that are assessed for accessibility during the Cost Continuation.

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	materials).	information mailed by UF in Year 5 of last grant					
4.3	Assessments or survey results re accessibility of health care facilities and mammography equipment	Survey of 28 Mammography facilities completed during Year 5 of previous round of CDC funding.		Survey health care Assessment facilities for accessibility	Project Period	In Progress	UF-DHP will assess the physical accessibility of health care facilities in a pilot project.
4.3	Number of trained mammography technologists from mammography facilities that are trained on the needs of women with disabilities, i.e., communication, position techniques, etc.	Approximately 96% of mammography facilities surveyed during the last round of funding reported seeing female patients living with physical disabilities. Of the 28 mammography facilities surveyed, 15 (53%) reported that they received information during their initial training that focused on providing care or services for female patients with disabilities. Only 8 (29%) respondents said they received specialized professional training that focused on caring		Increase in number of Radiology Technicians trained in the needs of women with disabilities	Project Period	Redirected	Training for mammography technicians was not feasible during this project period; however, UF-DHP will promote and carry out disability awareness trainings among health care facilities that are assessed for accessibility during the Cost Continuation.

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		for or providing services to female patients with disabilities.					
5.1	Partnerships are established within the disability and/or health communities to provide training and/or disseminate educational materials for PWD.	No partnerships established to provide training or materials for PWD		Increase partnerships established to 3 meaningful partnerships annually	Project Period	Achieved	Year 2-3: Partnership with the APD and the Arc of Florida have led to increased dissemination of DHP Disability and Health Guides and tip sheets as well as the DHP created health and wellness DVDs whose components were made into CEU training opportunities for APD and Arc staff through the TRAIN online training portal (over 100 Arc staff have received the DHP health and wellness training). DHP also partnered with the Community Health Worker Coalition to train 36 CHWs on disability awareness and accessibility during the cost continuation.
5.1	Number of PWD receiving preventive healthcare screenings during the project period.	Per the 2011 BRFSS the percentage of individuals who have seen a health care professional for a routine checkup in the past year is: PWD: 72.5% PWOD: 65.6%		Increase screenings for PWD by 2%	Project Period	Achieved	Per the 2013 BRFSS the percentage of individuals who have seen a health care professional for a routine checkup in the past year has increased for both PWD and PWOD to: PWD: 75.6% PWOD: 69.2%
5.1	Use Florida and national disability data to educate	Educated 0 partners and key stakeholders on health disparities		Educate partners using disability data to indicate	Project Period	Achieved	Dissemination of Year 1 DDR will assist with this Target. Disparity data disseminated to

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	partners and key stakeholders on health disparities of PWD	of PWD since our program's inception		health disparities for PWD			legislators in Year 2 and presented on in APHA in Year 3. During the Cost Continuation disparity data was included in the train the trainer session for CHWs.
5.2	Barriers or disparities in PWD receiving preventive health care screenings are identified, and recommendations for improving care are provided.	No barriers identified or recommendations made as of 7/1/12		Increase preventive health care screenings for PWD by 2%. Disseminate issue brief with recommendations to improve care/screening.	Project Period	Achieved	<p><u>Access to Care Barriers</u></p> <p>2012-13 PWD Survey Results:  Transportation issues: PWD: 12% PwOD: 1%; Difficulty getting onto the exam table: PWD: 20%, PwOD: 1%; Difficulty communicating with the doctor: PWD: 8%, PwOD: 1%; Difficulty finding a doctor that understands health condition: PWD: 14%, PwOD 2%; Difficulty Coordinating Care b/w Providers: PWD: 16%, PwOD, 3%.</p> <p>2015 PWD Survey Results: Transportation issues: PWD: 14% PwOD: 1.25%; Difficulty getting onto the exam table: PWD: 22%, PwOD: 0.45%; Difficulty communicating with the doctor: PWD: 8%, PwOD: 1%; Difficulty finding a doctor that understands health condition: PWD: 15%, PwOD 3%; Difficulty Coordinating Care b/w Providers: PWD: 19%, PwOD, 4%.</p> <p>Issue brief was disseminated among partners and legislators in Year 2 and brief with updated data will be sent again during</p>

