



MEMORANDUM

Date: May 7, 2025

To: Injury Prevention-Falls Among Older Adults: Continuation Applicants

From: Jennifer Voit  
Bureau Chief, Health Improvement and Wellness  
Ohio Department of Health

Subject: Injury Prevention-Falls Among Older Adults IF26  
**Wednesday, Oct. 1, 2025-Wednesday, Sept. 30, 2026**

The Ohio Department of Health (ODH), Bureau of Health Improvement and Wellness, Violence, and Injury Prevention Section announces the availability of grant funds.

All electronic applications and attachments are due by 4:00 p.m., **Monday, June 9, 2025**. 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 (GMISP). For new staff requiring GMISP access, you must successfully complete GMISP training offered by ODH.

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

Submission of the application constitutes acknowledgment and acceptance of ODH Policies and Procedures, federal, state, and local laws and ordinances, and ODH policy and procedure updates posted on the GMISPP Bulletin Board, and any other program-specific requirements including the Office of Management and Budget (OMB) Uniform Grant Guidance (UGG) 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/sfy-24/if24-injury-prevention-falls-among-older-adults>).

If you have questions, please contact Tiffany Boykins at [tiffany.boykins@odh.ohio.gov](mailto:tiffany.boykins@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: Program Updates, Program Budget and Budget Narrative, and Other Required Attachments.

Submission of the application constitutes acknowledgment and acceptance of ODH Policies and Procedures, federal, state, and local laws and ordinances, and ODH policy and procedure updates posted on the GMISPP Bulletin Board, and any other program-specific requirements including the Office of Management and Budget (OMB) Uniform Grant Guidance (UGG) as outlined. This Solicitation pertains to budget period: Wednesday, Oct. 1, 2025-Wednesday, Sept. 30, 2026. The period of performance will begin Sunday, Oct. 1, 2023 and end on Saturday, Sept. 30, 2028. Reference the competitive Solicitation for more information.

First-tier subrecipient's personnel paid using the deliverable funding must complete daily timesheets. Time and Effort reporting must be completed if staff are charged to multiple funding sources.

All budget justifications must include the following language and be signed by the agency head listed in GMISP. Please refer to the budget justification examples listed on the GMISP bulletin board.

- The first-tier 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).
- First-tier subrecipient's budgeted costs are reasonable, allowable, and allocable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The first-tier subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of ODH policy regarding subawards and are prepared to establish the necessary inter-agency agreements consistent with those policies.
- The first-tier subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under ODH policy and procedures, and federal, state, and local laws, ordinances, rules and regulations to qualify for reimbursement.

**B. Number of Grants and Funds Available:** *The federal Preventive Health and Health Service Block Grant (PHHSBG) supports this program. Up to six (6) grants may be awarded for a total amount of \$642,000. Eligible agencies may apply for up to \$107,000.*

*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.*

The first program year will span 12 months from Sunday, Oct. 1, 2023-Monday, Sept. 30, 2024.  
Continuation program years will span 12 months on the following schedule:

- \* Year 2 (Tuesday, Oct. 1, 2024-Tuesday, Sept. 30, 2025)
- \* Year 3 (Wednesday, Oct. 1, 2025-Wednesday, Sept. 30, 2026)
- \* Year 4 (Thursday, Oct. 1, 2026-Thursday, Sept. 30, 2027)
- \* Year 5 (Friday, Oct. 1, 2027-Saturday, Sept. 30, 2028)

Two additional **OPTIONAL Supplemental Funding Opportunities** are available. Supplemental #1 funds are available to Union County Health Department to coordinate and administer the Ohio Injury Prevention Partnership-Ohio Older Adult Fall Prevention Coalition. Funding for year 3 (three) will span from Wednesday, Oct. 1, 2025—Wednesday, Sept. 30, 2026. The awardee will be eligible for up to \$56,000. This will be added to the applicant’s award. Supplemental #2 funds are available for one agency to coordinate and administer the statewide, one-day virtual Ohio Injury Prevention Conference in August 2026. The awardee will be eligible for up to \$24,000. Any first-tier subrecipient may apply for Supplemental Funding Opportunity #2.

**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 GMISP number on each page.
- Use a 12-point Source Sans Pro.
- 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. The Applicant does not owe funds to ODH and/or has repaid any funds due within 45 days of the invoice date.
2. Applicants have not been certified to the Ohio Attorney General's (AG's) office.
3. First-tier Subrecipients under the Federal award must certify to the pass-through entity whenever applying for funds, requesting payment, and submitting financial reports: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812." Each such certification must be maintained pursuant to the requirements of § 200.334.
4. All applicants must have a Whistleblower Protection Policy as required by 200.217 Whistleblower Protections
5. Take reasonable cybersecurity and other measures to safeguard information including protected personally identifiable information (PII) and other types of information. This also includes information the Federal agency or pass-through entity designates as sensitive or other information the recipient or subrecipient considers sensitive and is consistent with applicable Federal, State, local, and tribal laws regarding privacy and responsibility over confidentiality.
6. Applicant has submitted an application and all required attachments by 4:00 p.m. on Monday,
7. **4:00 p.m. on Monday, June 9, 2025.**

**II. PROGRAM UPDATES:**

**Program should review the Evidence of Health Disparity 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.** Programs submit quarterly reports. No report is due with application.

**B. Program Narrative:** Complete and submit a narrative statement which explains any changes to program scope, personnel, partnerships with agencies or organizations, or other information the First-tier subrecipient wishes to share for continuation funding. Program narrative is not required with this year's continuation application.

**C. Objectives and Work Plan:**

**D.** 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 status (met, ongoing or unmet); major findings; and barriers and how barriers were addressed. The narrative should address the progress made in expanding services

in the target counties and with the target population.

**E. SMART**

**F. Documentation and Progress on Health Disparity and Disparity Reduction Activities:**

Please provide detailed updates on the goals, objectives and deliverables specified in the Competitive Solicitation relating to health disparity. 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 target populations and / or neighborhoods specified in their plan. **Applicants are expected to follow the same activities and criteria related to health disparity indicated in year 2 solicitation and approved applications. Expansion into other census and area codes for year 3 is allowed with priority given to those with higher social vulnerability index scores, subject to ODH program approval.**

**G. 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 GMISP).

Cost-Sharing is not required by this program. Do not include a cost 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. [2026] Budget via GMISP:** 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 Wednesday, Oct. 1, 2025 to Wednesday, Sept. 30, 2026.

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

- **Compliance:** Answer each question on this form. Completion of the form ensured the 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 (unless allowable by the grant).
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. Include any additional program specific unallowable costs per CFDA, program regulations and directives or state law specifications; clinical care (except as allowed by law); publicity and propaganda (lobbying); funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships; Office furniture (including but not limited to desks, chairs, filing cabinets) unless otherwise stated; Food and refreshments.

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

## **H. Other Application Requirements:**

**Program Specific Attachments:** Complete and submit the following attachments. Nothing is required other than an updated workplan.

All attachments must be completed and submitted electronically. All attachments must clearly identify the authorized program name and GMISP project number.

### **a. Other Required Documentation:**

- First-tier 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/>.
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- Note: First-tier subrecipients future payments will be held if the EFT information is not being properly maintained in the supplier portal.
- Audit: First-tier 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).
- Civil Rights Review Questionnaire — EEO Survey: The Civil Rights Review Questionnaire (EEO) Survey is a part of the Application Section. First-tier subrecipients must complete the questionnaire as part of the application process. This questionnaire is submitted online automatically with each application.
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- Assurances Certification: Each First-tier subrecipient must acknowledge the Assurances (Federal and State Assurances for Sub-grantee) form in GMISP. 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 First-tier subrecipient agency agrees by electronic acknowledgment to the financial standards of conduct as stated therein.

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- **Federal Funding Accountability and Transparency Act (FFATA):** All new applicants applying for ODH grant funds are required to complete the FFATA reporting form in GMISP. 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.
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- All applicants for ODH grants are required to register in SAM.gov and submit the information in the grant application. For information about System for Award Management (SAM) and Federal Funding Accountability and Transparency Act go to <https://sam.gov/fsrs>.
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- **Participant Engagement:** Community engagement activities can lead to more effective and equitable grantmaking; improved trust, transparency, accountability; and meaningful incorporation of the knowledge, needs, and lived experiences of the affected individuals and communities into program design, implementation, and evaluation. The Uniform Grant Guidance 2 CFR 200.202 allows recipients to charge participant support as a direct cost the subaward. Participant is defined as: An individual participating in or attending program activities under a federal award, such as training or conferences, but who is not responsible for implementation of the Federal award. Individuals committing effort to the development or delivery of program activities under a federal award (such as consultants, project personnel, or staff members of a recipient or subrecipient) are not participants. Examples of participants may include community members participating in a community outreach program, members of the public whose perspectives or input are sought as part of a program, students, or conference attendees. Participant Support is defined as: Costs means direct costs that support participants (see definition for Participant in § 200.1) and their involvement in a federal award, such as stipends or, subsistence allowances, travel allowances, registration fees, temporary dependent care, and per diem paid directly to or on behalf of participants. Under the revised Uniform Guidance (2 CFR §§ 200.407 and 200.456), federal grant recipients no longer need prior approval to charge participant support costs as direct costs to Federal funds.
- **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 GMISP.
  2. **Non-Profit Organization Status:** Non-profit organizations must submit documentation validating current status. If changed, attach in GMISP the Internal Revenue Services (IRS) letter approving non-tax-exempt status.

**I. 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, individuals with disabilities, undocumented immigrants, runaway and homeless youth, temporary guest-workers, and low-income individuals.

**J.**

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

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

☒ Applicable ☐ Not Applicable to (INJURY PREVENTION-FALLS AMONG OLDER ADULTS GRANT)

**K. Post Submission Requirements:**

- 1. Continuation applicants are required to submit program and expenditure reports. Reports must be received in accordance with the requirements of the program, NOA, terms and conditions and this solicitation before the department will release any additional funds. All submissions regardless of type, must have the following phrase accompany the transmission: "I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812."

**L.**

Note: Failure to ensure 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: First-tier subrecipient program reports must be completed and submitted via GMISP by the following dates. 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.

☒ Program Reports Required ☐ No Program Reports Required

Period	Report Due Date
Oct. 1 – Dec. 31, 2025	Jan. 5, 2026
Jan. 1- March 31, 2026	April 5, 2026
April 1 – June 30, 2026	July 5, 2026
July 1 – Sept. 30, 2026	Oct. 5, 2026

- b. First-tier subrecipient Reimbursement Expenditure Reports:** First-tier subrecipient monthly expenditure reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
Oct. 1 – 31, 2025	Nov. 10, 2025
Nov. 1 – 30, 2025	Dec. 10, 2025
Dec. 1 – 31, 2025	Jan. 10, 2026
Jan. 1 – 31, 2026	Feb. 10, 2026
Feb. 1 – 28 or 29, 2026	March 10, 2026
March 1 – 31, 2026	April 10, 2026
April 1 – 30, 2026	May 10, 2026
May 1 – 31, 2026	June 10, 2026
June 1 – 30, 2026	July 10, 2026
July 1 – 31, 2026	Aug. 10, 2026
Aug. 1 – 31, 2026	Sept. 10, 2026
Sept. 1 – 30, 2026	Oct. 10, 2026

First-tier subrecipient Quarterly Reimbursement Expenditure Reports **must** be completed and submitted **via GMISP** by the following dates:

Period	Report Due Date
Oct. 1 – December 31, 2025	Jan. 10, 2026
Jan. 1 – March 31, 2026	April 10, 2026
April 1 – June 30, 2026	July 10, 2026
July 1 – Sept. 30, 2026	Oct. 10, 2026

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

- c. Final Expenditure Reports:** A First-tier subrecipient final expenditure report reflecting total expenditures for the fiscal year must be completed and submitted **via GMISP** by 4:00 p.m. on or before Thursday, Nov. 5, 2026. The information contained in this report must reflect the program’s accounting records and supportive documentation. Any cash balances must be returned with the First-tier subrecipient final expense report, which serves as an invoice to return unused funds.

