




MEMORANDUM

Date: November 15, 2021

To: Subrecipient agencies

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

Subject: Ryan White: Ending the HIV Epidemic (EH22) and Rebates Enhancing Ending the HIV Epidemic (RE22)
(March 1, 2022-February 28, 2023)

The Ohio Department of Health (ODH), Office of the Medical Director, Bureau of Infectious Diseases (BID) announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., Monday, December 20, 2021. 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 be emailed by the program manager, when requested. Allotments will be established in GMIS by ODH. Please refer to the GMIS bulletin board for current allotment percentage.

If you have questions, please contact Laurie Rickert at 614-466-1411 or email at laurie.rickert@odh.ohio.gov.

TABLE OF CONTENTS

I.	CONTINUATION FUNDING APPLICATION GUIDANCE	
A.	Policy and Procedure	2
B.	Number of Grants and Funds Available	2
C.	Formatting Requirement for Attachments	3
D.	Qualified Applicants	3
II.	PROGRAM UPDATES	
A.	Program Progress Report	3
B.	Program Narrative	3
C.	Objectives and Work Plans	3
D.	Documentation & Progress on Health Equity and Disparity Reduction Activities	3
E.	Program Budget	4
F.	Other Application Requirements	5
G.	Human Trafficking	7
H.	Post Submission Requirements	7
III.	APPENDICES	
A.	Notice of Intent to Apply for Funding (RE Only) Reimbursement Type Form (EH only)	
B.	GMIS Training Form	
C.	Evidence of Health Equity Strategies Checklist	
D.	Ending the HIV Epidemic Workplan	

I. CONTINUATION FUNDING APPLICATION GUIDANCE

X Base Only Funding Base and 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: [enter beginning and ending grant dates] of the total project period, [enter beginning and ending grant dates.] 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 in regard to 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: Up to two (2) grants may be awarded for a total approximate amount of \$1,000,000 with Ending the HIV Epidemic dollars (EH) and up to \$200,000 will be funded by Rebates Enhancing Ending the HIV Epidemic (RE). Caracole, Inc will be allocated \$595,056 for the following EHE service categories: Viral Load Suppression Coordinators, Retention Coordinators, Peer Navigation, and any other EHE Initiative Service(s). Equitas Health will be allocated \$404,944 for the following EHE service categories: Viral Load Suppression Coordinators, Peer Navigation and any other EHE Initiative Service(s). Additionally, each agency will be allocated \$100,000 to provide assistance with these Ryan White service categories described in Policy Clarification Notice 16-02: Medical Transportation, Psychosocial Support Services, and Outpatient Ambulatory Health Services (Telehealth).

Please note, agencies are not required to provide all service categories referenced in this section, however, service categories must adhere to the funding source listed. For instance, Retention Coordinators cannot be funded with Ryan White rebate dollars. Agencies will submit a separate budget for EH and RE services. Agencies will upload the same narrative and workplan components for both EH/RE grants.

*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 [Suggested language provided, but can be updated to reflect program-specific requirements]:

- Properly label each item of the application packet (ex. budget narrative, program narrative).
- Each section should use 1.5 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, December 20, 2021.**

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: 1) 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. [Not required]

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, or other information the subrecipient wishes to share for continuation funding. If agency is funding a new EHE Initiative service, provide a narrative explaining how the initiative service was selected. Additional details for must be required in the workplan.

Briefly describe any anticipated changes to your Ending the HIV Epidemic (EHE) program for the funded categories (e.g., Viral Load Suppression Coordinators, Retention Coordinators, Peer Navigators, Psychosocial Support Services, Transportation and/or Telehealth) in the upcoming year. Note any personnel or equipment deficiencies that will need to be addressed during this budget cycle. Describe plans for hiring and training, as necessary.

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 workplan. Changes to activities and outcomes should be based on a review of the Progress Plans submitted to date. Provide a brief update addressing elements of each objective and activity, including current status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. If new EHE Initiative Service(s) is implemented, agency must create at least two (2) additional activities and process measures. [Workplan template is attached as Appendix D]

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 prepare 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 detailed budget justification in a narrative that describes how categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including plans for out-of-state travel), supplies and training costs. If you have shared costs, refer to OGAPP Chapter 2 Section C2.4 Cost Allocation Plan for additional information. Please refer to the GMIS 2.0 bulletin board for attachment instructions. Budget narrative must be separated and only reflect costs associated with EH and RE personnel and expenses.

For your convenience, a budget justification narrative example is available via the GMIS Bulletin Board.