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							the cost continuation.
5.2	Partnerships are established within the health care community to promote staff training and/or disseminate educational materials.	0 partnerships within the healthcare community to promote staff trainings and/or disseminate educational material since our program's inception		Increase partnerships within healthcare community by 2%	Project Period	Achieved	Created Disability Community Liaison partnerships with CHD's in Year 2 (resulted in an increase of 26 partners) and Created Community Health Worker Disability Liaisons from interested CHWs that participated in UF's pilot train the trainer disability awareness training during the Cost Continuation (an increase of 12 partners)
5.2	Community resources are available for PWD to receive wellness screenings	No community resources identified for PWD to receive wellness screenings as of 7/1/12		Increase opportunities for wellness screenings for PWD	Project Period	Achieved	Promoting local services (Equal Access Clinic, Mobile Outreach Clinic and OT walk-in monthly clinic) in Alachua County to PWD in the area. During Year 2 resources were leveraged to allow 25 CHDs to purchase wheelchair accessible weight scales bring those CHDs once step closer to being more physically accessible to PWD.
6.1	Completed plan that addresses the needs of PWD in emergencies in accordance with state and/or federal guidance	Previous version of the Department of Health's Preparedness Guide		Revise Department of Health Preparedness Guide so that it is accessible for PWD	Project Period	Achieved	DOH Preparedness Guide was revised to include the needs of people with various disabilities. The guide was disseminated among the Florida CILs, at the Youth Leadership Forum, at Family Café and SportsAbility events
6.1	Determine access issues and barriers for sheltering from perspective of PWD	Only 65.4% of PWD know where to go in the case of an emergency (Per 2012-13 PWD Survey)	Data from PWD survey 2012-13	Identify access issues and barriers for sheltering	Project Period	Achieved	2012-2013 PWD Survey Results: 31.6% of PWD have a written plan, 65.4% know where to go, and 89.3% believe that a disaster plan is very or somewhat

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							important.  2015 PWD Survey Results: 36.0% of PWD have a written plan, 61.7% know where to go, and 85.9% believe that a disaster plan is very or somewhat important.
6.2	Public Health Emergency Planners across the state have established a local/state disability agency and/or disability contact to provide accessibility guidance or assistance in exercise planning.	No established disability contacts to provide accessibility guidance or assistance in emergency exercise planning		Development and maintenance of an accurate and up-to-date listing for all Florida disability agencies and/or disability contacts	Project Period	Achieved	DHP Program Manager assembled a listing of contracts for emergency preparedness for PWD for state agencies and disability organizations
6.2	Emergency planners have a process for recruiting from the disability community in their emergency exercises	No process for recruiting from the disability community for emergency exercises		A process will be in place for recruiting from the disability community for emergency exercises	Project Period	Achieved	Survey of CILs indicate that they are the most active community members with disabilities that participate in community preparedness exercises.
6.2	# of exercising planning meetings will be conducted in	No technical assistance in the planning meetings of		Planning meetings of county emergency	Project Period	Achieved	The DHP Program Manager participated in DOH Bureau of Preparedness and Response meetings about Florida's special needs

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	X counties/districts/cities/ etc. to X (county emergency managers/responders) to include the needs of people with disabilities	county emergency managers/responders to include the needs of PWD since the program's inception		managers/responders will include needs of PWD			sheltering and for Level of Care issues for PWD. In Year 1 these were conducted in Tallahassee with community representation. In Year 2, DHP funded the purchase of a hands-on nursing mannequin to be used to train CHD nurses (many of whom staff special needs shelters (SpNS)). The state coordinator for SpNS used the mannequin to provide training at 13 Florida sites where a total of 308 nurses were trained in Year 2.  In Year 3 DHP funded 4 trainings entitled <i>Effective Strategies for Communicating with People Who are Deaf and Hard of Hearing and Other Access and Functional Needs</i> the trainings were received by first responders, emergency management staff, and special needs shelter staff at both the Florida Governor's Hurricane Conference and the Broward County Emergency Operations Center.
6.3	Number of PWD reached about emergency preparedness (plans and/or kits).	0 PWD reached about emergency preparedness		Identify the number of PWD who are reached about emergency preparedness	Project Period	Achieved	According to a survey the DHP conducted with CILs approximately 1,928 PWD were provided plans and/or kits
6.3	Number of PWD who report having a plan and/or kit.	31.6% of PWD report having a written disaster plan	PWD Survey	Identify counties with greater and lesser	Project Period	Achieved	CILs distributed approximately 1,928 plans/kits. Will continue working with CILS for distribution and tracking.

