

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			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/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