

LOMH Evaluation Report Template

2010-11 Fiscal Year

Quarter: Annual Report

Program Site: Columbus Office of Minority Health

Evaluator name: Mataryun "Mo" Wright/RAMA Consulting Grp

Date: 7/14/2010

Note: The annual evaluation data is derived from each of the quarterly evaluation reports we have produced. Each question is responded to with a quarterly report regarding the questions listed below. In instances where there is a need to aggregate data annually those results are presented under the respective question in the first section of the report.

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

- Question 1: Identify the outcomes identified for this competency area in your grant application. Community stakeholders will better understand the status of minority populations regarding the targeted health conditions and disparities.
- Question 2: Provide an explanation of all evaluation activities conducted to-date in this competency area.
- See quarterly reports
- Question 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.
- See quarterly reports
- Question 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).
- See *Hispanic community Briefing paper outline attached*; (To be Completed August 2010)
 - See aggregated report "Parsons Dental Patient demographics" for data regarding utilization of the dental clinic by race, age, and zip code. Utilization of the clinic by Hispanic Non-Blacks and Black Non Hispanics is higher than the utilization by White Non Hispanic.
 - H1N1 became a major priority for the Columbus Office. The attached H1N1 vaccination data demonstrates the disparity that existed between minorities and whites who accessed the vaccinations.

Competency 2: Develop policies and plans to support health efforts

- Question 1: Identify the outcomes identified for the competency area in your grant application.
#1 The Columbus Office of Minority Health will better understand and articulate the need for a City Council ordinance to support minority health.
#2 Local minority health stakeholders and elected officials will better understand and support the need for institutionalizing an office of Minority Health through legislative action.
- Question 2: Provide an explanation of all evaluation activities conducted to-date in this competency area.
- See quarterly reports
- Question 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.
- See quarterly reports
- Question 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).
- The process for developing the local ordinance was not implemented as originally designed. Barriers to funding and support among local city officials required modifications of the strategy.
 - Interaction among the subcommittee and COMH was adequate to support the objective
 - The group devoted sufficient time and planning to the accomplishment of the local ordinance.
 - The engagement of local elected officials was efficient and provided for sufficient opportunity for feedback.
 - Data collection on the ordinance and modifications to the resolution of expression was adequate and well integrated into the final recommendation.
 - The group was successful in securing a resolution of expression from Columbus City Council which is a valuable step in passage of the local ordinance in the future.

Competency 3: Informing, Educating, and Empowering People.

- Question 1: Identify the outcomes identified for this competency area in your grant application.
#1 More community stakeholders will become aware of the COMH, its mission and the resources it provides.
#2 Community stakeholders will better understand local minority health status and availability of community resources.
- Question 2: Provide an explanation of all evaluation activities conducted to-date in this competency area.
- See quarterly reports
- Question 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.
- See quarterly reports
- Question 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).
- Over 25,000 contacts with community resident through community wellness events and presentations

- 59 organizations in the Columbus area received training/presentations from the Columbus Office of Minority Health. Training Topics include; Consumer Empowerment, Men’s Health, and general COMH presentations.
 - 91% of participants reported the sessions met their overall expectations
 - 92% of all workshop attendees believed the instructor was effective in presenting the information and answering questions effectively
 - 90% + of workshop attendees believed the materials and the overall workshop flow were appropriate and presented well
 - 100% of attendees believe the workshop contents will assist them in making lifestyle changes and that friends/colleagues/family would benefit from this same information.
 - 100% of participants in the “Video Conferencing for Using Interpreter Services” session received and increase in knowledge about using the technology and/or using video conferencing for interpreter services
- Disseminated over 3000 H1N1 materials throughout the community

Competency 4: Mobilizing Partnerships

Question 1: Identify the outcomes identified for this competency area in your grant application.

#1 Community partners will better understand the role of the Columbus Office of Minority Health and how to collaborate on projects.

#2 Representatives of community partners will actively participate on the Minority Health Advisory Committee.

#3 Columbus Public Health and partner organizations’ staff will become more aware of culture and use this awareness to build better understanding of their consumers.

Question 2: Provide an explanation of all evaluation activities conducted to-date in this competency area.

- See quarterly reports

Question 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.

- See quarterly reports

Question 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).

- 95% of advisory committee members can articulate the role of the COMH and at least 2 core competencies
- 6 organizations have completed the Agency Profile providing data regarding their services, needs, and capacity to assist the local office and other health related organizations.
- 2 new collaboration partners were successfully recruited this year
- 70% meeting attendance of advisory committee members at the quarterly meeting
- 13 Community based organizations support the COMH through participation on the Advisory Committee

Quarterly Evaluation Progress Reports and Attachments

Dates of Period: July 1, 2009 - September 30, 2009

Program Site: Columbus Office of Minority Health

Evaluator Name: Mataryun Wright/RAMA Consulting Group

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.
Community stakeholders will better understand the status of minority populations regarding the targeted health conditions and disparities.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
REEP evaluator has obtained data from traditional sources including Franklin County, Community Research Partners, and the Ohio Department of Health for the target minority populations of focus for the Ohio Commission on Minority Health. Much of the data is not disaggregated either by the Columbus MSA or by the racial or ethnic categories. The available data has been input into a database format and will serve as a baseline for health status monitoring for this fiscal year.

Evaluators are also planning to create original data sets using Columbus Public Health data as the major provider of health services to low-income minority families in Columbus. The evaluator and project manager will meet with the Epidemiology staff at Columbus Public Health to gain access to existing data as well as brainstorm about how to integrate our data collection goals into existing organization practices. Three internal CPH programs (Central Ohio HIV Planning Alliance, Ben Franklin Tuberculosis Control Program, and Creating Health Communities) have agreed to begin capturing minority data at the request of COMH. This information will be reported beginning with the next quarterly report.

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.
No research instruments have been developed. Data was collected from existing sources including ODH and CPH data sets.
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).*
No evaluation results to report at this time. Data collection is underway. An initial fact sheet of existing data will be produced during the next quarter and distributed to COMH Advisory committee members and partner organizations. The updated fact sheet with comparison data will not be available until after the final reporting period of this grant.

Competency 2: Inform, educate and empower people.

1. Identify the outcomes identified for this competency area in your grant application.
#1 More community stakeholders will become aware of the COMH, its mission and the resources it provides.
#2 Community stakeholders will better understand local minority health status and availability of community resources.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.

A brief survey is administered at the conclusion of health literacy trainings, community presentations, or internal capacity building trainings by COMH staff. Attendees rate their increase in knowledge about the role and purpose of the Columbus Office of Minority Health. Internal tracking forms for distribution of collateral materials and COMH reports are also developed to provide quantitative data on the number of residents and stakeholders who are informed about COMH or its data.

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.

The attached survey instruments (training post-test) are currently being utilized by COMH staff. A revised tracking form is being developed by the REEP Evaluator to track and document data from outreach activities such as brochure and report distribution including the target zip codes and community demographics, website hits per month, number of inquiries by phone, and the number of attendees at community based trainings. This form is also being hosted online by the evaluator for efficient reporting and analysis by the evaluation team.

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).*
 - Consumer Empowerment Trainings provided to 23 organizations/42 participants.
 - 4 Follow-up trainings conducted to 123 participants
 - Training on "video conference for using interpreter services" technology conducted to build capacity(37 participants)
 - i. 100% of participants received an increase in knowledge about using this technology and/or using video conferencing for interpreter services.

Competency 3: Mobilize community partnerships and action.

1. Identify the outcomes identified for this competency area in your grant application.
2.
 - #1 Community partners will better understand the role of the Columbus Office of Minority Health and how to collaborate on projects.
 - #2 Representatives of community partners will actively participate on the Minority Health Advisory Committee.
 - #3 Columbus Public Health and partner organizations' staff will become more aware of culture and use this awareness to build better understanding of their consumers.

3. Provide an explanation of all evaluation activities conducted to-date in this competency area.

The REEP Evaluator conducted a focus group with current advisory committee members/partners during the quarterly advisory committee meeting. The group focused on the perceived understanding of the partners of the COMH role and purpose, the core competencies of the office, and the quality of the partnership to date. The information will be aggregated and documented for emerging themes or insights that are derived and provided back to the COMH for partnership engagement process improvement.

The REEP Evaluator continues to attend and provide feedback at each quarterly advisory committee meeting on evaluation activities and changes to the evaluation scope or processes. No formal written feedback has been requested from partners to date. This activity is planned for the Spring 2010.

4. 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.
 - See attached questions for recent focus group with Advisory Committee.
5. 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).*
 - 13 community based partners (37 individuals) consistently engage with COMH through the advisory committee
 - 9 organizations (20 individuals) approached as potential COMH partners. 2 new collaboration partners

- successfully recruited during reporting period
- 95% of advisory committee members can articulate the role of the COMH and at least 2 core competencies of the local office.

Competency 4: Develop policies and plans to support health efforts

1. Identify the outcomes identified for this competency area in your grant application.
#1 The Columbus Office of Minority Health will better understand and articulate the need for a City Council ordinance to support minority health.
#2 Local minority health stakeholders and elected officials will better understand and support the need for institutionalizing an office of Minority Health through legislative action.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
The draft local ordinance developed by advisory committee was reviewed by the legislative analyst of Columbus City Council for proper format and language.
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.
No instrument developed
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).*
The City Council legislative analyst has reviewed the draft ordinance and advised that two ordinances be developed; one establishing the office permanently in Columbus Public Health and one to establish funding to support the COMH. The committee is continuing to meet to refine the ordinance and begin building legislative and community support for the ordinance.

APPENDIX

**Columbus Office of Minority Health
Minority Health Advisory Committee
Evaluation Discussion Questions**

**Facilitated by: Mataryun "Mo" Wright
REEP Evaluator**

1. As we begin the discussion, I realize many of you have been on the committee for different lengths of time. Nonetheless, I'd like for each of you to articulate for me in 30 seconds or less, the role and purpose of the Columbus Office of Minority Health.
2. One of the things the Commission is very interested in is that each office understands and fully supports its 4 core competencies. As advisory committee members, can each of you tell me what the 4 core competencies are or at least as many as you can recall?
3. As you consider all of the public health issues and diseases conditions being addressed in our community, are there any particular gaps in health disparities that are not being addressed adequately?
4. As the local office of minority health continues to refine its role in the Columbus community, are there any particular roles you believe that the office should be playing that are not currently being done or require more attention from the local office? (Remember no direct services)
5. Is there any data that is currently lack you believe the local office of minority health should attempt to gather or create a data set to report?
6. As we consider the diversity of this advisory committee who is currently not at the table that should be. Are there any partners that should be engaged in the work of the local office as we move forward?
7. Overall as you think about the partnerships the COMH has establish with each of your organization or the constituency you represent how would you describe the quality of the partnership. In other words, give me the strengths and weaknesses of your partnership experience with the COMH.

Dates of Period: October 1, 2009 - December 31, 2009

Program Site: Columbus Office of Minority Health

Evaluator Name: Mataryun Wright/RAMA Consulting Group

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.
Community stakeholders will better understand the status of minority populations regarding the targeted health conditions and disparities.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
Evaluators are planning to create original data sets using Columbus Public Health data as the major provider of health services to low-income minority families in Columbus. A meeting has been held with CPH Epidemiology staff which has led to a partnership to produce a quarterly minority health fact sheet focusing on each of the targeted minority populations and their health conditions. The first edition will be in March 2010 and will include health status information. The COMH is still challenged to find data sets for some diseases areas that are not currently reported by race. COMH is working with internal CPH programs to begin producing an original data set although CPH does not directly address all of the Commission targeted health disparities.

Three internal CPH programs (Central Ohio HIV Planning Alliance, Ben Franklin Tuberculosis Control Program, and Creating Health Communities) have agreed to begin capturing minority data at the request of COMH. This information will be reported beginning with the next quarterly report. Attached you will find data sets from COMH for the dental programs and H1N1 vaccinations. Because of the disproportionate number of minorities who were at risk for H1N1 and who have not received the vaccinations the COMH played a major role in outreach and education within the Central Ohio community. The report highlights the need for additional minority outreach in order for proper levels of vaccinations to occur. The COMH Advisory Committee has also been provided with outreach information and will assist in these efforts.

Because most data sets regarding targeted Commission disparities are not available yet, they will be reported in subsequent reports.

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.
No research instruments have been developed. Data was collected from existing sources including ODH and CPH data sets.
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).*
No evaluation results to report at this time. Data collection is underway. An initial fact sheet of existing data will be produced during the next quarter and distributed to COMH Advisory committee members and partner organizations. The updated fact sheet with comparison data will not be available until after the final reporting period of this grant. See attached data reports for ancillary CPH data by race.

Competency 2: Inform, educate and empower people.

1. Identify the outcomes identified for this competency area in your grant application.
**#1 More community stakeholders will become aware of the COMH, its mission and the resources it provides.
#2 Community stakeholders will better understand local minority health status and availability of community resources.**

2. Provide an explanation of all evaluation activities conducted to-date in this competency area.

A brief survey is administered at the conclusion of health literacy trainings, community presentations, or internal capacity building trainings by COMH staff. Attendees rate their increase in knowledge about the role and purpose of the Columbus Office of Minority Health. Internal tracking forms for distribution of collateral materials and COMH reports are also developed to provide quantitative data on the number of residents and stakeholders who are informed about COMH or its data.