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. 2022 Budget via GMIS:** Complete requested budget information as follows:

- **Personnel, Other Direct Costs, Equipment and Contracts Sections:** Submit a new budget to support costs for the period of March 1, 2022-February 28, 2023. Funds may be used to support personnel, staff training, travel (see OBM website <https://obm.ohio.gov/wps/portal/gov/obm/areas-of-interest/agency-overview/obm-travel-rule/obm-travel-rule>), and supplies directly related to planning, organizing and conducting the program activity. Itemize, in the Equipment Section, all equipment (minimum \$1,000 unit cost value) to be purchased with grant funds

The applicant shall retain all original fully executed contracts on file. A completed "Confirmation of Contractual Agreement" (CCA) must be submitted via GMIS for each contract once it has been signed by both parties. All contracts must be signed and dated by all parties prior to any services being rendered and must be attached to the CCA section in GMIS. The submitted CCA and attached contract must be approved by ODH before contractual expenditures are authorized. CCAs and attached contracts cannot be submitted until the first quarter grant payment has been issued.

- **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 fund raising 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. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/TravelRule/default.aspx> for the most recent Mileage Reimbursement memo.)
16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
17. Training longer than one week in duration, unless otherwise approved by ODH;
18. Contracts for compensation with advisory board members;
19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
21. Promotional Items;
22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
23. Syringes for Syringe Service Programs

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.

4. Indirect (Facilities and Administration):

Use the indirect cost rate included in the agency's Indirect Cost Rate Agreement as negotiated with and approved by the cognizant federal funder. If the applicant chooses this option, then the agreement must be submitted in GMIS as an attachment to the application.

If the subrecipient has not executed a federally approved Indirect Cost Rate Agreement, the subrecipient may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

Base the budget solely upon direct costs.

For further information please see Chapter 2 Section B2.11 of OGAPP.

F. Other Application Requirements:

Program Specific Attachments: Ending the HIV Epidemic Workplan

Submit via GMIS by 4:00 p.m. on or before Monday, December 20, 2021. All attachments must clearly identify the authorized program name and program number.

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. 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 Sub-grantees) 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), register in SAM.gov and submit the information in the grant application. For information about the DUNS, go to www.dnb.com. For information about System for Award Management (SAM) go to <https://beta.sam.gov/>.

Information on Federal Spending Transparency can be located at 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:

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 population;
 1. At-risk population
 2. Mental health population
 3. Homeless population

Agency promotes the expansion of services to identify and serve those affected by human trafficking

X-Applicable to Ending the HIV Epidemic (EH22) and Rebates Enhancing Ending the HIV Epidemic (RE22)

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:

Program Reports: Subrecipient Program Reports must be completed and submitted via GMIS by the due dates listed in the table below. Agencies will be required to submit an interim and final progress report narrative as well as an updated workplan. Guidance for the reports will be sent to the agencies approximately 4 weeks prior to the submission date. Program reports and workplans must be uploaded to both the EH and RE sections of GMIS.

Program reports that do not include required attachments (non-Internet submitted) 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
3/1/2022-8/31/2022	9/30/2022
3/1/2022-2/28/2023	3/31/2023

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

Period	Report Due Date
March 1 – 31, 2022	April 10, 2022
April 1 – 30, 2022	May 10, 2022
May 1 – 31, 2022	June 10, 2022
June 1 – 30, 2022	July 10, 2022
July 1 – 31, 2022	August 10, 2022
August 1 – 31, 2022	September 10, 2022

September 1 – 30, 2022	October 10, 2022
October 1 – 31, 2022	November 10, 2022
November 1 – 30, 2022	December 10, 2022
December 1 – 31, 2022	January 10, 2023
January 1-31, 2023	February 10, 2023
February 1-28, 2023	March 10, 2023

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

Period	Report Due Date
March 1, 2022- May 31, 2022	June 10, 2022
June 1, 2022- August 31, 2022	September 10, 2022
September 1, 2022- November 30, 2022	December 10, 2022
December 1, 2022- February 28, 2023	March 10, 2023

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

- b. 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 April 5, 2023. 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.

III APPENDICES

- A. Notice of Intent to Apply for Funding (RE Only)
Reimbursement Type Form (EH Only)
- B. GMIS Training Form
- C. Evidence of Health Equity Strategies Checklist
- D. Ending the HIV Epidemic Workplan

Appendix A1

<p>Reimbursement Type</p> <p>Select one of the options below:</p> <p><input type="checkbox"/> Monthly OR <input type="checkbox"/> Quarterly</p>	<p>NOTICE OF INTENT TO APPLY FOR FUNDING</p> <p>Ohio Department of Health</p> <p>Office of Medical Director</p> <p>Bureau of Infectious Diseases</p> <p>Rebates Enhancing Ending the HIV Epidemic (RE22)</p> <p>ALL INFORMATION REQUESTED MUST BE COMPLETED.</p>	<p>Submission Required</p> <p>See due date below.</p> <p>New Applicants must submit the GMIS Access form with the Notice of Intent to Apply for Funding Form</p>
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County of Applicant Agency _____ Federal Tax Identification Number _____

Geographic Area Applying to Cover _____

NOTE: The applicant agency/organization name must be the same as that on the IRS letter. This is the legal name by which the tax identification number is assigned.

