



# LOMH Quarterly Report

Agency Name:

Dates of Period: -

Office Name:

Grant #:

## SECTION I: Demographics – Major Activities Conducted

	Number of Organizations/Individuals Served by Core Competency				
	Comp 1: Monitor Health Status	Comp 2: Inform, Educate & Empower	Comp 3: Mobilize Community Partnerships & Action	Comp 4: Develop Policies & Plans	Other (Specify)
<b>Total Number of Organizations Served by Category (where applicable)</b>	_____	_____	_____	_____	_____
Health Department (Local)	_____	_____	_____	_____	_____
Community-based, Minority-Serving Org.	_____	_____	_____	_____	_____
Faith-based Organizations	_____	_____	_____	_____	_____
Government Agency (Local)	_____	_____	_____	_____	_____
School/Hospital/Clinic	_____	_____	_____	_____	_____
News/Media Company	_____	_____	_____	_____	_____
Business (Local)	_____	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____	_____
<b>Total Number of Individuals Served by Category (where applicable)</b>	_____	_____	_____	_____	_____
<b>Race/Ethnic Group</b>					
American Indian	_____	_____	_____	_____	_____
Asian	_____	_____	_____	_____	_____
Black/African-American	_____	_____	_____	_____	_____
Caucasian	_____	_____	_____	_____	_____
Hispanic/Latino	_____	_____	_____	_____	_____
Other (specify):	_____	_____	_____	_____	_____
<b>Gender</b>					
Male	_____	_____	_____	_____	_____
Female	_____	_____	_____	_____	_____

**SECTION II: Program Summary**

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Dates of Period: -

Grant #:

Agency Name:

Project Name:

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**A. ORGANIZATIONAL STATUS**

Please provide any updates on changes in LOMH staffing, advisory committee or office operations.

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**B. PROGRESS TOWARD STANDARDIZED OBJECTIVES**

For each standardized objective, please provide information on major activities, tasks completed, anticipated next steps, problems/barriers encountered, and areas of success.

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**Core Competency 1:  
Monitor and report the health status of minority populations**

**A. Process Objectives**

<b>REQUIRED PROCESS OBJECTIVES</b>	<b>MEASURE</b>
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will collect and disseminate informational documents or reports about minority health status like the top 5 causes of death of local Minority populations.	EXAMPLE: Type of data and # of reports collected and/or developed; Type of data and # of reports disseminated. Estimated "penetration rate", i.e., numbers of people who have been exposed to minority health data reports, social media, posting through websites, conferences, or other venues.
<b>Required Process Objectives</b>	
<b>Measure</b>	

*Note: This process objective refers to reports generated outside of the LOMH such as city or county level data on incidence of HIV/AIDS or on infant mortality by race/ethnicity. Collecting and disseminating original or primary data, including participating with other organizations in collection of these data, is considered an outcome objective of LOMH activities. When reporting on this objective, please describe nature of the report, its source, and how and where you have disseminated it, including web-based dissemination.*

**B. Outcome Objectives**

<b>REQUIRED OUTCOME OBJECTIVES</b>	<b>SHORT TERM MEASURE</b>	<b>LONG TERM MEASURE</b>
<p>EXAMPLE: At the end of (time period), the (location) Local Office of Minority Health will collect primary data on the health status of minority groups in the city or county or will participate with other organizations or partnerships in the collection of such data.</p>	<p>EXAMPLE: Intermediate steps taken to move toward collecting # of primary data such as:</p> <ul style="list-style-type: none"> <li>• Designing or selecting data collection instruments</li> <li>• Creating a plan for data collection</li> <li>• Completing data</li> </ul>	<p>EXAMPLE: Production and dissemination of a report on health status of local minority groups</p>
<p><b>Required Outcome Objectives</b></p>		
<p><b>Short Term Measure</b></p>		
<p><b>Long Term Measure</b></p>		