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.

The attached survey instruments (training post-test) are currently being utilized by COMH staff. A revised tracking form is being developed by the REEP Evaluator to track and document data from outreach activities such as brochure and report distribution including the target zip codes and community demographics, website hits per month, number of inquiries by phone, and the number of attendees at community based trainings. This form is also being hosted online by the evaluator for efficient reporting and analysis by the evaluation team.

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).*
 - COMH Consumer Empowerment training has reached 18 organizations and has trained a total of 82 participants.
 - 4 community presentations to discuss health disparities, the initiatives and role of the local office, and the rollout of local conversations phase II.
 - Dissemination of over 3,000 H1N1 materials throughout the community
 - *See the Evaluation Overview report for the Consumer Empowerment Trainings attached.*

Competency 3: Mobilize community partnerships and action.

1. Identify the outcomes identified for this competency area in your grant application.

#1 Community partners will better understand the role of the Columbus Office of Minority Health and how to collaborate on projects.

#2 Representatives of community partners will actively participate on the Minority Health Advisory Committee.

#3 Columbus Public Health and partner organizations' staff will become more aware of culture and use this awareness to build better understanding of their consumers.

2. Provide an explanation of all evaluation activities conducted to-date in this competency area.

The REEP Evaluator conducted a focus group with current advisory committee members/partners during the quarterly advisory committee meeting. The group focused on the perceived understanding of the partners of the COMH role and purpose, the core competencies of the office, and the quality of the partnership to date. The information will be aggregated and documented for emerging themes or insights that are derived and provided back to the COMH for partnership engagement process improvement.

The REEP Evaluator continues to attend and provide feedback at each quarterly advisory committee meeting on evaluation activities and changes to the evaluation scope or processes. No formal written feedback has been requested from partners to date. This activity is planned for the Spring 2010.

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.

- See attached feedback from the Advisory Committee
 - The attached "Agency Profile" form is used as a meeting tool and survey of new and existing Partners.
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).*
- 13 community based partners (37 individuals) consistently engage with COMH through the advisory committee
 - 9 organizations (20 individuals) approached as potential COMH partners. 2 new collaboration partners successfully recruited during reporting period
 - 95% of advisory committee members can articulate the role of the COMH and at least 2 core competencies of the local office.
 - *See Appendix for Advisory Committee feedback on from the focus group session*

Competency 4: Develop policies and plans to support health efforts

1. Identify the outcomes identified for this competency area in your grant application.
- #1 The Columbus Office of Minority Health will better understand and articulate the need for a City Council ordinance to support minority health.
- #2 Local minority health stakeholders and elected officials will better understand and support the need for institutionalizing an office of Minority Health through legislative action.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
- The draft local ordinance developed by advisory committee was reviewed by the legislative analyst of Columbus City Council for proper format and language.
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.
- No instrument developed**
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).*
- The City Council legislative analyst has reviewed the draft ordinance and advised that two ordinances be developed. The first would need to be a Resolution of Expression permanently establishing the office. An ordinance for funding would be the next phase of the process. The initial ordinance was not established by the initial deadline but should be ready by the next reporting period. The committee is continuing to meet to refine the ordinance and begin building legislative and community support for the ordinance. Efforts to line up additional support from community based organizations and key partners is also ongoing.

APPENDIX

- Agency Profile Form
 - Consumer Empowerment Training Evaluations Overview
 - Revised Consumer Empowerment Training Evaluation Form
 - H1N1 Outreach and Vaccination Data Report
 - CPH Dental Program Demographic Data Report
 - Advisory Committee Feedback from Focus Group Session
-



**Columbus Office of Minority Health
Community Organization/Agency Profile**

COMH Contact Person/Interviewer: _____

Date of Interview: _____

Contact Person/Respondent: _____ Email Address: _____

Name of Organization: _____ Organization Website: _____

Address: _____

Telephone Number: _____

How would you describe your organization (check all that apply)?

- Community – based/social service Faith Based Health- related Government Agency
- Educational (schools, colleges) For profit/Business (local) Other _____

What geographical area (s) does your organization serve?

State Regional/ County (ties) served: _____

City/Local: _____

How many individuals does your organization employ (FTEs): _____

Annually, how many consumers/clients does your organization serve?: _____

Describe consumer/client populations served (check all that apply):

American Indian

Asian – List specific populations if known (i.e. Laotian, Hmong, etc.):

Black/African American Caucasian

Hispanic/Latino – List specific populations if known (i.e., Mexican, Dominican, etc.)

Other racial/ethnic group (specify): _____

Low income Limited English Speaking Disabled

What are the age groups of your consumers/clients (check all that apply)?

Adults (18 and older) Seniors (60 and older) Children (under 18)

What is the gender that you serve (check all that apply)?

Female Male

What programs, services and/or activities does your organization provide (check all that apply)? If available, attach brochure. *COMP 2: Inform, Educate, Empower ; COMP 4: Develop Policies/Plans*

Interpretation/Translation Educational sessions Information/Referral
 Outreach/Culturally specific Screenings Crisis Intervention
 Advocacy/Public Policy Other: _____

Is your organization interested in providing programs/services that it is not currently providing? Specify.

How does your organization inform and educate the community about its activities, programs/services and other information it may want to share? *COMP 2: Inform, Educate, Empower*

Public Service Announcements News Releases Website
 Annual Report Brochures Posters
 Community presentations/outreach Other methods: _____

Has your organization informed/educated the community about health disparities? Explain. *COMP 1: Monitor and Report; COMP 2: Inform, Educate, Empower; COMP 3 Mobilize Community*

Has your organization empowered consumers/clients to take personal action concerning health disparities? Explain. *COMP 2: Inform, Educate, Empower*

What kind of consumer/client data are you collecting? Specify (surveys, in take, assessments care plans etc...). *COMP 1: Monitor and Report*

With respect to confidentiality protocols, is your organization willing to share consumer/client information for program/service planning purposes? Yes No *COMP 1: Monitor and Report*

Has your organization accessed/analyzed any health data sets in order to identify health disparities within your community? *COMP 1: Monitor and Report; COMP 2: Inform, Educate, Empower*

Yes No If yes, specify data sets you have accessed.

Is your organization involved with collecting information to create any health data sets? Explain. *COMP 1: Monitor and Report*

Is your organization aware of any emerging health-related issues in your community? Explain. *COMP 1: Monitor and Report*

The LOMH is looking at opportunities to strengthen the areas listed below. Is your organization engaged in any of these areas? If so, please share what your organization is doing.

Partnerships/Collaborations: *COMP 3: Mobilize partnerships*

Capacity Building:

Coalition Building:

Strategic Alliances:

Resource Coordination/Sharing:

Promotion of Cultural Competency/Awareness:

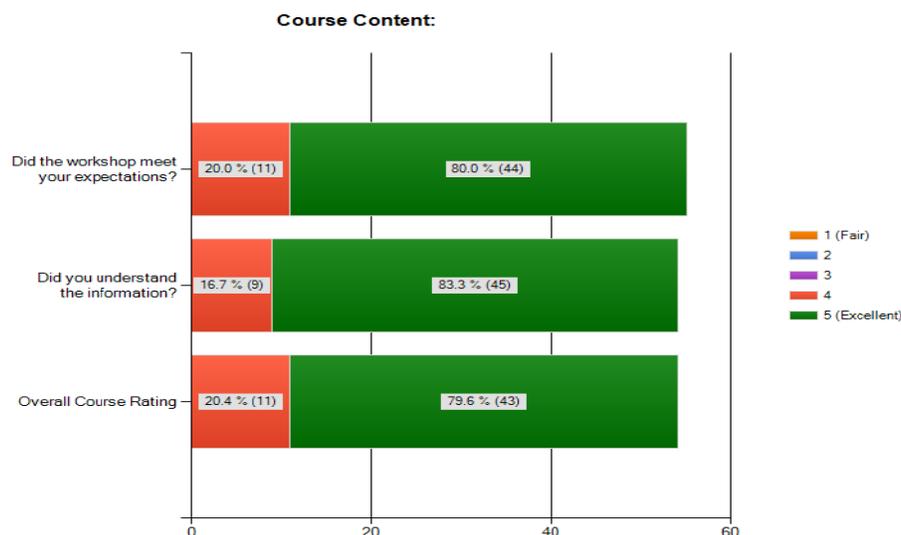
The LOMH would like to be aware of specific areas your organization believes it needs technical assistance with or may be able to provide assistance to other organizations. Please indicate your technical assistance needs or ability to provide technical assistance.

	Need TA	ProvideTA
Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>
Assessing community needs	<input type="checkbox"/>	<input type="checkbox"/>
Community/consumer input/feedback	<input type="checkbox"/>	<input type="checkbox"/>
Financial planning/budgeting	<input type="checkbox"/>	<input type="checkbox"/>
Researching funding sources	<input type="checkbox"/>	<input type="checkbox"/>
Writing grant proposals	<input type="checkbox"/>	<input type="checkbox"/>
Creating fundraising plans	<input type="checkbox"/>	<input type="checkbox"/>
Marketing/public relations planning	<input type="checkbox"/>	<input type="checkbox"/>
Public speaking/presentations	<input type="checkbox"/>	<input type="checkbox"/>
Information/Technology training	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer management	<input type="checkbox"/>	<input type="checkbox"/>
Board development	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation	<input type="checkbox"/>	<input type="checkbox"/>
Developing partnerships/collaborations	<input type="checkbox"/>	<input type="checkbox"/>
Capacity Building	<input type="checkbox"/>	<input type="checkbox"/>
Coalition Building	<input type="checkbox"/>	<input type="checkbox"/>
Building strategic alliances	<input type="checkbox"/>	<input type="checkbox"/>
Resource Coordination/sharing	<input type="checkbox"/>	<input type="checkbox"/>
Cultural Competency/awareness	<input type="checkbox"/>	<input type="checkbox"/>

Other, how do you believe the LOMH can be of assistance to your organization?

**Columbus Office of Minority Health
Consumer Empowerment Trainings
2nd Qtr FY 2010
Results Overview**

Participants for the survey were asked to rank questions using the scale of (5) – (1), where (5) would indicate an “Excellent” response, (3) would be the median and (1) signifies a “Fair” rating.

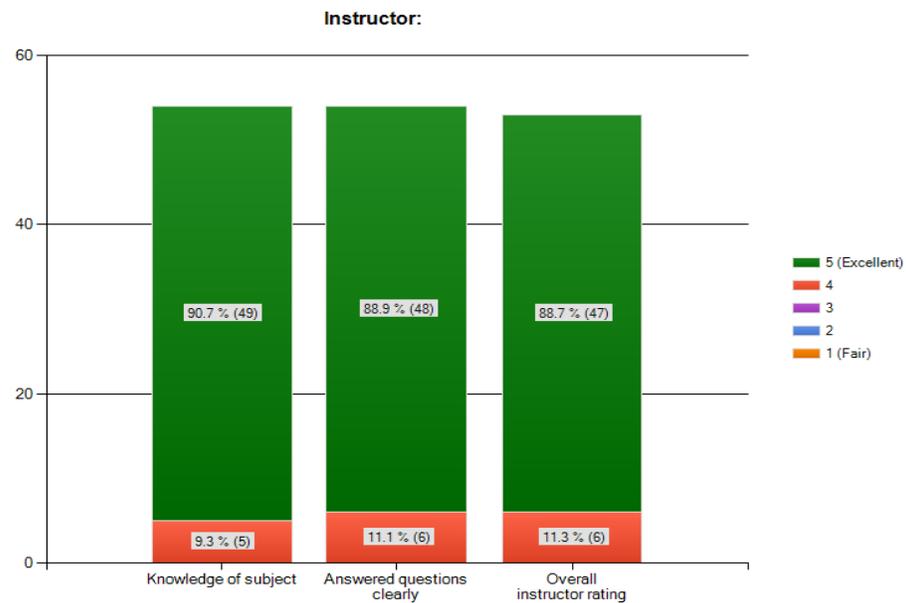


Course Content:

- When asked if the “Workshop met your expectations”, 80% of respondents gave the course a (5) “Excellent” rating and 20% gave the rating a (4), which is right under being excellent.
- 83% of respondents gave the course a (5) “Excellent, when asked if they “Understood the information”, while the other 17% rated the question as a (4).
- When rating the “Overall Course”, 80% of respondents rated the course as “Excellent” (5) and the other 20% identified the course to be a (4).

Additional Comments on the Course Content:

- Easy to understand the presentation and was very practical.
- Very informative information, great instructor and I loved it.
- More men and all men should take this workshop.
- Time went by so quickly because the workshop was excellent.
- Everything was explained well and gave out a lot of good points about your health.
- This workshop will increase my confidence to speak up.

