

OHIO COMMISSION ON MINORITY HEALTH

*2014-2015 Systemic Lupus
Erythematosus
Start Up Session
Program Section*



Agenda

Ohio Commission on Minority Health Start Up Session 2014-2015

1	History
2	Introduction
3	Program Requirements
4	Service Area
5	Program Requirements
6	Quality Improvement
7	Site Visits
8	Definitions
9	Reporting Guidelines and Requirements
10	Questions/Contact Information





HISTORY

HISTORY 1994

Amended Substitute House Bill 152



The Lupus Program shall be used to provide grants for programs in patient, public and professional education on the subject of Systemic Lupus Erythematosus; to encourage and develop local centers on Lupus information gathering and screening; and to provide outreach to minority women.

A group of approximately 12 diverse women of various ethnicities and ages are smiling and posing for a photo. They are dressed in professional or semi-formal attire. A semi-transparent white rectangular box is overlaid on the center of the image, containing the word "INTRODUCTION" in large, bold, black capital letters.

INTRODUCTION

INTRODUCTION

SLE Lupus Grant Funding Process

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graph LR; A[Competitively bid statewide] --> B[Six agencies funded at a $16,000 level from July 1, 2013 to June 30, 2014]; B --> C[Provision of lupus health promotion activities];
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**Competitively bid
statewide**

**Six agencies funded at a
\$16,000 level from July 1,
2013 to June 30, 2014**

**Provision of lupus
health promotion
activities**



IMPLEMENTATION



IMPLEMENTATION

Notice of Award
May 2013

**Agreement of
Terms/Special
Conditions**
June 2013

**Immediate 1st quarter
Start up required**

A group of approximately 12 diverse women of various ethnicities and ages are smiling and posing for a photo. They are dressed in professional or semi-professional attire. A semi-transparent white rectangular box is overlaid on the center of the group, containing the text "SERVICE AREA" in a bold, black, sans-serif font.

SERVICE AREA

SERVICE AREA FOCUS



SERVICES

1

Programs must provide Lupus education to individuals with Lupus and their caregivers and the general public

GRANT FUNDS AND SERVICES

2

Grant funds and services are limited to the city where applicant is located. In some circumstances adjacent areas may be considered; however, in no event can grant funds be used for regional or statewide projects.



PROGRAM REQUIREMENTS

PROGRAM REQUIREMENTS



- 1 Project are required to provide twelve (12) months of Program/Optimal Health Support Group services.
- 2 Grantees will be required to participate in the inaugural events for Minority Health Month in March 2014 and March 2015. The grant application should address attendance at these events.
- 3 Commission funds cannot be used to DEVELOP educational materials. These will be provided to you by the Commission.
- 4 Optimal Health Support Groups must provide strong educational components.
- 5 Commission funds can be used to support awareness projects for the community at-large. Such public awareness campaigns can be used to generate more public support for lupus concerns.
- 6 Due to the limited funds it is preferential that applicants specify how they intend to meet the needs of diverse populations.
- 7 Grantee must participate in Lupus Awareness Month

PROGRAM REQUIREMENTS



Continued

Patient Education

- Conduct at least one monthly face to face optimal health support group meeting that is facilitated by a trained facilitator and includes balanced presentations.
- Provide a referral list of area facilities and physicians that provide medical treatment for SLE related medical conditions (i.e. rheumatologists, dermatologists, nephrologists, etc.).
- Conduct a training opportunity that enhances the combination of patient, caregiver and professional education on the subject of SLE (i.e. workshop, conference or seminar). A mechanism to capture demographics for all services must be in place.
- Provide outreach to minority women via: Telephone Hotline, Literature Updates, On-line Education Sessions, Teleconference Education Discussions, Home Visits, Peer Counseling, and Self-Management Skills.

Public Education

- Include caregivers and children of persons living with lupus at monthly *support group* meetings.
- Conduct presentations that enhance SLE education.
- Participate in local events (i.e. health fairs).
- Participate in Lupus Awareness Month (May 2014).
- Enhance public education via media outlets.
- Each funded agency is required to administer the “symptom checklist” – This is a mandatory requirement of funded agencies.

PROGRAM DOCUMENTATION



- Programs must obtain proper release in order to take pictures/videos etc.
- Programs are not permitted to forward pictures of participants to OCMH
- Programs are not permitted to forward PHI (protected health information) Data to the Commission

**Ohio Commission on Minority Health
Quarterly Program Report**

Q1 Q2 Q3 Q4

Agency Name:	Grant #
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Project Name:

I. Total number of new persons served this quarter -Total number new lupus clients: - Total number of new caregivers:	II. Total number of persons returning this quarter - Total number lupus clients: - Total number of caregivers:	III. Total number of persons served this quarter: (add I & II)
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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			<\$9,999
Asian			\$10,000-\$14,999
Cambodian			\$15,000-\$24,999
Hmong			>\$25,000
Laotian			
Vietnamese			
Hispanic/Latino			
Mexican American			
Puerto Rican			
Cuban			VII. Last interaction with Health care System
Other Hispanic/Latino			Less than 3 months
White/Non Hispanic			3-6 months
Native American			6 months-1year
			1 Year or more
			VIII. Service Most Often Used
			Emergency Room
			Family Physician
			Health Center/Clinic
			Traditional Healer
V. Insurance (Lupus Clients ONLY)		IX. Why are you interested in a Support Group?	
Private		Diagnosed with Lupus	Spouse has Lupus
Public (Medicare/Medicaid)		Friend has Lupus	Other:
Uninsured			

Section II: Program Summary

Instructions: State the original project goals/objectives provide specific details on activities conducted to date and include the outcomes in whole number and/or percentage for the following topics. For instance, your goal stated: 25 participants with lupus will be recruited and served for the Optimal Health Group by June 2012. To date, 15 participants or 60% was served.