### C. Optional Outcome Objectives

OPTIONAL OUTCOME OBJECTIVES	SHORT TERM MEASURE	LONG TERM MEASURE
<p>EXAMPLES: At the end of (time period), the (location) Local Office of Minority Health will generate agreements for data collection or data sharing with other organizations conducting minority health research.</p>	<p>EXAMPLES: Formal agreements signed.</p>	<p>EXAMPLES: Type (s) and evidence of data sharing or data use.</p>
<p>EXAMPLES: At the end of (time period), the (location) Local Office of Minority Health will facilitate translation of survey or other data collection forms (e.g., intake forms) into designated languages ( specify languages).</p>	<p>EXAMPLES: Type(s) of translations completed.</p>	<p>EXAMPLES: Type(s) and evidence of translated instruments in use.</p>
<p>EXAMPLES: At the end of (time period), the (location) Local Office of Minority Health will modify existing survey forms to capture data on race/ethnicity and/or language spoken; e.g., adding additional questions to the BRFSS or other routinely administered community health surveys.</p>	<p>EXAMPLES: Survey forms and language modifications made.</p>	<p>EXAMPLES: Survey forms collected and analyzed evidence of use of modified instruments in survey research.</p>
<p><b>Optional Outcome Objectives</b></p>		
<p><b>Short-Term Measure</b></p>		
<p><b>Long-Term Measure</b></p>		

### C. Optional Outcome Objectives Continued

<b>Optional Outcome Objectives</b>	
<b>Short-Term Measure</b>	
<b>Long-Term Measure</b>	

*Note: When reporting on these outcome objectives, please indicate your role in the collection of data and include copies of any reports completed. A survey and/or focus group may be used to show achievement of these outcomes.*

*Note the importance of indicating specific language translations. Language translations are important. The preference is to use professional or medical translators. Agreements are defined as written documents lining consensus on a course of action which are signed by LOMH and agency representative. Verbal agreements are not acceptable for this measure.*

**Core Competency 2:  
Inform, educate, and empower people**

**A Process Objectives**

<b>REQUIRED PROCESS OBJECTIVES</b>	<b>MEASURE</b>
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will sponsor # of community-based events to raise awareness of minority health issues and services	EXAMPLES: # of events and types of activities sponsored # of attendees at events
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will # of attendees provide # of presentations to community and # of provider groups to increase awareness of minority health issues and services	EXAMPLES: # of presentations # of attendees
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will use media outlets to increase awareness among the general public of minority health issues and services.	EXAMPLES: # of media events by type (e.g., newspaper editorial, TV coverage) # of persons estimated to reach by media coverage (penetration rate).
<b>Required Process Objective</b>	
<b>Measure</b>	

**A. Process Objectives Continued**

<b>OPTIONAL PROCESS OBJECTIVES</b>	<b>MEASURE</b>
<p>EXAMPLE: During the (time period), the (location) Local Office of Minority Health will provide web-based information resources on the top 5 causes of death for minorities and services accessible to the general public: such as the top 5 causes of death in racial and ethnic populations including- African American, Asian, Latino and Native American Indian.</p>	<p>EXAMPLES: # of web site hits # of unique visitors # of new information resources added to web-based media.</p>
<p>EXAMPLE: During the (time period), the (location) Local Office of Minority Health will disseminate informational resources (e.g., # of brochures, # of flyers, # of briefs) on minority health issues and types of services to the general public.</p>	<p>EXAMPLE: # of resources disseminated by type and audience.</p>
<p><b>Optional Process Objectives</b></p>	
<p><b>Measure</b></p>	

*Note: When reporting on these process objectives, please provide specific numbers as to the nature of the information disseminated. The method of dissemination (web based, presentation, or special event). Also*

**B. Outcome Objectives**

<b>REQUIRED OUTCOME OBJECTIVES</b>	<b>SHORT TERM MEASURE</b>	<b>LONG TERM MEASURE</b>
<p>EXAMPLE: At the end of (time period), the (location) Local Office of Minority Health will increase knowledge of minority health issues and concerns through educational presentations to agencies and individuals</p> <p>At the end of (time period), the (location) Local Office of Minority Health will empower individuals by increasing awareness of available community services.</p>	<p>EXAMPLE: Self-report survey data from attendees at community-based events and presentations will be received and analyzed.</p>	<p>EXAMPLE: Survey of consumers of LOMH information or education resources to assess impact of efforts on awareness of minority health issues and community resources.</p>
<p><b>Required Outcome Objectives</b></p>		
<p><b>Short Term Measure</b></p>		
<p><b>Long Term Measure</b></p>		