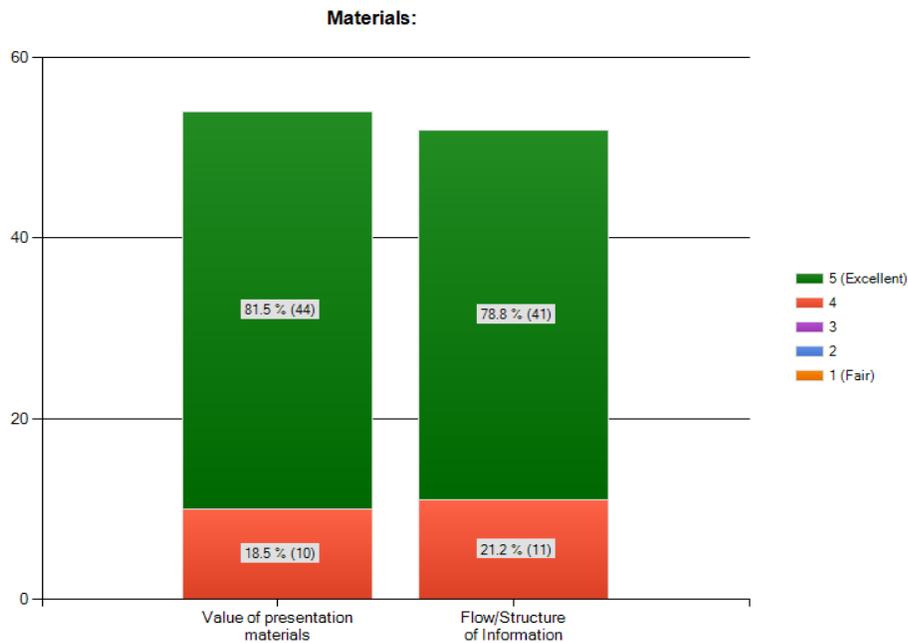


Instructor:

- 91% of respondents rated the instructor as a (5) “Excellent” on having “Knowledge of the subject”, while the other 9% gave this question a (4).
- When asked the question did the “Instructor answer questions clearly”, 89% of respondents gave a rating of (5) “Excellent” and the other 11% answered as a (4).
- 89% of respondents gave the “Overall instructor rating” a (5) “Excellent” and the other 11% gave this question a (4).

Additional Comments on the Instructor:

- The instructor was excellent; he kept things interesting and was so motivating.
- I appreciate his attitude or forcefulness on a critical subject, he is great!
- Please come again.
- He was very good on telling you about your health.
- Great-could have talked a bit louder, partly my fault but, we are all older and decreased hearing ability.
- Very well executed and I look forward to him coming again.
- The instructor related information and/or personal information.



Materials:

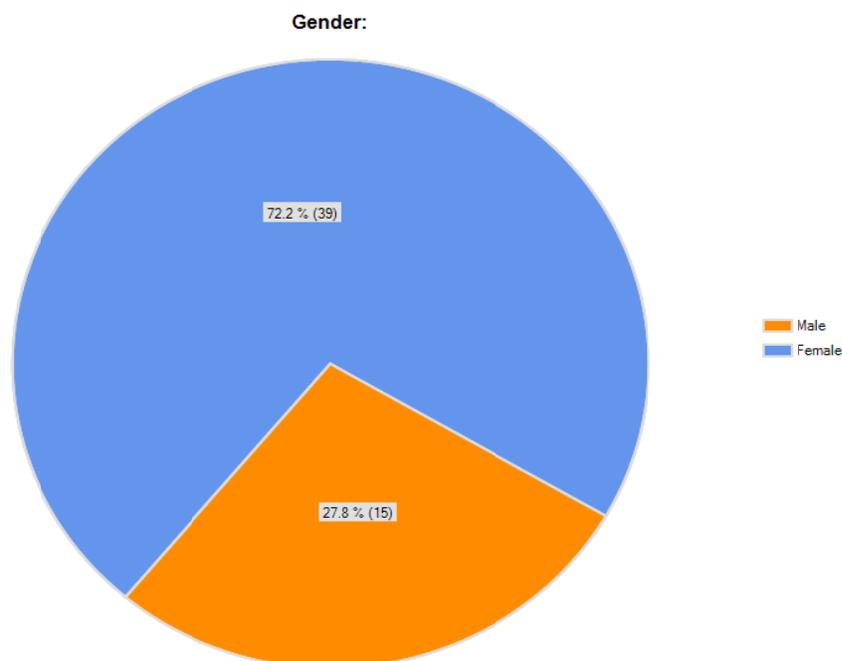
- Respondents were asked to rate the “Value of presentation materials” and 81% of respondents gave a rating of (5) being “Excellent” and the other 19% were just below excellent with a rating of a (4).
- 79% of the Respondents gave the “Flow/Structure of Information” a rating of (5) “Excellent” and the other 21% gave a (4) rating.

Additional Comments on Materials:

- Presentation looks to be very useful
- I was a little lost when trying to follow the materials in the book.
- I need more info.
- Thanks for information it was excellent.
- Learned some useful information and really enjoyed the important things I learned.
- Expertly handled and very good, he was.
- Great material to take to the doctor to help understand your health.
- Very informative and the speaker was very knowledgeable.

What do you think could be done to improve this course? Comment:

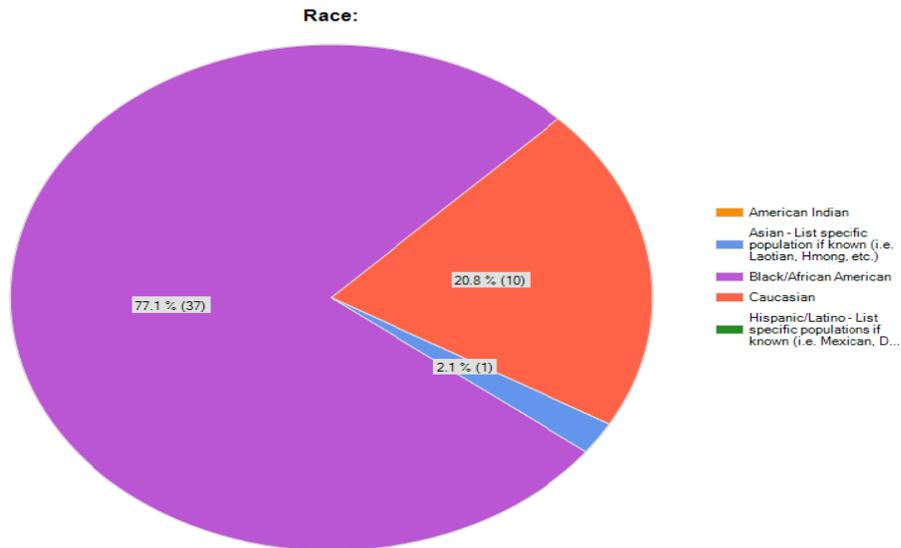
- Fred, this was a blessing and I'm thrilled that you would come to our churches. The booklet and folders are the best.
- I think all is really good, great course and nothing needs to be done to improve course.
- Could add more on Women's Health.
- More time and more hands on activities.
- All men of CDC should be required to take this course.
- Maybe shorten the workshop. Seniors tend to get stiff when sitting too long.
- Understood information very well and speaker was very concise and helpful.
- Mr. Johnson needs microphone, I'm hearing impaired, and I didn't pick up a lot of delivery.
- Excellent presenter and the information were interesting.
- Everything I needed to know and things I was aware of was discussed and well understood. I can't think of anything.



- There were 72% of the survey respondents that female and the other 28% that took the survey were male.

Age:

- (0) Respondents are 24-Under
- (7) Respondents are 25-34 years
- (1) Respondent is 35-44 years
- (7) Respondents are 45-54 years
- (10) Respondents are 55-64 years
- (10) Respondents are 65-74 years
- (9) Respondents are 75-84 years
- (3) Respondents are 85-Over



Race:

- 77% of survey respondents are Black/African American
- 21% of survey respondents are Caucasian
- 2% of survey respondents are Asian

Respondents Zip Codes Represented in the Survey:

43004, 43054, 43068, 43081, 43105, 43201, 43203, 43204, 43205, 43206, 43209, 43211, 43213, 43215, 43219, 43222, 43224, 43227, 43230 and 43232



Columbus Office of Minority Health

Community Training & Presentation Evaluation Survey

Please rank (1-5) today's training overall by circling one of the appropriate numbers below:

RANK:	1	2	3	4	5
	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied

Type of Session: Health Literacy Training COMH Community Presentation Internal CPH Training

Please rank (1-5) today's conference by entering your desired number (1-5) next to the corresponding space using scale above.

____ A. Session Topics Training Topic: _____

____ B. Trainer/ Facilitator

How effective was this training in: (Indicate response with a number from scale above and provide comments to explain.)

____ C. Providing new information, new ideas/insights?
Comments: _____

____ D. Helping you acquire knowledge and/or skills relevant and applicable to your work?
Comments: _____

____ E. Helping to build capacity of you or your organization to address minority health issues in our community?
Comments: _____

____ F. Engaging training participants in meaningful discussion about this topic?
Comments: _____

Will this training help you to make changes?
____ Yes ____ No

Do you think your colleagues/friends/family might benefit from the information shared today?
____ Yes ____ No

Is there additional information you would have liked to receive or discussed?

How much experience have you had on the topic covered in this program?
____ None ____ Some ____ Considerable

What did you like most about the training?

What improvements would you suggest for future trainings?

Columbus Office of Minority Health

Thank you for your feedback and attending today's session.

Analysis of a Sample of Clients Vaccinated at Columbus Public Health H1N1 Vaccination Clinics, 10/20 – 11/10

General Comment

The targeted sample size was 978 out of the 11,636 vaccinated during Columbus Public Health driven vaccination clinics for the period of October 20, 2009 to November 10, 2009. We used the H1N1 form from the vaccination clinics to enter the data into SurveyMonkey. The data entry personnel entered every 12th form to give a randomize count of the sample population; however, in do so, a selection bias may occurred due to the files of children under 2 years of age being separated at the clinics. Data entry personnel still went through these file in the same manner as the general high risk group population files which enabled us to get an accurate sample size count. Also, mixed-in some the files of the general high risk group population were forms from children under 2 years of age. The error inherent in the selection bias is not computable so the representativeness of the results may be suspect.

Overall

Clinics	10/20	10/22	10/28	11/03	11/04	11/09	11/10	N
Percentage	24.2	7.5	9.9	13.8	8.5	18.2	17.9	
TOTAL	243	75	99	139	85	183	180	1004

Sex	Percentage
Female	64
Male	36

Race	Percentage
White	76 (n=705)
Black	12 (n=116)
Asian	10 (n=91)
American Indian/AK Native	2 (n=20)
Native Hawaiian/Pacific Islander	1 (n=5)
Other	2 (n=22)

Ethnicity*	Percentage
Hispanic	16.9 (n=54)
Non-Hispanic	83.1 (n=266)

*320 clients answered this question out of 1004 potential respondents

Risk Factor	Percentage
Child or young person 6 months through 24 years	54
Pregnant Women	22
Health care and emergency service personnel with direct patient care	16
Household and caregiver contact of child younger than 6 months of age	15
Person age 25 through 64 years who has medical conditions associated with higher risk for flu-related complications	3

Blacks

Sex	Percentage
Female	79
Male	21

Risk Factor	Percentage
Child or young person 6 months through 24 years	53
Pregnant Women	23
Health care and emergency service personnel with direct patient care	18
Household and caregiver contact of child younger than 6 months of age	13
Person age 25 through 64 years who has medical conditions associated with higher risk for flu-related complications	6

Whites

Sex	Percentage
Female	62
Male	38

Risk Factor	Percentage
Child or young person 6 months through 24 years	53
Pregnant Women	21
Health care and emergency service personnel with direct patient care	18
Household and caregiver contact of child younger than 6 months of age	16
Person age 25 through 64 years who has medical conditions associated with higher risk for flu-related complications	3

