



## MEMORANDUM

Date: September 27, 2022

To: Subrecipient agencies

From: Kristen Dickerson, PhD, MSN, MPH, RN, MLT (ASCP) *Kristen Dickerson*  
Chief, Bureau of Infectious Diseases  
Ohio Department of Health

Subject: Quality Innovations in the Continuum of HIV Care QI23 4/1/23-3/31/24

The Ohio Department of Health (ODH), Bureau of Infectious Diseases, announces the availability of Quality Innovations in the Continuum of HIV Care grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday, November 28, 2022. Applications received after the due date will not be considered for funding. Faxed, hand-delivered or mailed applications will not be accepted.

Electronic application components must be submitted via the on-line Grants Management Information System (GMIS). For new staff requiring GMIS access, you must successfully complete GMIS training offered by ODH.

Any award made through this program is contingent upon the availability of funds for this purpose. The subrecipient agency must be prepared to support the costs of operating the program until receipt of grant payments.

Submission of the **continuation application** constitutes acknowledgment and acceptance of ODH Grants Administration Policies and Procedures (OGAPP) Manual rules, policy and procedure updates posted on the GMIS Bulletin Board, and any other program-specific requirements as outlined in the competitive Solicitation. Reference the competitive Solicitation for more information. The competitive Solicitation for this grant program can be found on the ODH website (<https://odh.ohio.gov/about-us/funding-opportunities/resources/qi-22-quality-innovations-in-the-continuum-of-hiv-care>). Allotments will be established in GMIS by ODH. Please refer to the GMIS Bulletin Board for the current allotment percentage.

If you have questions, please contact Susan DiCocco at 614-832-9313 or e-mail at [susan.dicocco@odh.ohio.gov](mailto:susan.dicocco@odh.ohio.gov).

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## I. CONTINUATION FUNDING APPLICATION GUIDANCE

### 100% Deliverable Funding

**A. Policy and Procedures:** The Continuation Funding Application consists of three parts: Program Updates (if applicable), Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the continuation application constitutes acknowledgment and acceptance of ODH GAPP (OGAPP) manual rules and any other program-specific requirements as outlined in the competitive Solicitation. This Solicitation pertains to budget period: April 1, 2023 – March 31, 2024 of the total project period, April 1, 2022 – March 31, 2025. Reference the competitive Solicitation for more information.

All budget justifications must include the following language and be signed by the agency head listed in GMIS. Please refer to the budget justification examples listed on the GMIS Bulletin Board.

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or 2 CFR, Part 230).
- Subrecipient's budgeted costs are reasonable, allowable, and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy regarding subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

**B. Number of Grants and Funds Available:** Subgrants for Quality Innovations (QI) in the Continuum of HIV Care are supported by Ryan White Pharmaceutical Rebates funding. Up to 3 grants will be awarded to existing subgrantees for a total amount of \$682,313. Only the currently funded agencies listed below are qualified to apply for the QI continuation funding in 2023:

- Equitas Health, Inc. - \$300,000
- Research Institute of Nationwide Children's Hospital - \$117,388
- MetroHealth System - \$264,925

*No grant award will be issued for less than **\$30,000**. The minimum amount is exclusive of any required matching amounts and represents only ODH funds granted. Applications submitted for less than the minimum amount will not be considered for review.*

### C. Formatting Requirements for Attachments:

- Properly label each item of the application packet (e.g., budget narrative, program narrative).
- Each section should use minimum 1.5 line spacing with one-inch margins.
- Program and budget narratives must be submitted in portrait orientation and fit on 8 ½ x 11 paper when printed.
- Number all pages (print on one side only). Place agency name and GMIS number on each page.
- Use a 12 point font.
- Forms must be completed and submitted in the format provided by ODH.

### D. Qualified Applicants:

The following criteria must be met for grant applications to be eligible for review:

1. Applicant does not owe funds in excess of \$1,000 to the ODH.
2. Applicant has not been certified to the Attorney General's (AG's) office.
3. Applicant has submitted application and all required attachments by **4:00 p.m. on Monday, 11/28/22**.