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				concentration of PWD with emergency preparedness plans and/or kits			<p>According to the 2012 PWD Survey, 57.6% of PWD had prepared a disaster supply kit. However, results of the 2015 PWD Survey showed only 51% of PWD had prepared a disaster supply kit.</p> <p>Baselines measures from the 2012 PWD Survey indicated that 31.6% of PWD had a written disaster plan, however results from the 2015 PWD Survey show an increase of nearly 5% to 36.0% of PWD having a written disaster plan.</p>
6.4	Number of care providers of PWD who learn about emergency preparedness (plans and/or kits)	20.5% of people who do not live alone provided regular care or assistance to someone who has a long-term illness or disability in the previous month to a family member or friend. (caregiver) There is no statistically significant difference in the proportion of people who have a written disaster plan by caregiver status. 31.1% of people who are caregivers have a	2012-13 PWD Survey Data	Increase the number of care providers of PWD who learn about emergency preparedness by the final year of the project by 5%	Project Period	Achieved	<p>CILs distributed approximately 1,928 plans/kits. Will continue working with CILS for distribution and tracking.</p> <p>2012-2013 PWD Survey Results: 20.5% of survey respondents served as a caregiver to a family member or friend in the past month, by providing regular care or assistance to someone who has a long-term illness or disability. There is no statistically significant difference in the proportion of people who have a written disaster plan by caregiver status – 31.1% of caregivers have a written disaster evacuation plan compared to 29.5% of non-caregivers.</p>

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		written disaster plan as compared to 29.5% of people who are not caregivers. (Per 2012-13 PWD Survey data)					2015 PWD Survey Results: 18.3% of survey respondents served as a caregiver to a family member or friend in the past month, by providing regular care or assistance to someone who has a long-term illness or disability. There is no statistically significant difference in the proportion of people who have a written disaster plan by caregiver status - 41.2% of caregivers have a written disaster evacuation plan compared to 35.2% of non-caregivers.
6.4	Identify the optimal means/environment to educate care providers of PWD about emergency preparedness (plans and/or kits)	No optimal environment to educate care providers was in place as of 7/1/12		Apply the optimal means/environment to educate care providers of PWD about emergency preparedness (plans and/or kits)	Project Period	Achieved	Information provided to care providers annually through Family Café in Years 1-3. In Year 2, DHP funded the re-printing of DOH Preparedness Guides for dissemination and in Year 3 DHP arranged for the printing of a 2-sided picture communication aid developed by Temple University's Institute on Disabilities that was distributed by the DOH Bureau of Preparedness and Response at the Annual Family Café Conference and by UF-DHP at a SportsAbility event
6.5	States will disseminate Emergency Shelter Assessment tools	DHP has provided no (zero) technical assistance/tools to local or state		100% of requests for Emergency Shelter Assessment tools	Project Period	Achieved	Established collaboration with the DOH Bureau of Preparedness and Response who regularly provides this technical assistance

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	and/or provide technical assistance to local or State emergency management agencies.	emergency management agencies		and/or technical assistance will be met			DOH-DHP participated in the Bureau of Preparedness and Response Functional Access Needs Workgroup (Years 2 and 3)
6.5	State will provide technical assistance to shelters regarding their adoption of accessibility recommendations.	No technical assistance to shelters about adoption of accessibility recommendations since the program's inception		100% of requests for technical assistance to shelters about adoption of accessibility recommendations will be met	Project Period	Achieved	Established collaboration with the DOH Bureau of Preparedness and Response who regularly provides this technical assistance
6.5	State will assess public emergency shelters to assure PWD have physical access to and within the facility.	No assessments of accessibility for public emergency shelters		Assess public emergency shelters for accessibility	Project Period	Achieved	The Bureau of Preparedness and Response collaborates with FEMA to assess shelters for accessibility
7.1	Development of a program monitoring plan in collaboration with partnership	Review components of potential tool		Development of a program monitoring tool	Project Period	Achieved	This document and updates made to it will serve as a program monitoring tool