Asian

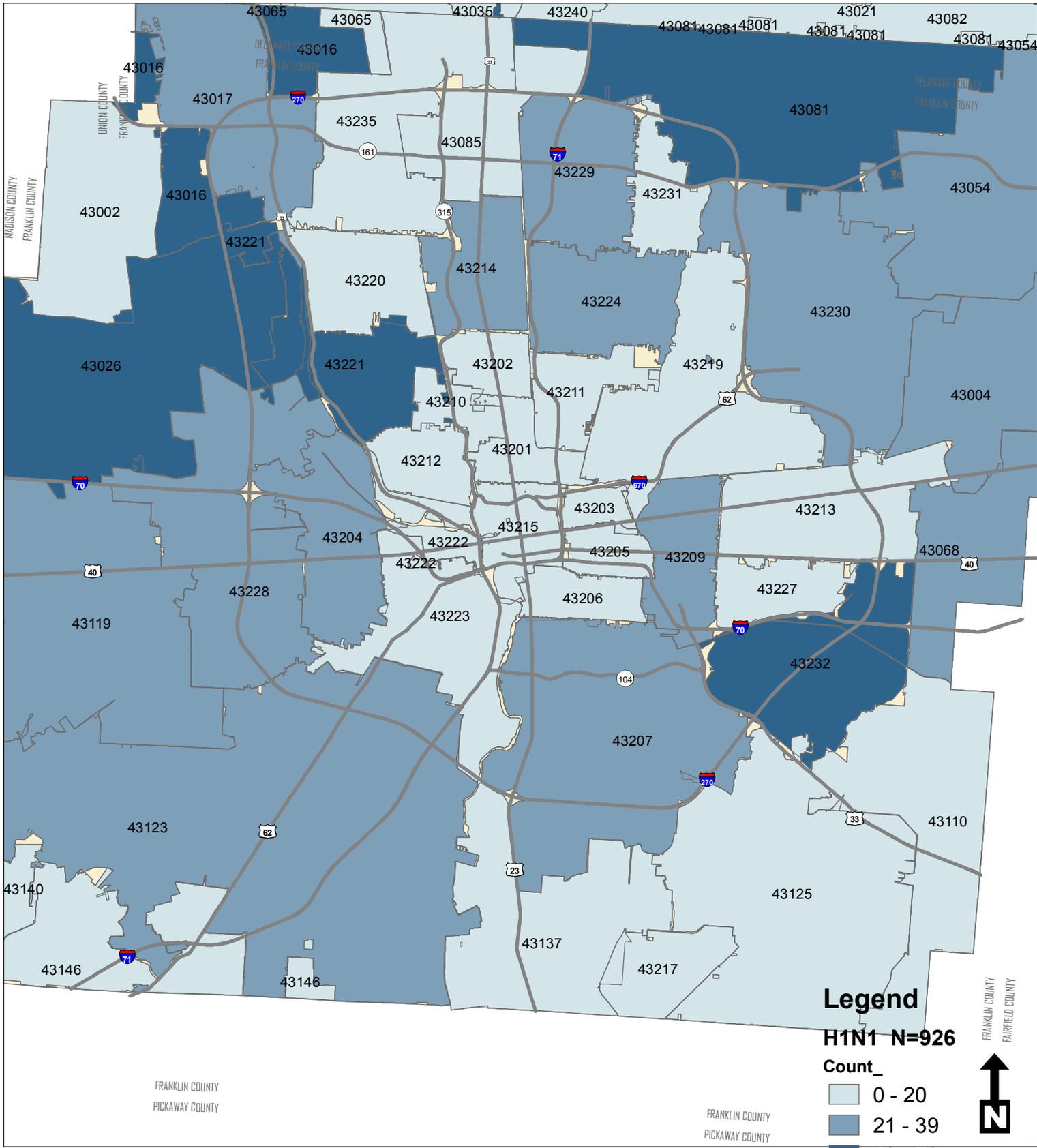
Sex	Percentage
Female	55
Male	45

Risk Factor	Percentage
Child or young person 6 months through 24 years	68
Pregnant Women	19
Health care and emergency service personnel with direct patient care	8
Household and caregiver contact of child younger than 6 months of age	7
Person age 25 through 64 years who has medical conditions associated with higher risk for flu-related complications	0

Hispanic

Sex	Percentage
Female	74
Male	26

Risk Factor	Percentage
Child or young person 6 months through 24 years	51
Pregnant Women	36
Household and caregiver contact of child younger than 6 months of age	15
Health care and emergency service personnel with direct patient care	4
Person age 25 through 64 years who has medical conditions associated with higher risk for flu-related complications	2



Legend
H1N1 N=926

- Count_
- 0 - 20
 - 21 - 39
 - 40 - 59

- Highways
- ZIP_CODES
- Franklin_County



Sample of H1N1 Vaccine Administered by Zip Codes

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 January 1, 2008 thru December 31, 2008

Encounters	5,383
Patients	2,670

Patients By Gender	
Male	1,233
Female	1,436
Unknown	1
Total	2,670

Patients By Age Group	
Adolescent (0-19 yrs)	313
Adult (20-64 yrs)	2,203
Geriatric (65 yrs & Over)	154
Total	2,670

Patients By Race	
African	19
Bi Racial	9
Black Non Hispanic	800
Ethiopian	1
Hispanic Black	14
Hispanic Non Black	744
Indian	10
Iraqian	1
Mideastern	7
Native American	3
Other Asian	24
Russian	4
Se Asian	3
Somalia	17
White Non Hispanic	731
Not Stated	283
Total	2,670

Patients By Payor Source	
Medicaid	189
Private	126
Uninsured	2,355
Total	2,670

Patients By Zip Code	
16146	1
19020	1
30309	1
32909	1
43004	19
43015	1
43016	15
43017	23
43023	1
43026	64
43035	1
43040	1
43062	3
43064	4
43065	10
43068	65
43081	36
43082	2
43085	15
43110	31
43119	55
43123	44
43125	8
43137	1
43140	1
43146	3
43147	3
43162	1
43201	62
43202	22
43203	68
43204	176
43205	94

Patients By Zip Code	
43206	86
43207	224
43208	1
43209	45
43210	2
43211	102
43212	4
43213	111
43214	28
43215	84
43216	2
43217	7
43219	110
43220	42
43221	9
43222	32
43223	93
43224	137
43227	89
43228	222
43229	151
43230	23
43231	47
43232	129
43235	47
43240	3
43302	1
44077	1
45030	1
45146	1
45150	1
63121	1
83686	1
Total	2,670

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 January 1, 2008 thru December 31, 2008

Patients By Age	
1 years	1
3 years	10
4 years	30
5 years	11
6 years	12
7 years	20
8 years	21
9 years	20
10 years	18
11 years	20
12 years	19
13 years	12
14 years	26
15 years	17
16 years	20
17 years	21
18 years	14
19 years	21
20 years	37
21 years	51
22 years	58
23 years	49
24 years	73
25 years	65
26 years	88
27 years	80
28 years	66
29 years	67
30 years	83
31 years	73

Patients By Age	
32 years	65
33 years	68
34 years	57
35 years	74
36 years	54
37 years	60
38 years	55
39 years	55
40 years	61
41 years	38
42 years	47
43 years	46
44 years	61
45 years	40
46 years	39
47 years	51
48 years	48
49 years	62
50 years	42
51 years	51
52 years	41
53 years	35
54 years	38
55 years	30
56 years	39
57 years	18
58 years	35
59 years	23
60 years	17
61 years	15

Patients By Age	
62 years	20
63 years	17
64 years	11
65 years	17
66 years	19
67 years	10
68 years	13
69 years	11
70 years	5
71 years	13
72 years	4
73 years	7
74 years	6
75 years	4
76 years	9
77 years	4
78 years	2
79 years	5
80 years	5
81 years	3
82 years	1
83 years	2
84 years	3
85 years	2
86 years	2
87 years	3
90 years	1
91 years	1
94 years	2
Total	2,670

Columbus Office of Minority Health (COMH)
Oct. 13th 2009 Meeting, Room 119c

Advisory Committee Focus Group

- Gaps not addressed?
 - Information Flow (not reaching enough people to have a greatest impact, not getting into the hands of the right people)
 - Preventative Access (Dealing with issues before onsets occur) {will be addressed?} (education based on culture)
 - When getting info, it needs to be linguistically appropriate(ensure Culturally Competent Communications)
 - Trained Community Peer Educators (Using Community Members)

- What Roles do you see fit that this office needs to be playing?
 - Convener Role/use non-traditional partners (i.e. churches, community members)
 - Challenge Partners/Contacts to better utilize existing infrastructure
 - Develop listing of “sub-leaders” within organizations to increase efficiency in Communications and reduce barriers from “gate keepers”

- What data would be nice to know/have?
 - Develop a listing of “tested/trusted” referral partners
 - Disaggregated data among cultural communities
 - Push for policies that will have sub-categories of your different races (i.e. Asian {Vietnamese, Philipino, Japanese, Chinese, etc.})
 - Supports to decrease barriers for participation (i.e. child care, transportation, meeting time)

- Any partners who are not at the table that may need to be at the table?
 - Association of free clinics, Community Health Centers, Non-Profit Providers
 - Native American representatives
 - Physicians that represent each cultural group that the COMH is charged to serve
 - Database of providers who serve large minority populations
 - Emergency room administrators
 - Having someone that represents the vulnerable population (need to be defined)
 - Homeless Shelter providers

Dates of Period: January 1, 2010 - March 31, 2010

Program Site: Columbus Office of Minority Health

Evaluator Name: Mataryun Wright/RAMA Consulting Group

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.
Community stakeholders will better understand the status of minority populations regarding the targeted health conditions and disparities.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
Evaluators are planning to create original data sets using Columbus Public Health data as the major provider of health services to low-income minority families in Columbus. A second meeting has been held with CPH Epidemiology staff which has led to a partnership to produce a quarterly minority health fact sheet (briefing paper) focusing on each of the targeted minority populations and their health conditions. The Evaluator and Epi department have decided on common areas which would appear in each version of the briefing paper including Birth Data, Mortality, Risk survey results, quick facts on the target population's health status and technical notes to explain the data presented. Like most agencies, the COMH is still challenged to find data sets for some diseases areas that are not currently reported by race to have enough data to report an adequate sample for some target populations. COMH is continuing to work with internal CPH programs to produce and report original data sets for other areas within the organization that capture data by race.

Three internal CPH programs (Central Ohio HIV Planning Alliance, Ben Franklin Tuberculosis Control Program, and Creating Health Communities) have begun to capture data by race at the request of COMH. This information will be reported in the Annual report. Attached you will find data sets from COMH for the dental programs and H1N1 (10/09 – 11/09) vaccinations. Because of the disproportionate number of minorities who were at risk for H1N1 and who have not received the vaccinations the COMH played a major role in outreach and education within the Central Ohio community. The report highlights the need for additional minority outreach in order for proper levels of vaccinations to occur. The COMH Advisory Committee has also been provided with outreach information and will assist in these efforts.

Because most data sets regarding targeted Commission disparities are not available yet, they will be reported in subsequent reports.

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.
No research instruments have been developed. Data was collected from existing sources including ODH and CPH data sets.
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).*
No evaluation results to report at this time. Data collection is underway. An initial fact sheet of existing data will be produced in April and distributed to COMH Advisory committee members and partner organizations. The updated fact sheet with comparison data will not be available until after the final reporting period of this grant. See attached data reports for ancillary CPH data by race and program area.

Competency 2: Inform, educate and empower people.

1. Identify the outcomes identified for this competency area in your grant application.
#1 More community stakeholders will become aware of the COMH, its mission and the resources it provides.
#2 Community stakeholders will better understand local minority health status and availability of community resources.

2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
A brief evaluation survey is administered at the conclusion of health literacy trainings, community presentations, or internal capacity building trainings by COMH staff. Attendees rate their increase in knowledge about the role and purpose of the Columbus Office of Minority Health. Internal tracking forms for distribution of collateral materials and COMH reports are also used to provide quantitative data on the number of residents and stakeholders who are informed about COMH or its data. Any communications back to the COMH on the impact of its trainings or resources are also maintained for future program monitoring and improvement activities.

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.
The evaluation survey was recently redesigned to incorporate existing questions desired by the COMH as well as data needed by the REEP Evaluators. The survey instrument, although administered in hard copy, has been loaded into an online survey system which assists in the data aggregation and analysis process.

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).*
 - COMH Consumer Empowerment training has reached 7 organizations and has trained a total of 32 participants.
 - The COMH has completed a total of 2 community presentations this quarter and a total of 68 participants received information on health and wellness.
 - See the *Evaluation Overview report for the Consumer Empowerment Trainings attached.*

Competency 3: Mobilize community partnerships and action.

1. Identify the outcomes identified for this competency area in your grant application.
#1 Community partners will better understand the role of the Columbus Office of Minority Health and how to collaborate on projects.
#2 Representatives of community partners will actively participate on the Minority Health Advisory Committee.
#3 Columbus Public Health and partner organizations' staff will become more aware of culture and use this awareness to build better understanding of their consumers.

2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
The Community Partner/Agency Profile form was refined in collaboration with the COMH and input into the online survey response system. Current community partners, including advisory committee members/organizations were asked to complete the web-based version at the conclusion of reporting period. Results of the profile will be resulted during the next reporting period and on a regular basis as new partnerships are developed.

The REEP Evaluator continues to attend and provide feedback at each quarterly advisory committee meeting on evaluation activities and changes to the evaluation scope or processes.