***Submission of ALL First-tier subrecipient program and expenditure reports via the ODH’s GMISP system indicates acceptance of OGAPP. Clicking the “Submit” or “Approve” button constitutes your authorization of the submission as an agency official and serves as your electronic acknowledgment and acceptance of OGAPP rules***

***and regulations.***

## APPENDICES

- A. Continuation Solicitation ReimbursementType Form-NO LONGER REQUIRED.
- B. B1 Deliverable — Objective Descriptions  
B2 Deliverable — Objective Allocations
- C. Evidence of Health Disparity Strategies Checklist
- D. Application Review Form
- E. Year 3 Required Strategies
- F. Solicitation Application Instructions
- G. Workplan
- H. Supplemental Funding Guidance

Appendix A-THIS FORM IS NO LONGER REQUIRED. PLEASE MARK ON APPLICATION IN GMISP WHICH REIMBURSEMENT TYPE YOU ARE SELECTING.

Submission  
Required

CONTINUATION SOLICITATION  
REIMBURSEMENT TYPE FORM

See due date below.

**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 GMISP. 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 GMISP. Unless a new agency, NOIAF's will not be accepted if name doesn't match what is listed in GMISP.*

## Appendix B1

**Name of Subgrant Program: Injury Prevention-Falls Among Older Adults (IF26)**

**Budget Period: 10/1/2025-9/30/2026**

**# of Deliverables: 31**

**Use Budget Justification Scenario #: 1**

### **100% Deliverable**

#### **Local Community Coalition**

**Description:** Between Wednesday, Oct. 1, 2025, and Wednesday, Sept. 30, 2026, the First-tier subrecipients will maintain local coalition capacity by enhancing existing coalition work and holding local coalition meetings at least quarterly. First-tier subrecipients are required to update their local strategic plan to align with grant activities and implement strategic plan throughout grant year. Agency will also conduct a coalition evaluation once a year to identify areas of strengths and weaknesses before updating their strategic plan.

- **Deliverable 1:** By Wednesday, Dec. 31, 2025, Tuesday, March 31, 2026, Tuesday, June 30, 2026, and Wednesday, Sept. 30, 2026 the First-tier subrecipient will obtain four local coalition meeting minutes and attendance sheets for local coalition and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 2:** By Wednesday, Sept. 30, 2026, First-tier subrecipients will complete a coalition evaluation as listed in Appendix D and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 3:** By Tuesday, June 30, 2026, First-tier subrecipient will complete one strategic plan activity listed in Appendix D and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.

#### **Statewide Coalition & Implementation of State Plans**

**Description:** By Wednesday, Sept. 30, 2026, First-tier subrecipients will actively support and participate in the state's injury and older adult falls coalition. First-tier subrecipients are required to support the Ohio Injury Prevention Partnership (OIPP) and the Ohio Older Adult Falls Coalition (OOAFPC) by actively participating in meetings (in-person and virtual), leading a select OOAFPC subcommittee, aligning subcommittee plans with state efforts, and providing updates to falls coordinator on subcommittees' strategic plan progress.

- **Deliverable 4:** By Wednesday, Dec. 31, 2025, Tuesday, March 31, 2026, Tuesday, June 30, 2026, and Wednesday, Sept. 30, 2026, the First-tier subrecipient will facilitate quarterly OOAFPC subcommittee meetings using the ODH-approved templates, provide quarterly strategic plan update to falls coordinator, and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 5:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will actively participate in three (3) OIPP and three (3) OOAFPC meetings. Attendance at the annual in-person OIPP meeting is required. Agency will submit to ODH program consultant via REDCap on the program report due date established in the solicitation.

#### **Fall Prevention Awareness Week Mobilization**

**Description:** First-tier subrecipients will work with their local coalition to plan participation in Fall Prevention

Awareness Week, which must include a local event and/or communication campaign.

- **Deliverable 6A:** By Tuesday, March 31, 2026, the First-tier subrecipient will create a Fall Prevention Awareness Week plan via Word document that includes a communication plan, tentative schedule for posts/advertisements and/or event details to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 6B:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will demonstrate implementation of Falls Prevention Awareness Week plan using guidance in Appendix E and submit evidence of implementation to ODH program consultant via REDCap on the program report due date established in the solicitation.

### **Professional Development**

**Description:** Between Wednesday, Oct.1, 2025, and Wednesday, Sept. 30, 2026 , the First-tier subrecipients will enhance the agency's knowledge and skills related to the older adult falls injury focus areas in their approved grant by attending in one national or state-level conference or training.

- **Deliverable 7:** By Wednesday, Sept. 30, 2026 , the coordinator or designee will attend one (1) national or state-level conference, or complete professional development training related to IF grant focus areas as approved by ODH. Type of activities under this deliverable include conferences, training, workshops, and/or course. Agency will submit documentation of ODH approval, proof of attendance, and conference agenda/course syllabus to ODH program consultant via REDCap on the program report due date established in the solicitation.

### **Workplan & Capacity Evaluation**

**Description:** Between Wednesday, Oct.1, 2025, and Wednesday, Sept. 30, 2026, First-tier subrecipients are required to monitor and track outcomes based on a capacity evaluation provided by ODH and update workplan submitted in application.

- **Deliverable 8:** By Tuesday, March 31, 2026 and Tuesday, June 30, 2026, First-tier subrecipient will update workplan with progress/status section completed using outcome indicators and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 9:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will complete a year 2 capacity evaluation and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.

### **Full-time Coordinator Requirement**

**Description:** First-tier subrecipients are required to verify semi-annually that agency employs one full-time staff (no fewer than 1,700 hours per year) assigned as the injury prevention coordinator whose sole duties are to administer the Older Adult Falls Prevention grant, as required in the competitive grant solicitation.

- **Deliverable 10:** By Tuesday, March 31, 2026 and Wednesday, Sept. 30, 2026, the agency must complete documentation and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.

### **Policy, Systems and Environmental Change (PSEC) #1**

**Description:** First-tier subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix D. By Wednesday, Sept. 30, 2026, First-tier subrecipient will identify, provide technical assistance, collect data and implement a community-specific policy, systems, or environmental change.

**Deliverable 11A:** By Wednesday, Dec. 31, 2025, the First-tier subrecipient will obtain at least one (1) new signed partner agreement, memorandum of understanding (MOU,) or letter of commitment for selected PSEC #1 and submit to ODH program consultant via REDCap on the program report due date established in the solicitation. If new partnership agreements are not needed, because year 2 agreements cover new strategies and locations,

First-tier subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

**Deliverable 11B:** By Tuesday, March 31, 2026, the First-tier subrecipient will complete technical assistance efforts to include any trainings or documents developed and update the data tracking framework using metrics provided by ODH for selected PSEC #1 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 11C:** By Tuesday, June 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#1 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 11D:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation of strategy and update the data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must update the data tracking framework and complete a PSEC Impact Statement specific to the PSEC #1 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

### **Policy, Systems and Environmental Change (PSEC) #2**

**Description:** First-tier subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix D. By Wednesday, Sept. 30, 2026, the First-tier subrecipient will identify, provide technical assistance, collect data, and implement a community-specific policy, systems, or environmental change.

**Deliverable 12A:** By Wednesday, Dec. 31, 2025, the First-tier subrecipient will obtain at least one (1) new signed partner agreement, memorandum of understanding (MOU,) or letter of commitment for selected PSEC #2 and submit to ODH program consultant via REDCap on the program report due date established in the solicitation. If new partnership agreements are not needed, because year 2 agreements cover new strategies and locations, First-tier subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

**Deliverable 12B:** By Tuesday, March 31, 2026, the First-tier subrecipient will complete technical assistance efforts to include any trainings or documents developed and update the data tracking framework using metrics provided by ODH for selected PSEC #2 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 12C:** By Tuesday, June 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#2 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 12D:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation of strategy and update the data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must update the data tracking framework and complete a PSEC Impact Statement specific to the PSEC #2 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

### **Policy, Systems and Environmental Change (PSEC) #3**

**Description:** First-tier subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix D. By Wednesday, Sept. 30, 2026, First-tier subrecipient will identify, provide technical assistance, collect data and implement a community-specific policy, systems, or environmental change.

**Deliverable 13A:** By Wednesday, Dec. 31, 2025, the First-tier subrecipient will obtain at least one (1) new signed partner agreement, memorandum of understanding (MOU,) or letter of commitment for selected PSEC #3 and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.



If no new partnership agreements are needed, because year 2 agreements cover new strategies and locations, First-tier subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

**Deliverable 13B:** By Tuesday, March 31, 2026, the First-tier subrecipient will complete technical assistance efforts to include any trainings or documents developed and update the data tracking framework using metrics provided by ODH for selected PSEC #3 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 13C:** By Tuesday, June 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#3 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 13D:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation of strategy and update the data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must update the data tracking framework and complete a PSEC Impact Statement specific to the PSEC #3 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

#### **Policy, Systems and Environmental Change (PSEC) #4**

**Description:** First-tier subrecipients are required to identify and implement a community based PSEC strategy as outlined in the guidance in Appendix D. By Wednesday, Sept. 30, 2026, First-tier subrecipients will identify, provide technical assistance, collect data and implement a community-specific policy, systems, or environmental change.

**Deliverable 14A:** By Wednesday, Dec. 31, 2025, the First-tier subrecipient will obtain at least one (1) new signed partner agreement, memorandum of understanding (MOU,) or letter of commitment for selected PSEC #4 and submit to ODH program consultant via REDCap on the program report due date established in the solicitation. If no new partnership agreements are needed, because year 2 agreements cover new strategies and locations, First-tier subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

**Deliverable 14B:** By Tuesday, March 31, 2026, the First-tier subrecipient will complete technical assistance efforts to include any trainings or documents developed and update the data tracking framework using metrics provided by ODH for selected PSEC #4 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 14C:** By Tuesday, June 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation as evidenced by technical assistance efforts and an updated data tracking framework using metrics identified by ODH that shows implementation for selected PSEC#4 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Deliverable 14D:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will complete documentation to show evidence of implementation of strategy and update the data tracking framework that shows evidence of implementation, or if PSEC was not fully completed as outlined in Appendix E, agency must update the data tracking framework and complete a PSEC Impact Statement specific to the PSEC #4 and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

#### **Policy, Systems and Environmental Change Supportive #1**

**Description:** Between Wednesday, Oct.1, 2025, and Wednesday, Sept. 30, 2026, First-tier subrecipient will select one (1) PSEC supportive activity related to focus area selected in Deliverables 12-14. This activity must enhance and complement primary PSEC activities and are not meant as stand-alone initiatives.

- **Deliverable 15A:** By Tuesday, March 31, 2026, First-tier subrecipient will create an implementation plan, update the data tracking framework for PSEC Supportive activity #1, and submit to the ODH program consultant via REDCap on the program report due date established in the solicitation.

- **Deliverable 15B:** By Wednesday, Sept. 30, 2026, First-tier subrecipient will provide evidence of implementation and an updated data tracking framework for selected PSEC supportive activity #1 to the ODH program consultant via REDCap on the program report due date established in the solicitation.