**C. Outcome Objectives Continued**

OPTIONAL OUTCOME OBJECTIVES	SHORT TERM MEASURE	LONG TERM MEASURE
<p>EXAMPLE: At the end of (time period), the (location) Local Office of Minority Health will provide capacity building training or technical assistance for local community partners (e.g., training on fundraising, grant writing, program evaluation, strategic planning, etc.).</p>	<p>EXAMPLE: Participant survey or pre/post-test received. Trainings held, by type and attendance.</p>	<p>EXAMPLE: Follow-up surveys received and analyzed to determine longer term effects of the training (e.g. grants written, strategic or fundraising plans completed)</p>
<p><b>Optional Outcome Objectives</b></p>		
<p><b>Short Term Measure</b></p>		
<p><b>Long Term Measure</b></p>		

*Note: The self-report survey may be used as a baseline for data collection.*

**Core Competency 3:  
Mobilize community partnerships and action**

**A. Process Objectives**

<b>REQUIRED PROCESS OBJECTIVES</b>	<b>MEASURE</b>
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will recruit new advisory members that represent communities including African Americans, Asians, Latinos and Native American Indian.	EXAMPLE: # of new advisory members recruited and specified by ethnic group representation.
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will retain its existence advisory group members.	EXAMPLE: # of advisory members retained in one year.
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will establish formal partnerships to implement its activities.	EXAMPLE: # of formal agreements made.
<b>Required Process Objectives</b>	
<b>Measure</b>	

*Note: When reporting on these process objectives, new members should represent various ethnic groups, pertinent organizations, consumers, policy makers, health professionals and funders. Agreements are defined as relationships represented by a signed document between the LOMH and another organization (s).*

**A. Process Objectives Continued**

EXAMPLE: During the (time period), the (location) Local Office of Minority Health will provide # of and types of networking opportunities for its stakeholders.	EXAMPLE: networking events and types of events held.
<b>Optional Process Objectives</b>	

## B. Outcome Objectives

REQUIRED OUTCOME OBJECTIVES	SHORT TERM MEASURE	LONG TERM MEASURE
EXAMPLE: At the end of (time period), the (location) Local Office of Minority Health will strengthen and broaden leadership for addressing health disparities.	EXAMPLE: Assessments distributed to identify leadership and mentoring strengths and weaknesses.	EXAMPLE: Mentoring and leadership strengths and weaknesses identified Mentoring and leadership skills improved/enhanced.
EXAMPLE: At the end of (time period), the (location) Local Office of Minority Health will increase community support to address health disparities.	EXAMPLE: Stakeholders surveyed to determine involvement with LOMH activities.	EXAMPLE: Production and dissemination of action plan to address community health disparities stakeholders.
<b>Required Outcome Objectives</b>		
<b>Short-Term Measure</b>		
<b>Long-Term Measure</b>		

*Note: This outcome addresses LOMH stakeholders like committee members and partner agencies. The initial assessment may be used as baseline to determine mentoring and leadership skill needs. Subsequent trainings/workshops may be held to address areas that need improvement.*

## B. Outcome Objectives Continued

REQUIRED OUTCOME OBJECTIVES	SHORT TERM MEASURE	LONG TERM MEASURE
<p>EXAMPLE: At the end of (time period), the (location) local office of minority health will facilitate organizational changes with regard to minority health issues. Examples: mandating cultural competency training; collecting racial/ethnic data on consumers served per HHS standards served including African American, Asian, Hispanic/Latino and Native American Indian.</p>	<p>EXAMPLE: Intermediate steps taken to facilitate organizational changes such as: legislation or resolution such as:</p> <ul style="list-style-type: none"> <li>• Producing written descriptions of desired organizational changes</li> <li>• Making presentations to decision-makers within organizations to describe desired organizational changes.</li> </ul>	<p>EXAMPLE: Changing existing policies or practices and/or adopting new ones related to minority health issues.</p>
<p><b>Required Outcome Objectives</b></p>		
<p><b>Short-Term Measure</b></p>		
<p><b>Long-Term Measure</b></p>		