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.
The Agency Profile for is used to assess the scope, geographic reach, and capacity building needs of those partner agencies working with the COMH. The tool is designed to be completed either by an agency representative or may serve as a “interview” tool as the COMH Director meets with new and existing partners to assess their needs and current capacity.
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).*
 - **70 % attendance at Advisory Committee Meeting**
 - **3 Agency Profiles completed; Data Collection is ongoing**
 - **13 community based partners (37 individuals) consistently engage with COMH through the advisory committee**

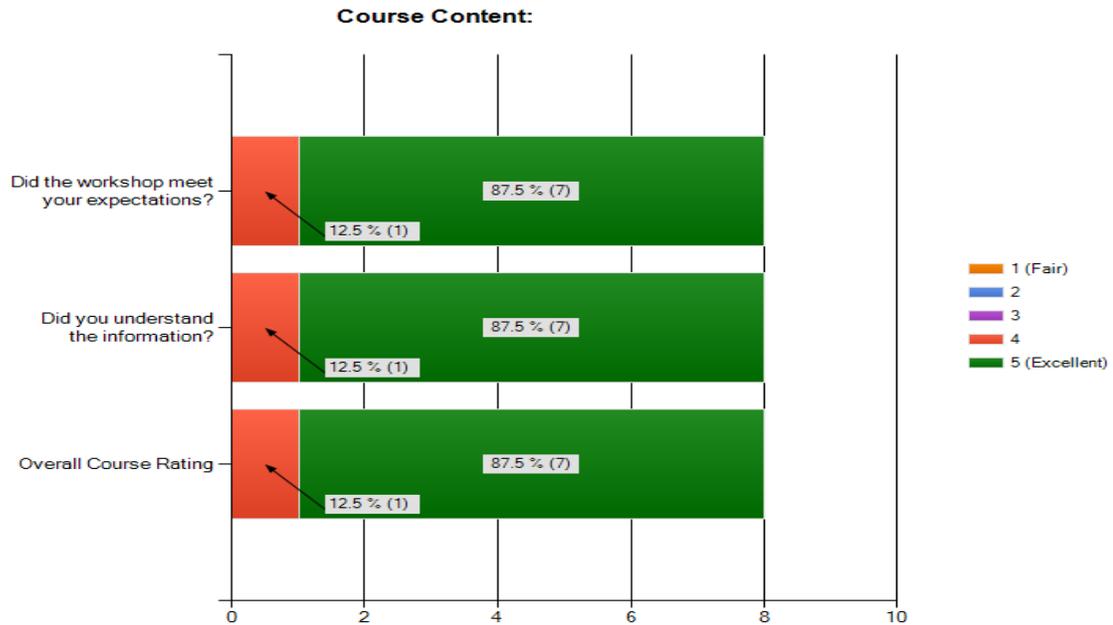
Competency 4: Develop policies and plans to support health efforts

1. Identify the outcomes identified for this competency area in your grant application.
#1 The Columbus Office of Minority Health will better understand and articulate the need for a City Council ordinance to support minority health.
#2 Local minority health stakeholders and elected officials will better understand and support the need for institutionalizing an office of Minority Health through legislative action.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
The draft local ordinance developed by advisory committee was reviewed by the legislative analyst of Columbus City Council for proper format and language. An informal feasibility study on passing the local ordinance was conducted. This resulted in a plan to accomplish the goal in 2 parts starting with a Council Resolution of Expression. The ordinance language was also reviewed by several content experts including the health equity coordinator for the state and the
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.
No instrument developed
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).*
No evaluation results to report at this time.

APPENDIX

- Consumer Empowerment Training Evaluations Overview
 - Revised Consumer Empowerment Training Evaluation Form
 - H1N1 Outreach and Vaccination Data Report
 - CPH Dental Program Demographic Data Report
-

**Columbus Office of Minority Health
Effective & Empowered Health Care Consumer Workshop
January 23, 2010**

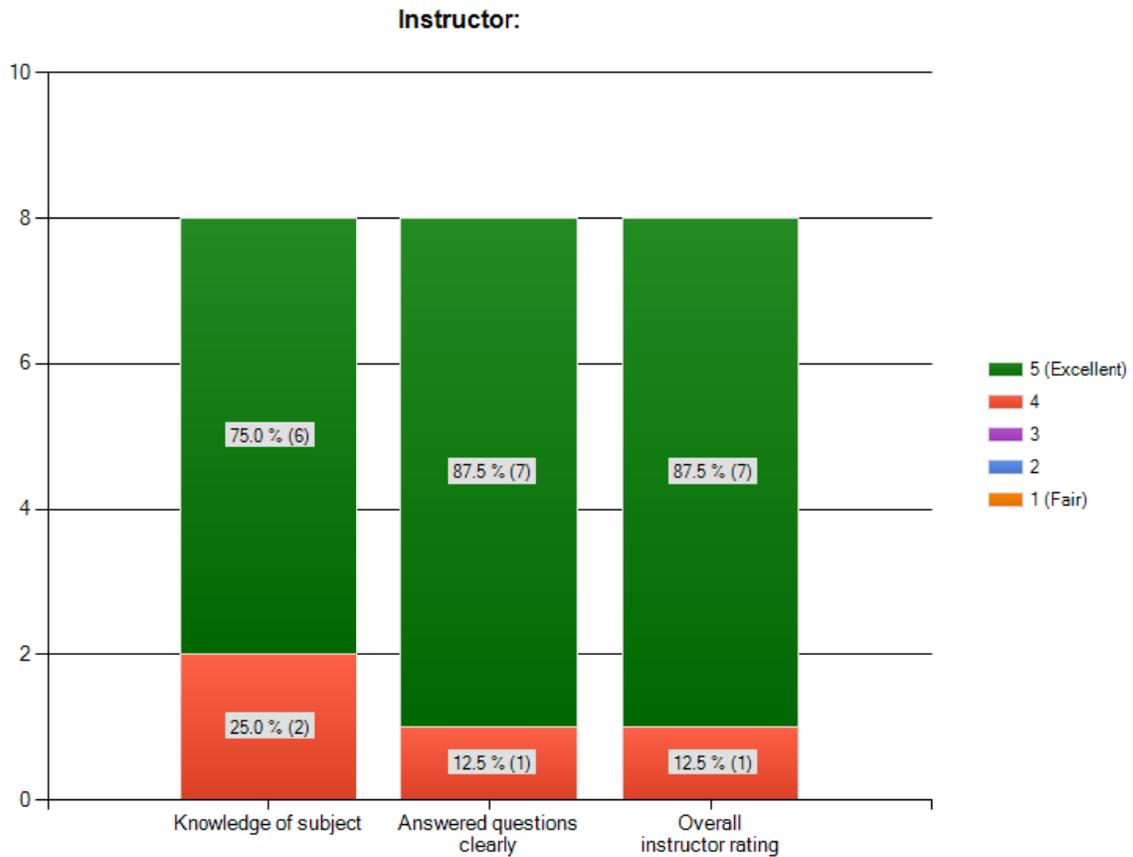


Course Content:

- When asked if the “Workshop met your expectations”, 86% of respondents gave the course a (5) “Excellent” rating and 14% gave the rating a (4), which is right under being excellent.
- 86% of respondents gave the course a (5) “Excellent”, when asked if they “Understood the information”, while the other 14% rated the question as a (4).
- When rating “Overall Course”, 86% of respondents rated the course as “Excellent” (5) and the other 14% identified the course to be a (4).

Additional Comments on the Course Content:

- Very informative

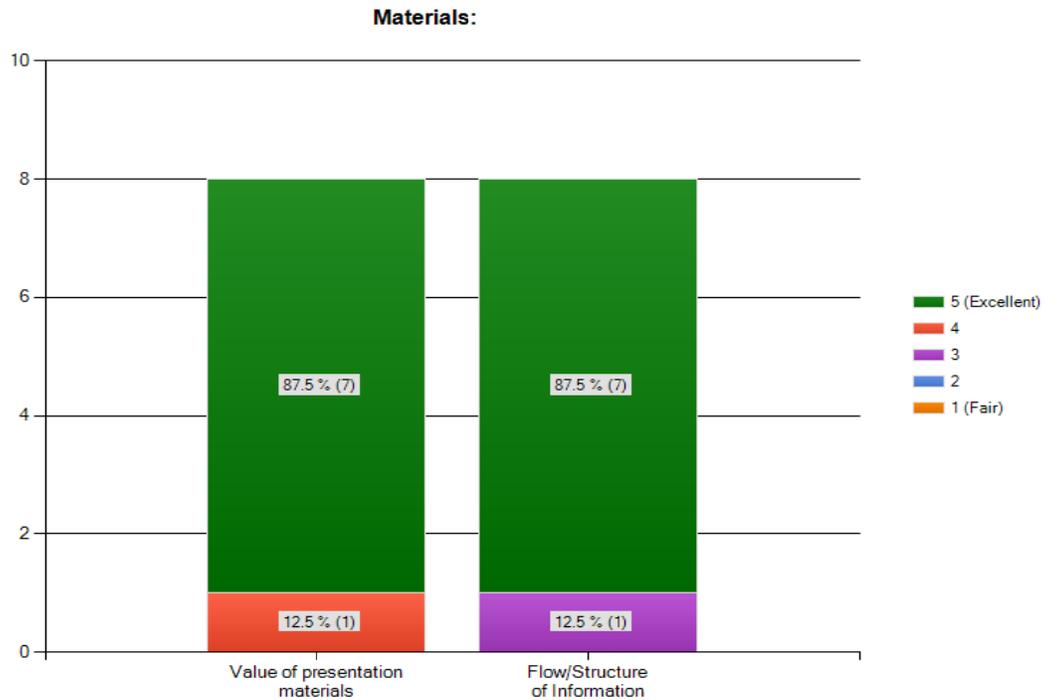


Instructor:

- 75% of respondents rated the instructor as a (5) “Excellent” on having “Knowledge of the subject”, while the other 25% gave this question a (4)
- When asked the question did the “Instructor answer questions clearly”, 88% of respondents gave a rating of (5) “Excellent” and the other 12% answered as a (4).
- 88% of respondents gave the “Overall instructor rating” a (5) “Excellent” and the other 12% gave this question a (4).

Additional Comments on the instructor:

- Knew his stuff very good



Materials:

- Respondents were asked to rate the “Value of presentation materials” and 88% of respondents gave a rating of (5) being “Excellent” and the other 12% were just below excellent with a rating of a (4).
- 88% of the respondents gave the “Flow/Structure of Information” a rating of (5) “Excellent” and the other 12% gave a rating of (3) “Average”.

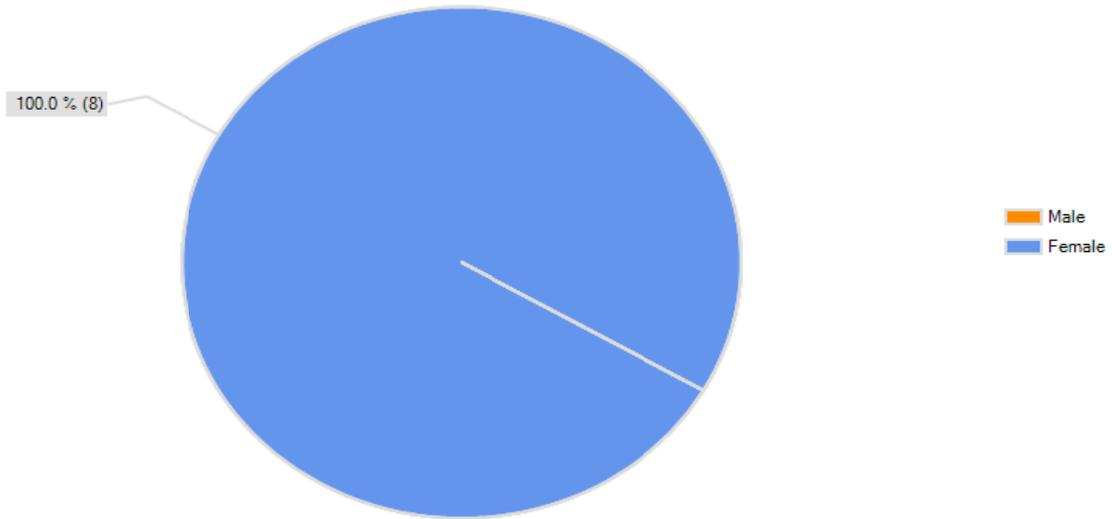
Additional Comments on Materials:

- No comments were made pertaining to materials.

What do you think could be done to improve this course?