SUPPLEMENTAL FUNDING #1-optional
Ohio Older Adult Falls Prevention Coalition (OOAFPC) Deliverables

### **Membership**

**Description:** Description: Between Wednesday, Oct.1, 2025, and Wednesday, Sept. 30, 2026, the subgrantee awarded the Supplemental Funding will increase membership into the statewide OOAFPC, its subcommittees, and Ohio Injury Prevention Partnership by doing the following:

- **Deliverable 16:** By Wednesday, October 15, 2025, First-tier subrecipient will update orientation materials for new and potential members (strategic plan or link; contact list for leadership; meeting list; and last action group meeting minutes) and submit to ODH Program consultant via GMISP.
- **Deliverable 17:** By Monday, Oct. 6, 2025, and Tuesday, March 31, 2026, update PowerPoint Presentation for Orientation and submit to ODH Program consultant via GMISP.
- **Deliverable 18:** By Wednesday, Sept. 30, 2026, First-tier subrecipient will facilitate the New Member Orientation for the OOAFPC at OIPP Meetings in Nov. 2025 and May 2026 as evidenced by OIPP New Member Orientation meeting attendance and submit to ODH Program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 19:** By Wednesday, Dec. 31, 2025, Tuesday, March 31, 2026, Tuesday, June 30, 2026, and Wednesday, Sept. 30, 2026, the First-tier subrecipient will update membership platform as needed for the OOAFPC, as evidenced by completed website update form that will be provided by ODH and screenshots submitted to ODH Program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 20:** By Wednesday, Dec. 31, 2025, First-tier subrecipient will obtain a targeted recruitment plan detailing how agency will increase membership and identify at least one targeted group/population related to older adult falls prevention to join the OOAFPC and submit to ODH Program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 21:** By Wednesday, Sept. 30, 2026, First-tier subrecipient will obtain evidence of implementation of recruitment plan for targeted group/population related to older adult fall prevention to join the OOAFPC and submit to ODH Program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 22:** By Wednesday, Sept. 30, 2026, First-tier subrecipient will actively participate in all OIPP Leadership calls and will submit to ODH Program consultant via REDCap on the program report due date established in the solicitation.

### **Committees**

**Description:** Between Wednesday, Oct.1, 2025, and Wednesday, Sept. 30, 2026, the First-tier subrecipient awarded the Supplemental Funding will coordinate and ensure that the OOAFPC committee and its subcommittees have quarterly scheduled meetings, include chairs/co-chairs, conduct scheduled meetings, submit required written reports, and provide technical assistance to subcommittee chairs as needed.

- **Deliverable 23:** By Wednesday, Dec. 31, 2025, First-tier subrecipient will develop an annual list of subcommittee meeting/conference calls dates, times, and links to access and submit to ODH Program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 24:** By Wednesday, Dec. 31, 2025, Tuesday, March 31, 2026, Tuesday, June 30, 2026, and

Wednesday, Sept. 30, 2026, First-tier subrecipient must create a PowerPoint for OOAFCP quarterly meetings and submit to ODH Program consultant via REDCap on the program report due date established in the solicitation. Documentation submitted in REDCap must also demonstrate PowerPoint was submitted to ODH at least 45 (forty-five) days in advance of meeting.

- **Deliverable 25:** By Wednesday, Dec. 31, 2025, Tuesday, March 31, 2026, Tuesday, June 30, 2026, and Wednesday, Sept. 30, 2026, First-tier subrecipient will facilitate a minimum of quarterly leadership and quarterly OOAFCP meetings using the approved ODH templated and submit agendas and minutes to ODH Program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 26:** By Wednesday, Dec. 31, 2025, Tuesday, March 31, 2026, Tuesday, June 30, 2026, and Wednesday, Sept. 30, 2026, First-tier subrecipient will create a summary of all subcommittee meetings held during quarter to include date of meeting; # of attendees; who led meeting; and any major accomplishments and/or challenges identified by meeting leaders, and what type of technical assistance the OOAFCP Coordinator provided to each subcommittee chairs, if applicable, and submit to ODH Program consultant via REDCap on the program report due date established in the solicitation.

### **Administrative**

**Description:** Between Wednesday, Oct.1, 2025, and Wednesday, Sept. 30, 2026, the First-tier subrecipient awarded the Supplemental Funding will administer the OOAFCP Coalition and support subcommittees to further statewide older adult fall prevention efforts:

- **Deliverable 27:** By Tuesday, March 31, 2026, and Wednesday, Sept. 30, 2026, First-tier subrecipient will review and update the OOAFCP strategic plan with recommendations and updates from each OOAFCP respective subcommittee and submit to ODH program consultant via REDCap on the program report due date established in the solicitation(1/2 reimbursement at end of 2<sup>nd</sup> quarter).
- **Deliverable 28:** By Wednesday, Dec. 31, 2025, First-tier subrecipient will update pilot projects solicitation, plan for advertising solicitation and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 29:** By Tuesday, March 31, 2026, First-tier subrecipient will obtain completed pilot project review sheets, final scores with summary of selected projects and contracts and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 30:** By Tuesday, March 31, 2026 , and Tuesday, June 30, 2026, First-tier subrecipient will create a progress report for selected pilot projects, identify any potential barriers to completion and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Deliverable 31:** By Wednesday, Sept. 30, 2026, First-tier subrecipient will create a final report to include evidence of implementation for each pilot project as demonstrated by documents created, attendance sheets, data metrics captured etc.; a summary of projects; and arrange for partners to present projects at a later date and submit to ODH program consultant via REDCap on the program report due date established in the solicitation.

<b>SUPPLEMENTAL FUNDING #2-optional</b>
<b>Statewide Injury Prevention Conference Planning Deliverable</b>

**Description:** Between Wednesday, October 1, 2025 and Wednesday, September 30, 2026, the First-tier subrecipient will coordinate the planning and execution of a one-day Ohio Injury Prevention Conference.

- **Deliverable 36:** By Wednesday, Dec. 31, 2025, Tuesday, March 31, 2026, Tuesday, June 30, 2026, and Wednesday, Sept. 30, 2026, the First-tier subrecipient will submit required documentation to demonstrate evidence of planning and executing conference to ODH Program consultant via REDCap.

**Appendix B2****Form# OFA-011****Name of Subgrant Program: Falls Among Older Adults (IF)****Budget Period: 10/01/2025 - 09/30/2026****# of Deliverables: 31****Use Budget Justification Scenario #: 1**☐ **Base Only**☐ **Base and Deliverables**☒ **Deliverables Only**

	<b>Name of First-tier subrecipient or County or Region</b>	<b>Union County</b>	<b>Licking County</b>	<b>Tuscarawas County</b>	<b>Delaware County</b>	<b>Washington County</b>	<b>Holmes County</b>	<b>TOTAL</b>
<b>Deliverable - Objective 1</b> <b>(Local Community Coalition Meeting Minutes )</b>		\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$24,000
<b>Deliverable - Objective 2</b> <b>(Local Community Coalition Activity</b>		\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$12,000
<b>Deliverable - Objective 3</b> <b>(Local Coalition-Strategic Plan Activity)</b>		\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$12,000
<b>Deliverable - Objective 4</b> <b>(Older Adult Falls Prevention Coalition (OOAFPC) Subcommittee</b>		\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$24,000

Facilitation)							
Deliverable - Objective 5 (Ohio Injury Prevention Partnership (OIPP) and OOAFFC attendance)	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$18,000
Deliverable - Objective 6 (Falls Awareness Week)	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$3,500	\$21,000
Deliverable - Objective 7 (Professional Development)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$6,000
Deliverable - Objective 8 (Workplan)	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$6,000
Deliverable - Objective 9 (Year-2 Capacity Evaluation)	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$12,000
Deliverable - Objective 10 (Full-time Coordinator Requirement)	\$500	\$500	\$500	\$500	\$500	\$500	\$3,000
Deliverable - Objective 11 (Policy, Systems and Environmental Change (PSEC) #1)	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$120,000

<b>Deliverable - Objective 12 (PSEC #2)</b>		\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$120,000
<b>Deliverable - Objective 13 (PSEC #3)</b>		\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$120,000
<b>Deliverable - Objective 14 (PSEC #4)</b>		\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$20,000	\$120,000
<b>Deliverable - Objective 15 (PSEC Supportive)</b>		\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$4,000	\$24,000
<b>TOTAL:</b>		\$107,000	\$107,000	\$107,000	\$107,000	\$107,000	\$107,000	<b>\$642,000</b>
<b>Supplemental: Ohio Older Adult Fall Prevention Coalition</b>								
<b>Deliverable - Objective 16 (Update Orientation Materials)</b>		\$300						
<b>Deliverable - Objective 17 (PowerPoint for Orientation)</b>		\$600						
<b>Deliverable - Objective 18 (Facilitate New Orientation)</b>		\$1,500						
<b>Deliverable - Objective 19 (Membership Administration)</b>		4,600						

<b>Deliverable - Objective 20 (Targeted Recruitment Plan)</b>		\$1,000	
<b>Deliverable - Objective 21 (Implement Recruitment Plan)</b>		\$2,000	
<b>Deliverable - Objective 22 (Ohio Injury Prevention Partnership Leadership Meetings)</b>		\$500	
<b>Deliverable - Objective 23 (Subcommittee Meetings)</b>		\$200	
<b>Deliverable - Objective 24 (PowerPoint for OOAFPC Meetings)</b>		\$1,300	
<b>Deliverable - Objective 25 (Facilitating quarterly OOAFPC and OOAFPC Leadership Meetings)</b>		\$8,000	
<b>Deliverable - Objective 26 (Summary of subcommittee meetings)</b>		\$1,600	
<b>Deliverable - Objective 27 (Strategic Plan Update)</b>		\$2,000	

<b>Deliverable - Objective 28 (Pilot Project Solicitation)</b>		\$400							
<b>Deliverable - Objective 29 (Pilot Project Review and Award)</b>		\$1,000							
<b>Deliverable - Objective 30 (Pilot Project Management)</b>		\$30,000							
<b>Deliverable - Objective 31 (Pilot Project Final Report)</b>		\$1,000							
<b>Supplemental Funding #1 Total</b>		<b>\$56,000</b>							
<b>Supplemental Funding #2: Statewide Injury Prevention Conference Planning -Deliverable 32 (Documentation of conference planning)</b>									
<b>Supplemental #2 Total</b>	<b>\$ 24,000.00</b>								
<b>Total Funding</b>	<b>\$ 24,000.00</b>	<b>\$163,000</b>	<b>\$107,000</b>	<b>\$107,000</b>	<b>\$107,000</b>	<b>\$107,000</b>	<b>\$107,000</b>	<b>\$ 722,000.00</b>	



## ODH Evidence of Health Disparity Strategies Checklist

This checklist should be used to support planning, implementation, and evaluation of 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 and Social Determinants of Health**

Racial and ethnic minorities, those living in rural communities, people with disabilities, 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 forms of discrimination. These are referred to as social determinants of health (SDOH). SDOH are a root cause of health disparities. Programs that incorporate social determinants into the planning and implementation of interventions will greatly contribute to advancing health opportunities.

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

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>

Identify geographic reference points (i.e., census tracts, census block groups or zip codes) to specify where program activities are focused.

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.

Identify measurable health disparities targets that demonstrate reducing disparities and improving health are critical goals to be achieved through program activities. This information must also be supported by data.

The following are best practices aimed at eliminating disparities and achieving healthy living. They are not required but highly encouraged to use.

Link proposed activities to health disparity strategies identified in local, state, or national planning documents. These documents include, but are not limited to strategies, goals and objectives outlined in the State Health Improvement

Plan (SHIP) and local Community Health Assessments.

Develop staffing plans where board members, leadership and program staff proportionally represent the population being served

Establish non-traditional partnerships among different sectors of the community (e.g., faith-based organizations, community organizations, businesses, universities, healthcare) that can provide valuable insight, new perspective, and more effective ways to achieve program goals. Non-traditional partners create opportunities to collaborate across sectors and may serve as a new source of support for the program.

