Demonstration Grant
Start Up Session
2014-2015

OHIO COMMISSION ON
MINORITY HEALTH

May 23, 2013
Overview of Presentation

- Background
- Purpose
- Reporting Requirements
- Program Requirements
- Site Visits
- REEP Evaluation Session
- REEP Panel/REEP Evaluator
- Program Evaluation
- Questions and Answers
BACKGROUND
The Commission was established by Amended Substitute House Bill 171 and commenced on July 1, 1987.

The Commission was interested in funding projects which were innovative, culturally sensitive and specific in their approach toward reduction of the incidence and severity of those diseases or conditions which are responsible for excess morbidity and mortality in minority populations. Health promotion and disease prevention activities will constitute the primary focus of projects funded by the Commission during FY 2014-2015.
PURPOSE
ON TARGET

NOTICE OF AWARD MARCH 2013

AGREEMENT OF TERMS APRIL/MAY 2013

MEET SPECIAL CONDITIONS

IMMEDIATE 1\textsuperscript{ST} QTR. STARTUP REQUIRED
The Commission is interested in new, innovative, culturally relevant program models.

Programs must comprehensively address reduction/elimination of known risk factors in the program design.

School-based programs: MUST PROVIDE programming for the entire year. Summer break is not acceptable.

Goal of funded projects:
- Behavior Change = Improved Health Status
- Measurable Outcomes

Develop and establish a management board for the administration of the grant.

Provide services in close proximity to minority communities or include minority communities in their stated service area.

All grants must contain a lifestyle modification component to include diet, exercise, and screenings.
REPORTING REQUIREMENTS

- Quarterly Program Reports
- Quarterly Evaluation Reports
- Annual Report
- Biannual Report
## REPORTING DEADLINES

### FY2014 (July 1, 2013 – June 30, 2014)

<table>
<thead>
<tr>
<th>REPORT</th>
<th>DUE DATE</th>
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<tr>
<td>1st Qtr. Report</td>
<td>Sept. 15, 2013</td>
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<td>2nd Qtr. Report</td>
<td>Jan. 15, 2014</td>
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<td>April 15, 2014</td>
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<td>July 15, 2014</td>
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<td>Annual Report</td>
<td>July 31, 2014</td>
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### FY2015 (July 1, 2014 – June 30, 2015)

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<td>April 15, 2014</td>
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<td>4th Qtr. Report</td>
<td>July 15, 2014</td>
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<tr>
<td>Biannual Report</td>
<td>July 31, 2014</td>
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</table>
REPORTING REQUIREMENTS

- All reports must be received via postal mail by the report deadlines.
- Out of compliance letters will be issues 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.
Minority Health Month

- Mandatory participation in Minority Health Month Expo in Columbus held in March 2014
- Grantees must host a display table that features their funded program activities
- Grantees must conduct two separate Minority Health Month activities on two separate days during the month of April 2014
- If Grantee is selected for continued funding the same expectations are required for 2015
PROGRAM REQUIREMENTS
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
Program files must be maintained in locking file cabinets.

OCMH reporting requirements do not require participant level data to be forwarded to the Commission. Any reports containing PHI Data will be returned to the grantee.

Minors must have parental consent for participation and clinical screening.

All programs must have referral mechanism for screens that indicate high risk.
warf 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
# Quarterly Report

Please record the number of clients served by the project in each demographic category.

This report is for the [quarter]

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Dates of Quarter</th>
<th>Project Name</th>
<th>Grant/Contract #</th>
</tr>
</thead>
</table>

| Total number of new persons served this quarter | Total number of persons returning this quarter | Total number of persons served this quarter |

## SECTION 1: Demographics (note: only record the number of NEW persons served this quarter)

### A. Number of new persons served this quarter (please report the number of unduplicated participants who received direct services through this project)

**Age in Years**

<table>
<thead>
<tr>
<th>Sex</th>
<th>&lt;1</th>
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<th>6-10</th>
<th>11-14</th>
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<th>20-24</th>
<th>25-34</th>
<th>35-44</th>
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## FOR SECTIONS B through F: REPORT NEW PERSONS SERVED THIS QUARTER ONLY

### B. Race and Ethnic Background

- African American
- Asian
- Cambodian
- Hispanic
- Laotian
- Vietnamese

### C. Insurance

- Private
- Public
- Uninsured

### Other
Program
Quarterly

D. Household Income

<table>
<thead>
<tr>
<th>Number of Persons in Household</th>
<th>$&lt;9,999</th>
<th>$10,000 - $14,999</th>
<th>$15,000 - $24,999</th>
<th>$&gt;25,000</th>
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<td>5+</td>
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</table>

C. Last Interaction With Health Care System
- Emergency Room
- Family Physician
- Health Center/ Clinic
- Traditional Healer

E. Service Most Often Used
- Lupus projects only
- Number of Bay Area Assessments
- Number with 3 or more symptoms
- Number of Referrals

Instructions
This report is a compilation of individual client demographic records. Filling in Section I: Demographics is a mandatory requirement for all Commission-Funded projects. Methods of collecting this information on individual clients may vary from agency to agency. The information requested for this section represents the minimum reporting requirement. All items reported by an agency must remain consistent with those appearing on this form.