- Class was very informative and enlightening
- Appetizers

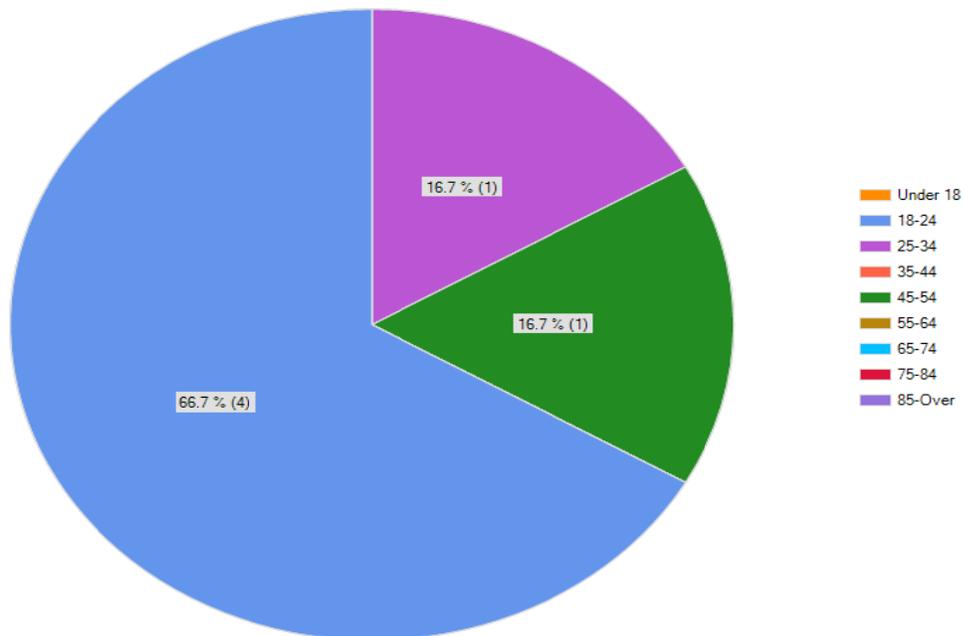
Gender



Gender:

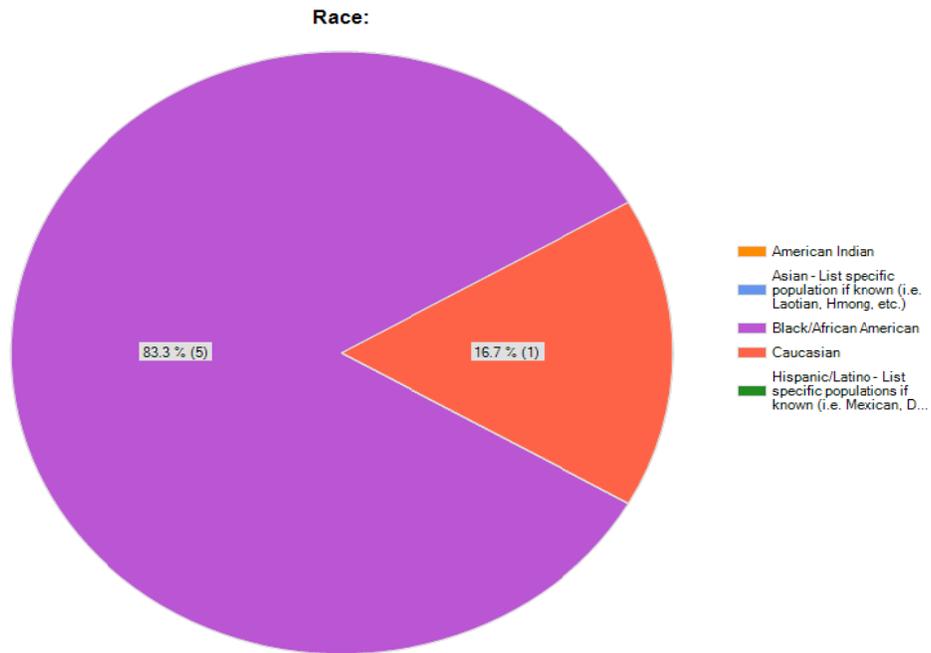
- 100% of the survey respondents were female.

Age:



Age:

- 66% of the survey respondents that answered the question on age were between (18-24 years), while 17% were between (25-34) and 17% were (45-54).



Race:

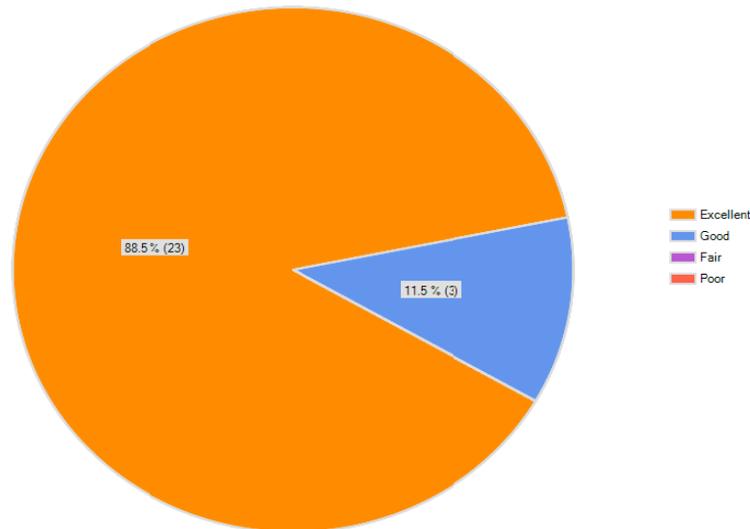
- 83% of survey respondents are Black/African American
- 17% of survey respondents are Caucasian

Respondents Zip Codes Represented in the Survey:

- 43205, 43211, 43224, 43203

Columbus Office of Minority Health
Effective and Empowered Health Care Consumer Program "Men's Health Workshop"
February 13 and March 4, 2010
1st Qtr FY 2010
Results Overview

How would you rate today's presentation?



Presentation Rating:

- When asked "How would you rate today's presentation", 89% of respondents gave the course an "Excellent" rating and 11% gave the rating a "Good" rating.

What information did you find most valuable (Comments):

- All of it.
- About taking my Health serious and that Health not only consists of physical, but mental and spiritual also.
- How to deal with stress/fear/depression/anxiety.
- That there's a difference between stress and distress.
- To value yourself as a person love yourself always.
- About being healthy types of coping, reality of life.
- Habits and Behavior because that has a large impact in our lives.
- About taking care of your healthier and knowing what to do to maintain it.
- Some things that way help me live a healthier but longer life.
- Feel, I need to get myself together.
- Pride-Love self
- Resources for aid in the city
- Basically all at the information proved beneficial.

How do you intend to use this information (Comments)?

- Everyday living, ask more questions when I see the doctor and smile more.
- To apply to my life to push for healthier living.
- Share my concerns with the doctor when I go in a week.
- I will use this to better myself and get my act together.
- Apply it to my life basically start looking instead of out all the time.
- By taking care of body and watching what symptoms are involved in my situation.
- Very wisely and carefully
- Share with my wife and others
- I intend to use this information to further my own intelligence and wisdom and to prosper with abundant life and health.
- To improve my health.
- To improve my overall health and vitality.
- Read study and take it to heart.
- Use this info for my life and family.

What one thing can you do that will help you achieve better health?

- Work out day to day walks.
- Drink more water, walk one hour a day and eat more healthy food.
- Listen and learn more about yourself.
- Stop stressing and start dealing with the reasons I stress.
- Go to the doctor get a check up and actually pay attention to what the doctor is saying.
- Pay attention to how I live my life.
- Mediate and spend time with myself.
- Realize that I have to control what I say.
- Eating healthier, grow spiritually stronger and stay committed.
- Cracking down and taking charge of my health.
- Get regular checkups
- Take it one step at a time.
- Laugh
- Making the right decisions with my lifestyle choices.
- Increased exercise
- Resume my family bike riding of three and miles per day, five days per week.
- Ask the Holy Spirit to help me stay strong.

What do you wish there had been more time for?

- Family.
- I wish there was a class/group. Every week.
- Stress as it relates to illnesses and disease.
- I wish we would have had more time for the whole presentation or a day more.
- Discussion on the truths and myths of black health.

- Myself for I can have a better understanding.
- Types of coping skills.
- Group discussions to practice our social life or other things
- I wish there had been more time to change my ways when I was young.
- For me to exercise more often and to do better things with my usually. Accomplish two goals that I set for myself.
- A little more open discussion (i.e. life sharing experiences)
- I don't wish there had been more time for anything because I believe that I'm on Gods time and his time is the right time.
- Noting.
- Everything was covered accurately.
- To speak about his marriages.
- Interactive activities.
- Not sure
- My health.

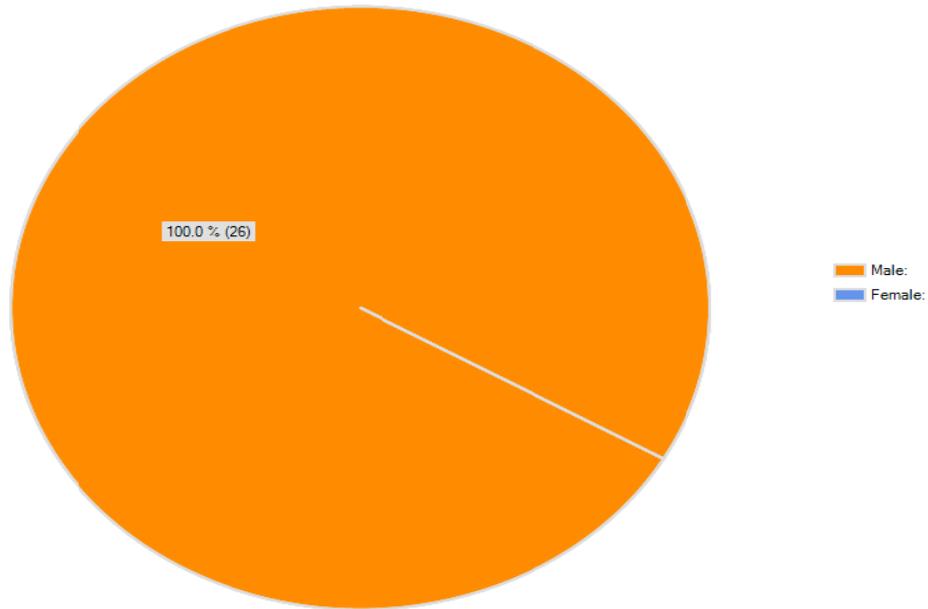
Do you know others, which would benefit from this presentation? If yes, who should be contacted?

- Half the camp
- Yes, Elementary Schools
- I think more of the younger men pre-teens.
- Each correctional institution in the state of Ohio.
- Black churches/conferences/conventions.
- I think everybody should be able to listen.
- It's all the men in my family.
- Yes the doctor.
- My uncles and aunts and yes.
- Stephen Franklin (614)-556-5151

Age:

- (9) Respondents are 24-Under
- (11) Respondents are 25-34 years
- (4) Respondents are 35-44 years
- (2) Respondents are 45-54 years
- (0) Respondents are 55-64 years
- (0) Respondents are 65-Over

Gender:



- 100% of the survey respondents were male.

Race:

- All the survey respondents were African American, while one answered as white and one answered as other.

Zip Codes:

- 43130, 43211, 43204, 43068, 44128, 45419, 43219, 43213, 43227, 43207, 43203

Columbus Office of Minority Health Community Training & Presentation Evaluation Survey

PLEASE PRINT LEGIBLY.

Please circle a number to indicate your ratings in the following categories:

5	4	3	2	1
Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree

Type of Session (circle one):

Consumer Empowerment	Men's Health	Community Presentation
Internal CPH Training	Other: _____	

Course Content:

• The workshop met my expectations:	5	4	3	2	1
• I understood the information:	5	4	3	2	1
• The overall course met my expectations:	5	4	3	2	1

Comments:

The Instructor:

• Had knowledge of subject:	5	4	3	2	1
• Answered questions clearly:	5	4	3	2	1
• Overall, met my expectations:	5	4	3	2	1

Comments:

Materials:

• Materials from the presentation were valuable:	5	4	3	2	1
• Flow/structure of Information was presented well:	5	4	3	2	1

Comments:

What do you think could be done to improve this training?

Comments:

Will this session help you to make changes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you think your colleagues/friends/family might benefit from the information shared today? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

Is there additional information you would have liked to receive or discussed?

Comments:

How much experience have you had on the topic covered in this program?
 None Some Considerable

What did you like most about the training?

What improvements would you suggest for future trainings?

Thanks You for your participation and feedback.

Male Female Age: _____ Race: _____ Zip Code: _____

Analysis of a Sample of Clients Vaccinated at Columbus Public Health H1N1 Vaccination Clinics, 10/20 – 12/22/2009

General Comment

Data from 2,391 clients out of the 18,087 vaccinated during Columbus Public Health sponsored vaccination clinics for the period of October 20, 2009 to December 22, 2009 were analyzed. Data from clinic registration forms were entered into SurveyMonkey. A system was set-up to randomly select the forms.