## II. PROGRAM UPDATES:

**Program should review the Evidence of Health Equity Strategies Checklist in Appendix C when drafting the program narrative, objectives, and workplan.**

- A. Program Progress Report:** Attach the program progress report for the current grant period. If the program progress report is not scheduled to be submitted before the application due date, then it must be submitted with the application. [Six-month data and narrative reports along with toolkits will be due during the grant period. Reference competitive RFP for report templates.]
- B. Program Narrative:** Complete and submit a narrative statement (do not exceed 10 pages) which explains any changes to program scope, personnel, partnerships with agencies or organizations, methodology, or other information the subrecipient wishes to share for continuation funding.
- C. Objectives and Work Plan:** Complete and submit a short summary of any changes in the Specific, Measurable, Achievable, Results-Oriented, and Time-Based (SMART) objectives and submit an updated work plan. Reference the competitive Solicitation for information. This should be based on a review of the Progress Plans submitted to date. Provide a brief report addressing elements of each objective and activity, including current status (met, ongoing, or unmet); major findings; and barriers and how barriers were addressed. [A work plan template has been included as an attachment.]
- D. Documentation and Progress on Health Equity and Disparity Reduction Activities:**  
Please provide detailed updates on the goals, objectives, and deliverables specified in the competitive Solicitation relating to health equity. This information must be supported by data. Continuation Solicitations should include a summary of activities completed during the previous funding period to outreach to the priority populations and / or neighborhoods specified in their plan.

**E. Program Budget:** Prior to completion of the budget section, reference the competitive Solicitation for unallowable costs and review criteria.

- 1. Budget Narrative:** Provide a budget justification narrative outlining how the deliverable will be met. [A budget justification example can be found in GMIS.]

<https://odhgateway.odh.ohio.gov/gmis/forms/AttachmentForm.aspx?id=994058>

For your convenience, a budget justification narrative example has been linked above (**use scenario #3**).

Match or Applicant Share is not required by this program. Do not include match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 2. 2023 Budget via GMIS:** Complete requested budget information as follows:

- **Other Direct Costs:** Submit a budget for this section and the necessary form(s) to support costs for the period 04/01/2023 to 03/31/2024.

The applicant shall retain all original, fully executed contracts on file.

- **Compliance:** Answer each question on this form. Completion of the form ensures your agency's compliance with the administrative standards of ODH and federal grants.

- 3. Unallowable Costs:** Funds **may not** be used for the following:

1. To advance political or religious points of view or for fundraising or lobbying;
2. To disseminate factually incorrect or deceitful information;
3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
4. Bad debts of any kind;
5. Contributions to a contingency fund;
6. Entertainment;
7. Fines and penalties;
8. Membership fees — unless related to the program and approved by ODH;
9. Interest or other financial payments (including but not limited to bank fees);
10. Contributions made by program personnel;
11. Costs to rent equipment or space owned by the funded agency;
12. Inpatient services;
13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
15. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
16. Client incentives that exceed \$100 per client per budget period or cash payments;

17. Any expense not included as an allowable use of Part B funds for the provision of Part B eligible services, particularly the Outreach and Health Education/Risk Reduction Services or Housing Categories, and activities not allowed under the legislation and defined in referenced Policy Notices; and
18. Rent, mortgage, or utility payments are not allowable under the housing category.

**Subrecipients will not receive payment from ODH grant funds used for prohibited purposes. ODH has the right to recover funds paid to subrecipients for purposes later discovered to be prohibited. Please refer to the OGAPP manual for additional information.**

**F. Other Application Requirements:**

**Program Specific Attachments:** Subgrantee Program Reports must be completed and submitted via GMIS, as required by the subgrant program, for the following attachments:

- 1) Attachment 1: Innovations in HIV Care Program Revised Work Plan
- 2) Attachment 2: Program Procedures for Incentives/Enablers
- 3) Attachment 3: Program Assurance/Budget Methodology and HRSA Ryan White Fiscal Breakdown

**a. Other Required Documentation:**

- Subrecipients are required to maintain their current supplier information in the State of Ohio Supplier Portal. This information includes, but is not limited to, Electronic Funds Transfer (EFT), 1099 Form, and current address.

This information is maintained on the following website: <http://supplier.ohio.gov/>.

**Note:** Subrecipients' future payments will be held if the agency receives a paper check due to the EFT information not being properly maintained in the supplier portal.

- **Audit:** Subrecipient agencies are responsible for submitting an audit report. Once an audit is completed, a copy must be sent to ODH via [audits@odh.ohio.gov](mailto:audits@odh.ohio.gov). Reference the GMIS Bulletin Board for more information.