**FFY26 Application Review Form – Supplemental Funding #2 (Statewide Injury Prevention Conference Planning)**  
**Ohio Department of Health, Bureau of Health Improvement and Wellness**  
**Violence and Injury Prevention Section**  
**Injury Prevention-Falls Among Older Adults (IF) Grant**

Applicant Agency _____	County to Be Served _____	
GMIS Number _____	Requested Budget \$ _____	
Reviewer # _____	Date _____	
<b>Grant Focus Area(s):</b> FALLS AMONG OLDER ADULTS (IF26) Supplemental Funding #2		
<b>Overall Scoring Summary</b>		
<b>Category</b>	<b>Maximum score allowed</b>	<b>Applicant Score</b>
<b>1. Program Narrative</b>	31	
<b>2. Methodology Workplan</b>	14	
<b>3. Other Requirements</b>	1	
<b>Total Application Score</b>	46 maximum total	

Minimum Score required for funding (70%): 32

Is applicant recommended for funding: Insert *yes or no*

**Reviewer Note: The word “satisfactorily” is implied in each statement throughout review sheet. Points should be awarded accordingly. Poor quality responses should receive points or at the lower end of the scale and high quality at the high end. If applicant did not address fully, a score of 0 should be given. A middle score should be given if applicant addressed statement but did not go above and beyond. Half points are permitted.**

Category 1. Program Narrative (31 points)	Comments	Score range	Reviewer's Score
<b><u>Eligibility</u></b>			
1. Identified that agency experience in planning and executing a state or regional level conference.		0-2	
2. Identified that agency has experience planning at least three conferences and submitted documentation to support the experience.		0-2	
3. Identified that agency has dedicated staff or plans to hire staff to execute this supplemental opportunity.		0-1	
4. Submitted letters of support from at least two key partners related to injury prevention and supports agency planning a statewide conference.		0-1	
<b><u>Required Activities</u></b>			
5. Detailed description of how conference calls will be planned and partners that will be included.		0-5	
6. Detailed description of process to coordinate virtual logistics of conference (e.g., registration, recordings, platform, continuing education units, etc.). Please explain in more detail the following: <ul style="list-style-type: none"> <li>• How registration will be coordinated.</li> <li>• What platform will be used (experience working with outside vendors on platform set-up).</li> </ul>		0-5	
7. Detailed description of timeline of conference planning, how sessions and speakers will be determined, contracts to be executed, if applicable, and modes of advertising.		0-5	
8. Detailed description of continuing education planning.		0-2	
9. Detailed description of award purchase and incorporation of awardee information into the conference process.		0-3	
10. Detailed description of conference evaluation and how feedback will be collected and reported back to ODH.		0-5	

<b>Category 1 – Program Narrative Total</b>		Max 31	
<b>Category 2. Methodology Workplan (14 points)</b>	<b>Comments</b>	<b>Score range</b>	<b>Reviewer's Score</b>
11. Each activity identifies agency and staff person responsible for completing.		0-2	
12. Includes a specific timeline for each activity (e.g., all activities should not say 10/1 – 9/30).		0-4	
13. Indicates how required activities will be achieved by listing steps proposed in detail.		0-5	
14. Provides a satisfactory evaluation measure to indicate achievement of process objectives. How will the grantee determine if they are successful?		0-3	
<b>Category 2 – Methodology Workplan Total</b>		Max 14	
<b>Category 3. Other Requirements (1 points)</b>	<b>Comments</b>	<b>Score range</b>	<b>Reviewer's Score</b>
15. Supplemental deliverables included in budget justification and used correct format indicated in solicitation (scenario 1).		0-1	
<b>Category 3 – Other Requirements Total</b>		Max 1	
<b>OVERALL SCORE</b>			
<b>Additional Comments/Reviewer Notes.</b>			

<b>Please insert any special conditions recommended if funded.</b>



### Year 3 Required Strategies & Guidance on Deliverables Injury Prevention-Falls Among Older Adults

**Please Note:** Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health or that your agency already implements. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the older adult falls proposed strategies will be additive and not duplicative.

#### Local Community Coalition

The activities within this section are intended for communities to maintain and enhance their existing coalition(s).

Deliverable	Enhance Existing Coalition
<b>1</b>	Attend at least quarterly community coalition meetings and submit meeting minutes and attendance.

**Attend quarterly local coalition meetings (Deliverable 1):** Local coalitions should meet in person or virtually no less than quarterly. Meeting agendas, meeting minutes and attendance sheets should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Members should be comprised of community stakeholders focused on older adult falls prevention. This includes members from diverse communities including racial and ethnic minority populations, caregivers of older adults with disabilities, disability advocates, and representatives from affected populations. The First-tier subrecipient may ask for quarterly reimbursement.

**Local Community Coalition Activity (Deliverables 2-3):** The activities within this section are intended to allow communities to maintain and enhance their existing coalition(s). Each First-tier subrecipient must complete both activities in the Existing Coalition category.

Deliverable	Enhance Existing Coalition Year 1 (select this only if building capacity was selected in year 1)	Enhance Existing Coalition Continuation (select this only if existing coalition was selected in year 1)
<b>2</b>	Coalition evaluation.	
<b>3</b>	Create a strategic plan.	Update strategic plan.

**ENHANCE EXISTING COALITION-** First-tier subrecipients must complete both activities below based on the IF grant funding and activities.

- a. **Local Coalition Evaluation (Deliverable 2):** Expansion and evaluation of a local coalition is a year-3 activity for communities with an existing coalition to identify areas of strengths and weaknesses prior to updating the strategic plan. This process is intended to be completed in collaboration with coalition members. A list of recommendations and next steps should be produced and submitted to ODH via the timeframes in the attached deliverables in Appendix B1. ODH can provide coalition evaluation guidance. This deliverable is due to the ODH program consultant via REDCap on the program report due date established in the solicitation. First-tier subrecipients must expand coalition membership by at least 3 (three) key stakeholders per year. The coalition should meet no less than quarterly. Meeting agendas, meeting minutes and attendance sheets should be developed as evidence of these meetings. Quarterly meetings should be clearly reflected in the process objectives of the work plan. Meetings should be held in accessible locations or virtually to ensure that all



community members can participate, including those with disabilities.

**Local strategic plan (Deliverable 3):** Well established coalitions should update their strategic plan regularly for the coalition to identify and fill gaps for prevention efforts for older adult falls in their community. A strategic plan review with edits should be conducted in collaboration with coalition members and other interested community members. This deliverable is due to ODH program consultant via REDCap on the program report due date established in the solicitation.

- a. If building capacity was selected as a year 1 strategy for the local coalition, a strategic plan should be created. Agencies that selected to enhance an existing coalition in year 1 would continue to review and update their current strategic plan. The resulting strategic plan should include the activities proposed in this application; outline how coalition member organizations will support implementation; and identify roles for coalition members and member organizations. The final document should be provided to the ODH grants consultant with the timeframes in the attached deliverables in Appendix B1.
- b. First-tier subrecipients must implement strategic plan activities throughout the grant year and submit documentation as evidence of implementation.

#### **Statewide Coalition & Implementation of State Plans (Deliverables 4-5)**

Applicants should plan for and be involved in statewide efforts for older adult falls prevention.

Focus Area	Deliverable	Activities
State Coalitions	4	<b>Facilitate Ohio Older Adult Falls Prevention (OAAFPC) subcommittee.</b> Facilitate quarterly meetings for select OAAFPC subcommittee and work on related goals or goals of interest within the Ohio Older Adult Falls Prevention Coalition strategic plan.
	5	<b>Participate in Ohio Injury Prevention Partnership (OIPP)</b> Participate in 3 (three) OIPP and 3 (three) OAAFPC meetings. Attendance at the in-person OIPP annual meeting is required.

**Facilitate Ohio Older Adult Falls Prevention (OAAFPC) subcommittee (Del. 4):** As a community receiving funding to work on this issue, these strategies, successes, lessons learned, and emerging best practices should not be completed in a vacuum. The emphasis for funded projects is two-fold – first, to make a positive impact on injuries and fatalities at the local level, and second, to share information and support other counties seeking information or guidance. Funded agencies will be considered leaders among their peers in older adult falls prevention and should subsequently be willing to share their experiences and knowledge. Successful applicants should plan for an increased role in the OIPP by 1) holding planning meetings with ODH each quarter to plan for select OAAFPC subcommittee meetings; 2) serving as a facilitator for a select OAAFPC subcommittee; 3) actively participating on subcommittees by offering input, volunteering for projects, and regularly attending meetings and conference calls; 4) spearheading implementation of projects outlined in the designated state plan that are aligned with proposed local strategies; and 5) provide updates to falls coalition coordinator on strategic activity progress and Wild apricot subcommittee page via a form that will be provided by the coalition coordinator.

**Participate in Ohio Injury Prevention Partnership (Deliverable 5):** The ODH Violence and Injury Prevention Section (VIPS) facilitates the Ohio Injury Prevention Partnership (OIPP), a statewide coalition with goals aligned to this funding opportunity. First-tier subrecipients are required to attend three (3) OAAFPC and three (3) OIPP meetings. Attendance at the annual in-person OIPP meeting is required. Funded applicants will receive the attendance template at the beginning of the grant year.

**Falls Prevention Awareness Week (Deliverable 6):** First-tier subrecipient will work with their local coalition to support and promote Fall Prevention Awareness Week, using the National Council on Aging toolkit, or host an event to promote the week. First-tier subrecipients will have two activities for this deliverable.

Focus Area	Deliverable	Activity
National Awareness Planning	6	Work with their local coalition to implement Fall Prevention Awareness Week mobilization using National Council on Aging Falls Awareness toolkit. <a href="https://www.ncoa.org/page/falls-prevention-awareness-week-toolkit">https://www.ncoa.org/page/falls-prevention-awareness-week-toolkit</a> .

- 6A:** By Tuesday, March 31, 2026, First-tier subrecipient should create a plan that details implementation of community event or communication campaign. The plan should include details as to how their local coalition will be involved in planning/implementing the plan. All campaign materials must go through the ODH approval process prior to implementation. First-tier subrecipient must select either a communication campaign or event. This is due to the ODH program consultant via REDCap on the program report due date established in the solicitation.
  - Communication Campaign:** If a First-tier subrecipient is implementing a communication campaign, it is expected that paid advertising is utilized. Examples of paid advertising include print ads, social media sponsored ads, radio advertising, paid advertisements in newspapers, etc. The plan should identify the medium for the communication campaign, target audience, and evaluation method for collecting the reach of ads and materials developed or identify what materials will be used (toolkits, CDC materials, ODH materials, etc.). It should be noted that the use of TikTok is not permitted. The National Council on Aging toolkit for Fall Prevention Awareness Week should be utilized; or,
  - Event:** If a First-tier subrecipient chooses to host an event, the plan should include date/time of event, location, logistics, promotion efforts, if speakers/presentation will be given, materials needed, etc, during the dedicated national Falls Prevention Awareness Week.
- 6B:** By Wednesday, Sept. 30, 2026, the First-tier subrecipient will demonstrate implementation of Falls Prevention Awareness Week activities. The summary should include materials developed, if applicable, screenshots of social media posts, photos, articles, campaign reach or number of people at event, and other documentation demonstrating implementation. The summary should also include successes and challenges. This is due to the ODH program consultant via REDCap on the program report due date established in the solicitation.

#### **Professional Development (Deliverable 7)**

A coordinator or designee is required to attend a conference or training for professional development and enhance the understanding of selected older adult falls focus area. ODH approval for the conference or training is required prior to the event in accordance with the ODH Grants Administrative Policies and Procedures (OGAPP). Note: ODH does not allow reimbursement of food or drinks.

Focus Area	Deliverable	Activity
Professional Development	7	Attend a conference or training for professional development for selected focus area.

### **Workplan & Capacity Evaluation (Deliverables 8-9)**

Updates to workplan and evaluation objectives are important to the success of your program. First-tier subrecipients are required to submit a year-3 capacity evaluation provided by ODH in quarter 4.

Focus Area	Deliverable	Activity
Workplan and Capacity Evaluation	8	<b>Workplan Update</b> Submit updated workplan with edits and the progress/status section using outcome indicators where applicable.
	9	<b>Capacity Evaluation-</b> Submit a year-3 capacity evaluation provided by ODH.