Type of Applicant Agency (Check One)

<input type="checkbox"/> County Agency	<input type="checkbox"/> Hospital	<input type="checkbox"/> Local Schools
<input type="checkbox"/> City Agency	<input type="checkbox"/> Higher Education	<input type="checkbox"/> Not-for Profit

Applicant Agency/Organization _____

Applicant Agency Address _____

Agency Contact Person Name and Title _____

Telephone Number _____ E-mail Address _____

_____ Agency Head (Print Name)	_____ Agency Head (Signature)
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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 doesn't match what is listed in GMIS. If the agency head needs updated in GMIS, please include a letter on agency letterhead outlining the change. The new agency head's signature will be accepted with receipt of the update letter.

Does your agency have at least two staff members who currently have access to the ODH GMIS system? YES ☐ NO ☐

If yes, no further action is needed. If no, ODH Grants Services Unit staff will email the GMIS reference guide to the email addresses listed on the GMIS Access Request form.

The NOIAF must be accompanied by the agency's Proof of Non-Profit status (if applicable) and Proof of Liability Coverage (if applicable). Potential applicants and current subrecipients are required to set-up and 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 must be set-up and maintained in 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.

Forms are only required for NEW AGENCIES or if UPDATES are needed for current agencies. THE NOIAF AND REQUIRED FORMS MUST BE EMAILED TO Laurie.rickert@odh.ohio.gov BY November 22, 2021

NOTE: NOIAF's will be considered late if any of the required forms listed above are not received by NEW AGENCIES by the due date. NOIAF's considered late will not be accepted.

Appendix A2

CONTINUATION SOLICITATION REIMBURSEMENT TYPE FORM

Ohio Department of Health
Bureau of Infectious Diseases

Ryan White: Ending the HIV Epidemic (EH22)

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 doesn't match what is listed in GMIS.

Due to ODH by 11/22/2021

Please email completed form to Karen Tinsley (karen.tinsley@odh.ohio.gov).

Appendix B

If new applicant, this form must be submitted with the Notice of Intent to Apply for Funding Form.

GMIS Training, User Access, Access Change or Deactivation Request

One request per person. Requests will only be honored when signed by your **Agency Head** or **Agency Financial Head** and complete. In addition, if a user leaves your agency, you are to notify ODH so that their account is rendered inactive and submit a form for the replacement. The user will receive his/her username and password via e-mail once the request is processed. *Refresher guides can be found on the ODH web site: <https://odh.ohio.gov/wps/portal/gov/odh/about-us/funding-opportunities/ODH-Grants/>.* ODH Grants Page – “GMIS Training Resource” Section.

Date: _____

Check the type of access and complete the information requested: ☐ Employee — needs GMIS Training

☐ New Employee — needs GMIS Access. Effective Date of Activation: _____

☐ Existing Employee — New GMIS User or GMIS User Access Change.

Effective/Change Date: _____

☐ Deactivation — User no longer needs access to ODH Application Gateway/GMIS 2.0 or GMIS 2.0 only: Effective Date of Deactivation (ODH Application Gateway/GMIS 2.0): _____

Or Effective Date of Deactivation (GMIS 2.0 access only): _____

Agency Name & Address: _____

Employee Name (no nicknames): _____

Employee Job Title: _____

Employee Office Phone Number: _____

Employee Office Fax Number: _____

Employee Office Email Address: _____

User Access Section: Please check all that applies and enter requested information: Email

Notifications: ☐ Yes ☐ No

GMIS Project Number(s) user needs access to: _____

Authorization Signature for User Access/Change/Deactivation:

Signature of Agency Head or Agency Financial Head

Printed Name of Agency Head or Agency Financial Head

To be completed by Grants System Officer ONLY—Date Received: _____ Date Processed: _____

Deliver Requests to Karen Tinsley, Grants System Officer, 614-644-7546

Mail: ODH/OFA, 35 E. Chestnut St., 4th Floor, Columbus, Ohio 43215 Or

Scan and Email: karen.tinsley@odh.ohio.gov

Appendix C

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.](#)
- 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) 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](#).

- 5) 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.