- **Civil Rights Review Questionnaire — EEO Survey:** The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section of GMIS. Subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted automatically with each application via the Internet.
- **Assurances Certification:** Each subrecipient must acknowledge the Assurances (Federal and State Assurances for Subgrantees) form in GMIS. The Assurances Certification sets forth standards of financial conduct relevant to receipt of grant funds and is provided for informational purposes. The listing is not all-inclusive, and any omission of other statutes does not mean such statutes are not assimilated under this certification. Review the form and then press the “Complete” button. By submission of an application, the subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.
- **Federal Funding Accountability and Transparency Act (FFATA):** All applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMIS. Applicants must ensure that the information contained in SAM.gov, DUN & Bradstreet, and the FFATA reporting form match. ODH will hold all payments if an applicant’s information does not successfully upload into the federal system.

All applicants for ODH grants are required to obtain a Data Universal Number System (DUNS) number, register in SAM.gov, and submit the information in the grant application. For information about the DUNS, go to [www.dnb.com](http://www.dnb.com). For information about the System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at [www.usaspending.gov](http://www.usaspending.gov) or the Office of Management and Budget’s website for Federal Spending Transparency at <https://www.whitehouse.gov/>.

**[Required by all applicants, the FFATA form is located on the GMIS Application page and must be completed in order to submit the application.]**

- **For Non-Profit Organizations Only:**
  1. **Liability Coverage:** Liability coverage is required for all non-profit agencies. Non-profit organizations must submit documentation validating current liability coverage. Attach the current Certificate of Insurance Liability in GMIS.
  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMIS the Internal Revenue Services (IRS) letter approving non-tax exempt status.

#### **G. Human Trafficking:**

Human trafficking is defined by the use of force, fraud, or coercion to compel victims into performing labor or commercial sex acts. Populations at increased risk include, but are not limited to, lesbian-gay-bisexual-transgender-questioning individuals, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

The ODH is committed to the elimination of human trafficking in Ohio. If applicable to the subrecipient program, ODH will give priority consideration to those subrecipients who can demonstrate the following:

- a. Victims of human trafficking are included in your agency's target populations that may include, but are not limited to, the following:
  1. Populations at increased risk
  2. Mental health population
  3. Homeless population
- b. Agency promotes the expansion of services to identify and serve those affected by human trafficking.

☒ Applicable    ☐ Not Applicable to Quality Innovations in the Continuum of HIV Care

#### **H. Post Submission Requirements:** Continuation applicants are required to submit subrecipient program and expenditure reports.

**Note:** Failure to assure quality of reporting, such as submitting incomplete and/or late program or expenditure reports, will jeopardize the receipt of future agency payments.

Reports shall be submitted as follows:

- a. **Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS** by the following dates:
  - 1) Recipients receiving funding under this RFP will need to complete QI tracking sheet (Appendix K) with their monthly or quarterly expenditure reports.
  - 2) Six-month narrative progress report, including data updates: due October 31, 2023
  - 3) Annual narrative progress report, including data updates (see Appendix G for template): due April 30, 2024
  - 4) Midpoint Toolkit: due April 30, 2024. This should include:
    - Forms and brochures developed to date
    - Lessons learned to date
    - Progress on projected mid-project goals (Use data to support)
    - Keys to success to date
    - Whether the projected personnel needed and budget on track or over/under expectations
  - 5) Final Program Best Practices Toolkit: (end of three-year RFP) due March 1, 2025. Toolkit should include an outline of the strategy, quality improvement tools used, project goals and objectives, process for carrying out activities completed, barriers faced, the process used to make program adjustments, and final outcomes data.

**Program reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name and grant number.



X Program Reports Required

       No Program Reports Required

Period	Report Due Date
April 1-September 30, 2023	October 31, 2023
October 1- March 31, 2024	April 30, 2024

- b. **Subrecipient Reimbursement Expenditure Reports:** Subrecipient Monthly Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – 30, 2023	May 10, 2023
May 1 – 31, 2023	June 10, 2023
June 1 – 30, 2023	July 10, 2023
July 1 – 31, 2023	August 10, 2023
August 1 – 31, 2023	September 10, 2023
September 1 – 30, 2023	October 10, 2023
October 1 – 31, 2023	November 10, 2023
November 1 – 30, 2023	December 10, 2023
December 1 – 31, 2023	January 10, 2024
January 1 – 31, 2024	February 10, 2024
February 1 – 28, 2024	March 10, 2024
March 1 – 31, 2024	April 10, 2024

Subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMIS** by the following dates:

Period	Report Due Date
April 1 – June 30, 2023	July 10, 2023
July 1 – September 30, 2023	October 10, 2023
October 1 – December 31, 2023	January 10, 2024
January 1 – March 31, 2024	April 10, 2024

**Note:** Obligations not reported on the final monthly or 4<sup>th</sup> quarter expenditure report will not be considered for payment with the final expenditure report.