- **Workplan Update (Deliverable 8):** Submit updated workplan activities and use progress/status section using the outcome indicators where applicable. The workplan is a living document and new partners, changes and activities should be detailed and current. Updates are due to the ODH program consultant via REDCap on the program report due date established in the solicitation.
- **Capacity Evaluation (Deliverable 9):** Capacity evaluations provide a framework to assess capacity and performance of the local public health system, which can help identify areas for system improvement, strengthen partnerships, and ensure that a strong system is in place for addressing public health issues. First-tier subrecipients are required to submit a capacity assessment provided by ODH to help gauge current community involvement and encourage local involvement in older adult falls efforts. ODH will provide First-tier subrecipients with a template. This deliverable is due to the ODH program consultant via REDCap on the program report due date established in the solicitation.

**Full-time Coordinator Requirement (Deliverable 10):** By Tuesday, March 31, 2026, and Wednesday, Sept. 30, 2026, First-tier subrecipient is required to support documentation that agency has one full-time/100% staff assigned to the Falls Among Older Adults Prevention Grant, as required in the competitive solicitation. This verification is required twice a year and should be submitted to REDCap. First-tier subrecipient will be expected to submit documentation to ODH program consultant via REDCap on the program report due date established in the solicitation. Funded agencies will be provided a template for this documentation at the start of the grant year.

### **Policy, Systems, and Environmental Changes (PSECs) Deliverables 11-14):**

All proposed activities will use policy, system and environmental (PSEC) changes that support community level and public health older adult falls prevention activities. Policy, systems, and environmental change (PSEC) strategies are a way of making sustainable, lasting change within a community to make healthy choices practical and available to residents. PSECs shape the physical environments that impact our behavior. By making changes to laws and rules and shaping environments, communities can go beyond providing programs and services to create long-lasting conditions so people can eat better and move more where they live, learn, work, and play.

**Policy** changes include the passing of laws, ordinances, resolutions, mandates, regulations, or rules. Government bodies (federal, state, or local), park districts, healthcare organizations, worksites, and other community institutions (schools, jails, daycare centers, etc.) all make policies. Policies greatly influence the daily decisions we make about our health. It is important to note that a policy must be implemented and enforced to make a change.

*First-tier subrecipients are supported by the Preventive Health and Health Services Block Grant from CDC, and as such, funds cannot be used for the preparation, distribution, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of*

legislation, regulation, administrative action, or executive order proposed or pending before a legislative body, beyond normal, recognized executive relationships, per the Ohio Department of Health’s Notice of Award.

**Systems** change involves changes made to the policies, processes, power structures, and relationships within an organization that determine how resources and services get distributed. Systems change can also be implemented across organizations. Systems change and policy change often work hand-in-hand.

**Environmental** change is an actual transformation of the physical environment and creates the most lasting change that can impact our behavior when paired with sustainable systems and policy improvements. Environmental change can be as simple as installing grab bars in bathrooms or as complex as sidewalk replacement in parks near senior centers to promote safe walking surfaces for older adults.

**EXAMPLE**

Policy	Systems	Environmental	PSEC Supportive
Stopping Elderly Accidents, Deaths, and Injuries (STEADI) Falls risk assessments policy.	Local pharmacies get trained in conducting STEADI assessments and adopt a protocol or procedure to conduct falls risk assessments in their establishment.	Hang “Integrating Fall Prevention into Practice” posters in pharmacies.  Designated area where STEADI assessments can be conducted.	Partner with other healthcare providers to take the STEADI online training.

**A total of 4 (four) PSECs and 1 (one) PSEC Supportive is required to be completed based on the Falls Among Older Adults focus areas.**

**Focus Areas:**

Falls Among Older Adults
<ul style="list-style-type: none"><li>Falls Risk Assessments.</li><li>Home Assessment and Modifications.</li><li>Balance and Mobility Trainings.</li><li>First-tier subrecipient Community Choice (Medication Review and Management, Vision Health. etc.).</li></ul>

**Policy, Systems and Environmental Changes (PSEC) and PSEC Supportive Strategies**

For each PSEC and the optional PSEC supportive strategy, applicants should consider the following to form and propose Year 3 strategies: logical next steps for each PSEC strategy, based on year 2 proposed activities, progress made to date, and anticipated results from year 2. If full scale implementation occurred in Year 2, First-tier subrecipients are required to expand the scope with additional partners or begin work on a new activity with a new implementation partner in Year 3. This must be specified in the workplan. It is expected that activities from year 1 and 2 will continue to be sustained in subsequent grant years. First-tier subrecipients should continue to provide technical assistance and collect data to report from year 1 and 2 partners.

However, given that implementation of each PSEC strategy can vary, the following strategies are available for each applicant to customize their approach for Year 3 and must be identified in the Workplan (Appendix G) at application time:

- **Finish full-scale implementation from the previous year** (*Select this if you did not fully implement your activity in year 2*).
- **Sustainability + Identification of a new strategy with same partner** (*Sustain strategy from year 2, plus add a new strategy with same partner*).
- **Sustainability + New Partner+ New Strategy** (*Sustain activity from year 2 with year 2 partner but expand by adding new strategy with new partner in year 3*).
- **Sustainability +keep strategy + new partner** (*Sustain activity from year 2 with year 2 partner, plus add new partner doing same strategy from year 2*).
- **Sustainability + Expansion into neighboring county with same partner and activity** (*Sustain activity from year 2 with year 2 partner but expand with same partner into neighboring county identified in initial application*).
- **Sustainability+ same activity, same partner, new census area targeted in same county** (*Sustain strategy from year 2 with initial partners and expand into new census code within the same county(ies) in year 2*).
- **Sustainability+ same activity+ new partner + new census area targeted in the same county** (*Sustain strategy from year 2 with initial partners and expand into new census code within the same county, doing the same strategy from year 2, just with a new partner in year 3*).
- **Sustainability** (*Only to be selected for PSEC Supportive*).

First-tier subrecipients must report on their sustainability activities in each quarterly report as part of their reimbursement for each PSEC. Quarterly sustainability activities should be included in the workplan.

#### **Deliverables 11-14A**

Partnership Agreements (PAs), memorandum of understanding (MOU) or letter of commitment (LOC) are formal, written documents that are intended to clearly define specific goals, activities, and responsibilities of each partner. It is important for both agencies to understand and agree to participate in each PSEC. First-tier subrecipients are expected to submit at least 1 (one) PA per PSEC by Monday, Jan. 5, 2026. These documents should be used as tools to lay out expectations and responsibilities for both parties. **Partner agreement timelines should cover 2024-2028 and include language on data collection.** If no new partnership agreements are needed, because year 2 agreements cover new strategies and locations, First-tier subrecipient should submit data tracking metrics for implementation in quarter 1, to include technical assistance provided in helping partners sustain or implement strategies.

#### **Deliverables 11-14B**

Technical assistance (TA) is a way for organizations to use expert help to assess their current capacity, build on strengths, and address underlying needs. TA includes training for PSEC partners, scheduling and facilitating, planning meetings, phone calls, emails, etc. TA will be an important component to the success of each PSEC. First-tier subrecipients are expected to provide TA to the agencies identified in their partner agreements and workplan. Tracking instances of TA should be metrics that are included in data tracking framework. ODH will also provide a list of data-tracking metrics for PSECs and a template to use for the grant-cycle at the start of the grant year. First-tier subrecipients must include information about activities sustained from year 1 (one) and 2 (two) of the grant this quarter. This is due Sunday, April 5,

2026.

#### Deliverables 11-14C

Monitoring outcomes and collecting data help to inform decision making and track success. Each partner agreement should detail how each First-tier subrecipient will work with partners to capture data. ODH will provide a list of data-tracking metrics and a template to use for the grant-cycle. Updating data tracking framework shows implementation of each PSEC. First-tier subrecipients must include information about activities sustained from year 1 (one) and 2 (two) of the grant this quarter. This is due Saturday, July 5, 2026.

#### Deliverables 11-14D

Each PSEC should be able to show some evidence of implementation stage by the end of year one. Evidence of implementation needs to include documentation such as a signed policy, an environmental change documented by a photo or news article, system changes such as a procedural change. If a First-tier subrecipient is unable to complete a PSEC, they may submit a PSEC Impact Statement. ODH will provide guidance for the development of a statement during grant-year. First-tier subrecipients must include information about activities sustained from year 1 (one) and 2 (two) of the grant this quarter. This is due Monday, Oct. 5, 2026.

**Policy, Systems and Environmental Change Supportive (Deliverable 15)** PSEC supportives are intended to support the implementation of policy, systems, and environmental changes. The activity must enhance and complement primary PSEC activity (from Deliverable 11-14) but are not meant as stand-alone initiatives. First-tier subrecipients must select 1 (one) PSEC supportive strategy from the First-tier subrecipient from any of the focus areas.

- a. First-tier subrecipients must submit an implementation plan that outlines the logistics and timeline for the activity such as event date, campaign, materials needed, partners who will contribute activity relevant to implementing the PSEC supportive. Agency is also expected to work with the program consultant to create metrics for data tracking framework to show implementation.
- b. Agencies will submit a summary of PSEC supportive activity that shows implementation. Documentation could include screenshots of a campaign, documents created photos of events and detail successes and challenges.

Falls Risk Assessments (Deliverable #11/PSEC #1)	
<b>Capacity and Sustainability:</b> If this is an agency that was previously funded by the ODH-Older Adult Falls Prevention grant, and the agency chooses an activity that has already been completed in the previous grant cycle, the agency must explain how they will either be enhancing or expanding upon the selected activity. To be considered fully implemented, activities must lead to a follow-up or referral system component to connect older adults with falls prevention resources and/or activities, where applicable.	
<b>Fall Risk Assessments-Implementation Strategies-REQUIRED</b>	Increase use of fall risk assessments by doing one of the following activities below:
	<ul style="list-style-type: none"><li>• Train and implement policies in local pharmacies to conduct a falls risk assessment utilizing CDC's <i>Stopping Elderly Accidents, Deaths, and Injuries</i> (STEADI) toolkit.<ul style="list-style-type: none"><li>○ <a href="#">Provider Training &amp; Continuing Education.</a></li></ul></li></ul>
	<ul style="list-style-type: none"><li>• Implement fall risk screening in emergency department setting.<ul style="list-style-type: none"><li>○ <a href="#">Partnering with Fire and Emergency Medical Services to Prevent Falls.</a></li></ul></li></ul>
	<ul style="list-style-type: none"><li>• Integrate STEADI into an electronic health record system, such as Epic.<ul style="list-style-type: none"><li>○ Existing build available for Epic users: <a href="#">Epic User Web.</a></li></ul></li></ul>

	<ul style="list-style-type: none"> <li>Implement STEADI or specific components of STEADI in primary care setting. <ul style="list-style-type: none"> <li><a href="#">Clinical Resources-STEADI.</a></li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Implement STEADI or specific components of STEADI utilizing physical therapist practices.</li> </ul>
	<ul style="list-style-type: none"> <li>Partner with eligible Emergency Medical Services (EMS) in the community to integrate and implement falls risk assessments into procedures as appropriate.</li> </ul>
	<ul style="list-style-type: none"> <li>Partner with local Medical Reserve Corps (MRC) volunteers to conduct specific components of the STEADI toolkit to conduct falls risk assessment at local senior centers or other locations within the community.</li> </ul>
	<ul style="list-style-type: none"> <li>Build referral system with health care system or provider to link at-risk patients with community balance and mobility training classes.</li> </ul>
<b>PSEC Supportive Activity</b>	<ul style="list-style-type: none"> <li>Educate and partner with healthcare providers to take the STEADI online training: <ul style="list-style-type: none"> <li><a href="#">Provider Training &amp; Continuing Education.</a></li> </ul> </li> </ul>

#### Home Assessment and Modification (Deliverable 12/PSEC #2)

**Capacity and Sustainability:** If this is an agency that was previously funded by the ODH-Older Adult Falls Prevention grant, and the agency chooses an activity that has already been completed in the previous grant cycle, the agency must explain how they will either be enhancing or expanding upon the selected activity. To be considered fully implemented, activities must lead to a follow-up or referral system component to connect older adults with falls prevention resources and/or activities, where applicable.