Dates of Clinics Involved: 10/20, 10/22, 10/28, 11/03, 11/04, 11/09, 11/10, 12/1, 12/08, 12/09, 12/10, 12/15, 12/22/2009

Overall

Sampled H1N1 Forms	10/20-12/22/2009
TOTAL	2, 391

Sex	Percentage
Female	56.4 (n=1320)
Male	43.6 (n=1019)

***52 records have missing data**

*Race	Percentage
White	74.7 (n=1659)
Black	13.6 (n=302)
Asian	7.2 (n=160)
American Indian/AK Native	1.6 (n=35)
Native Hawaiian/Pacific Islander	0.5 (n=10)
Other	2.4 (n=54)

***There are missing data and categories are not mutually exclusive**

Ethnicity*	Percentage
Hispanic	6.5 (n=96)
Non-Hispanic	93.5 (n=1390)

*1486 clients answered this question out of 2,391 potential respondents

Risk Factor	Percentage
#Age 6 month – 24 years old (original category)	23.1
*Healthy adult 18 – 63 years of age	11.9
Person 25 – 64 years medical conditions associated with higher risk for flu-related complications	10.2
#Child 6 months through 4 years	10.1
Pregnant women	9.7
Adult caregiver of child younger than 6 months of age	9.3
Health care personnel	9.2
*Healthy child 5 – 18 years of age	9.0
Adult 64 years of age and older	4.6
Child 5 – 18 with an underlying medical condition	2.3
Adult 18 – 24 years of age with underlying medical condition	0.5

Due to a change in how risk groups are categorize, there are overlapping risk group categories *Error on form that has clients choosing from overlapping age categories

Blacks

Sex	Percentage
Female	60.8
Male	39.2

Risk Factor	Percentage
#Age 6 month – 24 years old (original category)	20.0
Person 25 – 64 years medical conditions associated with higher risk for flu-related complications	14.4
*Healthy child 5 – 18 years of age	11.8
*Healthy adult 18 – 63 years of age	10.8
Health care personnel	10.8
Pregnant women	9.5
#Child 6 months through 4 years	6.9
Adult caregiver of child younger than 6 months of age	6.9
Adult 64 years of age and older	4.6
Child 5 – 18 with an underlying medical condition	3.0
Adult 18 – 24 years of age with underlying medical condition	1.3

Due to a change in how risk groups are categorize, there are overlapping risk group categories *Error on form that has clients choosing from overlapping age categories

Whites

Sex	Percentage
Female	56.4
Male	43.6

Risk Factor	Percentage
#Age 6 month – 24 years old (original category)	22.7
*Healthy adult 18 – 63 years of age	11.9
#Child 6 months through 4 years	10.4
Health care personnel	10.2
Person 25 – 64 years medical conditions associated with higher risk for flu-related complications	10.1
Adult caregiver of child younger than 6 months of age	9.8
Pregnant women	9.2
*Healthy child 5 – 18 years of age	8.1
Adult 64 years of age and older	4.7
Child 5 – 18 with an underlying medical condition	2.2
Adult 18 – 24 years of age with underlying medical condition	0.5

Due to a change in how risk groups are categorize, there are overlapping risk group categories *Error on form that has clients choosing from overlapping age categories

Asian

Sex	Percentage
Female	49.9
Male	50.1

Risk Factor	Percentage
#Age 6 month – 24 years old (original category)	29.7
*Healthy adult 18 – 63 years of age	18.2
#Child 6 months through 4 years	14.8
*Healthy child 5 – 18 years of age	10.5
Pregnant women	8.1
Person 25 – 64 years medical conditions associated with higher risk for flu-related complications	6.2
Adult caregiver of child younger than 6 months of age	3.8
Health care personnel	3.8
Adult 64 years of age and older	2.9
Child 5 – 18 with an underlying medical condition	1.9
Adult 18 – 24 years of age with underlying medical condition	0

Due to a change in how risk groups are categorize, there are overlapping risk group categories *Error on form that has clients choosing from overlapping age categories

Hispanic

Sex	Percentage
Female	58.7
Male	41.3

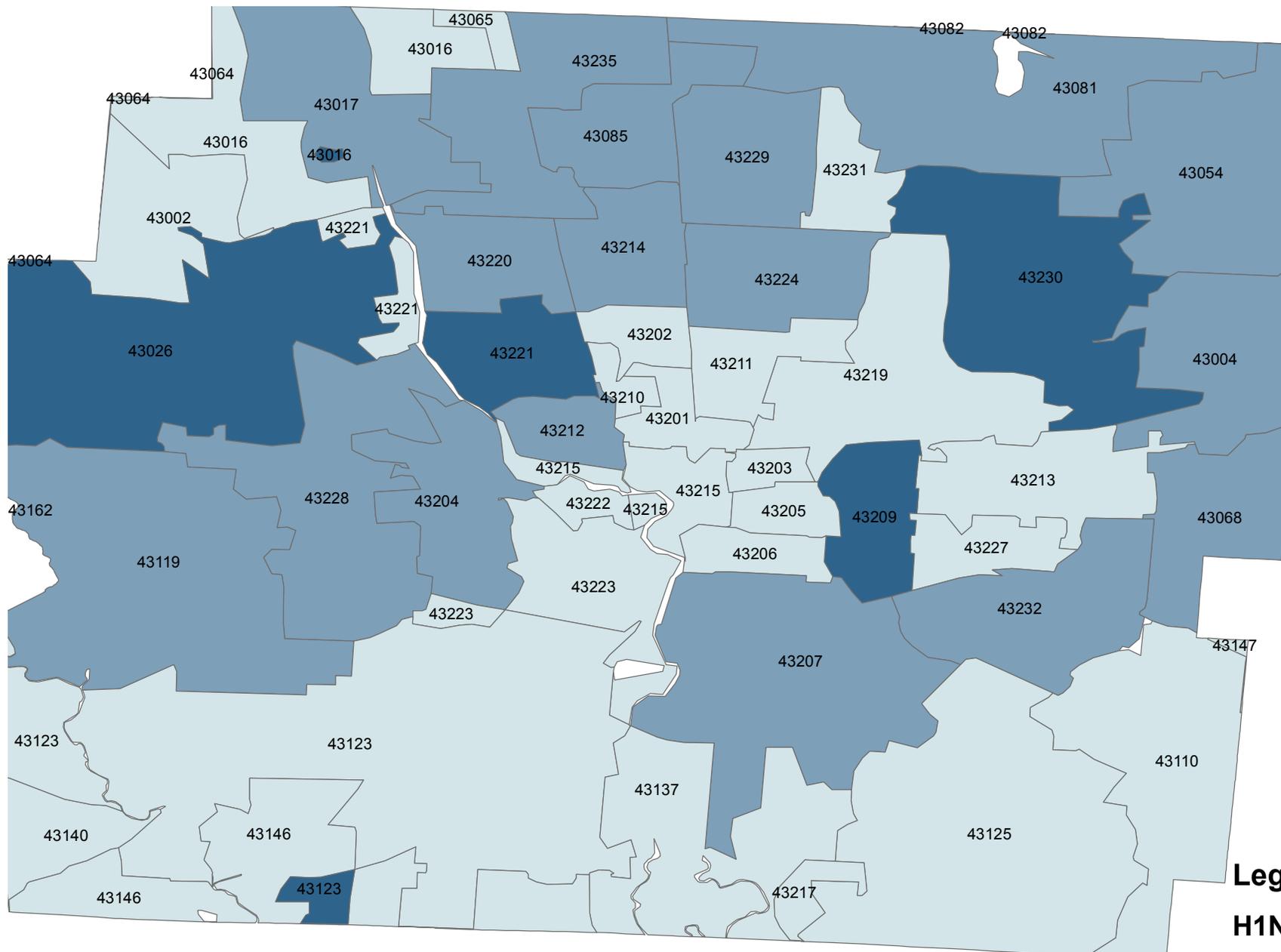
Risk Factor	Percentage
#Age 6 month – 24 years old (original category)	29.7
Pregnant women	20.9
Adult caregiver of child younger than 6 months of age	12.1
*Healthy child 5 – 18 years of age	9.9
Person 25 – 64 years medical conditions associated with higher risk for flu-related complications	7.8
#Child 6 months through 4 years	6.6
*Healthy adult 18 – 63 years of age	6.6
Health care personnel	2.2
Child 5 – 18 with an underlying medical condition	2.2
Adult 64 years of age and older	1.1
Adult 18 – 24 years of age with underlying medical condition	1.1

Due to a change in how risk groups are categorize, there are overlapping risk group categories *Error on form that has clients choosing from overlapping age categories

CITY OF COLUMBUS, OHIO

COLUMBUS PUBLIC HEALTH

MICHAEL B. COLEMAN, MAYOR
TERESA C. LONG, M.D., M.P.H., HEALTH COMMISSIONER
MYSHEIKA LEMAILE-WILLIAMS, M.D., M.P.H., MEDICAL DIRECTOR



Legend

H1N1 Vaccination
Count_

0 - 42

43 - 84

85 - 126

Sample of H1N1 Vaccination by Zip Codes, 10/20 - 12/22/2009 (N=2,228)



PREPARED BY: Center for Assessment & Preparedness, Office of Assessment & Surveillance

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 March 1, 2010 thru March 31, 2010

Encounters	387
Patients	340
Patients By Gender	
Female	182
Male	158
Total	340
Patients By Age Group	
Adolescent (0-19 yrs)	19
Adult (20-64 yrs)	302
Geriatric (65 yrs and Over)	19
Total	340
Patients By Race	
African	21
Black Non Latino / Hispanic	89
Latino / Hispanic Black	3
Latino / Hispanic Non Black	99
Mideastern	1
Other Asian	3
South East Asian	1
Somalia	6
White Non Hispanic	99
Not Stated	18
Total	340
Patients By Payor Source	
Medicaid	20
Private	41
Uninsured	279
Total	340
Patients By Zip Code	
43004	6
43016	3
43017	1
43026	5

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 March 1, 2010 thru March 31, 2010

Patients By Zip Code (cont)	
43065	1
43068	7
43081	8
43110	2
43119	4
43123	10
43125	4
43201	12
43202	4
43203	6
43204	12
43205	6
43206	8
43207	30
43209	7
43211	10
43212	1
43213	11
43214	4
43215	6
43217	1
43219	21
43220	6
43221	4
43222	2
43223	6
43224	16
43227	9
43228	33
43229	22
43230	6
43231	13
43232	21
43235	12
Total	340

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 March 1, 2010 thru March 31, 2010

Patients By Age	
3 years	1
4 years	1
6 years	3
7 years	1
8 years	2
9 years	1
11 years	1
12 years	1
13 years	3
14 years	1
16 years	2
19 years	2
20 years	6
21 years	3
22 years	6
23 years	6
24 years	8
25 years	5
26 years	9
27 years	5
28 years	5
29 years	11
30 years	9
31 years	7
32 years	10
33 years	11
34 years	12
35 years	8
36 years	7
37 years	8
38 years	10
39 years	5
40 years	7
41 years	7
42 years	9
43 years	7
44 years	3

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 March 1, 2010 thru March 31, 2010

Patients By Age (cont)	
45 years	8
46 years	5
47 years	8
48 years	14
49 years	3
50 years	11
51 years	7
52 years	8
53 years	9
54 years	4
55 years	9
56 years	4
57 years	3
58 years	2
59 years	3
60 years	2
61 years	8
62 years	4
63 years	4
64 years	2
65 years	2
66 years	2
67 years	3
68 years	1
69 years	2
70 years	2
72 years	1
75 years	2
76 years	1
84 years	1
86 years	1
88 years	1
Total	340

Dates of Period: April 1, 2010 - June 30, 2010

Program Site: Columbus Office of Minority Health

Evaluator Name: Mataryun "Mo" Wright/RAMA Consulting Group

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.
Community stakeholders will better understand the status of minority populations regarding the targeted health conditions and disparities.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
Evaluators plan to create original data sets using Columbus Public Health data as the major provider of health services to low-income minority families in Columbus. A second meeting has been held with CPH Epidemiology staff which has led to a partnership to produce a quarterly minority health fact sheet (briefing paper) focusing on each of the targeted minority populations and their health conditions. The Evaluator and Epi department have decided on common areas which would appear in each version of the briefing paper including Birth Data, Mortality, Risk survey results, quick facts on the target population's health status, mental health service utilization and technical notes to explain the data presented. Like most agencies, the COMH is still challenged to find data sets for some diseases areas that are not currently reported by race to have enough data to report an adequate sample for some target populations. The initial populations for the quarterly briefing papers include Hispanic/Latino, Asian, and African American.

The process of getting data from internal Epi department at CPH and reviewing the content for inclusion in the briefing paper has taken a little longer than expected. An outline has been developed for the data that will be included in the paper. The CPH Office of Communications will design a consistent format for each briefing paper over the next year. The Franklin County ADAMH Board is also fulfilling a data request on utilization rates for mental health and substance abuse issues among our targeted populations. All data is expected to be completed during the month of June. The REEP Evaluator, CPH Epidemiology staff and Program Director will meet in late June to develop and approve the final outline for the briefing paper. We expect that once the format is designed, subsequent reports will be able to be produced on the quarterly schedule.

COMH is continuing to work with internal CPH programs to produce and report original data sets for other areas within the organization that capture data by race. Three internal CPH programs (Central Ohio HIV Planning Alliance, Ben Franklin Tuberculosis Control Program, and Creating Health Communities) have begun to capture data by race at the request of COMH. This information has not been aggregated in time for this Annual report. We will report the data during the next quarterly report. Attached you will find data sets from COMH for the dental programs (4/1/10 – 4/30/10) vaccinations.

Because most data sets regarding targeted Commission disparities are not available or disaggregated in a way that is helpful to the COMH or the community, the COMH is forming an advisory group subcommittee to begin developing a list of deficits and requests for minority health data for future reporting periods. This committee will work along with ODH and other reporting entities to advocate for

better reporting of data on minority communities and disaggregation of data among large population groups such as Asian Americans.