- c. **Final Expenditure Reports:** A Subrecipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via GMIS** by 4:00 p.m. **on or before May 5, 2024**. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the Subrecipient Final Expense Report. The Subrecipient Final Expense Report serves as an invoice to return unused funds.

***Submission of ALL Subrecipient Program and Expenditure Reports via the ODH’s GMIS system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button signifies your authorization of the submission as an agency official and constitutes your electronic acknowledgment and acceptance of OGAPP rules and regulations.***

## APPENDICES

- A. Continuation Solicitation Reimbursement Type Form
- B. B1 Deliverable — Objective Descriptions (if applicable)
- C. B2 Deliverable — Objective Allocations (if applicable)
- D. Evidence of Health Equity Strategies Checklist

## ATTACHMENTS

- 1. Innovations in HIV Care Program Work Plan Template
- 2. Program Procedure for Incentives/Enablers
- 3. Program Assurance/Budget Methodology and HRSA Ryan White Fiscal Template

## Appendix A

Submission  
Required

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

See due date below

Ohio Department of Health Office  
Bureau of Infectious Diseases

*ODH Program Title:*  
Quality Innovations in the Continuum of HIV Care

**Reimbursement Type (check one)** Monthly ☐ **OR** Quarterly ☐

(Please note that no changes to the reimbursement type can be made after the project number is created in GMIS. No waivers/appeals will be accepted.)

*Please print:*

Current Project Number \_\_\_\_\_

Applicant Agency/Organization \_\_\_\_\_

Applicant Agency Address \_\_\_\_\_

Agency Contact Person Name and Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_\_\_  
Agency Head (Print Name)

\_\_\_\_\_  
Agency Head (Signature)

*Please note that the agency head listed above must match the agency head listed in GMIS. Unless a new agency, NOIAF's will not be accepted if name does not match what is listed in GMIS.*

Due to ODH by **Wednesday, October 26, 2022**

Please email completed form to KarenTinsley ([karen.tinsley@odh.ohio.gov](mailto:karen.tinsley@odh.ohio.gov)).

## Appendix B1

**Name of Subgrant Program:** Quality Innovations in the Continuum of HIV Care

**Budget Period:** 4/1/23-3/31/24

**# of Deliverables:** 4

**Use Budget Justification - Scenario #3**

### 100% Deliverables

#### Equitas Health:

1. Deliverable — Objective 1: PLAN - By 03/31/2023, use organizational assessment data to identify training needs, create curricula, and identify patients who need peer mobile Health Literacy Coach services.
2. Deliverable — Objective 2: DO - By 03/31/2023, implement organization change processes and mobile health literacy services to improve rates of viral load suppression of African American same gender loving men and Transfolx.
3. Deliverable — Objective 3: STUDY - By 03/31/2023, analyze efficacy of interventions.
4. Deliverable — Objective 4: ACT - By 03/31/2023, integrate and maintain health literacy improvements.

#### Nationwide:

1. Deliverable — Objective 1: PLAN - Develop and implement a wellness program for clients that have screened positive on mental health and/or substance abuse screening tools detailed in the Methodology Section of the application narrative.
2. Deliverable — Objective 2: DO - Implementation of the wellness program for eligible clients.
3. Deliverable — Objective 3: STUDY - Wellness program participation, viral suppression in eligible clients and clients enrolled in wellness program.
4. Deliverable — Objective 4: ACT - Review program outputs quarterly and make adjustments as needed.

#### MetroHealth:

1. Deliverable — Objective 1: PLAN - Identify non-virally suppressed patients within EHR in order to develop at risk population cohort.
2. Deliverable — Objective 2: DO - Screen non-virally suppressed cohort for mental health needs using the DSM-5 Self Rated Cross-Cutting Symptom Measure. Implement comprehensive mental health screening and personalized mental health care plan for patients who are not virally suppressed.
3. Deliverable — Objective 3: STUDY - Evaluate VLS data among the identified Cohort in order to identify effectiveness of personalized treatment approach/interventions.
4. Deliverable — Objective 4: ACT: Refine and adjust intervention.

### ODH Evidence of Health Equity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of equitable strategies to reduce disparities and overcome social determinants of health. This checklist is a guide to establish a baseline criterion that all projects funded by ODH to support alignment with established priorities to achieve optimal health for all Ohioans.