Appendix D

Ending the HIV Epidemic Workplan

Goal: Identify individuals who are newly diagnosed, not engaged in care, and/or not virally suppressed (Pillar 2)			
Objective: Develop or enhance strategies for coordinated services to increase access to care in Hamilton County.			
Outcome: Increased number of newly diagnosed individuals linked to care; increased number of previously positive individuals linked to care; and increased number of virally suppressed individuals.			
Strategy 1: Build the Viral Load Suppression (VLS) Initiative to improve the viral load suppression of individuals who are young, Black/African American, MSM, transgender individuals, and PWIDs by identifying and linking newly diagnosed and/or HIV+ individuals who have fallen out of medical care. (These services are funded with EHE dollars)			
Activities	Process Measures	Responsible Party	Target Completion Date
Identify individuals who are HIV+ and not virally suppressed by <i>[insert specific activities for identifying people]</i>	<i>[Insert number]</i> people identified	VLS Coordinators	
Link identified individuals to care <i>[insert specific strategies that will be employed]</i>	<i>[Insert number or percentage]</i> people linked to care	VLS Coordinators	
Strategy 2: Add Retention Coordinators to enhance data to care efforts and increase retention individuals who are HIV+ by conducting intensive follow up and monitoring of comprehensive needs. (These services are funded with EHE dollars)			
Activities	Process Measures	Responsible Party	Target Completion Date
Support Hamilton County in Data to Care efforts to retain in care individuals living with HIV who are at high risk for falling out of medical care	<i>[Insert number]</i> people served via Data to Care activities	Retention Coordinators	
<i>[Detail intensive follow up activities]</i> with people living with HIV who inject drugs and are associated with the cluster	<i>[Insert number]</i> intensive follow ups completed with cluster associated PWIDs	Retention Coordinators	
Conduct follow up with HIV+ individuals referred by the Community Linkage Program at ODH who are being released or are newly released from jail	<i>[Insert number]</i> follow ups completed with individuals referred from Community Linkage Program	Retention Coordinators	

Strategy 3: Expand **Medical Transportation** options to include contracted services that will provide confidential and affordable transport to appointments. (These services are funded with rebate dollars)

Activities	Process Measures	Responsible Party	Target Completion Date
Implement medical transportation contract(s) to provide confidential and enhanced options for individuals living with HIV to attend HIV-related appointments	[Insert number] contracts signed [Insert number] clients transported to appointments via expanded transportation options		

Strategy 4: Incorporate **Telehealth Services** to deliver HIV/AIDS specialty care in remote or marginalized communities. (These services are funded with rebate dollars)

Activities	Process Measures	Responsible Party	Target Completion Date
Purchase necessary equipment, to include [insert any necessary equipment], to allow for provision of telehealth services	[Insert specific equipment] purchased		
Via telehealth, connect individuals living with HIV to providers and specialists to access HIV/AIDS specialty care	[Insert number] individuals living with HIV connected to providers and specialists via telehealth		
Use video conferencing technology to provide real-time clinical expertise to providers with complex HIV/AIDS caseloads in remote areas	[Insert number] rural providers supported with training and/or HIV expert consultation		

Goal: Identify best practices for implementing opportunities for social engagement (Pillar 2)

Objective: Increase the number of individuals living with HIV who have access to social engagement opportunities.

Outcome: Increased involvement in social networks to support the health and well-being of individuals living with HIV, and to reduce isolation, decrease stigma, and increase service utilization.

Strategy 1: Implement **Peer Navigator** program to support patient engagement across the continuum in Hamilton County. (This service is funded with EHE dollars)

Activities	Process Measures	Responsible Party	Target Completion Date
Hire Peer Navigator(s) demographically representative of high-risk populations in the region	[Insert number] Peer Navigator(s) hired		

Strategy 2: Provide **Psychosocial Support Services** to individuals or groups who are disproportionality impacted by HIV. (This service is funded with rebate dollars)

Activities	Process Measures	Responsible Party	Target Completion Date
Host culturally appropriate social engagements (e.g., support groups, bingo nights, storytelling nights, etc.) that will reach individuals experiencing stigma, social isolation, and limited support systems	[Insert number] social engagements hosted		

Goal: 3. Coordinate HIV cluster detection efforts with public health authorities (Pillar 4)

Objective: Facilitate and utilize enhanced and routine data reports from ODH HIV Surveillance Section.

Outcome: Increased collaboration in monitoring local outcomes for persons identified as part of the HIV cluster in Hamilton County.

Strategy 1: **Utilize reports** provided by ODH for rapid cluster response and intervention. (This service is funded with EHE dollars)

Activities	Process Measures	Responsible Party	Target Completion Date
Utilize data provided for cluster detection to alert Viral Load Suppression and Retention Coordinators to respond and intervene.	Within 30 days of notification, convene local cluster rapid response team to identify interventions in partnership with public health officials.		As indicated

Strategy 2: **Provide data** to ODH to allow for cluster analysis.

Activities	Process Measures	Responsible Party	Target Completion Date
Review and report data on referrals, retention, and health outcomes for people with HIV identified through cluster detection efforts.	Within 60 days of cluster detection, report data on referrals, retention and health outcomes for people identified in the cluster will be provided to ODH.		As indicated