

Ohio Commission on Minority Health Quarterly Program Report

Q1 Q2 Q3 Q4

Agency Name:	Grant #
Project Name:	

I. Total number of new persons who participated in the optimal health group this quarter:	II. Total number of returned persons who participated in the optimal health group this quarter:	III. Total number of persons who participated in health groups this quarter:(Add I and II) totals.
Number of new lupus clients:	Number of returned lupus clients:	IV. Total No. of <u>*registered</u> Lupus clients:
Number of new caregivers:	Number of returned caregivers:	

*Registered Lupus clients include all Lupus clients for whom the grantee has a client file with **completed** intake documents.

SECTION I: Demographics (Note: Only record the number of NEW persons served this quarter)

A. Number of new Lupus Clients served this Quarter (report the number of unduplicated participants who received direct services through this project)

Age		<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	M													
	F													

B. Number of new Caregivers served this Quarter (report the number of unduplicated participants who received direct services through this project)

Age		<1	1-5	6-10	11-14	15-19	20-24	25-34	35-44	45-54	55-64	65-75	>75	Total
Sex	M													
	F													

For Sections IV – IX, Report NEW Persons ONLY

IV. Race/Ethnicity	Clients	Caregivers	VI. Household Income (Lupus Clients ONLY)				
African American			Number of Persons in Household	<\$9,999	\$10,000-\$14,999	\$15,000-\$24,999	>\$25,000
Asian				1			
Cambodian				2			
Hmong				3			
Laotian				4			
Vietnamese				5+			
Hispanic/Latino							
Mexican American							
Puerto Rican							

	VII. Last interaction with Health care System	VIII. Service Most Often Used
Cuban	Less than 3 months	Emergency Room
Other Hispanic/Latino	3-6 months	Family Physician
White/Non Hispanic	6 months-1year	Health Center/Clinic
Native American	1 Year or more	Traditional Healer

V. Insurance (Lupus Clients ONLY)	IX. Why are you interested in a Support Group?
Private	Diagnosed with Lupus
Public (Medicare/Medicaid)	Friend has Lupus
Uninsured	Spouse has Lupus:
	Other:

Section II: Program Summary

Instructions: State the original project goals and objectives. Provide specific details on activities conducted to date and include the quarterly outcomes in whole number and year to date percentages.

List each project goal, its corresponding objective(s) and outcomes for each objective: Example

Goal: (Agency Name) will provide monthly optimal health groups meetings.

Objective: By June 2016, 25 participants with lupus will be recruited and attend Optimal Health Group meetings.

Quarterly Objective Outcome: As of the (insert current quarter), an average of 15 participants (60% of YTD objective) attended Optimal Health Group meetings. **Please note, report only those who attend, not those who are registered and do not attend.**

Agency Name _____

Add additional page(s) as needed.

Section III: NARRATIVE

A. PATIENT EDUCATION: Please provide a description of the patient education activities of your project during the quarter. Include information on what was done and estimates of numbers of people reached/affected for each activity.

1) Monthly support groups (Include meeting dates, the number of participants per date, & types of activities held for each date.)

2) Telephone hotline - If your grant does not have a hotline, please respond N/A. If your grant does operate a hotline, please provide the title of the person who answers the calls, the number of calls received, referrals made as a result of the hotline, and any other pertinent hotline activity for the quarter.

3) Online support groups. If your grant does not have an online support group, please respond N/A. If your grant does operate an online support group, please provide the title of the person who answers the calls, the number of calls received, referrals made as a result of the hotline, and any other pertinent hotline activity for the quarter.

4) Please describe your program marketing, recruitment and retention strategies this quarter.

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B. PUBLIC EDUCATION:

1) Please provide a description of outreach to minority women to include the location(s), date(s) of events, and numbers served during presentations given. If no outreach to minority women occurred this quarter, please provide a plan to increase outreach to minority women in each of the remaining quarters.

2) Participation in Lupus Awareness Month (Provide an estimate of the numbers of persons directly reached through personal contacts, media outlets and lupus awareness month activities.) Please note, if you have a display table at a large event, you are NOT to include numbers for the event as a whole as the number you reached. Only include those that personally interacted with your staff as the number reached for that event. If you participate in a large event where your message is broadcast to all event participants, please make that distinction in your response.

3) Participation in local events such as health fairs. Please list the location, dates of event(s), & the estimated number of visitors to your vendor space, or the estimated number of participants in each of your health fair presentations.

4) Other patient education activities

5) Please discuss the dissemination of SLE research and or literature updates to health care professionals, persons with lupus and their caregivers.

C. OTHER PROGRAM INFORMATION

1) Number of Symptom Checklist Assessment Tools distributed - **Required**

Number of completed System Checklists returned

Number of persons with 4 or more symptoms

Number of persons referred to health care providers

Number of persons with 4 or more symptoms for which follow up was completed-***Required**

*No health (HIPAA) data is collected. Just confirmation of an office visit or that an appointment has been set, to stress the importance of follow up medical care.

2) How many people, of those with four or more symptoms, followed up with a visit to a medical provider?

3) Please discuss values, attitudes, or practices in the community which have positively or negatively affected the implementation of the project this quarter.

4) For **each** object not met for the quarter, describe how the objective(s) will be met in the next quarter.

5) Describe any aspects of the program that are different from what was originally proposed. **This question must be answered.** If no changes were made, simply respond with N/A.

6) If you participated in any media activities (print, radio, television) this quarter, please discuss here. If you have an original, please provide a copy of the PSA, article, etc. If possible, please provide the numbers reached through your marketing efforts. Readership, listenership and viewership is available for most media outlets on their websites, or by calling the media contact directly.

7) Briefly describe any other lupus-related activities including activities not funded by the Commission.

By signing below, we certify that the information contained in this report is, to the best of our knowledge, correct and reflective of the projects program records.

Signature of Executive Director

Signature of Project Director

Date

Date