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.
No research instruments have been developed. Data was collected from existing sources including ODH and CPH data sets. Information for the Hispanic Briefing paper were derived from the following sources Ohio Vital Statistics, US Census Bureau, Franklin County ADAMH Board, Columbus Police Department, and the 2005 Franklin County Health Risk Assessment.
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).*
See attached the raw Hispanic data used to derive the outline for the Hispanic briefing paper. See attached data reports for ancillary CPH data by race and program area.

Competency 2: Inform, educate and empower people.

1. Identify the outcomes identified for this competency area in your grant application.
#1 More community stakeholders will become aware of the COMH, its mission and the resources it provides.
#2 Community stakeholders will better understand local minority health status and availability of community resources.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
A brief evaluation survey is administered at the conclusion of health literacy trainings, community presentations, or internal capacity building trainings by COMH staff. Attendees rate their increase in knowledge about the role and purpose of the Columbus Office of Minority Health or about the content of the training and the quality of the facilitator/trainer. Internal tracking forms for distribution of collateral materials and COMH reports are also used to provide quantitative data on the number of residents and stakeholders who are informed about COMH or its data. Any communications back to the COMH on the impact of its trainings or resources are also maintained for future program monitoring and improvement activities.
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.
Revised evaluation survey submitted during last reporting period. The survey instrument, although administered in hard copy, has been loaded into an online survey system which assists in the data aggregation and analysis process.
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).*
 - COMH surveyed 29 individuals with either Consumer Empowerment training (16) or Men's Health Training (13) during the quarter
 - 19 different zip codes were represented in the trainings
 - 90% of workshop attendees reported the session met their overall expectations

- 90% of workshop attendees believed the instructor was effective in presenting the information and answering questions effectively
- 90% + of workshop attendees believed the materials and the overall workshop flow were appropriate and presented well
- 100% of attendees believe the workshop contents will assist them in making lifestyle changes and that friends/colleagues/family would benefit from this same information.
- Suggestions for improvements: More involvement from youth and community residents, more time to explore the topics more, offer healthy refreshments.
- *See report cover sheet for demographic breakdown of additional contacts to individuals and organizations*
- *Results of Minority Health Month activities submitted via a separate report to the OCMH*

COMH: Community Trainings Participation by Race

Race:			
Answer Options	Response Percent	Response Count	
African American	73.1%	19	
Hispanic/Latino	0.0%	0	
Native American	0.0%	0	
Asian	11.5%	3	
White	15.4%	4	
More than one race	0.0%	0	
Other (please specify)		0	
		<i>answered question</i>	26
		<i>skipped question</i>	3

Competency 3: Mobilize community partnerships and action.

1. Identify the outcomes identified for this competency area in your grant application.
 - #1 Community partners will better understand the role of the Columbus Office of Minority Health and how to collaborate on projects.
 - #2 Representatives of community partners will actively participate on the Minority Health Advisory Committee.
 - #3 Columbus Public Health and partner organizations' staff will become more aware of culture and use this awareness to build better understanding of their consumers.

2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
The Community Partner/Agency Profile form was refined in collaboration with the COMH and input into the online survey response system. Current community partners, including advisory committee members/organizations were asked to complete the web-based version at the conclusion of the previous reporting period. Only 6 agencies have provided this information to date. The form will be circulated during the next Advisory committee meeting (July 2010) for additional responses. Responses will be aggregated at that time. Current responses have been submitted to the REEP Evaluation Panel member for inclusion in the cross site evaluation process.

The local REEP Evaluator continues to attend and provide feedback at each quarterly advisory committee meeting on evaluation activities and changes to the evaluation scope or processes.

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.
Agency Profile submitted during previous reporting period.
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).*
 6. A total of 11 organizations and 12 individuals were engaged in the quarterly Advisory Committee meeting.
 7. Conducted the COMH African American Family Summit. A total of 41 organizations and 54 individuals were engaged.
 - 6 Agency Profiles completed; Data Collection is ongoing
 - 13 community based partners (37 individuals) consistently engage with COMH through the advisory committee

Competency 4: Develop policies and plans to support health efforts

1. Identify the outcomes identified for this competency area in your grant application.
#1 The Columbus Office of Minority Health will better understand and articulate the need for a City Council ordinance to support minority health.
#2 Local minority health stakeholders and elected officials will better understand and support the need for institutionalizing an office of Minority Health through legislative action.
2. Provide an explanation of all evaluation activities conducted to-date in this competency area.
No formal evaluation activities have occurred after the passage of the resolution of expression during the last reporting period. The REEP Evaluator has worked with the COMH to develop more appropriate outcomes for the next fiscal year that will lend itself to better evaluation activities to accomplish Core Competency #4.
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.
No research instruments developed
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).*
No evaluation results to report at this time.

APPENDIX

- Selected Data for Hispanic Briefing Paper
- Dental Clinic Statistics by Race

Columbus Office of Minority Health
Hispanic Briefing Paper
SAMPLE CONTENT ONLY DRAFT

The Columbus Office of Minority Health has among its many priorities the monitoring and reporting of health status information for various minority populations in our service areas. This briefing paper is provided as a free resource to the community by our office.

Hispanics in Franklin County at a Glance

	2008	Hispanic	Franklin County
Median Age		25.2	34.6
Age 25 and older with a college degree		21.9%	35.8%
Individuals Living Below the Federal Poverty Level		23.6%	15.0%
Median Income		\$36,077	\$51,238

Source: 2008 American Community Survey, U.S. Census Bureau

Interesting to note:

The median income for Hispanics in Franklin County is 30% lower than the median income for Franklin County overall

A College degree is more predictive of keeping someone out of poverty than a high school diploma. 87.5% of adults age 25 and older who live below the federal poverty level do NOT have a college degree

=====

Top 3 Causes of Death among Hispanics in Franklin County, Ohio , 2005-2007

Rank	Cause of Death	Hispanic Deaths		Franklin County
		Number	ADR ¹	ADR ¹
1	Accidents	33	38.8	38.4
2	All Cancers	25	52.8	200.4
3	Homicide	20	14.1	8.7

Source: Ohio Vital Statistics System, Analyzed by The Office of Assessment & Surveillance, Columbus Public Health

Notes:

1- Age-Adjusted Death Rate (ADR): Age adjustment is a statistical technique that standardizes the age distribution of different populations so that they can be compared to each other. The rate is expressed as the number of deaths per 100,000 population

* Unable to report age-adjusted death rate as they are based on less than 20 deaths in the numerator. Data do not meet standards of reliability or precision.

Issue with Mortality Data

Mortality rates for Hispanics should be interpreted with caution due to a relatively small number of deaths within this group. (A total of 191 Hispanic deaths were reported for 2005-2007.) Nationally, the CDC reports that deaths for Hispanics are somewhat underreported, meaning that people who are Hispanic are not always classified as such on the death certificate.

What's Improving?

Infant Mortality Rates Franklin County, Ohio , 2000-2007 4-Year Moving Averages				
Hispanic				
	Numerator		Denominator	Rate
Year	Total Infant Deaths		Live Births	IMR ¹
2000-2003	32		3,374	9.5
2001-2004	31		3,922	7.9
2002-2005	35		4,447	7.9
2003-2006	30		4,917	6.1
2004-2007	21		5,186	4.0

Source: Ohio Vital Statistics System, Analyzed by The Office of Assessment & Surveillance, Columbus Public Health

Notes: The number of births and deaths represent the totals over each 4 year period.

¹ IMR is the Infant Mortality Rate: the number of deaths to infants age 364 days and younger per 1,000 live births

Birth Data for Hispanics Franklin County, Ohio, 2006-2008

Maternal and Child Health Indicator	Hispanic	Franklin County
Low Birth Weight (percent)	7.7%	9.6%
Very Low Birth Weight (percent)	1.2%	1.9%
Preterm Birth (percent)	12.6%	13.4%
Very Preterm Birth (percent)	1.9%	2.5%

Source: Ohio Vital Statistics System, Analyzed by the Office of Assessment & Surveillance, Columbus Public Health

Notes:

Low Birth Weight: Infants born weighting less than 2500 grams or 5 pounds 8 ounces. Expressed as a percentage of all live births to a particular group.

Very Low Birth Weight: Infants born weighting less than 1500 grams or 3 pounds 4 ounces. Expressed as a percentage of all live births to a particular group.

Preterm Birth: Infants born before 37 weeks gestation. Expressed as a percentage of all live births to a particular group.

Very Low Birth Weight: Infants born before 32 weeks gestation. Expressed as a percentage of all live births to a particular group.

****Positive Trends****

Prenatal Care, 2003-2005	Hispanic	Franklin County
Began prenatal care in the first trimester	82.3%	87.9%
Late entry into prenatal care (month 4 or later)	16.5%	10.7%
No prenatal care	1.2%	1.3%

Source: Ohio Vital Statistics System, Analyzed by The Office of Assessment & Surveillance, Columbus Public Health

Note: Due to poor data quality we are unable to report prenatal care for 2006-2008 and will instead report data from 2003-2005 when less than 10% of birth certificates for Hispanic babies were missing prenatal care information.

DID YOU KNOW?

Did you know that according to the 2005 Franklin County Community Health Risk Assessment survey conducted by Columbus Public Health of Hispanic adults that:

- 96% of Hispanics in Franklin County (compared with 88.6% overall) self reported their health status as good, very good, or excellent
- 23.4% were diagnosed with high blood pressure (25% overall) and 7.1% were diagnosed with diabetes compared to 7.3% overall
- 16.1% of respondents admittedly were current smokers which is lower than the Franklin County average of 21.2%
- 57.9% of Hispanics responded having had a routine check-up in the past year compared with 66.1% of overall Franklin County respondents
- The rate of uninsured Hispanics at 21.2% is almost twice that of Franklin County respondents at only 12.5%

Source: 2005 Franklin County Health Risk Assessment, Office of Assessment & Surveillance, Columbus Public Health

HIV/AIDS

As of 12/31/07, 3.2% (97/3,064) of those living with HIV/AIDS in Franklin County were

- 1) Hispanic.

- 2) During 2005-2007, 605 Franklin County residents were diagnosed with HIV. Twenty-Three or 3.8% were Hispanic.

Notes:

Living with HIV/AIDS represents all persons ever diagnosed and reported with HIV or AIDS as of December 31, 2007

The incidence rate of HIV (new cases) is 19.3 per 100,000 population of Hispanics. This is close to the non-Hispanic White incidence rate and about one half the non-Hispanic Black incidence rate.

Source: Ohio Department of Health HIV/AIDS Surveillance Program. Data reported through Dec. 31, 2008.

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 April 1, 2010 thru April 30, 2010

Encounters	376
Patients	344
Patients By Gender	
Female	176
Male	168
Total	344
Patients By Age Group	
Adolescent (0-19 yrs)	18
Adult (20-64 yrs)	301
Geriatric (65 yrs and Over)	25
Total	344
Patients By Race	
African	9
Black Non Latino / Hispanic	118
Ethiopian	1
Latino / Hispanic Black	3
Latino / Hispanic Non Black	80
Mideastern	2
Other Asian	3
Russian	1
South East Asian	1
Somalia	3
White Non Hispanic	99
Not Stated	24
Total	344
Patients By Payor Source	
Medicaid	17
Private	41
Uninsured	286
Total	344
Patients By Zip Code	
43004	2
43016	1

Columbus Neighborhood Health Center, Inc.
Parsons Dental Patient Demographics
April 1, 2010 thru April 30, 2010

Patients By Zip Code (cont)	
43017	5
43026	5
43068	4
43081	7
43110	5
43113	1
43119	6
43123	8
43125	4
43201	7
43202	4
43203	13
43204	16
43205	7
43206	11
43207	24
43209	4
43210	1
43211	13
43212	1
43213	17
43214	2
43215	10
43217	1
43219	18
43220	5
43221	2
43222	4
43223	8
43224	11
43227	19
43228	30
43229	21
43230	6
43231	6
43232	25
43235	9

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 April 1, 2010 thru April 30, 2010

Patients By Zip Code (cont)	
43240	1
Total	344
Patients By Age	
3 years	1
5 years	1
7 years	2
8 years	1
11 years	2
12 years	2
14 years	1
15 years	3
16 years	2
17 years	2
19 years	1
20 years	2
21 years	5
22 years	6
23 years	4
24 years	15
25 years	6
26 years	12
27 years	6
28 years	4
29 years	15
30 years	9
31 years	5
32 years	14
33 years	10
34 years	9
35 years	4
36 years	9
37 years	4
38 years	7
39 years	8
40 years	11
41 years	8

Columbus Neighborhood Health Center, Inc.
 Parsons Dental Patient Demographics
 April 1, 2010 thru April 30, 2010

Patients By Age (cont)	
42 years	5
43 years	6
44 years	5
45 years	8
46 years	6
47 years	8
48 years	14
49 years	6
50 years	6
51 years	6
52 years	3
53 years	10
54 years	7
55 years	5
56 years	4
57 years	2
58 years	6
59 years	2
60 years	2
61 years	7
62 years	6
63 years	1
64 years	3
66 years	3
67 years	3
68 years	2
70 years	4
72 years	1
75 years	1
77 years	1
78 years	1
79 years	2
81 years	1
83 years	2
84 years	2
86 years	2
Total	344