*Note: When reporting on these outcome objectives, please indicate the nature of the legislation or organization change sought, outline the steps you have completed, and indicate the next steps to be taken.*

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**Core Competency 4:**  
**Develop policies and plans to support health efforts**

**A. Process Objectives**

<b>REQUIRED PROCESS OBJECTIVES</b>	<b>MEASURE</b>
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will participate in # of meetings related to minority health policy change initiatives.	EXAMPLES: # meetings convened or attended.
EXAMPLE: At the end of (time period), the (location) Local Office of Minority Health will form or participate in coalitions that addresses policies and plans related to minority health issues.	EXAMPLES: # meetings convened or attended and # of minority group/coalitions identified.
<b>Required Process Objective</b>	
<b>Measure</b>	

**B. Outcome Objectives**

REQUIRED OUTCOME OBJECTIVES	SHORT TERM MEASURE	LONG TERM MEASURE
<p>EXAMPLE: At the end of (time period), the (location) Local Office of Minority Health will facilitate passing a city or county resolution and/ or legislation with regard to a minority health policy initiative.</p>	<p>EXAMPLE: Intermediate steps taken by agency to move toward passing of legislation or resolution like:</p> <ul style="list-style-type: none"> <li>• Reviewing existing policies</li> <li>• Conducting pilot or feasibility studies on minority health policy initiatives</li> <li>• Producing draft resolutions</li> <li>• Making presentations to decision-makers or other key stakeholders on proposed policies</li> </ul>	<p>EXAMPLE: Passage of city and/or county resolution and/or legislation.</p>
<p>EXAMPLE: At the end of (time period), the (location) local office of minority health will facilitate organizational changes with regard to minority health issues. Examples: mandating cultural competency training; collecting racial/ethnic data on consumers served per HHS standards served including African American, Asian, Latino and Native American Indian</p>	<p>EXAMPLE: Intermediate steps taken to facilitate organizational changes such as: legislation or resolution such as:</p> <ul style="list-style-type: none"> <li>• Producing written descriptions of desired organizational changes</li> <li>• Making presentations to decision-makers within organizations to describe desired organizational changes</li> </ul>	<p>EXAMPLE: Changing existing policies or practices or adopting new one related to minority health issues</p>

***Note: When reporting on these outcome objectives, please indicate the nature of the legislation or organization change sought, outline the steps you have completed, and indicate the next steps to be taken.***

**B. Outcome Objectives Continued**

<b>Required Outcome Objectives</b>	
<b>Short-Term Measure</b>	
<b>Long-Term Measure</b>	

**Other Competency Area: Sustainability Efforts**

<b>REQUIRED PROCESS OBJECTIVES</b>	<b>SHORT TERM MEASURE</b>	<b>LONG TERM MEASURE</b>
EXAMPLE: By the end of (time period), the (location) Local Office of Minority Health will have convened resource/sustainability workgroup(s).	EXAMPLE: # of work group members identified /recruited, # of Quarterly (or monthly) meetings are held.	EXAMPLE: LOMH has # of and type(s) of supported/sponsored resources with \$ X amount to sustain its existence.
<b>Required Outcome Objectives</b>		
<b>REQUIRED PROCESS OBJECTIVE</b>	<b>SHORT TERM MEASURE</b>	<b>LONG TERM MEASURE</b>
EXAMPLE: By the end of (time period), the (location) Local Office of Minority Health will design an action plan with strategies to secure monetary and/or in-kind resources in order to sustain the LOMH.	EXAMPLE: Strategies developed for the action plan.	EXAMPLE: LOMH is sustained over a long term period.
EXAMPLE: During the (time period), the (location) Local Office of Minority Health will identify gaps in health service and/or underserved areas/populations.	EXAMPLE: Community asset map completed including community inventory forms and /or focus group conducted.	EXAMPLE: LOMH and partners address gaps in health service and/or underserved areas/population.