List project goals/objectives and outcomes below:

Project Goal(s):

Objective(s):

Outcome(s):

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. If the activity listed is not an activity done in your project, please mark N/A.

1) Monthly support groups (include number of meetings, number of participants, and types of activities done)

2) Telephone hotline

3) Online support groups

- 4) Referral list of area facilities and physicians that provide medical treatment for SLE-related health conditions
(include numbers of referrals made)

B. PUBLIC EDUCATION:

- 1) Outreach to minority women

- 2) Participation in Lupus Awareness Month (provide an estimate of the numbers of persons reached through personal contacts, media outlets and lupus awareness month activities)

- 3) Participation in local events such as health fairs

4) Other patient education activities

5) Dissemination of SLE research and or literature updates to health care professionals, persons with lupus and their caregivers

C. OTHER PROGRAM INFORMATION

1) Symptom Checklist Assessment Tool

Number of System Checklists completed

Number of persons with 4 or more symptoms

Number of persons referred to health care providers

Follow-up for persons with 4 or more symptoms

2) Provide a status report on the outcomes of those individuals referred.

3) Are there values, attitudes, or practices in the community which have positively or negatively affected the implementation of the project?

4) Report by goal and objective how effective the program was in meeting their goals during the quarter. Provide actual numbers reached.

5) Describe how goals and objectives will be met in the next quarter.

6) Describe any aspects of the program that are different from what was originally proposed. (This question must be answered).

7) List all program building/operational activities which occurred during the quarter (health fairs, seminars, presentations, etc.) If you participated in media opportunities, specifically list names of newspapers and dates of publications.

8) Describe any other lupus-related activities including activities on 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

A group of approximately 12 diverse women of various ages and ethnicities are smiling and hugging each other. The image is semi-transparent, allowing the text to be clearly visible. The text 'QUALITY IMPROVEMENT' is centered in a large, bold, black font.

QUALITY IMPROVEMENT

QUALITY IMPROVEMENT

- **All grantees will be required to participate in quality improvement activities provided by the Ohio Commission on Minority Health.**
- **These efforts are designed to improve data collection and program outcomes.**

- **Applicants that are funded will be required to work with our Research and Evaluation Enhancement Program (REEP) Team through technical assistance, sessions to develop standard objectives and a standard evaluation mechanism.**





SITE VISITS



SITE VISITS



- Site Visits provide the opportunity for OCMH staff to view the program activities and demonstration model implementation.
- Site visits allow for a focused discussion of the program strengths and barriers and the development of solutions.
- Site Visits are generally conducted twice a year during the 2nd and 3rd quarters or on an as needed.
- Site visits are a part of the OCMH administrative compliance rules and ensure a level of oversight to grant awardees.

SITE VISITS (continued)



- Reviews program participant recruitment process
- Reviews provision of services/activity
- Reviews activity timeframes/locations
- Reviews how feedback is obtained from target populations
- Observes program documentation process

A group of approximately 12 diverse women of various ages and ethnicities are smiling and posing together. A semi-transparent white rectangular box is overlaid on the center of the image, containing the word 'DEFINITIONS' in large, bold, black capital letters.

DEFINITIONS

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Ohio Commission on Minority Health



OPTIMAL HEALTH SUPPORT GROUP

1

An organized group of individuals led by a trained facilitator in an effort to receive information, share experiences and coping techniques. The group may set its own format for meetings, which may include educational and facilitated discussions.

TRAINED FACILITATOR

2

Individual responsible for coordinating the work of the support group. Each facilitator is required to be trained in group facilitation and conflict resolution. Information on this required training will be provided by the Commission upon funding.

BALANCED PRESENTATION

3

A presentation that allows group members to share their personal experiences and an expert speaker available to provide factual knowledge that results in the transference of skills.



REPORTING GUIDELINES AND REQUIREMENTS

REPORTING REQUIREMENTS



QUARTERLY REPORTS

REPORTING GUIDELINES



- All reports must be received via postal mail by the report deadlines
- Out of compliance letters will be issued after missed deadline
- Out of compliance status impacts continuation status and is considered in scoring matrix
- OCMH will not process payments until reporting is in compliance

REPORTING GUIDELINES



All reports must be typewritten.

Handwritten reports or those submitted by fax will not be accepted.

REPORTING DEADLINES



FY2014 (July 1, 2013 – June 30, 2014)

<u>REPORT</u>	<u>DUE DATE</u>
1st Qtr. Report	Sept. 15, 2013
2 nd Qtr. Report	Jan. 15, 2014
3 rd Qtr. Report	April 15, 2014
4 th Qtr. Report	July 15, 2014

FY2015 (July 1, 2014 – June 30, 2015)

<u>REPORT</u>	<u>DUE DATE</u>
1st Qtr. Report	Sept. 15, 2013
2 nd Qtr. Report	Jan. 15, 2014
3 rd Qtr. Report	April 15, 2014
4 th Qtr. Report	July 15, 2014

A group of diverse women of various ages and ethnicities are smiling and interacting. A semi-transparent white box is overlaid on the image, containing the text 'CONTACT INFORMATION AND QUESTIONS' in large, bold, black capital letters.

CONTACT INFORMATION AND QUESTIONS

OHIO COMMISSION ON MINORITY HEALTH

77 S. High Street, 18th Floor
Columbus, Ohio 43215

Telephone: (614) 466-4000

Fax: (614) 752-9048

Website: www.mih.ohio.gov

Angela Dawson, Executive Director
Angela.Dawson@mih.ohio.gov

Venita O'Bannon, Fiscal Specialist
Venita.O'Bannon@mih.ohio.gov



QUESTIONS





THANK YOU!