BY QUARTER, report:
A. Age in Years: Report the total number of unduplicated project clients indicating the number served by age and gender during the reporting period.
B. Race/Ethnicity: Report the total number of clients served by self-reported race or ethnicity. Please note, for example, the total number of Asian or Hispanic clients and then the total number by appropriate sub-group. The total of each sub-group must equal the total for the appropriate racial/ethnic group.
C. Insurance: Indicate the number of clients having public coverage, private coverage or no coverage. Report the number covered for the entire year and those covered for some part of the year.
D. Household Income: Report the total number of clients in each income range by number of persons in the household.
E. Last Interaction With Health Care System: Report each client's last interaction with any health provider excluding their first contact with this project.
F. Service Most Often Used: Report the service most often used by project clients.

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

Signature of Executive Director | Date | Signature of Project Director | Date
SECTION II: Program Summary

Dates of Period: - Grant/Contract #

Agency Name:

Project Name:

1. State the original project goals/objectives. Each objective must be listed separately. Under each objective, provide specific details on activities conducted during this reporting period, including outcomes for the quarter AND the year to date. Program activities - Recruitment - Promotion/PRA's - Staffing
2. Describe any barriers encountered and resolutions to accomplishing project goals and objectives during this reporting quarter.

3. What collaborations and resources (people or other financial) were used to reach the target population? Describe successes or problems experienced.

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

5. Describe how goals and objectives will be met in the next quarter.
6. Describe any aspects of the program that are different from those which were originally proposed. Include staffing, relocation, hours of operation, new or dissolution of contracts, scope of service changes, etc. (this must be completed)

7. List all program building/operational activities which occurred during this quarter. If you participated in media opportunities, specifically list the name of the newspaper and date of publication (enclose clippings), TV stations, etc., and how you measured the impact of this activity (i.e., did you receive referrals, etc.).

8. Please list the number of assessments/health screenings provided, referrals made/received and presentations given.
SECTION III: Program Evaluation Status Report Form

Discuss the findings of program evaluations for this reporting period. Include copies of evaluation tools developed (draft and/or final versions).

Signature of Evaluator: __________________________ Date: __________________________
OHIO COMMISSION ON MINORITY HEALTH

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Website: www.mih.ohio.gov
QUESTIONS
Demonstration Grant
Start Up Session
2014-2015

REEP
Evaluation Session
The Research Evaluation and Enhancement Program (REEP) was established in 2005 to address persistent health disparities in Ohio.

Its purposes are to:

- Promote health disparity research
- Facilitate community/academic health research partnerships
- Improve the evaluation of ethnic/cultural health promotion projects
- Build the capacity of community organizations that provide health services to minority communities

REEP is overseen by a steering committee composed of community representatives and faculty from other universities in Ohio who assist in carrying out REEP's mission.
## Role of REEP Panel Member

- REEP panel member will conduct a monthly phone check-in with REEP evaluator for status update
- REEP panel member will conduct quarterly site visit to program
- The site visits will be coordinated by REEP Evaluator and Program Director
- A Technical Assistance Status Report will be completed for each site visit
- The REEP panel member will provide follow-up after the site visit

All reports will first be routed to the assigned REEP panel member for review and sign off.
ON TARGET WITH THE OCMH

REEP EVALUATOR
Grantees are required to select a REEP Evaluator

Evaluator should be engaged from the beginning and throughout the life of project

Provides on-site review of program service delivery

Assist with the development of client assessment forms and record files.
TA Status Report

Name of project
Name of TA provider
Date
Status of project

Questions/topics to address:
Is the project basically on target with providing the services it proposed to its target audience?
Is the project adhering to its proposed timeframe?
What are its areas of success?
What are the areas in which it is having difficulties? Are there plans to address any problems being experienced?

Status of evaluation
Questions/topics to address:
What are the main outcome measures (you don’t need to repeat their objectives, but provide a category such as “reductions in ER visits”)?
Has baseline data been collected?
Has any follow-up data been collected?
Are there any difficulties with data collection?
Your perceptions of evaluator/Project Director communication or relationship
Perceptions/comments/observations about the TA process
Summary of contacts with your assigned project
- Evaluation procedures must be quantitative.

- Evaluation of objectives must occur on a quarterly basis.

- Implement valid time-lined outcomes and effectiveness.

- Evaluation Reports must be stated in actual numbers as well as percentages.

- Quarterly Evaluation reports must include all required measures.

- The REEP Evaluator monitors the program to ensure that established goals will be met and outcomes are achieved.

- The evaluation Guidance Packet can be found on the Commission’s website at [www.mih.ohio.gov](http://www.mih.ohio.gov).
PROGRAM EVALUATION
ON TARGET

ACHIEVING OUTCOMES

MODEL IMPLEMENTATION

BEHAVIORAL OUTCOMES

CONSISTENT COLLECTION OF CLINICAL MEASUREMENTS
QUARTERLY EVALUATION

- All required measures from the REEP evaluation guidelines must be implemented.

- Baseline measures are to be collected during first quarter of funding period.

- Analysis of program progress must be reviewed with REEP panel member quarterly.

- Recommendations for program modifications must be submitted.
Grantees were required to initiate the Institutional Review Board (IRB) process simultaneously with the submission of their grant. Given that the IRB process generally takes several weeks to complete.

All Demonstration projects must initiate service delivery during the first quarter.
## EVALUATION REQUIREMENTS

- Actively engage REEP evaluation efforts.
- REEP evaluator is expected to maintain regular communication with assigned REEP panel member.
- Data collection must be conducted on a quarterly basis.
- Quarterly data analysis must be completed and reported.
- On-going identification and resolution of barriers and programmatic modifications.
- As a performance-based grant, continued funding is contingent upon year one outcome achievement.
CONTACT INFORMATION

RESEARCH EVALUATION ENHANCEMENT PROGRAM

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Wright State University

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