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**Sustainability Efforts Continued**

<b>Required Process Objectives</b>	
<b>Short-Term Measure</b>	
<b>Long-Term Measure</b>	

*Note: When reporting on these process and outcome objectives consider that the resource/sustainability workgroup should represent various ethnic groups, pertinent organizations, consumers, policy makers, health professionals and funders. LOMH may want to consider stakeholders who have connections with local municipal, state and national funding sources. When reporting on the sustainability objectives consider that a plan of action navigates resource development activities and this should include fund raising activities, grant writing, funder prospecting activities, meetings convened to cultivate funders, list of grants/fundraising where LOMH is listed as a partner/fiduciary agent. In addition, focus groups may be considered to when assessing service gaps. Long term is defined as a 5-10 year period.*

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**C. OTHER INFORMATION**

Describe any publicity or PR activities that took place during the quarter.

### SECTION III: Evaluation *(Instructions attached)*

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Dates of Period: -

Program Site: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

**Competency 1: To monitor and report the health status of minority populations.**

1. Identify the outcomes identified for this competency area in your grant application.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
3. Describe and attach all research instruments, if applicable, used to collect data during this period on the indicators identified in Question 1 for this competency area.
4. Summarize the evaluation results to-date relating to the outcome(s) identified in Question 1 for this competency area.  
*(Note: the amount of detail in your response should be much greater in the year-end report).*

**Competency 2: Inform, educate and empower people.**

1. Identify the outcomes identified for this competency area in your grant application.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
3. Describe and attach all research instruments, if applicable, used to collect data during this period on the indicators identified in Question 1 for this competency area.
4. Summarize the evaluation results to-date relating to the outcome(s) identified in Question 1 for this competency area.  
*(Note: the amount of detail in your response should be much greater in the year-end report).*

**Competency 3: Mobilize community partnerships and action.**

1. Identify the outcomes identified for this competency area in your grant application.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.

3. Describe and attach all research instruments, if applicable, used to collect data during this period on the indicators identified in Question 1 for this competency area.
4. Summarize the evaluation results to-date relating to the outcome(s) identified in Question 1 for this competency area.  
*(Note: the amount of detail in your response should be much greater in the year-end report).*

**Competency 4:            Develop policies and plans to support health efforts**

1. Identify the outcomes identified for this competency area in your grant application.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
3. Describe and attach all research instruments, if applicable, used to collect data during this period on the indicators identified in Question 1 for this competency area.
4. Summarize the evaluation results to-date relating to the outcome(s) identified in Question 1 for this competency area.  
*(Note: the amount of detail in your response should be much greater in the year-end report).*

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**Evaluator Signature**

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**Submission Date**

## Evaluation Reporting Guidelines for Local Offices of Minority Health

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### Directions:

Your evaluation reporting is organized around the four competencies identified for local Offices of Minority Health: i.e., (1) Monitoring and reporting the health status of minority populations; (2) Identifying local health disparity needs that will be the primary focus of the OMH, including plans to address the gap in knowledge; (3) Informing, educating and empowering people; and, (4) Mobilizing partnerships.

Your evaluation report should address the questions listed on the following page for each of the competencies. We understand that your program may be placing more emphasis in one competency area than another and that the level of detail about each competency area may vary accordingly.

Evaluation Reports are due to the Commission according to the following timetable:

**Quarterly Evaluation Report:** Due October 15, 2009, January 15, 2010, and April 15, 2010  
(Report covers first half of the year and accompanies Management Report)

**Year End Evaluation Report** – Due July 15<sup>th</sup> - Report covers entire fiscal year

### Important Information:

1. There is no size limitation to either Evaluation Report as long as the questions identified for each competency area are covered in sufficient detail.
2. Please submit your Report to your Project Director in sufficient time for her to integrate your report information into her management reports due on the same dates as above.
3. The Final Evaluation Report should include a coherent and detailed presentation of all evaluation outcome results for the fiscal year. The quarterly Evaluation Report should also include this information to the degree possible.
4. All statistical evidence should be summarized and displayed in tables and charts. All tables and charts should be clearly labeled and numbered and referenced in the body of the report. Do **NOT** include copies of printout material's from statistical programs or raw data (e.g., copies of completed surveys, spreadsheets of clinical data such as blood pressure, blood glucose levels, weights, etc)
5. The evaluator should inform your Project Director of the progress you are making in conducting the evaluation so that she can include that information in her other Quarterly Management Reports that are due on October 15 and April 15.