<b>Home Assessment and Modification Strategies-REQUIRED</b>	<ul style="list-style-type: none"> <li>Facilitate implementation of EMS Providers conducting home assessments and referrals to home modification resources and other evidence-based prevention interventions. <ul style="list-style-type: none"> <li><a href="#">Emergency Medical Services Program to Promote the Health of Older Adults.</a></li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Partner with first responders in the community (fire departments, police, EMS) to develop and integrate home assessments and referrals to modifications.</li> </ul>
	<ul style="list-style-type: none"> <li>Identify and integrate home assessments into senior home visiting programs (i.e., connect and train meals on wheels volunteers, integrate into PASSPORT programs).</li> </ul>
	<ul style="list-style-type: none"> <li>Identify and implement innovative home safety assessment and modification program. Several assessments can be found on below link but applicants must use one targeted for falls prevention. Applicants may utilize one already in use from the previous year of grant. <ul style="list-style-type: none"> <li><a href="#">General Home Modification Consumer Resources.</a></li> <li><a href="#">Home Safety Self-Assessment Tool.</a></li> <li><a href="#">Home Falls And Accidents Screening Tool (Home Fast).</a></li> <li><a href="#">Westmead Home Safety Assessment.</a></li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>Pilot innovative programs (e.g., CAPABLE) that utilize various professions (e.g., occupational therapy, first responders, home modification experts) to provide in-home assessments and identify/recommend modifications that are needed to allow client to remain in home. <ul style="list-style-type: none"> <li><a href="#">CAPABLE.</a></li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>Within the county, adopt policies, procedures, and practices to become an Age-Friendly Community. <ul style="list-style-type: none"> <li><a href="#">AARP Network of Age-Friendly States and Communities.</a></li> </ul> </li> </ul>

Increase Access to Balance and Mobility Trainings (Deliverable 13/PSEC #3)	
<b>Capacity and Sustainability:</b> If this is an agency that was previously funded by the ODH-Older Adult Falls Prevention grant, the agency chooses an activity that has already been completed in the previous grant cycle, the agency must explain how they will either be enhancing or expanding upon the selected activity. To be considered fully implemented, activities must lead to a follow-up or referral system component to connect older adults with falls prevention resources and/or activities, where applicable.	
<b>Strategies to Increase Access to Balance and Mobility Trainings – 2 activities are REQUIRED</b>	<b>REQUIRED:</b> Agency will utilize data collection forms provided by ODH for all balance and mobility classes and <b>submit data collection forms for a minimum of two completed workshop series from any of the following:</b> <a href="#">Tai Chi for Arthritis</a> , <a href="#">Matter of Balance</a> , <a href="#">Stepping On</a> , <a href="#">Bingocize</a> , <a href="#">Enhance Fitness</a> .
	<ul style="list-style-type: none"> <li>Develop system to identify isolated or home-bound older adults and provide them with resources to obtain balance and mobility training.</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate development of multiple community-based balance and mobility trainings to address multiple fitness and functionality levels and needs.</li> </ul>
	<ul style="list-style-type: none"> <li>Identify innovative settings to offer balance and mobility classes for seniors, and train staff (e.g., volunteers at senior centers).</li> </ul>
	<ul style="list-style-type: none"> <li>Provide facilitator/coaches training for Matter of Balance, Stepping On or Tai Chi for Arthritis, or to increase trainers in your community, with the understanding each new facilitator will complete two workshops within 12 months and report data to ODH. First-tier subrecipient providing/contracting for the training will be responsible for collecting data from those new facilitators and submitting it to ODH. This does not count as the “required” activity listed at the beginning of this focus area.</li> </ul>
	<ul style="list-style-type: none"> <li>Monitor trainings being offered and develop referral systems from various partners (no wrong-door approach).</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate a referral system to connect seniors with community balance and mobility trainings from health care providers.</li> </ul>
	<ul style="list-style-type: none"> <li>Facilitate social or introductory event at the facility to attract potential participants with a sign-up list for a future program planned.</li> </ul>



<b>PSEC Supportive Activities</b>	<ul style="list-style-type: none"> <li>• Increase visibility and attendance by offsetting class costs for a free trial period for participants.</li> </ul>
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<b>First-tier subrecipient Community Choice (Deliverable 14/PSEC #4)</b> To be considered fully implemented, activities must lead to a follow-up or referral system component to connect older adults with falls prevention resources and/or activities, where applicable.	
<b>Improve Risk Factors – Medication Review and Management</b>	<ul style="list-style-type: none"> <li>• Partner with local College of Pharmacy, senior services, housing sites, and other injury prevention programs to develop and implement regular medication review programs.</li> <li>• Implement strategies for community pharmacists to practice medication therapy management to address falls risks for older adult patients. <ul style="list-style-type: none"> <li>◦ <a href="#">Community Pharmacist and Medication Therapy Management.</a></li> </ul> </li> </ul>
<b>Improve Risk Factors – Vision Health</b>	<ul style="list-style-type: none"> <li>• Identify and engage healthcare providers and other community partners to decrease the incidence of preventable vision loss among Ohio’s adult population through promotion of healthy lifestyles, early detection and treatment program. <ul style="list-style-type: none"> <li>◦ <a href="#">EyeWatch Vision Health Education Program &amp; Presenter’s Toolkit.</a></li> </ul> </li> </ul>
<b>Improve Risk Factors- Psychosocial Assessment</b>	<ul style="list-style-type: none"> <li>• Partner with healthcare providers, social workers, or community paramedics to screen older adults for social isolation or chronic loneliness using an evidence-based screening tool and develop a referral system to connect seniors with falls prevention activities that provide older adults with a social outlet. <ul style="list-style-type: none"> <li>◦ <a href="#">Revised UCLA Loneliness Scale.</a></li> </ul> </li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Implement Geri-Fit evidence-based program in your community with exercises focused on increasing strength, range of motion, stability, and balance to improve health and mobility of older adults. <ul style="list-style-type: none"> <li>◦ <a href="#">Geri-Fit.</a></li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Local coalition develops falls checklists and promotes local business for implementation and modifications to help prevent falls among older adults who frequent their business.</li> </ul>
	<ul style="list-style-type: none"> <li>• Implement evidence-based walking initiatives to address falls prevention (e.g., Healthy Aging in Parks, Walk with Ease). <ul style="list-style-type: none"> <li>◦ <a href="#">Healthy Aging in Parks.</a></li> </ul> </li> </ul>
	<ul style="list-style-type: none"> <li>• Implement a behavior change intervention for older adults at risk for falls (e.g., FallsTalk, FallScape). <ul style="list-style-type: none"> <li>◦ <a href="#">FallsTalk.</a></li> <li>◦ <a href="#">FallScape.</a></li> </ul> </li> </ul>
<b>PSEC Supportive Activities</b>	<ul style="list-style-type: none"> <li>• Increase consumer awareness and knowledge of fall risk and protective factors related to medication use and other substances.</li> </ul>
	<ul style="list-style-type: none"> <li>• Patient safety education with EMS and healthcare providers.</li> </ul>

<b>PSEC Supportive Activities- Social Marketing (Ageism &amp; Falls Prevention)</b>	<ul style="list-style-type: none"> <li>• Develop and implement a social marketing campaign that reflects positive aging and educate that falls are not a normal part of the aging process.</li> </ul>
	<ul style="list-style-type: none"> <li>• Identify statewide or national social marketing campaign and utilize for local implementation promoting positive aging and that falls are not a normal part of the aging process.</li> </ul>

## Solicitation Application Instructions

### Injury Prevention-Fall Among Older Adults (IF) Grant

To complete the application for ODH, respond to the prompts by fully addressing the statements or questions within each section. A Word version of this Request for Proposal (RFP) and all required attachments will be available to applicants once the RFP is posted on the ODH website, and a notice of intent to apply for funding has been submitted. Attachments should be named as outlined below and attached in GMISP 2.0 per system instructions.

**Please Note:** Proposed strategies should not be duplicative of activities already funded through the Ohio Department of Health or that your agency already implements. If similar activities or activities within the same category are proposed, the applicant should differentiate between current work and fully explain how the older adult fall injury prevention proposed strategies will be additive and not duplicative.

The following components are required for submission outside of the required sections in GMISP:

1. **Work Plan** – no page limit – **use template provided** Named “Insert Agency name\_Workplan\_2026”.
2. **Budget Narrative** – no page limit – Named “Insert Agency Name\_Budget\_2026”.

This funding is deliverables-based, and the required budget narrative should follow the template provided in GMISP bulletin (follow scenario #1).

3. **Position Descriptions and Resumes**-no page limit- Named “Insert Agency name\_Resume and Job Description\_2026”. This is only if the agency has new personnel different from what was submitted at the start of the competitive grant year.

### Workplan (no page limit)

The workplan is an important tool to help implement Policy System and Environmental Changes. The workplan should be detailed and used to plan and keep grant activities organized and on track. Please use these instructions to complete the Annual Work Plan Template available below. Each agency will receive an Excel document, please complete each section of the workplan using the PSECs and activities identified in application. The annual work plan should mirror the narrative but include specific implementation steps and other detailed information. The purpose of the workplan is also to monitor grant activities and to use them as a tool in the event of staff changes, vacancies, or changes in grant activities.

For the purposes of this application, please provide a detailed 12-month workplan for project year-3 which covers **10/1/2025 – 9/30/2026**. Applicants must include the required activities for each focus area. Please use **Appendices E** for additional guidance on required activities. Note: additional rows should be added to include details for each deliverable.

1. **Long Term Outcome Objective:** Long-term objectives represent the results expected from pursuing certain strategies. Strategies and activities represent the actions to be taken to accomplish long-term objectives. The time frame for the long-term objective should be the 5-year grant cycle. A suggested long-term outcome objective is:  
**By September 30, 2028, XYZ Organization and XYZ Community Coalition will reduce unintentional falls among older adult injuries and fall-related fatalities by xx% in XYZ County(ies).**

2. **Shared Risk and Protective Factors:** A public health approach to preventing injuries, violence, and other public health problems requires having a holistic understanding of their root causes. Risk factors are characteristics and conditions that increase the likelihood of experiencing an adverse health or quality-of-life outcome. Protective factors are the inverse: these characteristics and conditions decrease or mitigate the likelihood of experiencing an

adverse outcome or increase the likelihood of experiencing a positive outcome. Please select at least one risk and protective factor for each PSEC area. For more information please see: <https://www.safestates.org/page/ConnectionsLab#:~:text=A%20shared%20risk%20and%20protective,quality%20of%20life%20outcomes>.

**3. Policy, System or Environmental Change**-please select from pull-down if your activity will address policy, system, environmental change, or a combination. If you selected combination, please explain in the cell provided.

**4. Specific, Measurable, Attainable, Relevant, and Time-Bound (SMART): Process Objectives:** Each deliverable should have an objective that should be written as SMART.

Examples of SMART goals should be:

- Specific – Provides a clear description of what needs to be accomplished.
- Measurable – Provides a metric, or number, that identifies when the objective has been achieved.
- Attainable – The objective must be achievable, within the timeframe and resources allocated.
- Relevant – Meaningful, significant, and aligned with corporate priorities.
- Time-Bound – The objective must be concluded by a specific date.
- .

**5. Priority Population for years 1 (one), 2 (two), and 3 (three):** Each activity and PSEC should be and include a target audience or priority population. Health disparity should be addressed in each priority population area and should mirror the narrative submitted in application.

**6. Evaluation Measures:** Evaluation is an important component for grant activity success. Each grant activity should have an evaluation question or method to determine success.

**Examples include:**

- What are the outputs, outcomes, objectives, and goals of the project?
- Are outcomes, objectives, and goals achieved?
- Are the project/program services/activities beneficial to the target population?
- Do they have negative effects? Is the target population affected by the project/ program according to the evaluation plan?
- Is the problem that the project/ program intends to address alleviated.

