

Proposed Event Form
(CORRECTION: Minority Health Month Activity Sheet in MHGM)
 April 2024 (Year)

Please note that the information listed on this page will be the information used to print the statewide calendar of events. All dates, times and locations will be verified prior to printing, but please be specific with the information provided. **NOTE: TBA is not an acceptable response on this section. All information must be filled in and accurate. Please be aware of Spring Break or Holiday Schedules if you are targeting the school system or planning an event at a school. The proposed activities must be held on separate days. Complete one form per event.**

Confirmed Keel E. G. 12-15-2023

Please do not leave any blank spaces USE SEPARATE SHEET IF NECESSARY

| Agency Name Office of Minority Health at Columbus Public Health | | | |
|---|--|---|--|
| City Columbus | County Franklin | Proposed number of participants to be served: 50 | |
| Contact Person Ryan E. Johnson, MPH | Contact Person's Telephone Number (Must not be a home No.) 614-645-7335 | Contact Person's Email rejohnson@columbus.gov | |
| Date of Proposed Event. <small>(List each event on separate forms)</small> | Summary of activity/event Provide a brief, detailed summary of your event. This info will be listed in the current calendar. 30 word limit. Use complete sentences. 3 lines maximum. | Location event will be held <small>(list name of facility, address, city, phone number to be used by the public)</small> | Time event will be held <small>(list each event separately)</small> |
| April 11, 2024 | Event Name: <u>Office of Minority Health Workshop/Forum</u> Summary: Workshop designed to engage the community in dialogue about communities as it relates to cultural norms, beliefs, and the impact on health. | Virtual Platform Event conducted on ZOOM/WebEx | 2:30pm-3:30pm |

Please note that retail sale of products is prohibited at these events.

Executive Director Signature: _____

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Continued Kelly E. G. 12-15-2023

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| Agency Name Office of Minority Health at Columbus Public Health | | | |
|--|--|--|---|
| City Columbus | | County Franklin | |
| Contact Person Ryan E. Johnson, MPH | | Contact Person's Telephone Number (Must not be a home No.) 614-645-7335 | |
| | | Proposed number of participants to be served: 100 | |
| Contact Person's Email rejohnson@columbus.gov | | | |
| Date of Proposed Event. (List each event on separate forms) | Summary of activity/event Provide a brief, detailed summary of your event. This info will be listed in the current calendar. 30 word limit. Use complete sentences. 3 lines maximum. | Location event will be held (list name of facility, address, city, phone number to be used by the public) | Time event will be held (list each event separately) |
| April 4, 2024 | Event Name: <u>MHM 2024 Panel Discussion</u> Summary: A panel discussion providing data and updates focused on the Social Determinants of Health, racism, and inequality. | Virtual Platform Event conducted on ZOOM/WebEx | 6:00pm-7:30p m |

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Confirmed Lee E. Johnson 12-15-2023

Please do not leave any blank spaces USE SEPARATE SHEET IF NECESSARY

| Agency Name Office of Minority Health at Columbus Public Health | | | |
|--|--|--|---|
| City Columbus | | County Franklin | |
| Contact Person Ryan E. Johnson, MPH | | Contact Person's Telephone Number (Must not be a home No.) 614-645-7335 | |
| | | Proposed number of participants to be served: 50 | |
| Contact Person's Email rejohnson@columbus.gov | | | |
| Date of Proposed Event. (List each event on separate forms) | Summary of activity/event Provide a brief, detailed summary of your event. This info will be listed in the current calendar. 30 word limit. Use complete sentences. 3 lines maximum. | Location event will be held (list name of facility, address, city, phone number to be used by the public) | Time event will be held (list each event separately) |
| April 18, 2024 | Event Name: <u>Office of Minority Health Workshop/Forum</u> Summary: Workshop designed to engage the community in dialogue about communities as it relates to cultural norms, beliefs, and the impact on health. | Virtual Platform Event conducted on ZOOM/WebEx | 2:30pm-3:30pm |

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Executive Director Signature: _____