#### Health Disparities, Health Inequities, Social Determinants of Health & Health Equity

Racial and ethnic minorities, those living in rural communities, people with disabilities, the LGBTQ community and Ohio's economically disadvantaged residents do not have the same opportunities as other groups to achieve and sustain optimal health. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected based on their relative size of the population. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, learn, work, play, and age. Health disparities are unnatural and occur because of low socioeconomic status, race/ethnicity, sexual orientation, gender, disability status, geographic location or some combination of these factors. Those most impacted by health disparities also tend to have less access to resources like healthy food, safe housing, quality education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as **social determinants of health (SDOH)**. SDOH are a root cause of health disparities. The systematic nature of health disparities is considered unjust and is referred to as **health inequities**. The ability of everyone to have the same opportunity to achieve the best health possible is referred to as **health equity**. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health equity.

The ODH is committed to the elimination of health disparities and achieving health equity for all Ohioans. The items below are requirements for all applicants to ensure health equity is embedded within all components of the application (e.g., Goals, Program Narrative, and Objectives.)

- 1) Identify specific groups who experience a disproportionate burden of disease, health condition or health outcome targeted by this solicitation. See Ohio's State Health Assessment Ohio's health data. <https://odh.ohio.gov/wps/portal/gov/odh/explore-data-and-stats/interactive-applications/2019-online-state-health-assessment>
- 2) [Identify geographic reference points \(i.e., census tracts, census block groups or zip codes\) to specify where program activities are focused.](#)

Consider using the Ohio Health Improvement Zones Dashboard to determine or refine your priority service areas. The dashboard was created to support and aid efforts to reach Ohioans living in communities that may experience barriers to health. The dashboard quantifies specific factors that affect the resilience of individuals and communities to achieve optimal health and overcome a disaster like COVID-19.

By understanding where these populations are located and what factors contribute to their levels of risk and overall health outcomes, subrecipients can collectively and holistically develop strategies to improve health in

the communities that need it most. Interactive maps, census tract information and more can be found on the Ohio Health Improvement Zones Dashboard, here: <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/health-equity/health-improvement-zones>.

- 3) Use direct or indirect feedback from the prioritized population, community, group, or community agency to identify specific social and environmental conditions (social determinants of health) associated with health disparities and health inequities.
- 4) Consider using the Community Wellbeing: Social Determinants of Health Dashboard to identify these areas. The Social Determinants of Health dashboard provides greater insight into the condition that impact Ohioans' ability to live out a healthy lifestyle. The dashboard can be filtered by five (5) domains and over 100 attributes/metrics that impact health, including Economic Vitality, Neighborhood and Physical Environment, Healthcare Access and Quality, Education Access and Quality, and Social and Community Environment. Data is utilized from the Census Bureau, the Centers for Disease Control and Prevention, and American Community Survey at the census tract level which helps to understand which programming can most benefit specific communities. This can be found here: <https://data.ohio.gov/wps/portal/gov/data/view/social-determinants-of-health>
- 5) Identify measurable health equity targets that demonstrate reducing disparities and improving health equity are critical goals to be achieved through program activities. This information must also be supported by data. For guidance on methodology to establish equity targets, review [2030 Target Setting Methodologies for Objectives in Healthy People 2030](#).
- 6) Outline specific evaluation strategies to measure the impact of program activities on decreasing and/or eliminating health disparities and health inequities.

The following are best practices toward eliminating disparities and achieving health equity and are not required, but highly encouraged.

- 1) Link proposed activities to health equity strategies identified in local, state or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in [Healthy People 2030](#), the [State Health Improvement Plan \(SHIP\)](#) and local Community Health Assessments .
  - State Health Improvement Plan - <https://odh.ohio.gov/wps/portal/gov/odh/about-us/sha-ship>
  - Healthy People 2030 - <https://health.gov/healthypeople>
- 2) Develop staffing plans where board members, leadership and program staff reflect the race, ethnicity, background, and/or culture of the population being served.
- 3) Identify up- and downstream approaches to address social determinants of health and reduce disparities. Upstream factors like food, housing and income insecurity that focus on addressing social determinants of health decrease barriers and improve supports that provide opportunity for people to achieve their full health potential. Downstream approaches focus on providing equitable access to care and services to reduce the negative impact of social determinants on health outcomes.
- 4) Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, local industries, businesses, universities, businesses, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunity to collaborate across sectors and may serve as a new source of support for the program.

*[Note to Program: These requirements and best practices should be tied to deliverables and review criteria when possible and appropriate.]*