**7. Identify Status of Deliverable at Application:** Please select a strategy from the following options:

- **Finish full-scale implementation from previous year** (*Select this if you did not fully implement your activity in year 2*).
- **Sustainability + Identification of a new strategy with same partner** (*Keep doing same activity with same partner from year 2 but add a new strategy with the same partner*).
- **Sustainability + New Partner+ New Strategy** (*Keep doing same activity from year 2 but add a new strategy and new partner*).
- **Sustainability +keep strategy + new partner** (*Keep doing same activity from year 2 but add new partner*).
- **Sustainability + Expansion into neighboring county with same partner and activity.**
- **Sustainability+ same activity, same partner, new census area targeted in same county** (*Same activity, same partner, but reach of older adults would be in a different census code*).
- **Sustainability+ same activity+ new partner + new census area targeted in the same county** (*Sustain strategy from year 2 with initial partners and expand into new census code within the same county, doing the same strategy from year 2, just with a new partner in year 3*).
- **Sustainability** (*Only to be selected for PSEC Supportive*).

8. **Partners:** List partners planned to be sustained from year 1 (one), 2 (two) and potential year 3 (three) partners. Applicant may leave year 3 blank for the application and update in April and July 2026 for program report.
9. **Workplan Changes:** This should be left in application. First-tier subrecipient should update this cell when submitting updated workplan in April and July 2026 as outlined in appendix B1.
10. **Deliverable:** Applicant should insert rows or may delete rows as necessary to ensure that each deliverable has action steps for completion. Each activity or steps proposed should align with the appropriate deliverable number.
11. **Timeline – Start and end date:** Assign a timeline that includes a start and end date for each activity; state the time-period (in dates) when the activity will take place. **Do not list the entire project year as the start and end dates;** consider the length of time each implementation step will take to accomplish and note those dates here.
12. **Progress-**select from dropdown (please select “not started” for those activities planned for year 3. Progress changes should be updated in April and July 2026 as outlined in B1.
13. **Activities or Steps Proposed:** For each deliverable write activities that will be completed to accomplish each deliverable. Activities should logically connect and should provide enough detail so that the workplan can be used as a guide for grant activities in the case of staff changes. ODH understands this is a tentative plan and any changes should be documented in the workplan. **Please list one activity per excel line** with a timeline that estimates the duration of that activity.

#### **Health Disparity:**

Applicants are expected to follow the same activities and criteria related to health disparity indicated in the year 2 solicitation and approved applications. Expansion into other census and area codes for year 3 is allowed with priority given to those in health improvement zones with higher social vulnerability index scores, subject to ODH program approval.

**FFY 2026 INJURY PREVENTION-FALLS AMONG OLDER ADULTS (IF)  
ANNUAL WORK PLAN 2025-2026**

<b>County:</b>		<b>Agency:</b>	
<b>Grant/GMISP #:</b>		<b>Contact Name:</b>	

**SECTION I - ANNUAL WORK PLAN (2025 - 2026)**

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. **Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow.** This workplan is required to be updated March 31 and June 30, 2026, as defined in Appendix B1 and should include both in-person and virtual considerations, when applicable. Please use Appendix F for specific workplan completion instructions.

**Long Term Objective:**

**Shared Risk and  
Protective Factors for  
each focus area**

**Local Community Coalition (Deliverables 1-3):**

**Specific, Measurable,  
Attainable, Relevant,  
Time-Bound, (SMART):  
Objective:**

**Priority population**

Were you "capacity building" or "enhancing" coalition in year 1?				
Evaluation Measure (How do you know you have been successful?)				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#1 Local coalition meetings			Not Started	
#2 Local Coalition Evaluation			Not Started	
#3 Strategic Plan Activity: Either creating a plan or updating.			Not Started	
Statewide Coalition & Implementation of State Plans (Deliverables 4-5)				
Specific, Measurable, Attainable, Relevant, Time-Bound, (SMART): Objective:				
Evaluation Measure (How do you know you have been successful?)				
List subcommittee you help chair.				

Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#4 Facilitate Older Adult Fall Prevention Coalition subcommittee.			Not Started	
#5 Participate in Ohio Injury Prevention Partnership and Ohio Older Adult Falls Prevention Coalition meetings, and provide strategic plan updates to fall coalition coordinator, as required in solicitation.			Not Started	

### National Fall Awareness Week Planning (Deliverable 6)

Evaluation Measure (How do you know you are successful?)				
List partners you will engage for your fall prevention awareness week.				
Deliverable #	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#6A Falls Prevention Awareness Week planning.			Not Started	
#6B Implementation of Falls Prevention Awareness Week.			Not Started	



### Professional Development (Deliverable 7)

Name of professional development conference or training				
Link to training/conference website				
Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#7 Professional Development.			Not Started	

### Workplan & Capacity Evaluation (Deliverables 8-9)

Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#8 Workplan updates.			Not Started	
#9 Year-3 Capacity evaluation.			Not Started	

### Full-time Coordinator Requirement (Deliverable 10)

Deliverable#	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#10 Full-time Coordinator Requirement				

### PSEC Strategy #1 (Deliverable 11)-Falls Assessment

PSEC selected in year 1: as written in solicitation		
PSEC selected in year 2: as written in solicitation		
PSEC selected in year 3: as written in solicitation		
PSEC Type (please select from drop down)	Policy	If Combination, please explain here
SMART Objective:		
Priority population	Year 1:	
	Year 2:	
	Year 3:	
Evaluation Measure (How do you know you have been successful?)		
Identify status of deliverable at application (drop down):	Please Select	
Partners sustained from year 1.		
Partners sustained from year 2.		
Partner Agreements: Please list new partners for year 3.		

Did you workplan change this quarter? (do not complete this section with application)			Please Explain:	
	Please select			
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#11A Partner Agreements (PA)/Memorandum of Understanding (MOU) and/or data tracking framework (DTF).			Not started	
#11B Technical Assistance and DTF.			Not started	
#11C Evidence of Implementation and DTF.			Not started	

#11D Evidence of Implementation and/or PSEC Impact Statement, with updated DTF.			Not started	

PSEC Strategy #2 (Deliverable 12)-Home Assessment and Modification

PSEC selected in year 1: as written in solicitation			
PSEC selected in year 2: as written in solicitation			
PSEC selected in year 3: as written in solicitation			
PSEC Type <i>(please select from drop down)</i>	Policy	If Combination, please explain here	
SMART Objective:			
Priority population	Year 1:		
	Year 2:		
	Year 3:		

Evaluation Measure (How do you know you have been successful?)				
Identify status of deliverable at application (drop down):	Please Select			
Partners sustained from year 1.				
Partners sustained from year 2.				
Partner Agreements: Please list new partners for year 3.				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#12A Partner Agreements (PA)/Memorandum of Understanding (MOU) and/or data tracking framework (DTF).			Not started	

#12B Technical Assistance and DTF.			Not started	
#12C Evidence of Implementation and DTF.			Not started	
#12D Evidence of Implementation and/or PSEC Impact Statement, with updated DTF.			Not started	

**PSEC Strategy #3 (Deliverable 13)-Balance and Mobility Programming**

PSEC selected in year 1: as written in solicitation		
PSEC selected in year 2: as written in solicitation		
PSEC selected in year 3: as written in solicitation		
PSEC Type (please select from drop down)	Policy	If Combination, please explain here
SMART Objective:		
Priority population	Year 1:	
	Year 2:	
	Year 3:	
Evaluation Measure (How do you know you have been successful?)		
Identify status of deliverable at application (drop down):	Please Select	
Partners sustained from year 1.		
Partners sustained from year 2.		

Partner Agreements: Please list new partners for year 3.				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#13A Partner Agreements (PA)/Memorandum of Understanding (MOU) and/or data tracking framework (DTF).			Not started	
#13B Technical Assistance and DTF.			Not started	



#13C Evidence of Implementation and DTF.			Not started	
#13D Evidence of Implementation and/or PSEC Impact Statement, with updated DTF.			Not started	
PSEC Strategy #4 (Deliverable 14)-Community Choice				
PSEC selected in year 1: as written in solicitation				
PSEC selected in year 2: as written in solicitation				
PSEC selected in year 3: as written in solicitation				
PSEC Type (please select from drop down)	Policy		If Combination, please explain here	
SMART Objective:				
Priority population	Year 1:			
	Year 2:			

	Year 3:			
Evaluation Measure (How do you know you have been successful?)				
Identify status of deliverable at application (drop down):	Please Select			
Partners sustained from year 1.				
Partners sustained from year 2.				
Partner Agreements: Please list new partners for year 3.				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-D:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#14A Partner Agreements (PA)/Memorandum of Understanding (MOU) and/or data tracking framework (DTF).			Not started	

#14B Technical Assistance and DTF.			Not started	
#14C Evidence of Implementation and DTF.			Not started	
#14D Evidence of Implementation and/or PSEC Impact Statement, with updated DTF.			Not started	

PSEC Supportive Strategy #1 (Deliverable 15)				
PSEC Supportive selected in year 1: as written in solicitation				
PSEC Supportive selected in year 2: as written in solicitation				
PSEC Supportive selected in year 3: as written in solicitation				
Identify how this supportive supports a PSEC selected.				
SMART Objective:				
Priority population	Year 1:			
	Year 2:			
	Year 3:			
Evaluation Measure (How do you know you have been successful?)				
Identify status of deliverable at application (drop down):	Please Select			
Please list sustained partners from year 2 (If Applicable):				

Please list partners for year 3:				
Did you workplan change this quarter? (do not complete this section with application)	Please select		Please Explain:	
Deliverables A-B:	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each deliverable)
	Start	End		
#15A Implementation Plan			Not started	
#15B Evidence of Implementation			Not started	

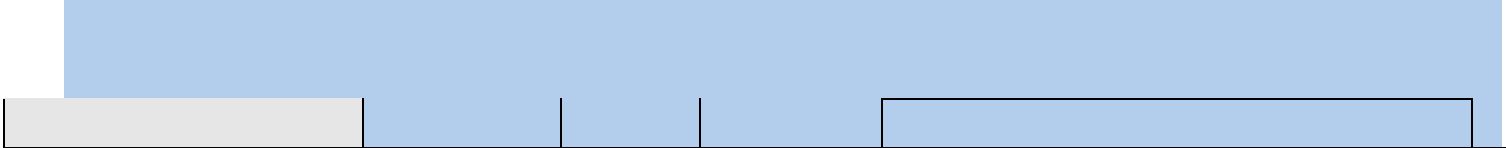
County/Countries:		Agency:	
Grant/GMISP #:		Contact Name:	
SUPPLEMENTAL FUNDING ANNUAL WORKPLAN-Ohio Older Adult Falls Prevention Coalition			

The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow. **This workplan is required to be updated as defined in Appendix B1.**

Membership					
Long Term Objective:					
Program Impact Objective:	Insert Membership Objective				
Impact Evaluation Indicator:					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	
	Start	End			
			Not Started		
Committees					
Long Term Objective:					
Program Impact Objective:	Insert Committees Objective				
Impact Evaluation Indicator:					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	
	Start	End			
			Not Started		

Administrative					
Long Term Objective:					
Program Impact Objective:	Insert Administrative Objective				
Impact Evaluation Indicator:					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	
	Start	End			
			Not Started		

County/Counties:			Agency:		
Grant#:			Contact Name:		
SUPPLEMENTAL #2 ANNUAL WORKPLAN-CONFERENCE PLANNING					
<p>The purpose of the Annual Work Plan is to state your intended activities for each objective to demonstrate how the project intends to move the required activities forward. Please enter the program objectives that you intend to work on in the appropriate section and complete the tables that follow. <b>This workplan is required to be updated as defined in Appendix B1.</b></p>					
Process Objective (Write objective)	Timeline (Month/Year)		Progress Select from Drop-Down Menu	Activities or Steps Proposed (Describe the significant activities/steps proposed for each process objective)	
	Start	End			
			Not Started		





## SUPPLEMENTAL FUNDING GUIDANCE

### Injury Prevention-Falls Among Older Adults

#### Supplemental Application Instructions:

There is one supplemental optional funding opportunity available for statewide coalition building for older adult falls injury prevention. **Only Union County Health Department may apply for the Supplemental Funding #1, as it is an extension of funding awarded through a competitive application process in year 1.**

**To be considered for funding, applicant must submit the following:**

- **Methodology Work Plan** – Use the work plan template in Appendix F.
  - 2<sup>nd</sup> tab for Supplemental.
  - Applicant must outline specific activities and detail a timeline for the completion of activities; do not include the entire funding year as your timeline. Your workplan should have activities that occur throughout the entire grant year or up to the due date established in Appendix B1.
- **Budget Narrative** – this should be added to your main budget.

#### SUPPLEMENTAL FUNDING OPPORTUNITY: Statewide Coalition Building for Falls Among Older Adults

***An additional \$56,000 is available for one (1) funded project*** to coordinate the statewide Ohio Older Adult Fall Prevention Coalition (OOAFPC) and its subcommittees, composed of key state and local stakeholders and decision-makers who impact policies related to older adult fall injury prevention within their communities.

#### **Required activities:**

##### **1. Membership (Deliverables 16-22)**

**Orientation Materials (Deliverable 16):** First-tier subrecipient should review and update orientation materials for new OOAFPC members at least annually. The new member orientation packet should include: a current strategic plan or link to plan, contact list for OOAFPC leadership, a list of meeting dates with links, and previous OOAFPC meeting minutes. This is due Wednesday, October 15, 2025 via GMISP

**Ohio Injury Prevention Partnership (OIPP) PowerPoint Presentation (Deliverable 17):** First-tier subrecipient must update and submit the PowerPoint for OIPP Orientation bi-annually to ensure that all information is current and should note any subcommittee leadership changes, important dates, trainings and update data, etc. The first PowerPoint is due to ODH by Monday, October 6, 2025, and second is due Tuesday, March 31, 2026. Both should be submitted via GMISP.

**OIPP Orientation Facilitation (Deliverable 18):** As the coordinator of the OOAFPC, it is important to be the spokesperson for the group. Leading the OOAFPC portion of orientation allows members to get to know the coordinator and ask questions. First-tier subrecipient must attend and facilitate the OOAFPC portion of the OIPP Orientation for in-person November 2025 and virtual May 2026 meetings. The November meeting is currently

planned for in-person in the Columbus, OH area. This is due to ODH program consultant via REDCap on the program report due date established in the solicitation.

**Membership Administration (Deliverable 19):** New members of the OOAFPC should have contact with the OOAFPC coordinator within two weeks of joining the coalition. First-tier subrecipient should work with ODH to maintain member list through system to include ensuring subcommittee list and information are also established and maintained. The coordinator will update the membership platform quarterly, using the website update form that will be provided by ODH. First-tier subrecipient may ask for quarterly reimbursement for their efforts.

**Recruitment Plan (Deliverable 20):** Member recruitment and retention is essential for OOAFPC growth. The purpose of a statewide coalition is to ensure that all older adult fall prevention injury efforts are aligned across all sectors. OOAFPC coordinator must work with coalition members and leadership to analyze existing member list, assess gaps and create a targeted recruitment plan to engage diverse membership. This plan should include what group/groups of people/agencies will be recruited, how they will be reached (email, social media, event etc.), and draft materials developed for recruitment, and identify at least one targeted group/population related to older adult falls prevention. Materials should indicate the purpose of the coalition, why it is important for members to join the coalition, provide examples of how they can be involved and invite them to the next meeting. The targeted recruitment plan is to be completed by Wednesday, December 31, 2025 and submitted to ODH program consultant via REDCap on the program report due date established in the solicitation.

**Recruitment Implementation (Deliverable 21):** First-tier subrecipient will provide documentation to show that the recruitment plan (objective 20) was implemented. Emails, sign-in sheets, screen shots, etc. A post-recruitment summary should also be developed with an analysis of recruitment attempts (successes and challenges) and data to show an increase in membership. Recruitment is to be completed by Wednesday, September 30, 2026, and should include the entire grant year. Evidence of recruitment is due to ODH program consultant via REDCap on the program report due date established in the solicitation.

**Leadership Calls (Deliverable 22):** Coalition leadership and engagement in the overall statewide coalition, the Ohio Injury Prevention Partnership, is essential for a strong coalition. The people who lead, participate, and implement the activities of the coalition affect the growth and development of the group. It is the coordinator's responsibility to support and provide guidance to coalition activities which starts at attending and actively participating in OIPP Leadership planning calls for coalition meetings.

## **2. Committees (Deliverables 23-26)**

**Subcommittee Meeting List (Deliverable 23):** First-tier subrecipient must ensure that each subcommittee is meeting regularly and should help promote meetings. Coordinator should work with subcommittee chairs to develop a list of subcommittee meetings for Federal Fiscal Year (FFY) 26. This list should include details including date, time, and link to virtual meetings, if applicable. It is expected that the coordinator will update the meeting list, if rescheduled. This is due to ODH program consultant via REDCap on the program report due date established in the solicitation.

**Coalition Presentations (Deliverable 24):** For the OOAFPC meetings, both virtual and in-person meetings should have a PowerPoint presentation to help stimulate ideas and capture the interest of the audience. Coordinator must submit the PowerPoint to ODH no later than 45 (forty-five) days prior to the meeting for approval. First-tier subrecipient will get reimbursed at the end of each quarter after submitting approval email from ODH program consultant of PowerPoint. First-tier subrecipients are also encouraged to utilize other visual aids, such as jam boards or surveys.

**Coalition Facilitation (Deliverable 25):** Effective meetings begin with a purpose and an agenda. Coordinators are expected to conduct quarterly OOAFPC leadership meetings at the start of each quarter to plan for the quarterly OOAFPC meetings. The OOAFPC meetings should include an agenda, presentation (or presenter) and meeting

minutes using ODH approved templates. Coordinator should work with leadership to plan meetings with the intention of educating, motivating, and sharing ideas with members. First-tier subrecipient should also communicate with members in between meetings to ensure adequate support to group chairs/tri-chairs and progress is occurring and respond to requests for information from members. It is important to maintain regular communication with ODH, provide quarterly reports of statewide coalition activities, assist ODH in efforts to grow and improve the OIPP and in efforts to educate new members about the ODAFPC. For the ODAFPC Leadership meetings, an agenda should be created, and the agency will submit meeting minutes using the approved ODH template via REDCap quarterly.

**Subcommittee Summary (Deliverable 26):** Subcommittees drive the mission of the coalition and are responsible for much of coalition work. Coordinators are not expected to attend all subcommittee meetings but should know what each subcommittee is working on and be available to chairs for technical assistance and/or support. Coordinators should provide an ODAFPC update for each meeting and may email the update to the subcommittee chairs, if unable to attend. First-tier subrecipient is expected to serve as interim coordinator when a subcommittee co-chair vacancy exists. Quarterly, First-tier subrecipient will submit a summary of the coalition meetings that should include the date of each meeting; number of attendees; who led the meeting; any major accomplishments and/or challenges identified by meeting leaders, and what type of technical assistance the ODAFPC coordinator provided to each subcommittee chairs, if applicable. Technical assistance includes emails, answering questions from chairs, planning calls, technology requests etc.

### **3. Administrative (Deliverables 27-31)**

**Strategic Plan (Deliverable 27):** Having a strategic plan in place enables the coalition to track progress toward goals. Each member and subcommittee should understand the ODAFPC larger strategy and goals, how their workplans directly impact its success, and how data is used to track outcomes. Coordinators should facilitate the implementation of ODAFPC strategic plan with recommendations related to older adult fall injury prevention policy. First-tier subrecipient will review and update the coalition's strategic plan annually with members, monitor progress, make recommendations and challenges for implementation. An update is to be completed by both Tuesday, March 31, 2026, and Wednesday, Sept. 30, 2026. If the strategic plan is updated at other times during the grant year, First-tier subrecipient should email updated plan to ODH.

**Pilot Project Solicitation (Deliverable 28):** The purpose of the ODAFPC is to identify priorities and strategies to reduce older adult falls in Ohio. Pilot projects are mini grants that are used to further the mission of the ODAFPC and implement changes related to the ODAFPC's priority injury areas across Ohio. The pilot project solicitation should be updated and submitted annually. The solicitation should include an introduction, instructions for application, timeline, incorporate health disparity and high-risk populations, support the ODAFPC strategic plan and budget. Pilot project recipients are required to present in-person at the annual OIPP meeting. First-tier subrecipient will also create a plan for advertising and promoting solicitation. First-tier subrecipient must complete the pilot project solicitation by Wednesday, December 31, 2025 and submit to ODH program consultant via REDCap on the program report due date established in the solicitation. Pilot project must fall within year 3 funding cycle.

**Pilot Project Review and Award (Deliverable 29):** First-tier subrecipient is responsible for conducting the review and award for pilot projects. Each application should be reviewed by at least 3 (three) ODAFPC leadership members. A consensus meeting should be conducted for project discussion and selection. Scoresheets with finalized scores and feedback should be submitted as documentation. Coordinator is responsible for contract execution and should submit signed contracts as evidence of implementation. First-tier subrecipient may ask for reimbursement at the end of the second quarter, Sunday, April 5, 2026.

**Pilot Project Management (Deliverable 30):** The First-tier subrecipient is responsible for the management of the pilot project process and keeping ODH updated on progress. Coordinator should have regular communication

with project leaders and provide a progress report to ODH that details progress, successes and challenges for completion. If any project is off track or is unable to complete the project as outlined in the contract, the coordinator should contact ODH immediately and notify them of a contingency plan. Agency may ask for half reimbursement in quarter 2 and the other half in quarter 3, so long as evidence of implementation can be submitted.

**Pilot Project Final Report (Deliverable 31):** Full Implementation of pilot project should be completed in quarter 4 reported to ODH. Documentation should include materials created, sign-in sheets, etc., pictures, and a summary of all projects, including funding amount, pilot project partners, innovative strategies implemented, how it relates to overall state strategic plan, sustainability plan for partner, successes, challenges, and lessons learned, and recommendations for statewide implementation, if applicable. Coordinator is also responsible for organizing in-person pilot project presentations at OIPP Annual meeting. This deliverable is due to ODH program consultant via REDCap on the program report due date established in the solicitation.

#### **SUPPLEMENTAL FUNDING OPPORTUNITY #2: Ohio Injury Prevention Partnership Conference Planning**

***An additional \$24,000 is available for one (1) funded project*** to coordinate and administer statewide one-day virtual Ohio Injury Prevention Partnership Conference in August 2026.

**To be considered for this funding, applicants must meet the following eligibility requirements:**

- a. Agency has experience in planning and executing a statewide or regional virtual conference and can submit documentation to verify.
- b. Agency has experience planning at least three conferences.
- c. Has dedicated staff, or plans to hire, for this activity.
- d. Has letters of support from at least two key partners related to injury prevention and supports agency planning a statewide conference.

#### **Required Activities:**

- Coordinate a committee of conference planners to include the three coordinators of the action groups and ODH.
- Plan and implement a one-day conference, free to attendees, to include child injury, overdose, older adult falls prevention with continuing education unit opportunities.
- Report agenda, speakers, breakout sessions and other vendor coordination and development.
- Report advertising methods (social media, emails, flyers, etc.).
- Report process and obtain logistics for the conference (registration, platform presentation, recording etc.).
- Purchase for OIPP Annual Awards and inclusion of awards during conference.
- Report development, distribution, and collection of conference evaluation for participants to include a summary to ODH by end of grant year.
- Complete supplemental survey #2 in REDCap quarterly that documents and provides evidence of all of the above.

**Reimbursement is permitted in equal quarterly payments for Supplemental #2 funding.**

